Healthy Alaskans 2030 State Health Assessment

August 2019

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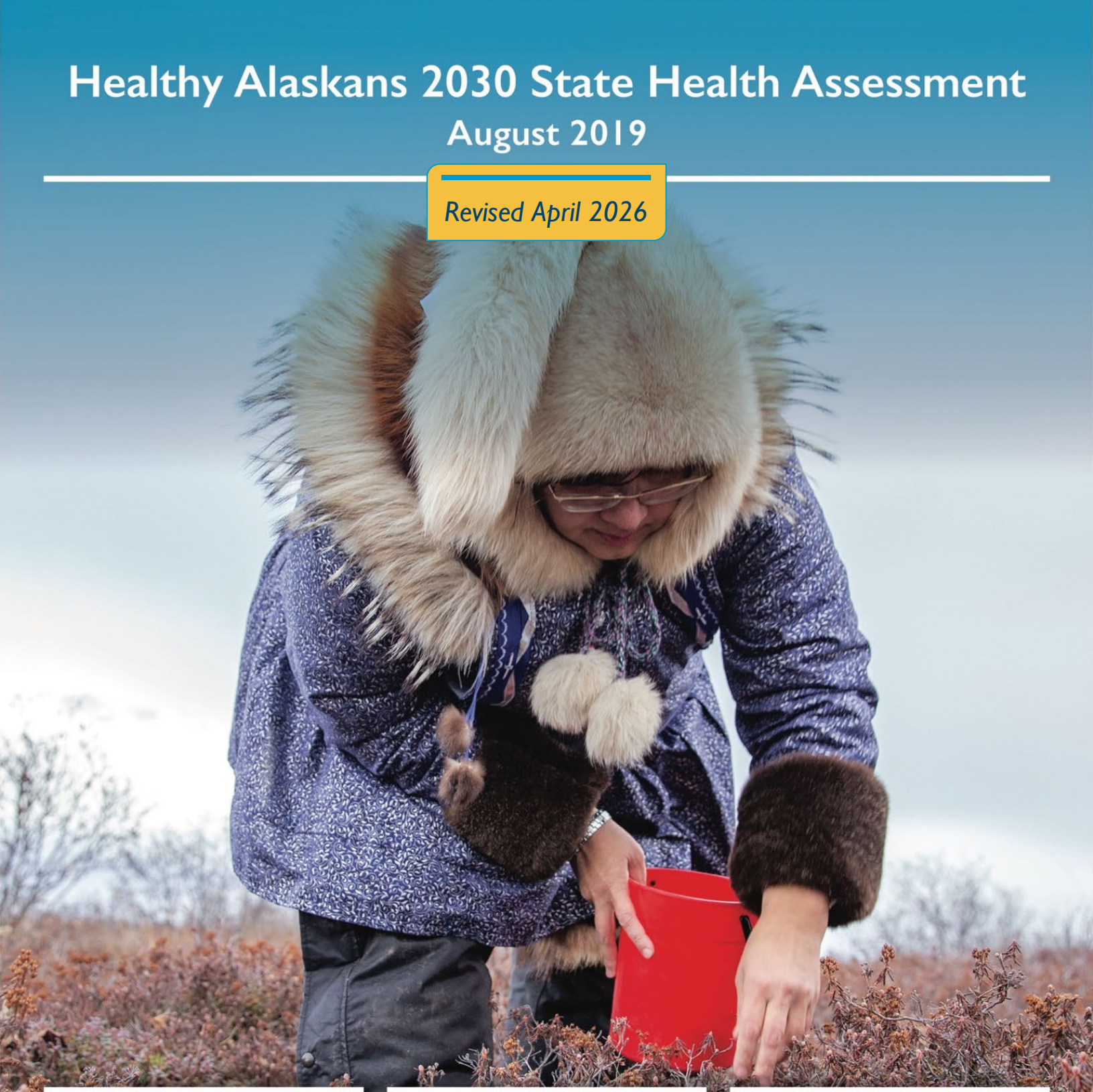

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Revised Healthy Alaskans 2030 State Health Assessment

Introduction

The State of Alaska, Department of Health and the Alaska Native Tribal Health Consortium jointly lead the Healthy Alaskans 2030 State Health Improvement Plan (HA2030 SHIP). The HA2030 SHIP aims to improve the health of all Alaskans and envisions *Healthy Alaskans in Healthy Communities*. To work toward making this vision a reality, the HA2030 SHIP provides a framework to support partners and stakeholders statewide who are actively engaged in improving the health of Alaskans. Published in 2020, the HA2030 SHIP identified the most critical health issues impacting Alaskans and the state's health improvement needs; it comprises 30 leading health objectives, or priorities, each with established targets to achieve by 2030. Through a comprehensive, inclusive process, organizations and communities at all levels have agreed to work toward the HA2030 objectives and targets for the 2020-2030 decade. Building this framework involved three major steps: completing a statewide health assessment, prioritizing health objectives and targets for Alaska for the decade and identifying strategies and actions to achieve those targets.

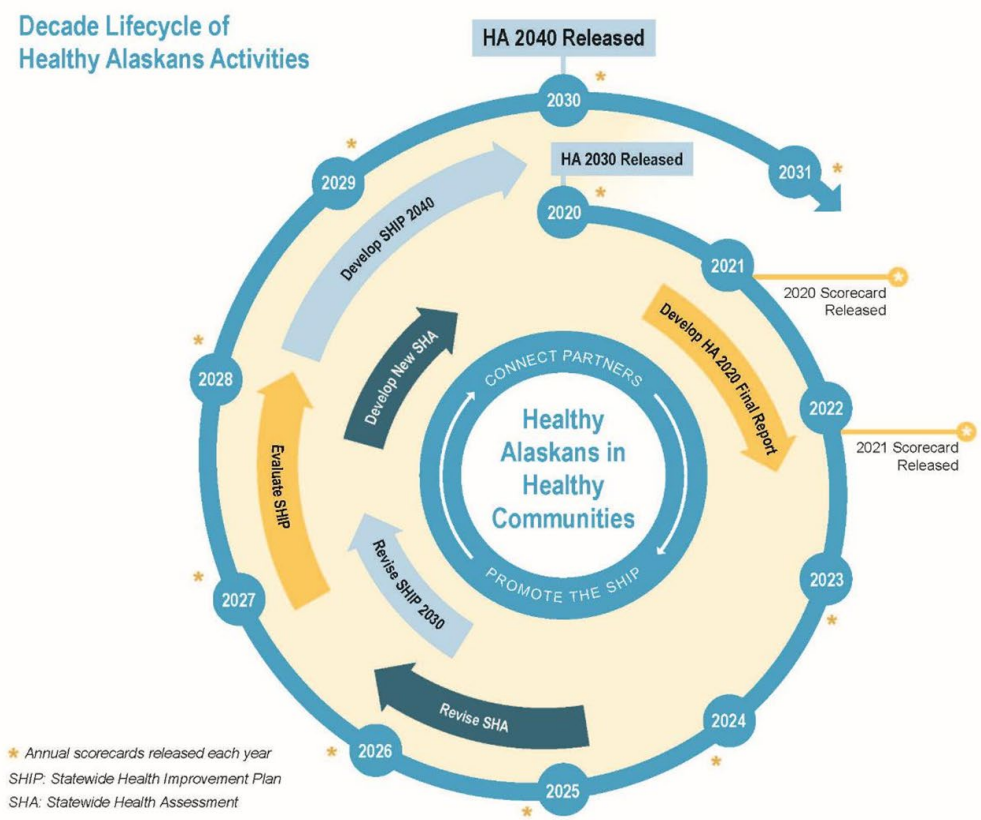
The Healthy Alaskans 2030 State Health Assessment (HA2030 SHA) was published in August 2019. While the HA2030 SHA informed the development of the 30 health objectives in the HA2030 SHIP, it also serves more broadly as a basis for efforts to improve Alaskans' health, including, for example, setting priorities, program planning, funding applications, and policy changes. The HA2030 SHA was conducted using a hybrid of the Healthy People and Evidence-Based Public Health planning models with additional guidance for participatory methods from the Association of State and Territorial Health Officials, the National Public Health Performance Standards Program, and the Community Toolbox. Many stakeholders actively participated in developing the state health assessment, including the Healthy Alaskans Core and Advisory Teams, Healthy Alaskans 2030 Health Objective Development Teams, public health nurses throughout the state, the Anchorage Health Department, and all Alaskans who responded to surveys, participated in community listening sessions, gave input during outreach events, and commented on the SHA draft report during the public comment period. The SHA helped ensure that the HA2030 SHIP focused on priorities informed by accurate data on Alaskans' health status, the effectiveness of Alaska's public health system in providing essential services, and input from Alaskans on health issues impacting them and their communities. The 2019 SHA is available at: https://www.healthyalaskans.org/wp-content/uploads/2020/03/HA2030_StateHealthAssessment.pdf.

State Health Assessment Revision Process

Healthy Alaskans publishes a SHIP every ten years. However, as public health and the systems that support it are dynamic and continually shaped by shifting policies, social conditions, and new challenges, updating the SHA and SHIP every five years ensures that data and plans remain relevant and responsive to emerging needs. Therefore, while a new SHA will be released by 2030 (HA2040 SHA), a mid-decade revision of the HA2030 SHA stays current with the health status of Alaskans. In addition, Alaska successfully obtained accreditation from the Public Health Accreditation Board (PHAB) in 2024. To meet reaccreditation requirements in 2029, Alaska needed to revise its SHA mid-decade to identify any needed changes, such as updating and adding data to reflect the state of Alaska's health more accurately. Therefore, in 2025, the Healthy Alaskans 2030 Core Team undertook the task of producing a revised version of the SHA. This document is the 2025 revised and updated version of the Healthy Alaskans 2019 SHA. The purpose of this revised SHA is to provide a clear, updated snapshot of Alaskans' health status and their priority health concerns that are important for continued work to improve health and for carrying out the Healthy Alaskans 2030 objectives. One important use of this revised SHA is to guide the HA2030 SHIP revision process in 2026, which is also required for the 2029 PHAB re-accreditation. Figure 1 below depicts the ten-year cycle for publishing and revising HA2030 and then developing a new Healthy Alaskans 2040. While the scorecards that track the state's progress on each objective identified in HA2030 have been released each year since its publication, this revised SHA begins the mid-decade revision process.

The Healthy Alaskans Core Team convened a State Health Assessment Collaborative of subject-matter experts, program leads, and representatives from a variety of populations and sectors to review updated data and identify gaps in information. This revision provides new information to address some of those gaps, while other identified gaps will be addressed in the Healthy Alaskans 2040 SHA. The Healthy Alaskans Core Team will lead the 2026 revision of the HA2030 SHIP, using the insights and updated data presented in this revised SHA. By the end of 2027, an evaluation of Healthy Alaskans 2030 will take place. By the end of 2028, a new SHA will have been written, serving as a basis for the development of a new Healthy Alaskans 2040 SHIP, which will be released in 2030 and will guide the next decade of Healthy Alaskans activities.

Figure 1. Decade Lifecycle of Healthy Alaskans Activities



Source: Healthy Alaskans 2030, graphic developed by Agnew::Beck Consulting in 2025.

Included in this revised SHA is broad-based data and information from a variety of sources that summarizes key health information for Alaska, including:

1) a summary of significant events and shifts since the publication of Healthy Alaskans 2030 that have affected public health;
2) a discussion of how Healthy Alaskans conceptualizes health in Alaska, given its unique geography, various health systems, and diverse populations;
3) a revised summary of the health status of Alaskans, including, health-related needs, behavioral risk factors, adverse childhood experiences, statewide community assets, access to healthcare and preventive services, morbidity, and mortality; and
4) a revised summary of the health concerns of a sampling of Alaskans gleaned from focus groups and community listening sessions.

Many public health data sources in Alaska are only available at the state level, so this assessment relies primarily on statewide indicators. Statewide data can mask important community-level variations and should be interpreted with this limitation in mind. However, state-level data is the most methodologically consistent data and enables year-over-year trend analysis. In this assessment, we supplement these indicators with region-level data where possible, but more granular localized data is available and should be consulted as much as possible when local decision-making is at stake.[1]

Significant Events and Shifts Affecting Public Health Since the 2019 Publication of the State Health Assessment

Over the past five years—from 2019, when the last state health assessment was published, to 2025, when this revised edition was developed—several significant events, social changes, and system shifts have had meaningful effects on public health practices and population health outcomes. The most salient of these include the COVID-19 pandemic and pandemic-era changes in public funding and service delivery, accelerating climate impacts that affect health and subsistence, and dramatic changes in drug-related mortality. Other contextual factors are also described. While this revision mentions and explores some of the effects of these events and shifts, Healthy Alaskans 2040 will more fully address and account for their impact.

COVID-19 Pandemic and Its Ripple Effects

The COVID-19 pandemic had profound and lasting effects on Alaskans' health and health systems in Alaska. Between 2020 and 2021, Alaska recorded 1,138 deaths related to COVID-19, contributing to an overall rise in mortality and a temporary decline in life expectancy.[2] In Alaska, 69% of COVID-19 deaths from 2020-2024 combined were among adults 65 years and older.[3] The pandemic also disrupted healthcare access, exacerbated behavioral health challenges, and magnified health inequities affecting

[1] State of Alaska Department of Health. *Health Analytics and Vital Records (HAVRS) Data and Statistics.* Alaska Department of Health. Accessed November 22, 2025. https://health.alaska.gov/en/education/alaska-health-data/.

[2] Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records. *Alaska Vital Statistics 2021 Annual Report.* Updated December 5, 2022. https://health.alaska.gov/media/epbdg2aa/vitalstatistics_annualreport_2021.pdf.

[3] State of Alaska, Department of Health, Division of Public Health, Health Analytics & Vital Records Section. *Alaska Death Dashboard*. Updated Nov 5, 2025. Accessed Nov 21, 2025. https://public.tableau.com/app/profile/alaska.health.analytics.and.vital.records/viz/AlaskaDeathDashboard/Home.

Alaska Native and American Indian people in Alaska,[4] rural communities,[5] youth,[6] and low-income populations. COVID-19 further elucidated the importance of health and economic factors for populations experiencing disproportionately high mortality rates.[7]

The state's response drew upon partnerships across state government, Tribal health organizations, and federal agencies. Federal relief packages such as the CARES Act and the American Rescue Plan expanded public health infrastructure, testing capacity, and telehealth services to help manage the pandemic. Public health agencies rapidly mobilized new surveillance, testing, vaccination, and mitigation programs. While the public emergency ended in 2024, it had broad, lasting impacts on the health system and community life, with COVID-19 variants remaining endemic across Alaskan communities.

In addition to the fact that data presented throughout this revised assessment may reflect some of the effects of the pandemic, some of the data sources themselves were affected by the pandemic. For example, some data sources have missing data for 2020 or 2021 as data collection procedures were interrupted due to pandemic lockdowns. Other data may be less reliable or not fully comparable to previous or subsequent years due to disruptions or temporary changes in data collection processes or sampling.

[4] Hathaway ED. American Indian and Alaska Native People: Social Vulnerability and COVID-19. *J Rural Health*. 2021;37(1):256-259. https://doi.org/10.1111/jrh.12505.

[5] Ward LA, Black KP, Britton CL, Tompkins ML, Provost EM. COVID-19 cases, hospitalizations, and deaths among American Indian or Alaska Native persons — Alaska, 2020-2021. *MMWR Morbidity and Mortality Weekly Report* 2022;71(22):730-733. https://doi.org/10.15585/mmwr.mm7122a2.

[6] Cueva K, Peterson M, Chaliak AAJ, Young RI. A qualitative exploration of the impacts of COVID-19 in two rural Southwestern Alaska communities. *International Journal of Circumpolar Health* 2024;83(1):2313823. https://doi.org/10.1080/22423982.2024.2313823.

[7] Abrams EM, Szefler SJ. COVID-19 and the impact of social determinants of health. *Lancet Respir Med.* 2020;8(7):659-661. https://doi.org/10.1016/S2213-2600(20)30234-4.

Climate Effects on Health

Alaska is experiencing environmental transformations with wide-ranging impacts on physical, mental, and community health.[8,9] Thawing permafrost, accelerating coastal and riverbank erosion, and more frequent extreme weather events have damaged essential infrastructure—including homes, sanitation systems, and transportation routes—particularly in rural and coastal regions.[10] These disruptions increase the risk of injury, exposure to contaminants, and interruptions in healthcare services.[11]

Ecosystem changes are also threatening food security and nutrition. Shifts in the distribution and abundance of species have affected access to traditional subsistence foods such as fish, marine mammals, and berries, undermining both individual physical health and cultural well-being.[12,13] Additional hazards include increased wildfire smoke and emerging vector-borne disease, further challenging public health.[14]

While local, Tribal, and interagency efforts are underway to strengthen plans for adapting to these challenges, these efforts remain fragmented, and capacity gaps persist, especially in remote communities.[15] Coordinated approaches that integrate both scientific and Indigenous knowledge are essential for understanding and responding to the health impacts of environmental change in Alaska.

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[8] Huntington HP, Strawhacker C, Falke J, Ward EM, Behnken L, Curry TN, Herrmann AC, Itchuaqiyaq C U, Littell JS, Logerwell EA, Meeker D, Overbeck JR, Peter DL, Pincus R, Quintyne AA, Trainor SF, Yoder SA. Chapter 29. Alaska. In: Crimmins AR, Avery CW, Easterling DR, Kunkel KE, Stewart BC, Maycock TK, eds. *Fifth National Climate Assessment.* U.S. Global Change Research Program; 2023. https://doi.org/10.7930/NCA5.2023.CH29.

[9] Yoder S. Assessment of the potential health impacts of climate change in Alaska. *State of Alaska Epidemiology Bulletin.* 2018;20(1). https://epi.alaska.gov/bulletins/docs/rr2018_01.pdf.

[10] Alaska Native Tribal Health Consortium. *Unmet Needs of Environmentally Threatened Alaska Native Villages: Assessment and Recommendations.* 2024. https://anthc.org/wp-content/uploads/2025/04/Unmet_Needs_Report_22JAN24-1.pdf.

[11] Yoder, S., 2018: Assessment of the potential health impacts of climate change in Alaska. *State of Alaska Epidemiology Bulletin*, 20 (1). https://epi.alaska.gov/bulletins/docs/rr2018_01.pdf.

[12] Loring PA, Gerlach SC. Food, culture, and human health in Alaska: An integrative health approach to food security. *Environ Sci Policy.* 2009;12(4):466-478. https://doi.org/10.1016/j.envsci.2008.10.006.

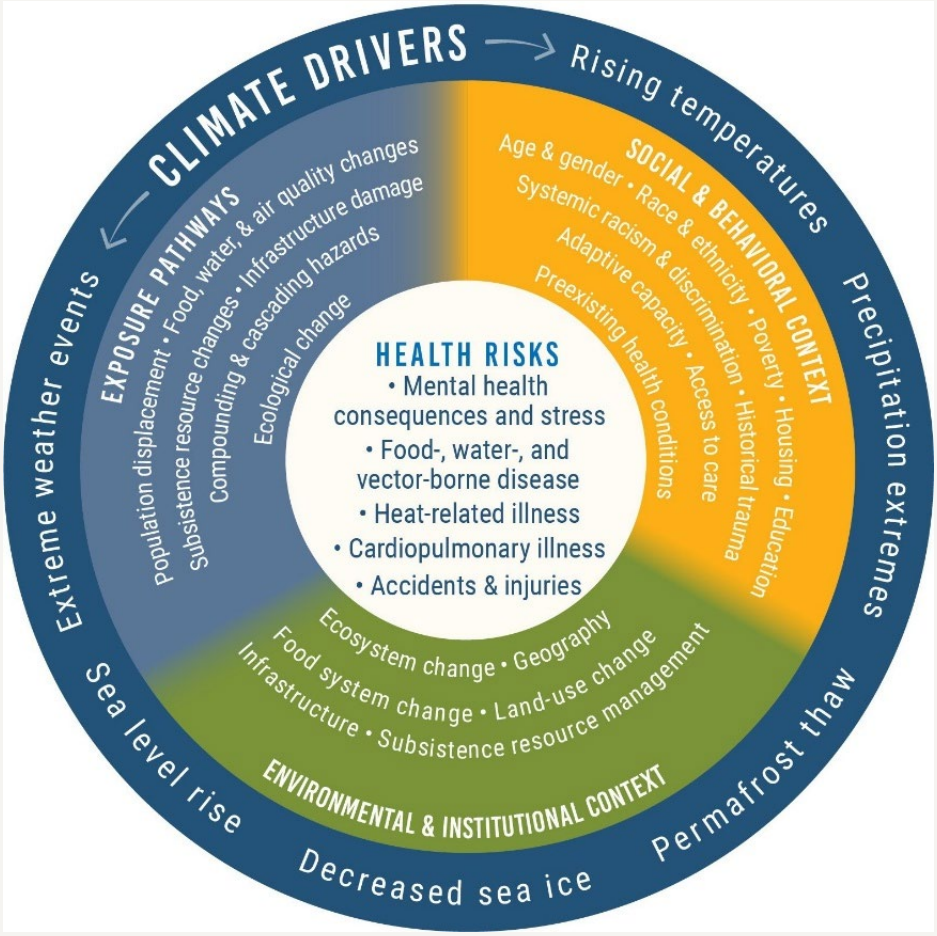
[13] Whyte K, Novak R, Laramie MB, Bruscato NG, David-Chavez DM, Dockry MJ, Johnson MK, Jones CE Jr., Leonard K. Ch. 16. Tribes and Indigenous Peoples. In: Crimmins AR, Avery CW, Easterling DR, Kunkel KE, Stewart BC, Maycock TK, eds. *Fifth National Climate Assessment.* Washington, DC: U.S. Global Change Research Program; 2023. https://doi.org/10.7930/nca5.2023.ch16.

[14] Yoder S. Assessment of the potential health impacts of climate change in Alaska. *State of Alaska Epidemiology Bulletin.* 2018;20(1). https://epi.alaska.gov/bulletins/docs/rr2018_01.pdf.

[15] Alaska Native Tribal Health Consortium. *Unmet Needs of Environmentally Threatened Alaska Native Villages: Assessment and Recommendations.* 2024. https://anthc.org/wp-content/uploads/2025/04/Unmet_Needs_Report_22JAN24-1.pdf.

Figure 2 below illustrates the complex pathways through which climate affects public health in Alaska and beyond. Environmental drivers such as rising temperatures, extreme weather events, sea level rise, and thawing permafrost influence environmental and social conditions that, in turn, shape exposure patterns and health risks. These interconnected factors can lead to a range of health impacts, including increased stress, food- and waterborne diseases, and injuries. The relationships depicted in Figure 2 highlight how environmental, social, and institutional factors synergize to affect communities' health.

Figure 2. The Impacts of Environmental Changes on Health and Well-being



Source: Huntington HP, Strawhacker C, Falke J, Ward EM, Behnken L, Curry TN, Herrmann AC, Itchuaqiyaq CU, Littell JS, Logerwell EA, Meeker D, Overbeck JR, Peter DL, Pincus R, Quintyne AA, Trainor SF, and Yoder SA, 2023: Ch. 29. Alaska. In: *Fifth National Climate Assessment*. Crimmins AR, Avery CW, Easterling DR, Kunkel KE, Stewart BC, and Maycock TK, Eds. U.S. Global Change Research Program, Washington, DC, USA. https://nca5.climate.us/chapter/29.

Drug Overdose and Substance Abuse

Overdoses on synthetic opioids such as fentanyl have become a major driver of injury-related mortality in Alaska. Amidst a decline in overdose deaths nationwide, Alaska's rates are rising. According to the Alaska Department of Health, Division of Public Health, the state's drug overdose death rate more than

doubled between 2019 and 2024, rising from 18.1 to 45.6 deaths per 100,000 people.[16] However, between 2023 and 2024, the overdose death rate decreased by 5%: from 357 deaths (rate of 49.3 per 100,000 people) in 2023, to 339 deaths in 2024. While Anchorage has typically experienced the highest overdose death rates since 2019, rural and remote communities face additional challenges, including delayed emergency response times and limited treatment availability. Overdose death rates among Alaska Native and American Indian people have been significantly higher than in other populations; in 2024, the overdose death rate among Alaska Native and American Indian people was 101.9 deaths per 100,000, in contrast to 45.6 deaths per 100,000 among all Alaskans.[17] The increasing presence of polysubstance use (use of more than one substance) further complicates treatment and prevention efforts.

Other Contextual Factors

In addition to the above significant public health events, the following key trends and milestones identified by members of the SHA revision collaborative highlight some additional contextual factors likely influencing Alaskans' health, including state and national policy changes, significant events, emerging technologies, and new public health insights.

In recent years, Alaskans have faced considerable financial strain due to inflation and increasingly unaffordable housing. Food insecurity has worsened.

Nationally, the U.S. saw a resurgence of once-controlled infectious diseases such as measles, associated with declining vaccination rates.[18] Compounding these issues, Alaska continues to experience a significant decline in its healthcare workforce.[19]

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[16] Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records Section & Office of Substance Misuse and Addiction Prevention. *Alaska Facts and Figures: 2024 Drug Overdose Mortality Update.* Anchorage, AK: Alaska Department of Health; 2025. https://health.alaska.gov/media/wqql4fhp/2024-drug-overdose-mortality-update.pdf.

[17] Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records Section & Office of Substance Misuse and Addiction Prevention. *Alaska Facts and Figures: 2024 Drug Overdose Mortality Update.* Anchorage, AK: Alaska Department of Health; 2025. https://health.alaska.gov/media/wqql4fhp/2024-drug-overdose-mortality-update.pdf.

[18] Seither R, Yusuf OB, Dramann D, Calhoun K, Mugerwa-Kasujja A, Knighton CL, Kriss JL, Miller R, Peacock G. Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2023-24 School Year. MMWR Morb Mortal Wkly Rep 2024;73:925-932. http://dx.doi.org/10.15585/mmwr.mm7341a3.

[19] Alaska Hospital & Healthcare Association. *2024 Alaska Healthcare Workforce Analysis.* 2024. https://www.alaskahha.org/_files/ugd/ab2522_be6e457556e94e8286eb7d0e99585ae4.pdf.

Expanding scientific evidence has underscored the importance of social connection as a protective factor and the serious health risks associated with social isolation.[20] Similarly, concerns are growing about the effects of increased social media exposure on children's mental and emotional well-being.[21,22]

[20] Center for Disease Control and Prevention. *Health Effects of Social Isolation and Loneliness.* May 15, 2024. https://www.cdc.gov/social-connectedness/risk-factors/index.html.

[21] Faverio M, Anderson M, Park E. *Teens, Social Media and Mental Health.* Pew Research Center. April 22, 2025. https://www.pewresearch.org/internet/2025/04/22/teens-social-media-and-mental-health/.

[22] Young E, McCain JL, Mercado MC, Ballesteros MF, Moore S, Licitis L, Stinson J, Jones SE, Wilkins NJ. Frequent Social Media Use and Experiences With Bullying Victimization, Persistent Feelings of Sadness or Hopelessness, and Suicide Risk Among High School Students — Youth Risk Behavior Survey, United States, 2023. *MMWR Suppl.* 2024;73(Suppl-4):23–30. https://doi.org/10.15585/mmwr.su7304a3.

Understanding Health in Alaska

Alaska's Unique Geography, Health Systems, and Demographics

Alaska is the largest state geographically, with 1.3 persons per square mile spread throughout 355 communities; by comparison, the U.S. population density is 93.8 per square mile.[23] The state population of 741,147[24] spans an area larger than California, Texas, and Montana combined, equal to 1/5 the landmass of the entire U.S. In 2024, 16.3% of the population lived in communities with fewer than 2,500 people. About 80% of Alaska's communities lack road access, and 251 communities are reachable only by air or boat.[25] Alaska is a challenging environment for providing public health and preventive services due to its highly dispersed population, high transportation costs, and limited local public health infrastructure.

Among innumerable variations, four primary systems provide healthcare in Alaska: the private sector, the public sector, the Veterans Health Administration (VA), and the Alaska Tribal Health System (ATHS). The "private sector" can be defined as any services provided outside of the public, military, or Tribal systems. It includes hospitals (both nonprofit and for-profit); the offices of physicians, dentists, and mental health professionals; and various types of clinics. Most of Alaska's urban residents in Anchorage, Fairbanks, and Juneau access care primarily through the private sector system. The public sector includes healthcare services operated or funded by federal, state, and local governments, including state-run hospitals, Medicaid and Medicare programs, Federally Qualified Health Centers, and public health initiatives. Additionally, limited healthcare services are provided by state Public Health Nurses at clinics and itinerantly, and two communities in the state also have local health departments. The VA provides healthcare to active-duty military personnel, their families, and eligible veterans through military treatment clinics, hospitals, and facilities, as well as through contracted care through the Veterans Choice Program or the Community Care Network. The ATHS is an extensive, statewide, Tribally managed system that provides comprehensive healthcare to Alaska Native and American Indian people. Funded through the Indian Health Service, but operated by Tribal organizations, the ATHS includes primary, specialty, and tertiary care in community clinics, regional hospitals, and tertiary centers such as the Alaska Native Medical Center. The ATHS serves approximately one in five Alaskans. Alaska is unique in being the only state without any private sector managed care organizations, and formal provider networks are still emerging, along with telehealth arrangements.

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[23] U.S. Census Bureau. *QuickFacts: Alaska*. https://www.census.gov/quickfacts/fact/table/US,AK/PST04522.

[24] Alaska Department of Labor & Workforce Development, Research and Analysis Section. *Alaska Population Estimates.* 2024. https://live.laborstats.alaska.gov/data-pages/alaska-population-estimates.

[25] Alaska Department of Transportation & Public Facilities. *Department Fast Facts: Prepared for Legislative Session 2023 (updated January 2023).* Juneau, AK. 2023. https://dot.alaska.gov/comm/legislative/docs/Fact-Sheet.pdf.

Alaska has a very diverse population. According to the 2020 U.S. Census, 12% of Alaskans identify as having more than one race.[26] Alaska's 2024 population estimates by race—which classify race as alone or in combination with other races—classify 65% of Alaskans as White, 19% as Alaska Native or American Indian, 9% as Asian, 5% as African American, and 2% as Hawaiian or Pacific Islander.[27] In addition, 8% of Alaskans identify as being of Hispanic origin, regardless of race. About 40% of the state's population resides in Anchorage. Within the Anchorage School District, the state's largest school district, minority students comprise about 60% of the student population, and 112 languages are spoken. The most common of these are Spanish, Samoan, Filipino, Hmong, and Yup'ik.[28,29] Alaska has 229 federally recognized Tribes, and over 20 distinct Indigenous languages are spoken among Alaska Native people.[30] Language barriers and cultural differences can make navigating the healthcare system, accessing preventive services, and communicating health information between residents and health professionals challenging.

Alaska's population is younger than that of other states on average. According to 2024 population estimates, the median age of Alaskans is 36.9 years, with 16% of the population older than 64 years,[31] compared with a U.S. median age of 39.2 and 18% older than 64 years in 2023.[32] However, between 2012 and 2022, Alaska had the fastest-growing senior population per capita in the country; that decade, the number of Alaskans 65 years and older grew by 63%, compared to 34% nationally.[33] The percentage of Alaska's population age 65 and older is expected to continue rising over the coming decades, reaching an estimated 18% by 2050.[34] Alaska's 85 and older population is growing even faster; by 2050, it is

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[26] America Counts Staff. Alaska, least densely populated state, had population of 733,391 in 2020. *U.S. Census Bureau.* Published 2021. Accessed June 23, 2025. https://www.census.gov/library/stories/state-by-state/alaska.html.

[27] Alaska Department of Labor and Workforce Development, Research and Analysis Section. *Alaska Population by Age, Sex, Race (Alone or in Combination), and Hispanic Origin, 2020 to 2024.* July 2024. Accessed October 29, 2025. https://live.laborstats.alaska.gov/data-pages/alaska-population-estimates.

[28] Anchorage School District. Ethnicity Report. October 31, 2024. https://resources.finalsite.net/images/v1758253744/asdk12org/ycezaf4x1bwzzolpoxid/ethnicity-2025.pdf.

[29] Kunze J. Spanish, Yup'ik, Lao and More: Anchorage School District Students Speak a Combined 112 Languages. *Anchorage Daily News*. November 9, 2024. https://www.adn.com/alaska-news/education/2024/11/09/spanish-yupik-lao-and-more-anchorage-school-district-students-speak-a-combined-112-languages/.

[30] University of Alaska Fairbanks, Alaska Native Language Center. *Languages.* Accessed November 5, 2025. http://www.uaf.edu/anlc/.

[31] Alaska Department of Labor and Workforce Development, Research and Analysis Section. *Alaska Population by Age and Sex, 2020 to 2024.* January 2025. Accessed October 29, 2025. https://live.laborstats.alaska.gov/data-pages/alaska-population-estimates.

[32] U.S. Census Bureau. *2023 American Community Survey.* Accessed April 8, 2025. https://data.census.gov/table/ACSST1Y2023.S0101?q=median+age&g=010XX00US_040XX00US02.

[33] U.S. Department of Health and Human Services, Administration for Community Living. *2023 Profile of Older Americans.* Washington, DC: U.S. Department of Health and Human Services; 2024. https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans.

[34] Alaska Department of Labor and Workforce Development, Research and Analysis Section. *Alaska Population Projections 2023–2050.* July 2024. https://live.laborstats.alaska.gov/pop/projections/pub/popproj.pdf.

expected to nearly quadruple to more than 29,000, representing a 270% increase from 2024.[35] As the elderly population grows, the prevalence of chronic disease is likely to increase. For example, it is estimated that about one in three Alaskans age 85 or older will experience Alzheimer's and related dementias.[36]

[35] Alaska Department of Labor and Workforce Development, Research and Analysis Section. *Alaska Population Projections 2023–2050.* July 2024. https://live.laborstats.alaska.gov/pop/projections/pub/popproj.pdf.

[36] Alaska Commission on Aging. *Senior Snapshot 2024.* Juneau, AK: Alaska Commission on Aging; 2025. https://health.alaska.gov/media/xa0nwjvh/2024_acoa-seniorsnapshot.pdf.

Defining Health and the Conditions Impacting Health in Alaska

Health means different things to different people. For this revised assessment of Alaskans' health, we use the World Health Organization's clear definition: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[37] This holistic view goes beyond physical health to include mental and social factors. Many Alaska Native communities also see health as connected to spiritual well-being, culture, and the natural world. Other groups in Alaska may emphasize different aspects of health based on their values and experiences.

No picture of health status is complete without an examination of health differences across all indicators. A clear limitation of this present report is that it currently lacks a comprehensive analysis of the structural influences on health outcomes. While this assessment includes a brief overview of social and economic factors that affect health, such as education, employment, income, and housing, a goal for the next state health assessment, which will inform Healthy Alaskans 2040, is to include more data disaggregation to identify differences in health outcomes and the structures that produce, shape, and sustain them.

Differences in health outcomes exist among Alaska populations of different racial and ethnic backgrounds, educational attainment, income level, geographic location, age, and gender, among others. Examples of these inequities are discussed throughout this assessment. The improvement of health outcomes for all populations is a core goal of both Healthy Alaskans and the CDC Healthy People 2030 initiative. One of the selection criteria for HA2030 SHIP objectives is that they "should address health equity and differences in health status and services across different population sub-groups, including racial, socioeconomic, age, gender, disability status, and geographic groups."

[37] World Health Organization. *Preamble to the Constitution of the World Health Organization.* 1948. In: *Official Records of the World Health Organization,* no. 2, p. 100. Adopted by the International Health Conference, New York, June 19–July 22, 1946; entered into force April 7, 1948. https://www.who.int/about/governance/constitution.

Statewide and Community Assets

A comprehensive understanding of public health includes consideration of assets that make a community thrive. These include features of the built environment, social environment, and service infrastructure that support health and well-being.

Parks, Trail Systems, and Outdoor Recreation Infrastructure

Alaska's extensive trail system and outdoor recreation infrastructure are crucial for providing opportunities for activities such as walking, hiking, skiing, snowshoeing, and berry picking, all of which promote physical activity, reduce stress, encourage social connection, and promote well-being. In many communities, trail systems double as practical transportation routes, especially in rural or roadless regions. In addition, trails can provide access to subsistence resources and encourage hunting practices that do not rely on moving vehicles or ATVs, contributing not only to food security and nutrition but also to cultural continuity.

School Building Facilities

For young people, schools are integral for promoting health, well-being, and development. In addition, school facilities in Alaska often also serve to support the health of the whole community by allowing community access to walking tracks, gymnasiums, workout equipment, and pools. This is especially impactful in rural areas where schools often serve as central community hubs for events and activities. The Alaska School Health Profiles surveillance system tracks, among other important features,[38] opportunities for physical activity in Alaska's secondary schools. From this data source we know that, throughout the state, 70% of secondary schools have a joint use agreement for shared use of school or community physical activity facilities.[39] Furthermore, 57% of Alaska secondary schools offer opportunities for students to participate in organized physical activities or to access facilities or equipment for physical activity *before* the school day, while 92% of schools offer these opportunities *after* the school day.[40]

The School Health Profiles also track the food and related services that are available to students at Alaska's secondary schools. Thirty-nine percent of schools have a joint use agreement for shared use of school or community kitchen facilities or equipment, and 13% of schools have a joint use agreement for shared use of gardens.[41]

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[38] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska School Health Profiles 2024.* https://profiles-explorer.cdc.gov/.

[39] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska School Health Profiles 2024.* https://profiles-explorer.cdc.gov/.

[40] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska School Health Profiles 2024.* https://profiles-explorer.cdc.gov/.

[41] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska School Health Profiles 2024.* https://profiles-explorer.cdc.gov/.

Given the importance of school buildings in many communities, it is prudent to note the level of disrepair many school buildings are currently in, leaving them compromised in their capacity to provide space and services not only to students but also to the community for health-promoting activities and events. Many Alaska school districts, especially those in remote and rural communities, face uniquely high operating costs for essentials like fuel, healthcare, and basic goods. These expenses are largely outside the districts' control. State funding has failed to keep pace with inflation, and districts have very limited areas where they can make cuts.[42] Many school districts are struggling to secure adequate funding for critical maintenance and construction needs. Between 2020 and 2025, an average of $190,731,469 in grants for construction costs was requested each year by school districts throughout the state. However, an average of only $34,375,098—18% of the eligible grant project funds—were provided. Similarly, between 2020 and 2025, an average of $185,347,297 in grants for maintenance costs was requested each year, but an average of only $22,852,072 was funded—12% of the eligible grant project funds.[43]

Access to Healthy Food

Nutrition directly shapes health, well-being, and development; good nutrition can reduce the risk of chronic diseases such as diabetes, heart disease, and obesity. Therefore, reliable access to affordable healthy food—whether through subsistence activities or by shopping at a grocery store—is a foundational community asset. Inequities in food access contribute to health inequities when certain communities or neighborhoods lack grocery stores, farmers' markets, or are unable to participate in subsistence activities due to policy restrictions or reduced availability. In Alaska, 95% of food supplies are imported from outside of the state, excluding harvested, traditional, and subsistence foods.[44] Strong food systems can support not only individual health, but also social connection and economic stability.[45,46]

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[42] Berman M & DeFeo DJ. *How Has Alaska's K-12 Education Spending Changed? Trends from 2017-2023*. UAA Institute of Social and Economic Research. February 2025. http://hdl.handle.net/11122/15717/.[43] Butikofer M & Weed L, Alaska Department of Education and Early Development. *Capital Needs for School Facilities.* Presented to the House Finance Committee March 21, 2025.

[43] Butikofer M & Weed L, Alaska Department of Education and Early Development. *Capital Needs for School Facilities.* Presented to the House Finance Committee March 21, 2025.

[44] University of Alaska Fairbanks, Alaska Food Policy Council. 2022 Governor's Task Force on Food Security and Independence. *Alaska Food Security and Independence Task Force 2022 Report.* Anchorage, AK; 2023. https://www.alaskafoodsystems.com/.

[45] McDaniel T, Soto Mas F, Sussman AL. Growing connections: local food systems and community resilience. *Society & Natural Resources.* 2021;34(10):1375-1393. https://doi.org/10.1080/08941920.2021.1958965.

[46] Fall JA, Kostick ML. *Food Security and Wild Resource Harvests in Alaska.* Alaska Department of Fish and Game, Division of Subsistence; 2018. Accessed October 10, 2025. https://www.adfg.alaska.gov/static/home/subsistence/pdfs/food_security_whitepaper.pdf.

The average cost of groceries in Alaska is 24% higher than the national average,[47] and even higher in rural locations in the state, in part due to transportation costs. The U.S. Department of Agriculture Supplemental Nutrition Assistance Program (SNAP) financial allotments account for this price difference. The SNAP allotment implies that in Alaska communities designated as Urban, food costs 29% more than in the lower 48. And, in communities with a Rural 1 designation, which generally includes areas that have easier accessibility to urban centers, food costs 28% more than in Urban areas. In towns with a Rural 2 designation, which generally includes areas that are remote and difficult to reach without easy access to urban centers, food costs 55% more than in Urban communities.[48,49] Perhaps related to these increased costs, 34% of Alaska high school students reported experiencing food insecurity in the past 30 days, and 24% of Alaska adults experienced food insecurity in the past year.[50,51]

While it appears to be common knowledge among Alaskans that healthy food options (e.g., fruits and vegetables) are less available in rural grocery stores than in Anchorage stores, written documentation quantifying the difference is lacking. Alaskans also agree that healthy food options in rural grocery stores are often more expensive than less healthy, shelf-stable foods (e.g., dried ramen, canned meat products), but we were unable to find written documentation quantifying the issue. The combination of higher prices, lack of availability of fresh produce, and real or perceived difference in the cost of healthy foods versus less healthy foods in rural Alaska may result in Alaskans selecting and consuming lower-cost, less healthy foods. This may contribute to rural-urban inequities in nutrition-related health outcomes, such as higher rates of obesity, Type 2 diabetes, and cardiovascular disease in rural communities.[52]

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[47] Missouri Economic Research and Information Center. Cost of Living Data Series. 2022. Accessed November 6, 2025. https://meric.mo.gov/data/cost-living-data-series.

[48] Code of Federal Regulations. Title 7: Agriculture, Subtitle B—Regulations of the Department of Agriculture, Chapter II—Food and Nutrition Service, Department of Agriculture, Subchapter C—Supplemental Nutrition Assistance and Food Distribution Program, Part 272—Requirements for Participating State Agencies, § 272.7 Procedures for Program Administration in Alaska. Revised 2024. https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-C/part-272/section-272.7.

[49] The 29% increase for Urban Alaska was calculated using information in the USDA Food and Nutrition August 2, 2024 memo with the subject line SNAP – Fiscal Year 2025 Cost-of-Living Adjustments, Supplemental Nutrition Assistance Program. U.S. Department of Agriculture, Food and Nutrition Service. *SNAP fiscal year 2025 cost-of-living adjustments (COLA).* Published August 2024. Accessed April 15, 2026. https://www.fns.usda.gov/snap/fy-2025-cola.

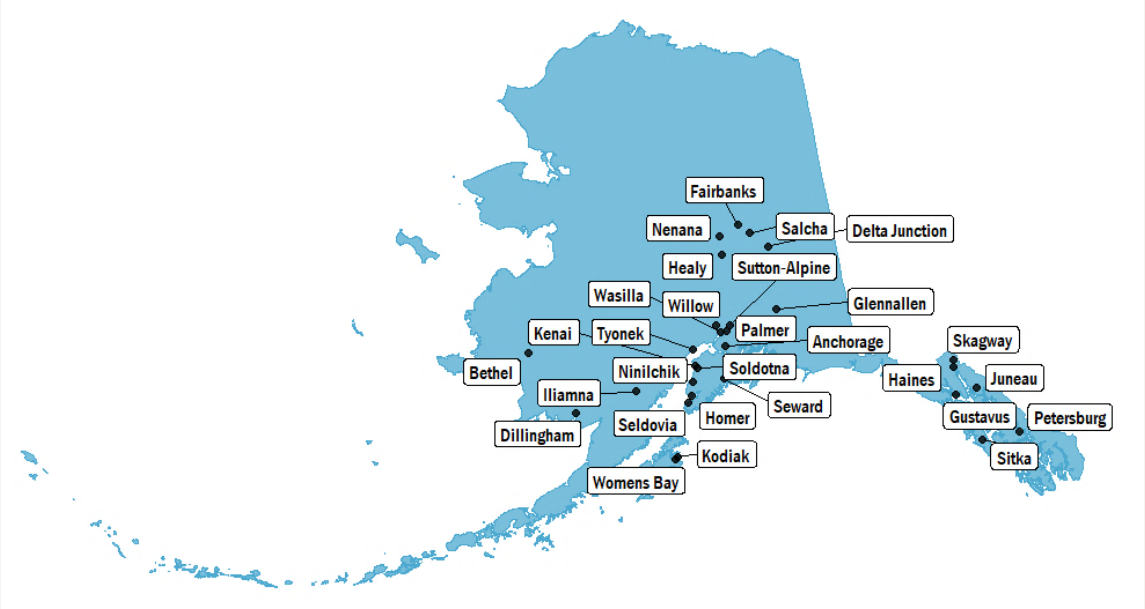
[50] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Youth Risk Behavior Survey (YRBS) Data Dashboard 2023*. https://public.tableau.com/app/profile/yrbs.alaska/viz/yrbs/LandingPage.

[51] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2023.* Accessed November 2, 2025. https://alaska-dph.shinyapps.io/BRFSS/.

[52] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Physical Activity, Nutrition and Obesity Facts Report.* August 2025. Anchorage, AK: Alaska Department of Health; 2025. Alaska Physical Activity, Nutrition and Obesity Facts Report 2025 Update.

Despite these challenges to Alaska's food system and food security, access to Alaskan-grown food options has grown over time. The map below shows the locations of farmers' markets, food hubs, and community-supported agriculture (CSA) partnerships throughout the state. Farmers' markets are places where farmers can sell their products directly to consumers; food hubs gather products from several farms into one location, such as local or regional grocery stores; and CSAs are programs that allow consumers to purchase a share of a farm's produce to receive regular boxes of products, usually on a weekly or monthly basis. While the map below is not an exhaustive picture of healthy food sources in Alaska, especially considering the wealth of opportunities to hunt, fish, gather, and grow one's own food, it does show the distribution of healthy foods available for purchase from these venues, which are mostly concentrated in larger, more accessible communities and hubs.

Figure 3. Towns throughout Alaska that have at least one market, food hub, farm stand, or CSA, June 2025



Source: Alaska Farmers Market Association

Food Banks also play a critical role in promoting public health by reducing food insecurity. The Food Bank of Alaska in Anchorage, along with two affiliate food banks—the Kenai Peninsula Food Bank and the Southeast Alaska Food Bank—serve as distribution hubs to supply local-level food pantries, soup kitchens, and meal programs.[53] In 2024, the Food Bank of Alaska distributed 7.9 million pounds of food through more than 150 partner agencies, resulting in nearly 6.7 million meals for Alaskans facing hunger. Their outreach also helped address systemic barriers to food access by helping 2,123 individuals with their SNAP benefits applications and distributing more than 551,000 meals through SNAP outreach

[53] Unpublished data provided by Food Bank of Alaska. Your Impact: January1-December 31, 2024.

programs. Throughout the state, an average of 68,300 people per month (9.2% of the population) received SNAP benefits in FY 2024.[54]

The Food Bank also has special programs designed to support seniors and rural areas; in 2024, 25,154 senior food boxes were delivered across the state, and 63 rural sites, from Ketchikan to Point Lay, were served.[55] Recognizing that nutritious food not only supports physical health but also nourishes family and community connections and supports mental and emotional health, in 2024, the Food Bank distributed 10,093 holiday meals throughout Anchorage and the Mat-Su Valley as part of a program called Thanksgiving Blessing, which is supported by local faith and community organizations, businesses, and volunteers. The Food Bank of Alaska is made possible by extensive community engagement, including donations and, in 2024, 16,300 volunteer hours.[56]

[54] USAFacts. How Many People Receive SNAP Benefits in Alaska Every Month? USAFacts.org. https://usafacts.org/answers/how-many-people-receive-snap-benefits-in-the-us-every-month/state/alaska/.

[55] Unpublished data provided by Food Bank of Alaska. Your Impact: January1-December 31, 2024.

[56] Unpublished data provided by Food Bank of Alaska. Your Impact: January1-December 31, 2024.

Senior Centers

Senior centers play an important role in supporting the health and well-being of older adults throughout Alaska by addressing multiple health-related needs and factors that are especially critical for older adults. Senior centers promote well-being by offering nutritious meals and food assistance, providing opportunities for physical activity that can help prevent chronic disease, and fostering social connection to reduce isolation and support mental health.[57] In Alaska, many communities are geographically dispersed, and transportation challenges, limited access to health and social services, and high costs of living can be barriers to healthy aging.[58] Therefore, senior centers in Alaska often serve as trusted local hubs that connect elders with essential resources and support independence.[59] Many rural and remote villages may lack formal senior centers; in these cases, Tribal governments and regional organizations may operate meal services for seniors or community halls that offer meals, social activities, and wellness checks that serve similar purposes to the centers and ensure that seniors remain connected and supported.[60,61] Figure 4 below is a map of senior centers and community senior services throughout the state.

[57] Aging in America: Get the Facts on Senior Centers. National Council on Aging. August 15, 2024. https://www.ncoa.org/article/get-the-facts-on-senior-centers/.

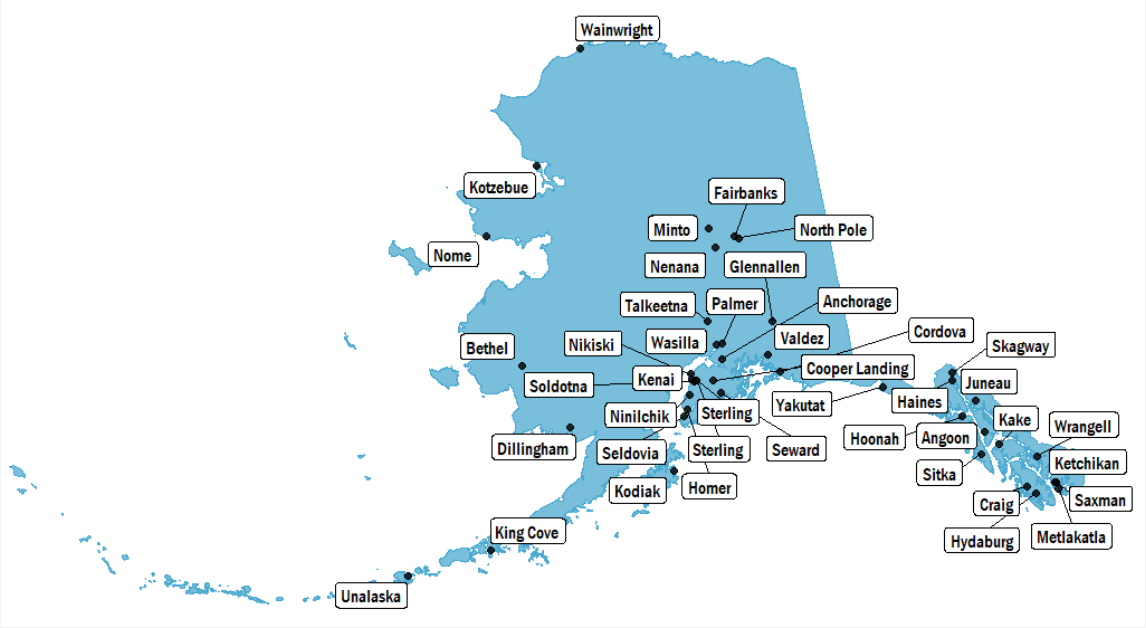
[58] Peterson JR, Baumgartner DA, Austin SL. Healthy ageing in the far North: perspectives and prescriptions. *Int J Circumpolar Health.* 2020;79(1):1735036. https://doi.org/10.1080/22423982.2020.1735036.

[59] Alaska Commission on Aging. *Senior Snapshot 2024.* Anchorage, AK: Alaska Department of Health, Division of Public Health; 2024. Accessed November 6, 2025. https://health.alaska.gov/media/xa0nwjvh/2024_acoa-seniorsnapshot.pdf.

[60] Administration for Community Living. *Evaluation of Title VI Programs: Older Americans Act Title VI, American Indian, Alaska Native, and Native Hawaiian Programs.* Washington, DC: U.S. Department of Health and Human Services; 2021. https://acl.gov/sites/default/files/programs/2021-05/ACL_TitleVI_Evaluation_Final_Report_508.pdf.

[61] Alaska Commission on Aging. *Senior Snapshot 2024.* Anchorage, AK: Alaska Department of Health, Division of Public Health; 2024. Accessed November 6, 2025. https://health.alaska.gov/media/xa0nwjvh/2024_acoa-seniorsnapshot.pdf.

Figure 4. Senior Centers and Community Senior Services in Alaska, FFY 2024



Note: Chugiak and Eagle River are included in the Anchorage Municipality.
Source: State of Alaska, the Office of the Long-Term Care Ombudsman Program; Alaska Commission on Aging; and AARP Alaska.

Alaska Public Libraries

From a public health perspective, public library systems do much more than book lending. They can help bolster key health-related factors such as education, social connection, and economic stability. Libraries often offer job search support, free internet access, and help with a wide range of information-gathering tasks. Libraries can also provide free access to health information and serve as points of contact and access points for people seeking or in need of social services.

From job searches, to health information-sharing, to social connection, Alaska's public libraries are quiet bolsters of public health.

In 2023, Alaska Public Libraries had 84 libraries and branches serving 326,321 registered library users. This indicates that about 44% of Alaska's population is registered users, which is below the national average of 56%.[62,63] However, Alaska Public Library Statistics, a state-level dataset, documented 2,026,214 visits to libraries across the state in 2024.[64] Given that Alaska's geography presents challenges for circulating items from larger libraries to rural and remote libraries, access to digital resources has become increasingly important. Throughout the state, the system provides access to 788 public access computers along with WiFi internet connections. Statewide in 2023, library users engaged in 724,376 wireless internet sessions. In 2023, there were 10,571 total library programs, including 5,849 programs for youth; these programs attracted 226,122 attendees, including 118,415 youth attendees.[65] The 2023-2027 plan by the Alaska Governor's Advisory Council on Libraries explicitly ties libraries to reducing inequities in healthcare access, education, access to information and social services, and internet access.[66]

In addition to public libraries, many of Alaska's nearly 500 schools also have libraries, and programs such as the Dolly Parton Imagination Library, which currently serves 15,398 children in Alaska, and other book-lending and information-sharing organizations throughout the state expand Alaska residents' access to information.

[62] Alaska Public Libraries. Alaska Public Libraries By the Numbers. FY2024 and calendar year 2023.

[63] WorldMetrics. *Library Users by Country: National Averages.* Accessed October 13, 2025. https://worldmetrics.org.

[64] Alaska Department of Education and Early Development, Alaska State Library. *Alaska Public Library Statistics: FY 2024.* Accessed October 13, 2025. https://lam.alaska.gov/public-library-stats.

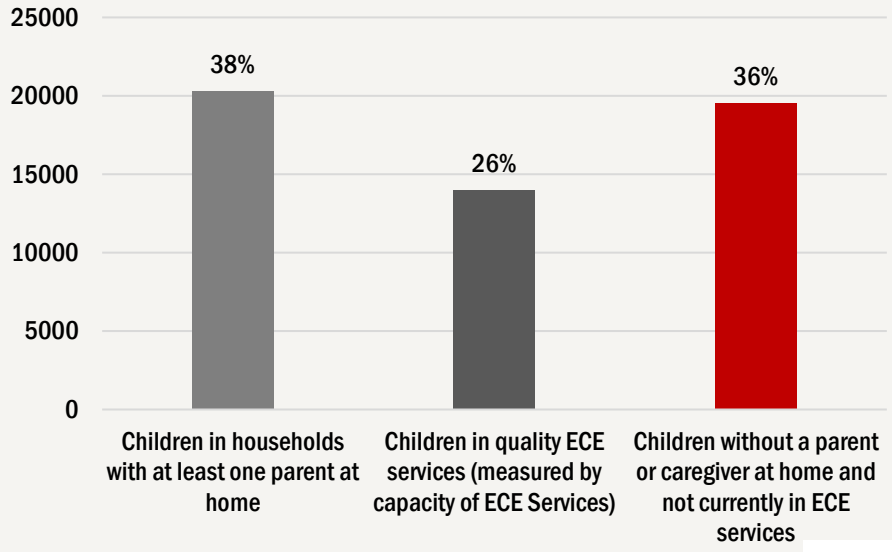
[65] Alaska Public Libraries. Alaska Public Libraries By the Numbers. FY2024 and calendar year 2023.

[66] Frederiksen P, Imamura C, and Kyrillidou M. *Alaska Library Services and Technology Act Grants to States Five-Year Plan (2023-2027).* Alaska State Libraries, Archives & Museum. June 29, 2022. https://lam.alaska.gov/ld.php?content_id=67475455.

Early Childhood Education

Child care and early childhood education are another critical community asset. When families have stable and safe care for their children, it supports lower rates of chronic stress for parents and healthier developmental outcomes for children. Reliable child care can also enable parents to work or pursue education, reducing financial insecurity and the stress burden associated with poverty. However, Alaska is currently facing a child care crisis. The lack of reliable and affordable child care burdens both families and businesses when parents are forced to take time off work or leave the workforce altogether due to child care challenges.[67] Children's and families' well-being require access to stable, financially feasible child care options. Figure 5 below shows that, in Alaska, there are 53,829 children under 6 years of age; 62% of those children need child care as all parents or available caregivers in their household are in the workforce. However, Alaska only has regulated child care spaces for 26% of those children. This leaves 36% of children still in need of child care.

Figure 5. Supply and Demand for Early Childhood Education Services in Alaska, 2025



Total children in Alaska = 53,829

Source: thread Alaska, "Alaska's Early Childhood Education Data Dashboard," http://www.threadalaska.org/thread/business-community/tools-for-business/alaska-early-care-and-learning-dashboard/. Data analyzed and presented by McKinley Research Group, utilizing data from the Alaska Department of Labor and Workforce Development (2024), American Community Survey 5-Year Estimates (2019-2023), and the Alaska Department of Health (2025), Alaska Department of Education & Early Development (2025), U.S. Department of Health and Human Services (2025), and the Department of Defense (2025).

[67] Alaska Governor's Task Force on Child Care. *Governor's Task Force on Child Care 2023 Report #1.* Published 2023. Accessed October 1, 2025. https://ddaalaska.com/wp-content/uploads/2024/01/Task-Force-on-Child-Care.pdf.

The gap between child care spaces needed and child care spaces available is widest in rural communities, some of which have *zero* regulated options. The percentage of children in each census area or borough who are in need of regulated child care but do not have it (the extent to which the demand exceeds capacity) ranges from 81% of children in need of care in the Lake and Peninsula Borough to 2% of children in need of care in the Haines Borough and Denali Borough.

Table 1. The percentage of children in each borough who are in need of regulated child care but do not have it (beyond regulated capacity), 2025.

Census Area/Borough	Percent of children under age 6 in need of child care beyond regulated capacity
Alaska Statewide	36%
Lake and Peninsula Borough	81%
Bristol Bay Borough	61%
North Slope Borough	58%
Wrangell	54%
Aleutians West Census Area	49%
Chugach Census Area	48%
Ketchikan Gateway Borough	45%
Northwest Arctic Borough	42%
Anchorage	41%
Bethel Census Area	40%
Skagway	40%
Copper River Census Area	39%
Kenai Peninsula Borough	38%
Aleutians East Borough	36%
Kusilvak Census Area	34%
Fairbanks North Star Borough	33%
Prince of Wales-Hyder Census Area	32%
Matanuska-Susitna Borough	29%
Yakutat	27%
Dillingham Census Area	26%
Juneau, City and Borough	26%
Nome Census Area	26%
Yukon-Koyukuk Census Area	23%
Kodiak Island Borough	20%
Sitka	18%
Hoonah-Angoon Census Area	13%
Petersburg Borough	12%
Southeast Fairbanks Census Area	6%
Denali Borough	2%
Haines Borough	2%

Source: thread Alaska, "Alaska's Early Childhood Education Data Dashboard," http://www.threadalaska.org/thread/business-community/tools-for-business/alaska-early-care-and-learning-dashboard/. Data analyzed and presented by McKinley Research Group.

Health Concerns of Alaskans

In assessing the health of Alaskans, it is important to consider the concerns and viewpoints of the population in addition to epidemiological data. While health data and statistics can tell us what health outcomes or risk factors may be of concern from a population view, these may differ from the concerns at a local community or individual level. The previous version of this assessment (of which this is a revised version) included findings from an extensive online survey and a series of listening sessions and interviews across Alaska that sought to understand what health issues were of greatest concern to Alaskans. That discussion can be found in the 2019 version of Healthy Alaskans 2030 State Health Assessment (linked here). Perceptions and priorities can shift over time, so this revised report features data from recent focus groups and listening sessions with Alaskans completed in 2022-2024 on topics related to health. While these reports are neither exhaustive nor meant to be representative of all Alaskans, they provide key examples of concerns among specific populations in Alaska. The Healthy Alaskans 2040 State Health Assessment, scheduled for development by the end of 2028, may feature a more comprehensive data collection process for a full update on the health concerns of Alaskans.

Priorities in Three Rural Hubs

In Spring 2024, the Alaska Division of Public Health conducted a series of focus groups in three Alaska communities—Bethel, Ketchikan, and Nome—to better understand community members' attitudes, beliefs, and activities regarding public health messaging. The focus groups aimed to increase trust and collaboration between the public health centers and community members.[68] The focus groups explored how communities define health, and several themes emerged during the discussions. Participants defined a healthy community as one in which community members are supportive of one another; they identified community members' generosity as key to well-being. Relatedly, some participants described relying on healthy social outlets as part of their overall health and expressed the desire for more opportunities for social connection—especially those that would include families, children, and elders. Subsistence and cultural activities were also identified as integral components of maintaining good health. These activities are considered a part of community members' lifestyles.

In contrast, substance abuse, alcoholism, and homelessness were discussed with great concern by focus group participants. These issues were identified as "not healthy" and were described as widespread challenges that did not have an obvious solution and often came with stigma and social complexities. Most participants expressed that there were not enough services or facilities to provide adequate support for solving these problems.

Priorities Related to Substance Abuse

In 2023, the Alaska Department of Health Office of Substance Misuse and Addition Prevention published the findings from a series of nine community listening sessions conducted across the state to better

[68] Alaska Department of Health, *Communications Focus Groups.* June 2024. Available upon request.

understand issues related to substance use and associated prevention efforts.[69] Although the listening sessions were focused on substance use, some of the themes that emerged may shed light more broadly on health concerns of Alaskans. The following were identified as factors that contribute to substance use dependence and can be barriers to treatment: stigma associated with being a substance user, adverse childhood experiences, generational connection to substance use, lack of wrap-around services following treatment, lack of housing, stressful life circumstances, and lack of connection to community.

Priorities Among Black Alaskans

In 2022, the Alaska Black Caucus published the *Black Alaskans Health Status Report*, a community health needs assessment focused specifically on Black-identifying Alaskans.[70] It documents many health disparities related to chronic disease, mental health issues, and access to quality care. Mental health emerged as a key issue. Among survey participants, stigma, underinsurance, and limited culturally responsive care emerged as significant barriers for accessing mental healthcare. Some survey respondents reported experiencing racism and racial bias by medical providers. Community strengths such as spirituality, mutual support, and community resilience were identified as protective factors that individuals were focused on enhancing and maintaining to promote well-being.

Priorities Among Seniors in Alaska

The *Alaska State Plan for Senior Services (2024-2027)* utilizes survey data that shows that Alaska seniors identified access to healthcare—including medical services, behavioral health, dementia care, and the strain posed by provider shortages—as their most significant concern.[71] Close behind access are concerns related to financial security and stability. Many seniors expressed not being able to manage unexpected or, at times, even expected healthcare expenses, as those costs have increased rapidly. The financial strain of healthcare costs has also intensified amidst the rising costs of housing, utilities, and basic living needs. Seniors are also concerned about elder abuse, neglect, and exploitation, the availability of care for those experiencing cognitive decline, and physical safety.

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[69] Institute of Social and Economic Research. *Overdose Data to Action (OD2A) Community Listening Sessions Analytical Report.* Anchorage, AK: University of Alaska Anchorage Institute of Social and Economic Research; October 6, 2023. https://static1.squarespace.com/static/55a3ced5e4b03e81883ff113/t/689badc30072710f52a077fd/1755033027713/Community+Listening+Sessions+Report+2023.pdf.

[70] Mbise A, Garcia G, Brown C, Growden CH, Hourigna A, Bemben TA, Shimizu R, Leagh J. *Black Alaskans Health Status Report.* Anchorage, AK: The Alaska Black Caucus; 2022. Accessed October 2025. https://www.thealaskablackcaucus.com/wp-content/uploads/2022/06/Black-Alaskans-Health-Status-Report-2022.pdf.

[71] Alaska Department of Health, Alaska Commission on Aging. *The Alaska State Plan for Senior Services FFY 2024–FFY 2027.* Juneau, AK: Alaska Department of Health; Published June 26, 2023. https://health.alaska.gov/media/utflcy2s/state-plan-for-senior-services-2024-2027.pdf.

The Health of Alaskans

Several types of indicators can be used to provide a picture of Alaskans' health status. This section provides an overview of the health of Alaskans according to the following broad categories of health indicators:

1. Social and economic health-related needs and factors
2. Behaviors and individual-level factors that increase risk of illness or injury
3. Access to healthcare and preventive services
4. Causes of illness and injury (morbidity)
5. Causes of death (mortality)

Health-Related Social and Economic Factors

Health is determined by a complex set of interdependent factors, including the physical and social environment, access to health services, individual behavior, biology, and genetics. The combined impact of these factors both drives and is influenced by health outcomes.[72]

Health-related needs, or upstream drivers of health, refer to the social, economic, and political resources and structures that influence health outcomes. Because social and economic factors impact individual skills and behaviors, social participation, lifestyle, knowledge, and overall health status, they play a major role in creating or mitigating health inequities across population subgroups. Specific examples of social factors include education, poverty, housing, and the physical environment. Alaska-specific data on these, along with select health-related social needs, are presented below.

While genetics and healthcare contribute to health outcomes to a certain extent, the social, physical, and economic environments in which people live, learn, work, and age serve as the underlying conditions for healthy living.

Education as a Health-Related Need

Higher levels of education lead to better health outcomes through factors such as increased economic and social resources, improved health literacy, and a better understanding of healthier lifestyle choices.[73] Lower levels of education are consistently associated with poorer health outcomes, including

[72] Bundy JD, Mills KT, He H, LaVeist TA, Ferdinand KC, Chen J, and He J. Social determinants of health and premature death among adults in the USA from 1999 to 2018: a national cohort study. *Lancet Public Health.* 2023;8(6):e422-e431. https://doi.org/10.1016/s2468-2667(23)00081-6.

[73] Zajacova A & Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annu Rev Public Health.* 2018;39:273-289. https://doi.org/10.1146/annurev-publhealth-031816-044628.

higher mortality rates, increased chronic disease prevalence, and reduced life expectancy.[74,75,76] Conversely, poor health — ranging from childhood illnesses to chronic conditions — and health behaviors, such as lack of exercise or poor nutrition, can hinder educational attainment by increasing absenteeism and reducing performance. In addition, educational attainment is impacted by additional socioeconomic factors, such as housing and poverty.

In Alaska, 35% of adults without a high school degree reported five or more poor physical health days in the last 30 days, compared with 22% of adults with at least some college education.

In Alaska, 35% of adults without a high school degree reported five or more poor physical health days in the last 30 days, compared with 22% of adults with at least some college education.[77] Figure 6 below shows the graduation rates for all Alaska students and Alaska Native or American Indian students. Both trends have increased between the 2010-2011 and 2023-2024 school years, but the graduation rate among Alaska Native and American Indian students remains consistently below that of all Alaska students. The overall Alaska trend very closely mirrors the U.S. trend (data not shown). Not shown below, but important to keep in mind are the regional differences in high school graduation rates. For example, the graduation rate for the class of 2024 varies by school district, from 44% in the Nenana City School District to 100% in the Skagway School District and the Unalaska City School District.

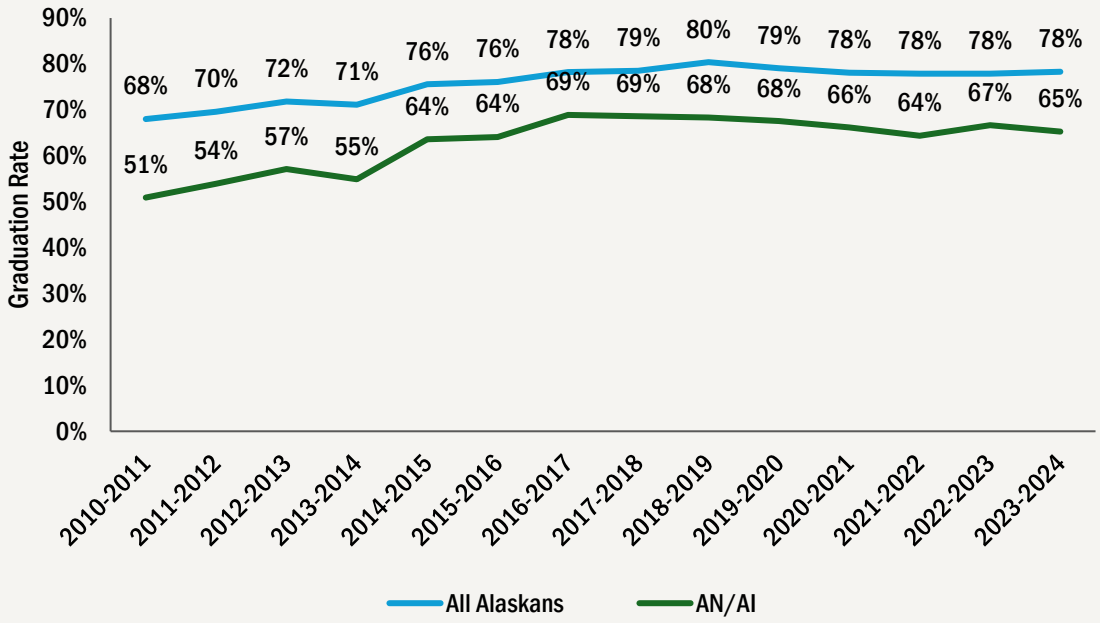
[74] Montez JK, Zajacova A, Hayward MD, Woolf SH, Chapman D, Beckfield J. Educational disparities in adult mortality across U.S. states: How do they differ, and have they changed since the mid-1980s? *Demography.* 2019;56(2):621-644. https://doi.org/10.1007/s13524-018-0750-z.

[75] Cutler DM, Lleras-Muney A. Understanding differences in health behaviors by education. *J Health Econ.* 2010;29(1):1-28. https://doi.org/10.1016/j.jhealeco.2009.10.003.

[76] Global Burden of Disease US Health Disparities Collaborators, Sylte DO, Baumann MM, Kelly YO, et al. Life expectancy by county and educational attainment in the USA, 2000–19: An observational analysis. *Lancet Public Health.* 2025;10(2):e136-e147. https://doi.org/10.1016/s2468-2667(24)00303-7.

[77] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2024.* Accessed November 2, 2025. https://alaska-dph.shinyapps.io/BRFSS/.

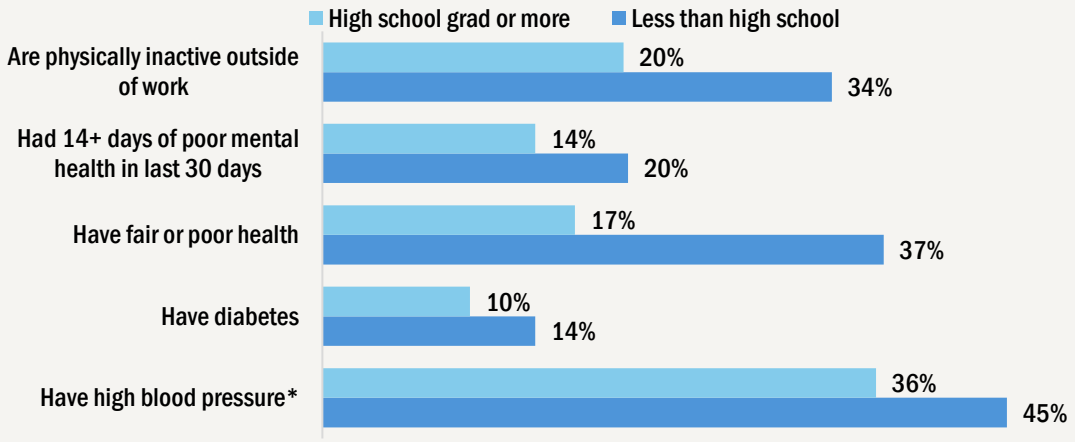
Figure 6. Percentage of High School Students Who Graduated within 4 Years of Starting 9th Grade, All Alaska Students and Alaska Native/American Indian Students, 2010-2024



Source: Alaska Department of Education and Early Development Data Center

There are also inequities in the prevalence of risk factors and disease morbidity based on level of education. For example, many risk factors are more common among people who did not graduate from high school than among people with a high school diploma. As the chart below shows, Alaska adults who did not complete high school are significantly more likely to be physically inactive, have frequent mental distress, have poor or fair self-rated health status, have diabetes, and have high blood pressure compared to those with more education.

Figure 7. Percentage of Selected Risk Factors by Education Level, 2022-2024



* High blood pressure data is from 2023-2024.
Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS)*. https://alaska-dph.shinyapps.io/BRFSS/. Accessed October 26, 2025.

Poverty as a Health-Related Factor

Poverty, which is defined by household income and size, is another critical social driver of health outcomes. Poverty thresholds can be calculated in different ways, depending on the program or state of residence.[78] Because Alaska's cost of living is higher than the U.S. average, poverty in Alaska is often defined as 125% of the federal poverty threshold. Therefore, in Alaska, a single person earning less than $19,550, or a household of four earning less than $40,190 is living in poverty according to the 2025 federal guidelines.[79] Poverty in Alaska varies significantly by race and region, with rural areas experiencing disproportionately high rates. Between 2019 and 2023, poverty levels (when defined as 100% of the federal poverty threshold) among families across boroughs and census areas ranged from 1.7% to over 30%.[80] More than one in four Alaska Native people live at or below the poverty level,

[78] Office of the Assistant Secretary for Planning and Evaluation. Frequently Asked Questions Related to Poverty Guidelines (Poverty). U.S. Department of Health & Human Services. Accessed November 12, 2025. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/frequently-asked-questions-related-poverty-guidelines-poverty.

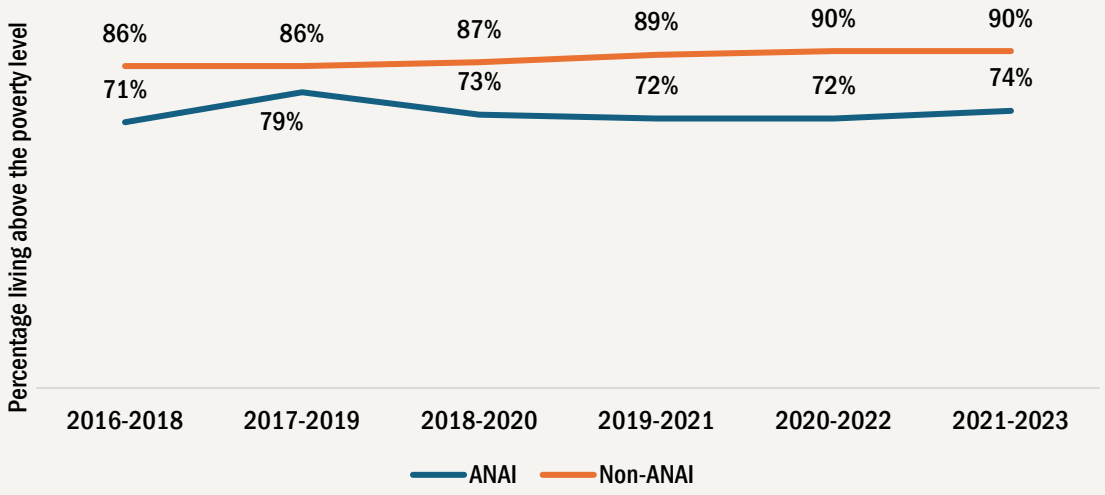
[79] U.S. Department of Health and Human Services. *Annual Update of the HHS Poverty Guidelines.* Fed Regist. 2025;90(13):5917-5918. Published 2025 Jan 17. Accessed October 20, 2025. https://www.federalregister.gov/documents/2025/01/17/2025-01377/annual-update-of-the-hhs-poverty-guidelines.

[80] U.S. Department of Health & Human Services, National Institute on Minority Health and Health Disparities. Alaska Poverty Table, Families Below Poverty *HD Pulse Data Portal.* Accessed October 13, 2025. https://hdpulse.nimhd.nih.gov/data-portal/social/table?age=001&age_options=ageall_1&demo=00007&demo_options=poverty_3&race=00&race_options=race_7&sex=0&sex_options=sexboth_1&socialtopic=080&socialtopic_options=social_6&statefips=02&statefips_options=area_states.

compared to one in ten non-Alaska Native people.[81] Other racial and ethnic groups, as well as people with disabilities, also face higher poverty rates. People living in poverty are less likely to have health insurance and the resources needed to access timely care, such as transportation, time off work, and childcare. Poverty is also associated with chronic stress related to food insecurity and the challenge of meeting basic needs and is correlated with risk factors such as smoking. For example, in 2024, Alaska adults living under 185% of the federal poverty level were more than twice as likely to be smokers as those living above the threshold.

In Alaska, insufficient access to affordable housing leaves many people facing severe housing cost burdens—defined as spending more than 50% of household income on housing. In 2018, 17% of Alaskan households were severely cost-burdened; by 2022, that number had increased to 19%. When a significant portion of income goes toward housing, less is available for other essential needs, such as food, transportation, and medical care, all of which directly impact health. These factors can affect the incidence of chronic disease and mental health challenges while also decreasing life expectancy.[82,83] Figure 8 below shows relatively steady rates of Alaskans living above the poverty line since 2016.

Figure 8. Percentage of Residents Living Above the Federal Poverty Level, Alaska Native/American Indian People and Non-Alaska Native/American Indian People, 2016-2023



Source: US Census, Current Population Survey

Note: Poverty level in Alaska is defined by 125% of the federal poverty threshold

[81] State of Alaska Department of Health and Alaska Native Tribal Health Consortium. Healthy Alaskans 2030 Scorecards, December 2024 Release. 2024. https://www.healthyalaskans.org/wp-content/uploads/2025/01/HA2030_Dec_2024.html.

[82] Newacheck PW. Poverty and childhood chronic illness. *Arch Pediatr Adolesc Med.* 1994;148(11):1143-1149. https://doi.org/10.1001/archpedi.1994.02170110029005.

[83] Liu L, Wen W, Shrubsole MJ, Lipworth LE, Mumma MT, Ackerly BA, Shu X-O, Blot WJ, Zheng W. Impacts of poverty and lifestyles on mortality: a cohort study in predominantly low-income Americans. *Am J Prev Med.* 2024;67(1):15-23. https://doi.org/10.1016/j.amepre.2024.02.015.

Housing as a Health-Related Need

Health is closely tied to a person's access to safe, affordable, and stable housing. In Alaska, an individual must earn at least $29.73 per hour (based on a 40-hour workweek, 52 weeks a year) to afford a two-bedroom apartment at Fair Market Rate (FMR)—approximately $1,546 per month including utilities—without exceeding the 30% income threshold for affordability. This required wage is more than double Alaska's current minimum wage of $13.00 per hour.[84] Housing costs also influence the quality and safety of the home. More affordable options may be in unsafe areas, contain hazards such as mold or asbestos, or lack efficient heating, all factors that affect health. The size of a home is also essential; overcrowding can strain both physical and mental health. Overcrowding is a significant concern in rural Alaska, where some residents report sleeping in shifts due to insufficient space.[85] Having a dedicated sleeping space supports mental well-being and, for children, is linked to better educational outcomes through improved sleep quality.[86]

Additional health benefits of adequate housing include access to a kitchen for preparing nutritious meals and access to clean running water and sanitation facilities, which reduce the risk of infections. Finally, stable housing is associated with lower levels of chronic stress, which is a major contributor to many long-term health issues.

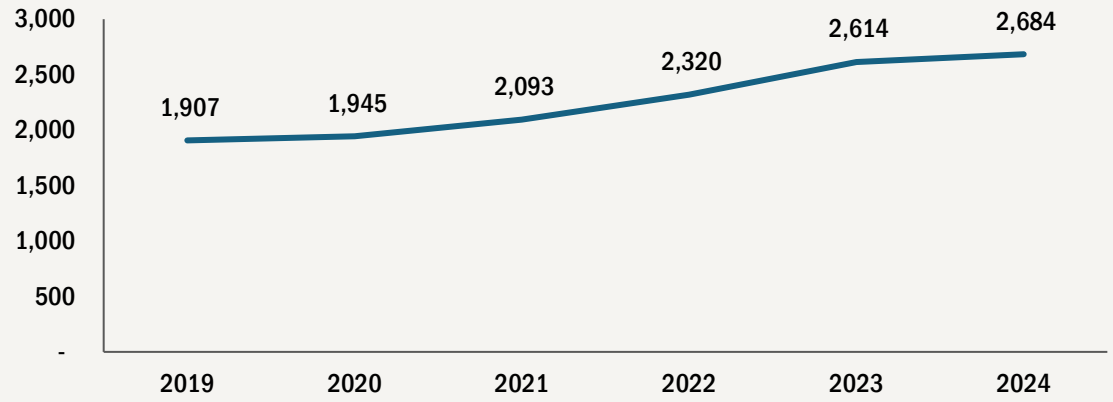
Figures 9 and 10 below show two different ways of measuring homelessness in Alaska. Figure 9 shows point-in-time counts reported to the U.S. Department of Housing and Urban Development, indicating a significant increase in the number of Alaskans without housing between 2019 and 2024. The point-in-time count is a count of people experiencing homelessness who are sheltered or unsheltered on a single night in January.

[84] National Low Income Housing Coalition. *Out of Reach 2025: The High Cost of Housing.* Washington, DC: National Low Income Housing Coalition; 2025. Accessed August 25, 2025. https://nlihc.org/sites/default/files/oor/2025_OOR_FullReport.pdf.

[85] Alaska Coalition on Housing and Homelessness. HUD AK-501 Continuum of Care Organization. 2024.

[86] Singleton R, Salkowski AJ, Bulkow L, Fish C, Dobson J, Albertson L. Skarada J, Kovesi T, McDonald C, Hennessy TW, Ritter T. Housing Characteristics and Indoor Air Quality in Households of Alaska Native Children with Chronic Lung Conditions. *Indoor Air.* 2017;27(2):478-486. https://doi.org/10.1111/ina.12315.

Figure 9. Number of Alaskans Experiencing Homelessness, Point in Time Counts, 2019-2024



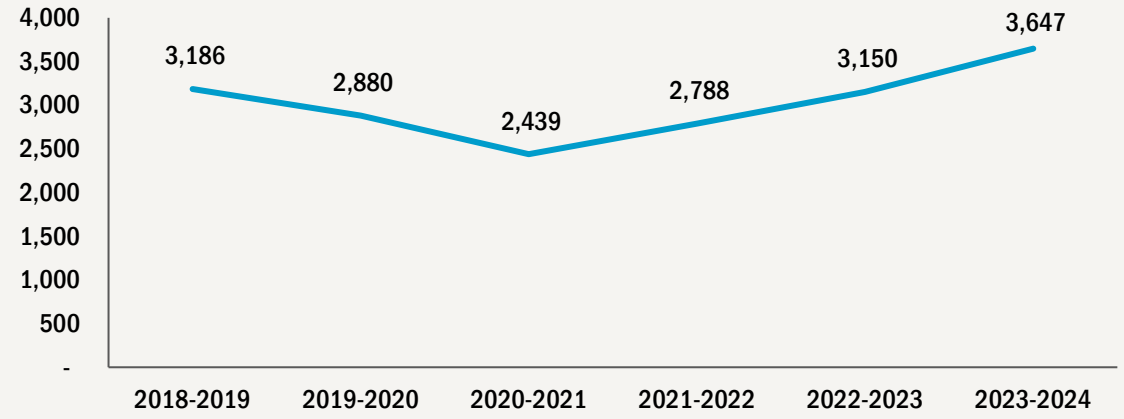
Source: Anchorage Coalition to End Homelessness, Alaska Balance of State Continuum of Care & Anchorage Continuum of Care *Point-in-Time* dashboard. Created by the Institute for Community Alliances, 2024, https://www.aceh.org/pit.

Figure 10 shows the number of children and youth experiencing homelessness as counted by public schools. The Alaska Department of Education and Early Development reports on unhoused students enrolled in Alaska public schools according to the McKinney-Vento Homeless Assistance Act, which defines a homeless child as one who lacks a fixed, regular, and adequate nighttime residence.[87] With this definition, children and youth who share the housing of others, live in hotels, shelters, public spaces, abandoned buildings, or who regularly couch surf, meet the definition of homelessness. Like the point-in-time count, Alaska Department of Education and Early Development estimates of homelessness show an increase in student homelessness over the past decade, particularly since the COVID-19 pandemic. The temporary decline shown in 2020-2022 is likely at least in part due to the inability to count students during the COVID-19 pandemic. Another data source, the Youth Risk Behavior Survey (YRBS), reveals that in 2023, 10.6% of Alaska high school students slept away from their parents' or guardians' home because they were kicked out, ran away, were abandoned, or felt unsafe in their home in the past year.[88]

[87] U.S. Department of Education, National Center for Homeless Education. *McKinney-Vento Definition of Homeless (Title VI, Part B of the McKinney-Vento Homeless Assistance Act).* Available from: https://nche.ed.gov/mckinney-vento-definition/.

[88] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Youth Risk Behavior Survey (YRBS) Data Dashboard 2023*. https://alaska-dph.shinyapps.io/YRBS/ https://public.tableau.com/app/profile/yrbs.alaska/viz/yrbs/LandingPage.

Figure 10. Number of Alaska Children/Youth Experiencing Homelessness, 2018-2024



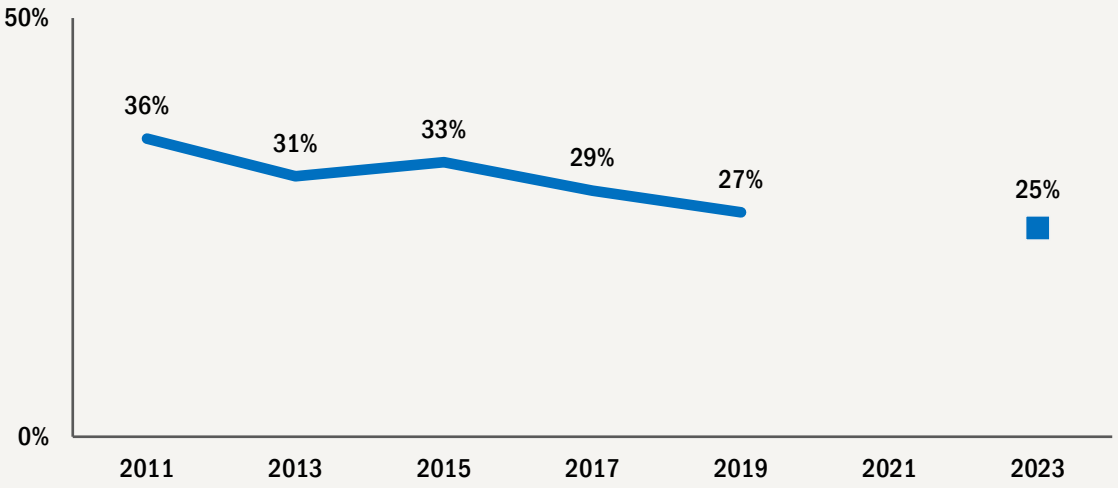
Source: Alaska Department of Education & Early Development

Physical Environment as a Health-Related Factor

The physical environment as a health-related factor encompasses the natural and built surroundings that shape daily life. Elements such as clean water systems, air quality, and exposure to toxins directly affect physical well-being. Even less obvious features, such as the kinds of advertising displayed in public spaces, can contribute to health by shaping social norms and behaviors.

One example of how the physical environment influences health is exposure to secondhand smoke. Being exposed to other people's cigarette smoke can increase the risk of chronic conditions such as asthma, respiratory illnesses, and cardiovascular disease. Secondhand smoke exposure among young people is especially concerning, given their developing bodies. Figure 11 below shows that the percentage of high school students in Alaska exposed to other people's cigarette smoke has declined from 36% in 2011 to 25% in 2023. This steady reduction over the past decade reflects both changing norms supported by public health campaigns and the impact of policies that restrict smoking in public spaces.

Figure 11. Percentage of High School Students Who Are Exposed to Other People's Cigarette Smoke, 2011-2023



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, Alaska Youth Risk Behavior Survey, 2011-2023. https://public.tableau.com/app/profile/yrbs.alaska/viz/yrbs/LandingPage

Note: 2021 data not available due to an inability to field the YRBS during the COVID-19 pandemic.

Policies related to tobacco use on school grounds have become increasingly comprehensive. The Alaska School Health Profiles report that 94% of secondary schools in Alaska have a tobacco-free policy, and 54% have a comprehensive tobacco-free policy that prohibits use by all people on all school grounds at *all* times.[89]

☑ **To see the most current data related to these indicators of health and many others, look at the most recent HA2030 Scorecard:**

https://www.healthyalaskans.org/wp-content/uploads/2026/01/HA2030_Scorecards_10_29_25.html

[89] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska School Health Profiles 2024.* https://profiles-explorer.cdc.gov/.

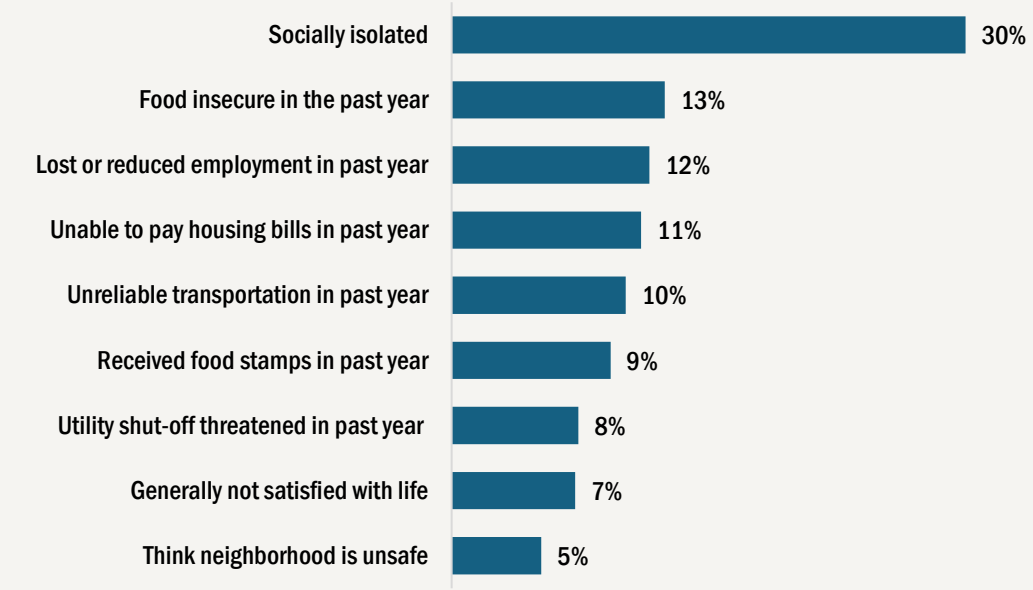
Risk Factors and Health-Related Social Needs

Social factors at the population level influence health-related social needs at the individual level. Health-related social needs are immediate needs of individuals and include hardships that can lead to decreased health and lower quality of life, such as housing and food insecurity.

Social Connections

Figure 12 shows how common each health-related social need is among Alaska adults. The most commonly expressed challenge was social isolation. Social isolation overlaps with many other risk factors and needs, and there is a cumulative impact when different challenges and risk factors co-occur.

Figure 12. Percentage of Alaska Adults Who Experienced Each Health-Related Social Need, 2024



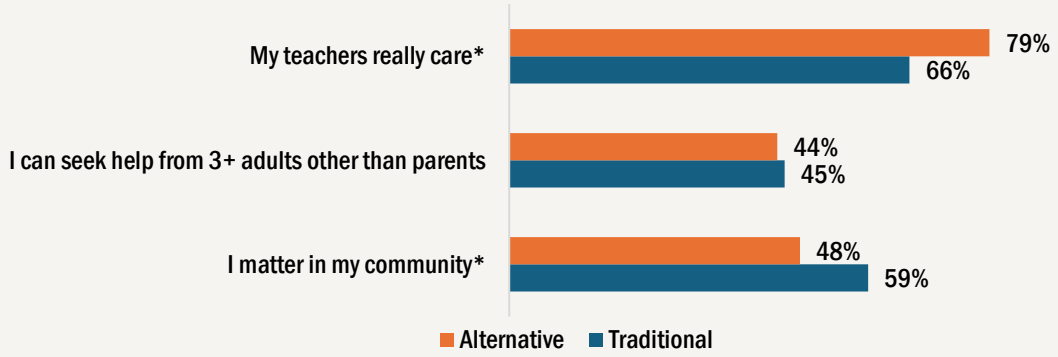
Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2024.* Accessed November 2, 2025. https://alaska-dph.shinyapps.io/BRFSS/.

Social isolation and loneliness also affect many adolescents. For adolescents, connections with family, peers, and community play an important role in development.[90] Two Healthy Alaskans 2030 objectives (Objectives 17 and 18) address how connected Alaska high school students feel to others in their communities. A related measure that is not included in Healthy Alaskans 2030 is also available from the same data source (YRBS); findings from these three YRBS "connectedness" measures are shown below. In Alaska, the YRBS is conducted in both "traditional" and "alternative" high schools. Alternative high schools serve students who struggled to succeed in traditional school settings due to barriers such as

[90] Blum RW, Lai J, Martinez M, Jessee C. Adolescent connectedness: cornerstone for health and wellbeing. *BMJ*. 2022;379:e069213. Published 2022 Oct 27. https://doi.org/10.1136/bmj-2021-069213.

homelessness, poverty, untreated mental health issues, substance misuse, and unaddressed health needs. Figure 13 below shows that alternative high school students are more likely than their peers to feel that their teachers really care about them (79% versus 66% for traditional high school students). In contrast, traditional high school students are more likely to feel they matter in their community (59% versus 48% for alternative high school students). There was no significant difference by school type among high school students who had three or more adults other than their parents from whom they felt comfortable seeking help.

Figure 13. Alaska High School Students Connections to Community, Alternative and Traditional High School Students, 2023



* Significant difference
Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, Alaska Youth Risk Behavior Survey, 2023.
https://public.tableau.com/app/profile/yrbs.alaska/viz/yrbs/LandingPage

Behavioral Risk Factors

Many behaviors and experiences put individuals at risk for negative health outcomes and associated personal and financial costs. The following graph shows the prevalence of selected risk factors for chronic disease and injury among adults in Alaska.

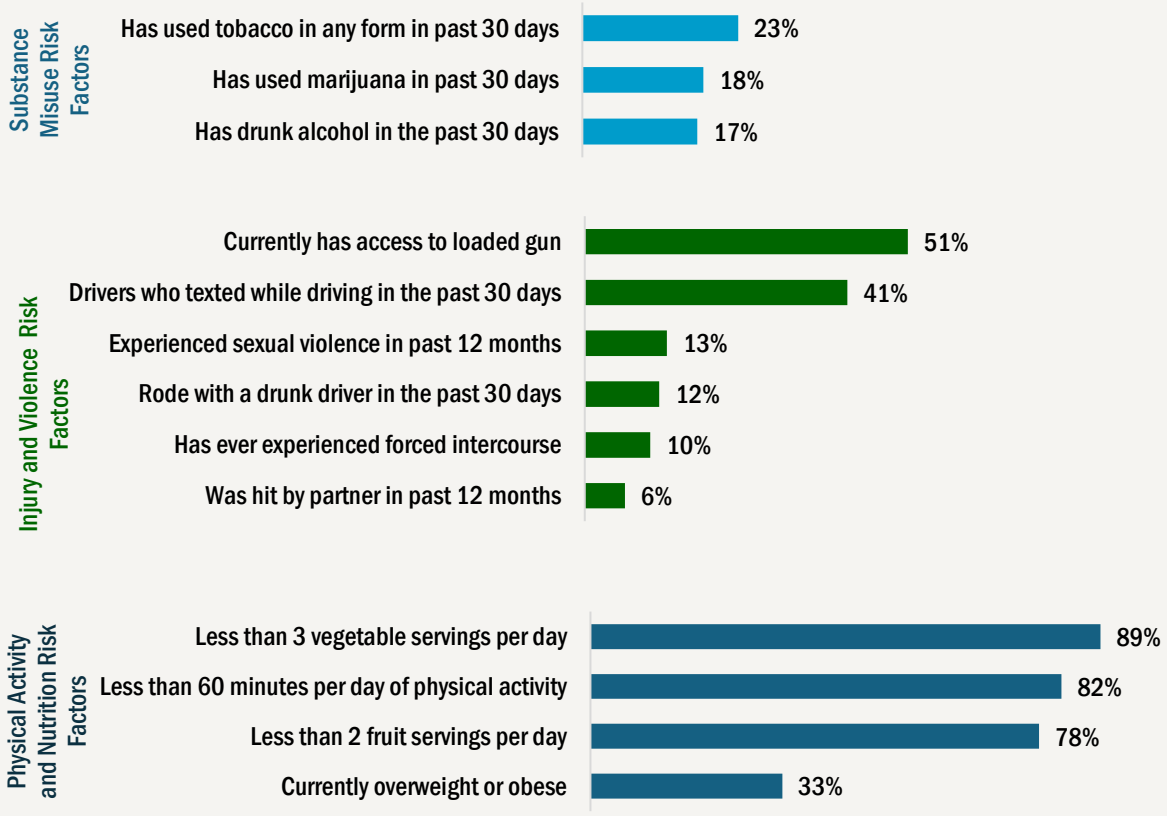
Figure 14. Select Chronic Disease and Injury Risk Factors, Alaska Adults

* Data from 2021
^ Data from 2023
\+ Data from 2024

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS)*. Accessed October 27, 2025. For more information on BRFSS measures, see https://alaska-dph.shinyapps.io/BRFSS/.

Alaska youth are also engaging in behaviors and experiences that put them at risk for negative health outcomes. The following graph shows the prevalence of selected risk factors for chronic disease and injury among high school students in Alaska.

Figure 15. Select Chronic Disease and Injury Risk Factors, Alaska High School Students, 2023



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Survey, 2023. Traditional High School Students.

Adverse Childhood Experiences

Adverse Childhood Experiences, or ACEs, are a set of traumatic childhood experiences, such as maltreatment and neglect, that have been found to be risk factors for the leading causes of poor quality of life, illness, and death. The more ACEs a person has, the more likely they are to experience one or more of a wide variety of poor health consequences.[91] In Alaska, 38% of adults report having experienced four or more ACEs before they were 18 years of age.[92] The ACEs data below come from the Overcoming ACEs with Resilience Survey (OARS), which provides self-reported measures of exposure to household challenges and maltreatment. Household challenges included:

- *Intimate partner violence*
- *Mental illness or substance abuse in the household*
- *Parental divorce or separation*

[91] Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998; 14(4):245-258. https://doi.org/10.1016/s0749-3797(98)00017-8.

[92] Alaska Department of Health, Division of Public Health. The Overcoming ACEs with Resilience Survey (OARS). Alaska Childhood Experiences Data Resource Center, 2023. https://alaska-dph.shinyapps.io/AK-ACEs/.

- *Parental incarceration*
- *Substance abuse by someone close to the birthing parent*

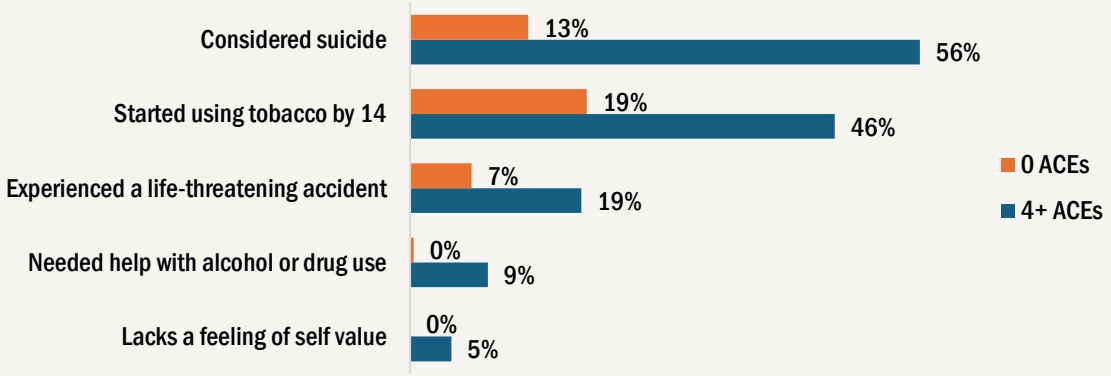
Maltreatment ACEs included:

- *Physical abuse*
- *Sexual abuse*
- *Mental injury (emotional abuse)*

Figure 16 shows that, compared to those with no ACEs, Alaska adults with four or more ACEs are significantly more likely to have considered suicide, started using tobacco at an early age, experienced a life-threatening accident, needed help with substance use, and lack a feeling of self-value.

In Alaska, 38% of adults report having experienced four or more ACEs before they were 18 years of age.

Figure 16. Percentage of Alaska Adults with Select Risk Factors, by History of Adverse Childhood Experiences (ACEs), 2023



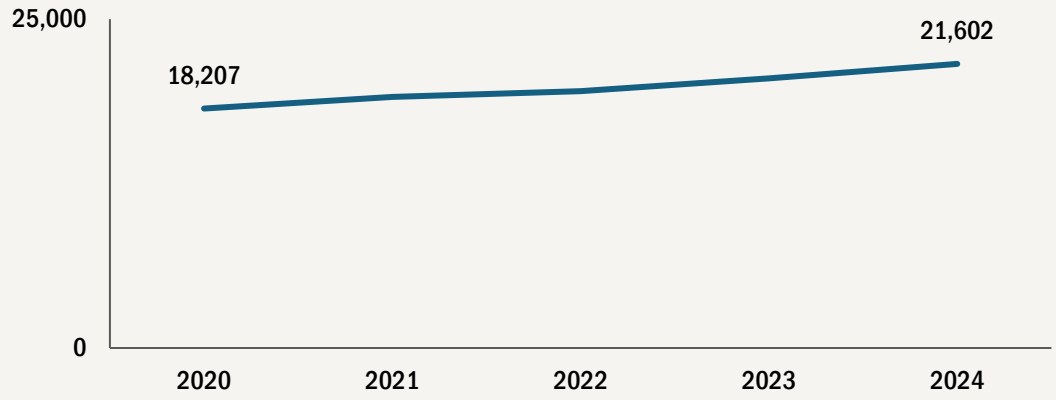
Source: Alaska Division of Public Health, Overcoming ACEs with Resilience Survey, 2023.

The three maltreatment ACEs—physical abuse, sexual abuse, and emotional abuse—are among the most traumatic and damaging to child development. A database maintained by the Alaska Department of Family and Community Services, Office of Children's Services is used to monitor reports of child maltreatment. Child abuse and neglect are long-standing problems in Alaska, with rates significantly higher than in the U.S. overall.[93] Accurately capturing the extent of child maltreatment can be challenging as it relies upon both reporting and substantiation of maltreatment events, each of which can be subject to numerous factors. Methods for substantiating maltreatment reports vary over time and by resource level, so trends in substantiated reports over time may reflect those factors rather than actual changes in maltreatment. For this reason, it is crucial to look at multiple indicators to get the most complete picture. One significant number in that puzzle is the count of all protective services

[93] Alaska Mental Health Trust Authority. *2024 Alaska Scorecard: Key Issues Impacting Alaska Mental Health Trust Beneficiaries*. Anchorage, AK: Alaska Mental Health Trust Authority; 2024. https://health.alaska.gov/media/tgfnloaq/2024-alaska-scorecard-v12.pdf.

reports (whether substantiated or not), as this indicates the maltreatment the community believes it is seeing and reporting. Figure 17 shows that this count has been increasing over the past several years.

Figure 17. Count of all protective services reports screened by year, 2020-2024



Source: Alaska Department of Family and Community Services, Office of Children's Services
Note: Counts have not been de-duplicated and are counts of the family, not individual children.

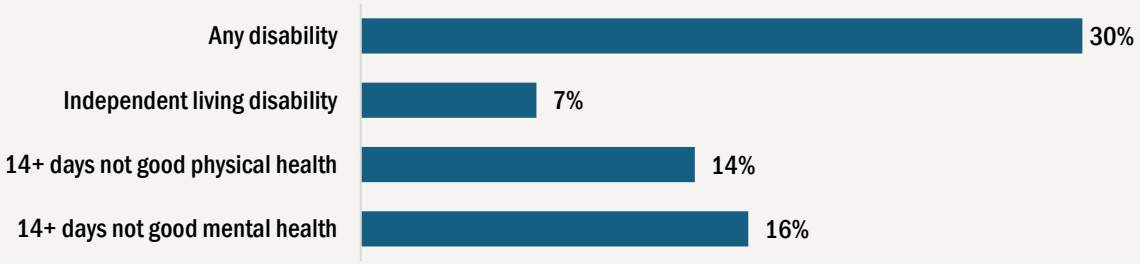
Another helpful measure for understanding how child maltreatment affects individuals and communities is the frequency with which children are the subject of more than one maltreatment report. In 2024 in Alaska, of all the children who were victims of a substantiated maltreatment report, 11% had already been victims of another substantiated maltreatment report within the previous twelve months. This percentage has decreased 18% since 2018, but still indicates that too many children are experiencing repeated abuse in Alaska.[94]

Quality of Life Among Alaska Adults

Self-reported data from the Behavioral Risk Factor Surveillance System (BRFSS) can be used to assess the quality of life and level of disability among Alaska adults. Figure 18 shows that 16% of Alaska adults report being in poor mental health during about half of the prior month; a similar percentage (14%) report being in poor physical health about half of the previous month.

[94] Alaska Department of Family and Community Services, Office of Children's Services. Healthy Alaskans 2030.

Figure 18. Quality of Life Indicators, Alaska Adults, 2024



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2024*. For more information on BRFSS measures, see: https://alaska-dph.shinyapps.io/BRFSS/

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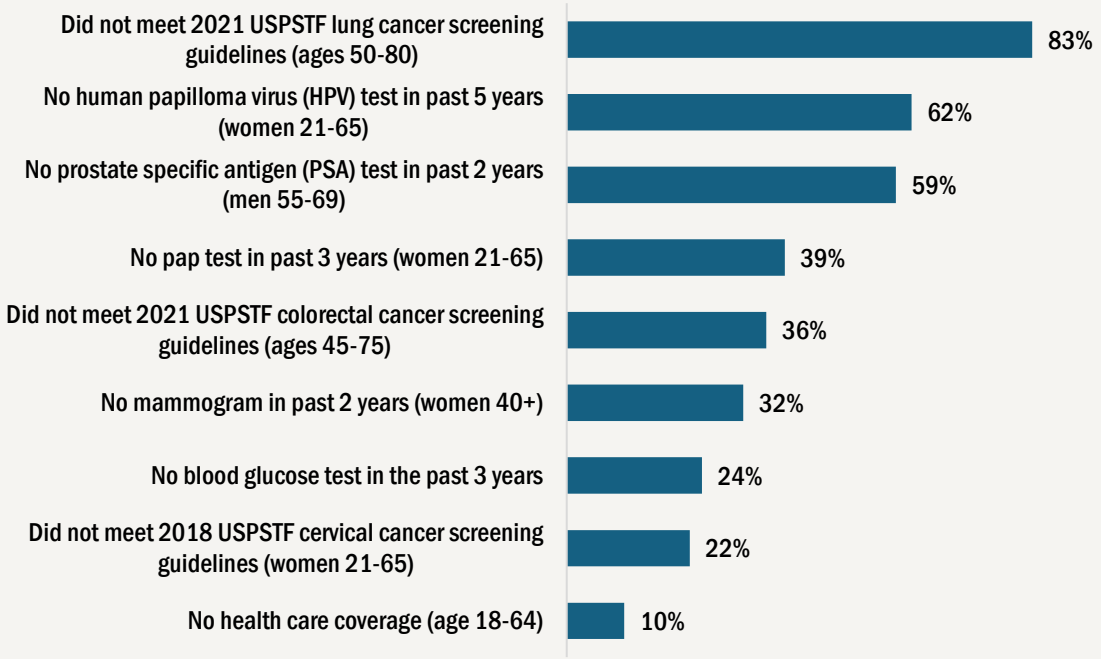
Access to Healthcare and Preventive Services

Routinely collected Alaska data were examined to assess access to healthcare and preventive services, such as screenings for certain diseases and preventive health exams. Figure 19 shows the percentage of Alaska adults who have not received selected age- and sex-specific preventive services.

Figure 19. Percentage of Adults Not Receiving Select Preventive Services, Alaska, 2024



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2024*. For more information on BRFSS measures, see: https://alaska-dph.shinyapps.io/BRFSS/.

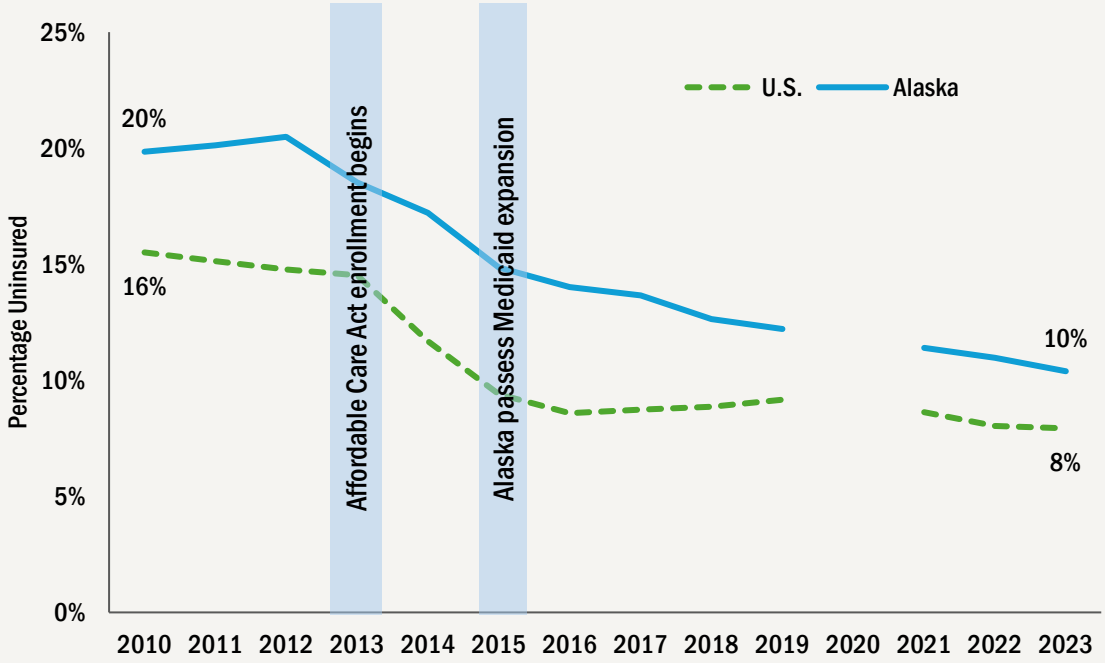
Notes: All data are self-reported. For the top measure about lung cancer screening, the sample population offered that question was adults, ages 50-80, current smokers or quit less than 15 years ago, with a 20+ pack-year smoking history.

While screenings can facilitate early detection and preventive care for many health conditions, individual patient screening recommendations require shared decision-making between a patient and their provider. For some individuals, a particular screening test may not be indicated due to factors specific to that individual. Therefore, 100% screening rates are not expected. Still, the rates of preventive services, including screenings, are a helpful indication of access to health services and health education.

Health Insurance Coverage

The percentage of Alaskans without health insurance coverage increased slightly from 2010 to 2013. In 2014, uninsurance began to decrease, following the pattern seen in the U.S. overall. This drop in rates of uninsured people correlates with the first Affordable Care Act (ACA) open enrollment period in October 2013,[95] and Medicaid expansion by executive order in September 2015.[96] The Alaska uninsurance rate decreased from 20% in 2010 to 10% in 2023. However, Alaska continues to have a higher rate of uninsured people than the U.S. as a whole; and in 2024, 23% of Alaska adults reported not having a regular personal healthcare provider, and 13% reported being unable to seek healthcare services in the past 12 months due to cost.[97]

Figure 20. Percentage with No Health Insurance, All Alaskans, U.S., 2010-2023



Source: U.S. Census Bureau, American Community Survey
Note: 2020 data are not available due to COVID-19

In 2023, the majority of Alaskans had insurance coverage through their employer. Medicaid/CHIP and Medicare combined covered 31%. As of September 2025, 214,201 Alaskans were enrolled in Medicaid,

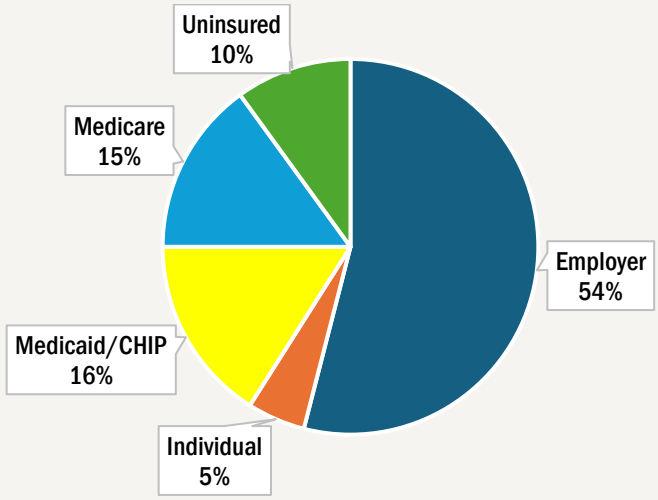
[95] Sommers BD, Gunja MZ, Finegold K, Musco T. Changes in Self-Reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act. 2015;314(4):366-374. https://doi.org/10.1001/jama.2015.8421.

[96] HealthInsurance.org, LLC. *Medicaid eligibility and enrollment in Alaska.* Accessed October 20, 2025. Available from: https://www.healthinsurance.org/medicaid/alaska/.

[97] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2024.* Accessed November 2, 2025. https://alaska-dph.shinyapps.io/BRFSS/.

41% of whom were children.[98] Note that the pie chart below does not reflect Indian Health Services (IHS) coverage for care. The U.S. Census Bureau considers those who have only IHS as their source of healthcare "uninsured," so those with IHS coverage will fall under other categories shown (Medicaid, Medicare, Employer, Individual, or Uninsured). Therefore, in the Alaskan context, the pie chart may underestimate the number of people with some (often limited) healthcare coverage. In Alaska, coverage differs vastly among payers, and the availability of care is not always comprehensive. IHS is chronically underfunded, which exacerbates other challenges to accessing care such as geographic isolation and limited availability of clinicians and specialists.[99]

Figure 21. Insurance Type, Alaska, 2023



Source: U.S. Census Bureau, American Community Survey

[98] Alaska Department of Health. *Alaska Medicaid Enrollment: Enrollment Summary through October 31, 2025.* Accessed November 2, 2025. https://apps.alaskamedicaidforecasting.net/dashboard/.

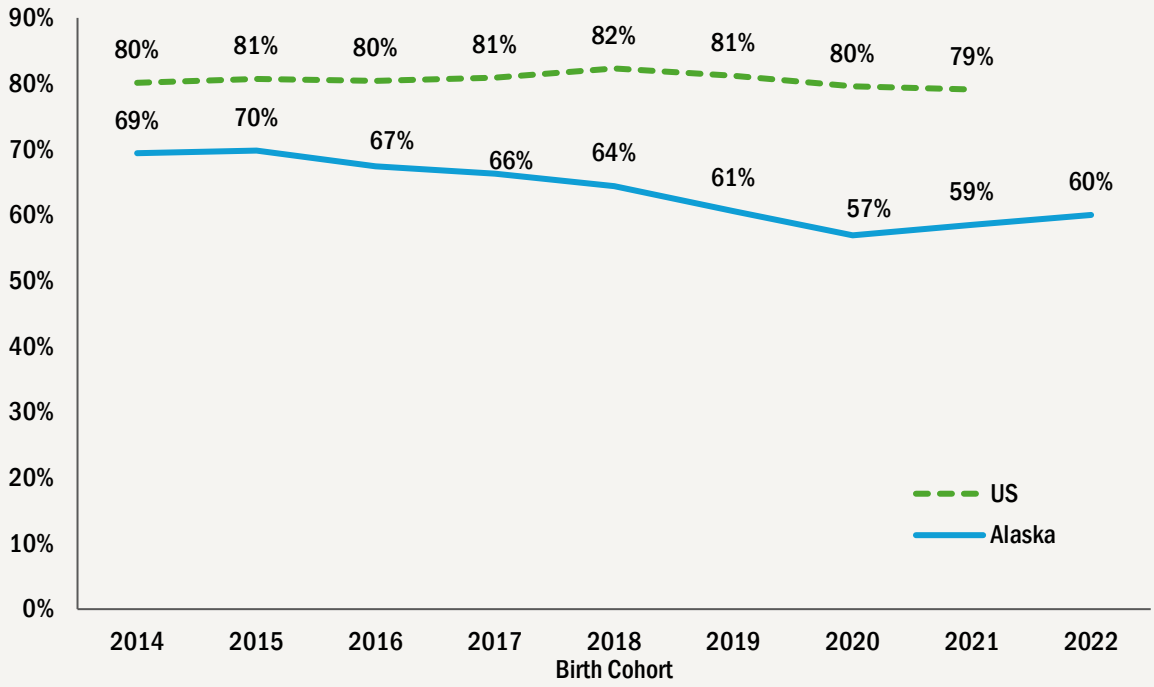
[99] Warne D, Baker T, Burson M, Kelliher A, Buffalo M, Baines J, Whalen J, Archambault M, Jinnett K, Mohan SV, Fineday RJ. Barriers and Unmet Needs Related to Healthcare for American Indian and Alaska Native Communities: Improving Access to Specialty Care and Clinical Trials. *Front. Health Serv.* 2025;5:1459501. https://doi.org/10.3389/frhs.2025.1469501.

Immunization Coverage

Data from Alaska's Immunization Information System, VacTrAK, and the CDC's National Immunization Survey highlight a gap in DTaP (Diphtheria, Tetanus, Pertussis) vaccination coverage rate among 2-year-olds. Figure 22 illustrates vaccination coverage rates with 4 doses of the DTaP vaccine by 2 years of age for Alaska and the U.S. among annual birth cohorts from 2014 to 2022. While national DTaP vaccination coverage for four doses of DTaP completion by 2 years of age remained relatively stable at about 80% from 2014 through 2021 (79% for the 2021 birth cohort, the latest available), the rate in Alaska declined steadily from 69% among children born in 2014 to 60% among children born in 2022.

At 84% during the 2023-2024 school year, Alaska has the second-lowest measles, mumps, and rubella (MMR) vaccination rate among the fifty states.

Figure 22. DTaP Vaccination Coverage among 2-Year-Olds, Alaska, U.S., 2014-2022



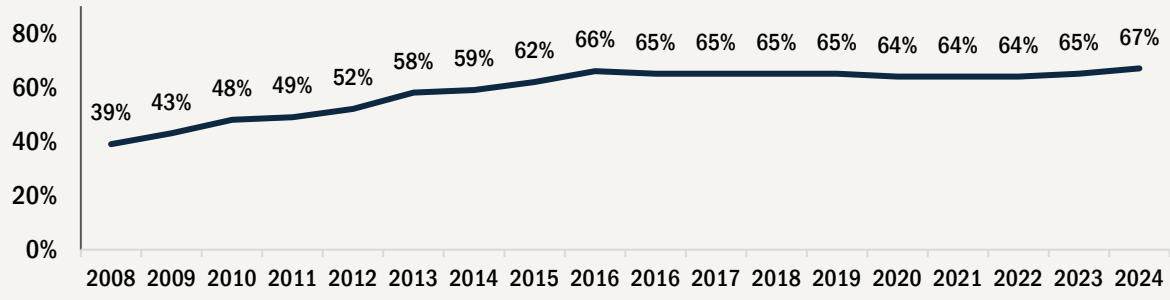
Sources: All Alaskans: Alaska Division of Public Health, Section of Epidemiology, Immunization Program, VacTrAK; U.S. CDC, National Immunization Survey - Child.
Notes: Vaccination coverage rates are displayed by birth cohort year (i.e., the year that group of 2-year-old children was born) and not the year the vaccinations occurred, so data in the chart may appear older than they are. U.S. data are not yet available for the 2022 birth cohort.

The COVID-19 pandemic further adversely impacted childhood immunization coverage nationwide, likely resulting from reduced access to well-child appointments during the pandemic and challenges to vaccine confidence.[100] By 2025, Alaska had still not attained pre-pandemic levels of coverage. At 84% during the 2023-2024 school year, Alaska has the second-lowest measles, mumps, and rubella (MMR) vaccination rate among the 50 states.[101] As of November 4, 2025, a total of 1,681 confirmed measles cases were reported in the U.S., including three cases in Alaska.[102] This is the highest number of annual cases nationally since the U.S. declared measles eliminated in 2000.

Prenatal Care During the First Trimester

Prenatal care starting in the first trimester is vital for identifying and managing health risks during pregnancy. Early care is strongly associated with reduced rates of preterm birth, low birth weight, and infant mortality.[103,104] The proportion of births with prenatal care beginning in the first trimester is a marker of how well systems connect people to timely care and reflects the accessibility of healthcare. Disparities in this measure often highlight inequities across racial and ethnic groups, income levels, and regions (related to access to care). In Alaska, the percentage of live births among women who received adequate prenatal care that began during their first trimester increased from 2008 through 2016, and it has plateaued since then.

Figure 23. Percentage of Live Births to Women Who Received Adequate Prenatal Care Beginning in the First Trimester, Alaska, 2008–2024



[100] Alaska Department of Health, Section of Epidemiology. Persistently low childhood vaccination coverage rates—Alaska, 2018–2022. *Alaska Epidemiology Bulletin.* 2023;No. 5. Published April 18, 2023. Available from: https://epi.alaska.gov/bulletins/docs/b2023_05.pdf. Accessed November 6, 2025.

[101] Centers for Disease Control and Prevention. Measles cases and outbreaks. Updated November 5, 2025. Available from: https://www.cdc.gov/measles/data-research/index.html. Accessed November 6, 2025.

[102] Centers for Disease Control and Prevention. Measles cases and outbreaks. Updated November 5, 2025. Available from: https://www.cdc.gov/measles/data-research/index.html. Accessed November 6, 2025.

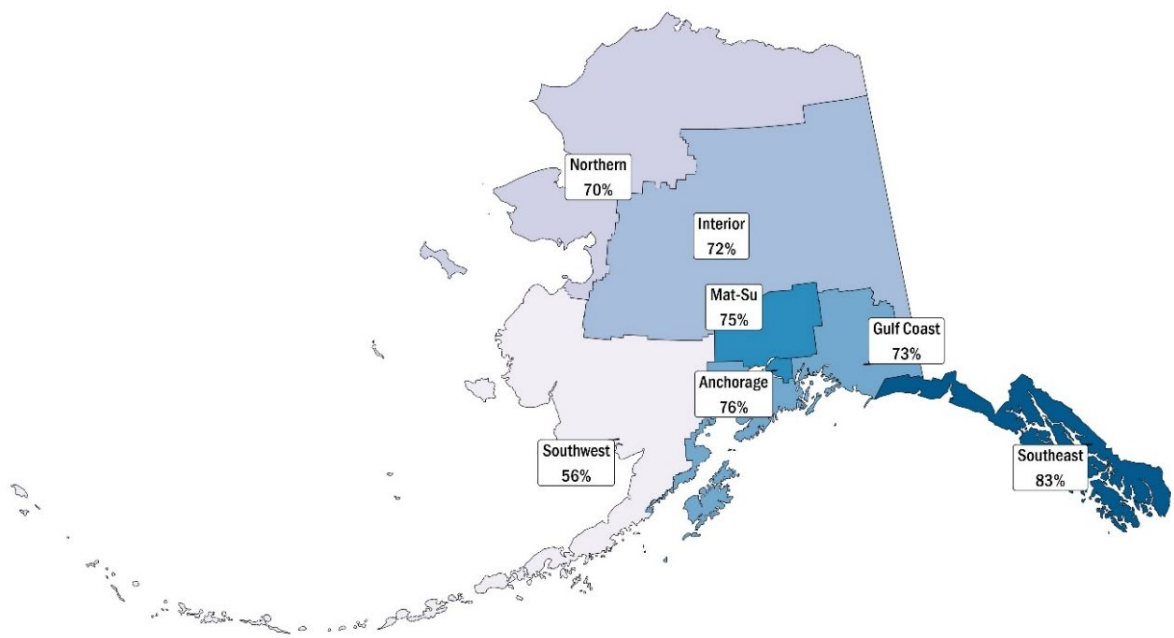
[103] Vinzileos AM, Ananth CV, Smulian JC, Scorza WE, Knuppel RA. The impact of prenatal care in the United States on preterm births in the presence and absence of antenatal high-risk conditions. *Am J Obstet Gynecol.* 2002;187(5):1254-1257. https://doi.org/10.1067/mob.2002.127140.

[104] Hessol NA, Vittinghoff E, Fuentes-Afflick E. Reduced risk of inadequate prenatal care in the era after Medicaid expansions in California. *Med Care.* 2004;42(5):416-422. https://doi.org/10.1097/01.mlr.0000124244.26926.4d.

Source: Alaska Division of Public Health, Vital Statistics, Natality (2008 - 2024)
Note: The Adequacy of Prenatal Care Utilization Index uses data from the birth certificate on the month of pregnancy when prenatal care began, the number of prenatal care visits, and the infant's gestational age to classify levels of prenatal care. The APNCU classifies care as intensive use (or adequate plus) and adequate care, which are combined here to define adequate prenatal care that began by the 4th month of pregnancy and where the woman attended 80% or more of the expected number of visits.

The map below shows rates of prenatal care during the first trimester in each of Alaska's public health regions. The highest rates of first trimester care are seen in the Southeast region (83%), while the lowest rates are seen in the Southwest region (56%).

Figure 24. Prenatal care during first trimester of pregnancy by Public Health Region, 2019-2023



Source: Alaska Maternal and Child Health Indicators Data Hub, Alaska Department of Health, Division of Public Health, Section of Women's, Children's and Family Health.

☑ **To see the most current data related to these indicators of health and many others, look at the most recent HA2030 Scorecard:**

https://www.healthyalaskans.org/wp-content/uploads/2026/01/HA2030_Scorecards_10_29_25.html

Causes of Illness and Injury (Morbidity)

Several sources of Alaska data, including disease and injury registries, hospital discharge records, and telephone-based and online behavior surveys, provide information about morbidity, or the presence of illness or injury among Alaskans. While the birth of a newborn is the top reason for hospitalization, septicemia or sepsis, and alcohol-related disorders are the most frequent *morbidities* that lead to hospitalization. Sepsis is the body's extreme response to an infection, which triggers a chain reaction throughout the body that can lead to tissue damage, organ failure, and death.[105] The following table shows the top five morbidities leading to hospitalization in Alaska in 2024 by percentage of discharge diagnoses. The relative cost of those diagnoses is also shown. These top five morbidities account for over 18% of all discharges and 18% of hospital charges.

Three out of four adults in Alaska have one or more ongoing chronic diseases.

Table 2. Top Five Morbidities Leading to Hospitalization in Alaska in 2024

Reason for Hospitalization	Percentage of Discharges	Percentage of Charges
Septicemia	8%	12%
Alcohol-Related Disorder	3%	1%
Heart Failure	3%	3%
Complications specific during childbirth*	2%	1%
Perinatal hypertension & hypertensive-related conditions**	2%	1%

* Complications specific during childbirth is not inclusive of complications that occur in the weeks before or after a birth.

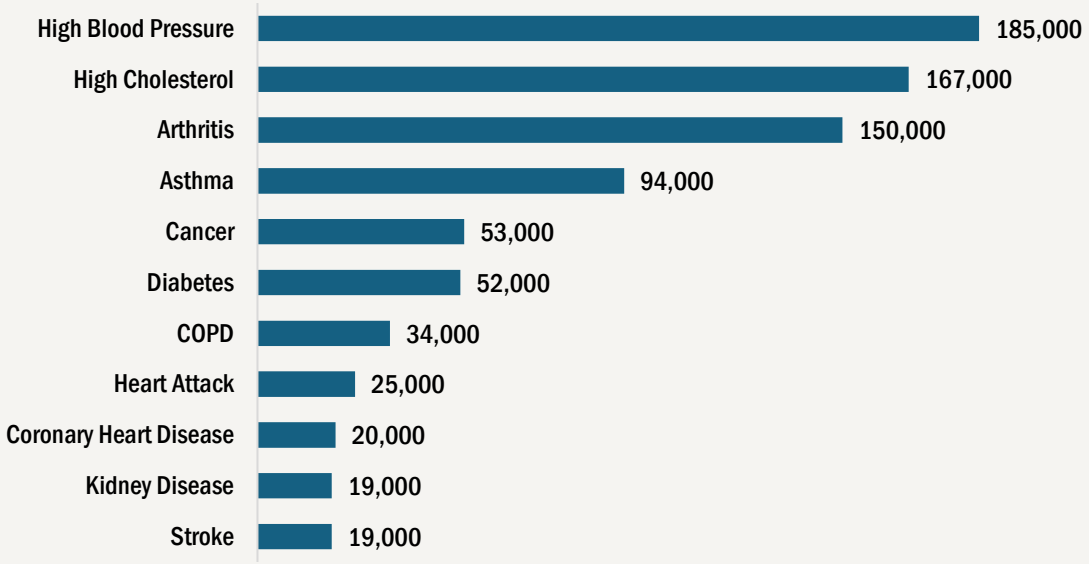
** Perinatal hypertension & hypertensive-related conditions is inclusive of complications that take place during pregnancy, childbirth, and the puerperium (the six weeks following a birth).

Source: Alaska Division of Public Health, Vital Statistics, Health Facilities Data Reporting (2024)
Note: Hospitalization reasons were generated using Clinical Classification Software Refined Categories. Charges do not reflect what was paid or negotiated for the services.

Self-reported data from Alaska adults regarding their history of being diagnosed with chronic conditions is shown below. High blood pressure and high cholesterol impact an estimated 185,000 and 167,000 Alaskans, respectively.

[105] Centers for Disease Control and Prevention. *What Is Sepsis?* Updated 2018. Available from: https://www.cdc.gov/sepsis/what-is-sepsis.html. Accessed November 6, 2025.

Figure 25. Alaska Adults Diagnosed with Select Chronic Diseases (rounded to the nearest thousand), 2024



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2024* (except cholesterol, which is 2023). For more information on BRFSS measures, see: https://alaska-dph.shinyapps.io/BRFSS/.
Note: COPD = Chronic Obstructive Pulmonary Disease

Since many people may not be fully aware of their official diagnoses, self-reported data collected with the BRFSS, seen in the above graph, is likely to be an underestimate of the actual prevalence of healthcare provider diagnosis and undiagnosed prevalence. Moreover, these data do not show the impact of having multiple co-occurring chronic conditions; the Alaska Department of Health reports that three out of four adults in Alaska have one or more ongoing chronic diseases.[106] Having multiple chronic conditions negatively impacts quality of life as well as healthcare costs.[107]

Racial inequities also exist for many of these diseases. For example: a) Alaska Native or American Indian adults are more likely to report ever having had asthma compared to non-ANAI adults, b) white adults are more likely than non-white adults to report high cholesterol, and c) adults who identify as Hispanic, of a race other than ANAI or white, or to be of multiple races are more likely to report having diabetes compared to their peers.[108]

[106] Alaska Department of Health, the Alaska Health Systems Collaboration Unit. *Preventable Risk Factors are Linked to Chronic Diseases and Health Care Costs in Alaska: Fiscal Year 2024*. Anchorage, AK: Alaska Department of Health; 2024. https://health.alaska.gov/media/43kl503e/hsc_riskfactorchronicdiseaselinksgraphic.pdf. Accessed August 7, 2025.

[107] Anderson G. *Chronic Care: Making the Case for Ongoing Care.* Princeton, NJ: Robert Wood Johnson Foundation; 2010. https://www.rwjf.org/en/library/research/2010/01/chronic-care.html.

[108] Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Behavioral Risk Factor Surveillance System (BRFSS) 2024*. https://alaska-dph.shinyapps.io/BRFSS/.

Alzheimer's disease, the most common form of dementia, is associated with excess morbidity and mortality.[109] An estimated 9% of Alaska seniors have Alzheimer's disease.[110] Age is the greatest risk factor for Alzheimer's disease.[111] Alaska's population of adults 65 and older is expected to increase by 18% by 2050,[112] and prevalence of Alzheimer's disease is expected to increase correspondingly.[113] Alaska is not prepared with the infrastructure needed to address this increase, including workforce capacity for diagnosis, treatment, and care; the ability to accurately assess prevalence; and support for caregivers and for keeping those with Alzheimer's in their community.[114]

The Alaska Cancer Registry provides a significant amount of information regarding cancer incidence in Alaska. While incidence does not directly correlate with outcomes or mortality, it shows how common each diagnosis is. The following table shows the top five cancers in Alaska in 2022. Breast cancer (among women) ranks first in terms of both cases and age-adjusted rates of cancer incidence, followed by prostate cancer.

Table 3. Counts and Incidence Rates for Top 5 Cancers, Alaska Adults 2022

Rank	Cancer Site	Count	Age-Adjusted Cases per 100,000
1	Breast (women only)	527	139.0
2	Prostate (men only)	516	121.4
3	Lung & bronchus	394	48.5
4	Colon & rectum	194	39.1
5	Melanoma of the skin	139	18.3

Source: Alaska Division of Public Health, Alaska Cancer Registry (2022)
Note: Rank is based on counts

[109] Lanctôt Hahn-Pedersen J, Eichinger CS, et al. Burden of illness in people with Alzheimer's disease: a systematic review of epidemiology, comorbidities, and mortality. *J Prev Alzheimers Dis.* 2024;11(1):97-107. https://doi.org/10.14283/jpad.2023.61.

[110] Dhana K, Beck T, Desai P, Wilson RS, Evans DA, Rajan KB. Prevalence of Alzheimer's disease dementia in the 50 U.S. states and 3,142 counties: a population estimate using the 2020 bridged-race postcensal data from the National Center for Health Statistics. *Alzheimers Dement.* 2023;19(12):4388-4395. https://doi.org/10.1002/alz.13081.

[111] Guerreiro R, Bras J. The age factor in Alzheimer's disease. *Genome Med.* 2015;7(106):1-3. https://link.springer.com/article/10.1186/s13073-015-0232-5.

[112] Alaska Department of Labor and Workforce Development, Research and Analysis Section. *Alaska Population Projections 2023 to 2050.* July 2024. https://live.laborstats.alaska.gov/pop/projections/pub/popproj.pdf.

[113] Rajan KB, Weuve J, Barnes LL, McAninch EA, Wilson RS, Evans DA. Population estimate of people with clinical Alzheimer's disease and mild cognitive impairment in the United States (2020–2060). *Alzheimer's Dement.* 2021;17(12):1966-1975. https://doi.org/10.1002/alz.12362.

[114] Alaska Mental Health Trust Authority. *A Call for Action: Alaska's 10-Year Map to Address Alzheimer's Disease and Related Dementia.* Anchorage, AK: Alaska Mental Health Trust Authority; January 2021. https://akoltco.org/wp-content/uploads/2021/01/A-Call-To-Action-Alzheimers-Disease-Related-Dementia-10-Year-Map-ONLINE-VERSION.pdf.

Important to note is that, while colon and rectal cancers are the fourth most common form of cancer in the state, Alaska Native and American Indian people have the highest incidence rates of colorectal cancer of any group in Alaska and the United States.[115]

Another important morbidity indicator is the extent to which Alaskans are experiencing substance use dependence. These disorders carry high human and economic costs, straining families, communities, the healthcare system, and the justice system. Stigma remains a major barrier, keeping many people from getting the help they need. Tracking substance use dependence helps reveal the real impacts of addiction, identify treatment gaps, and guide investments in prevention and recovery supports. Research shows mortality risk can be lowered when people access proven treatments such as methadone or buprenorphine, underscoring the importance of expanding care and reducing barriers.

☑ **To see the most current data related to these indicators of health and many others, look at the most recent HA2030 Scorecard:**

https://www.healthyalaskans.org/wp-content/uploads/2026/01/HA2030_Scorecards_10_29_25.html

[115] Haverkamp D, Redwood D, Roik E, Vindigni S, Thomas T. Elevated colorectal cancer incidence among American Indian/Alaska Native persons in Alaska compared to other populations worldwide. *Int J Circumpolar Health.* 2023;82(1):2184749. https://doi.org/10.1080/22423982.2023.2184749.

Causes of Death (Mortality)

In 2024, the most recent year for which data are available, 5,525 Alaska residents died.[116] Table 4 below shows the ten leading causes of death in Alaska in 2024 and compares that ranking with U.S. rates and ranking. In Alaska, as in the U.S., most deaths each year are due to chronic diseases. Unlike in the U.S., cancer is the leading cause of death in Alaska; heart disease is second. Perhaps more striking is the difference between Alaska and the U.S. in rates of unintentional injury and suicide. The Alaska age-adjusted rate of death from unintentional injuries is 91.8 per 100,000, compared to 51.0 per 100,000 in the U.S. overall. The age-adjusted suicide rate, the 6th most common cause of death among Alaska residents and the 11th most common cause of death in the U.S., is 30.3 per 100,000 in Alaska, approximately 131% greater than the U.S. rate (13.1 per 100,000). Alaska Native and American Indian people experience higher age-adjusted mortality rates (AA) for the following leading causes, by order from rank 1 to 6: unintentional injury (AA 206.7 per 100,000 population), cancer (AA 200.3), heart disease (AA 146.1), suicide (AA 50.8), COPD (AA 48.2), and chronic liver disease/ cirrhosis (AA 45.9).[117]

Table 4: Leading Causes of Death, Alaska Residents and U.S., 2024

Cause of Death and AK Rank	Count	AK Age-Adjusted Rate	US Age-Adjusted Rate	U.S. Rank
1. Cancer+	1,136	147.8	143.4	2
2. Heart Disease +	821	115.1	162.6	1
3. Accidents (Unintentional Injuries)	667	91.8	51	3
4. Stroke +	232	33.5	40	4
5. Chronic Lower Respiratory Disease +	227	30.7	33.5	5
6. Intentional Self-Harm (Suicide)	222	30.3	13.1	11
7. Diabetes +	171	21.8	22.2	7
8. Chronic Liver Disease and Cirrhosis +	138	17.5	13	9
9. Alzheimer's Disease +	134	22.6	28.2	6
10. Kidney Diseases +	101	14.8	13	8

+ chronic disease

Notes: Age-adjusted rates are deaths per 100,000 population, standardized by U.S. year 2000 standard population; 2024 state and U.S. data are preliminary and subject to change.

Alaska Source: Alaska Division of Public Health, Vital Statistics, Mortality, 2024.

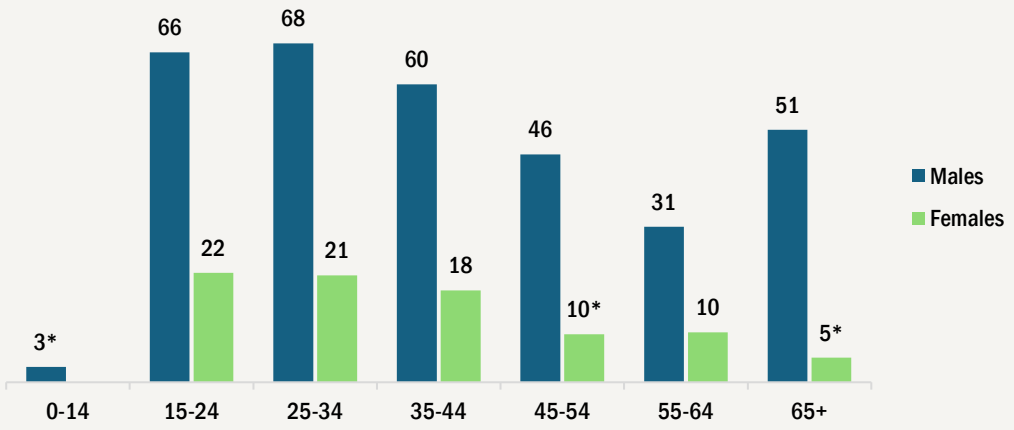
U.S. Source: Centers for Disease Control and Prevention. Mortality Data. CDC Wonder, www.cdc.gov/wonder. Accessed June 2025.

[116] Alaska Department of Health, Health Analytics and Vital Records. *Alaska Death Dashboard.* Updated November 5, 2025. Available from: https://public.tableau.com/app/profile/alaska.health.analytics.and.vital.records/viz/AlaskaDeathDashboard/Home. Accessed November 6, 2025.

[117] Alaska Native Tribal Health Consortium, Alaska Native Epidemiology Center. *Data Dashboard.* Anchorage, AK. 2025. Available from: https://epi.anthc.org/data-dashboard/. Accessed November 6, 2025.

Mortality rates for suicide differ not only by race, but also by age groups and gender, as shown in Figure 26 below. For example, Alaska males aged 25-34 have the highest suicide mortality rates.

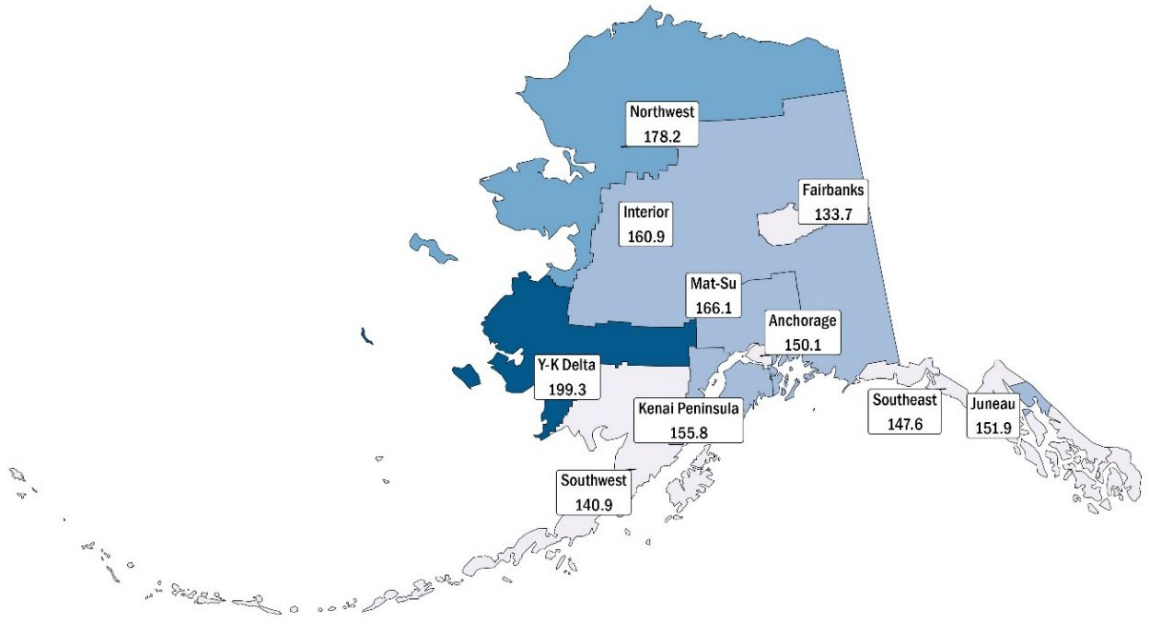
Figure 26. Average Annual Suicide Death Rate per 100,000 Alaska Residents by Age Group and Sex, 2020-2024



Source: Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records (HAVRS) Data and Statistics, Mortality, 2020-2024.
Note: Crude rates, as opposed to age-adjusted rates, are used.
*Rates based on fewer than 20 events are statistically unstable and should be used with caution.

Regional inequities also exist, with some regions experiencing significantly higher mortality rates for certain conditions. For example, the map below shows that cancer mortality rates are highest in the Northwest and Yukon-Kuskokwim Delta behavioral health system regions in Alaska.

Figure 27. Age-Adjusted Cancer Mortality Rates per 100,000 Alaska Residents by Behavioral Health System Region, 2014-2023



Source: Alaska Division of Public Health, Alaska Cancer Registry, 2025.[118]
Note: The Behavioral Health System Regions (BHSR) above use the prior definition of BHSRs before the revision in 2023.

In 2024, the average life expectancy for Alaska Native and American Indian people in Alaska was 67.5 years, a decade lower than the national (all races) average life expectancy of 77.4 years.[120,121] The following graph shows life expectancy trends for Alaska Native and American Indian people, Black people, people who identify with multiple race categories, white people, and Asian and Pacific Islander people from 2014 to 2024 in Alaska.

In 2024, the average life expectancy for American Indian and Alaska Native people in Alaska was 67.5 years, a decade lower than the national (all races) average life expectancy of 77.4 years.[119]

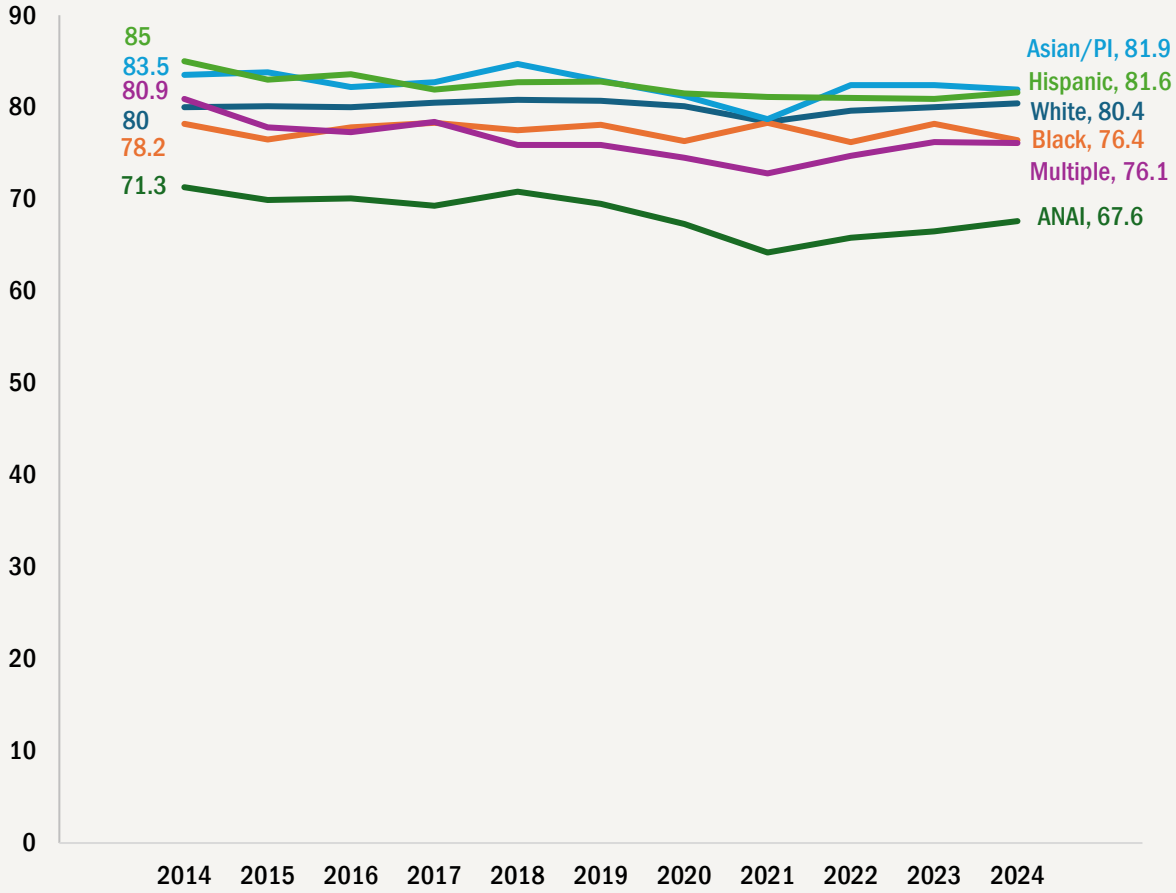
[118] Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2023) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2023 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, released February 2025. Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

[119] Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records (HAVRS) Data and Statistics, Life Expectancy, 2020-2024.

[120] Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records (HAVRS) Data and Statistics, Life Expectancy, 2020-2024.

[121] Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records. *Alaska Vital Statistics 2024 Annual Report.* Juneau, AK: Alaska Department of Health; Updated October 16, 2025. Available from: https://health.alaska.gov/media/wrbjik3l/2024-alaska-vital-statistics-annual-report.pdf.

Figure 28. Alaska Resident Life Expectancy by Race

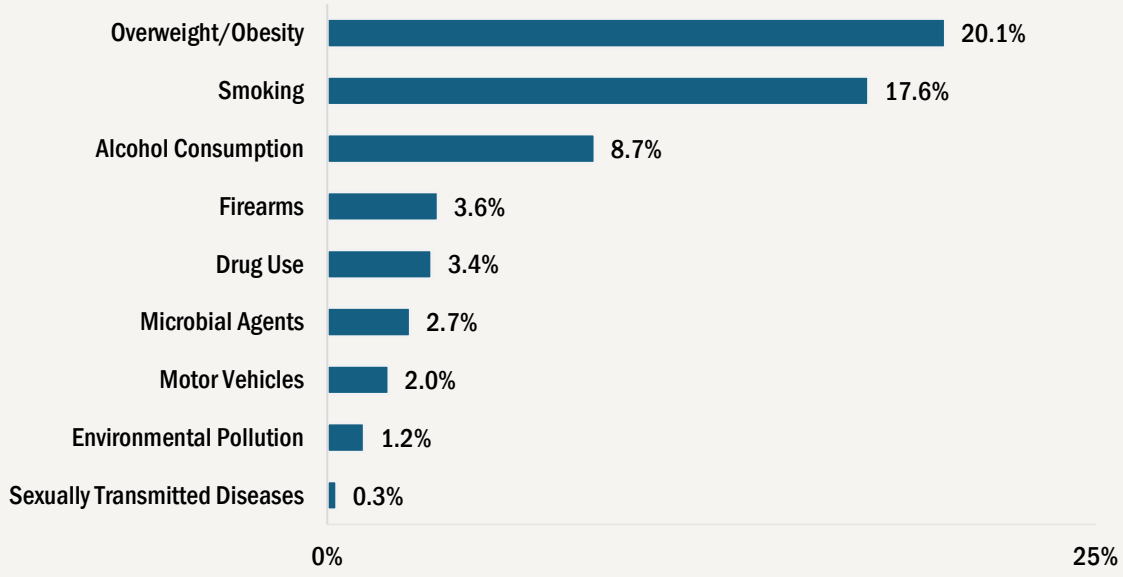


Source: Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records (HAVRS) Data and Statistics, Life Expectancy, 2020-2024.
Note: Race categories other than Multiple Races include those who chose only one race category. 2024 data are provisional and subject to change.

Population health is determined by a number of factors. Structural conditions, such as political and economic frameworks and ideologies, shape opportunities and social norms that determine access to healthcare. The current and historical conditions, policies, rules, and power structures in communities underlie whether individuals have the best chance at living a healthy life, including practicing healthy behaviors. From there, modifiable behavioral risk factors, also referred to as lifestyle factors, and the conditions that drive them are responsible for the majority of deaths in Alaska, underlying all of the chronic diseases listed in the top ten causes of death, as well as unintentional injuries. Chief among these risk behaviors are obesity and physical inactivity, smoking, and alcohol consumption, the combination of which accounts for nearly 60% of deaths in Alaska and 70% of deaths among Alaska

Native people.[122] The following figure shows the top nine modifiable behavioral risk factors and environmental conditions underlying mortality ("actual causes of death") in Alaska from 2011-2015.

Figure 29: Actual Causes of Death in Alaska, 2011-2015

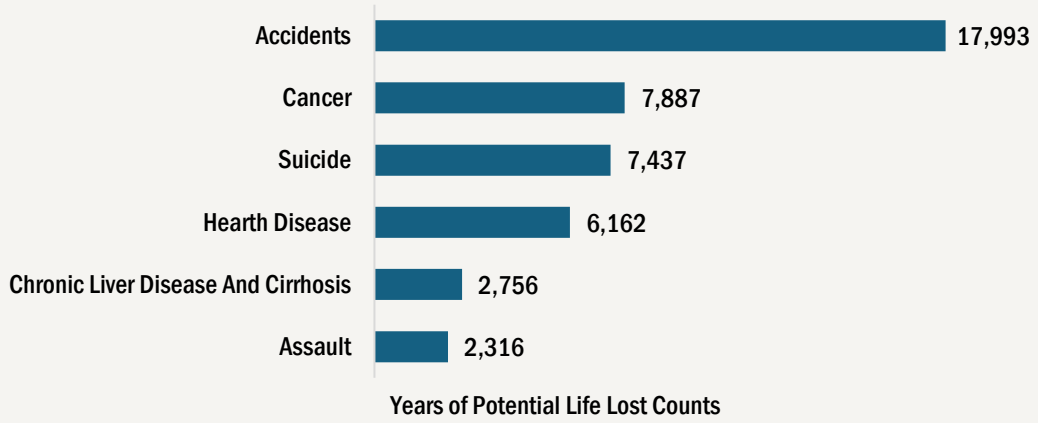


Source: Cueva K, Fenaughty A. Actual causes of death in Alaska. *Int J Circumpolar Health*. 2020;79(1):1780068. doi:10.1080/22423982.2020.178.

Rates of death reveal only part of the picture of mortality in Alaska. Since certain causes strike down the youngest Alaskans, it is also important to consider the years of potential life lost due to specific causes of death. This is defined as the number of years lost prior to an Alaskan's 75th year, aggregated by cause. The following graph shows the six leading causes of death based on the total years of potential life lost among Alaskans. Death from accidents in Alaska had the largest toll in terms of years of potential life lost, followed by cancer and suicide being second and third, respectively.

[122] Cueva K, and Fenaughty A. Actual causes of death in Alaska. *Int J Circumpolar Health*. 2020;79(1):1780068. https://doi.org/10.1080/22423982.2020.1780068.

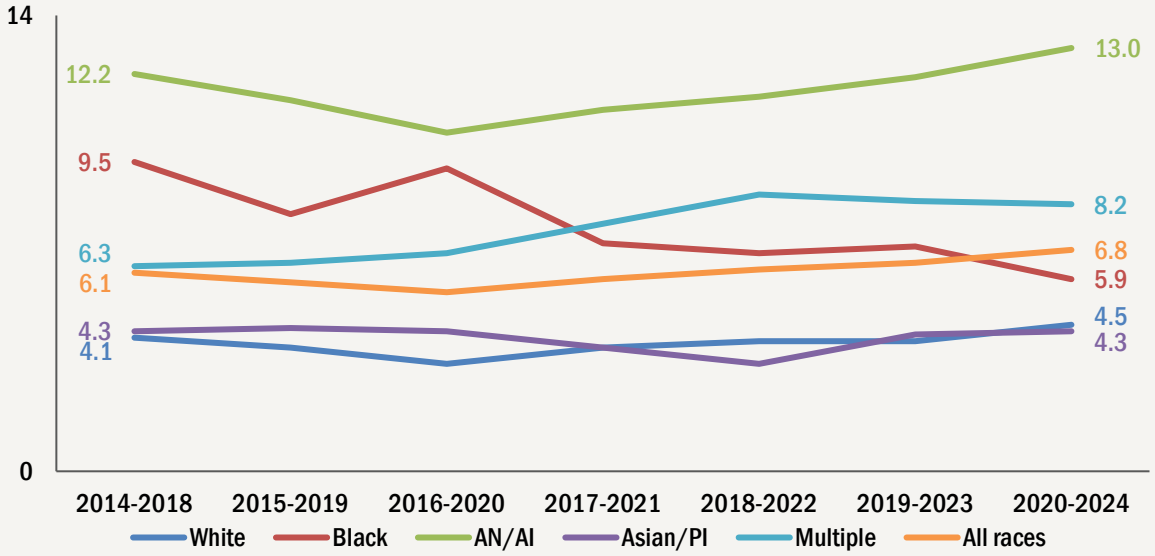
Figure 30. Leading causes of death based on the total years of potential life lost, Alaska, 2024



Source: Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records (HAVRS) Data and Statistics, Mortality, 2024.
Note: 2024 data are preliminary and subject to change.

Another important indicator of the health of a population is the rate of death among infants. Infant mortality is not only seen as a measure of the risk of infant death, but it is also used more broadly as a crude indicator of: (1) community health status, (2) poverty and socioeconomic status levels in a community, and (3) availability and quality of health services and medical technology. Nationally, the infant mortality rate was 5.6 deaths per 1,000 live births in 2023; however, Alaska's rate was 7.3 per 1,000 live births. The graph below shows persistent racial inequity in infant mortality, with elevated and increasing rates among Alaska Native or American Indian people compared to other race groups.

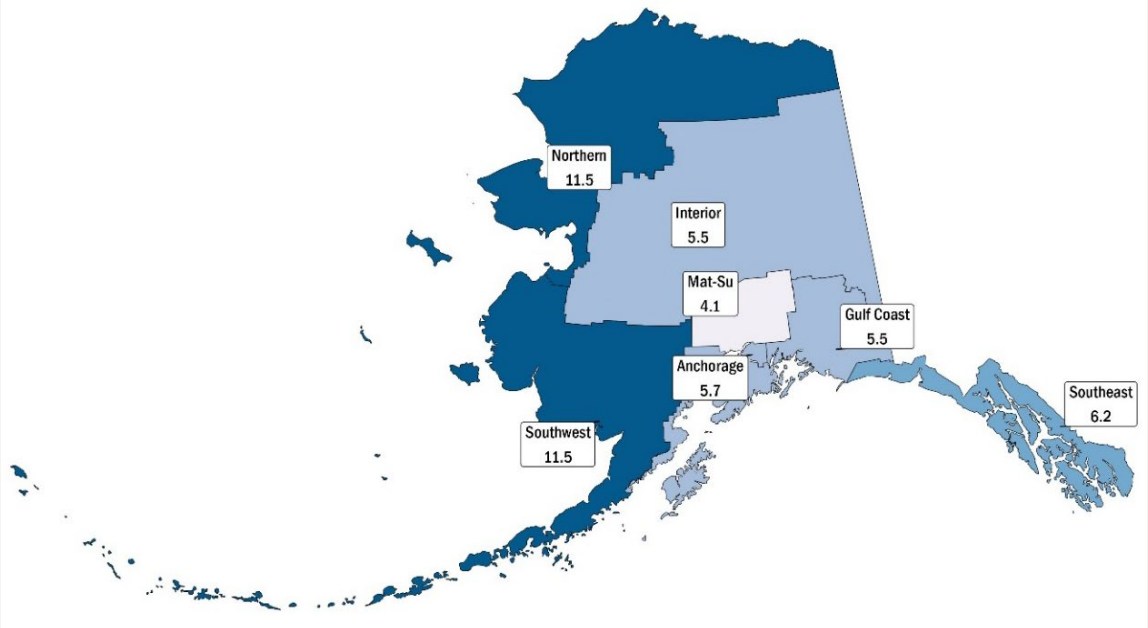
Figure 31. Infant mortality rates by race, 10-year moving average, Alaska, 2014-2024



Source: Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records (HAVRS) Data and Statistics, Mortality, 2024.
Note: Rates are infant deaths per 1,000 live births.

The map and bar chart below show regional inequities in infant mortality rates per 1,000 live births.

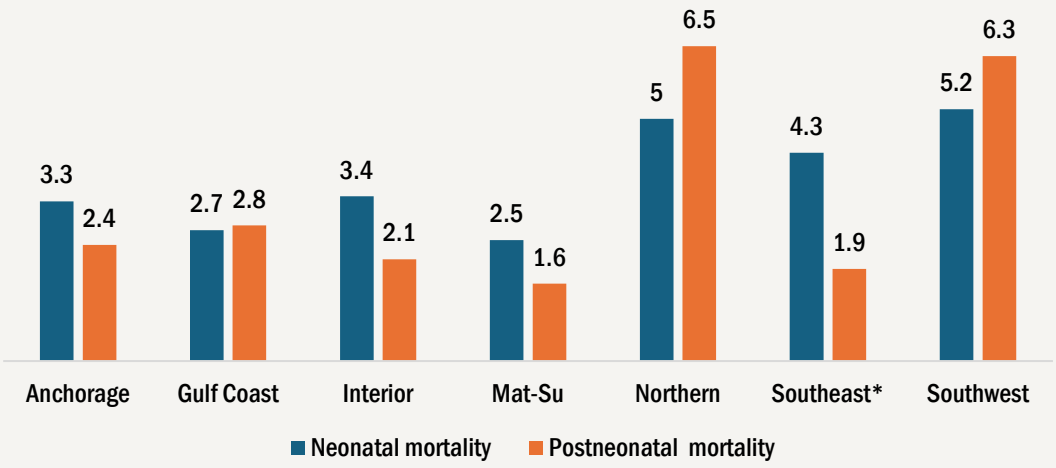
Figure 32. Infant Mortality (Infant Deaths per 1,000 Live Births) by Public Health Region, Alaska, 2014-2023



Source: Alaska Department of Health, Division of Public Health, Section of Women's, Children's and Family Health, Alaska Maternal and Child Health Indicators Data Hub

Infant mortality is made up of two components: neonatal mortality, meaning death among those infants younger than 28 days; and post-neonatal mortality, meaning death among infants between 28 and 364 days. These regional differences indicate inequities in regional conditions and access to care as described above.

Figure 33. Neonatal Mortality and Postneonatal Mortality per 1,000 Live Births by Public Health Region, Alaska, 2014-2023



* Due to a small sample size from the Southeast region, the Southeast postneonatal rates are statistically unstable and should be used with caution.

Source: Alaska Department of Health, Division of Public Health, Section of Women's, Children's and Family Health, Alaska Maternal and Child Health Indicators Data Hub.

☑ **To see the most current data related to these indicators of health and many others, look at the most recent HA2030 Scorecard:**

https://www.healthyalaskans.org/wp-content/uploads/2026/01/HA2030_Scorecards_10_29_25.html

Continuing the Work: Healthy Alaskans 2030 Implementation

A guiding principle of the Healthy Alaskans 2030 State Health Improvement Plan (HA2030 SHIP) has been to use the highest quality data available in every step of planning and implementation, from organizational structures and processes to the selection of the health objectives. This revised SHA continues to uphold that principle, ensuring that data used to inform the continued implementation of the HA2030 SHIP is up to date and reflects current conditions of Alaskans' health.

The Department of Health and the Alaska Native Tribal Health Consortium will continue to encourage individuals, communities, and organizations to implement strategies and actions to help move the needle on the HA2030 objectives and targets to improve the health of all Alaskans, working toward the vision of Healthy Alaskans in Healthy Communities.

The HA2030 SHIP health objectives and targets were developed following the 2019 publication of the original HA2030 SHA, of which this report is a revised update. The SHIP is composed of 15 health priority topics containing 30 health objectives, each with a target to reach by 2030. The process of selecting the health objectives was based on data-driven recommendations by several health objective development teams, composed of a diverse range of subject matter experts on data and content. Those recommendations were reviewed and refined by the Advisory Team to achieve a reasonable set of objectives that were balanced across topic, life stage, and the continuum from social factors to mortality. Once the health objectives were established for the SHIP, recommendations for each target were given by topic-specific teams comprised of content experts from DHSS (now DOH), ANTHC, and partner agencies. The targets were aimed at striking a balance between achievable and aspirational. The set of objectives and targets was presented to the Advisory Team and approved and adopted by the HA2030 Steering Team.

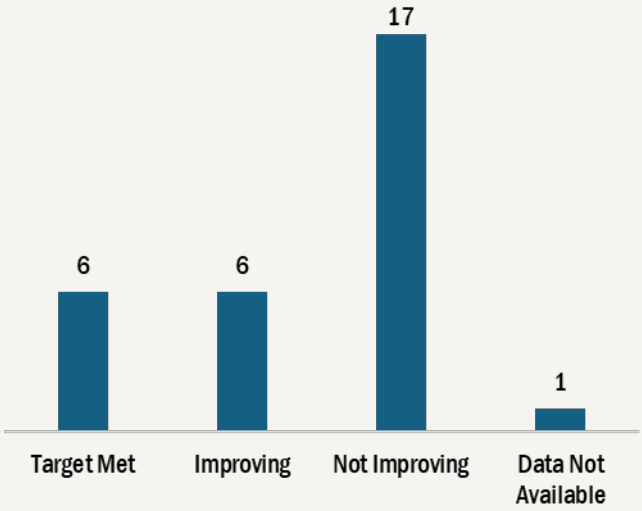
Next, another set of workgroups composed of program and intervention experts convened to develop evidence-based strategies and actions that would guide efforts toward meeting the targets for each objective. These strategies and actions can be found under each related objective in the HA2030 SHIP as guidance to organizations and communities on how they can contribute to achieving the Healthy Alaskans 2030 targets and goals.

Tracking Health Objectives

Each year, Healthy Alaskans publishes two scorecards that show Alaska's progress toward each health objective target. One scorecard summarizes data for all Alaskans statewide and the other summarizes data for the Alaska Native population in Alaska. This facilitates the identification of health inequities experienced by the Alaska Native population. The scorecards show: baseline data, the most current data available, the relative percent change from baseline to current data, the 2030 target, a progress note indicating whether the data shows improvement, a progress icon, and a sparkline (i.e., mini visualization of the trend).

As of October 2025, for the Alaska Native population, two objectives have met their targets, eight objectives are showing improving data, 14 are not improving, and six objectives have no data. For all Alaskans, as of October 2025, six objectives have met their targets, six are improving, 17 are not improving, and one does not have data available.

Figure 34. Progress on Healthy Alaskans 2030 Health Objectives Among All Alaskans, October 2025



Source: Healthy Alaskans 2030. Healthy Alaskans 2030 Scorecards, October 2025 Release. https://www.healthyalaskans.org/wp-content/uploads/2026/01/HA2030_Scorecards_10_29_25.html.

Summary

The success of HA2030 is dependent upon many strategic factors, including the design of the organizational structure; the creation and support of partnerships at the local, state, and Tribal levels; and the compilation and presentation of the best available data on the elements influencing health, health status, health factors, and health priorities. This document is intended to provide a clear, updated snapshot of the health status of Alaskans, and Alaskans' priorities for addressing the health of their communities.

The State of Alaska, Department of Health and the Alaska Native Tribal Health Consortium plan to continue to lead the Healthy Alaskans initiative in equal partnership. Through a comprehensive and inclusive process, we will continue to encourage individuals, communities, and organizations to partner to implement strategies and actions to help move the needle on the HA2030 objectives and targets for the remainder of the decade to improve the health of all Alaskans, working toward the vision of Healthy Alaskans in Healthy Communities. The HA2030 SHIP framework will continue to support the work of partners and stakeholders statewide who are actively engaged in improving the health of Alaskans.

Healthy Alaskans 2030
State Health Assessment

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