


Appendix B

References and Data Sources



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| Published Journal Articles, Books, and Academic Presentations | 310 |
| Additional Data Sources (annotated)..... | 317 |

Published Journal Articles, Books, and Academic Presentations

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2010 NSB Economic Profile and Census Report, North Slope Borough Department of Planning and Community Services (referred to in report as the 2010 NSB Census)

The 2010 NSB Census is the fourth in a series of local household surveys undertaken by the NSB to enumerate the local population for each community and examine topics such as employment, subsistence participation, income, housing characteristics, Iñupiaq language proficiency, and residents' attitudes on a variety of topics. Previous censuses were conducted in 1992, 1998, and 2003, although the instrument and survey design have been modified somewhat over that period.

The 2010 census, funded and coordinated by the North Slope Borough, was contracted out to Circumpolar Research Associates (CRA), who developed the instrument, selected and trained the census enumerators (primarily graduate students), entered the data, and are currently completing the data analysis, using the SPSS software program. This year, a new health module was added to the questionnaire upon request by the NSB Health Department, as part of the Baseline Community Health Analysis project. The Health Department's contractor for this project, Dr. McAninch, collaborated with CRA and the Borough to develop the health module and analyze and write up the health sections for the 2010 Census report and for inclusion in this Baseline Community Health Analysis report.

After mapping all the occupied structures in each community, the 2010 NSB Census-takers conducted face-to-face interviews, attempting to reach every household in each NSB community. Sampling proportions ranged from 65% in Barrow (i.e., 943 households interviewed of a total of 1,449) to nearly 90% in some of the smaller communities. The total number of households surveyed, the estimated number of households in the community, and the total number of persons for which data, including health data, were collected is shown. The total estimated households for each community were determined by analyzing utility (primarily electricity) hookup data provided by the Borough. Standard error's of the proportion range from 1.9% to 7.5%, depending on the community. For the NSB as a whole, with 1604 households interviewed of total of 2,271, the standard error is 1.4%. Household heads participating in the census were 48% male and 52% female. Household heads participating in the census were 69% Iñupiat, 19% Caucasian, and 12% of other ethnic groups.

| Community | Household Head sample size (Number of households participating in survey) | Total estimated number of households in community | Total number of persons on which health data were collected |
|---------------------|---|---|---|
| Anaktuvuk Pass | 80 | 102 | 288 |
| Atkasuk | 61 | 68 | 231 |
| Barrow | 943 | 1449 | 3122 |
| Kaktovik | 68 | 83 | 234 |
| Nuiqsut | 103 | 125 | 375 |
| Point Hope | 165 | 209 | 636 |
| Point Lay | 50 | 69 | 185 |
| Wainwright | 134 | 166 | 464 |
| North Slope Borough | 1604 | 2271 | 5535 |

For each household, an attempt was made to interview the adult who identified himself or herself as the "household head," a household member who was available and likely to have the greatest familiarity with household economics, health of household members, level of subsistence participation, etc. The respondents, or household heads were asked all the questions as they pertained to themselves and then a smaller subset of questions as they pertained to all other household members, acting as a proxy. With the addition of the new health section, the census team also

included an “informed consent,” to be signed by all survey respondents and census enumerators, outlining the voluntary basis of participation, the right to refuse to answer any questions, the sensitive nature of some of the questions, and any possible risks or harms associated with participation, such as emotional distress. Participants were also informed that neither their names nor any other identifying information would be attached to any of their responses when results were released.

Alaska Arthritis Plan. State of Alaska Department of Health and Social Services. June 2008. Accessed online at <http://www.hss.state.ak.us/dph/chronic/arthritis/>.

Alaska Bureau of Vital Statistics (ABVS): <http://www.hss.state.ak.us/dph/bvs/data/default.htm>.

The Alaska Bureau of Vital Statistics is responsible for managing vital records in the State of Alaska, including birth, death, fetal death, and divorce and marriage certificate data, as well as reports of adoption. Data used in this report are derived primarily from information included in birth and death certificates records and are updated on a continual basis by ABVS. Upon request, the Research Unit of the ABVS provided data and statistics for the NSB in the areas of mortality, historical leading causes of death, leading causes of premature death, life expectancy, birth statistics, prenatal care, and prenatal risk factors. Other ABVS data, including child mortality and selected maternal and child data were also obtained from ABVS Annual Reports, and additional data available on the main ABVS Data and Statistics website shown above.

Alaska Cancer Registry: <http://www.hss.state.ak.us/dph/bvs/data/default.htm>.

The Alaska Cancer Registry (ACR) is a population-based cancer surveillance system and is funded by the Centers for Disease Control and Prevention (CDC). ACR collects data on all newly diagnosed cases of cancer (including benign brain) for the State of Alaska. Age-adjusted cancer mortality data are also available at the above website for the years 1996–2007, generated by the ACR using mortality data provided by the ABVS. Data are suppressed for a given cancer type if there are five or fewer cases (unless there are zero cases). Data tables are provided for diagnosis year, borough, sex, and race.

Alaska Department of Environmental Conservation:

Division of Air Quality: <http://www.dec.state.ak.us/air/index.htm>.

Landfill permits: http://www.dec.state.ak.us/EH/sw/SW_Permits/Location%2012.14.2009.pdf.

Diesel Strategy: <http://www.dec.state.ak.us/air/anpms/ulsd/dieselhealth.htm>.

Contaminated Sites Program Database: http://www.dec.state.ak.us/SPAR/CSP/db_search.htm.

Alaska Department of Labor and Workforce Development (AK DOLWD): <http://almis.labor.state.ak.us/?PAGEID=67&SUBID=115>.

The AK DOLWD website provides state, borough/census area, and village level population, unemployment, and income statistics and links to a number of other economic topics such as cost of living.

Alaska Department of Motor Vehicles: <http://www.state.ak.us/dmv/research/curreg07.htm>.

Alaska Diabetes Control Program: <http://www.hss.state.ak.us/dph/chronic/diabetes/prevalence.htm>.

This Alaska Department of Health and Social Services program provides borough and census area-specific estimated prevalence and estimated population with diabetes for recent 3-year periods, based on Alaska BRFSS survey data:

Alaska Hair Mercury Biomonitoring Program Update, July 2002-May 2010. State of Alaska Epidemiology Bulletin No. 18, June 24, 2010. http://www.epi.alaska.gov/bulletins/docs/b2010_18.pdf.

Alaska Health Care Data Book: Selected Measures, 2007. Alaska Department of Health and Social Services, Health Planning and Systems Development, November 2007.

Alaska Native Diabetes Program: <http://www.anmc.org/services/diabetes/epidemiology/>.

Based at the Alaska Native Medical Center, this program (among many other services) collects and annually updates case numbers for diabetes, pre-diabetes, and gestational diabetes among Alaska Natives in all Alaska Native service units, based data entered into the RPMS clinical database in each service area. Specific laboratory result-based criteria are used for case definition and

inclusion in the registry. Diabetes registry data for the Barrow service unit were provided by Meera Narayanan, MS, RD, CDE.

Alaska Native Health Status Report. Prepared by the Alaska Native Epidemiology Center, Alaska Native Tribal Health Consortium. August, 2009. <http://www.anthc.org/chs/epicenter/upload/ANHSR.pdf>.

This report contains data for Alaska Natives on a broad spectrum of health topics. It also contains regional profiles for a subset of health indicators.

Alaska Native Injury Atlas of Morbidity and Mortality. Prepared by the The Injury Prevention Program and the Alaska Native Epidemiology Center, Alaska Native Tribal Health Consortium. January, 2008: <http://www.anthc.org/chs/epicenter/upload/anthc-injury-booklet-2008.pdf>.

This report presents data for Alaska Natives statewide on injury deaths and hospitalizations, utilizing data from Alaska Bureau of Vital Statistics and the Alaska Trauma Registry. The report includes a regional injury profile for the Arctic Slope, summarizing data on injuries among Alaska Natives residing in any village within the North Slope Borough.

Alaska Native Maternal and Child Health: Trends and Data. Prepared by the Alaska Native Epidemiology Center, Division of Community Health Services, Alaska Native Tribal Health Consortium. September, 2008. <http://www.anthc.org/chs/epicenter/upload/anmchdatabook.pdf>.

Alaska Oral Health Assessment Summary Report 2004–2005. State of Alaska Department of Health and Social Services, Division of Public Health, Oral Health Program. http://www.hss.state.ak.us/dph/wcfh/oralhealth/docs/OHAssessment_0405.pdf.

Alaska Pregnancy Risk Assessment Monitoring System (PRAMS): <http://www.epi.alaska.gov/mchepi/PRAMS/default.stm>.

PRAMS was developed by the Centers for Disease Control and Prevention as part of an initiative to reduce infant mortality and low birth weight. It is an ongoing, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences that occur before and during a woman's pregnancy and during the early infancy of her child. The Alaska PRAMS Project was initiated in 1990. Self-administered surveys are mailed to a random sample of mothers (approximately one in six mothers of newborns) who have recently had a live birth, and phone interviews are attempted with those who do not respond to the mailed survey. Much of the data cited in this report has been taken from the Alaska Maternal and Child Health Data Books, published by the Maternal and Child Health Epidemiology unit of the Alaska Department of Health and Social Services and available online as PDF files. The NSB-specific data were provided by Bradford Gessner, M.D., M.P.H., and Kathy Perham-Hester of the Maternal and Child Health epidemiology Unit of the Alaska Division of Public Health. These data were provided in rolling 5-year averages, with between 100 and 200 responses in the NSB available for analysis for each 5-year period.

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Alaska's Diabetes Burden 2004–2006. Alaska Department of Health and Social Services. http://www.hss.state.ak.us/dph/chronic/diabetes/burden/Diabetes_Burden.pdf.

Alaska Suicide Follow-Back Study Final Report. Prepared by the Alaska Injury Prevention Center, Critical Illness and Trauma Foundation, and American Association of Suicidology for the Alaska State-wide Suicide Prevention Council, Alaska Department of Health and Social Services, and the Alaska Mental Health Trust Authority. 2006. http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/sspcfollback2-07.pdf.

Alaska Trauma Registry: http://www.hss.state.ak.us/dph/ipems/injury_prevention/trauma.htm.

The Alaska Trauma Registry is an information system that collects data on serious injuries from all of Alaska's acute care hospitals. Injuries include trauma, poisoning, suffocation, and the effects of reduced temperature. Data are available upon request and were provided in summary form for injury hospitalizations by type of injury, and for traumatic brain injury specifically, occurring in the North Slope region.

Alaska Youth Risk Behavior Survey (YRBS): <http://www.hss.state.ak.us/dph/chronic/school/YRBSresults.htm>.

The Alaska YRBS is part of a national surveillance system developed by the Centers for Disease Control and Prevention. The anonymous survey has been administered to a sample of high school students every other year since 1995 to monitor the prevalence of health risk behaviors among Alaska's youth. For the first time, in 2009, the survey was administered to students in both traditional and alternative high schools.

NSB School District results are available only for 2005, when 71% of students (327 survey respondents) from NSB traditional public schools (not alternative schools) participated in the survey. Aggregated results from this survey year were provided for this report courtesy of the NSB School District. Statewide representative data are not available for 2005 and so 2007 statewide data are used for reference. The NSB School District recently participated in a second YRBS survey, but results were not yet available at the time of writing.

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Arctic Slope Native Association Screening for Life Program. Data provided upon request, from Med-IT database.

Asthma in Alaska, 2006 Report. Prepared by Gessner, B., and C. Utermohle: Maternal-Child Health Epidemiology Unit, State of Alaska Department of Health and Social Services. www.epi.hss.state.ak.us/mchebi/pubs/misc/Asthma_2006.pdf.

Asthma in Alaska 2007 Report: A Report on the Burden of Asthma in Alaska. Gordian, M.E., and B. Saylor: Institute for Circumpolar Health Studies, University of Anchorage. Accessed online at http://www.ichs.uaa.alaska.edu/research/reports/asthma_burden_2007.pdf.

Behavioral Risk Factor Surveillance System (BRFSS): <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/default.htm>.

BRFSS is an ongoing national telephone survey funded by the Centers for Disease Control and Prevention that estimates the prevalence of behavioral risk factors and certain health problems in the general population. Alaska has been administering the survey annually since 1991. Each year, a random sample of approximately 2,500 is drawn in Alaska, with oversampling in rural areas. Every year, the same core module of questions is asked, and additional modules of questions are asked about certain health topics of interest. Therefore, not all questions are asked in all years.

The survey data are adjusted, or weighted, for each region to compensate for the over-representation or under-representation of population subgroups in the survey sample population so that the sample data better reflect the total population of the region sampled. Results are typically

reported accompanied by a 95% confidence interval, indicating the range in which the true value for the population has a 95% likelihood of lying.

All BRFSS questions have been shown to be at least moderately reliable and valid and the sampling methodology has been well tested; however, some precautions must be taken in interpreting BRFSS data. First, all data are self-reported and do not include any data from health records, actual measurements, or laboratory testing. All self-reported data may be subject to bias, misunderstanding, or misrepresentation. Second, the telephone sampling method includes only land-line phones and, therefore, excludes households without telephones or with only cellular telephones. Households without land-line telephones may be different in various ways from those with them, and thus, the survey sample may not be representative of the entire population. This problem has become of growing concern in recent years. Third, the results are not age-adjusted and thus comparison of different regions or subpopulations can be affected by the different age compositions of the populations.

Census-tract level data for the NSB, were provided upon request by Charles Utermohle, Ph.D., from the State of Alaska Department of Health and Social Services, Division of Public Health, Chronic Disease Prevention and Health Promotion program. NSB data are weighted only according to the demographic composition of the “rural” region of Alaska and were not post-stratified to reflect the NSB population composition specifically. To increase the available sample size at the borough level, results were combined for 3-year periods. Results were reported only when the sample for a given question included at least 50 respondents. Because of the small sample sizes at the borough level, the 95% confidence intervals tend to be wide and estimates fluctuate considerably from year to year.

Some state-level statistics and information were obtained from the 2006, 2007, and 2008 Alaska BRFSS Reports, available on the main Alaska BRFSS website shown above. In addition, multi-year BRFSS data were utilized in the County Health Rankings, which are also referenced in this report.

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Body-mass index (BMI) percentiles for age/gender were provided by NSB PHN program upon request in August, 2009 for NSB children aged 3–18 years. The RPMS database was queried for BMIs for children who had been seen either by a public health nurse or other health provider in a clinic or school and had had a height and weight taken on the same day within the past year and entered into the database. Prenatal patients were excluded, and the villages of Point Hope and Anaktuvuk Pass were not included. This sample of more than 1,000 children, while not a representative sample of all children in the NSB, represents more than half of the public health nursing database for children and teens in this age group and likely provides a reasonable estimate of the BMI distribution in the community. A very large proportion of children and adolescents in the NSB are seen by public health nursing for immunizations, well-child care, and other screening services.

North Slope Borough Women, Infants and Children (WIC) Program, a division of the Alaska WIC Program. Upon request, WIC personnel queried the WIC program database for breastfeeding initiation and duration rates and low hemoglobin rates (USDA Risk 201) for the years 2003–2009.

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Aggregated annual number of substantiated cases and substantiated unique victims were provided upon request for the Barrow office, as well as combined number of cases for the comparison community offices of Bethel, Nome, and Kotzebue for the years 2006, 2007, and 2008. Data for neglect, physical abuse, sexual abuse, and mental injury were provided in aggregate. Statewide data were obtained online from the above website. Rates were calculated using year 2000 U.S. census 0–17 year age-group population estimates for villages covered by each regional office.

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Survey of Living Conditions in the Arctic (SLiCA): Inuit, Saami, and the Indigenous Peoples of Chukotka.

SLiCA was an international joint effort involving a partnership of researchers and indigenous organizations in Greenland, Canada, Norway, Sweden, Finland, Denmark, Russia, and the United States (Alaska). The purpose of the study was to advance understanding of changing living conditions among Inuit and Saami peoples and the Indigenous peoples of Chukotka. In Alaska, 700 Iñupiat participated in the study in three sub- regions, the North Slope Borough, the Northwest Arctic Borough, and the Bering Straits region. In-person interviews were conducted with Inupiat residents aged 16 and higher in each of these regions in 2003–2004.

Aggregated data from this study were made available for public use and was referenced in various sections in this report pertaining to the health, well-being, and socioeconomic circumstances of the Iñupiat population of the NSB. Comparisons noted in this report do not include an analysis of statistical significance, as we utilized publically available aggregated data. Study authors state that “For interpreting differences in percentages, a conservative assumption is to use a difference of at least 10 percentage points as a threshold for concluding that there is a significant difference. In most cases smaller differences are significant. For interpreting differences in means, a conservative assumption is to use a difference of one or more as a threshold for concluding that there is a significant difference.” Data tables and other information about the study were accessed online at http://www.iser.uaa.alaska.edu/Projects/living_conditions/results.htm.

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