BLACK ALASKANS HEALTH STATUS REPORT 2022

School of Social Work
University of Alaska Anchorage

FOREWORD

The project *EVALUATION OF BLACK ALASKAN'S HEALTH STATUS AND NEEDS TO INFORM COMMUNITY EDUCATION STRATEGIES BY THE ALASKA BLACK CAUCUS* was commissioned by the Alaska Black Caucus through a grant by the Municipality of Anchorage Health Department (Award G14536). It is the first Community Health Needs Assessment of Black-Identifying Alaskans.

The authors would like to thank a number of individuals for their dedication and support. These are not limited to; the Alaska Black Caucus, Shiloh Baptist Ministry, Dr Andre Rosay, Interim Dean of the College of Health, University of Alaska Anchorage; Professor David Moxley, Director of the UAA School of Social Work, and all members of the Black community of Alaska who responded to our outreach and survey.

We hope this information will serve as a foundation for the work of addressing health disparities in our state and beyond. While the data comes from the Black-Identifying community of Alaska, it is by no means exclusive to it. The structural barriers and challenges reflect those of the broader BIPOC community. It is, therefore, our hope that this shines a light on the need to assess the health of the BIPOC community of Alaska and seek solutions to collaboratively dismantle barriers to quality health for all.

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Organization of Reports:

This Health Needs Assessment is divided into four reports:

1. Evaluation of Black Alaskans Health Status and Needs Report: Survey and Interviews
2. Black Alaskans Health Status Report 2022: Mortality
3. Black Alaskans Health Status Report 2022: Morbidity
4. Black Alaskans Health Status Report 2022: Mother, Infant and Child Health

EVALUATION OF BLACK ALASKAN'S HEALTH STATUS AND NEEDS TO INFORM COMMUNITY EDUCATION STRATEGIES BY THE ALASKA BLACK CAUCUS

SURVEY **RESULTS**

2022

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PROJECT

An Evaluation of Black Alaskan's Health Status and Needs to Inform Community Education Strategies by the Alaska Black Caucus

INSTITUTION

University of Alaska Anchorage (UAA), School of Social Work

FUNDING AGENCY

Alaska Black Caucus & Anchorage Health Department

The Alaska Black Caucus (ABC) is a non-profit organization working to advance the quality of education, economic, and political status of Black people in Alaska. ABC has partnered with a team from UAA to conduct a community health assessment among Black-identifying/African Americans in Alaska.

This project is delivered from a joint partnership with the UAA School of Social Work and the Alaska Black Caucus (ABC) through a grant (G14536) awarded by the Municipality of Anchorage, Anchorage Health Department.

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ALASKA BLACK CAUCUS

AUTHENTIC BOLD COMMITTED

UAA School of Social Work
University of Alaska Anchorage

ANCHORAGE HEALTH DEPARTMENT

SURVEY RESULTS

CONTENT

EXECUTIVE SUMMARY

Analysis of these Survey Results serves to establish the health needs for Alaska's Black-Identifying / African American population to assess the community's overall health status.

This is the first known assessment of the health status and needs of Alaska's Black community using participatory and collaborative information gathering, interpretation, and dissemination methods. The project was initiated during a time when COVID-19 was exposing deep-seated health disparities through the world amid a national reckoning with racism as a public health issue. The assessment team applied both quantitative and qualitative methods to collect and analyze information obtained.

This report summarizes key findings from the survey, focus groups, and key informant interviews. In addition, it offers recommendations for areas that may help improve the health and wellbeing of Black-Identifying / African Americans living in Alaska.

PREFACE

For over 150 years, Black people have traveled to Alaska, calling it their home[1]. They have actively participated in state politics, economics, and culture, strengthening community connections over the decades.

Today, Alaska's Black-Identifying and African American communities constitute a considerable size of the population. According to the 2020 US Census Bureau data, the share of **Alaska's population identifying as Black grew from 2.8% to 3.4% in the last ten years.**

Yet despite recent growth in both size and influential status, Black people encounter hostile environments more often, experience racism and marginalization, have high health disparities, and are excluded from public health data reporting.

For instance, when looking at Alaska's health data for the state and Municipality of Anchorage, **it is apparent that significant gaps exist in health-related data reported by race**.

To highlight, as of July 18, 2021, approximately 34% of all state-reported COVID-19 cases labeled persons as **"unknown race," "under investigation," "multiple races," or "other race"** (ABC, 2021).

The currently available reporting makes it difficult to accurately identify and successfully address racism-based health disparities.

While recently focus has spotlighted on the disparities faced from COVID-19, **Black people remain disadvantaged across the entire healthcare system** and carry a disproportionate share of the burden of the disease.

Endnotes

1 https://www.nps.gov/articles/upload/Black-History-in-the-Last-Frontier_Reader_Compressed.pdf

PREFACE

SIGNIFICANT GAPS EXIST IN HEALTH RELATED DATA REPORTED BY RACE

The death rates for Blacks/African Americans average higher than white people for heart disease, stroke, cancer, asthma, influenza/pneumonia, diabetes, HIV/AIDS, and homicide[1]. Additionally, they are more likely to have worse health outcomes, unmet health needs, and a lack of health insurance coverage[2].

Overall, Black people suffer at a disproportionately higher rate from kidney failure (up to three times higher) and are more likely to die younger.

In terms of mental health, Black people are 20 times more likely to report experiencing psychological distress, yet are over 50% less likely to receive counseling or mental health treatment. Within the current context of COVID-19, we have seen that Blacks/African Americans experience greater and more severe illnesses and death than their white counterparts[3].

Endnotes

1 https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61

2 https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf

3 https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-racial-disparities

APPROACH
OBJECTIVES, SCOPE, & METHODS

OBJECTIVES

This health needs assessment aimed to address the following key objectives:

OBJECTIVE 1
Understand the health status of Black Alaskans using secondary and primary data sources.

OBJECTIVE 2
Document the perspectives of Black Alaskans about their health and well-being.

OBJECTIVE 3
Produce a high-quality report that enlightens the leaders of the Alaska Black Caucus about health factors and issues within Black Alaska.

OBJECTIVE 4
Appreciate how Black Alaskans view their health and the issues they face in protecting and advancing their health.

OBJECTIVE 5
Set the stage for subsequent action by the Alaska Caucus to advance advocacy for health promotion within Black Alaska.

These objectives were operationalized through the collection and analysis of both primary and secondary data utilizing qualitative and quantitative approaches. Secondary data collection involved the collection and analysis of existing public health data and summarized in the first Black Alaskan's Health Status Report 2022. The report profiles the Black community in Alaska through household statistics, education and economic measures, morbidity and mortality rates, incidence rates and other health and wellbeing indicators. It also compares the Black/African Americans to White, Alaska Native/American Indian, and the general US population on key health indicators and outcomes. The scope of the analysis included all existing data from 1995-2020.

Primary data collection involved an online survey, focus group discussions, and key informant interviews. The survey was developed using existing health assessment surveys with some modifications specific to the Black Community of Alaska and input from Key Informants. The survey was distributed online through Qualtrics, a research survey tool. The initial goal was to sample a total of 300 participants from the Black Alaskan community. **However, we were able to receive an impressive 674 responses.**

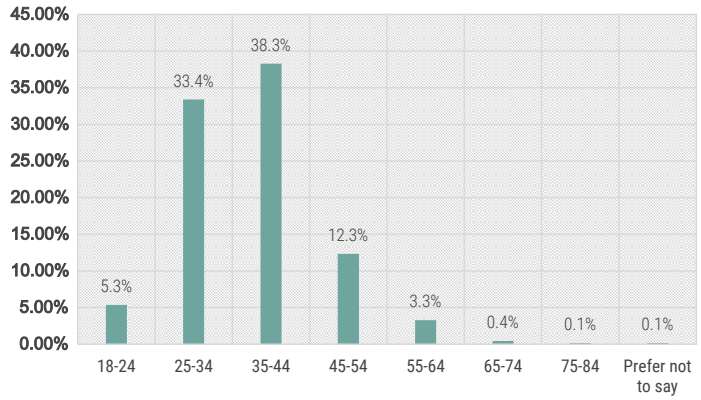
The survey was then followed by focus groups with select cohorts of the Alaska Black Community (Youth, Elders, and Black Healthcare Workers) and Key Informant Interviews.

ABOUT THE ASSESSMENT

Who participated in the survey?

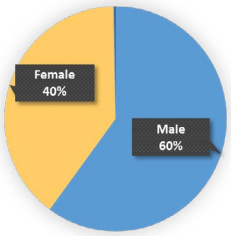
DEMOGRAPHICS

A total of 674 participants responded to the survey.



GENDER

Non-Binary and those who do not prefer to say their gender made up less than 1% (n=2).



PARTICIPANT AGE

The majority of participants were aged between 35-44 (38 percent) and 25-34 (33 percent). Those 45-54 made up 12 percent; 18-24, 5 percent, and those who are older than 65 years made up less than 1 percent .

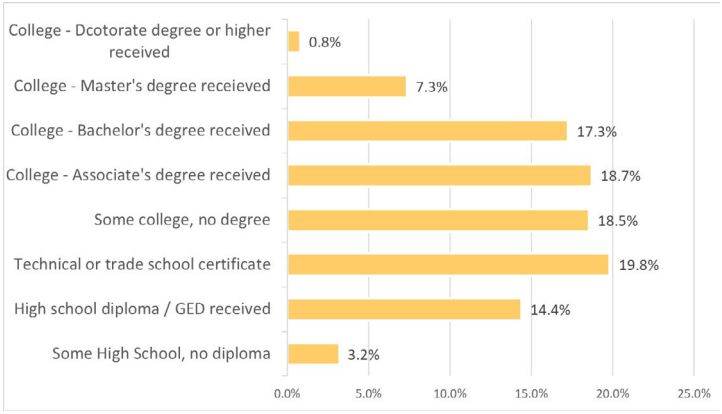
MARITAL STATUS

Most participants are married.

70% MARRIED | **19%** SINGLE | **2%** WIDOWED/ OTHER

HIGHEST LEVEL OF EDUCATION COMPLETED

An average participant in this sample has some college education without an earned degree. N=626



MAIN ACTIVITY TYPE WITHIN 3 MONTHS

A majority are working at a job or business.

89% WORKING AT A JOB | **6%** LOOKING FOR WORK

3% COLLEGE STUDENT | **2%** RETIRED

KEY POINTS

HEALTH STATUS

Overall, the black community perceives its own health as ranging between being good and moderately healthy. This is also true for individual assessment of health and wellbeing.




MORBIDITY

Far too many Black Alaskans are unable to work because of **untreated physical or mental health challenges**. Nearly **33%** lose a day or two of work every month due to poor physical and mental health.

HEALTH CARE COVERAGE

(83%) A majority of participants have health insurance coverage. This is mostly through,

- → **Work / Private Provider (57%)**
- → **Medicare / Medicaid (36%)**
- → **Tribal Health Services (3%)**
- → **Military / Veteran Affairs (3%)**

HEALTH CARE ACCESS

Yet despite high rates of coverage, many couldn't get the care they needed due to,

- → **Cost / Financial Factors (61%)**
- → **Provider Doesn't Accept Insurance (38%)**
- → **Provider Not Available (42%)**
- → **No Available Appointments (56%)**

KEY POINTS

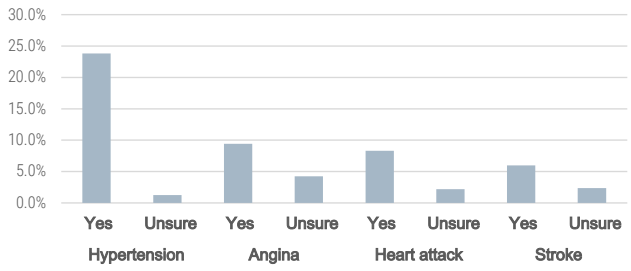
HEALTH STATUS

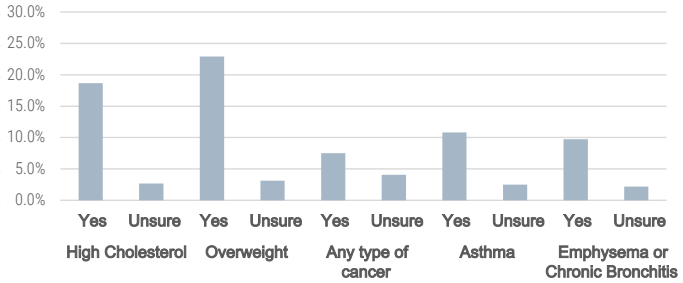
HEALTH CONDITIONS

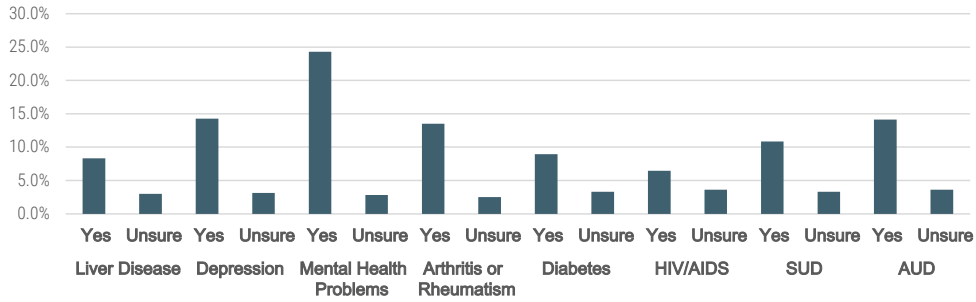
The following health problems are among the leading diagnosis by health care providers affecting participants overall health.

- → **HYPERTENSION (24%)**
- → **OVERWEIGHT (23%)**
- → **ALCOHOL ABUSE (24%)**
- → **DEPRESSION (23%)**
- → **HIGH CHOLESTEROL (19%)**
- → **MENTAL HEALTH ISSUES (24%)**
- → **SUBSTANCE ABUSE (19%)**
- → **ARTHRITIS/RHEUMATISM (20%)**

Diagnosis of health related problems by health care provider (N=638)







KEY POINTS

HEALTH STATUS

HEALTH BEHAVIORS

The majority of participants engage in activity and exercise levels that are,

- **Vigorous Activities / Exercise at least 3-4 times weekly (60%)**
- **Moderate Activities / Exercise at least 3-4 times weekly (80%)**

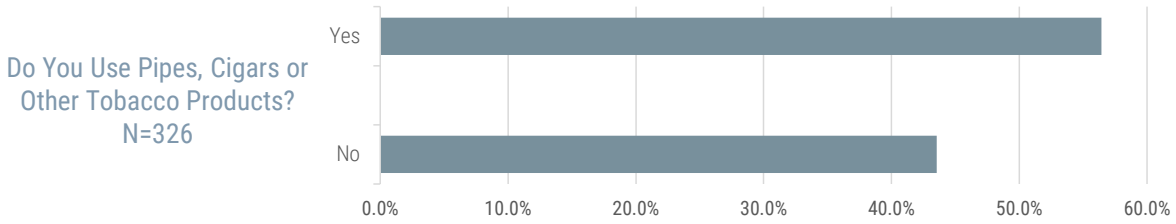
LIFESTYLE CHOICES

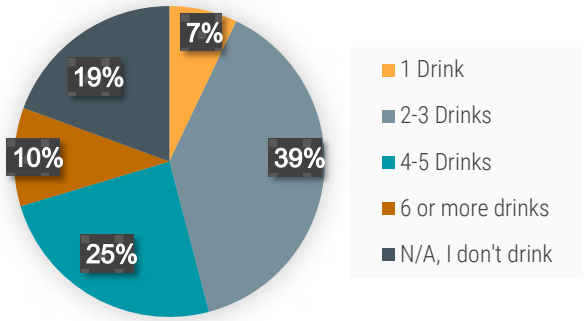
ALCOHOL, Most participants consume alcoholic drinks between,

- **2 to 3 drinks every week (40%)**
- **4 to 5 drinks every week (24%)**
- **6 or more drinks every week (10%)**
- **No alcoholic drinks (20%)**

TOBACCO, Participants use and consume tobacco products. Of this consumption types are,

- **Cigarettes, Pipes, and Cigars (56%)**
- **No plans to quit smoking within the next 6 months (43%)**





Average Number of Drinks Per Week
N=634

KEY POINTS

HEALTH STATUS

FRUIT AND VEGETABLE CONSUMPTION

On average, **95% of participants eat one or more fruits servings each day** (excluding juices), and **50%** consume an average of 3-4 servings of vegetables daily. This falls below the American Heart Association's recommendation of at least 4-5 servings of fruit and vegetables daily.

- → **3 to 4 vegetable servings daily (50%)**
- → **1 to 2 vegetable servings daily (38%)**

Roughly, 3% of participants do not eat any servings of vegetables daily. While this is a relatively small percentage, encouraging others to increase the amount of vegetables they incorporate into their diet, is important for a maintaining a healthy lifestyle.

NEIGHBORHOOD FACTORS

Participants reside primarily in **apartment-type housing (50%)**, following **Single-Family homes (24%),** and **Condo/ Townhouses (23%)**. Over half are **homeowners (58%)**, and own their current residence. Of all participants, close to half, view their community favorably and agree that their neighborhood,

- → **Offers easy, walkable access to public outdoor spaces (24%)**
- → **Has easy access to healthy food stores/restaurants (23%)**
- → **Is environmentally safe, providing clean air and water (24%)**
- → **Feels safe, with little/low crime occurrences (23%)**
- → **Location provides access to good-quality schools (19%)**

KEY POINTS

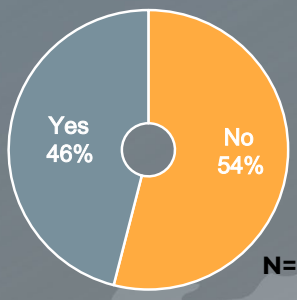
HEALTH STATUS

MENTAL HEALTH SERVICE UTILIZATION

(46%) Nearly half of our participants reported **not having a mental health provider.** For those who did, the services that were most recently sought after were for,

- → **Counseling / Therapy (40%)**
- → **Hospitalization (24%)**
- → **Crisis Care Assistance (21%)**
- → **Other Mental Health Service (33%)**

Do you have a mental health provider that you currently see?

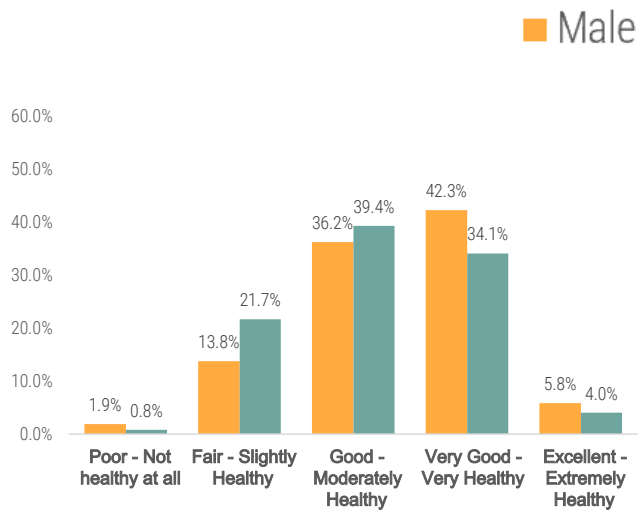


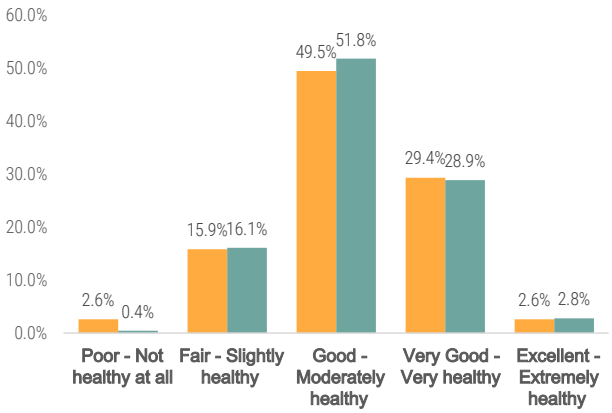
Far too many Black-Identifying/African Americans are unable to work because of untreated physical or mental health challenges. 33% of people lose a day or two of work every month due to poor physical or mental health.

KEY POINTS

HEALTH STATUS

HEALTH PERCEPTION





FINDINGS

FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS

LIFE AS A BLACK-IDENTIFYING PERSON IN ALASKA:

Overall, participants expressed their love for the state of Alaska especially the sense of community and cultural diversity. Many see Alaska as welcoming and a great place to live and learn about new cultures as well as enjoy the outdoors and natural wildlife. However, some young people see the state as isolated without much socialization available. As one put it:

"As a black person, you get strange looks when walking around your neighborhood; shopping in local stores...and rarely invited to community events."

Others report experiencing racism in their communities and in the workplace. Black people are seen as suspect and black stereotypes are a daily reality for some. While some report not experiencing overt racism, they have encountered discrimination in their workplace and point to the overall lack of diversity and representation of black people in civic leadership and economics.

ON BIAS IN THE MEDICAL SYSTEM:

Participants related to the experiences of racism in the healthcare system. According to one key informant:

"Bias on the part of medical providers; prejudice of medical providers is really one of the driving factors for a lot of the disparities that we see in African Americans, American Indian and Alaska Native people. When I see things like that, my question is how much do medical providers know about this and how much are they looking at themselves and their institutions and asking themselves, how much are we contributing to this and how can we turn this around?"

FINDINGS

Participants also see a problem in how healthcare providers talk about health and what it means to be healthy in the Black, Indigenous, People of Color (BIPOC) community. According to one key informant, ***"for so long black people have to hear that what we eat is not healthy".***

MENTAL HEALTH:

Mental health issues were described as one of the leading causes of illness In the Black community. However, lack of insurance coverage, the need to seek employer's approval, and stigma within the community, prevents many from receiving the mental health care they need.

" I had the benefit available through my employer, up to 15 sessions free of charge, but employer must approve mental health sessions beyond the initial 15 sessions; I did not want to request additional sessions because of stigma associated with mental health...using work hours for sessions may be perceived poorly by employer".

Others see the lack of continuous education as a reason for mental health challenges in the Black community.

" We get the education. Maybe a little bit up front with my doctor. But, we don't do continuing education. We don't educate people that if you don't change your complete lifestyle, you do not stop using your medicine as soon as you start to feel better. Within the Black community, we lack the continuous education of knowing what to continually do for our bodies so we can remain healthy. "

FINDINGS

IMPACT OF COVID-19

In relation to COVID-19, some participants expressed how, despite the state opening up and seeing an increased outdoor life, many are still worried about contracting the virus and infecting family members. This has been especially concerning for those living with older relatives or relatives with pre-existing conditions. For youth, isolation has especially made socialization difficult and impacting their ability to succeed in school.

For some participants, COVID-19 has brought their families closer through doing things together. The regular zoom calls which became common during the early phase of the pandemic have continued and extended beyond immediate family members.

HEALTH TIPS

"Medical institutions, hospitals, doctors, work for you. You are paying them or your insurance is paying them or Medicaid is paying them to work for you"

"Exercise doesn't mean you go to the gym you pump weights, you can just be walking, getting up and getting out of your couch and doing something active everyday"

"All of us have some strengths we can bring to the table...just because we are not medical professionals, we know what works for our lives, we know what is going on with our health"

ON FREEDOM AND PARTICIPATION IN CLINICAL TRIALS

Low rates of participation in clinical trials by Black people were brought up by one of the Key Informants.

"We are not made privy to clinical trials. Look at clinical trial enrollment where they are testing all these new great things that could help people early on... African Americans are the least likely to be involved in these cutting edge clinical trials because people don't tell them about them or don't think they make good candidates. Because African Americans aren't included in drug trials we get these medications that are tested on largely White men and women... African American men have the highest rates of colon cancer in the country yet they make up less than one percent of colon cancer clinical trials. The common discourse is that Black people don't want to participate in clinical trials, we don't want to be guinea pigs. That is not true. People don't know about them. Question is: what are you doing to earn trust?".

ASSESSMENT
RECOMMENDATIONS

Based on these findings, we make the following recommendations to enhance the overall health and well-being of Black-Identifying Alaskans:

COVID-19 IMPACT

COVID-19 has impacted the ability for members of the black community to connect with others in and outside their communities.

We recommend improved Municipal support to help the black community organize events and increase social support.

MORE INFORMATION ON IMMUNIZATIONS

More efforts are needed to combat misinformation to promote vaccine uptake through culturally appropriate means.

The Anchorage Health Department should continue using leaders and trusted agencies within the Black and the BIPOC community to raise awareness on the importance of vaccinations.

HEALTH MESSAGING

The way we talk about health is very critical. Health providers need to adopt simple, positive, and health affirming messages to communicate health affirming behaviors. As one key informant noted: "Exercise doesn't mean you go to the gym you pump weights, you can just be walking, getting up and getting out of your couch and doing something active everyday".

" EXERCISE DOESN'T MEAN YOU GO TO THE GYM YOU PUMP WEIGHTS, YOU CAN JUST BE WALKING, GETTING UP AND GETTING OUT OF YOUR COUCH AND DOING SOMETHING ACTIVE EVERYDAY. "

TOBACCO USE REMAINS HIGH

Continued education on the risks of tobacco use is important.

Culturally appropriate measures such as using community leaders and faith-based agencies, can be a means to address the high use of tobacco and alcohol.

ADDRESS MENTAL HEALTH

Mental health problems were identified as a cause of illness and missed workdays among Black-Identifying Alaskans. Nearly half of respondents could not receive mental health treatment due to a lack of providers, health insurance, or stigma. Continued outreach efforts are needed for the black community to raise mental health awareness and normalize seeking help.

ADDRESS UNDERINSURANCE

While most Black Alaskans in this assessment reported having health insurance, many are unable to receive the care they need due to high costs, lack of providers, and/or providers not accepting their insurance.

ASSESSMENT
RECOMMENDATIONS

CULTURALLY APPROPRIATE HEALTHY FOOD OPTIONS

Too often, the BIPOC community is confronted with messages about their foods being unhealthy. Such negative messages do little to reinforce positive and healthy food practice.

To address this, it is important to emphasis healthy ways of preparing food within a culturally congruent and affirming framework. A good example of this comes from the African American Reach and Teach Ministries (AARTH) program in Renton, Washington.

CHRONIC HEALTH CONDITIONS

Chronic conditions such as diabetes, hypertension, high cholesterol, overweight, and heart attacks were common causes of illness among this group of participants.

More education and outreach is needed to educate the community on healthy lifestyle choices, regular health screenings and the need for regular screening. This should also include providing healthcare services in non-traditional locations such as schools and community centers and places of worship.

ENCOURAGE PARTICIPATION IN CLINICAL TRIALS

Clinical trials are crucial towards developing science-based lifesaving treatments. It is essential to continue building trust and transparency within the Black community to ensure more black people are involved in cutting-edge medical discoveries. However, this needs to be done carefully and in a way that is culturally appropriate to avoid repeating the mistakes of the past.

SHOUT OUT TO AARTH

The African Americans Reach and Teach Ministries (AARTH) in Renton, Washington, is teaching people how to cook healthy Pacific Islander Dishes, African American Dishes and African born dishes with using local chefs-many of them African American and African born.

AARTH is a a non-religious 501c3 faith-based capacity-building nonprofit organization, and was established in response to HIV/AIDS and other major health issues affecting people of African descent. Eighteen years ago, Mary Diggs Hobson and her son Reginald Diggs, who has since passed, founded AARTH with this mission in mind.

- **AARTH remains steadfast in our efforts to address racial inequities in systems, policies, and culture and that mission will never waiver.**
- **AARTH has a broad scope of educational practices to influence social justice and health equity.**
- **AARTH engages the Black community and our allies with programs that address chronic disease self-management, mental health, senior health, and HIV/AIDS.**

To learn more about AARTH, visit: https://www.aarth.org

MORTALITY

CONTRIBUTORS

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ALASKA BLACK CAUCUS

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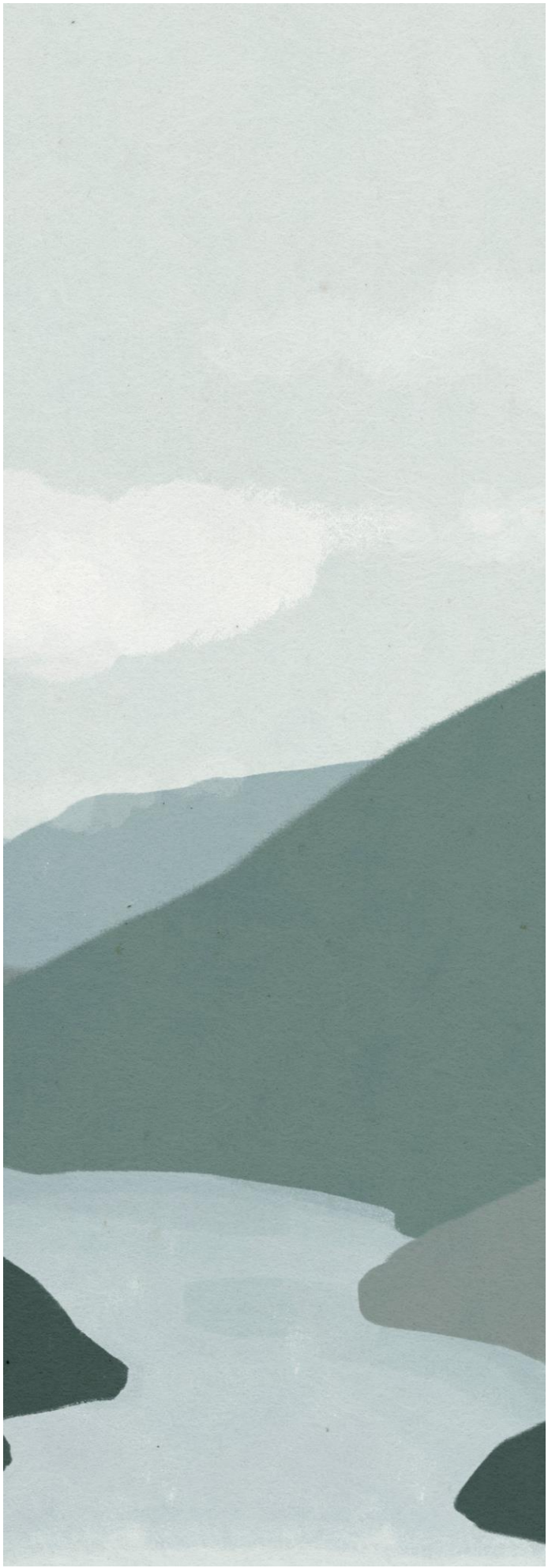


MORTALITY SECTIONS

INTRODUCTION

General Summary

The mortality rate, or the frequency of death in a population over a given period, is an important indicator of health. An in-depth understanding of the frequency of death, its causes, and contextual circumstances can describe health system challenges and victories. Furthermore, it is important to understand how mortality rates differ between sub-groups because these variations suggest that health systems are/are not functioning for specific populations. This report highlights racial/ethnic disparities related to mortality, specifically affecting the Black population in Alaska between 1999-2022.

These disparities are examined using an anti-oppressive lens, understanding that these differences in death rates are not caused by individual faults but by systematic inequalities rooted in racism and other prejudices. These racial inequalities can also reveal unintended consequences of well-intentioned policies or initiatives. Furthermore, this report also emphasizes resilience and potential protective factors in the Black community by highlighting positive health outcomes.

Being Black is not a pathology. Being any race in and of itself is not a risk factor for death or disease. Rather, the systematic differences in health care and other health environments influence the health outcomes of specific sub-groups. In other words, this report provides a glimpse into the needs and protective factors unique to Black Alaskans, and highlights areas in the health care system that need celebrating or improving to support and enhance the health outcomes of Black residents in Alaska.

Sections in this Chapter

- Leading Causes of Death
- Cancer Mortality Rates
- Cancer Mortality Rates Unique to the Black Population in Alaska
- Other Notable Disparities in Leading Causes of Death
- All-Cause Mortality
- Life Expectancy
- Years of Potential Life Lost
- Infant Mortality [1]

[1] Variations in maternal mortality by race was also examined (via search in CDC WONDER using ICD-10 Codes) but data were suppressed due to low sample size. Additionally, the maternal mortality and child death review reports by the Alaska Department of Health and Social Services Department of Public Health Maternal and Child Death Review do not report maternal mortality by race.

Mortality Variable Definitions

Race Variables

In most cases, the racial variables are reported according to how race is reported in the Center for Disease Control and Prevention's (CDC) WONDER database. The abbreviations and categorizations are listed below. However, we acknowledge that categorizing racial variables in this way can be problematic as individual racial groups are distinct. For example, not all Black individuals consider themselves to be African American. Additionally, categorizing distinct groups together can nullify important experiences that are unique to each racial/ethnic group, which is contrary to the anti-oppressive lens that this report embodies. However, this report is created based on secondary data analysis of publicly available data. Hence, racial categorizations are limited to how the data is operationalized in the data. Such constraints of secondary data analysis are also acknowledged in the limitations section below. Life expectancy and years of potential life lost are based on Alaska Vital Statistics Data and reports variations for the Hispanic population in addition to the racial categories listed here.

AI/AN = American Indian or Alaskan Native

A/API = Asian or Pacific Islander

Black = Black or African American

White = White

Hispanic = Of any race including individuals of Cuban, Mexican, Puerto Rican, South or Central American, or Other Hispanic (Spanish speaking) origin. The racial categories are not exclusive to non-Hispanic ethnicity and thus those of Hispanic ethnicity are included in applicable racial categories.

Therefore, in the life expectancy and years of potential life lost data, there may be some overlap between individuals who reported being Hispanic and those in other racial categories.

Furthermore, as noted previously, we emphasize that race in and of itself is not a risk factor for death or disease. Race is not a pathology. In other words, being Black or any other race is not inherently a risk factor for death or disease. Contrarily, the racial disparities found in this report are specifically a consequence of systematic racism on micro, meso, and macro levels that disproportionately and unfairly affects racial/ethnic sub-groups.

Mortality Variables

- Leading Causes of Death – Top 10 most frequently occurring causes of death in a population.
- Cancer Mortality Rates – Deaths due to any type of cancer (malignant neoplasms).
- All-cause Mortality Rates – Deaths due to any cause.
- Life Expectancy – The average number of years a person is expected to live.
- Years of Potential Life Lost (YPLL) – Years of life lost of those who died before 75 years of age.
- Infant Mortality [2]– Death of a child under the age of 1 year.

Limitations

There are several limitations related to the nature of secondary data analysis and the lack of data due to small sample sizes.

Nature of Secondary Data Analysis

The general limitation of secondary data analysis is that data was not primarily collected for the purpose of this report or by its investigators. In other words, the investigators of this report did not have control over what data was collected and how. Therefore, the report is limited to analysis with the data in its available form.

Data suppression and Unreliability

Publicly available data uses data suppression for confidentiality purposes to protect the identity of individuals where the sample size (i.e., number of deaths) falls below a certain threshold. The CDC's WONDER and National Violent Death Reporting System (NVDRS) database utilizes a threshold of 10. Therefore, any data where the sample size is less than 10 (i.e., 0-9) are unavailable or suppressed. Any data that were unavailable due to suppression are also indicated as such in the report.

Furthermore, any data where the sample size (i.e., number of deaths) falls below 20 are marked by CDC WONDER and NVDRS as statistically unreliable data due to low power or a high relative standard error. Any unavailable data due to unreliability are indicated as such in the report.

[2] Variations in maternal mortality by race was also examined (via search in CDC WONDER using ICD-10 Codes) but data were suppressed due to low sample size. Additionally, the maternal mortality and child death review reports by the Alaska Department of Health and Social Services Department of Public Health Maternal and Child Death Review do not report maternal mortality by race.

LEADING CAUSES OF DEATH

Definition

The CDC defines ***leading causes of death*** as the "most frequently occurring" causes of death within a population. The causes are rank ordered from conditions with the highest number of fatalities to the least.

Measurements on the leading causes of death express ***mortality rates***, which indicate deaths occurring over a given period. A higher mortality rate demonstrates a higher incidence of deaths. Specifically, we report ***age-adjusted mortality rates*** *(per 100,000)*, which measure deaths occurring over a given time span while controlling for the effects of age. Such adjustments are essential, as some health conditions affect the elderly more than others (e.g., heart disease, neurocognitive diseases like Alzheimer's, etc.) The age-adjusted mortality rate controls this effect of age/maturation on health conditions. Furthermore, as the mortality rate is expressed per 100,000 in a population, the rate is comparable between groups of varying sizes and age distributions.

WHAT ARE THE TOP 10 LEADING CAUSES OF DEATH IN ALASKA FOR ALL RACES (1999 – 2020)?

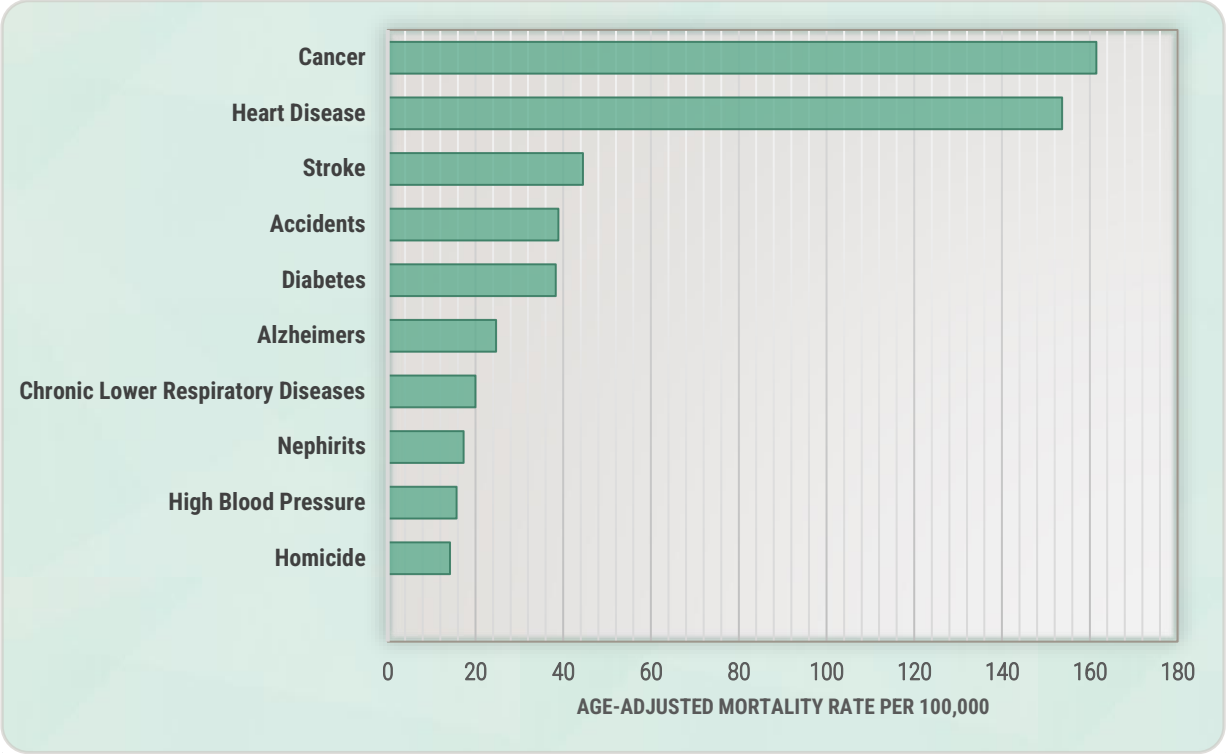
1. Cancer
2. Heart Disease
3. Accidents
4. Stroke
5. Chronic Lower Respiratory Disease
6. Suicide
7. Diabetes
8. Chronic Liver Disease and Cirrhosis
9. Alzheimer's Disease
10. Influenza and Pneumonia

(Data Source: https://wonder.cdc.gov/controller/saved/D76/D271F718, n.d.)

General Summary and Key Highlights

- The top 10 leading causes of death for Alaska's Black population differs from other races (pg. 9).
- Alaska's Black population has the lowest mortality rate from suicide compared to other races. Specifically, suicide was a leading cause of death for other races in Alaska but not for the Black population.
- Alaska's Black population has the highest mortality rate from diabetes compared to other races.
- Homicide is among the top ten leading cause of death for the Black population in Alaska. Specifically, the Black population in Alaska has the highest homicide mortality rate by firearms.
- Black men had higher mortality rates for cancer, heart disease, accidents, nephritis, high blood pressure, and homicide compared to Black women. Black women had a higher mortality rate due to Alzheimer's disease than Black men.

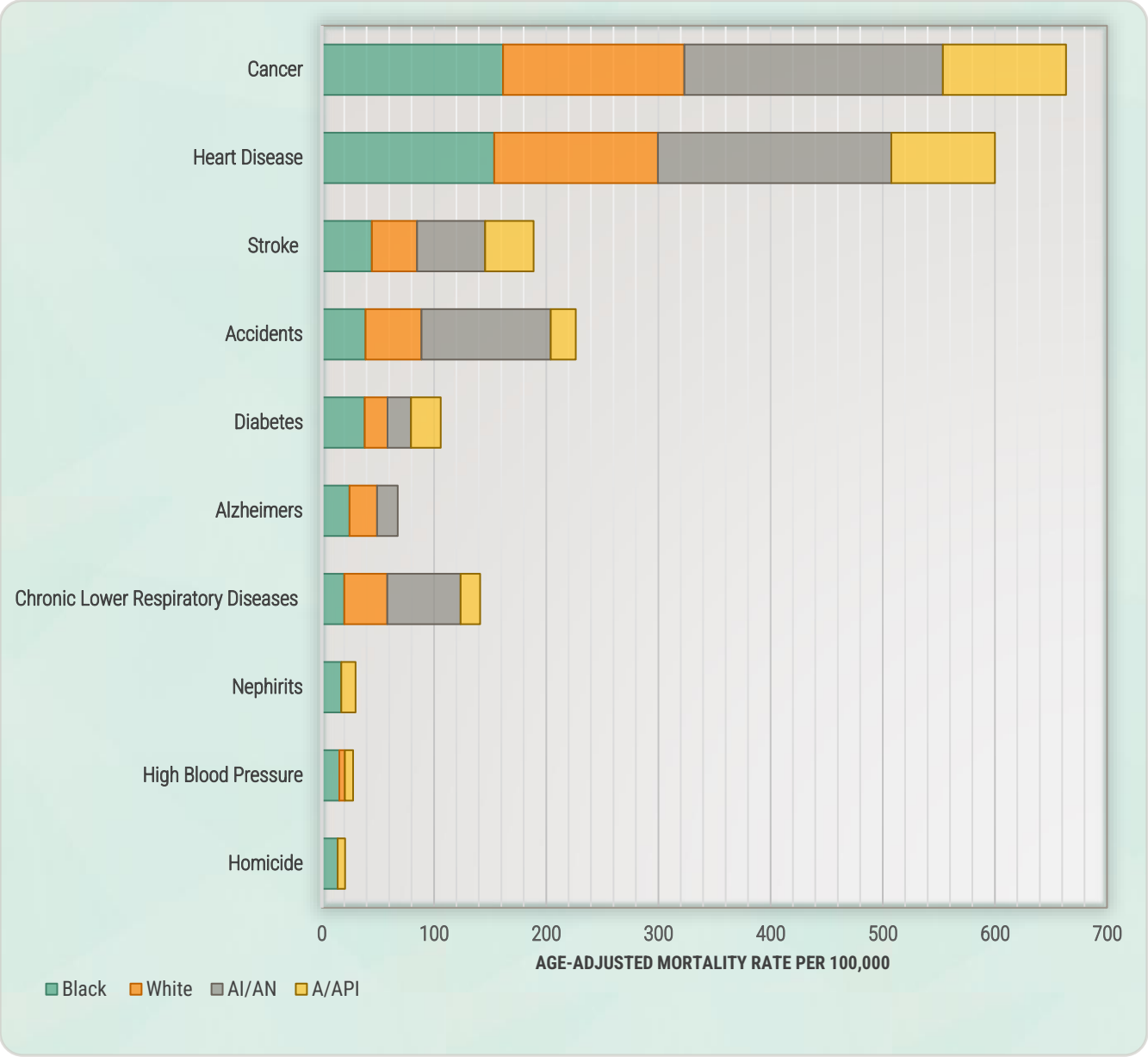
Top 10 Leading Causes of Death for the Black Population in Alaska (1999 – 2020)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-01

Cancer and heart disease are the most common leading causes of death for the Black population in Alaska from 1999-2020.

Leading Causes of Death for the Black Population in Alaska Compared to Other Races (1999 – 2020)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-02

Difference in Leading Causes of Death by Race in Alaska (1999 – 2020)

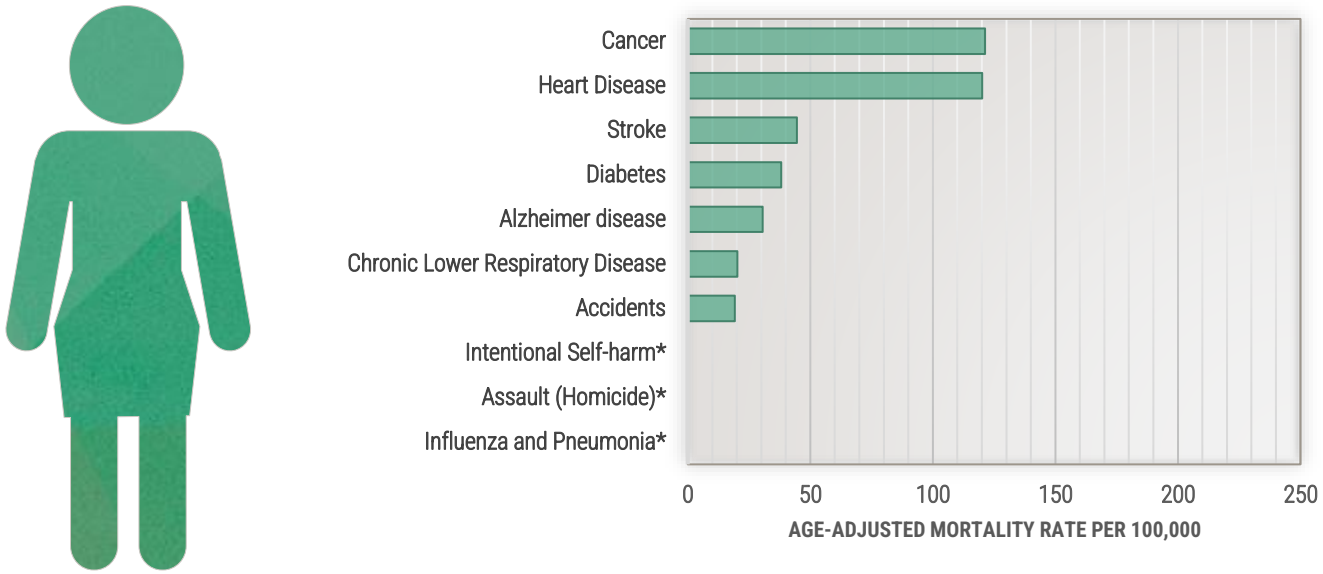
	Black	White	AI/AN	A/API
1	Cancer	Cancer	Cancer	Cancer
2	Heart Disease	Heart Disease	Heart Disease	Heart Disease
3	Stroke	Accidents	Accidents	Stroke
4	Accidents	Stroke	Chronic Lower Respiratory Disease	Diabetes
5	Diabetes	Chronic Lower Respiratory Disease	Stroke	Accidents
6	Alzheimer	Alzheimer	**Suicide**	Chronic Lower Respiratory Disease
7	Chronic Lower Respiratory Disease	Diabetes	Influenza/Pneumonia	Nephritis
8	Nephritis	**Suicide**	Chronic Liver Disease and Cirrhosis	Alzheimer
9	High Blood Pressure	Chronic Liver Disease and Cirrhosis	Diabetes	High Blood Pressure
10	**Homicide**	Influenza/Pneumonia	Alzheimer	**Suicide**

(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-03

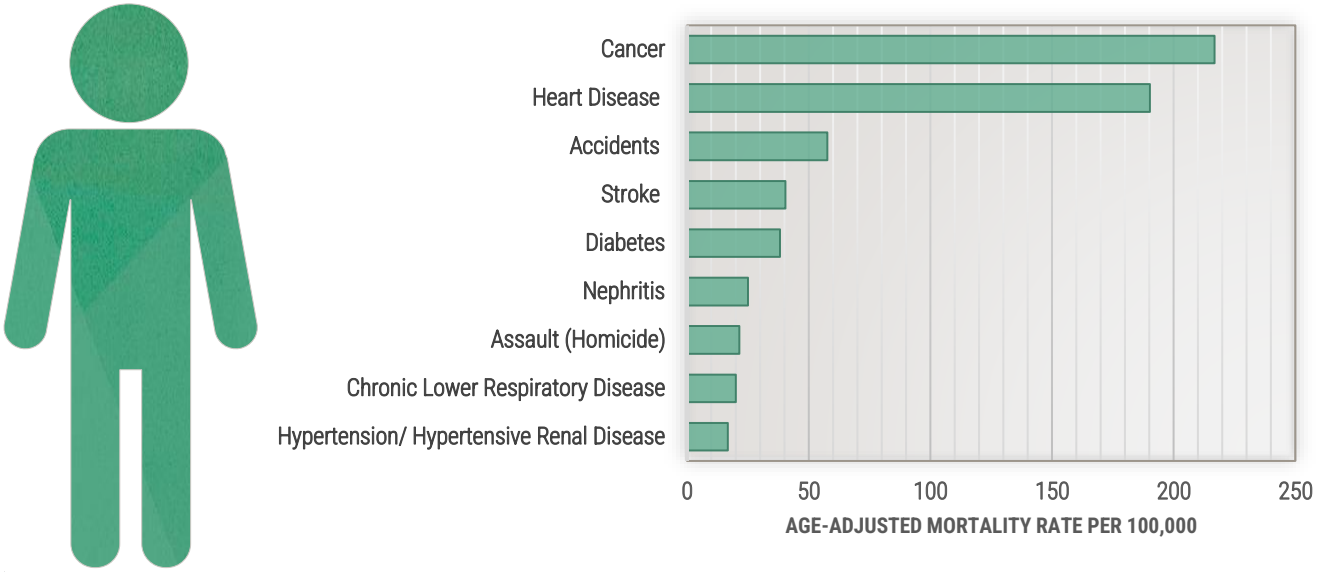
- Notably, homicide is among the leading causes of death for the Black population in Alaska but not for other races. Furthermore, suicide is not among the leading causes of death for the Black population.

Leading Causes of Death Among the Black Population in Alaska by Gender (1999 – 2020)

Female



Male



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-04

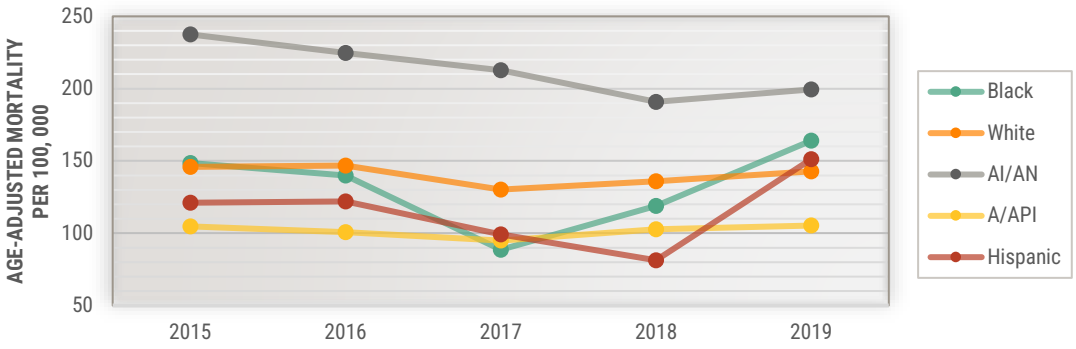
- Male and female Black Alaskans share 8 out of 10 top leading causes of death between 1999-2020. Influenza and pneumonia as well as intentional self-harm were among the top 10 leading causes of death for women but not men. Nephritis and high blood pressure were among the top 10 leading causes of death for men but not women.
- Cancer, heart disease, stroke, and diabetes have the highest mortality rates among both male and female Black Alaskans.

CANCER MORTALITY RATES

Definition

Cancer mortality rates specifically examine mortality rates due to any type of cancers (malignant neoplasms).

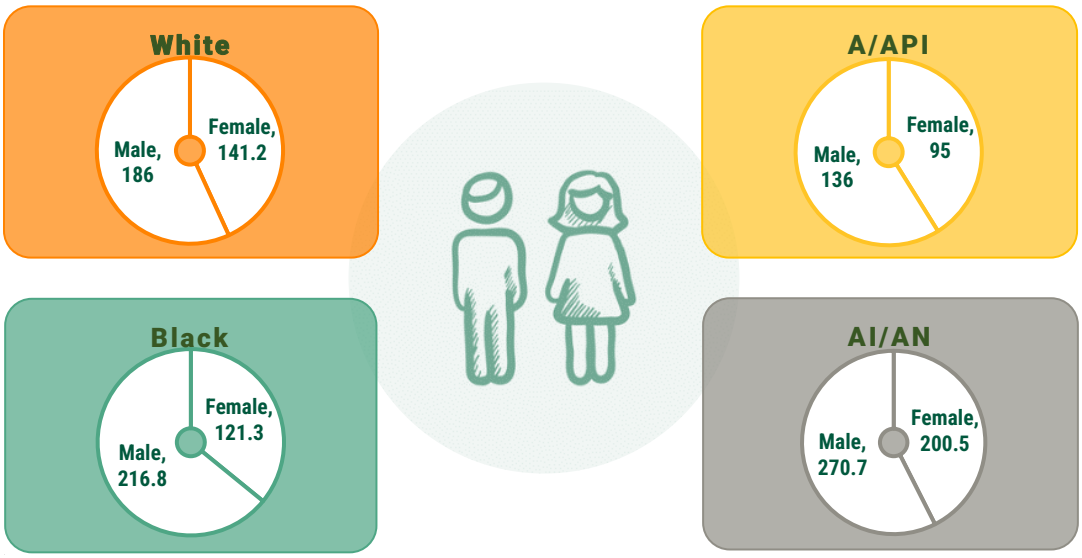
Malignant Neoplasms Between 2015 – 2019 in Alaska by Race and Ethnicity



(Data Source: Alaska Vital Statistics Annual Report, 2019) Appendix Table 2-05

- There is a sharp increase in mortality rates among the Black population due to malignant neoplasms between 2017 and 2019 that needs further examination. As of 2019, the Black population in Alaska has the second-highest mortality rate due to malignant neoplasms.

Cancer Mortality Rates in Alaska (1999 – 2020) by Race and Gender



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-06

- Black men have higher cancer mortality rates than Black females, and Black men have the second-highest cancer mortality rate compared to men and women of other races.

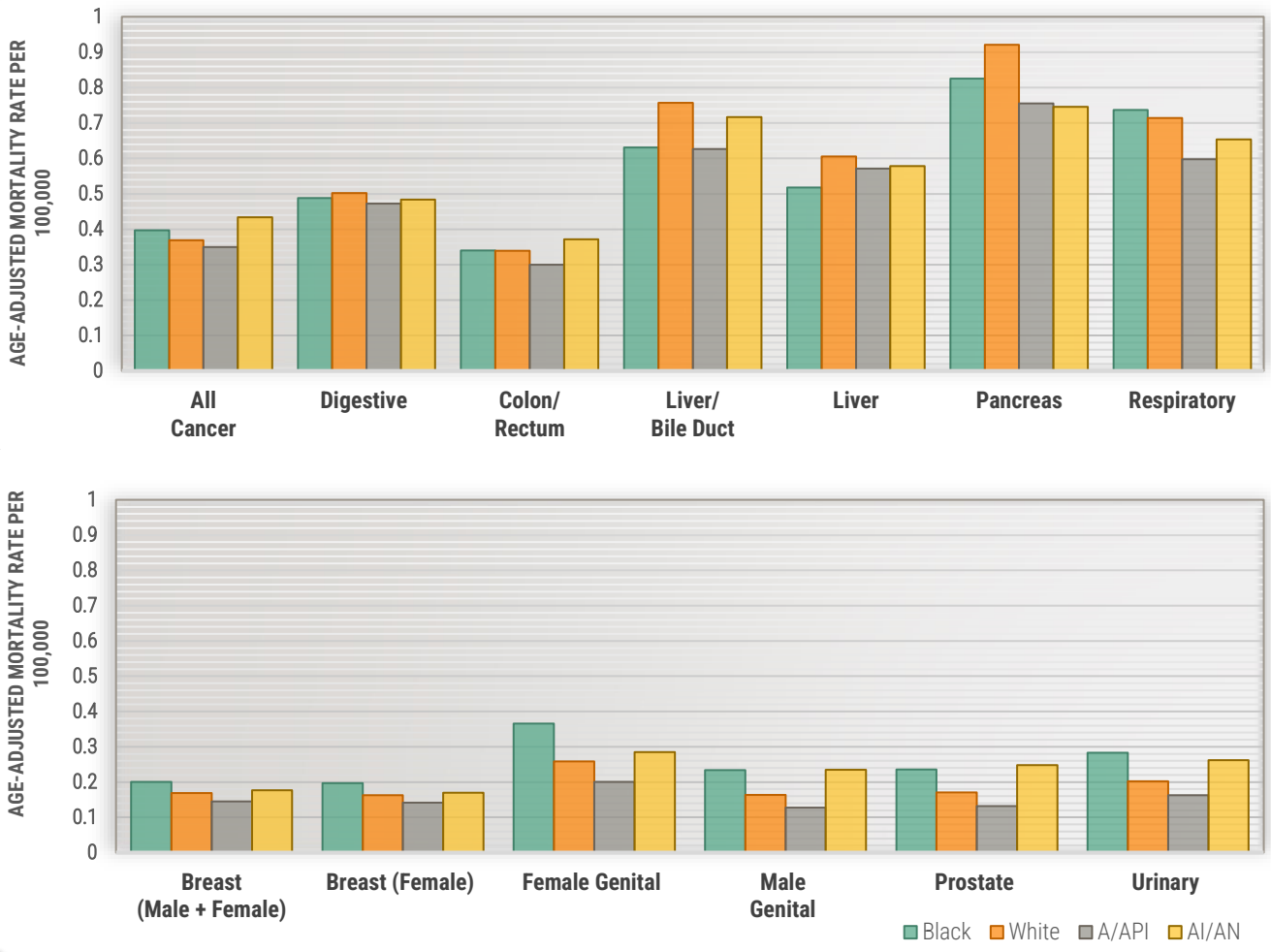
CANCER MORTALITY UNIQUE TO ALASKA'S BLACK POPULATION

Definition

Mortality rates by specific cancer sites were examined by race to get a better idea of the types of cancer that are contributing to deaths in the Black population.

The *mortality-incidence age-adjusted rate ratio* is reported. The mortality-incidence age-adjusted rate ratio is an indicator of death relative to cancer incidence and is a widely used measure to identify disparities in cancer outcomes. Higher ratios indicate higher likelihood of death for each cancer site.

Mortality-Incidence Age-Adjusted Rate Ratio for Specific Cancer Sites in Alaska by Race (1999 – 2018)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-07

- The survival rate is low among the Black population in comparison to other races particularly for cancers of the respiratory system and reproductive systems such as breast cancer and genital cancers. The survival rate is higher among the Black population in comparison to other races particularly for liver cancer.

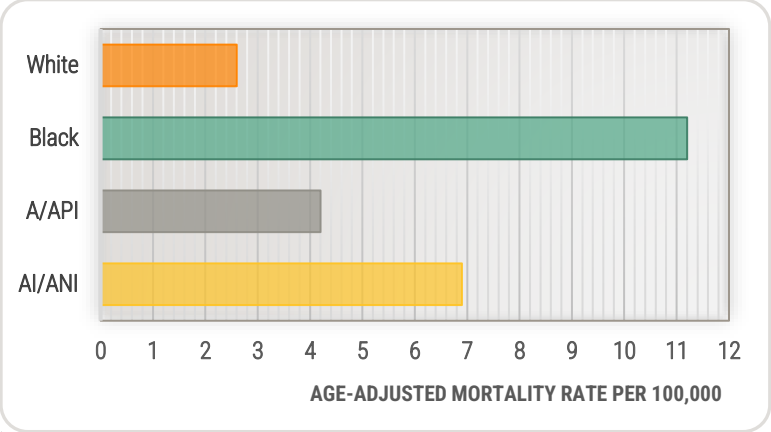
For more information on specific types of cancer incidence and mortality rates in Alaska by race, refer to the Alaska Comprehensive Cancer Control Plan 2016-2020 by the State of Alaska Department of Health and Social Services.

LEADING CAUSES OF DEATH-OTHER NOTABLE DISPARITIES

Other Notable Disparities Affecting the Black Population[3]

HOMICIDE[4]

Homicide by Discharge of Firearms in Alaska by Race (1999 – 2020)

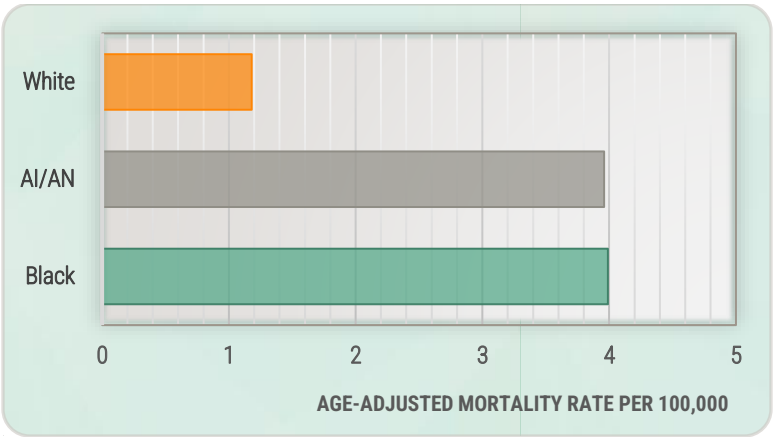


(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-08

DISCHARGE OF FIREARMS

The context of high homicide mortality rates by discharge of firearms were explored further.

Homicide by Discharge of Firearms in the Context of Domestic Violence/Intimate Partner Violence in Alaska by Race (2003 – 2019)

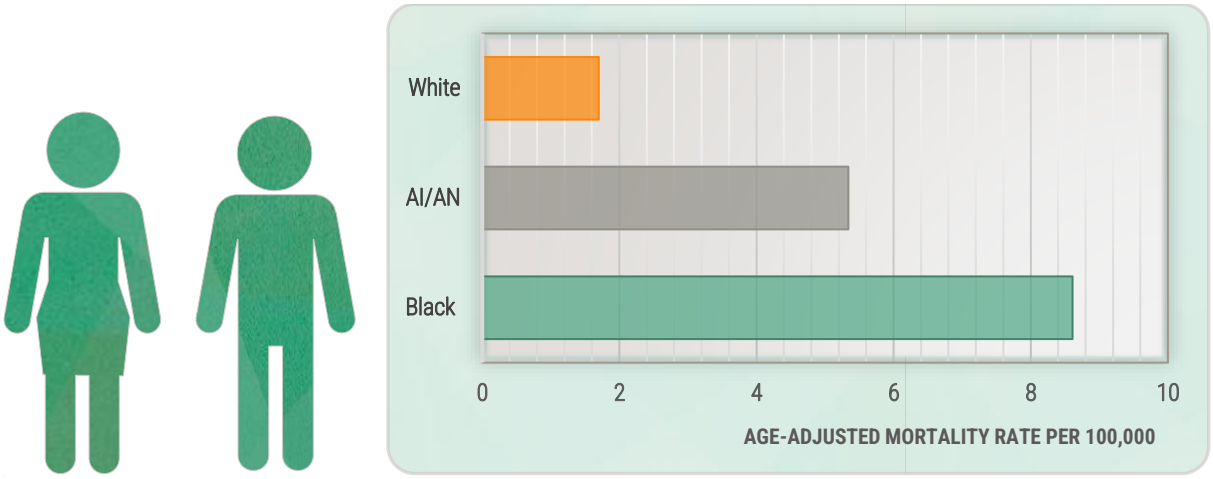


(Data Source: CDC, National Violent Death Reporting System (NVDRS)) Appendix Table 2-09

[3] Death due to Malignant myelomas that are known to disproportionately affect the Black population could not be analyzed for the Black population of Alaska due to low N. However, myeloma incidence rates are reported in the Morbidity chapter.
[4] Other homicide/accident/assault codes were examined such as R45.6 Physical Violence, Y06.0 Neglect & Abandonment by spouse or partner, Y07.0 Other maltreatment by spouse or partner, and Y07.3 Other maltreatment by official authorities, but the data were suppressed due to low N in each cell (racial category).

- In reference to the chart above, deaths due to homicide by firearms in the context of DV/IPV was particularly high among Black and AI/AN populations in Alaska. The mortality rate among the Black population was slightly higher (3.99) than the AI/AN population (3.96).

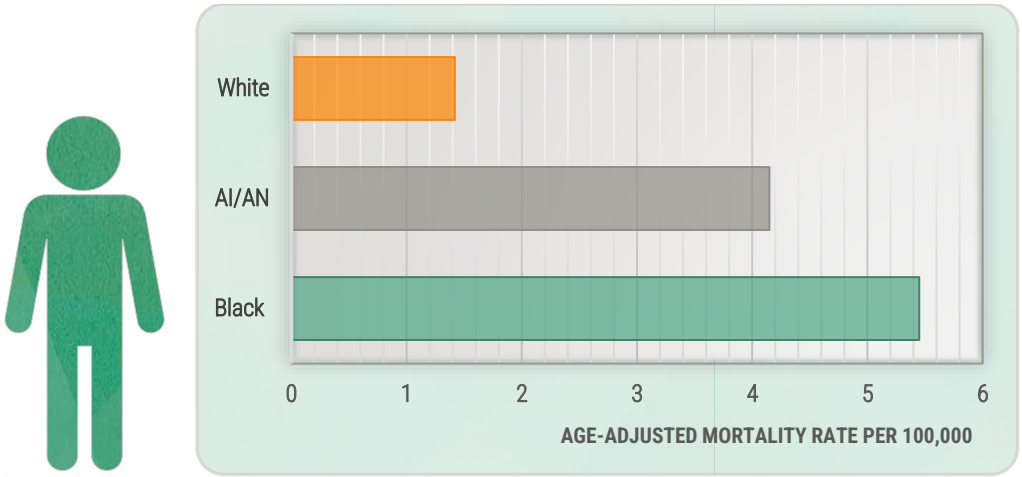
Homicide by Discharge of Firearms in the Context of Domestic Violence/Intimate Partner Violence, Stranger to Stranger, and Gang-Related Activities in Alaska by Race (2003 – 2019)



(Data Source: CDC, National Violent Death Reporting System (NVDRS)) Appendix Table 2-10

- Death due to homicide by firearms increases significantly among the Black population in Alaska when random acts of violence by a stranger and gang-related incidents were included. This disparity was particularly notable among Black men (see table below for male statistics).

Homicide by Discharge of Firearms in the Context of Domestic Violence/Intimate Partner Violence, Stranger to Stranger, and Gang-Related Activities in Alaska Among Men[5] by Race (2003 – 2019)

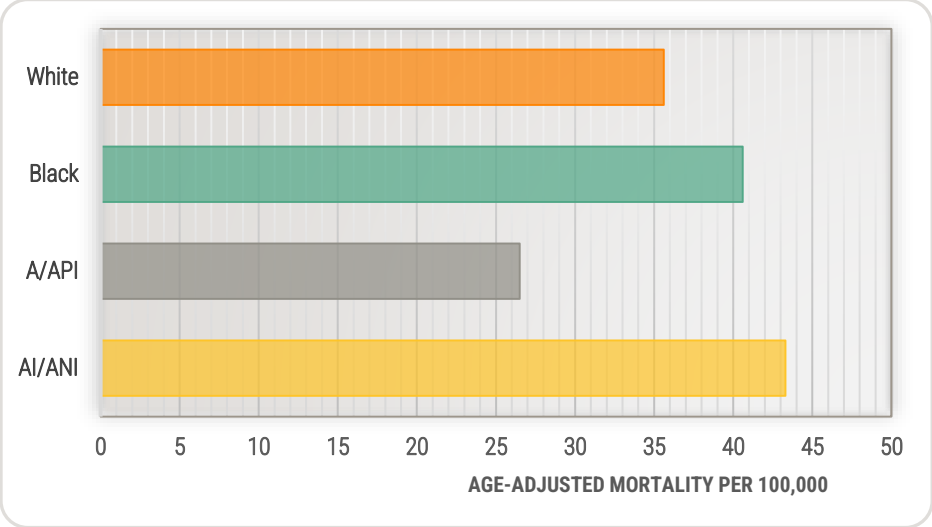


(Data Source: CDC, National Violent Death Reporting System (NVDRS)) Appendix Table 2-10a

[5] Statistics for women were also examined but data was suppressed.

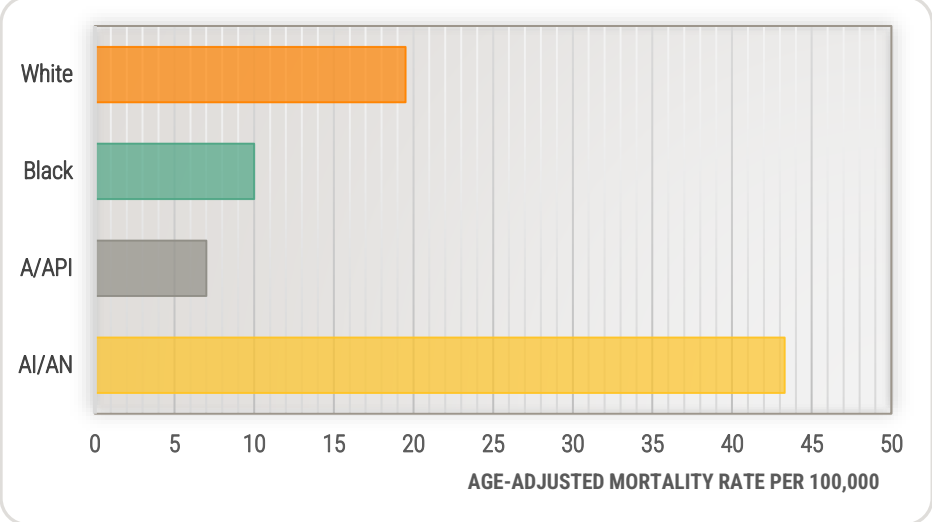
MENTAL HEALTH

Death due to Mental Health Disorders with Etiology in Cerebral Disease, Brain Injury, or other Conditions Leading to Cerebral Dysfunction (ICD-10 Code F01-F09) in Alaska by Race (1999 – 2020)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-11

Death due to Suicide in Alaska by Race (1999 – 2020)

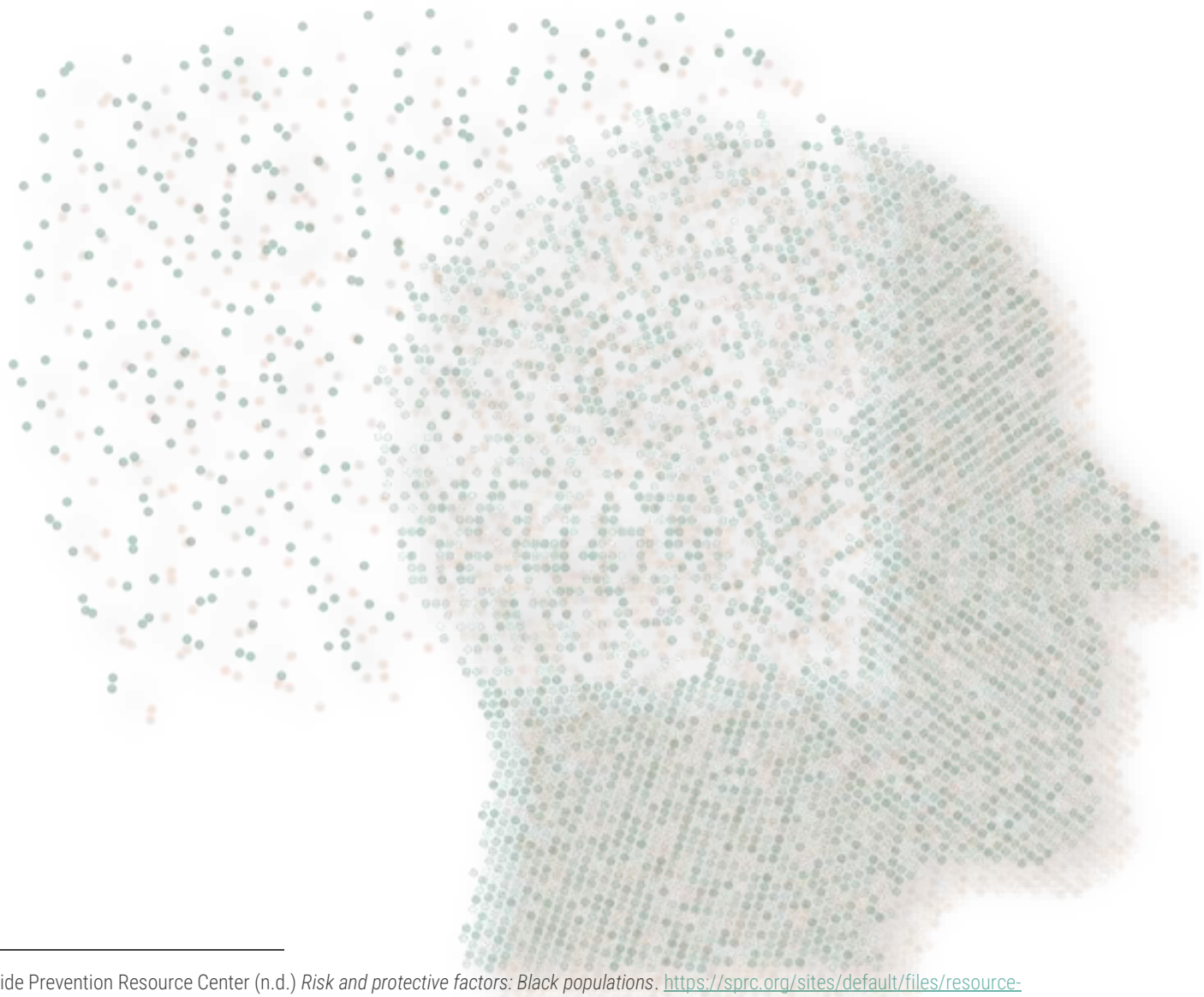


(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-12

- The mortality rate due to suicide was lower for the Black population in relation to AI/AN and White populations in Alaska.

Protective Factor vs. Underreporting?

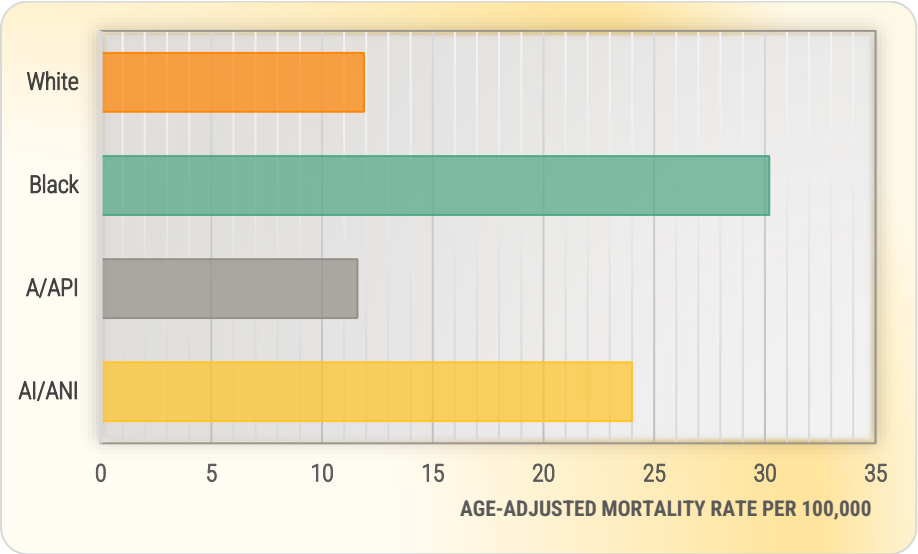
Variables where any sub-group is doing particularly well in comparison to other groups can indicate resilience or protective factors. It is also important to consider whether these results are due to underreporting or other systematic variables that are dampening outcomes. Therefore, community input is critical in understanding these disparities so as not to diminish the need to address suicide in the Black community, if there is in fact a need. Nonetheless, this positive result is indicative of important protective factors and strengths of the Black community in Alaska. For example, a strong sense of community, religiosity, hope, and connectedness are all known variables that positively impact mental health outcomes such as suicide. Therefore, it is critical that future studies delve deeper into understanding why death due to suicide[6] in the Alaskan Black population is lower in comparison to other racial groups. Such important findings contribute to the larger field of mental health informing community mental health interventions aimed at preventing suicide among Black populations in other states.



[6] Suicide Prevention Resource Center (n.d.) *Risk and protective factors: Black populations*. https://sprc.org/sites/default/files/resource-program/Risk%20and%20Protective%20Factors%20Black_0.pdf

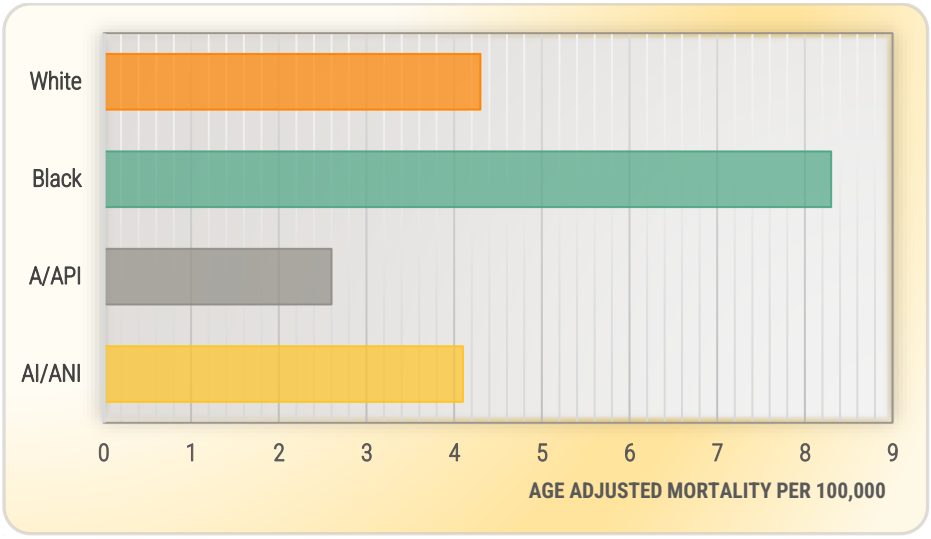
HEART DISEASE

Death due to Hypertensive Disease (ICD-10 Code F10-F15) or Diseases that Develop as a Result of High Blood Pressure in Alaska by Race (1999 – 2020)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-13

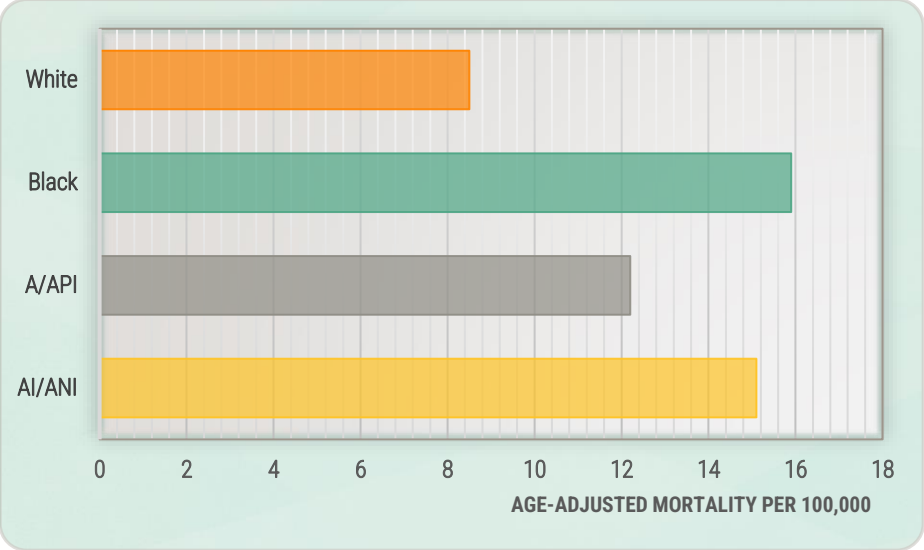
Death due to Pulmonary Heart Disease (ICD-10 F26-F28) or Damage/Failure of the Right Ventricle Among the Black Population in Alaska (1999 – 2020)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-14

KIDNEY

Death due to Renal Failure (ICD-10 N17-N19) Among the Black Population in Alaska (1999 – 2020)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-15

EXPERT ADVICE – DID YOU KNOW?

- Allison Hourigan

Estimated Glomerular Filtration Rate (eGFR) is a calculation used by clinicians to estimate how well kidneys are working to filter blood. A low number indicates that the kidneys are not functioning very well. Low eGFR's are used to determine if you have kidney disease and define the disease's severity. Some eGFR equations include a "race correction" for Black people, which increases the eGFR.

In the US, Black people are 2 - 4 times more likely to develop kidney failure compared to white people. Regardless, Black patients are less likely to be referred to specialty care, less likely to be evaluated for kidney transplants, and less likely to receive kidney transplants compared to white patients. [a]

Continued on next page…

[a] Boulware, L. E., Purnell, T. S., & Mohottige, D. (2021). Systemic kidney transplant inequities for Black individuals: Examining the contribution of racialized kidney function estimating equations. JAMA network open, 4(1), e2034630-e2034630. http://doi.org/10.1001/jamanetworkopen.2020.34630

Consider asking your doctor about this at your next visit:

- What is my race-free eGFR?
- Does my race-free eGFR change my treatment options?

Because a low eGFR is one requirement for being eligible to receive a kidney transplant, an elevated ("race-corrected") eGFR could prevent Black patients from accessing this life-giving treatment. Race-corrected eGFRs are just one example of race-based practices in medicine, "the system by which (flawed) research characterizing race as an essential, biological variable, translates into clinical practice, leading to inequitable care." [b]

We know that race is not biological. The human genome project confirmed that race has no genetic basis. Instead, race is viewed as a social construct. Inclusions of "race corrections" in the biomedical equation for eGFRs were initially justified using false and racist beliefs that Black people have more muscle mass than other races.

In 2021, a task force of the National Kidney Foundation and American Nephrology Society recommended immediate implementation of a race-free eGFR equation. [c]

For further exploration of this topic:

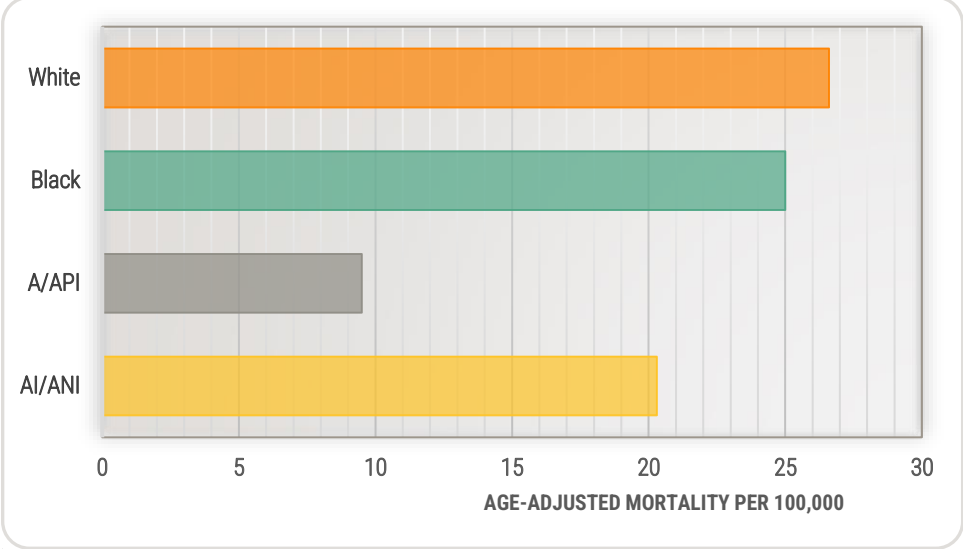
- Racial Bias in Medicine Series by Joel Bervell
- The Problem with Race Based Medicine by Dorothy Roberts

[b] Cerdeña, J. P., Plaisime, M. V., & Tsai, J. (2020). From race-based to race-conscious medicine: how anti-racist uprisings call us to act. *The Lancet*,*396*(10257), 1125-1128. https://doi.org/10.1016/S0140-6736(20)32076-6

[c] Delgado, C., Baweja, M., Crews, D. C., Eneanya, N. D., Gadegbeku, C. A., Inker, L. A., ... & Powe, N. R. (2021). A unifying approach for GFR estimation: recommendations of the NKF-ASN task force on reassessing the inclusion of race in diagnosing kidney disease. *American Journal of Kidney Diseases*. https://doi.org/10.1681/ASN.2021070988

DEGENERATIVE DISEASES

Death due to Degeneration of the Nervous System (including Alzheimer's and other diseases due to degeneration of the brain ICD-10 G30-G31) Among the Black Population in Alaska (1999 – 2020)



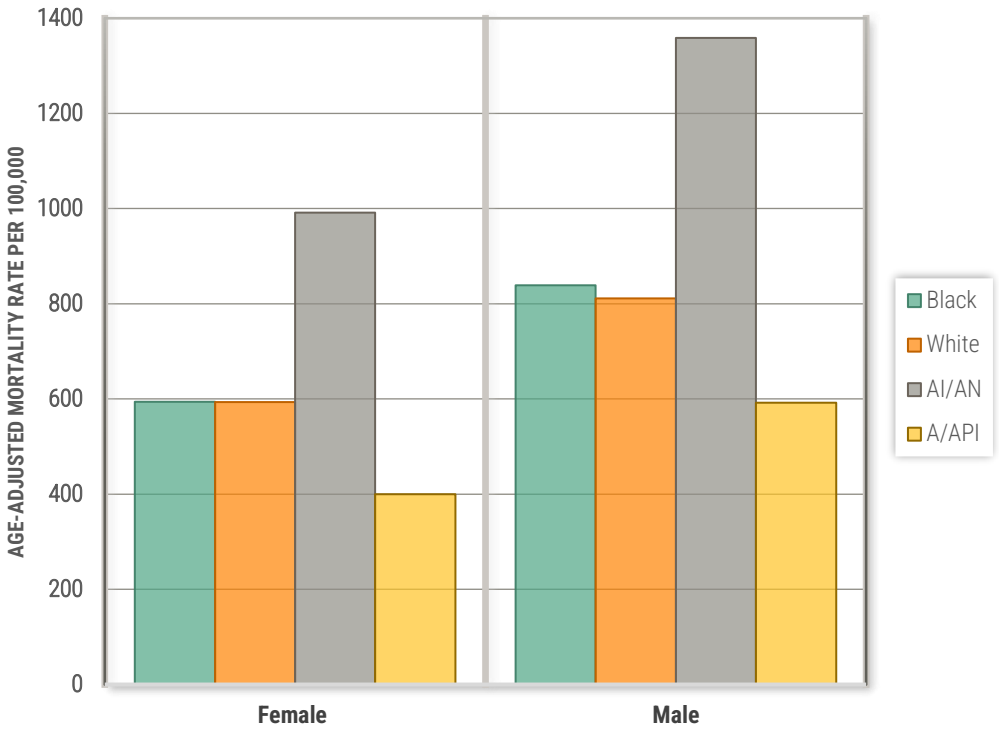
(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-16

ALL-CAUSE MORTALITY

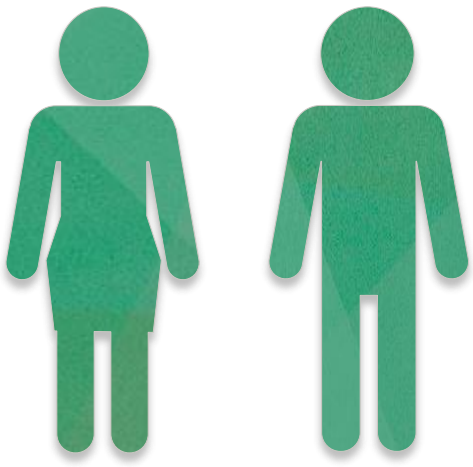
Definition

All-Cause Mortality refers to the death rates due to any cause.

All-Cause Mortality (Age-adjusted per 100,000) by Race and Gender in Alaska (1999 – 2020)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-17



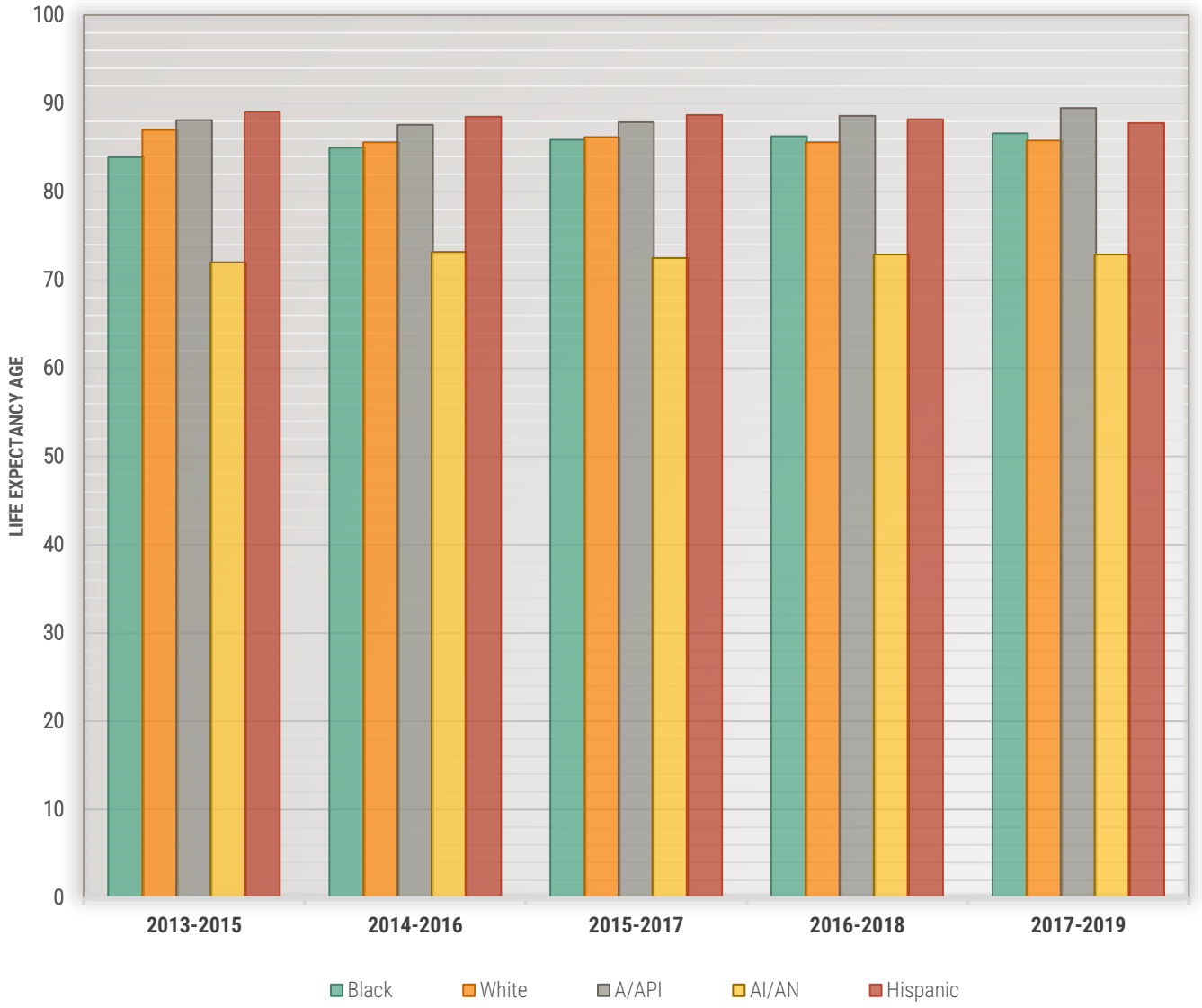
- All-cause mortality is higher for men than women among the Black population in Alaska.

LIFE EXPECTANCY

Definition

Life expectancy is defined as the average number of years a person is expected to live.

Average Life Expectancy by Race/Ethnicity (2013 – 2019)



(Data Source: Alaska Vital Statistics Annual Report, 2019) Appendix Table 2-18

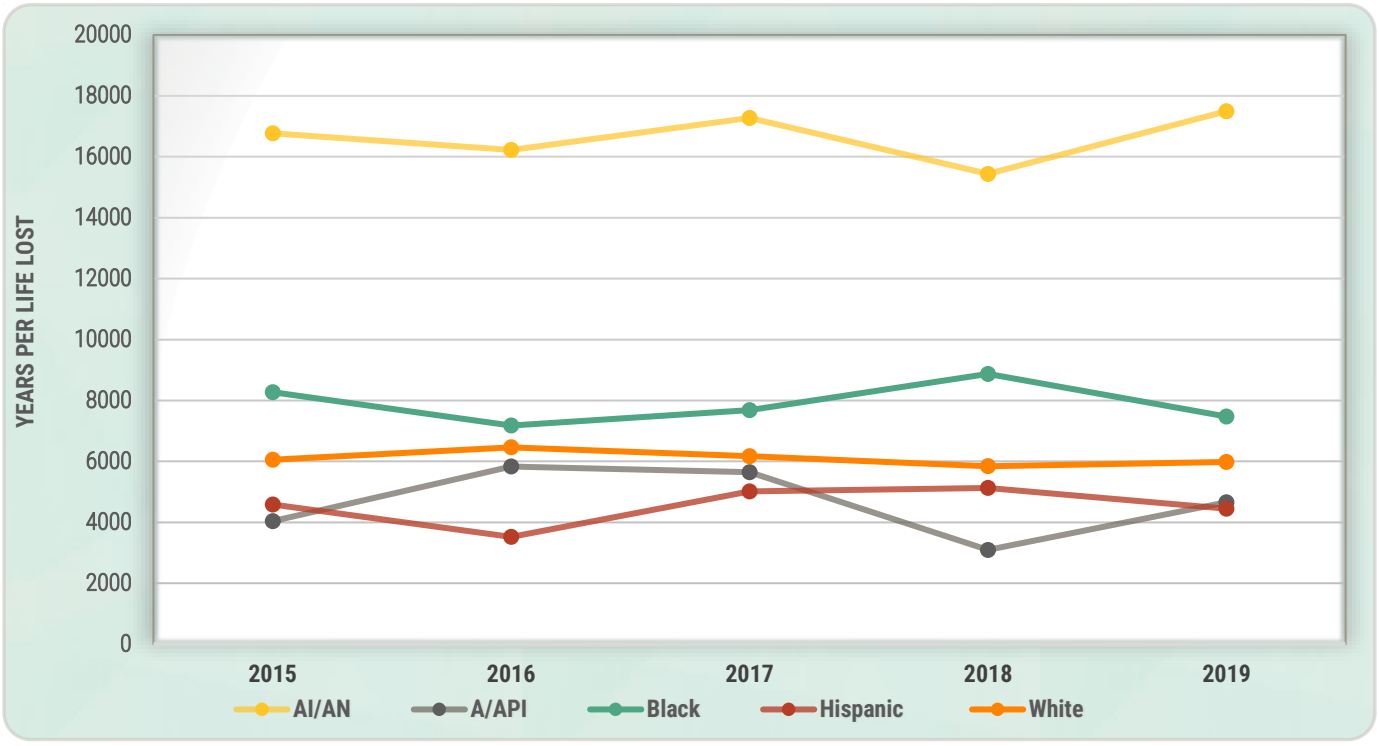
- There is a very slight increase in life expectancy over time from 2013-2019 among the Black population in Alaska. However, life expectancy is generally lower among the Black population in comparison to the Asian and Asian Pacific Islander and Hispanic population.

YEARS OF POTENTIAL LIFE LOST

Definition

Years of Potential Life Lost (YPLL) depicts years of life lost among those who died before 75 years of age. YPLL is distinct from mortality rates as it emphasizes deaths that occur prematurely or at younger ages. Age-adjusted YPLL is standardized to counter the effects of maturation like age-adjusted mortality rates.

Age-adjusted YPLL Rates in Alaska by Race (2015 – 2019)



(Data Source: Alaska Vital Statistics Annual Report, 2019) Appendix Table 2-19

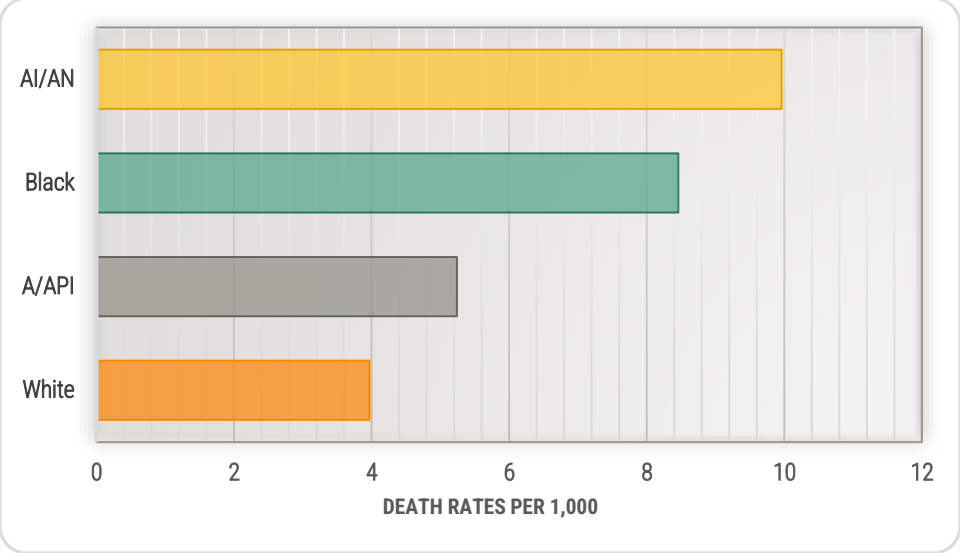
- Premature death (death before 75 years of age) is higher among the Black population (green line) in general compared to Asian or Asian Pacific Islander, Hispanic, and the White population in Alaska.

INFANT MORTALITY

Definition

Infant mortality refers to death of a child under the age of 1 year. Infant mortality is expressed as a *death rate per* 1,000 live births. Death rates are useful as they control for the difference in the size of a population allowing us to compare rates between sub-groups of varying sizes.

Infant Mortality by Mother's Race in Alaska (2007 – 2018)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-20

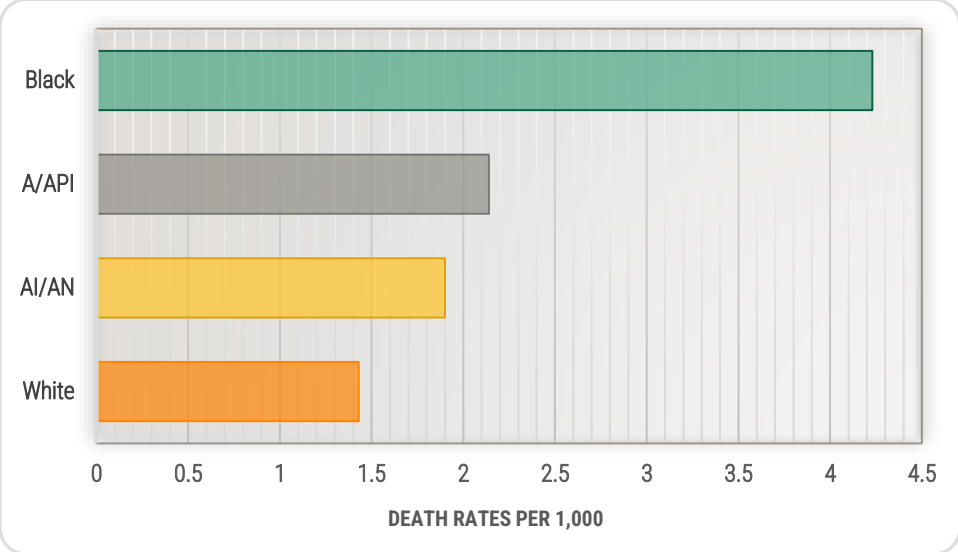
- Infant mortality rates are second highest for the Black population compared to other races.

CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (ICD-10 P00-P96)[7]

Definition

Conditions originating in the perinatal period refers to newborns affected by maternal factors and by complications of pregnancy, labor, and delivery.

Infant Mortality due to Conditions Originating in the Perinatal Period by Mother's Race (2007 – 2018)



(Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, n.d.) Appendix Table 2-21

- Infant deaths due to complications while the baby is developing in the mother's body or complications during labor/delivery are highest among the Black population in Alaska.

[7] Specific sub-codes under this ICD chapter (P00-P96) were suppressed for the Black population. Other ICD Chapters were also suppressed for the Black population.

Questions or Request for the Appendix Tables?

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MORBIDITY

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ALASKA BLACK CAUCUS

UAA School of Social Work
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ANCHORAGE HEALTH DEPARTMENT

MORBIDITY SECTIONS

INTRODUCTION

General Summary

The morbidity chapter aims to capture the presence of illness or disease, and the general health status of Black Alaskans. An in-depth understanding of morbidity is important as it can highlight health system challenges and victories. Furthermore, it is important to understand how morbidity rates differ between subgroups because these variations suggest areas of improvement in health systems and public health initiatives for specific populations. This chapter describes racial/ethnic disparities related to morbidity, specifically affecting the Black population in Alaska between 2016-2020. The morbidity data is also interpreted in conjunction with findings from the mortality chapter to understand how health conditions align with death rates among Black Alaskans.

These health disparities are also examined using an anti-oppressive lens, understanding that these differences in illness rates are not caused by individual faults but by systematic inequities rooted in racism and other prejudices. These racial inequities can also reveal unintended consequences of well-intentioned policies or initiatives. However, the focus is not solely on deficits. This report also emphasizes resilience and potential protective factors in the Black community through an examination of positive health outcomes.

Being Black is not a pathology. Being any race in and of itself is not a risk factor for death or disease. Rather, a complex interaction of genetic factors, psychosocial demographics, the systematic differences in health care, and other health environments influence the health outcomes of specific subgroups. Therefore, this report provides a glimpse into the needs and protective factors unique to Black Alaskans, and highlights areas in health that need celebrating or improving to support and enhance the health outcomes of Black residents in Alaska.

Sections in this Chapter

- General Health Status
- Health Care Usage
- Vaccinations
- Disability
- Specific Conditions
- Substance Use
- Diet
- Body Mass Index
- Physical Activity
- Other

Morbidity Variable Definitions and Dataset

Race Variables

The racial variables are reported according to how race is reported in the Alaska Behavioral Risk Surveillance System Surveys and how many respondents there were within each racial/ethnic group. Specifically, in these analyses, race is operationalized as "Black" or "Other" as defined below. However, we acknowledge that categorizing race variables in this way can be problematic as individual racial groups are distinct. For example, not all Black individuals consider themselves to be African American, and certainly, the "Other" category does not capture the distinct experiences of all races that are not Black and/or African American. Additionally, categorizing distinct groups together can nullify important experiences that are unique to each racial/ethnic group, which is contrary to the anti-oppressive lens that this report embodies. However, this report is created based on a secondary data analysis of publicly available data. Hence, racial categorizations are limited to how the data is operationalized in the data and the way the data was collected. Such constraints of secondary data analysis are also acknowledged in the limitations section below.

Black = Black or African American

Other = Not Black or African American

Furthermore, as noted in the previous chapter, we emphasize that race in and of itself is not a risk factor for death or disease. The racial disparities found in this report are specifically a consequence of systematic racism on micro, meso, and macro levels that disproportionately and unfairly affects racial/ethnic subgroups.

Special Acknowledgement

Special acknowledgement to Abigail J. Newby-Kew, MPH, the Public Health Data Analyst from the Alaska Behavioral Risk Factor Surveillance System (BRFSS) for providing consultation and data relevant to Black Alaskans from 2016-2020 for this report.

Alaska BRFSS Analysis

Chi-square tests were reported for comparing dichotomous (Yes/No) variables by race (Black vs. Other). Regression analyses were reported for comparing continuous variables by race (Black vs. Other).

Significance is defined as p value less than 0.05.

Tables with estimates and 95% confidence intervals are presented in the Appendix section. All tables in this chapter are labeled 3-X.

Question Items in the Morbidity Report

- General Health Status
  In general health is excellent/very good (Yes/No)
- Physical Health
  Days in past month where physical health was not good (Days)
- Mental Health
  Days in past month where mental health was not good (Days)
- Sleep
  Average hours of sleep per day
  Sleep 7+ hours of sleep on average per day (Yes/No)
- Routine Check-Up
  Routine Check-Up in the Past Year (Yes/No)
- Pap Smear Test
  Ever had a pap-smear test (18+ age) (Yes/No)
- Personal Medical Care Doctor
  Have a personal medical care doctor (Yes/No)
- Cost of Medical Care
  Did not get needed medical care due to cost (Yes/No)
- Health Care Insurance or Coverage
  Have health care insurance or coverage (Yes/No)
- Flu-Shot or Vaccine (65+)
  Had a flu shot or vaccine in the past year (Yes/No)
- Flu-Shot or Vaccine
  Had a flu shot or vaccine in the past year (Yes/No)
- COVID Vaccine – Primary series
  Completed the primary series (first or first two base dosage) of the COVID vaccine (Yes/No)
- COVID Vaccine – Additional
  Had additional or booster COVID vaccine shots (Yes/No)
- Disability
  Have at least one disability (Yes/No)
- Non-gestational Diabetes
  Ever been diagnosed with non-gestational diabetes (Yes/No)
  Average age of diagnosis (Age)

- High-Blood Cholesterol
  - Ever been diagnosed with high blood cholesterol (Yes/No)
- High Blood Pressure
  - Ever been diagnosed with high blood pressure (Yes/No)
- Lifetime Tobacco & E-Cigarette Product Usage
  - Ever used tobacco products (Yes/No)
  - Ever used e-cigarettes (Yes/No)
- Current E-Cigarette & Cigarette Usage
  - Current e-cigarette use (Yes/No)
  - Current cigarette use (Yes/No)
- Alcohol Consumption
  - Average number of days in which alcohol was consumed in the past 30 days
  - Average alcoholic drinks consumed in the past 30 days
  - Average number of drinks per day in the Past 30 days
- Marijuana
  - Marijuana use in past 30 days (Yes/No)
  - Average number of days where individuals smoked in past month (Days)
- Diet – Fruit and Vegetable Consumption
  - Total fruit and vegetable consumption per day (servings)
  - 5+ servings of fruit and vegetables per day (percent)
  - Fruit Consumption per day (servings)
  - Vegetable Consumption per day (servings)
- Average Body Mass Index (BMI)
  - Average BMI (score)
- Physical Activity
  - Participated in physical activity (outside of work) (Yes/No)
- Other – HIV
  - Exposed to high-risk HIV situations during the past year (Yes/No)
  - Ever tested for HIV (Yes/No)

Limitations

There are several limitations related to the nature of secondary data analysis and the lack of data due to small sample sizes.

Nature of Secondary Data Analysis

The general limitation of secondary data analysis is that data was not primarily collected for the purpose of this report or by its investigators. In other words, the investigators of this report did not have control over what data was collected and how. Therefore, the report is limited to analysis with the data in its available form.

Data suppression and Unreliability

This report is missing some items that are utilized in the Alaska BRFSS. Publicly available data uses data suppression for confidentiality purposes to protect the identity of individuals where the sample size (i.e., number of deaths) falls below a certain threshold. The Alaska BRFSS database utilizes a threshold of 50 respondents in a given area and time. Therefore, any data where the sample size is less than 50 (i.e., 0-49) are unavailable or suppressed.

Furthermore, any data where there is inadequate sample size or inadequate cell size for the analysis may produce statistically unreliable data due to low power or a high relative standard error. Unreliable data was not interpreted in this report. The specific criteria for data quality used in the evaluation of the BRFSS prevalence estimates are noted:
(https://dhss.alaska.gov/dph/infocenter/pages/ia/brfss/brfss_health_profiles.aspx)

Statistical Significance

Statistical significance defined by a p-value cutoff of less than or equal to 0.05 is utilized in statistical analysis as a marker of robust evidence. Specifically, p-values indicate how likely the hypothesized outcome would occur over and above chance. Therefore, a p-value of 0.05 indicates that the probability of an examined outcome occurring due to chance is less than 5%. For a p-value of 0.01, the chance of obtaining the outcome due to error is less than 1%.

For certain research contexts, the statistical significance is imperative. For example, pharmaceutical companies will often utilize a p value of less than 1% as implementing medication/medical treatment based on a positive result due to happenstance could mean life or death. Therefore, statistical significance is important. However, statistical significance is highly reactive to sample size (larger sample sizes tend to produce statistical significance/smaller p-values) and should not be a measure of whether the data is important.

Data trends are informative even when differences are not statistically significant. For example, approximately 33% of Black Alaskans and 25% of Alaskans of other race/ethnicities have been diagnosed with high blood cholesterol. These results are not statistically significant ($p>0.05$). However, this difference

still provides valuable information, and at the very least, suggests that there may be need for future research to examine these differences with larger sample sizes. Therefore, this chapter reports the statistical significance of each result, but also acknowledges substantial differences even if they are not statistically significant.

General Summary and Key Highlights

All racial/ethnic comparisons noted below were data for those who self-reported as Black or African American (only) compared to others who were not Black or African American.

General Health Status

- Fewer Black Alaskans reported excellent/very good overall health in comparison to other races. Examining physical and mental health separately reveals that more Black Alaskans report days where their physical and mental health was not good compared to other races.
- Additionally, high rates of negative mental health days among Black Alaskans are seemingly contradictory to the low suicide mortality rates among Black Alaskans. Such findings indicate protective mechanisms in the Black Alaskan community that could potentially inform the design and implementation of mental health initiatives that rely on/amplify already existing mechanisms of resilience in the Black Alaskan community.
- Fewer Black Alaskans are getting 7 or more hours of sleep compared to other races.

Health Care Usage

- More Black Alaskans are getting routine health check-ups, and Black Alaskan women have higher lifetime rates of getting a pap-smear.
- More Black Alaskans did not get necessary medical care due to cost compared to other races. Additionally, fewer Black Alaskans have health insurance/coverage, which may partially explain why so many Black Alaskans did not receive necessary medical care due to cost.

Flu and COVID Vaccination

- In general, higher proportions of Black Alaskans of all ages received the flu vaccine compared to other races.
- Lower proportions of Black Alaskans are receiving the COVID vaccination compared to other races.

Disability

- More Black Alaskans in comparison to other race/ethnicities reported at least one disability.

Specific Conditions

- A higher proportion of Black Alaskans have been diagnosed with non-gestational diabetes in their lifetime. This data corresponds with findings in the mortality chapter, where Black Alaskan's mortality rates due to diabetes was higher than other racial/ethnic groups. However, there were no differences in age of diabetes diagnosis (occurring around 46 years of age for all race/ethnicities), indicating that prevention may be an important aspect to target among Black Alaskans rather than racial/ethnic disparities related to delays in diabetes detection.
- More Black Alaskans have been diagnosed with high blood cholesterol.
- More Black Alaskans were diagnosed with high blood pressure, which corroborates findings in the mortality chapter where high blood pressure was found to be a leading cause of death among Black Alaskans.

Substance Use

- More Black Alaskans have tried tobacco products and e-cigarettes at least once in their lifetime. However, when current usage of tobacco products and e-cigarettes were examined separately, more Black Alaskans reported currently smoking cigarettes in comparison to other races, while fewer Black Alaskans reported currently using e-cigarettes in comparison to other races.
- Black Alaskans consume less alcohol in comparison to other racial/ethnic groups across all three indicators of alcohol intake.
- A higher percentage of Black Alaskans reported using marijuana in the past month.

Diet

- All individuals in Alaska do not meet the recommended dietary intake of fruits and vegetables. However, Black Alaskans consumed more servings of fruit and vegetables per day compared to other racial/ethnic groups. When fruits and vegetable consumption were examined separately, Black Alaskans are closer to meeting the dietary recommended intake of fruits but not vegetables.

Body Mass Index

- Black Alaskans, on average, have a higher BMI in comparison to other racial/ethnic groups. However, BMI is a controversial measure and should be understood within the context of prior research examining BMI and race. A brief overview/context of the intersectionality between BMI and race/ethnicity is provided in the BMI section (pg 31).

Physical Activity

- Fewer Black Alaskans are spending time participating in physical activity outside of work (as part of leisure time) compared to other racial/ethnic groups. Considering higher rates of diabetes and heart disease among Black Alaskans, (both of which are health conditions mitigated by exercise) community public health initiatives may address multiple health issues by targeting physical activity.

Human Immunodeficiency Virus (HIV)

- More Black Alaskans are exposed to high-risk HIV situations[1] during the past year. At the same time, more Black Alaskans have also received HIV testing at least once in their lifetime outside of blood donations.

[1] The BRFSS defines high-risk HIV situations as the following: Injecting drugs other than those prescribed in the past year, been treated for a sexually transmitted disease in the past year, and/or have given or received money or drugs in exchange for sex in the past year.

GENERAL HEALTH

"Would you say that in general your health is…"

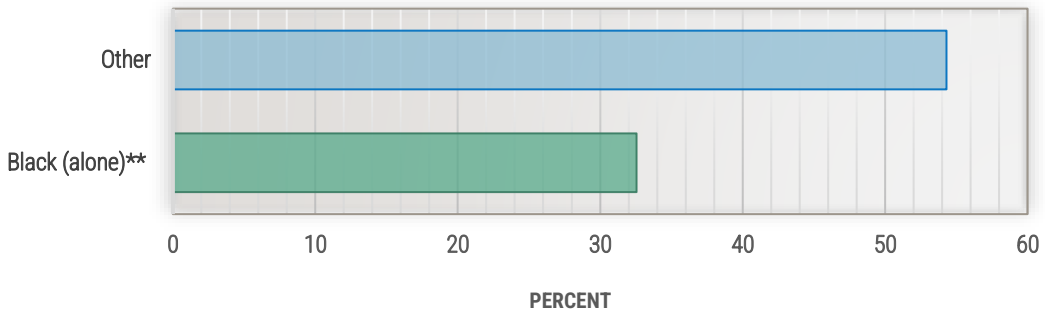
The general health question is one of the primary questions in the BRFSS data under the "Health Status" section. Respondents self-report their general health status as excellent, very good, good, fair, or poor.

FOR CONTEXT: The Age Adjusted Prevalence of Responses to "Would you say that in general your health is…?" in Alaska, 2020.

Excellent	15.7% - 21.63%
Very Good	36.6% – 39.8%
Good	28.3% - 29.5%
Fair	9.1% - 9.8%
Poor	2.6% - 2.9%

(Data Source: CDC BRFSS Prevalence & Trends Data, Explore by Topic, Health Status, n.d.)

General Health Status Among Black Alaskans (2016-2020)
Percent of those who responded Excellent/Very Good

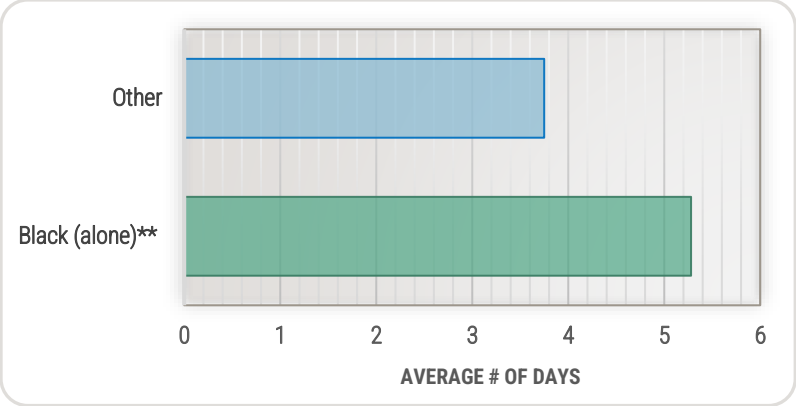


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-01, ** = p <0.05*

- Fewer Black Alaskans reported their general health to be excellent or very good at a statistically significant level ($p<0.05$).

Physical and Mental Health Status

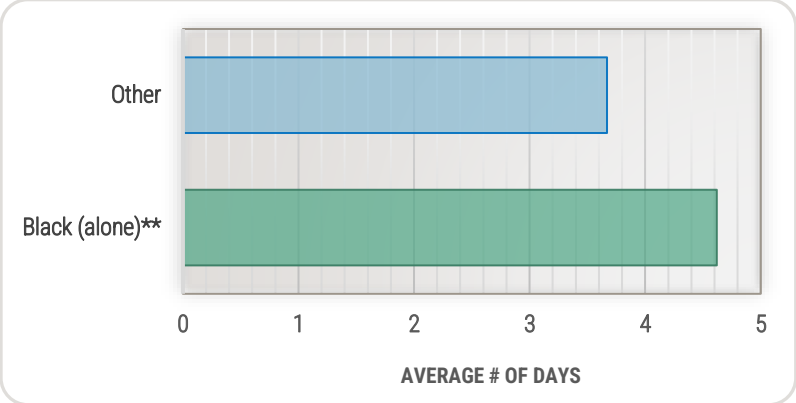
Physical Health Among Black Alaskans (2016-2020)
Average number of days individuals reported that their physical health was not good



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-02, ** = p <0.05*

- More Black Alaskans reported days where their physical health was not good at a statistically significant level (p<0.05).

Mental Health Among Black Alaskans (2016-2020)
Average number of days individuals reported that their mental health was not good

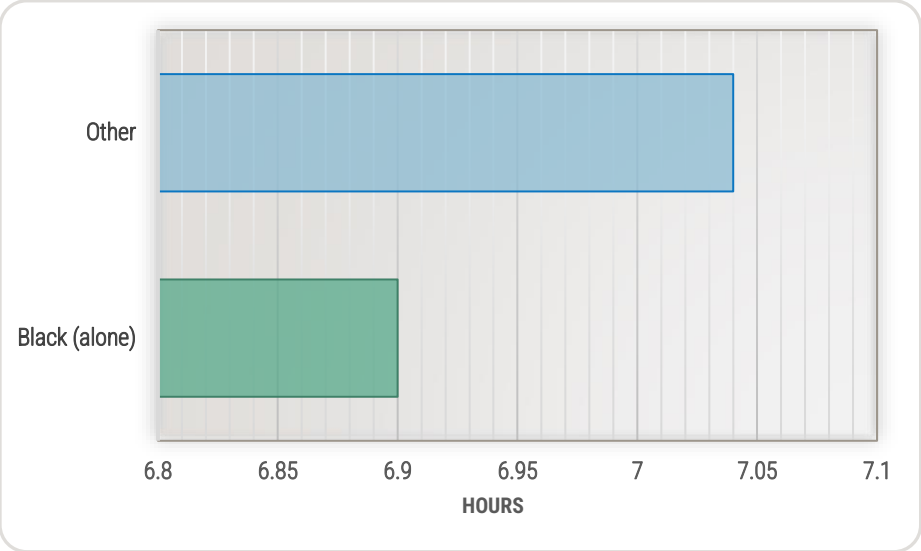


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-03, ** = p <0.05*

- More Black Alaskans reported days where their mental health was not good compared to other races/ethnicities, although this difference was not statistically significant. It is important to consider these results in relation to the low suicide mortality rates among Black Alaskans as these results point to further evidence of mechanisms in the Black Alaskan community that may protect against suicide. However, further research is needed to examine these findings by age and gender.

Sleep

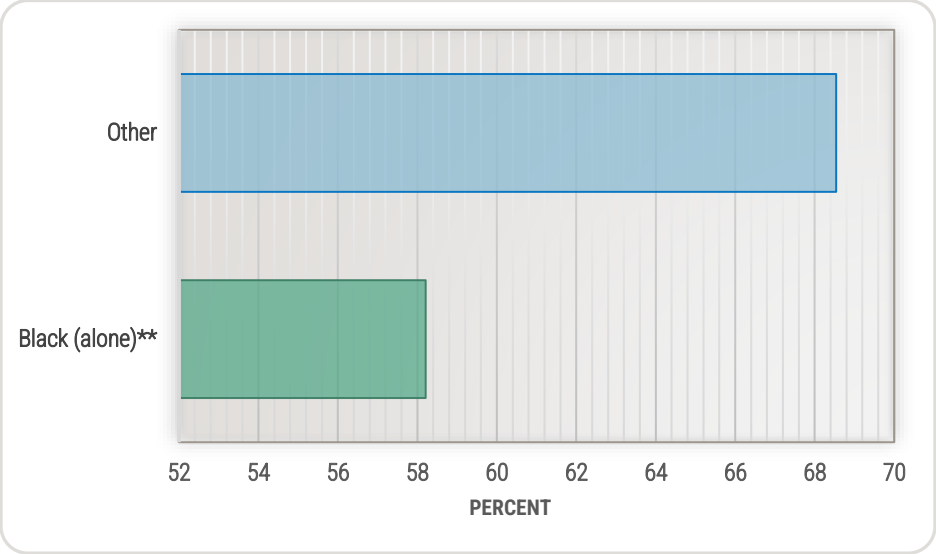
Sleep Among Black Alaskans (2016-2020) - Average hours of sleep per day



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-04, ** = p <0.05*

- On average, Black Alaskans sleep about 6.9 hours per day. This difference was not statistically significant. However, as the graph below indicates, fewer Black Alaskans are sleeping more than 7 hours a day on average at a statistically significant level (p<0.05).

Sleep Among Black Alaskans (2016-2020) - % of individuals who average 7+ hours of sleep per day

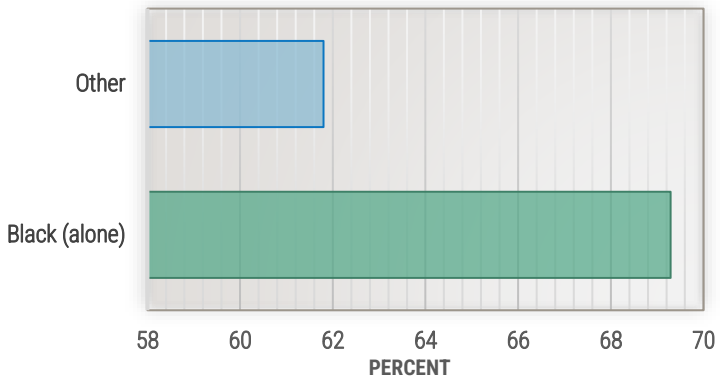


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-05, ** = p <0.05*

HEALTH CARE USAGE

Health Check-Ups

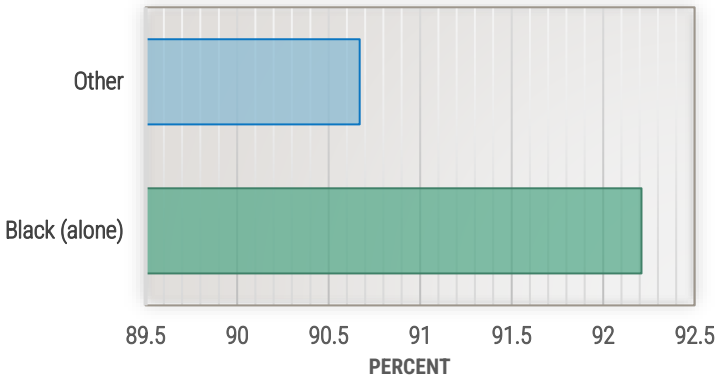
Routine Health Check-up Among Black Alaskans (2016-2020) - % of individuals who received a routine health check-up in the past year



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-06, ** = p <0.05*

- On average, Black Alaskans sleep about 6.9 hours per day. This difference was not statistically significant. However, as the graph below indicates, fewer Black Alaskans are sleeping more than 7 hours a day on average at a statistically significant level (p<0.05).

Routine Health Check-up Among Black Alaskans (2016, 2018, 2020) - % of women who received a pap smear at least once in their lifetime



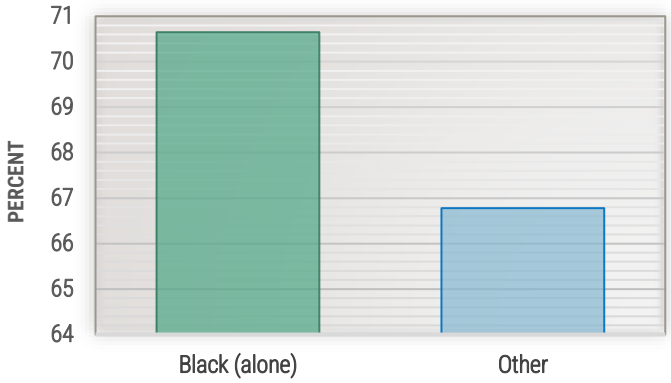
*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-07, ** = p <0.05*

- While this difference was not statistically significant, most women in Alaska received a pap smear at least once in their lifetime. These findings suggest the need for further research to examine these results in conjunction with the findings from the mortality chapter where Black Alaskans women had higher mortality rates from cancer of the reproductive organs.

For example, pap smears are recommended every 3 years for women between 21 to 65 years of age, and every 5 years for women between 30 to 65 years of age, if the pap smear is combined with HPV testing and cytology (AAFP, 2022). Lifetime pap smear rates do not shed light on whether these individuals with lifetime pap smears are receiving the pap smears at the recommended frequency and intervals.

Medical Care Access

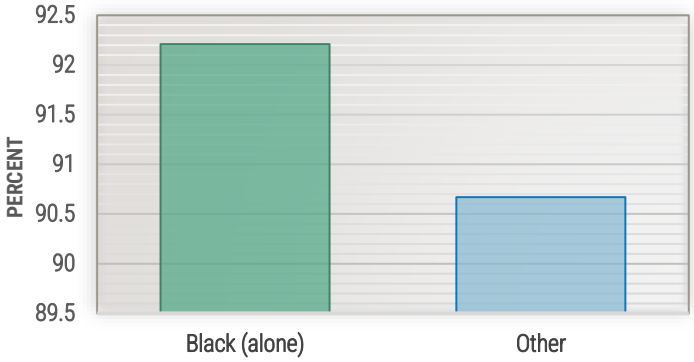
Black Alaskans Connected to a Personal Medical Doctor (2016-2020) – % of individuals who have a personal medical care doctor



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-09, ** = p <0.05*

- Although this difference is not statistically significant, more Black Alaskans are connected to a personal medical care doctor (i.e., primary care).

Barriers to Care Among Black Alaskans (2016-2020) – % of Individuals who did not get needed medical care due to cost

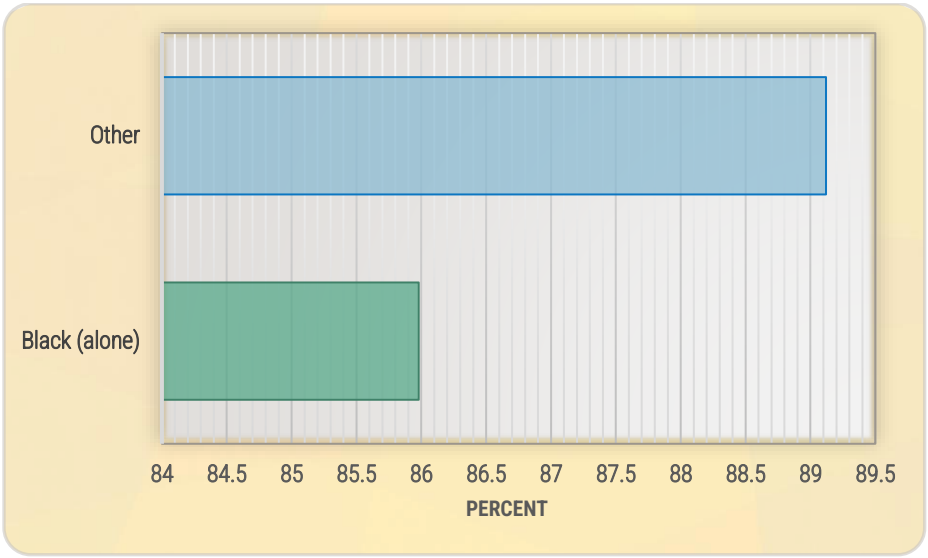


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-08, ** = p <0.05*

- More Black Alaskans did not get needed medical care due to cost compared to other races at a statistically significant level ($p<0.05$).

Health Insurance

Black Alaskans (18+) with Health Care Insurance or Coverage (2016-2020) – % of individuals with health insurance



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-10, ** = p <0.05*

- Fewer Black Alaskans have health insurance although this difference is not statistically significant. This statistic may also help to explain why more Black Alaskans did not receive needed medical care due to cost (as noted on the prior page).

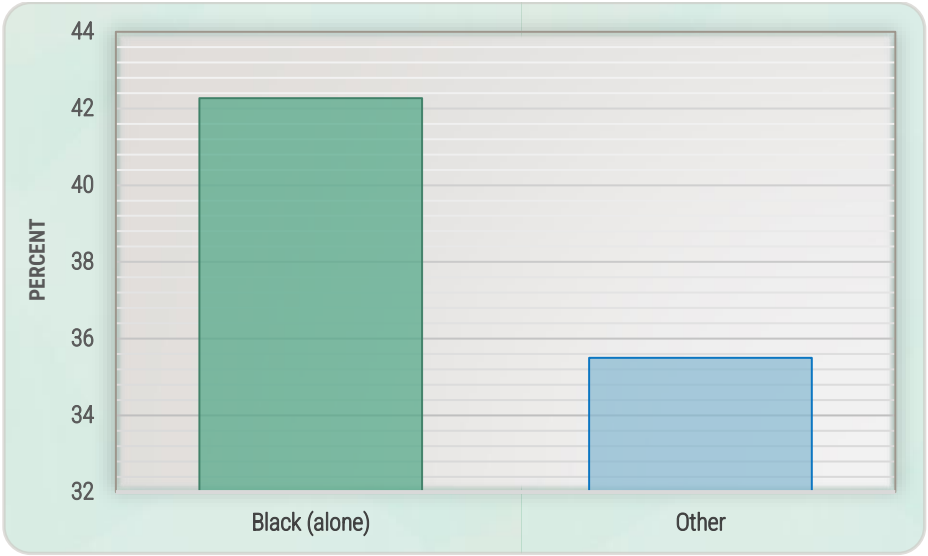
FLU VACCINATIONS

Flu Vaccines

Black Alaskans (65+) and Flu Vaccines (2016-2020) – % of individuals who got the flu vaccine in the last year

*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-11, ** = p <0.05*

Black Alaskans and Flu Vaccines (2016-2020) – % of individuals who got the flu vaccine in the last year

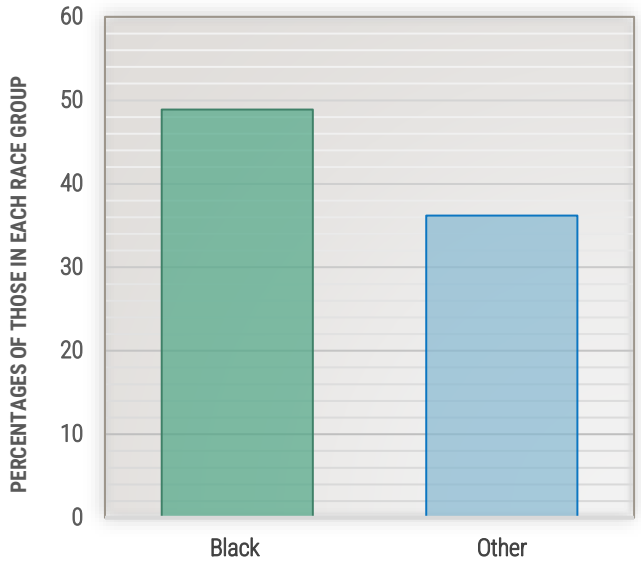


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-11, ** = p <0.05*

- Higher proportions of Black Alaskans of all ages received the flu vaccine in comparison to other races although these differences were not statistically significant.

COVID-19 Vaccinations

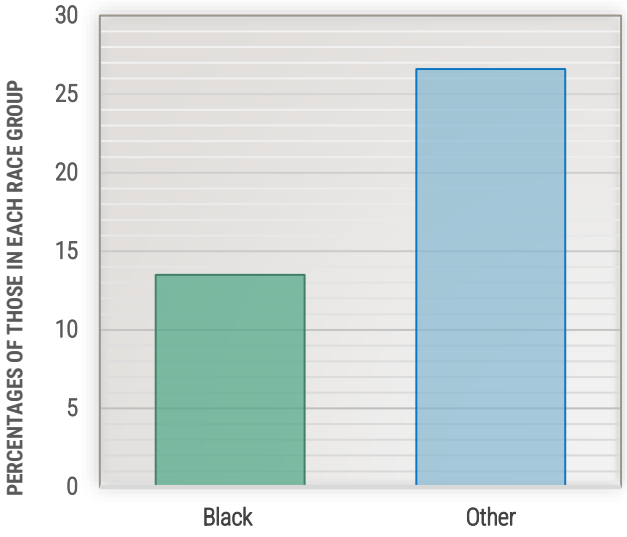
Black Alaskans and COVID-19 Vaccinations – % of individuals who completed the COVID-19 primary series (the first 2 base doses) of vaccines as of April 26th, 2022



*(Data Source: Alaska Department of Health and Social Services Coronavirus Response Hub, Vaccine Administration by Demographic and Date, Downloaded on 5/10/22); Appendix Table 3-11c1, ** = p <0.05*

- Percentages were calculated based on the most recent (2021) Census Data. Approximately, 36.2% of Black Alaskans completed the primary series of vaccinations (the first or first two base doses depending on the type of vaccine), whereas 48.9% of those of other races completed the primary series of vaccinations. However, these estimates should be interpreted with caution because 50,219 cases had missing data on race/ethnicity.
- Nevertheless, future research should examine whether COVID vaccination rates are indeed lower among Black Alaskans and, if so, why.

Black Alaskans and COVID-19 Vaccinations – % of individuals who received additional vaccines (boosters) as of April 26th, 2022

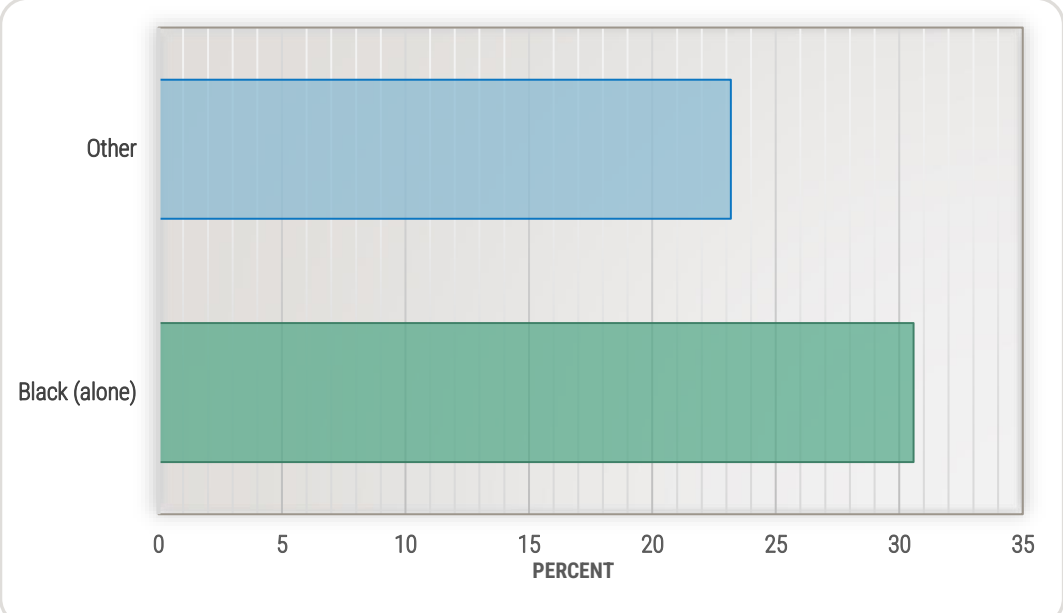


*(Data Source: Alaska Department of Health and Social Services Coronavirus Response Hub, Vaccine Administration by Demographic and Date, Downloaded on 5/10/22); Appendix Table 3-11c1, ** = p <0.05*

- 13.5% of Black Alaskans completed the primary series of vaccinations (the first or first two base doses depending on the type of vaccine) as well as additional or booster doses, whereas 26.6% of those of other races received both the primary series of vaccinations and boosters. However, these estimates should also be interpreted with caution because 13,879 cases had missing data on race/ethnicity.

DISABILITY

Black Alaskans Living with Disability (2016-2020) – % of individuals with at least one disability



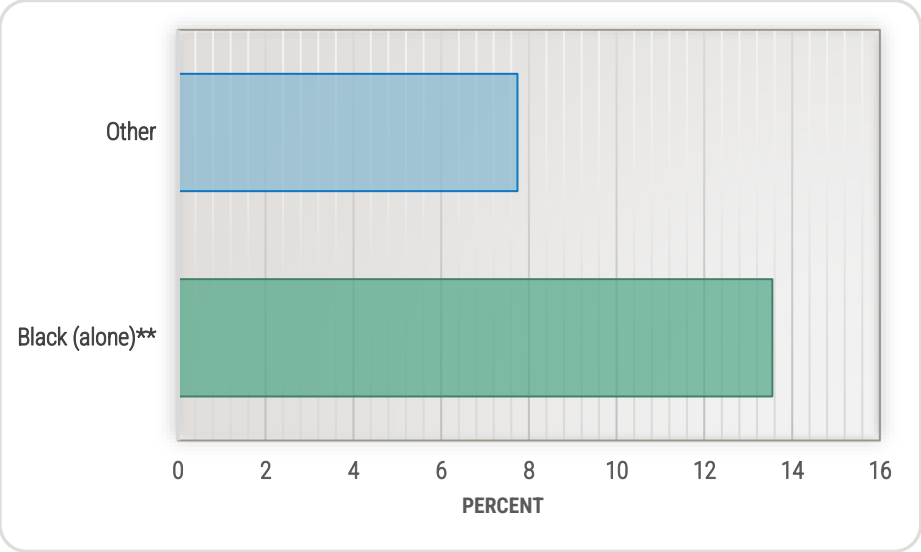
*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-11c1, ** = p <0.05*

- More Black Alaskans in comparison to other races reported at least one disability although this difference was not statistically significant.

SPECIFIC CONDITIONS

Non-gestational Diabetes

Black Alaskans with Non-gestational Diabetes (2016-2020) – % of individuals who have been diagnosed with non-gestational diabetes at least once in their lifetime.



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-13, ** = p <0.05*

- A higher proportion of Black Alaskans have been diagnosed with non-gestational diabetes in their lifetime at a statistically significant level. This data corresponds with data in the mortality chapter, where the Black Alaskan's mortality rate due to diabetes was higher than other racial/ethnic groups.

GOOD TO KNOW!

What is the Difference between Type 1 and Type 2 diabetes?

When respondents are asked about diabetes in the BRFSS, diabetes is not separated by type. However, diabetes has two major types: Type 1 and Type 2.

Type 1 diabetes is a condition where the body attacks itself (due to an autoimmune response) and the pancreas is not able to produce enough insulin, which is a hormone that regulates the amount of sugar (glucose) in the blood. Typically, type 1 diabetes is diagnosed early in life, from as early as infancy to adolescence, although later-onset type 1 diabetes can occur (CDC, 2021a).

Type 2 diabetes is a condition when the body does not react well to insulin and cannot regulate the sugar levels in the blood. 90 to 95% of individuals with diabetes has type 2 diabetes. The major difference between type 1 and type 2 diabetes is that type 2 can be prevented and improved by lifestyle factors such as eating healthy and exercising (CDC, 2021a).

Average Age of Diabetes Diagnosis

Race	Mean Age
Black (alone)	46.71 years old
Other	46.52 years old

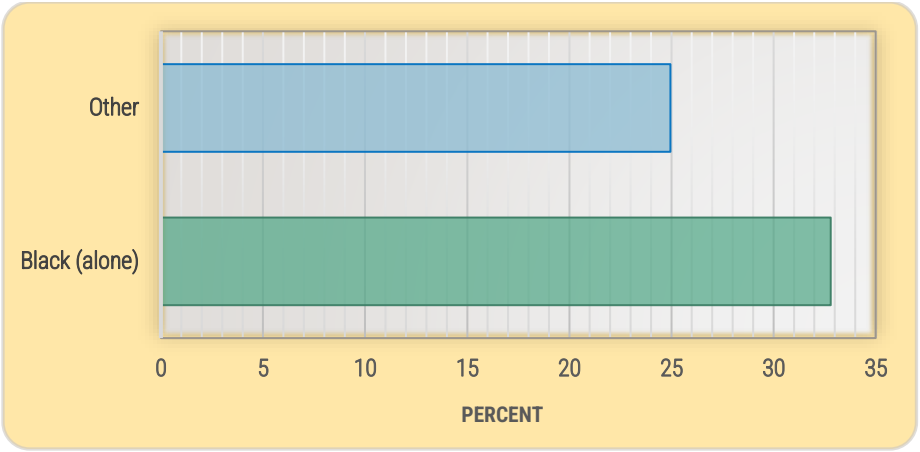
- Most Alaskans of all race/ethnicities were diagnosed with diabetes at approximately 46 years of age.

Why is this important?

Age of diagnosis is important to know as such findings suggest that most of these cases are type 2 diabetes rather than type 1. Furthermore, as there are virtually no differences in age of diagnosis, it is unlikely that there are disproportionate delays in diabetes detection by race/ethnicity. Such findings suggest the potential need to address diabetes risk factors in earlier life stages to prevent type 2 diabetes, and the need to routinely screen for type 1 symptomatology. Late onset type 1 diabetes (onset after 30 years of age) can occur and often go undetected or can be misdiagnosed as type 2 diabetes. Misdiagnosis in particular can result in worse health outcomes since type 1 and type 2 mechanisms differ, and so can their treatment (Thomas et al., 2018). For more information about diabetes in general and the difference between type 1 and type 2 diabetes, see the CDC webpage on diabetes. Also, consult your health care provider for more information or if you suspect you or a loved one may have diabetes.

High Blood Cholesterol

Black Alaskans with High Blood Cholesterol (2017,2019) – % of individuals who have been diagnosed with high blood cholesterol at least once in their lifetime

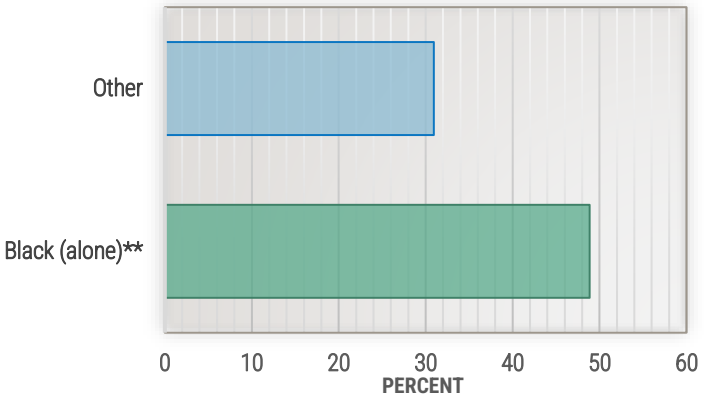


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-13, ** = p <0.05*

- More Black Alaskans are diagnosed with high blood cholesterol compared to other races, although this difference was not statistically significant.

High Blood Pressure

Black Alaskans with High Blood Pressure (2016-2020) – % of individuals who have been diagnosed with high blood pressure at least once in their lifetime



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-15, ** = p <0.05*

- A higher proportion of Black Alaskans have been diagnosed with high blood pressure in comparison to other races at a statistically significant level ($p<0.05$). This result corroborates findings in the mortality chapter where high blood pressure was found to be a leading cause of death among Black Alaskans.

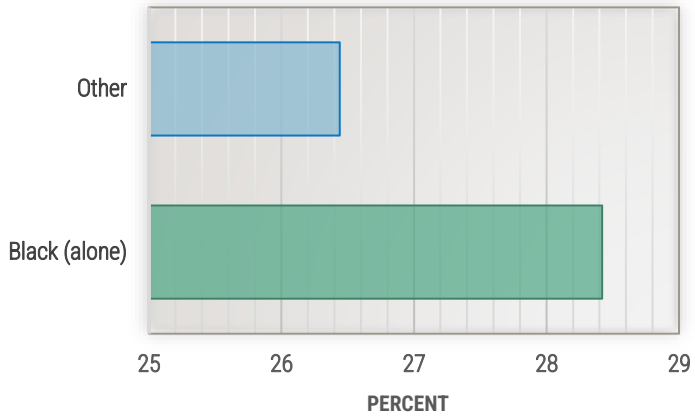
Additionally, understanding the mortality and morbidity chapters in tandem provides a comprehensive picture of Black Alaskan health as diabetes (another leading cause of death among Black Alaskans) doubles the risk of high blood pressure (John Hopkins Medicine, n.d.). Therefore, these health conditions cannot be viewed in isolation but as an interacting web of conditions that affects health outcomes.

SUBSTANCE USE

Any type of Tobacco Usage

(Electronic Cigarette, Cigarettes or Smokeless Tobacco Products)

Barriers to Care Among Black Alaskans (2016-2020) – % of Individuals who did not get needed medical care due to cost

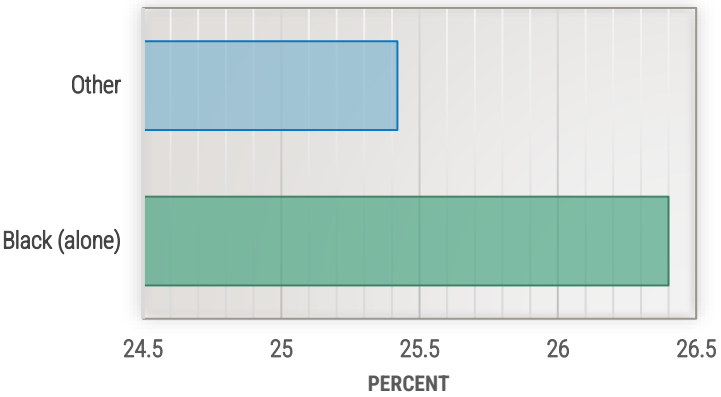


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-16, ** = p <0.05*

- A higher proportion of Black Alaskans compared to other groups have used tobacco products at least once in their lifetime, although this difference was not statistically significant.

Electronic Cigarette (E-Cigarette) Usage

Black Alaskans E-Cigarette Usage (2016-2020) – % of individuals who have ever used e-cigarettes

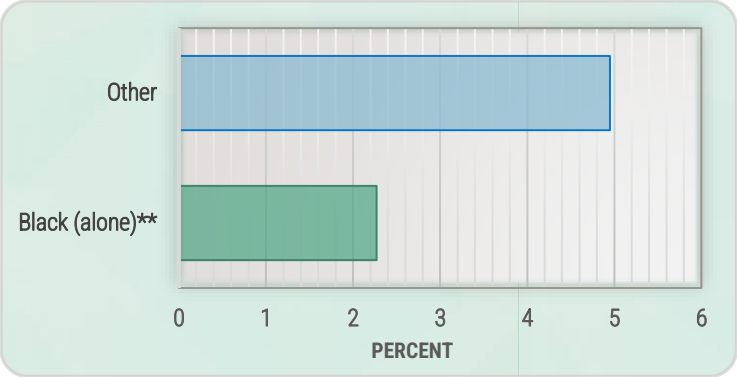


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-17, ** = p <0.05*

-
- More Black Alaskans have tried e-cigarettes at least once in their lifetime in comparison to other groups, although this difference was not statistically significant.

Current E-Cigarette Usage

Black Alaskans Current (past 30 days of interview) E-Cigarette Usage (2016-2020) – % of individuals who currently use e-cigarettes

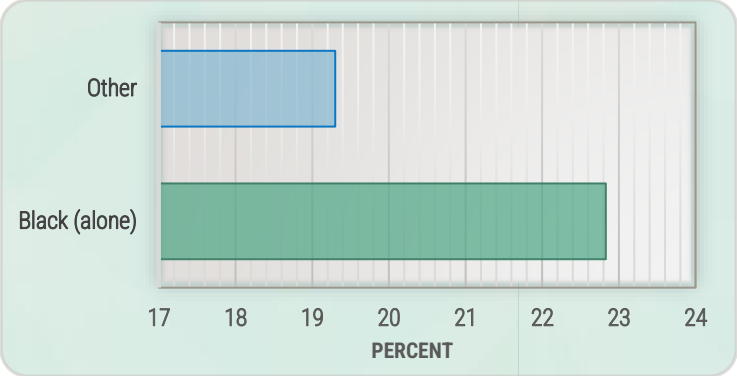


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-18, ** = p <0.05*

- Considering the overall percentage of individuals who responded that they currently use, e-cigarette usage in Alaska in general, seems to be low.
- Among those who currently use, there were fewer Black Alaskans compared to other racial/ethnic groups, although this difference was not statistically significant.

Electronic Cigarette (E-Cigarette) Usage

Black Alaskans Current Smokers (2016-2020) – % of individuals who currently smoke cigarettes



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-19, ** = p <0.05*

- More Black Alaskans currently smoke cigarettes in comparison to other racial/ethnic groups, although this difference was not statistically significant.

Overall Interpretation of Cigarette/Tobacco Product Use Data

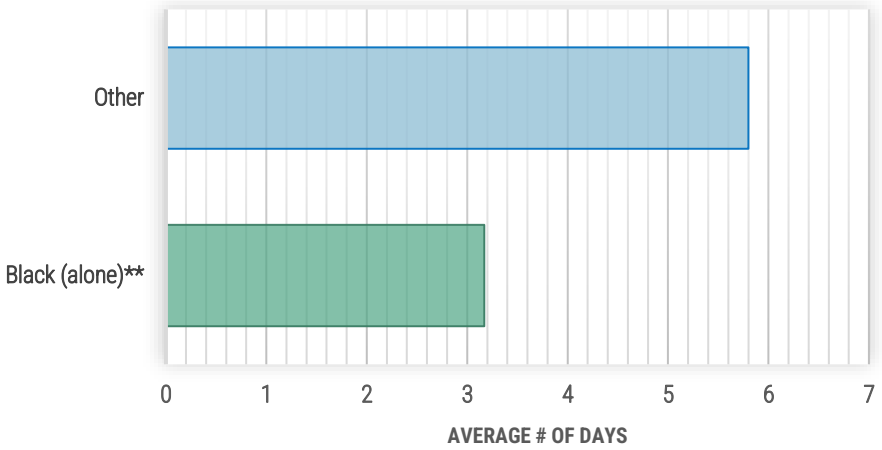
- Overall, Black Alaskans have tried using tobacco products and currently smoke cigarettes at a higher rate than other races. However, data focusing on e-cigarette usage suggests that Black Alaskans have tried e-cigarettes but either trying it has not translated to continued usage or coincidentally, those who tried e-cigarettes have since quit smoking. Further research is also necessary to examine differences by age as e-cigarette usage is more prevalent in younger populations (CDC, 2018). It is unclear how e-cigarette use among this younger population will last into later adulthood and thus, longitudinal data may shed further light on trends related to e-cigarette usage. Additionally, we may also except the rates of e-cigarette use to increase as there is a generation shift in the future, where more adults may convert to e-cigarettes as popularity amongst younger generation keeps increasing.

For more information on e-cigarette trends: Federal Trade Commission's First Report on E-Cigarette Sales (2022) , US Surgeon General's Report on E-Cigarettes, and the Know the Risks Website.

SUBSTANCE USE

Alcohol Consumption

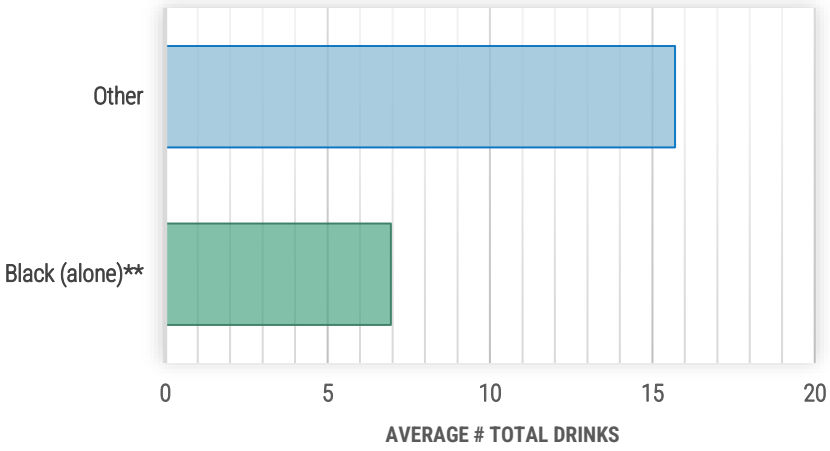
Black Alaskans Alcohol Consumption (2016-2020) – Average number of days where an individual drank alcohol in the past month



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-20, ** = p <0.05*

- On average, Black Alaskans have fewer days in a month where alcohol was consumed compared to other racial/ethnic groups at a statistically significant level (p<0.05).

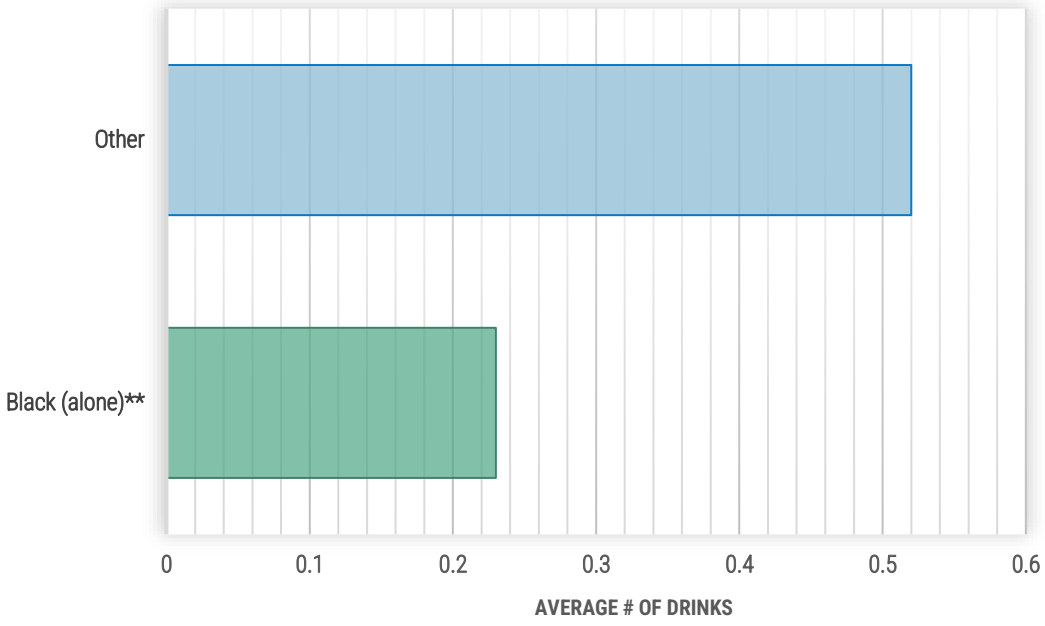
Black Alaskans Alcohol Consumption (2016-2020) – Average number of total alcoholic drinks consumed in the past month



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-21, ** = p <0.05*

- Black Alaskans consume less drinks in a month compared to other racial/ethnic groups at a statistically significant level (p<0.05).

Black Alaskans Alcohol Consumption (2016-2020) – Average number of alcoholic drinks consumed per day in the past month

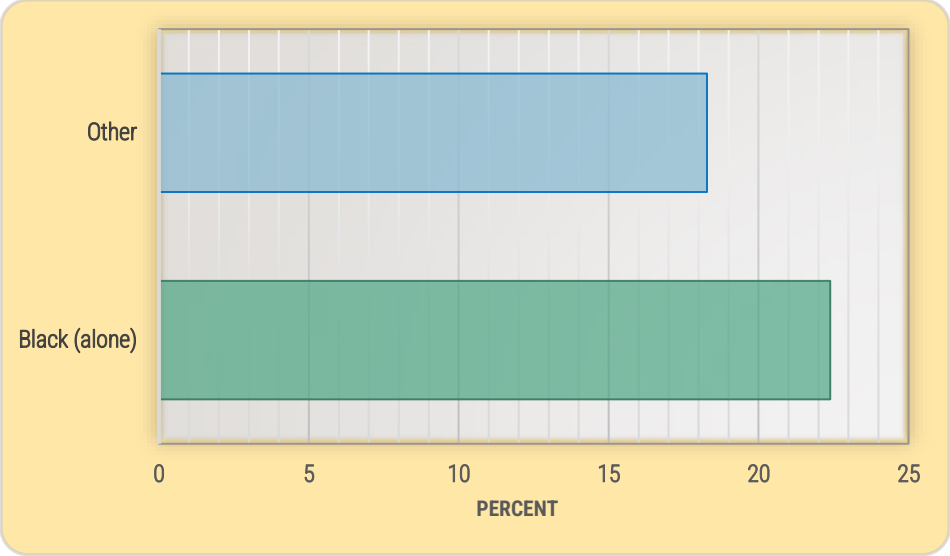


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-22, ** = p <0.05*

- Black Alaskans consume fewer drinks per day on average compared to other racial/ethnic groups at a statistically significant level (p<0.05).

Marijuana Usage

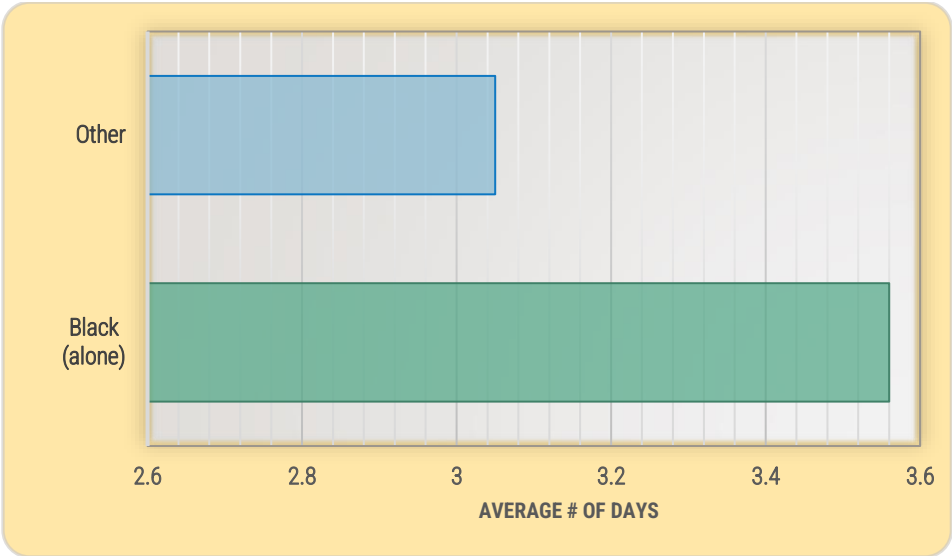
Black Alaskans Marijuana Usage (2016-2020) – % of individuals who used marijuana in the past month



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-23, ** = p <0.05*

- More Black Alaskans used marijuana in the past month in comparison to other racial/ethnic groups, although this difference was not statistically significant.

Black Alaskans Marijuana Usage (2016-2020) – Average number of days where individuals who used marijuana in the past month



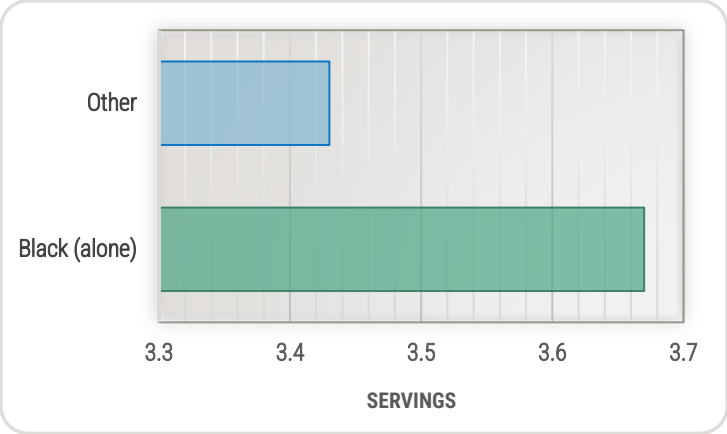
*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-24, ** = p <0.05*

- Slightly more Black Alaskans used marijuana in comparison to other racial/ethnic groups, although this difference was not statistically significant.

DIETARY BEHAVIORS

Fruits and Vegetables

Black Alaskans Dietary Behaviors (2017, 2019) – Total servings of fruit or 100% fruit juice and vegetables per day

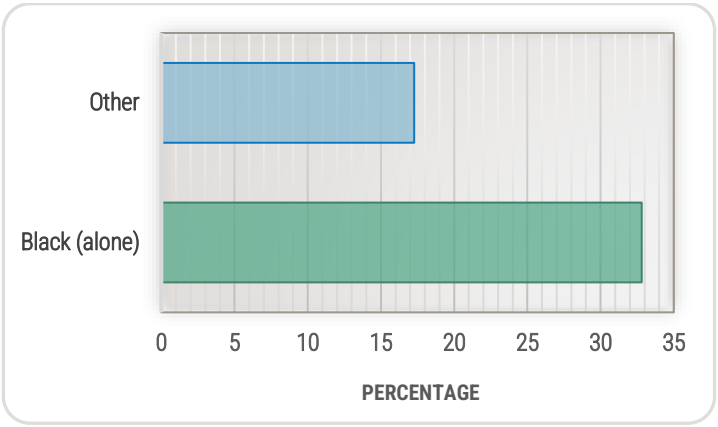


*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-25, ** = p <0.05*

- All individuals did not meet the recommended servings of fruits and vegetables per day, which is 4 to 5 servings per day Among those who currently use, there were fewer Black Alaskans compared to other racial/ethnic groups, although this difference was not statistically significant.

However, Black Alaskans consume more servings of fruits and vegetables per day compared to other racial/ethnic groups, although this difference was not statistically significant.

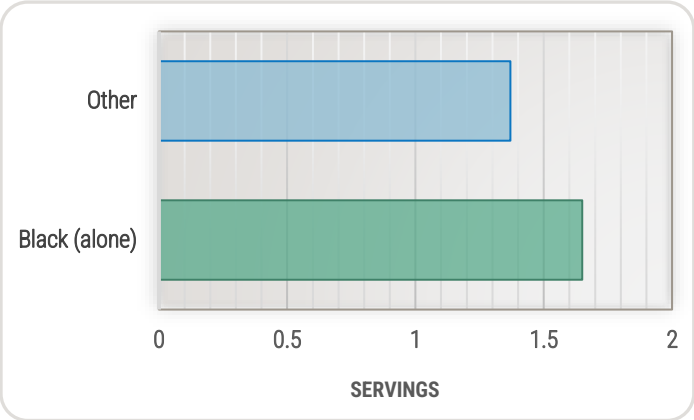
Black Alaskans Dietary Behaviors (2017, 2019) – Percentage of those who eat 5+ servings of fruit and vegetables per day



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-25, ** = p <0.05*

- Consistent with the prior graph, a higher proportion of those who eat 5+ servings of fruit and vegetables per day were Black although this difference was not statistically significant.

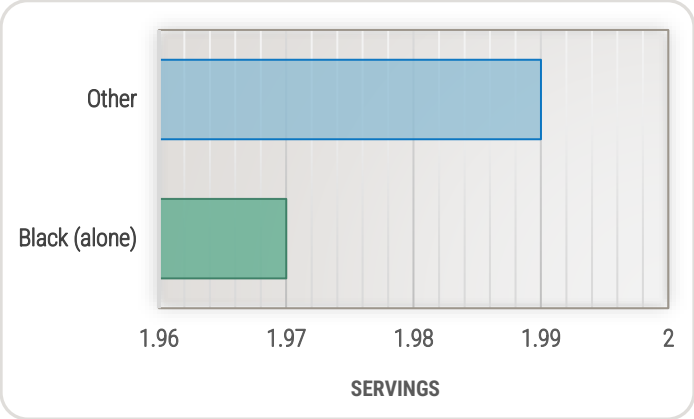
Black Alaskans Dietary Behaviors (2017, 2019) – Total servings of fruit or 100% fruit juice per day



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-26, ** = p <0.05*

- All individuals did not meet the recommended 2 servings of fruits per day.
- However, Black Alaskans consumed slightly more servings of fruit compared to other racial/ethnic groups. This difference was not statistically significant.

Black Alaskans Dietary Behaviors (2017, 2019) – Total servings of vegetables per day



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-27, ** = p <0.05*

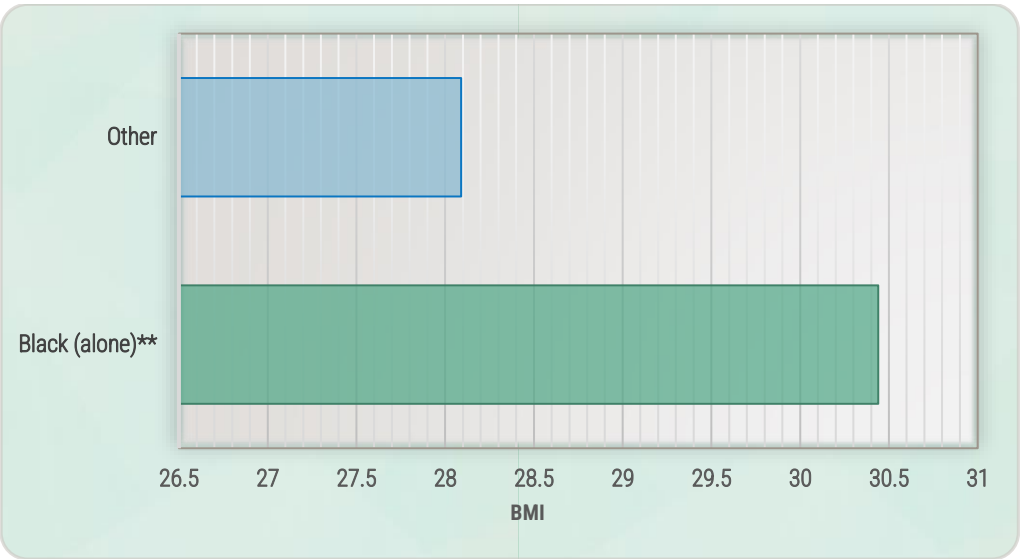
- All individuals do not meet the recommended vegetable serving of 3 servings per day.
- Black Alaskans consume lower servings of vegetables in comparison to other racial/ethnic groups although this difference was not statistically significant.

Overall Interpretation of the Data

The recommended daily fruit and vegetable intake is 4 to 5 servings, with literature suggesting that 5 servings have the largest positive impact on health outcomes (Harvard Health, 2022). Examining the mean serving of fruit and vegetables separately, the data indicates that Black Alaskans are eating close to the recommended servings of fruits, but not for vegetables. Therefore, community public health campaigns may be efficacious by specifically targeting or focusing more on increased vegetable consumption.

BODY MASS INDEX (BMI)

Black Alaskans BMI (2016-2020) – Average BMI



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-28, ** = p <0.05*

BMI Categories

Below 18.5 = Underweight

18.5 – 24.9 = Healthy

25 – 29.9 = Overweight

30 or greater = Obese

Black Alaskans, on average, have a higher BMI in comparison to other racial ethnic groups at a statistically significant level. However, BMI is a controversial measure and should be understood within the context of prior research examining BMI and race.

BMI and Race

BMI is calculated by dividing the person's weight in kilograms by height in meters squared. This formula was developed in the 1830s based on a sample of White men. Therefore, some scholars question its applicability and relevance to the population today. Additionally, health outcomes associated with BMI differs by race/ethnicity where Asian individuals have a higher risk for type 2 diabetes, cardiovascular disease, and hypertension, in comparison to Hispanic and Black individuals with the same BMI.

One of the hypothesized reasons for these outcomes is due to variations in body fat.

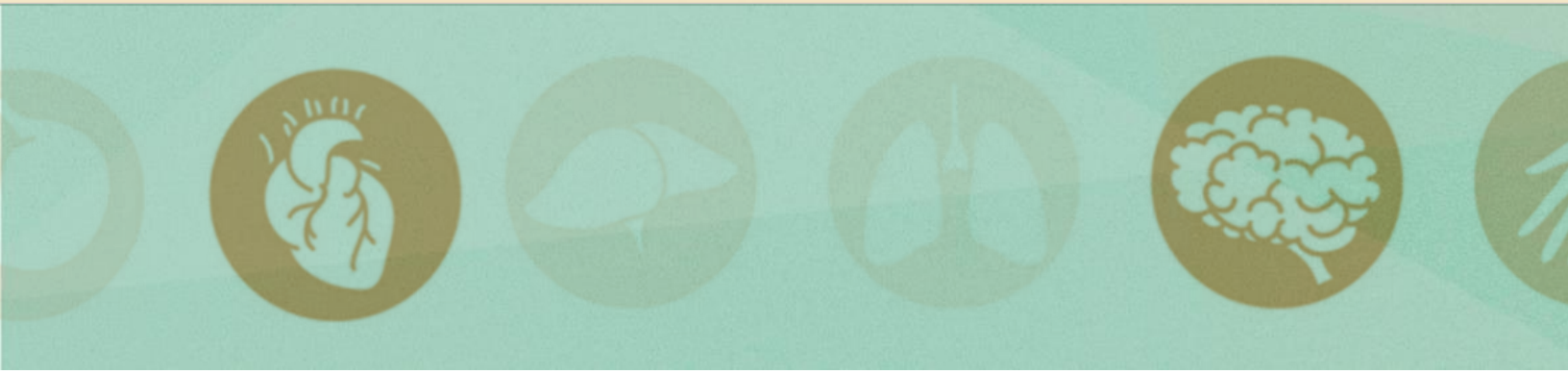
Asian individuals tend to have higher body fat in comparison to other racial/ethnic groups with the same BMI (Harvard T.H. Chan School of Public Health, 2022). Other studies have hypothesized that non-Hispanic Black populations may have lower risks of certain health outcomes as their participants had lower body fat and higher muscle mass at the same BMI levels (Harvard T.H. Chan School of Public Health, 2022).

Furthermore, while BMI is intended to be a way of categorizing weight status while considering height, it is not a measure of total body composition including fat to muscle ratios, location of adiposity (where fat is stored), and type of adipose tissues (the type of fat cells), all of which are factors that may be associated with adverse health outcomes. However, BMI is utilized in clinical settings as an indicator of "fatness", eating behaviors, and overall health status. As a result, many individuals, especially those who have higher BMIs, may feel stigmatized, or have their conditions misdiagnosed, or dismissed when their health concerns are incorrectly associated with weight status. In such cases, patients often get the advice to lose weight and eat healthier first, even if their concerns may have nothing to do with BMI or weight status.

Many scholars acknowledge the need to adjust the BMI to account for racial/ethnic differences or the need for a new measure entirely. More research is needed to understand the racial/ethnic variations in body composition, and to identify how to comprehensively capture overweight and obesity, and the type of adjustments that are needed in currently available measurements.

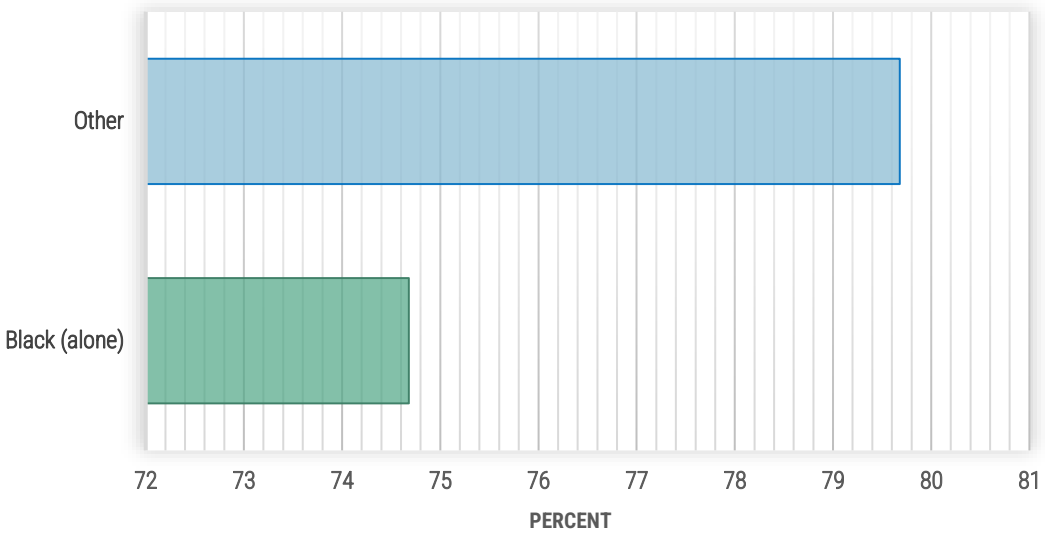
For More Information:

- Washington Post Article – Why BMI is a flawed health standard, especially for people of color, by Carly Stern. https://www.washingtonpost.com/lifestyle/wellness/healthy-bmi-obesity-race-/2021/05/04/655390f0-ad0d-11eb-acd3-24b44a57093a_story.html
- Harvard T.H. Chan (2022) Obesity Prevention Source – Ethnic Differences in BMI and Disease Risk. https://www.hsph.harvard.edu/obesity-prevention-source/ethnic-differences-in-bmi-and-disease-risk/
- Guthman, J. (2014). Doing justice to bodies? Reflections on food justice, race, and biology. Antipode, 46(5), 1153-1171.



PHYSICAL ACTIVITY

Black Alaskans Physical Activity (2016-2020) – % of individuals who participated in physical activity (outside of work



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-29 ** = p <0.05*

- Fewer Black Alaskans are spending time participating in physical activity outside of work compared to other racial/ethnic groups, although this difference was not statistically significant.

Importance of Physical Activity

Physical activity is known to be an important factor in preventing and managing type 2 diabetes. For example, physical activity increases sensitivity to insulin and helps control sugar levels in the blood (CDC, 2021c). Considering the high rates of diabetes and heart disease among the Black population in Alaska, community public health campaigns and programs may be able to address multiple health conditions by targeting the increase of physical activity.

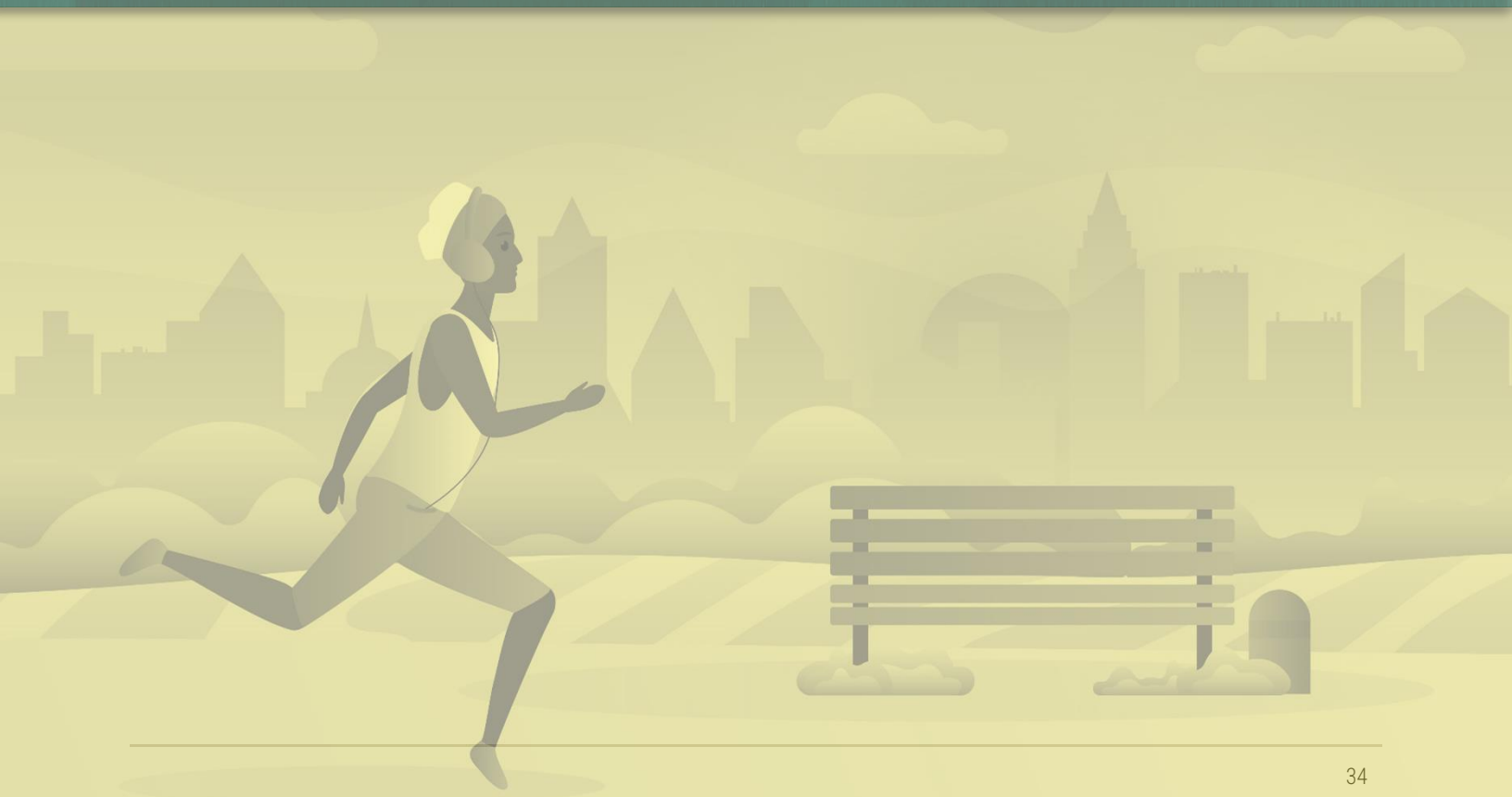
GOOD TO KNOW!

Physical activity does not necessarily mean intense physical exertion.

Moderate aerobic activity including brisk walking has health benefits (CDC, 2021d). Some effective low-impact activities include swimming, tai chi, yoga, strength training, etc. Additionally, physical activity does not have to include going to the gym. Rather it is important to include physical activity in enjoyable and doable ways such as going on a walk, walking the dog, going on a bike ride, or dancing.

Physical activity can also be integrated into daily activities or routines in simple ways by parking a bit farther from the entrance or taking the stairs instead of the elevator. **Every step counts!**

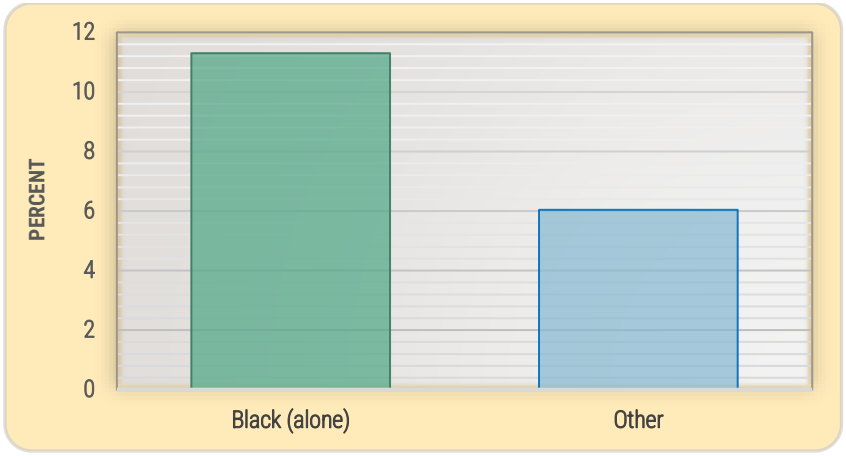
Additionally, individuals should consult with their health care professional or get professional assistance before engaging in a new exercise routine as unsupervised physical activity can lead to injuries and/or impact already existing health conditions.



OTHER HEALTH CONDITIONS

Human Immunodeficiency Virus (HIV) Risk and Testing

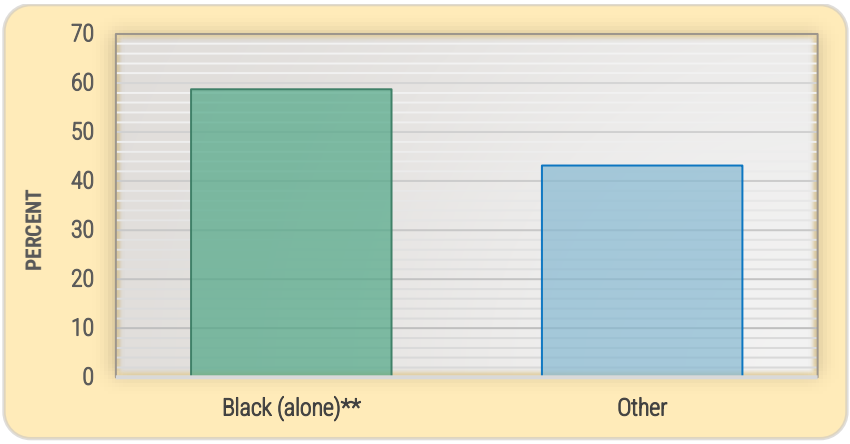
Black Alaskans HIV Risk (2016-2020) – % of individuals exposed to high-risk HIV situations[2] during the past year



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-30 ** = p <0.05*

- More Black Alaskans are exposed to high-risk HIV situations compared to other racial/ethnic groups, although the difference was not statistically significant.

Black Alaskans HIV Risk (2016-2020) – % of individuals who received HIV testing (excluding blood donations)



*(Data Source: Alaska BRFSS 2016-2020, n.d.); Appendix Table 3-31 ** = p <0.05*

- More Black Alaskans are getting HIV testing in comparison to other racial/ethnic groups at a statistically significant level (p<0.05). This finding is important considering more Black Alaskans are exposed to high-risk HIV situations (table above).

[2] The BRFSS defines high-risk HIV situations as the following: Injecting drugs other than those prescribed in the past year, been treated for a sexually transmitted disease in the past year, and have given or received money or drugs in exchange for sex in the past year

MATERNAL, INFANT & CHILD HEALTH

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This project is delivered by a joint partnership with the School of Social Work, UAA, and the Alaska Black Caucus through a grant awarded by the Municipality of Anchorage Health Department (AHD).

School of Social Work UAA [1], Alaska Black Caucus [2], Population Health Sciences UAA [3], Agnew Beck Consulting [4]

ALASKA BLACK CAUCUS

UAA School of Social Work
UNIVERSITY of ALASKA ANCHORAGE

ANCHORAGE HEALTH DEPARTMENT

MATERNAL, INFANT, AND CHILD HEALTH

INTRODUCTION

General Summary

The health and well-being of mothers, infants, and children are a public health priority for the US as defined by Healthy People 2030, the health objectives of the nation published every decade by the Office of Disease Prevention and Health Promotion. The health status of current and future generations is important to understand as it provides long-term insights for population health and structure. This chapter examines the various constructs that capture pre and postnatal conditions in understanding maternal, infants, and children's health (MICH). This report specifically highlights racial/ethnic disparities related to MICH affecting the Black population in Alaska between 1999-2022.

These disparities are examined using an anti-oppressive lens, understanding that these differences in morbidity are not caused by individual faults but by systematic inequalities rooted in racism and other prejudices. These racial inequalities can also reveal unintended consequences of well-intentioned policies or initiatives. Furthermore, this report also emphasizes resilience and potential protective factors in the Black community by highlighting positive MICH outcomes.

Being Black is not a pathology. Being any race in and of itself is not a risk factor for death or disease. Rather, a complex interaction of genetic factors, psychosocial demographics, the systematic differences in health care, the experience of individual and structural racism, and other health environments influence the health outcomes of specific subgroups. Therefore, this report provides a glimpse into the needs and protective factors unique to Black Alaskans, and highlights areas in the health care and other MICH related systems that need celebrating or improving to support and enhance the health outcomes of Black residents in Alaska.

Sections in this Chapter

- Maternal Mortality[1]
- Infant Mortality
- Fetal Deaths
- Birth Rate
- Fertility Rate
- Teen Births
- Birth Defects
- Pre-Term Births
- Low-Birth Weights
- Prenatal Tobacco Use
- Prenatal Care Utilization
- Cesarean Section

[1] Variations in maternal mortality by race was also examined (via search in CDC WONDER using "O" ICD-10 Codes) but data was suppressed due to low sample size. Additionally, the Maternal Mortality and Child Death Review (MMCDR) reports by the Alaska Department of Health and Social Services Department of Public Health do not report maternal mortality by race. Therefore, we contacted the Maternal and Child Death Review Program for their insights, which is presented in the first section under maternal mortality.

- Breastfeeding

MATERNAL, INFANT, AND CHILD HEALTH

VARIABLE DEFINITIONS

Race Variables

In most cases, the racial variables are reported according to how race is reported in the Center for Disease Control and Prevention's (CDC) WONDER database, unless stated otherwise. The abbreviations and categorizations are listed below. However, we acknowledge that categorizing racial variables in this way can be problematic as individual racial groups are distinct. For example, not all Black individuals consider themselves to be African American. Additionally, categorizing distinct groups together can nullify important experiences that are unique to each racial/ethnic group, which is contrary to the anti-oppressive lens that this report embodies. However, this report is created based on a secondary data analysis of publicly available data. Hence, racial categorizations are limited to how the data is operationalized in the data. Such constraints of secondary data analysis are also acknowledged in the limitations section below. Sometimes the Alaska Vital Statistics data includes ethnicity and describes variations for the Hispanic population in addition to the racial categories listed here.

AI/AN = American Indian or Alaskan Native

A/API = Asian or Pacific Islander

Black = Black or African American

White = White

Hispanic = Of any race including individuals of Cuban, Mexican, Puerto Rican, South or Central American, or Other Hispanic (Spanish speaking) origin. The racial categories are not exclusive to non-Hispanic ethnicity and thus those of Hispanic ethnicity are included in applicable racial categories.

Furthermore, as noted previously, we emphasize that race in and of itself is not a risk factor for death or disease. Race is not a pathology. In other words, being Black or any other race is not inherently a risk factor for death or disease. Contrarily, the racial disparities found in this report are specifically a consequence of complex interactions between systematic racism and various factors on micro, meso, and macro levels that disproportionately and unfairly affects racial/ethnic subgroups.

MICH Variables

- Pregnancy-related and Pregnancy-Associated Maternal Mortality
  A description of data provided by conversations with the epidemiologist of the State of Alaska Department of Health & Social Services, Division of Public Health, Women's Children's and Family Health, Maternal and Child Death Review Program.

- Severe Maternal Morbidity
  The prevalence rate of complications that unexpectedly during labor or hospital delivery that has short or long term effects on maternal health.

- Leading Cause of Infant Death
  Top 10 most frequently occurring causes of infant death in a population.

- Birth Rate/Fertility Rates
  Births that occur per 1,000 members of the female population between ages 15-44.

- Teen Births and Birth Rates
  Births that occur per 1,000 members of the female population between ages 15-19.

- Fetal Deaths and Fetal Death Rates
  Deaths that occur before birth, excluding induced termination in 3-year averages per 1,000 live births.

- Prevalence of Birth Defects
  Prevalence of major congenital anomalies per 10,000 live births.

- Fetal Alcohol Syndrome
  Prevalence of fetal alcohol spectrum disorders per 10,000 live births.

- Genitourinary Anomalies
  Prevalence of genitourinary anomalies per 10,000 live births.

- Alimentary Tract Anomalies
  Prevalence of alimentary tract anomalies per 10,000 live births.

- Musculoskeletal Anomalies
  Prevalence of musculoskeletal anomalies per 10,000 live births.

- Central Nervous System Anomalies
  Prevalence of central nervous system anomalies per 10,000 live births.

- Chromosomal Anomalies
  Prevalence of chromosomal anomalies per 10,000 live births.

- Eyes and Ears Anomalies
  Prevalence of eyes and ears anomalies per 10,000 live births.

- Cardiovascular Anomalies
  Prevalence of cardiovascular anomalies per 10,000 live births.

- Percent Low Birth Weights (<2500 Grams)
  Percent of births with low birth weight.

- Preterm Births (<37 weeks)
  Percent of births preterm.

- Mother Tobacco Use
  Percent mother tobacco use during pregnancy.

- Prenatal Care – 1st Trimester

Percent of prenatal care use in 1st trimester.

- Prenatal Care – Adequate/Adequate+
  Percentage of those with adequate or more than adequate prenatal care.

- Percent Cesarean Section
  Percent of birth by cesarean section.

- Breastfeeding
  Percent of mothers who reported ever having breastfed or pumped milk to feed baby after delivery.

Special Acknowledgement

Special acknowledgement to Katie J. Soellers, the Epidemiology Specialist of the State of Alaska Department of Health & Social Services, Division of Public Health, Women's Children's and Family Health, Maternal and Child Death Review Program for providing consultation and data related to pregnancy-related mortality rates in Alaska.

Estimates and 95% Confidence Intervals

Tables with estimates and 95% confidence intervals are presented in the Appendix section. All tables in this chapter are labeled 4-X.

LIMITATIONS

There are several limitations related to the nature of secondary data analysis and the lack of data due to small sample sizes.

Nature of Secondary Data Analysis

The general limitation of secondary data analysis is that data was not primarily collected for the purpose of this report or by its investigators. In other words, the investigators of this report did not have control over what data was collected and how. Therefore, the report is limited to analysis with the data in its available form.

Data suppression and Unreliability

Publicly available data uses data suppression for confidentiality purposes to protect the identity of individuals where the sample size (i.e., number of deaths) falls below a certain threshold. The Center on Disease Control and Prevention's WONDER utilizes a threshold of 10 and the Alaska Vital Statistics Report utilizes a threshold of 6. Therefore, any data where the sample size is less than 10 (i.e., 0-9) or 6 (i.e., 0-5) are unavailable or suppressed. Any data that were unavailable due to suppression are indicated as such in the report.

Furthermore, any data where the sample size (i.e., number of deaths) falls below 20 are marked by CDC WONDER and Alaska Vital Statistics as statistically unreliable data due to low power or a high relative standard error. Any unavailable data due to unreliability are indicated as such in the report.

General Summary and Key Highlights

Maternal Mortality

- Alaska's pregnancy-related death rate among Non-Hispanic Black women was, typically, less than or equal to that observed among Non-Hispanic Black women nationally (which is 41.7 deaths per 100,000 live births vs. 13.4 deaths per 100,000 live births for Non-Hispanic White women, according to the most recent data from the Pregnancy Mortality Surveillance System.)

Severe Maternal Morbidity

- Approximately 1.8% of hospital deliveries among Black Alaskans between 2016-2020 resulted in severe maternal morbidity, which is 4th highest among all race/ethnicities.

Leading Cause of Infant Death

- Notably, sudden infant death syndrome and congenital malformations, deformations, and chromosomal abnormalities are the leading causes of infant deaths among all race/ethnicities.
- Many racial groups have a lack of data due to suppression. Hence, more research that specifically samples non-White groups or long-term longitudinal data are necessary to obtain the sample size necessary to further examine possible variations in health status.
- When examining the prevalence of infant deaths in Alaska by maternal race, Black infants have the second highest death rate compared to other races/ethnicities.

Specific Causes of Infant Death

- All 130 causes of infant deaths in Alaska from 2007-2019 were examined by race/ethnicity. As a result of small cell sizes (N<20), there was only one cause of death with reliable data: certain conditions originating in the perinatal period (codes P00-P96), i.e., health conditions emerging before birth to 28 days after birth.
- The rate of infant deaths due to conditions originating in the perinatal period was highest among Black Alaskans. More attention is needed on health during the perinatal period to understand specifically what kind of conditions are affecting Black Alaskan infants during this developmental phase.

Fetal Deaths

- This data should be interpreted with caution as the estimates are unreliable. It is worth noting that there are particularly high fetal death rates among Black Alaskans between 2013 and 2017.

Birth and Fertility Rates

- The overall steady decline in birth and fertility rates is consistent with global data trends. Fewer people worldwide are having children (Population Reference Bureau, 2021; United Nations, 2020).

Teen Births

- The teen birth rate for Black Alaskans declined from 2013 to 2016 with a slight increase again in 2018 and another increase in 2020. More research is needed to understand these patterns in teen birth rates to identify whether these increases are due to methodological issues (e.g., sampling methods) or due to real population responses to certain factors.

Birth Defects

- Overall, Black Alaskans have a slightly higher rate of various birth defects in comparison to the White population, with the exception of alimentary tract and musculoskeletal anomalies where Black Alaskans have lower rates. Additionally, Black Alaskans and White Alaskans have the same rate of chromosomal abnormalities.
- Notably, the prevalence rate of genitourinary birth defects was particularly high among the Black population. The cause for genitourinary birth defects is generally unknown but combination of maternal health, genetics, and in utero environmental factors.

Low Birth Weight, Preterm Births, and Maternal Tobacco Use

- Black Alaskans consistently has a higher prevalence of low birth weights. The effect of racism on birthweight and preterm birth is described.
- All races have a higher prevalence of preterm births in comparison to their White counterparts.
- Black Alaskans tend to have lower maternal tobacco use. However, maternal tobacco use is still consistently above 5%.

Medical Service Utilization & Cesarean Section

- All races and ethnicities have a lower percentage of prenatal care in the first trimester compared to their White counterparts.
- All races and ethnicities have a lower percentage of prenatal care in the first trimester compared to their White counterparts.
- Black Alaskans adequacy of care score was improving between 2014-2017. However, there has been a decline since 2017 and seems to have plateaued between 2019 and 2020.
- Black Alaskans consistently have a higher rate of birth by cesarean section in comparison to other races and ethnicities. The systemic racism that informs this practice is also described.

Breastfeeding

- Black Alaskans have the highest rate of breastfeeding compared to other race and ethnicities.

MATERNAL, INFANT, AND CHILD HEALTH

MATERNAL – PREGNANCY-RELATED AND PREGNANCY-ASSOCIATED DEATHS

Pregnancy-related deaths is defined as "death of a woman while pregnant or within 1 year of the end of pregnancy due to any cause related to or aggravated by the pregnancy" (CDC, 2022).

Pregnancy-associated deaths is defined as **"**death during or within one year of pregnancy, regardless of the cause" (Review to Action, n.d.).

Black: Black (alone or in combination) but not of Hispanic ethnicity.

SUMMARY

Overall, Alaska has a small number of maternal deaths, and therefore, examining rates by race/ethnicity can produce unreliable estimates due to small cell sizes. For example, between 2000-2011 there were only 13 pregnancy-related deaths in total (State of Alaska Epidemiology Bulleting, 2013). Furthermore, from 2014-2017, there were no pregnancy-related deaths in the non-Hispanic Black community, and between 2011 and 2020, there were less than five pregnancy-associated deaths (Soellers, 2022).

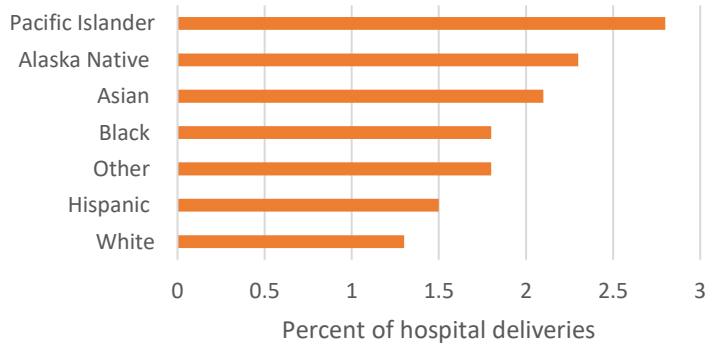
However, analyses were conducted by the Epidemiology Specialist of the State of Alaska Department of Health & Social Services, Division of Public Health, Women's Children's and Family Health, Maternal and Child Death Review Program. They examined the national pregnancy-related mortality rate for Non-Hispanic Black women and applied it to Alaska's birth statistics to compare the number of actual pregnancy-related deaths in Alaska to expected rates. They found that Alaska's pregnancy-related death rate among Non-Hispanic Black women was, typically, less than or equal to that observed among Non-Hispanic Black women nationally (which is 41.7 deaths per 100,000 live births vs. 13.4 deaths per 100,000 live births for Non-Hispanic White women) (Pregnancy Mortality Surveillance System, 2022).

MATERNAL – SEVERE MATERNAL MORBIDITY

Severe Maternal Morbidity is defined as "unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health" (CDC, 2021).

Percentage of Hospital Deliveries that Resulted in Severe Maternal Morbidity by Race (2016-2020)

Data Source: Alaska Department of Health & Social Services, Division of Public Health, Women's Children's and Family Health, Maternal Child Death Review Program, 2021 Public Health Summit Conference Presentation. Appendix Table 4-01



- Approximately 1.8% of hospital deliveries among Black Alaskans between 2016-2020 resulted in severe maternal morbidity.

LEADING CAUSE OF INFANT DEATH

Definition

The CDC defines *leading causes of death* as the "most frequently occurring" causes of death within a population. The causes are rank-ordered from conditions with the highest number of deaths to the least. The leading causes of death are expressed as *mortality rates*. Mortality rates indicate deaths occurring over a given period. A higher mortality rate indicates a higher incidence of deaths. Specifically, we report infant deaths occurring before 1 year of age. The rates reported are crude rates per 1,000 live births unless stated otherwise.

FOR CONTEXT: What are the Top 10 Leading Causes of Infant Deaths in Alaska for all Races (1999-2020)?

1. Congenital malformations, deformations, and chromosomal abnormalities
2. Sudden infant death syndrome
3. Accidents
4. Disorders related to short gestation and low birth weight
5. Newborn affected by complications of placenta, cord, and membranes
6. Newborn affected by maternal complications of pregnancy
7. Bacterial sepsis of newborn
8. Assault (homicide)
9. Disease of the circulatory system
10. Influenza and pneumonia

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System. Appendix Table 4-02

Top 3 Leading Causes of Infant Deaths for the Black Population in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System. Appendix Table 4-02a

1. Sudden infant death syndrome
2. Congenital malformations, deformations, and chromosomal abnormalities
3. Disorders related to short gestation and low birth weight

- The analysis exposed top 3 leading causes of death among Black infants in Alaska. The crude rates are not reported as N is less than 20 for these 3 leading causes of death. Hence, the data is labeled unreliable. However, it is important to note that these 3 conditions had the highest number of infant deaths among the Black Alaskan population.

Difference in Leading Causes of Death by Race in Alaska (1999-2020)

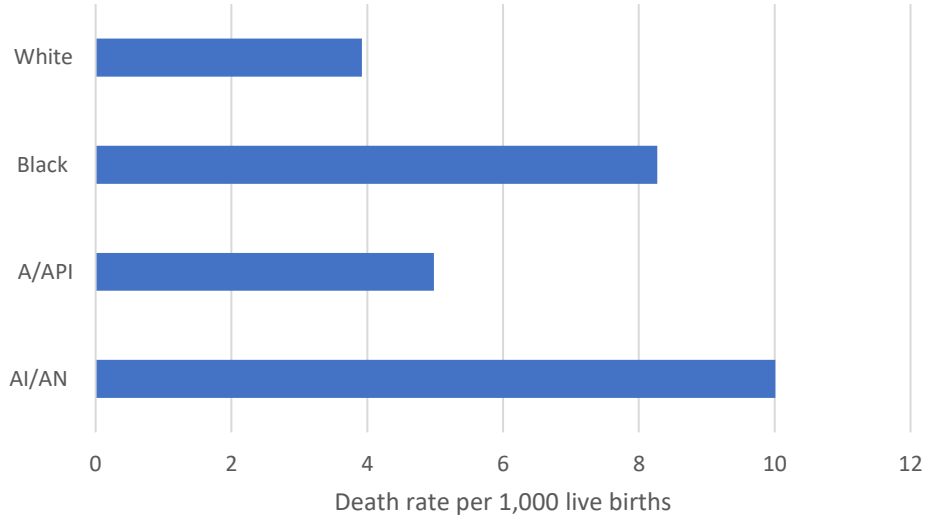
Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.
Appendix Table 4-03 for direct source link for CDC Wonder Top 15 Leading Causes of Death Tables and Statistics

	Black	White	AI/AN	A/API
1	Sudden infant death syndrome	Malformations, deformations, and chromosomal abnormalities	Malformations, deformations, and chromosomal abnormalities	Sudden infant death syndrome
2	Malformations, deformations, and chromosomal abnormalities	Sudden infant death syndrome	Sudden infant death syndrome	Malformations, deformations, and chromosomal abnormalities
3	Disorders related to short gestation and low birth weight	Accidents (unintentional)	Accidents (unintentional)	No data
4	No data	Disorders related to short gestation and low birth weight	Disorders related to short gestation and low birth weight	No data
5	No data	Bacterial sepsis of newborn	Complications of placenta, cord, and membranes	No data
6	No data	Maternal complications of pregnancy	Influenza/Pneumonia	No data
7	No data	Complications of placenta, cord, and membranes	Maternal complications of pregnancy	No data
8	No data	Assault (homicide)	Disease of the circulatory system	No data
9	No data	Intrauterine hypoxia and birth asphyxia	No data	No data
10	No data	Disease of the circulatory system	No data	No data

- Notably, sudden infant death syndrome and congenital malformations, deformations, and chromosomal abnormalities are the leading causes of infant deaths among all race/ethnicities.
- Many racial groups have a lack of data due to suppression. Hence, more research that specifically samples non-White groups or long-term longitudinal data are necessary to obtain the sample size necessary to further examine possible variations in health status.

Prevalence of Infant Deaths in Alaska by Mother's Race (2007-2019)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, Link Birth/Infant Death Records, Appendix Table 4-04



- Black infants have the second highest death rate compared to other races/ethnicities.

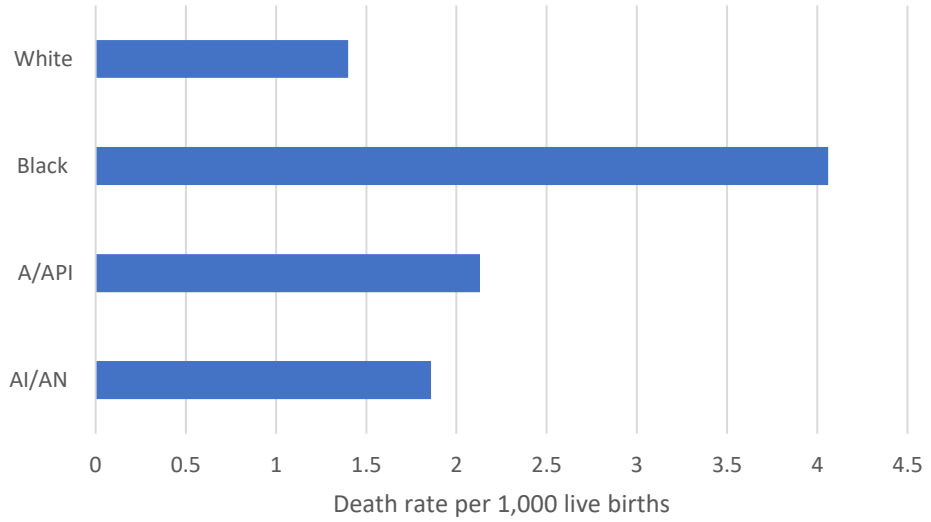
CAUSES OF INFANT DEATHS

The International Classification of Diseases (ICD) is a universal disease and death classification system that is utilized in clinical settings as a diagnostic and billing code, as well as for mortality and morbidity research worldwide. The CDC WONDER database utilizes the ICD-10, or the ICD 10th revision. The ICD-10 has a 130 Cause List, which is a list of 130 selected causes of infant deaths. A complete list of these 130 causes from ICD-10 can be found in the CDC instruction manual published by the CDC National Center for Health Statistics.

All 130 causes of infant deaths in Alaska from 2007-2019 were examined by race/ethnicity. As a result of small cell sizes (N<20), there was only one cause of death with reliable data: certain conditions originating in the perinatal period (codes P00-P96). These are conditions emerging before birth to 28 days after birth. No data was available for all other causes of infant deaths due to data suppression.

Prevalence of Infant Deaths due to Conditions Originating in the Perinatal Period (P00-P96) in Alaska by Mother's Race (2007-2019)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, Link Birth/Infant Death Records, Appendix Table 4-05



- The rate of infant deaths due to conditions originating in the perinatal period was highest among Black Alaskans. More attention is needed specifically on this perinatal period to understand specifically what kind of conditions are affecting Black Alaskan infants during this developmental phase.

FETAL DEATHS

Fetal deaths are defined as deaths that occur before birth, excluding induced termination. The Alaska Department of Health and Social Services, Division of Public Health, produces an annual report titled *Alaska Vital Statistics*, which includes MICH data such as fetal deaths.

Fetal death records are obtained from state death certificates. The Alaska Statute (18.50.240) mandates that fetal death certificates are issued in cases where at least 20 weeks of gestation has occurred. Hence, the data does not include fetal deaths that occurred prior to a gestation period of 20 weeks. Furthermore, the fetal death rates reported by Alaska Vital Statistics are provided as 3-year averages per 1,000 live births.

Fetal death rates by race and ethnicity are reported. However, the estimates should be interpreted with caution as they are unreliable for the Black population due to low cell sizes (N < 20).

Nevertheless, the results are provided in table format below and in the appendix section.

Table 4-06: Fetal Deaths in Alaska by Race and Ethnicity (2011-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report.

	Years (2011-2020)							
	2011-2013	**2012-2014**	**2013-2015**	**2014-2016**	**2015-2017**	**2016-2018**	**2017-2019**	**2018-2020**
AI/AN	4.8	5.9	6.1	7.6	9.0	8.5	8.3	8.9
A/API	5.9[u]	6.4	6.8	6.3	6.3	6.4	5.9[u]	5.6[u]
Black	4.8[u]	4.2[u]	9.3[u]	9.5[u]	12.7[u]	7.4[u]	8.0[u]	4.9[u]
White	4.7	4.4	3.9	4.3	4.8	5.1	4.2	3.5
Hispanic				4.4[u]	6.6[u]	6.2[u]	3.3[u]	Supp.

[u] indicates unreliable estimates due to N < 20.
Supp. indicates suppression as N < 6.

How the Alaska Vital Statistics handles reliability of the data and missingness are explained in the Appendix B sections of the report, such as is explained in the Alaska Vital Statistics Report 2020 Appendix B linked here.

- This data should be interpreted with caution as the estimates are unreliable. It is worth noting that there are particularly high fetal death rates among Black Alaskans between 2013 and 2017.

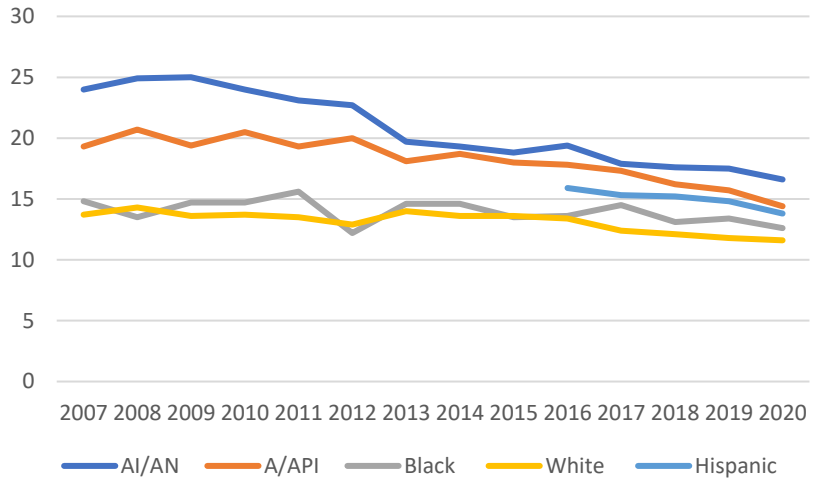
BIRTH RATE AND FERTILITY RATES

The *Alaska Vital Statistics* also includes crude birth and fertility rates by race and ethnicity.

Crude birth rates are measured as the number of births for every 1,000 Alaskan residents. *Fertility rates* specifically measures the number of births for every 1,000 female Alaskan residents between 15 to 44 years of age.

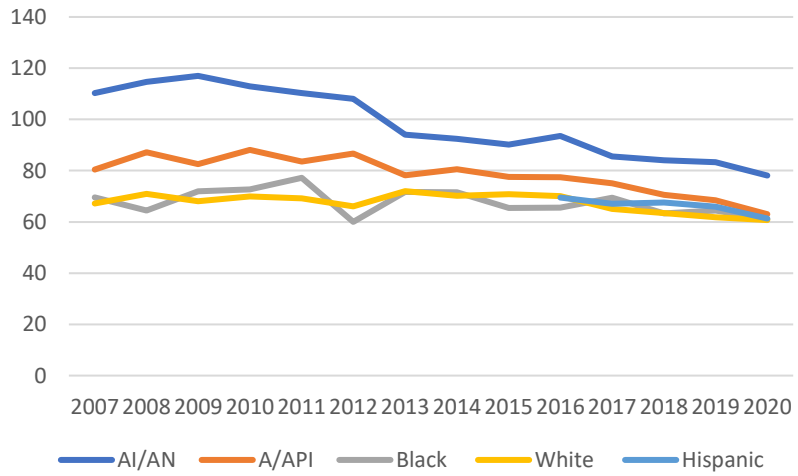
Birth Rates (per 1,000) in Alaska by Race and Ethnicity from 2007 to 2020

Data Source: Alaska Vital Statistics 2016 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-07



Fertility Rates (per 1,000) in Alaska by Race and Ethnicity from 2007 to 2020

Data Source: Alaska Vital Statistics 2016 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-08



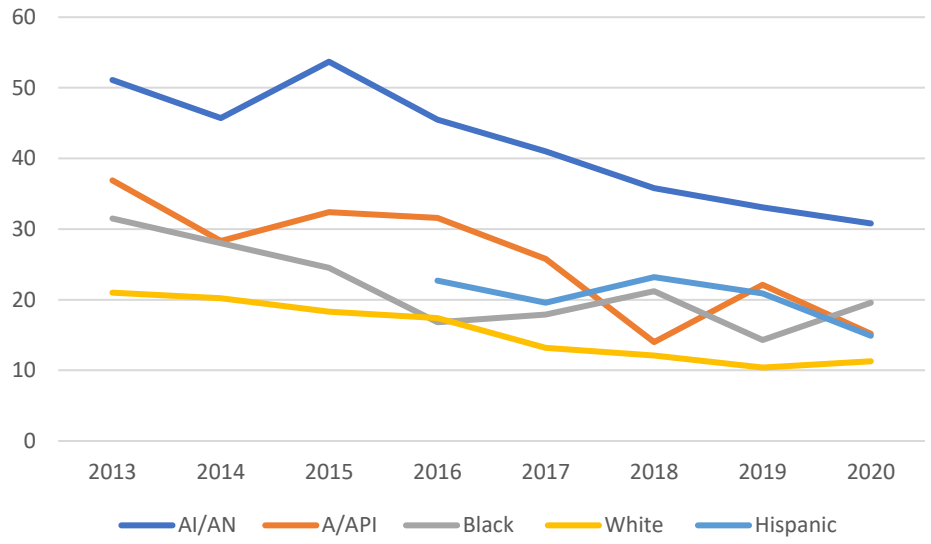
- The overall steady decline in birth and fertility rates is consistent with global data trends. Fewer people worldwide are having children (Population Reference Bureau, 2021; United Nations, 2020).

TEEN BIRTHS

Teen births is defined as births by mothers between 15 to 19 years of age. The teen birth rate is the number of births for every 1,000 women between 15 to 19 years of age.

Teen Birth Rates in Alaska by Race and Ethnicity (2013-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-09



- The teen birth rate for Black Alaskans declined from 2013 to 2016 with a slight increase again in 2018 and another increase in 2020. More research is needed to understand these patterns in teen birth rates to identify whether these increases are due to methodological issues (e.g., sampling methods) or due to real population responses to certain factors. These sudden changes in data can be seen in the Black and A/API population. Understanding the mechanisms that inform these data patterns are necessary for future research and to better understand teen birth rates in the Black and A/API communities.

BIRTH DEFECTS

The State of Alaska Department of Health and Social Services produces a series of *Alaska Maternal and Child Health Data Books*. In 2012[2], a birth defects surveillance edition was issued, providing data describing the variation in birth defects by race. The prevalence of birth defects is provided as prevalence rates (per 10,000 live births) across races, and prevalence ratios in comparison to White Alaskans.

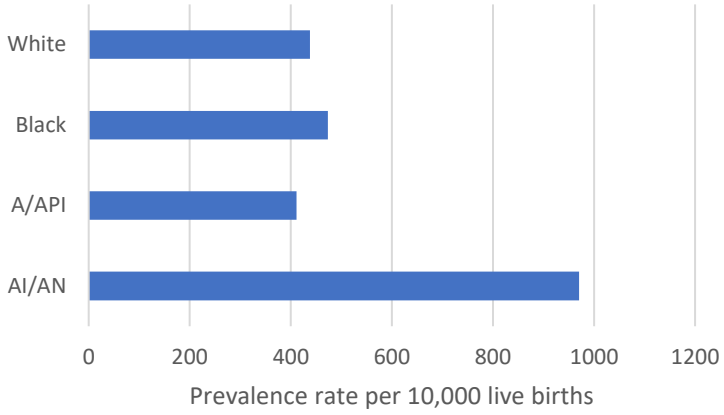
Prevalence ratios with bars that extend to the left indicate higher prevalence in comparison to the White population, whereas bars that extend to the right indicate lower prevalence in comparison to the White population. No bars indicate the prevalence rates are approximately the same as the White population.

Major Congenital Anomalies

Congenital anomalies include any abnormalities present at birth originating in the prenatal period (during pregnancy). Some may be life threatening while others such as cleft lip does not result in death but may require surgical intervention. The data book provides a list of the major congenital abnormalities that are reportable to the Alaska Birth Defects Registry along with their ICD-9 codes.

Prevalence of Major Congenital Anomalies in Alaska by Race (1996-2011)

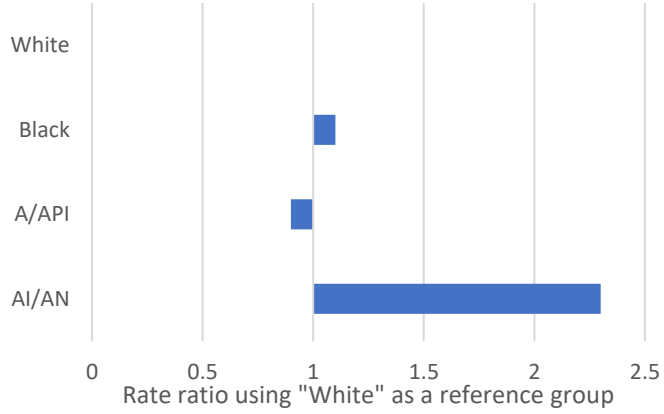
Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-10



Rate Ratio of Major Congenital Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-10.

- Black Alaskans have a slightly higher rate of congenital anomalies in comparison to the White population.



[2] The 2012 report is the most recent report examining birth defect prevalence rates in Alaska by race.

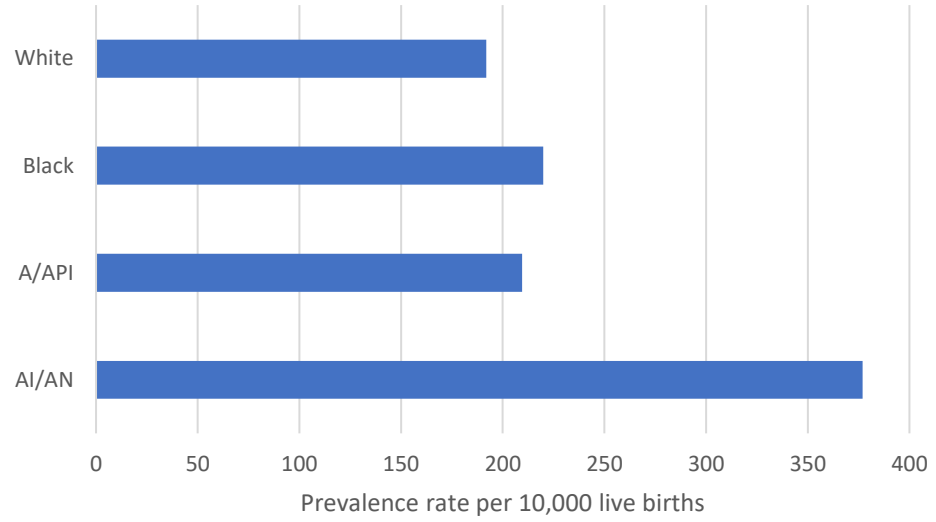
BIRTH DEFECTS

Cardiovascular Anomalies

Abnormalities or defects that develop in the birth before birth.

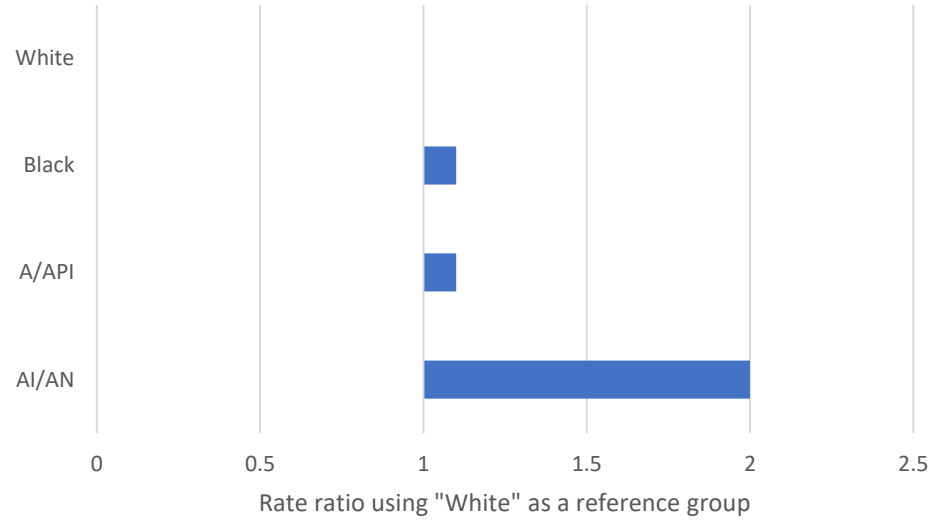
Prevalence of Cardiovascular Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-11



Rate Ratio of Cardiovascular Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-11



- Black Alaskans have a slightly higher rate of cardiovascular anomalies in comparison to the White population.

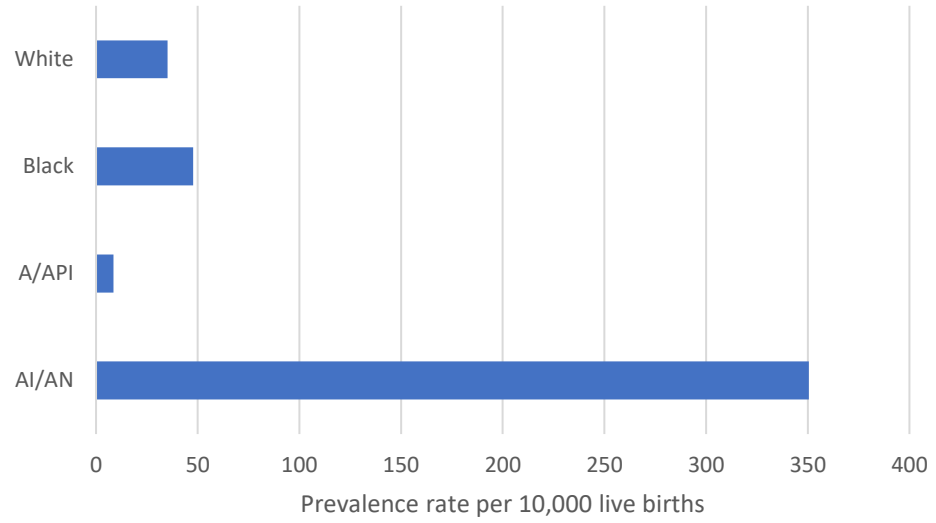
BIRTH DEFECTS

Fetal Alcohol Spectrum Disorders

Fetal alcohol spectrum disorder are abnormalities or defects that occur as a result of being exposed to alcohol before birth.

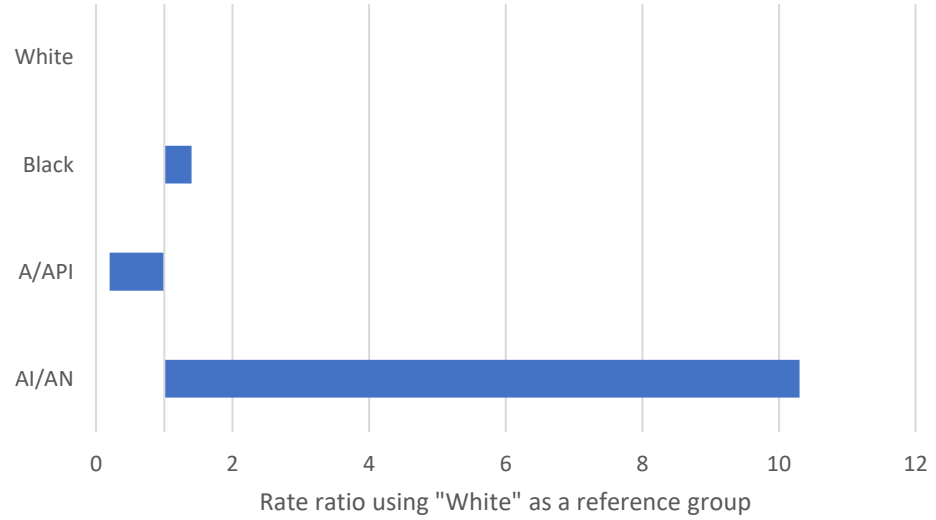
Prevalence of Fetal Alcohol Spectrum Disorders in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-12



Rate Ratio of Fetal Alcohol Spectrum Disorders in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-12



- Black Alaskans have a slightly higher rate of Fetal Alcohol Spectrum Disorder in comparison to the White population. These results are contradictory to the results in the morbidity chapter where Black Alaskans were found to drink less than other races/ethnicities in Alaska. Scholars

have also identified the overdiagnosis, overcounting, and thus the overrepresentation of FASD among persons of color, particularly affecting American Indian, Alaska Native, and Black populations.

For more information:

Dr. Travis Hedwig – The Cultural Politics of Fetal Alcohol Spectrum Disorders and the Diagnosis of Difference

Ergun, G., Schults, M.S., & Rettig, E.K. (2021) Fetal Alcohol Spectrum Disorder – Issues of Misdiagnosis and Missed Diagnosis in Black Youth: A Case Report.

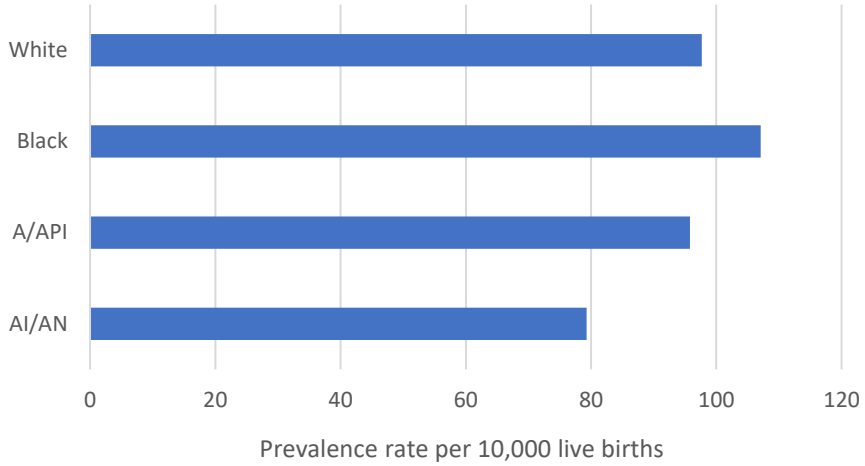
BIRTH DEFECTS

Genitourinary Birth Anomalies

Abnormalities of the genitourinary system (urological and genital systems).

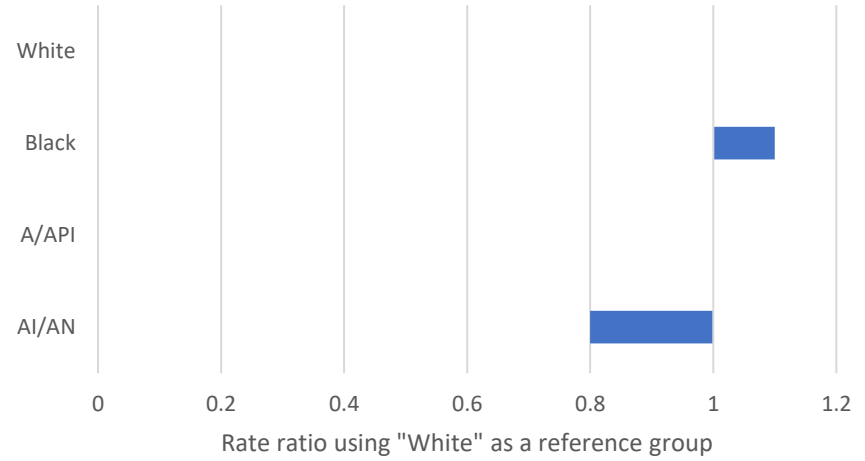
Prevalence of Genitourinary Birth Defects in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-13



Rate Ratio of Genitourinary Birth Defects in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-13



- The prevalence rate of genitourinary birth defects are particularly high among the Black population. The cause for genitourinary birth defects are generally unknown but combination of maternal health, genetics, and in utero environmental factors.

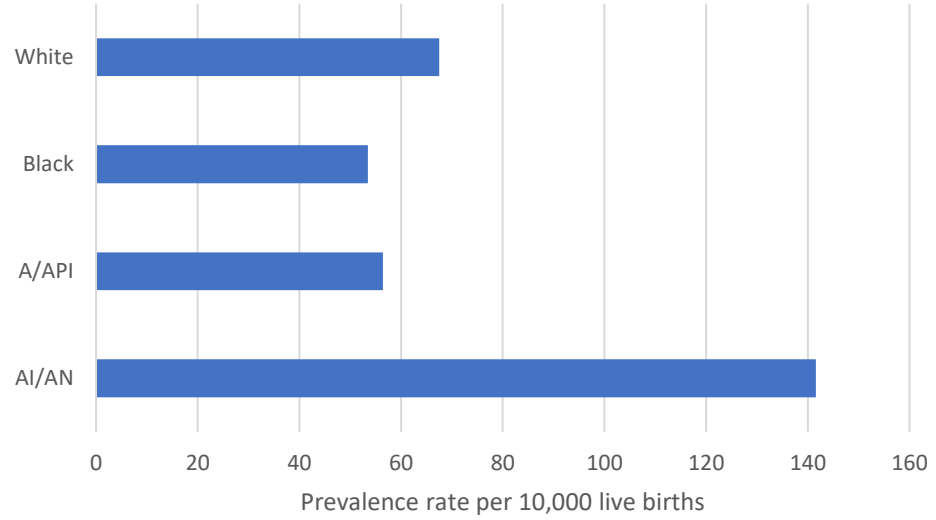
BIRTH DEFECTS

Alimentary Tract Anomalies

Abnormalities or defects of the digestive tract.

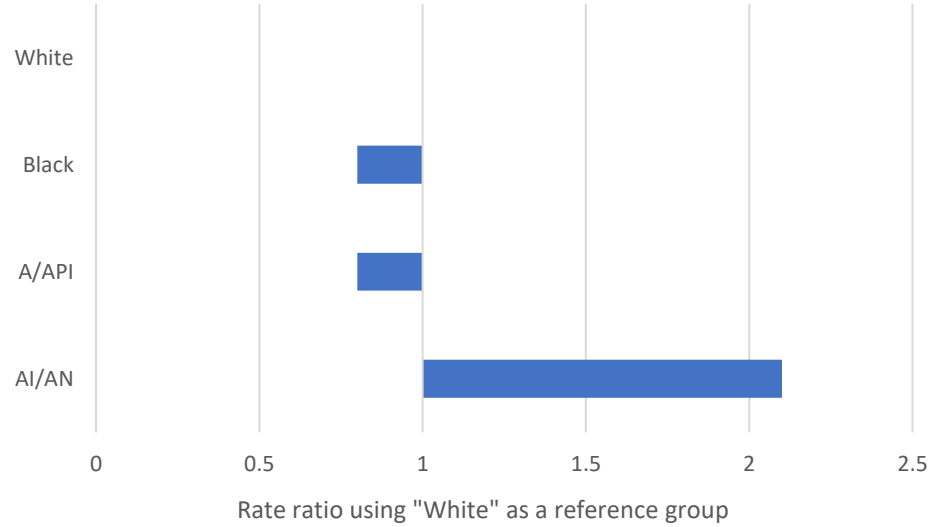
Prevalence of Alimentary Tract Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-14



Rate Ratio of Alimentary Tract Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-14



- Black Alaskans have a lower rate of alimentary tract (digestive tract) anomalies in comparison to the White and AI/AN population.

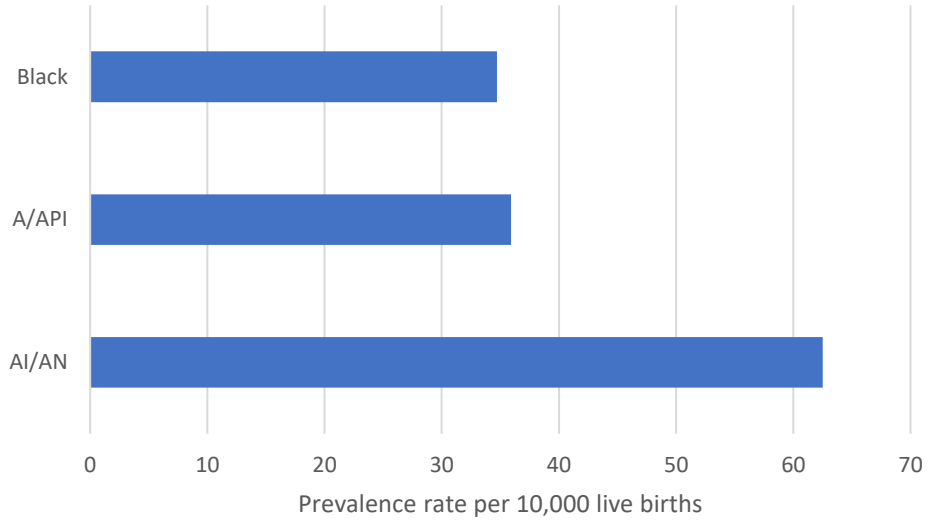
BIRTH DEFECTS

Musculoskeletal Anomalies

Abnormalities or defects of the musculoskeletal system (muscles, nerves, joints, tendons, cartilage, etc.)

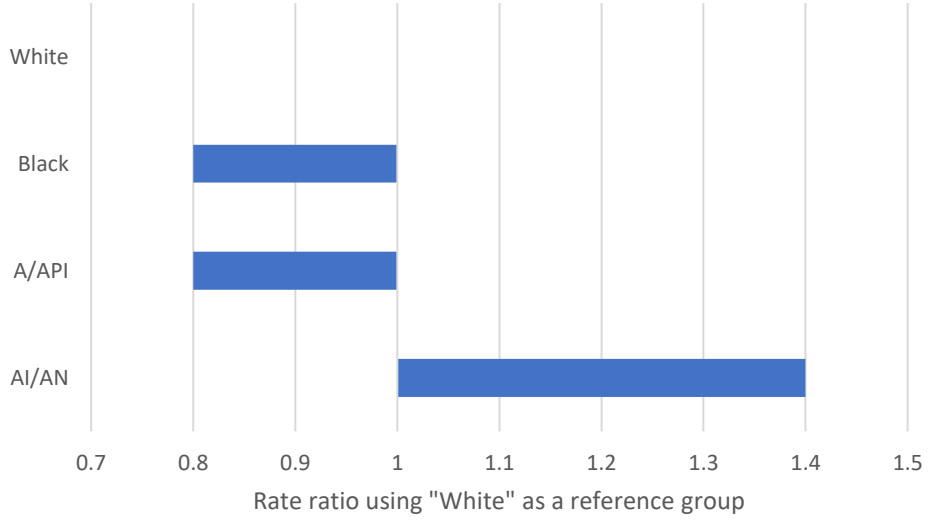
Prevalence of Musculoskeletal Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-15



Rate Ratio of Musculoskeletal Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-15



- Black Alaskans have a lower rate of musculoskeletal abnormalities in comparison to the White and AI/AN population.

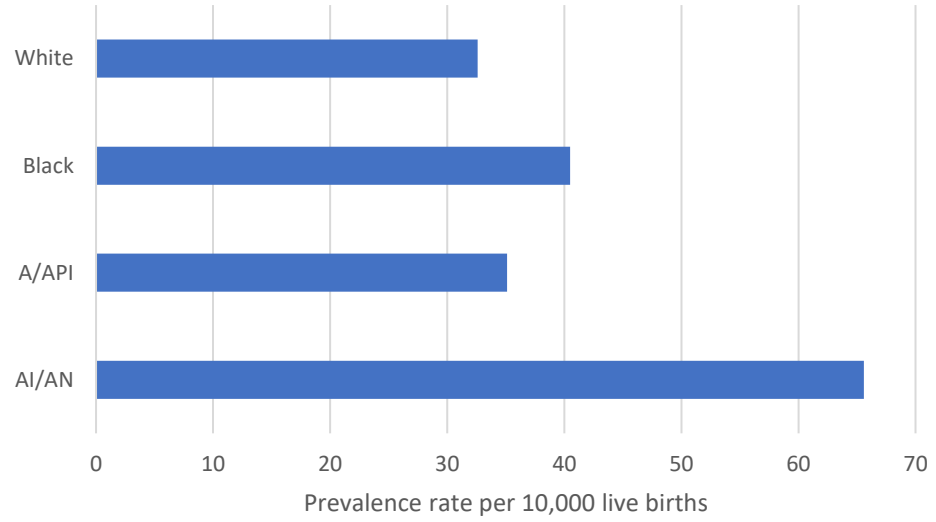
BIRTH DEFECTS

Central Nervous System Anomalies

Abnormalities or defects of the central nervous system (system that affects the function or structure of brain and/or spinal cord).

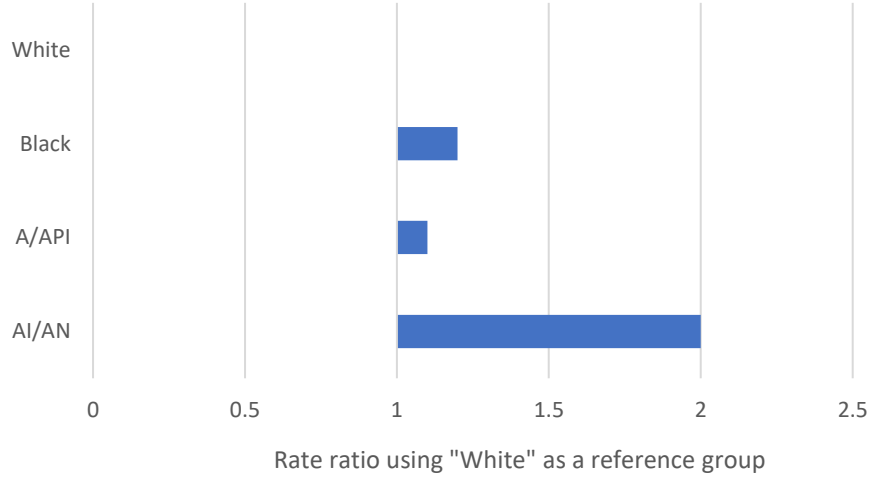
Prevalence of Central Nervous System Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-16



Rate Ratio of Central Nervous System Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-16



- Black Alaskans have a slightly higher rate of central nervous system anomalies in comparison to the White population.

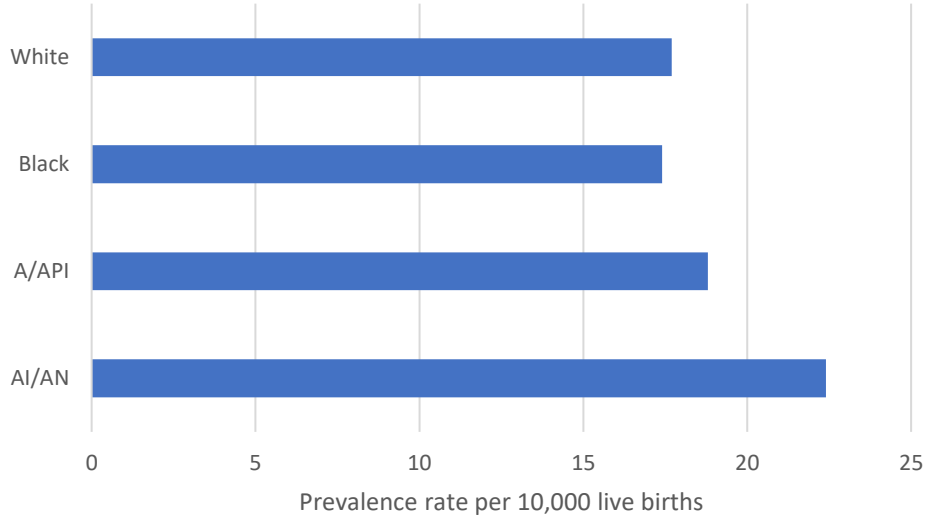
BIRTH DEFECTS

Chromosomal Anomalies

Abnormalities of the chromosomes (gene structure).

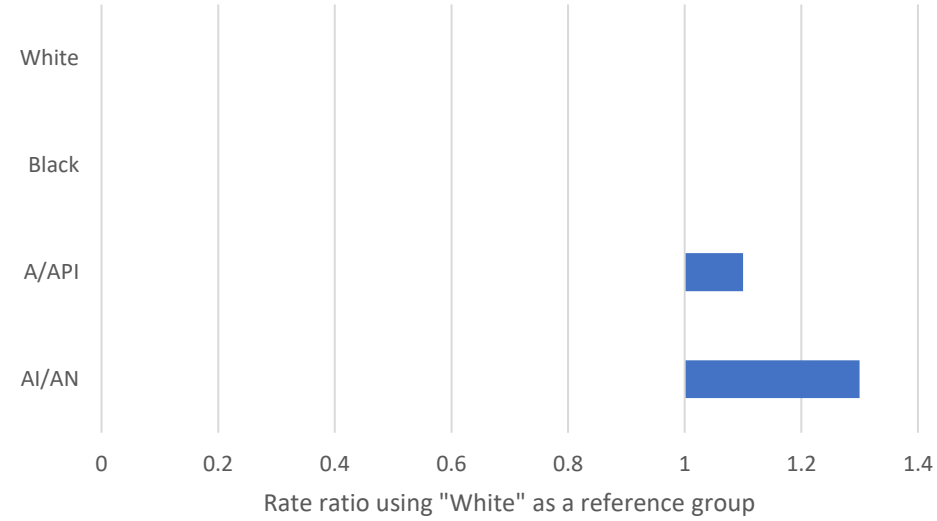
Prevalence of Chromosomal Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-17



Rate Ratio of Chromosomal Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-17



- Black and White Alaskans have the same rate of chromosomal abnormalities.

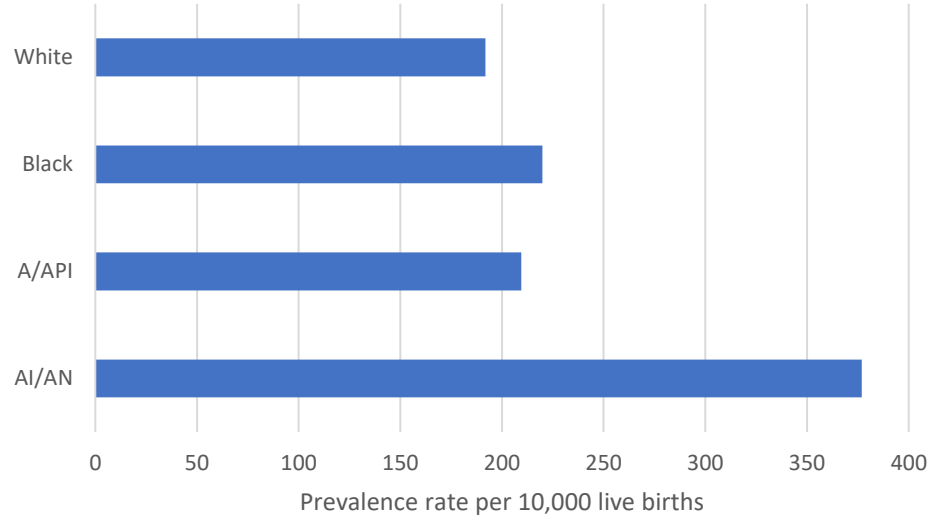
BIRTH DEFECTS

Eye and Ear Anomalies

Abnormalities and defects of the eyes and ears.

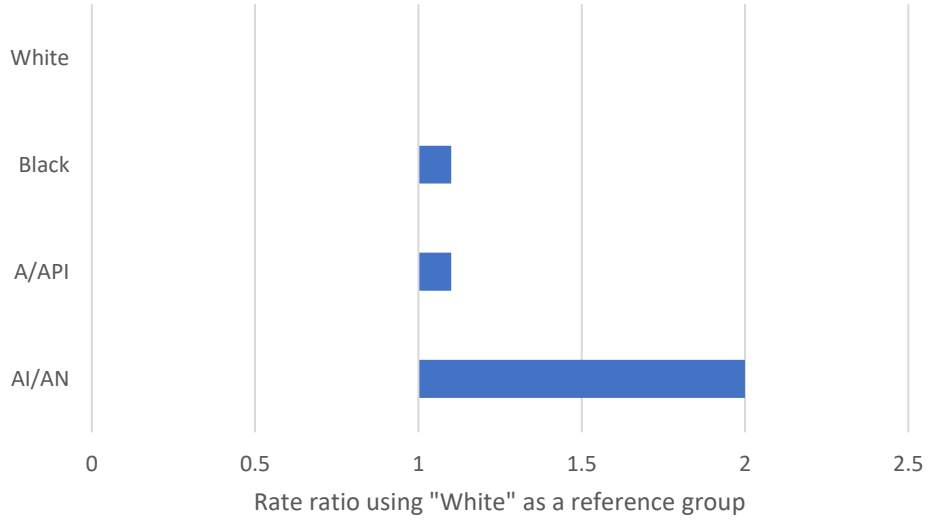
Prevalence of Eye and Ear Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-18



Rate Ratio of Eye and Ear Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition. Appendix 4-18



- Black Alaskans have a slightly higher rate of eye and ear anomalies compared to the White population.

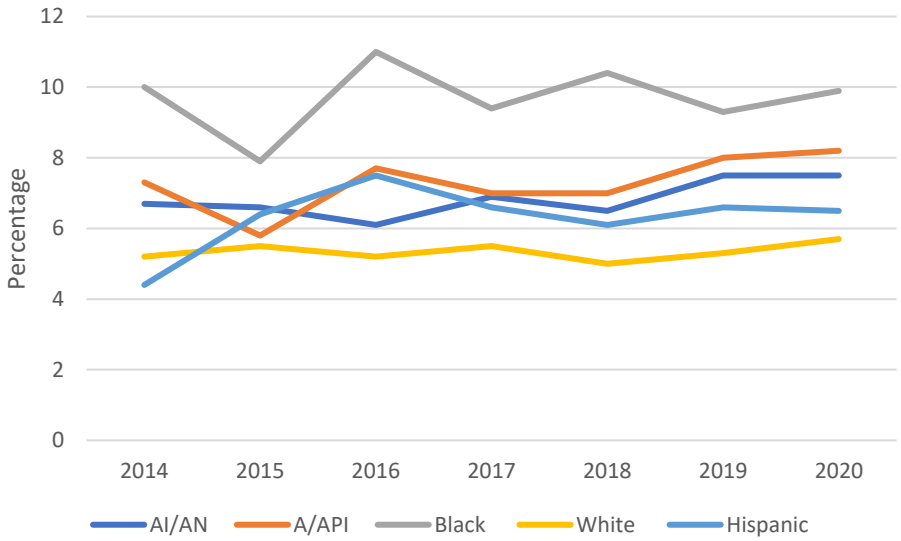
LOW BIRTH WEIGHT, PRETERM BIRTHS, AND MATERNAL TOBACCO USE

Low Birth Weight

Low birth weight is defined as an infant weight less than 2,500 grams (5.5 pounds) at birth.

Percentage of Low Birth Weight by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-19



- Black Alaskans consistently has a higher prevalence of low birth weights. This is consistent with national statistics where Black infants were twice as likely in comparison to White infants to be born with low birth weights (March of Dimes, 2022).

This is an important statistic in understanding health disparities resulting from systematic racism.

Multiple studies have found Black infants to have lower birthweights and to be born prematurely. Studies have also found that education (often a proxy for socioeconomic status) did not matter when examining birth weight disparities by race. More college-educated Black women were also giving birth to babies with low birth weights in comparison to White women who had less than high-school education. There are many hypotheses for why this racial disparity independent from socioeconomic status may exist. Stress associated with racism is one of them. Stress causes a rise in the stress hormone cortisol. Elevated levels of cortisol can reduce blood supply to the fetus, impeding on fetal growth. Furthermore, Black communities have a higher rate of high blood pressure which can also affect blood flow, resulting in restricted fetal growth (Black Women's Health Imperative, 2017).

While research is still examining the cause of these racial disparities related to low birth weights and premature births, it is important to remember that Black women and Black mothers do not inherently increase the risk of low birth weights or premature births. The physical and emotional impact of stress that racism causes cannot be undermined and should be considered as a powerful risk factor independent of other individual behaviors, medical characteristics, and sociodemographic variables (Collins et al., 2004).

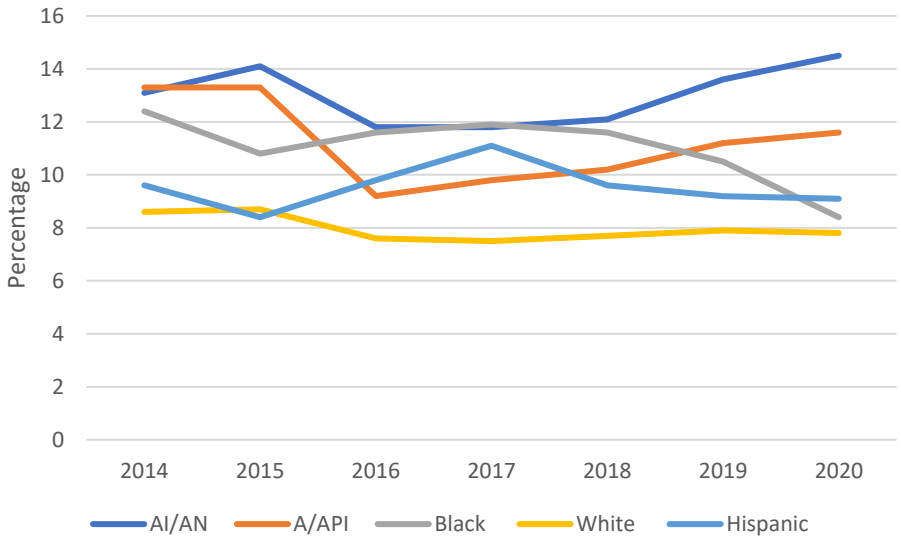
LOW BIRTH WEIGHT, PRETERM BIRTHS, AND MATERNAL TOBACCO USE

Preterm Births

Preterm births are defined as births occurring before the 27th week of gestation.

Percentage of Preterm Births by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-20



- All races have a higher prevalence of preterm births in comparison to their White counterparts.

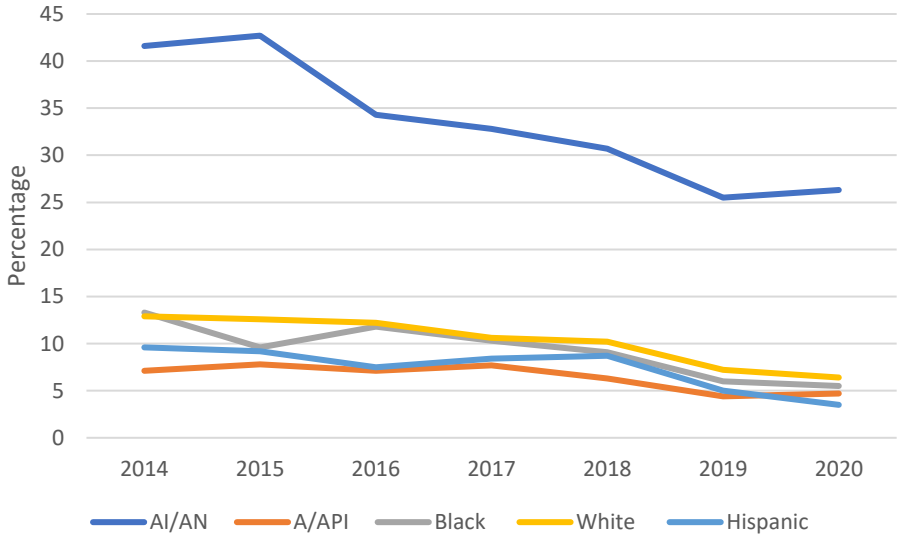
LOW BIRTH WEIGHT, PRETERM BIRTHS, AND MATERNAL TOBACCO USE

Maternal Tobacco Use

Maternal tobacco use is defined as tobacco use by the mother 3 months prior to pregnancy or during pregnancy. Tobacco use is a well-established risk factor for low birth weight and preterm births.

Percentage of Maternal Tobacco Use by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-21



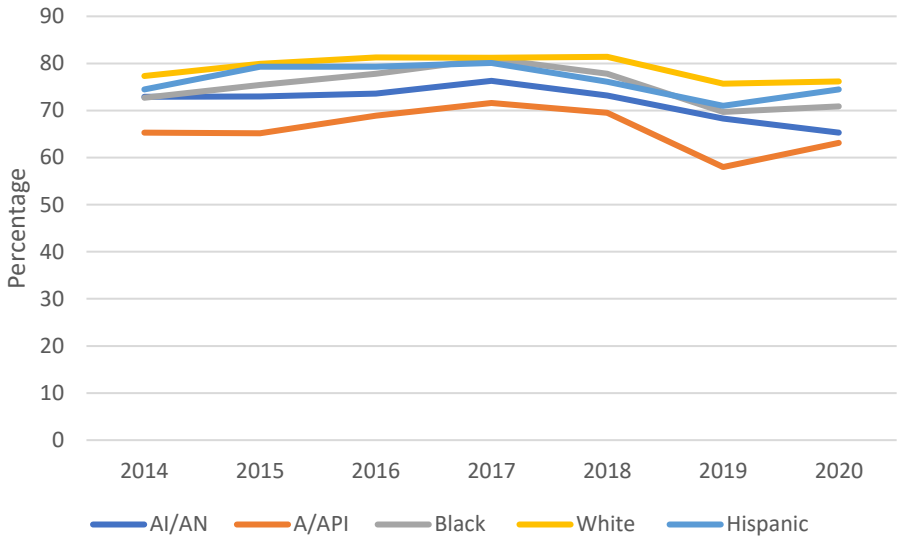
- Black Alaskans tend to have lower maternal tobacco use. However, maternal tobacco use is still consistently above 5%.

MEDICAL SERVICE UTILIZATION

Prenatal Care in the First Trimester

Percentage of Prenatal Care in the First Trimester by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-22



- All races and ethnicities have a lower percentage of prenatal care in the first trimester compared to their White counterparts.

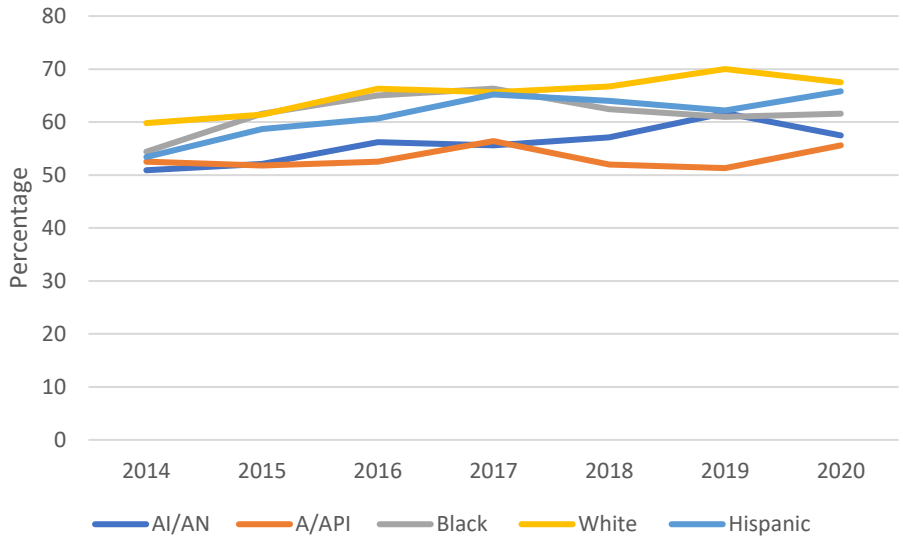
MEDICAL SERVICE UTILIZATION

Adequacy of Prenatal Care Utilization Index

The Adequacy of Prenatal Care Utilization Index is a scoring system that categorizes how adequate the prenatal care was. The index is calculated by comparing the number of prenatal visits in comparison to expected number of visits between the first instance of care and the delivery date. The index is based on the assumption that the earlier the care begins, the better. A detailed definition of the index is provided in Appendix C of the Annual Alaska Vital Statistics Report.

Percentage of Adequate or More than Adequate Prenatal Care by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-23



- Black Alaskans adequacy of care score was improving between 2014-2017. However, there has been a decline since 2017 and seems to have plateaued between 2019 and 2020.

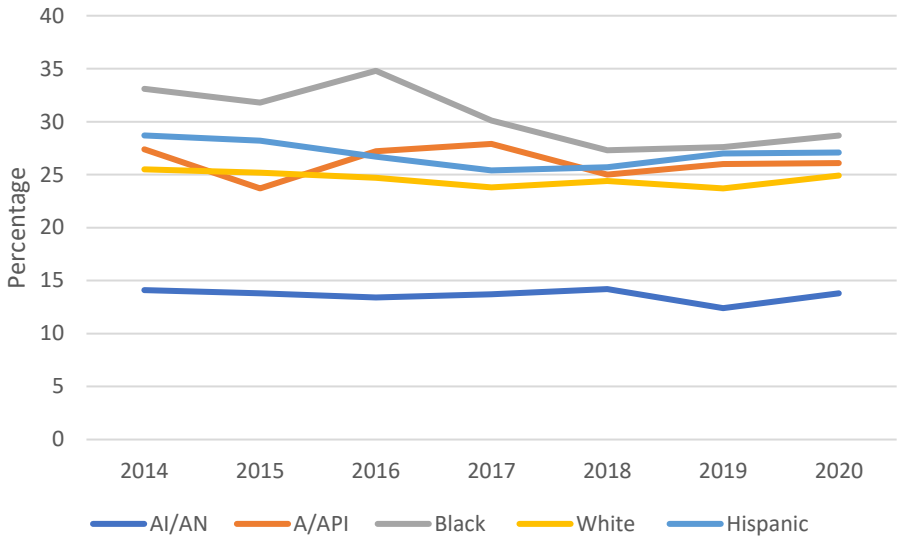
MEDICAL SERVICE UTILIZATION

Cesarean Section

Birth by cesarean section.

Percentage of Birth by Cesarean Section by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report. Appendix Table 4-24



- Black Alaskans consistently have a higher rate of birth by cesarean section in comparison to other races and ethnicities. These statistics coincide with national level data (see below). More research is needed to understand why Black Alaskan women are giving birth by cesarean section.

The overuse of cesarean sections or c-sections – why do Black women have more c-sections?

Black women consistently have higher rates of delivery by c-section compared to other races (March of Dimes, 2022). C-sections are often necessary in high-risk cases where the likelihood of a safe delivery may outweigh the risks of having a c-section. C-sections indeed have risks such as a greater risk of hemorrhaging, various organ scarring, damage and failures, as well as infection. Healing from a c-section also takes a considerably longer time than a vaginal birth. However, c-sections are known to be performed unnecessarily and particularly among Black women. One of the most compelling arguments for this medical practice is due to the medical standard being driven by the "norm" defined by the pelvic structure of an average White woman. Therefore, medical practices are structured in ways that inherently doubt the ability of various bodies (i.e., pelvic structures) to be able to give birth without medical intervention. Additionally, obstetricians utilize a vaginal birth after cesarean (VBAC) calculator to determine the likelihood of a successful vaginal birth to help counsel mothers who have previously given birth to gauge the likelihood of giving vaginal or cesarean birth the second time around. This calculator previously included race (specifically African-American and Hispanic) as risk factors. Therefore, decisions based on this racialized calculator could also perpetuate the overuse of cesarean deliveries among Black mothers. In 2021, race/ethnicity was fortunately removed from this calculation.

For more information on systematic racism in medical practices, particularly c-sections:

- NY Times "Why Textbooks May Need to Update What They Say About Birth Canals"
- Open Democracy, Joni Hess, Why do Black women in the US have more C-sections than white women?
- Changing the equation: Researchers remove race from a calculator for childbirth.

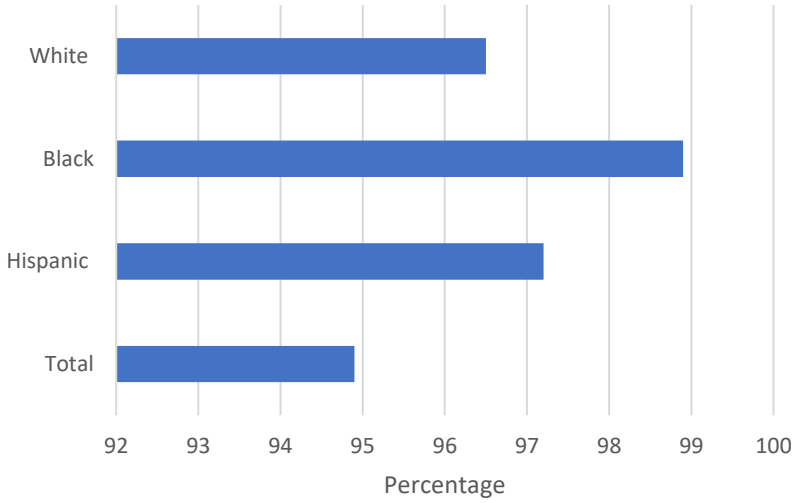
BREASTFEEDING

Breastfeeding

Self-report of mothers who ever breastfed or pumped milk to feed their baby after birth.

Percentage of Mothers who Breastfed by Race and Ethnicity (2018)

Data Source: Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System. Retrieved January 05, 2022, from www.marchofdimes.org/peristats Appendix 4-25



- Black Alaskans have the highest rate of breastfeeding compared to other race and ethnicities represented here.

APPENDIX – DATA TABLES

MORTALITY CHAPTER

Table 2-01: Top 10 Leading Causes of Death for the Black Population in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	Black Population	
	Death	Rate
Cancer	488	161.5
Heart Disease	461	153.7
Stroke	122	44.5
Accidents	207	38.9
Diabetes	115	38.3
Alzheimer	41	24.7
Chronic Lower Respiratory Diseases	63	10.0
Nephritis	49	17.3
High Blood Pressure	39	15.7
Homicide	109	14.2

Table 2-02: Leading Causes of Death for the Black Population in Alaska compared to Other Races (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	Black		A/API		AI/AN		White	
	Death	Rate	Death	Rate	Death	Rate	Death	Rate
Cancer			800	109.9	3,672	230.4	14,019	161.6
Heart Disease	461	153.7	604	92.4	3,041	208.1	11,388	145.9
Stroke	122	44.5	276	43.1	798	60.7	2,739	40.4
Accidents	207	38.9	198	22.4	2,553	115.2	5,084	50
Diabetes	115	38.3	192	26.5	315	21.1	1,705	20.2
Alzheimer	41	24.7	42	9.1	192	18.5	1,425	24.6
Chronic Lower Respiratory Diseases	63	10	99	17.5	898	65.4	2,866	38.3
Nephritis	49	17.3	75	12.7	198	15.9	635	8.9
High Blood Pressure	39	15.7	44	7.4	354	24	360	4.9
Homicide	109	14.2	74	6.5	382	15.5	455	4

Table 2-03: Difference in Leading Causes of Death by Race in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	CDC WONDER Results Link
Black	https://wonder.cdc.gov/controller/saved/D76/D271F721
AI/AN	https://wonder.cdc.gov/controller/saved/D76/D281F707
A/API	https://wonder.cdc.gov/controller/saved/D76/D271F722
White	https://wonder.cdc.gov/controller/saved/D76/D271F720

Table 2-04: Leading Causes of Death Among the Black Population in Alaska by Gender (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	Black Population (Female)	
	Death	Rate
Cancer	196	121.3
Heart Disease	174	120.1
Stroke	62	44.6
Diabetes	57	38.1
Alzheimer	32	30.6
Chronic Lower Respiratory Diseases	33	20.3
Accidents	47	19.2
Suicide	19	Unreliable
Assault	17	Unreliable
Flu/Pneumonia	16	Unreliable

	Black Population (Male)	
	Death	Rate
Cancer	292	216.8
Heart Disease	287	190.3
Accidents	160	57.7
Stroke	60	40.4
Diabetes	58	38.2
Nephritis	34	25.1
Assault	92	21.5
Chronic Lower Respiratory Disease	30	20
High Blood Pressure	25	16.8
Suicide	61	13.2

Table 2-05: Age-Adjusted Mortality Rate per 100,000 from Malignant Neoplasms Between 2015-2019 in Alaska by Race and Ethnicity

Data Source: Alaska Vital Statistics 2019 Annual Report.

	Years (2015-2019)				
	2015	**2016**	**2017**	**2018**	**2019**
AI/AN	237.5	224.7	212.8	190.9	199.4
A/API	104.8	100.7	94.9	102.8	105.3
Black	148.5	139.9	88.6	118.8	164
White	145.8	146.8	130.2	136	142.8
Hispanic	121.1	122	99.3	81.3	151.2

Table 2-06: Cancer Mortality Rates in Alaska (1999-2020) by Race and Gender

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	Female		Male	
	Death	**Rate**	**Death**	**Rate**
AI/AN	1,749	200.5	1,923	270.7
A/API	416	95	384	136
Black	196	121.3	292	216.8
White	6,186	141.2	7,833	186

Table 2-07: Mortality-Incidence Age-Adjusted Rate Ratio for Specific Cancer Sites in Alaska by Race (1999-2018)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	Types of Malignant Neoplasms						
	All Cancer	**Digestive**	**Colon/ Rectum**	**Liver/ Bile Duct**	**Liver**	**Pancreas**	**Respiratory**
AI/AN	0.434	0.484	0.372	0.717	0.578	0.746	0.654
A/API	0.35	0.472	0.3	0.627	0.571	0.755	0.598
Black	0.397	0.488	0.34	0.631	0.518	0.825	0.737
White	0.369	0.502	0.339	0.757	0.606	0.921	0.714

	Types of Malignant Neoplasms, continued.					
	Breast (Male + Female)	**Breast (Female)**	**Female Genital**	**Male Genital**	**Prostate**	**Urinary**
AI/AN	0.177	0.17	0.285	0.235	0.248	0.262
A/API	0.145	0.142	0.201	0.128	0.132	0.163
Black	0.201	0.197	0.366	0.234	0.236	0.283
White	0.169	0.163	0.259	0.164	0.171	0.202

Table 2-08: Homicide by Discharge of Firearms in Alaska by Race (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Homicide by Discharge of Firearms		
	Death	Rate
AI/AN	179	6.9
A/API	49	4.2
Black	87	11.2
White	294	2.6

Table 2-09: Death due to Homicide by Discharge of Firearms in the Context of Domestic Violence/Intimate Partner Violence in Alaska by Race (2003-2019)

Data Source: CDC, National Violent Death Reporting System (NVDRS).

Homicide by Discharge of Firearms – DV/IPV (2003-2019)		
	Death	Rate
AI/AN	74	3.96
A/API	17	Unreliable
Black	26	3.99
White	105	1.18

Table 2-10: Death due to Homicide by Discharge of Firearms in the Context of Domestic Violence/Intimate Partner Violence, Stranger to Stranger, Gang-Related Activities, and Other Specified Relationship in Alaska by Race (2003-2019)

Data Source: CDC, National Violent Death Reporting System (NVDRS).

Homicide by Discharge of Firearms – DV/IPV, Stranger to Stranger, Gang-Related, and Other Specified Relationship (2003-2019)		
	Death	Rate
AI/AN	91	4.71
A/API	34	3.58
Black	52	8.40
White	156	1.76

Table 2-10a: Death due to Homicide by Discharge of Firearms in the Context of Domestic Violence/Intimate Partner Violence, Stranger to Stranger, Gang-Related Activities, and Other Specified Relationship in Alaska Among Men by Race (2003-2019)

Data Source: CDC, National Violent Death Reporting System (NVDRS).

Homicide by Discharge of Firearms – DV/IPV, Stranger to Stranger, Gang-Related, and Other Specified Relationship (2003-2019)		
	Death	Rate
AI/AN	78	4.15
Black	35	5.45
White	126	1.42

Table 2-11 Death due to Mental Health Disorders with Etiology in Cerebral Disease, Brain Injury, or other Conditions Leading to Cerebral Dysfunction (ICD-10 Code F01-F09) in Alaska by Race (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

F01-F09 (Organic, including symptomatic mental disorders)		
	Death	Rate
AI/AN	444	43.3
A/API	120	11
Black	73	10.3
White	2,046	35.6

Table 2-12: Death due to Suicide in Alaska by Race (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Intentional Self-harm (Suicide)		
	Death	Rate
AI/AN	1,159	43.3
A/API	81	7.0
Black	80	10.0
White	2,156	19.5

Table 2-13: Death due to Hypertensive Disease (ICD-10 Code F10-F15) or Diseases that Develop as a Result of High Blood Pressure in Alaska by Race (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Hypertensive Diseases		
	Death	Rate
AI/AN	354	24
A/API	79	11.6
Black	86	30.2
White	994	11.9

Table 2-14: Death due to Pulmonary Heart Disease (ICD-10 F26-F28) or Damage/Failure of the Right Ventricle Among the Black Population in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Pulmonary Heart Disease		
	Death	Rate
AI/AN	67	4.1
A/API	20	2.6
Black	29	8.3
White	344	4.3

Table 2-15: Death due to Renal Failure (ICD-10 N17-N19) Among the Black Population in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Renal Failure		
	Death	Rate
AI/AN	187	15.1
A/API	72	12.2
Black	46	15.9
White	603	8.5

Table 2-16: Death due to Degeneration of the Nervous System (including Alzheimer and other diseases due to degeneration of the brain, ICD-10 G30-G31) Among the Black Population in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Degeneration of Nervous System		
	Death	Rate
AI/AN	218	20.3
A/API	45	9.5
Black	42	25.0
White	1559	26.6

Table 2-17: All-Cause Mortality (Age-adjusted per 100,000) by Race and Gender in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	AI/AN		A/API		Black		White	
	Death	Rate	Death	Rate	Death	Rate	Death	Rate
Female	8619	991.3	1584	399.8	952	594.4	24,045	539.2
Male	10,603	1,358.8	1702	592.3	1443	839.0	33,077	811.0

Table 2-18: Average Life Expectancy by Race/Ethnicity (2013-2019)

Data Source: Alaska Vital Statistics 2019 Annual Report.

Average Life Expectancy (in years of life)					
	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
AI/AN	72	73.2	72.5	72.9	72.9
A/API	88.1	87.6	87.9	88.6	89.5
Black	83.9	85	85.9	86.3	86.6
Hispanic	89.1	88.5	88.7	88.2	87.8
White	87	85.6	86.2	85.6	85.8

Table 2-19: Age-adjusted YPLL Rates in Alaska by Race (2015-2019)

Data Source: Alaska Vital Statistics 2019 Annual Report.

Age-Adjusted YPLL Rates					
	2015	**2016**	**2017**	**2018**	**2019**
AI/AN	16774.2	16228.2	17278.6	15439.7	17496.2
A/API	4042.8	5832.5	5645.3	3097.4	4664.4
Black	8272.5	7177.8	7689.8	8873.1	7475.5
Hispanic	4585.3	3523.4	5012.8	5128.9	4451.8
White	6057.4	6462.2	6173.5	5842.2	5987.4

Table 2-20: Infant Mortality by Mother's Race in Alaska (2007-2018)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Infant Mortality (Death Rate per 1,000)		
	Death	Rate
AI/AN	315	9.96
A/API	66	5.24
Black	50	8.46
White	332	3.97

Table 2-21: Infant Mortality due to Conditions Originating in the Perinatal Period by Mother's Race (2007-2018)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

Infant Mortality – Perinatal Period		
	Death	Rate
AI/AN	60	1.90
A/API	27	2.14
Black	25	4.23
White	120	1.43

APPENDIX – DATA TABLES

MORBIDITY CHAPTER

Table 3-01: General Health Status Among Black Alaskans (2016-2020) - % of those who responded Excellent/Very Good.

Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Excellent/Very Good	
	Percent	*95% CI*
Black (alone)**	32.55	24.54-41.74
Other	54.31	53.08-55.53

Table 3-02: Physical Health Among Black Alaskans (2016-2020) – Average number of days individuals reported that their physical health was not good.

Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Physical – Not Good	
	Percent	*95% CI*
Black (alone)**	5.28	3.51-7.04
Other	3.75	3.56-3.94

Table 3-03: Mental Health Among Black Alaskans (2016-2020) – Average number of days individuals reported that their mental health was not good.

Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Mental Health – Not Good	
	Percent	*95% CI*
Black (alone)	4.62	2.88-6.36
Other	3.67	3.47-3.86

Table 3-04: Sleep Among Black Alaskans (2016-2020) – Average hours of sleep per day

Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Ave. Hours of Sleep	
	Hours	*95% CI*
Black (alone)	6.9	6.58-7.22
Other	7.04	7.0-7.09

Table 3-05: Sleep Among Black Alaskans (2016-2020) – % of individuals, who on average sleep 7+ hours a day *Data Source: Alaska BRFSS 2016-2020; ** = p <0.05*

	7+ hours a day	
	Percent	*95% CI*
Black (alone)	58.21	45.43-69.97
Other	68.54	67.06-69.98

Table 3-06: Routine Health Check-up Among Black Alaskans (2016-2020) – % of individuals who received a routine health check-up in the past year *Data Source: Alaska BRFSS 2016-2020; ** = p <0.05*

	Routine health check-up	
	Percent	*95% CI*
Black (alone)	69.29	59.65-77.49
Other	61.8	60.57-63.01

Table 3-07: Routine Health Check-up Among Black Alaskan Women (2016, 2018, 2020) – % of women who received a pap smear at least once in their lifetime
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Routine pap smear	
	Percent	*95% CI*
Black (alone)	92.21	81.16-97.01
Other	90.67	89.06-92.06

Table 3-08: Barriers to Care Among Black Alaskans (2016-2020) – % of Individuals who did not get needed medical care due to cost
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Did no receive care	
	Percent	*95% CI*
Black (alone)**	21.39	13.83-31.57
Other	12.47	11.66-13.33

Table 3-09: Black Alaskans Connected to a Personal Medical Doctor (2016-2020) – % of individuals who have a personal medical care doctor
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Did no receive care	
	Percent	*95% CI*
Black (alone)	70.65	61.45-78.43
Other	66.78	65.58-67.96

Table 3-10: Black Alaskans (18+) with Health Care Insurance or Coverage (2016-2020) – % of individuals with health insurance

Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Insurance Coverage	
	Percent	*95% CI*
Black (alone)	85.98	77.67-91.54
Other	89.12	88.26-89.93

Table 3-11: Black Alaskans and Flu Vaccines by age (2016-2020) – % of individuals who got the flu vaccine in the last year

Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Flu Vaccine (65+)	
	Percent	*95% CI*
Black (alone)	60.52	37.52-79.64
Other	52.77	50.57-54.95
	Flu Vaccine (Other)	
	Percent	*95% CI*
Black (alone)	42.27	32.06-53.18
Other	35.5	34.33-36.96

Table 3-11c1: Black Alaskans and COVID-19 Vaccinations – % of individuals who completed the COVID-19 primary series of vaccines as of April 26th, 2022.

Data Source: The Alaska Department of Health and Social Services Coronavirus Response Hub, Vaccine Administration by Demographic and Date Downloaded on 5/10/22; ** = p <0.05

	COVID Vaccination – First or First Two Base
	Percent
Black (alone)	36.2
Other	56.4
	COVID Vaccination – Additional
	Percent
Black (alone)	13.5
Other	26.6

Table 3-12: Black Alaskans Living with Disability (2016-2020) – % of individuals with at least one disability

Data Source: Alaska BRFSS 2016-2020;, ** = p <0.05

	At least 1 disability	
	Percent	*95% CI*
Black (alone)	30.58	21.74-41.13
Other	23.18	22.17-24.23

Table 3-13: Black Alaskans with Non-gestational Diabetes (2016-2020) – % of individuals who have been diagnosed with non-gestational diabetes at least once in their lifetime.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Diabetes	
	Percent	*95% CI*
Black (alone)**	13.55	7.95-22.13
Other	7.74	7.19-8.33

Table 3-14: Black Alaskans with High Blood Cholesterol (2017,2019) – % of individuals who have been diagnosed with high blood cholesterol at least once in their lifetime.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	High Blood Cholesterol	
	Percent	*95% CI*
Black (alone)	32.8	20.81-47.54
Other	24.95	23.40-26.57

Table 3-15: Black Alaskans with High Blood Pressure (2016-2020) – % of individuals who have been diagnosed with high blood pressure at least once in their lifetime.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	High Blood Pressure	
	Percent	*95% CI*
Black (alone)**	48.86	38.61-59.20
Other	30.94	29.84-32.05

Table 3-16: Black Alaskans Tobacco Product Usage (2016-2020) – % of individuals who have ever used electronic cigarettes, cigarettes, or smokeless tobacco products.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Any type of tobacco	
	Percent	*95% CI*
Black (alone)	28.42	19.51-39.42
Other	26.44	25.29-27.62

Table 3-17: Black Alaskans E-Cigarette Usage (2016-2020) – % of individuals who have ever used e-cigarettes. *Data Source: Alaska BRFSS 2016-2020; ** = p <0.05*

	Tried E-Cigarettes	
	Percent	*95% CI*
Black (alone)	26.4	18.38-36.35
Other	25.42	24.25-26.62

Table 3-18: Black Alaskans Current E-Cigarette Usage (2016-2020) – % of individuals who currently use e-cigarettes. *Data Source: Alaska BRFSS 2016-2020; ** = p <0.05*

	Current E-Cigarette Usage	
	Percent	*95% CI*
Black (alone)**	2.27	1.14-4.46
Other	4.95	4.34-5.63

Table 3-19: Black Alaskans Current Smokers (2016-2020) – % of individuals who currently smoke cigarettes.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Current Smoker	
	Percent	*95% CI*
Black (alone)	22.83	15.28-32.67
Other	19.3	18.30-20.35

Table 3-20: Black Alaskans Alcohol Consumption (2016-2020) – Average number of days where an individual drank alcohol in the past month.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	# of days alcohol was consumed/month	
	# of days	*95% CI*
Black (alone)**	3.17	1.98-4.36
Other	5.8	5.59-6.01

Table 3-21: Black Alaskans Alcohol Consumption (2016-2020) – Average number of total alcoholic drinks consumed in the past month.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	# of alcoholic drinks/month	
	# of drinks	*95% CI*
Black (alone)**	6.95	3.98-9.92
Other	15.7	14.77-16.63

Table 3-22: Black Alaskans Alcohol Consumption (2016-2020) – Average number of alcoholic drinks consumed per day in the past month.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	# of alcoholic drinks/day in past month	
	# of drinks	*95% CI*
Black (alone)**	0.23	0.13-0.33
Other	0.52	0.49-0.55

Table 3-23: Black Alaskans Marijuana Usage (2016-2020) – % of individuals who used marijuana in the past month.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Marijuana usage	
	Percent	*95% CI*
Black (alone)	22.39	14.73-32.51
Other	18.28	17.16-19.45

Table 3-24: Black Alaskans Marijuana Usage (2016-2020) – Average number of days where individuals who used marijuana in the past month. *Data Source: Alaska BRFSS 2016-2020; Appendix Table 3-24, ** = p <0.05*

	# of days - Marijuana usage	
	# of days	*95% CI*
Black (alone)	3.56	1.94-5.18
Other	3.05	2.80-3.29

Table 3-25: Black Alaskans Dietary Behaviors (2017, 2019) – Total servings of fruit or 100% fruit juice and vegetables per day & percentage of those who eat 5+ servings of fruit and vegetables per day.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Total Servings - Fruit + Veg	
	Servings	*95% CI*
Black (alone)	3.67	2.70-4.64
Other	3.43	3.32-3.54
	Percentage of those consuming 5+ Servings - Fruit + Veg	
	Percent	*95% CI*
Black (alone)	32.81	18.69-50.92
Other	17.27	15.67-19.00

Table 3-26: Black Alaskans Dietary Behaviors (2017, 2019) – Total servings of fruit or 100% fruit juice per day. *Data Source: Alaska BRFSS 2016-2020; Appendix Table 3-26, ** = p <0.05*

	Total Servings - Fruit	
	Servings	*95% CI*
Black (alone)	1.65	1.22-2.08
Other	1.37	1.31-1.43

Table 3-27: Black Alaskans Dietary Behaviors (2017, 2019) – Total servings of vegetables per day.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Total Servings - Veg	
	Servings	*95% CI*
Black (alone)	1.97	1.35-2.58
Other	1.99	1.99-2.13

Table 3-28: Black Alaskans BMI (2016-2020) – Average BMI.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	BMI	
	BMI	*95% CI*
Black (alone)**	30.44	28.68-32.21
Other	28.09	27.93-28.26

Table 3-29: Black Alaskans Physical Activity (2016-2020) – % of individuals who participated in physical activity (outside of work).
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	Physical Activity	
	Percent	*95% CI*
Black (alone)	74.68	63.78-83.17
Other	79.68	78.66-80.67

Table 3-30: Black Alaskans HIV Risk (2016-2020) – % of individuals exposed to high-risk HIV situations during the past year.
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	HIV Risk Exposure	
	Percent	*95% CI*
Black (alone)**	11.3	5.67-21.29
Other	6.04	5.37-6.77

Table 3-31: Black Alaskans HIV Risk (2016-2020) – % of individuals who received HIV testing (excluding blood donations).
Data Source: Alaska BRFSS 2016-2020; ** = p <0.05

	HIV Risk Exposure	
	Percent	*95% CI*
Black (alone)**	58.73	47.79-68.87
Other	43.18	41.90-44.47

Appendix – Data Tables

MATERNAL, INFANT, AND CHILD

Table 4-01: Percentage of Hospital Deliveries that resulted in Severe Maternal Morbidity by Race (2016-2020) *Data Source: Alaska Department of Health & Social Services, Division of Public Health, Women's Children's and Family Health, Maternal Child Death Review Program, 2021 Public Health Summit Conference Presentation. Appendix Table 4-01*

	AK Severe Maternal Morbidity	
	N	**Percent**
White	241	1.3
Hispanic	51	1.5
Other	19	1.8
Black	23	1.8
Asian	37	2.1
Alaska Native	229	2.3
Pacific Islander	17	2.8

Table 4-02: Top 10 Leading Causes of Infant Deaths in Alaska (1999-2020)
Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	Black Population		
	Death	**Crude Rate per 100,000**	**95% CI**
Congenital malformations, deformations, and chromosomal abnormalities	288	124.8	110.4-139.3
Sudden infant death syndrome	203	88.0	75.9-100.1
Accidents	134	58.1	48.3-67.9
Disorders related to short gestation and low birth weight	91	29.4	31.8-48.4
Newborn affected by complications of placenta, cord, and membranes	53	23.0	17.2-30.1
Newborn affected by maternal complications of pregnancy	51	22.1	16.5-29.1
Bacterial sepsis of newborn	36	15.6	10.9-21.6
Assault (homicide)	29	12.6	8.4-18.1
Disease of the circulatory system	29	12.6	8.4-18.1
Influenza and pneumonia	28	12.1	6.3-15.0

Table 4-02a: Top 10 Leading Causes of Infant Deaths for the Black Population in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System

	Black Population		
	Death	**Crude Rate per 1,000**	**95% CI**
Sudden infant death syndrome	17	Unreliable	0.6-1.7
Congenital malformations, deformations, and chromosomal abnormalities	13	Unreliable	0.4-1.4
Disorders related to short gestation and low birth weight	13	Unreliable	0.4-1.4

Table 4-03: Difference in Leading Causes of Death by Race in Alaska (1999-2020)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System.

	CDC WONDER Results Link
Black	https://wonder.cdc.gov/controller/saved/D76/D291F464
AI/AN	https://wonder.cdc.gov/controller/saved/D76/D291F467
A/API	https://wonder.cdc.gov/controller/saved/D76/D291F470
White	https://wonder.cdc.gov/controller/saved/D76/D291F464

Table 4-04: Prevalence of Infant Deaths in Alaska by Mother's Race (2007-2019)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, Link Birth/Infant Death Records

By Mother's Race		
	Death	**Rate per 1,000**
AI/AN	339	10.01
A/API	68	4.98
Black	53	8.27
White	352	3.92

Table 4-05: Prevalence of Infant Deaths due to Certain Conditions in the Perinatal Period in Alaska by Mother's Race (2007-2019)

Data Source: CDC WONDER, Centers for Disease Control and Prevention, National Vital Statistics System, Link Birth/Infant Death Records

By Mother's Race		
	Death	**Rate per 1,000**
AI/AN	63	1.86
A/API	29	2.13
Black	26	4.06
White	126	1.40

Table 4-06: Fetal Deaths in Alaska by Race and Ethnicity (2011-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report.

	Years (2011-2020)							
	2011-2013	**2012-2014**	**2013-2015**	**2014-2016**	**2015-2017**	**2016-2018**	**2017-2019**	**2018-2020**
AI/AN	4.8	5.9	6.1	7.6	9.0	8.5	8.3	8.9
A/API	5.9[u]	6.4	6.8	6.3	6.3	6.4	5.9[u]	5.6[u]
Black	4.8[u]	4.2[u]	9.3[u]	9.5[u]	12.7[u]	7.4[u]	8.0[u]	4.9[u]
White	4.7	4.4	3.9	4.3	4.8	5.1	4.2	3.5
Hispanic				4.4[u]	6.6[u]	6.2[u]	3.3[u]	Supp.

[u] indicates unreliable estimates due to N < 20.

Supp. Indicates suppression as N < 6.

Table 4-07: Birth Rates in Alaska by Race and Ethnicity (2016-2020)

Data Source: Alaska Vital Statistics 2016 Annual Report & Alaska Vital Statistics 2020 Annual Report

	Years (2007-2020)													
	2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	24.0	24.9	25	24	23.1	22.7	19.7	19.3	18.8	19.4	17.9	17.6	17.5	16.6
A/API	19.3	20.7	19.4	20.5	19.3	20.0	18.1	18.7	18.0	17.8	17.3	16.2	15.7	14.4
Black	14.8	13.5	14.7	14.7	15.6	12.2	14.6	14.6	13.5	13.6	14.5	13.1	13.4	12.6
White	13.7	14.3	13.6	13.7	13.5	12.9	14	13.6	13.6	13.4	12.4	12.1	11.8	11.6
Hispanic										15.9	15.3	15.2	14.8	13.8

Table 4-08: Fertility Rates in Alaska by Race and Ethnicity (2016-2020)

Data Source: Alaska Vital Statistics 2016 Annual Report & Alaska Vital Statistics 2020 Annual Report

	Years (2007-2020)													
	2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	110.3	114.7	117	112.9	110.3	108	94.1	92.4	90.2	93.5	85.6	84.1	83.3	78.1
A/API	80.4	87.2	82.6	88.1	83.5	86.7	78.2	80.5	77.6	77.4	75.0	70.6	68.4	63.0
Black	69.6	64.4	71.9	72.7	77.2	60	71.7	71.6	65.4	65.6	69.4	63.3	64.5	61.1
White	67.2	70.9	68.1	69.9	69.2	66.1	72	70.2	70.8	70.1	65.1	63.5	61.8	60.7
Hispanic										69.5	67.0	67.6	65.9	61.3

Table 4-09: Teen Birth Rates in Alaska by Race and Ethnicity (2013-2020)

Data Source: Alaska Vital Statistics 2017 Annual Report & Alaska Vital Statistics 2020 Annual Report.

Years (2013-2020)								
	2013	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	51.1	45.7	53.7	45.5	41	35.8	33.1	30.8
A/API	36.9	28.3	32.4	31.6	25.8	14	22.1	15.2
Black	31.5	28	24.5	16.8	17.9	21.2	14.3	19.6
White	21	20.2	18.3	17.4	13.2	12.1	10.4	11.3
Hispanic				22.7	19.6	23.2	20.9	14.9

Table 4-10: Prevalence of Major Congenital Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Major Congenital Anomalies			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	970.2	2.3	2.2-2.5
A/API	411.4	0.9	0.9-1.0
Black	473.1	1.1	1.0-1.2
White	438.1	Ref	

Table 4-11: Prevalence of Cardiovascular Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Cardiovascular Anomalies			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	376.9	2	1.9-2.1
A/API	209.5	1.1	1.0-1.4
Black	219.9	1.1	1.0-1.3
White	191.9	Ref	

Table 4-12: Prevalence of Fetal Alcohol Spectrum Disorder in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Fetal Alcohol Spectrum Disorder			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	350.5	10.3	9.2-11.6
A/API	8.6	0.2	0.1-0.5
Black	47.7	1.4	1.0-1.9
White	35.1	Ref	

Table 4-13: Prevalence of Genitourinary Birth Defects in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Genitourinary Birth Defects			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	79.3	0.8	0.7-0.9
A/API	95.8	1.0	0.8-1.2
Black	107.1	1.1	0.9-1.4
White	97.7	Ref	

Table 4-14: Prevalence of Alimentary Tract Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Alimentary Tract Anomalies			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	141.6	2.1	1.9-2.4
A/API	56.4	0.8	0.6-1.1
Black	53.5	0.8	0.6-1.1
White	67.5	Ref	

Table 4-15: Prevalence of Musculoskeletal Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Musculoskeletal Anomalies			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	62.5	1.4	1.2-1.6
A/API	35.9	0.8	0.5-1.2
Black	34.7	0.8	0.5-1.1
White	45.2	Ref	

Table 4-16: Prevalence of Central Nervous System Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Central Nervous System Anomalies			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	65.6	2.0	1.7-2.4
A/API	35.1	1.1	0.8-1.5
Black	40.5	1.2	0.8-1.8
White	32.6	Ref	

Table 4-17: Prevalence of Chromosomal System Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Chromosomal Anomalies			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	22.4	1.3	1.0-1.6
A/API	18.8	1.1	0.7-1.7
Black	17.4	1.0	0.5-1.8
White	17.7	Ref	

Table 4-18: Prevalence of Eye and Ear Anomalies in Alaska by Race (1996-2011)

Data Source: Alaska Maternal and Child Health Data Books 2012 – Birth Defects Surveillance Edition.

Eye and Ear Anomalies			
	Rate per 10,000	**Prevalence Ratio**	**95% CI**
AI/AN	376.9	2.0	0.9-2.1
A/API	209.5	1.1	1.0-1.3
Black	219.9	1.1	1.0-1.4
White	191.9	Ref	

Table 4-19: Percent of Births with Low Birth Weight (<2500 grams) in Alaska by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2018 Annual Report & Alaska Vital Statistics 2020 Annual Report.

Years (2014-2020)							
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	6.7	6.6	6.1	6.9	6.5	7.5	7.5
A/API	7.3	5.8	7.7	7.0	7.0	8.0	8.2
Black	10	7.9	11	9.4	10.4	9.3	9.9
White	5.2	5.5	5.2	5.5	5	5.3	5.7
Hispanic	4.4	6.4	7.5	6.6	6.1	6.6	6.5

Table 4-20: Percent of Preterm Births (<37 weeks) in Alaska by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2018 Annual Report & Alaska Vital Statistics 2020 Annual Report.

Years (2014-2020)							
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	13.1	14.1	11.8	11.8	12.1	13.6	14.5
A/API	13.3	13.3	9.2	9.8	10.2	11.2	11.6
Black	12.4	10.8	11.6	11.9	11.6	10.5	8.4
White	8.6	8.7	7.6	7.5	7.7	7.9	7.8
Hispanic	9.6	8.4	9.8	11.1	9.6	9.2	9.1

Table 4-21: Percent of Maternal Tobacco Use in Alaska by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2018 Annual Report & Alaska Vital Statistics 2020 Annual Report.

Years (2014-2020)							
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	41.6	42.7	34.3	32.8	30.7	25.5	26.3
A/API	7.1	7.8	7.1	7.7	6.3	4.4	4.7
Black	13.3	9.6	11.8	10.3	9.1	6.0	5.5
White	12.9	12.6	12.2	10.6	10.2	7.2	6.4
Hispanic	9.6	9.2	7.5	8.4	8.7	5.0	3.5

Table 4-22: Percent of Prenatal Care in the First Trimester in Alaska by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2018 Annual Report & Alaska Vital Statistics 2020 Annual Report.

Years (2014-2020)							
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	72.9	73.0	73.6	76.3	73.2	68.3	65.3
A/API	65.3	65.2	68.9	71.6	69.5	58	63.1
Black	72.7	75.4	77.8	81	77.8	69.7	70.9
White	77.3	79.9	81.3	81.2	81.4	75.7	76.2
Hispanic	747.5	79.3	79.3	80.1	76.1	71	74.5

Table 4-23: Percent of Adequacy of Prenatal Care in Alaska by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2018 Annual Report & Alaska Vital Statistics 2020 Annual Report.

Years (2014-2020)							
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	50.9	52.1	56.2	55.6	57.1	61.7	57.5
A/API	52.5	51.8	52.5	56.4	52.0	51.3	55.6
Black	54.4	61.6	65.0	66.3	62.4	61.0	61.6
White	59.8	61.4	66.3	65.6	66.7	70.0	67.5
Hispanic	53.4	58.7	60.7	65.2	64.0	62.2	65.8

Table 4-24: Percent of Birth by Cesarean Section in Alaska by Race and Ethnicity (2014-2020)

Data Source: Alaska Vital Statistics 2018 Annual Report & Alaska Vital Statistics 2020 Annual Report.

Years (2014-2020)							
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
AI/AN	14.1	13.8	13.4	13.7	14.2	12.4	13.8
A/API	27.4	23.7	27.2	27.9	25.0	26.0	26.1
Black	33.1	31.8	34.8	30.1	27.3	27.6	28.7
White	25.5	25.2	24.7	23.8	24.4	23.7	24.9
Hispanic	28.7	28.2	26.7	25.4	25.7	27.0	27.1

Table 4-25: Percentage of Mothers who Breastfed by Race and Ethnicity in Alaska (2018)

Data Source: Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System. Retrieved January 05, 2022, from www.marchofdimes.org/peristats

Percentage	
	Percentage
Total	94.9
Hispanic	97.2
Black	98.9
White	96.5

BLACK ALASKANS HEALTH NEEDS ASSESSMENT | KEY FINDINGS 2022

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BACKGROUND & CONTEXT

For over 150 years, Black people have traveled to Alaska, calling it their home.

According to the 2020 U.S. census data, the share of Alaska's population identifying as Black grew from 2.8% to 3.4% in the last ten years.

Black people remain marginalized, experience racism, have high health disparities, and are excluded from public health data reporting.

As of July 18, 2021, approximately 34% of all Alaska COVID-19 cases recorded labeled persons as "unknown race," "under investigation," "multiple races," or "other race" (ABC, 2021).

Challenges in identifying and addressing racism-based health disparities.

Black people are disadvantaged across the entire healthcare system and carry a disproportionate share of the burden of the disease.

HEALTH OUTCOMES

The death rate is generally higher than white people for heart diseases, stroke, cancer, asthma, influenza/pneumonia, diabetes, HIV/AIDS, and homicide. They often face worse health outcomes, unmet health needs, and lack of health insurance coverage. Black people disproportionately suffer from kidney failure and are more likely to die younger.

MENTAL HEALTH

Black people are 20 times more likely to report experiencing psychological distress yet are over 50% less likely to receive counseling or mental health treatment. Within the current context of COVID-19, we have seen that Blacks/African Americans experience more severe illnesses and death than their white counterparts.

ALASKA BLACK CAUCUS

Spurred by this reality, the Alaska Black Caucus (ABC), a non-profit organization, works to advance the quality of education and economic and political status of Black people in Alaska. They have partnered with a team from UAA to conduct a community health assessment among Black-Identifying/African Americans in Alaska.

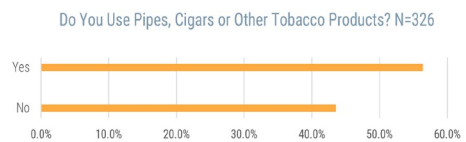
APPROACH

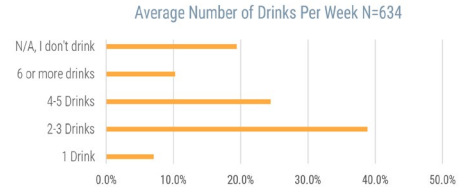
OBJECTIVES, PROJECT SCOPE, METHODS
The Health Status Assessment aimed to address the following key objectives:

OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5
Understand the health status of Black Alaskans using secondary and primary data sources.	Document the perspectives of Black Alaskans about their health and well-being.	Produce a high-quality report that enlightens the leaders of the Alaska Black Caucus about health factors and issues within Black Alaska.	Appreciate how Black Alaskans view their health and the issues they face in protecting and advancing their health.	Set the stage for subsequent action by the Alaska Caucus to advance advocacy for health promotion within Black Alaska.

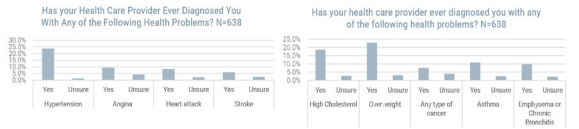
SURVEY: RESULTS

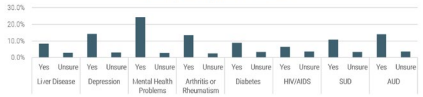
HEALTH RISK BEHAVIOR



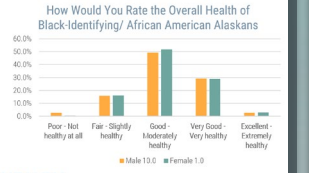


MORBIDITY: LEADING CAUSES

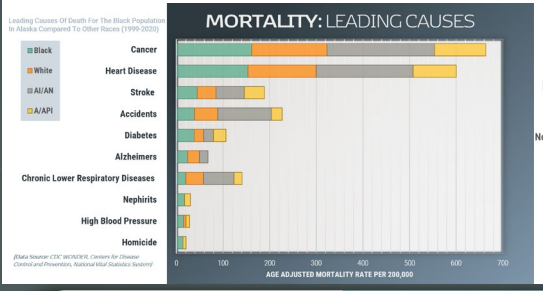




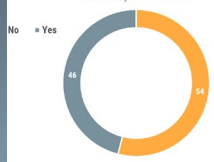
HEALTH PERCEPTION

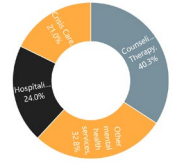


MORTALITY: LEADING CAUSES



MENTAL HEALTH





KEY TAKEAWAYS...SO FAR

Key findings indicate a need for broad reaching data collection to be able to interpret the mortality and morbidity research together, providing a larger, more comprehensive picture of the challenges and strengths for Alaska's Black communities.

For Example

Black Alaska women have higher mortality rates due to cancer of the reproductive system, but they also have higher rates of receiving at least one pap-smear in their lifetime in comparison to other races. More research is needed to "connect the dots" to understand the disconnect between these mortality and morbidity outcomes.

Far too many Black-Identifying/African Americans are unable to work because of untreated physical or mental health challenges. 33% of the people lose a day or two of work every month due to poor physical or mental health.

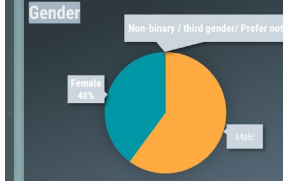
Black Alaskans have a higher likelihood of death from cancer of the female reproductive system in comparison to other racial groups

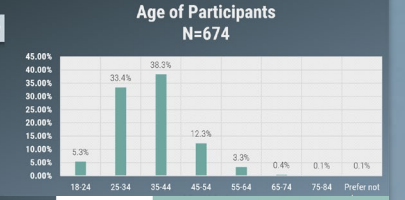
Infant deaths due to complications while development in mother's body or complications at delivery are also highest among Black Alaskans

SURVEY

WHO PARTICIPATED?

A total of 674 participants responded to the survey.
Those who identify as male make up 56% (n=378); female, 37% (n=249); Non-Binary and those who do not prefer to say their gender made up less than 1% (n=2).





METHODS

SECONDARY DATA COLLECTION

Collection and analysis of existing public health data, summarized in the first **Black Alaskans Health Status Report 2022.**

- **Profiles Alaska's Black Community:** household statistics, education & economic measures, morbidity & mortality rates, incidence rates, other health & wellbeing indicators.
- **Comparative Analysis for:** Black/African Americans to White, Alaska Native/American Indian, and the general U.S. population on key health indicators and outcomes.

The scope of the analysis included all existing data from 1995 – 2020.

Sources: CDC WONDER Database, National Violent Death Reporting System (NVDRS) most spanning 1999-2022

PRIMARY DATA COLLECTION

Involving an online survey, focus group discussions, & key informant Interviews

Online Survey

- Developed using existing health assessment surveys with modifications specific to Alaska's Black Community using key informant input.
- Distributed online through Qualtrics.
- Initial goal was to sample 300 participants from Alaska's Black community

Collected an impressive 674 responses!

This project is delivered from a joint partnership with the School of Social Work UAA, and the Alaska Black Caucus through a grant awarded by the Municipality of Anchorage, Anchorage Health Department. (UAA Award No. G14536)