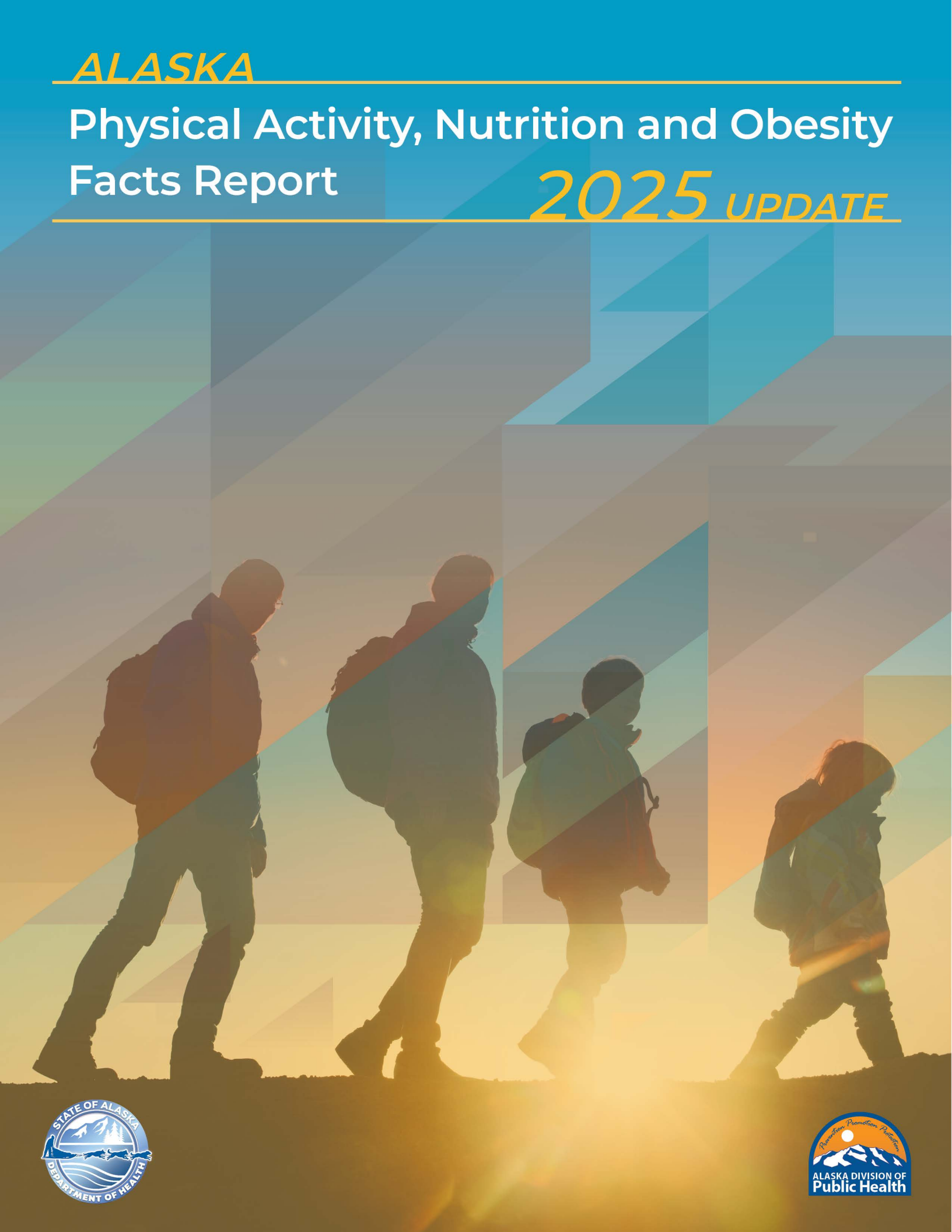
ALASKA

Physical Activity, Nutrition and Obesity Facts Report

2025 UPDATE



STATE OF ALASKA DEPARTMENT OF HEALTH

Prevention. Promotion. Protection.
ALASKA DIVISION OF Public Health

Alaska
Physical Activity, Nutrition and Obesity Facts Report
Published 2025

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Published August 2025

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Dear Alaskans:

As the daughter of two librarians, I love stories. I hope that's how you'll see this Alaska Physical Activity, Nutrition, and Healthy Weight report, as the story it is. It's an important story about where Alaska has been and where we are now related to physical activity, healthy eating and drinking, and the behaviors that reduce or increase the chances of chronic disease. And, perhaps most importantly, this report is the story that will help guide us to develop activities, plans, programs and policies to get us where we want to be. But where do we want to be?

- Our Chronic Disease Prevention and Health Promotion team wants all Alaskans to have access to safe, accessible ways to be physically active every day. Even a 5- or 10-minute walk around the house or apartment building, neighborhood or school can benefit health.
- We want Alaskans to have everyday access to affordable, delicious, nutritious foods and drinks.
- We want the healthy choice to be the easier choice by improving policies, systems, and environments that support those healthier choices.
- We want Alaskans to have the knowledge and self-determination to make healthy choices when they are available.
- And ultimately, we want Alaskans to live free from chronic diseases and the challenges and devastation that they can cause to individuals, families, communities and our entire state.

We create this report every five years. In these pages, you'll see that the story tells of some successes to celebrate. For example, daily sugary drink consumption is decreasing among Alaska adults and 3-year-olds. But you will also see the story tells us that we have a lot of work to continue to do. Importantly, we see a continued decline in the percentage of Alaskans who are at a healthy weight. This is due to a significant increase in obesity. Public health programs can, and must, do better.

In this report, you will find commonly requested information regarding healthy and unhealthy weight, physical activity, and nutrition gathered from our Alaska public health data collection systems. Data also include information on behavior and strategies that could support healthy living and help prevent chronic diseases. Additionally, for the first time, you'll find information about food security and disordered eating in this report.

The underlying causes of chronic diseases are complex, and no single strategy or program alone will increase physical activity, improve nutrition, or decrease unhealthy weight and its related health consequences. It will take all of us making and demanding meaningful change to support the health and well-being of those who live, work, and play in this incredible state. That includes non-profit, tribal and other community-based organizations; health and tribal health systems; for-profit agencies, worksites and insurance providers; schools and early childcare centers; national, state, and local government agencies; and individual families and communities. I hope you will join us in this effort. Together, we can positively impact future chapters of this story.

Katie Reilly, MPH
State of Alaska Physical Activity and Nutrition Unit Manager

Acknowledgements

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I.Introduction

Being physically active and maintaining a healthy diet are among the most important actions Alaskans can take to prevent the most prevalent and costly chronic conditions that impact our communities. Physical inactivity is also linked to increased risk in severity of certain infectious diseases, like COVID-19. Chronic conditions such as type 2 diabetes, heart disease, obesity, certain mental health disorders, dementia-related diseases, and some cancers pose major public health challenges in our state. They are some of the leading causes of illness, disability, death, and rising health care costs in Alaska.

Many of these chronic diseases can be prevented or improved with regular physical activity and a healthy diet. Recommendations for both are outlined in the Physical Activity Guidelines for Americans (Physical Activity Guidelines) and the Dietary Guidelines for Americans, (Dietary Guidelines). Even so, too few Alaskans are meeting these recommendations for good health.

Many Alaska adults and most youth are not meeting the physical activity recommendations. Research shows that even just 5-10 minutes of movement a day can have health benefits. It is important for Alaskans to start where they can, even if it falls short of recommendations at first. This fun and easy-to-use Move Your Way website offers helpful tools and guidance to help people get moving and find safe, enjoyable ways to be active.

Additionally, most Alaska adults and adolescents are not eating the recommended servings of fruits and vegetables for good health. Many Alaskans consume sugary drinks. People who drink sugary drinks frequently are more likely to experience health problems like weight gain, obesity, type 2 diabetes, heart disease, cavities, and gout, a type of arthritis. This My Plate website provides simple summaries of current dietary guidelines, as well as delicious and affordable ways to meet them.

Modern life shapes our access to food and physical activity. Today, Alaskans have fewer opportunities to move and spend more time sitting, whether at desk jobs, driving, or in front of screens. Additionally, confusing and sometimes misleading food and beverage marketing makes it difficult for even well-intentioned consumers to identify truly healthy choices. To better support the health of all Alaskans, we must change our policies, systems, and environments to make healthy choices the easier and more accessible choices.

Throughout this report, you will see health disparities related to factors such as geographic location, race and ethnicity, and socioeconomic status. The Centers for Disease Control and Prevention (CDC) defines health disparities as “preventable differences that populations experience in the burden of disease, injury, violence, or opportunities. When people have limited access to the resources they need to be healthy, they are more likely to experience health issues.” (CDC website) There are many factors outside of individuals’ or communities’ control that affects health and can lead to one group of people experiencing these disparities--or differences—in health behaviors or outcomes.

For more information and links to resources that help making heathy choices the easier and more accessible choices, please visit our website at https://health.alaska.gov/en/division-of-public-health/chronic-disease-prevention/physical-activity-and-nutrition/.

Report Highlights

- Among Alaska adults:
  - In 2023, only 29% of Alaska adults are at a healthy weight; 2% have underweight, 33% have overweight, and 36% have obesity.
  - The decreasing trend in healthy weight (from 49% in 1993 to 29% in 2023) is largely due to a significant increase in obesity.
  - The prevalence of obesity has more than doubled from 13% in 1991 to 36% in 2023.
  - 34% are getting the recommended amount of physical activity.
  - Only 8% are getting the recommended daily servings of fruit and vegetables.
  - 19% drink 1 or more sugary drinks each day—a decrease since 2013. Sugary drink consumption has decreased across groups but remains highest among Alaska Native adults and those with lower income.
  - While the prevalence of obesity among Alaska Native adults has historically been significantly higher than that among White adults, there is no difference in 2023.
- Among Alaska high school students:
  - In 2023, about 2% of Alaska high school students are underweight, 64% are at a healthy weight, 16% have overweight, and 17% have obesity.
  - As with the adult trends, the decrease in healthy weight is due to an increase in obesity prevalence, while overweight prevalence remained the same.
  - Only 18% get the recommended 60 minutes of daily physical activity.
  - Fewer than one in 10 Alaska high school students (8%) are eating the daily recommended number of servings of both fruit and vegetables.
  - 53% drink 1 or more sugary drinks per day—an increase since 2013.
  - The new topic of disordered eating is included in this report for the first time. Nearly one in three Alaska high school students (29%) tried to lose weight using unsafe methods in the past 30 days and 29% engaged in binge eating. Overall, 43% of students report engaging in 1 or both behaviors in the past 30 days.
- Regarding school wellness policies and other school-based support for physical activity and nutrition:
  - Most Alaska secondary schools reviewed their local wellness policy (65%) in 2024 and nearly a third helped to revise the district's local wellness policy (29%).
  - Between 2004 and 2024 there were significant declines in the availability of less healthy snacks, including candy, chocolate, and salty snacks within Alaska secondary schools.
- Among Alaska Students in Kindergarten through 8th grade:
  - In selected school districts, 61% are in the healthy weight range.
  - There are disparities in healthy weight; White students are more likely than Alaska Native students to have healthy weight (67% vs 53%).
- Among Alaska 3-Year-Olds:
  - 51% have healthy weight and 26% have obesity in 2022.
  - 44% meet the American Academy of Pediatrics recommendation of limited screen time (no more than an hour each day in front of a screen).
  - 76% did not drink any sugary drinks daily in 2022—an improvement since 2008 (57%).

    - Sugary drink consumption remains highest among 3-year-olds who have low socioeconomic status (SES) or who are Alaska Native, and among those who live in the Northern and Southwest Alaska regions.
    - There was a decrease in any chocolate or flavored milk consumption from 24% in 2020 (when the question was added) to 19% in 2022.
    - Chocolate or flavored milk consumption is higher among 3-year-olds who are low SES and those whose mothers report a race other than White or Alaska Native, as well as those who live in Mat-Su; prevalence is significantly lower among those in the Gulf Coast, Northern and Southeast regions.

- Breastfeeding of infants:
    - In 2022, 96% of Alaska mothers initiated breastfeeding, and 92% of Alaska mothers report at least some breastfeeding when their child was 4 weeks old.
    - At 8 weeks postpartum, most Alaska mothers (86%) report that their infants received any breast milk, and 60% were fed breast milk exclusively.
    - Just over half (51%) of Alaska mothers of 3-year-olds report having breastfed when their child was 12 months old.

- Food insecurity among adults and adolescents:
    - About 1 in 4 Alaska adults (25%) experienced any food insecurity in the past 12 months.
    - About 1 in 3 Alaska high school students (34%) experienced any food insecurity in the past 30 days.

II. Key Definitions and Reporting Notes

A. Reporting on differences or changes over time

Throughout this report, you will see health disparities related to factors such as geographic location, race and ethnicity, and socioeconomic status. Differences between groups of Alaskans are reported only if they are statistically significant using a 95 confidence level.

Where possible, this report includes information about whether weight status, physical activity or nutrition measures have changed over time. This report used logistic regression tests to determine if there were significant changes over time. More detailed information about significance testing is available in the Data Sources section of this report.

B. Classifying Weight Status

For the purposes of this report, weight status for people of at least 2 years of age is indicated by body mass index, or BMI. BMI correlates with amount of body fat and can be used to estimate risk of weight-related health problems. To monitor the health status of a population, BMI is a quick, inexpensive, and reliable screening.[1] Having a BMI outside the healthy weight range can increase a person's risk for certain health problems; but it is not a perfect measure. The American Medical Association (AMA) adopted a policy encouraging doctors to avoid relying on BMI alone to diagnose obesity. The AMA recommends that healthcare providers consider BMI alongside other factors such as results from a physical exam, laboratory findings, health behaviors, and more--to get a more complete health picture.[2]

While relying on BMI alone to diagnose obesity should be avoided, for most people, BMI is a good indicator of whether they have too much or too little body fat. BMI is moderately to strongly associated with other measures that capture the amount, type, and distribution of fat.[3] For these reasons, BMI remains a helpful measure to track population-level (not individual-level) health trends for purposes such as this report.

BMI is calculated using the formula: BMI = weight (in kg)/[height (in m)]^2. Classifications of *underweight*, *healthy weight*, *overweight*, and *obese* are determined by BMI levels for adults:

Weight Classification for Adults

BMI	Classification
< 18.5	Underweight
18.5 to less than 25.0	Healthy Weight
25.0 to less than 30.0	Overweight
≥ 30.0	Obese
≥ 35.0	Severe Obesity

[1] Additional information about BMI can be found at this site: https://www.cdc.gov/healthyweight/assessing/index.html

[2] AMA Press Release, "AMA adopts new policy clarifying role of BMI as a measure in medicine." June 14,2023. Accessed March 2025: https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-clarifying-role-bmi-measure-medicine

[3] CDC Website BMI Frequently Asked Questions. Accessed March 2025: https://www.cdc.gov/bmi/faq/index.html

Because children and adolescents are still growing, their weight status is determined by referencing calculated BMI to age- and sex-specific growth charts. Percentiles are the most commonly-used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among a standardized set of children of the same sex and age. For 2 to 20-year-olds, the resulting percentile is used to identify weight status, according to the following:

Weight Classification for 2- to 20-Year-Olds

BMI for Age Percentile	Classification
< 5th	Underweight
5th to less than 85th	Healthy Weight
85th to less than 95th	Overweight
≥ 95th	Obese
≥ 120% of the 95th percentile	Severely obese[4]

Weight Classification for under 2-Years-Old

For children under 2 years of age, this report includes the classification of high weight-for-length. High weight-for-length is defined as ≥2 standard deviations above the sex and age-specific median in the World Health Organization (WHO) growth standards.[5]

C. Race and Ethnicity

Alaska data sources that provide information by race and/or ethnicity include the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), Student Weight Status Surveillance System (SWSSS), Pregnancy Risk Assessment Monitoring System (PRAMS), and Childhood Understanding Behaviors Survey (CUBS). More detailed information about data sources is available in the Section VI.

Race information was collected using variations of the U.S. Office of Management and Budget (OMB) minimum aggregated categories for ethnicity and race, including Alaska Native or American Indian. In this report, we use the term “Alaska Native” to include respondents who reported being either Alaska Native or American Indian. In addition to gathering self-reported race, data sources include self-reported Hispanic/Latino ethnicity.

In reporting race and ethnicity data, BRFSS and YRBS report by 5 races and Hispanic/Latino ethnicity when minimum sample sizes for reporting allow. In BRFSS and YRBS, survey participants who report being Alaska Native or American Indian, either alone or in combination with other race groups or Hispanic/Latino ethnicity, are categorized in this report as “Alaska Native” adults or high school youth. Survey participants who report only 1 race and do not identify as Hispanic/Latino are categorized as that race group (e.g., Asian, Black (Black/African American), Pacific Islander (Native Hawaiian and Other Pacific Islander or NHOPI), or White). Those who report being Hispanic or Latino are categorized as “Hispanic” (either alone or in in combination with any group except Alaska Native or American Indian). Those reporting their race

[4] https://www.cdc.gov/growthcharts/Extended-BMI-Charts.html
[5] Information on WHO growth charts can be found at this site: https://www.cdc.gov/growthcharts/who_charts.htm

as “Other” or reporting multiple races (and neither Hispanic/Latino nor Alaska Native or American Indian) are not noted as a race/ethnicity group but are included in reporting of statewide estimates.

SWSSS data reports race using US Department of Education definitions. School districts that share their data for inclusion in the SWSSS include 8 categories of student’s race/ethnicity: 1=White / 2=Black / 3=Hispanic or Latino / 4=Asian / 5=American Indian / 6=Alaska Native / 7=Multi-Ethnic (non-Hispanic) / 8=Native Hawaiian or Pacific Islander. District reports include as many subgroups as sample size allows. The Healthy Alaskans 2030 initiative reports 2 indicators: All Alaskans and Alaska Native/American Indian students.

In PRAMS and CUBS data, the mother’s race is collected in the birth certificate of their infant. For reporting purposes, “Alaska Native” refers to women who identify as Alaska Native or American Indian alone or in combination with other race groups. White refers to women who identify as White alone. “Other” refers to women who identify as any other race than Alaska Native (alone or in combination) or White (alone). Ethnicity is not included in the reporting definition for these sources.

D. Indicators of Socioeconomic Status

In this report, we also group survey data by what participants reported regarding household income or other measures related to socioeconomic status.

For the BRFSS data, we group information by low/high income households, with low income defined as less than or equal to 185% of the federal poverty guideline. The poverty guideline measure is derived using the US Department of Health and Human Services (USDHHS) Federal Poverty Guidelines,[6] which use both household income and number of people in the household to calculate a percentage at, below or above the poverty threshold. More detailed information about this measure is available in Section VI of this report.

For PRAMS data, we also used the federal poverty guidelines, with low income defined as household income less than or equal to 200% of poverty guideline.

For CUBS data, mothers are asked about child enrollment in Medicaid. Current enrollment in Medicaid was used as a proxy measure of low socioeconomic status.

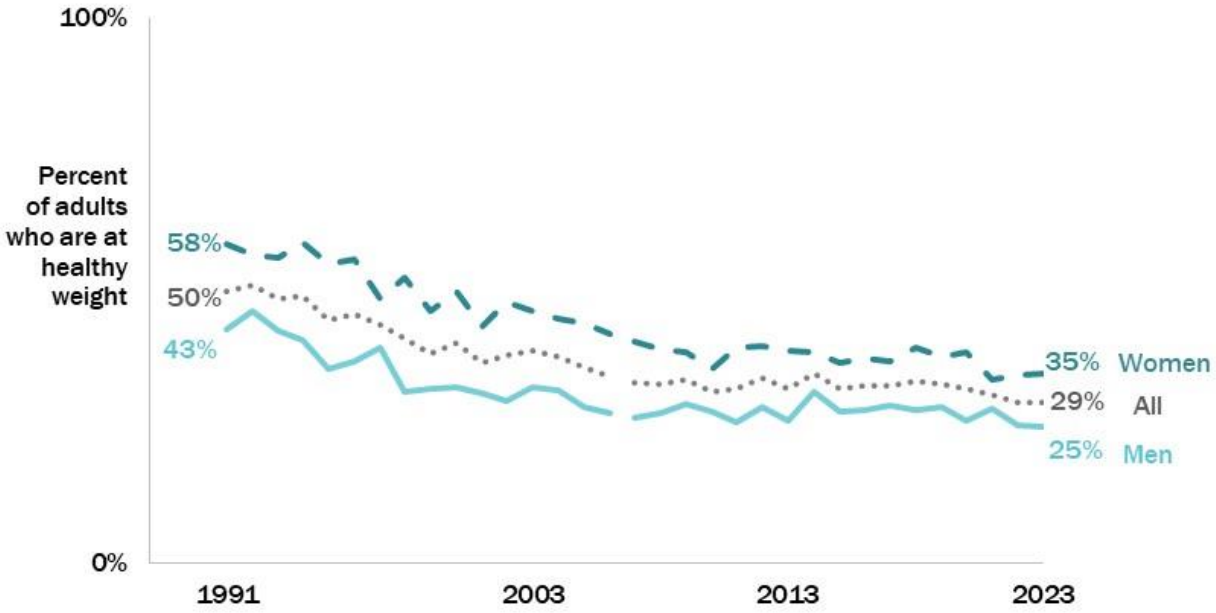
There is no socioeconomic status proxy measure for YRBS data.

[6] More information about the poverty guideline can be found here: https://aspe.hhs.gov/poverty-guidelines

III.Adults

A. Adult Weight Status

Figure 1: The percentage of healthy weight is decreasing among Alaska adults, 1991 to 2023.



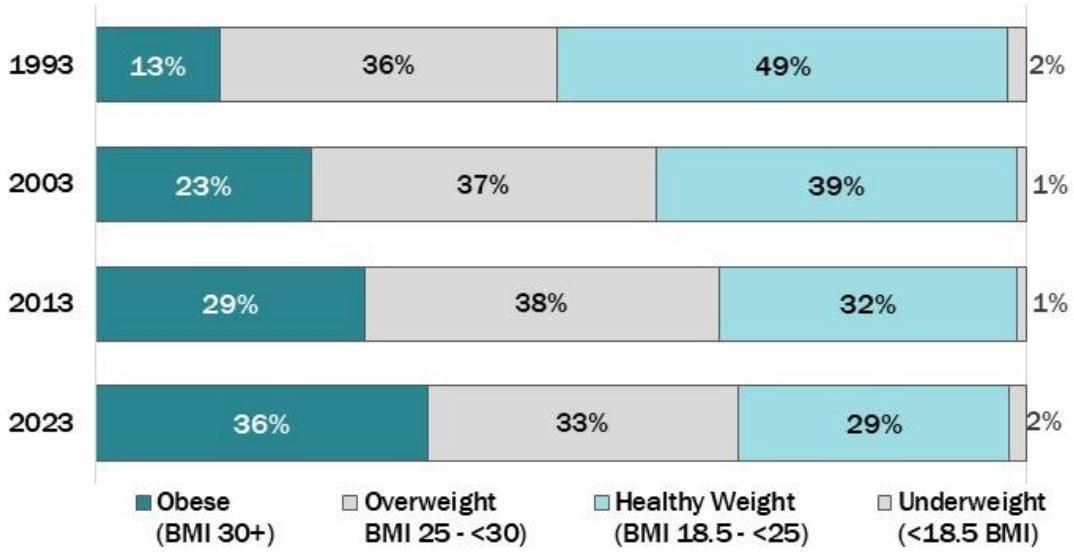
Source: AK BRFSS Combined File and AK BRFSS Standard File. Healthy weight is measured as body mass index (BMI) ≥ 18.5 and <25.0. Estimates for 2007 and later use raking to adjust sample data to reflect the total adult population of Alaska. See Section VI, Data Sources for more information.

Adult weight categories for BMI are calculated from self-reported height and weight.

- The percentage of Alaska adults who are in a healthy weight range (BMI ≥18.5 and <25.0) decreased significantly from 50% in 1991 to 29% in 2023. In the past twelve years (2011-2023), the trend has continued to decrease significantly.[7]
- This decrease in healthy weight occurred for both men and women, with consistently lower prevalence among men.
- The decrease in healthy weight trend occurred across age groups, race/ethnicity groups, region of residence, level of educational attainment and income status[8].

[7] The trend remained significant after controlling for age. Although obesity and overweight are higher among older adults and the overall Alaska population has been aging since 1991, that change does not account for the decline in healthy weight prevalence.
[8] See Section VI, Data Sources for more information about subpopulation group definitions used in this report.

Figure 2: The prevalence of obesity is increasing among Alaska adults, 1993 to 2023.



Source: AK BRFSS Combined File and AK BRFSS Standard File. Sum may not equal 100% due to rounding

- In 2023, about 2% of Alaska adults have underweight, 29% are at a healthy weight, 33% have overweight, and 36% have obesity.
- The decreasing trend in healthy weight (from 49% in 1993 to 29% in 2023) is largely due to a significant increase in obesity. In the past 30 years, adult obesity prevalence has almost tripled, from 13% in 1993 to 36% in 2023, while overweight prevalence has remained relatively consistent (from 36% in 1993 to 33% in 2023).

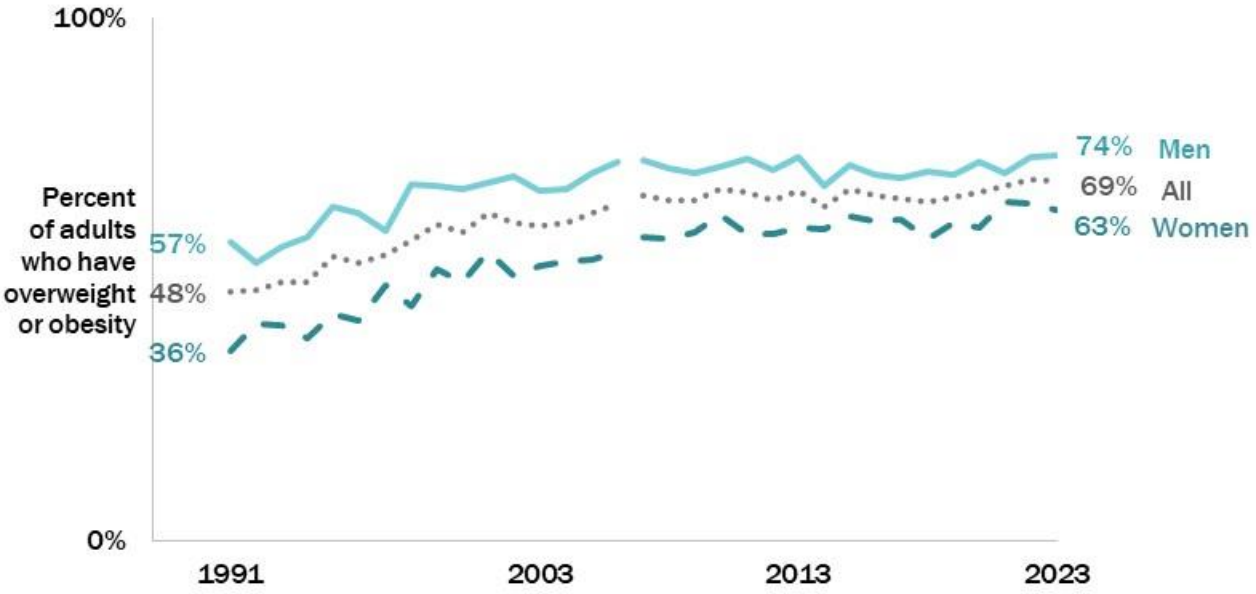
Obesity Trend Statistics

Increases in obesity are seen in all adult Alaska demographic groups. Between 1991 and 2023, adult obesity prevalence increased among:

- Men (14% to 37%)
- Women (13% to 35%)
- Alaska Native[9] adults (16% to 37%)
- White adults (13% to 35%)
- All education groups (among adults age 25 and older):
  - a college degree or more education (9% to 32%)
  - some college or technical school training (12% to 40%)
  - a high school degree or less education (22% to 39%)
- Adults from all income groups:
  - lower income households (17% in 1993 to 39%)
  - higher income households (13% in 1993 to 36%)
- Obesity prevalence also increased among all groups from 2011 to 2023.

[9] Alaska Native refers to all respondents who reported being American Indian or Alaska Native alone or in combination; see Section VI, Data Sources for more information about subpopulation definitions.

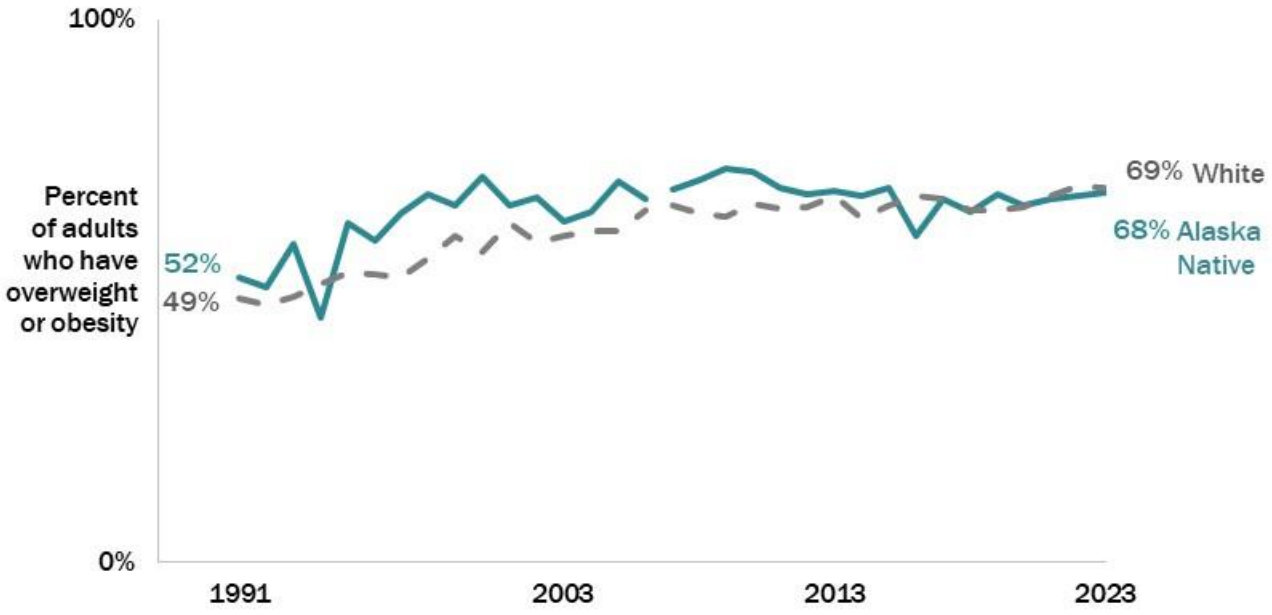
Figure 3: The prevalence of overweight and obesity is increasing among men and women in Alaska, 1991 to 2023.



Source: AK BRFSS Combined File and AK BRFSS Standard File. Overweight/obesity is measured as ≥ 25.0 BMI. Estimates for 2007 and later use raking to adjust sample data to reflect the total adult population of Alaska. See Section VI, Data Sources for more information.

- The percentage of Alaska adults who have overweight or obesity has increased from 48% in 1991 to 69% in 2023. Among men the increase was from 57% to 74%, and among women it was 36% to 63%.
- In 2023, men are significantly more likely than women to be overweight (37% versus 28%, respectively) but there are no significant differences in prevalence of obesity by sex (37% among men and 35% among women, data not shown).
- Overweight/obesity prevalence has increased since 1991 among Alaska adults of all ages, from all areas of the state, across race groups, levels of educational attainment, and income status.
- Overweight/obesity prevalence has continued to increase in the past 12 years (2011-2023) among most groups, although it has remained stable among some groups, including men, Alaska Native adults, and those with a high school education or less (data not shown).
- As noted on the previous page, the increase in overweight/obesity is driven by an increase in the proportion of adults who meet the definition of obesity (BMI ≥ 30.0). In addition, there has been an increase in the percentage of adults who have severe obesity (BMI ≥ 35.0), from 11% in 2011 to 15% in 2023 (data not shown).

Figure 4: The prevalence of overweight and obesity is increasing among Alaska Native and White adults, 1991 to 2023.



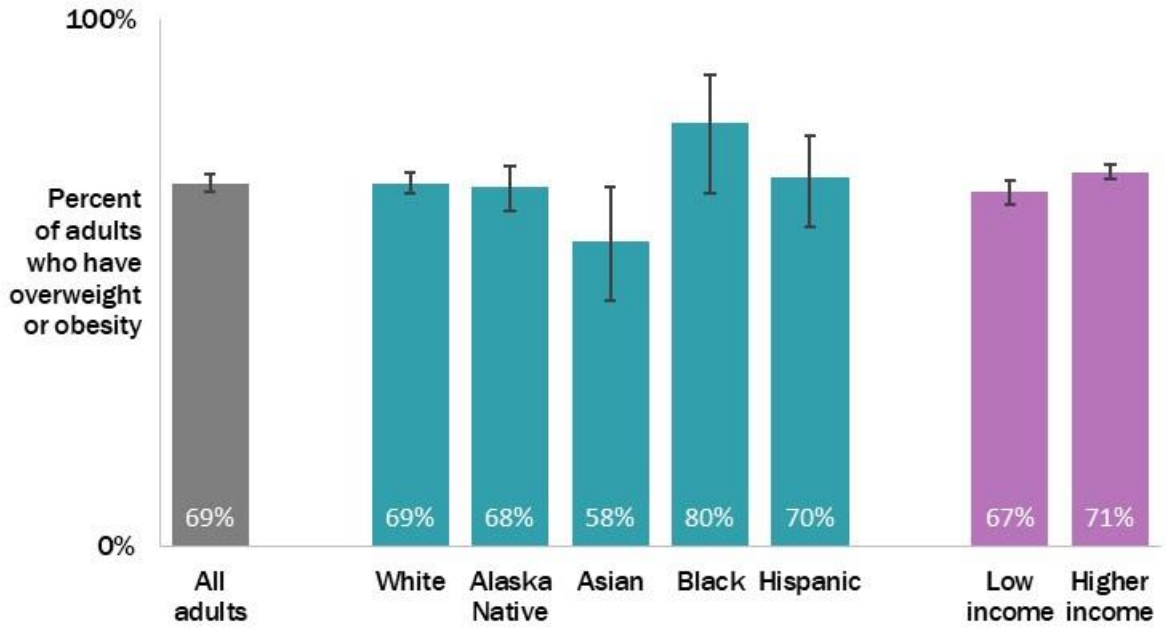
Source: AK BRFSS Combined File and AK BRFSS Standard File. Overweight/obesity is measured as ≥ 25.0 BMI. Results for adults of other races not shown in trend graph due to small numbers and unstable estimates in some earlier years. Estimates for 2007 and later use raking to adjust sample data to reflect total population. See Section VI, Data Sources for more information.

- The prevalence of overweight and obesity has increased significantly since 1991 among Alaska adults in all race groups—Alaska Native adults, White adults and adults of other races combined (data not shown). Among White adults, the increasing trend has continued in the past 12 years, although prevalence has not changed significantly for Alaska Native adults or adults of other races combined since 2011. Prevalence is not significantly different for Alaska Native adults and White adults in 2023.

Regional Trends in Overweight/Obesity

- Data from 2011 to 2023 show a significant increase in overweight/obesity for the Interior region, but prevalence remained stable in other Public Health regions. In 2023, overweight/obesity prevalence ranged from 65-69% among all regions except for Interior at 74%. The Interior region prevalence was significantly higher than that of Anchorage, Gulf Coast, and Southeast regions.
- However, **obesity** prevalence alone increased in all regions. Obesity prevalence increased from 2011 to 2023 by Public Health region:
  - Anchorage: 27% to 35%
  - Gulf Coast: 25% to 34%
  - Interior: 30% to 35%
  - Mat-Su: 30% to 38%
  - Northern: 32% to 38%
  - Southeast: 27% to 36%
  - Southwest: 25% to 34%

Figure 5: Almost 70% of Alaska adults have overweight/obesity, 2023.

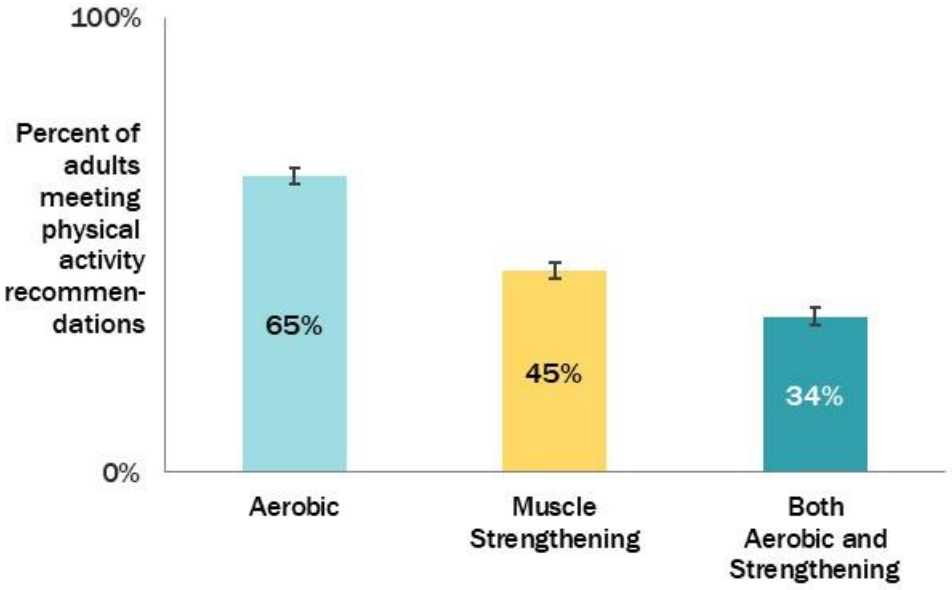


Source: AK BRFSS Combined File and AK BRFSS Standard File. Overweight/obesity is measured as ≥ 25.0 BMI. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VI, Data Sources for more information.

- In 2023, there are some disparities but overall, prevalence of overweight/obesity is similar across many subgroups. There are no significant differences by income status (69% for low income vs 71% for higher income).
- Black adults in Alaska are more likely to have overweight/obesity than Alaska Native, Asian, or White adults (80% vs 68%, 58% and 69% respectively).
- Men are more likely than women to have overweight/obesity (74% vs 63%, data not shown).
- There are disparities by education status. Overweight/obesity prevalence is significantly higher among those with a high school degree or less (71%) or some college or technical school (76%) compared to those with a college degree or higher degree (66%). Education status is measured for those age 25 and older (data not shown).
- While the prevalence of overweight/obesity increases with age, Alaska's younger adults are also affected. Nearly two thirds (60%) of adults age 18 to 34 have overweight/obesity in 2023, compared to 72% of those age 35 to 49, 78% of adults age 50-64, and 70% of those age 65 and older (data not shown).
- Overweight/obesity prevalence is significantly higher in Interior (74%) compared to Anchorage (69% and Gulf Coast 67%), but not significantly different from other regions (data not shown). There are no significant differences by region for obesity prevalence (separate from overweight).

B. Adult Physical Activity

Figure 6: One third of Alaska adults met both aerobic and muscle strengthening physical activity recommendations in 2023.



Source: AK BRFSS Standard File. See Section VI, Data Sources for more information about measuring physical activity.

For substantial health benefits, the US Department of Health and Human Services recommends that, each week, adults need at least:

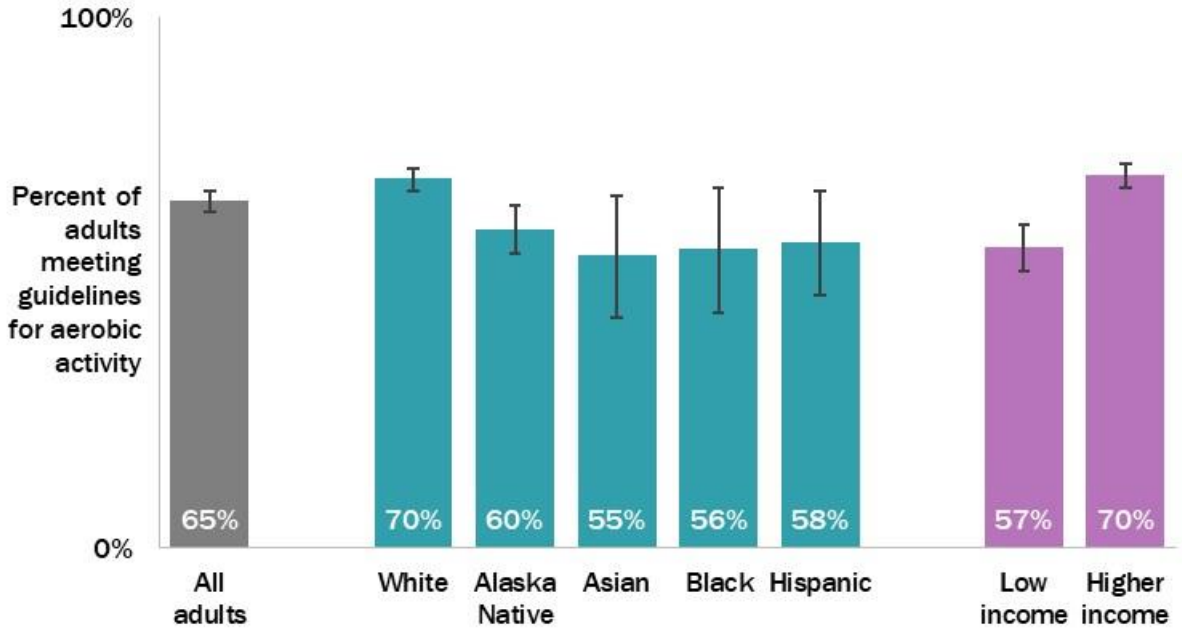
a) 150 minutes of moderate-intensity aerobic activity, or 75 minutes of vigorous-intensity aerobic activity, or an equivalent combination of the 2; and

b) Muscle-strengthening activities on 2 or more days.[10]

- In 2023, about two thirds of Alaska adults (65%) met aerobic recommendations, 45% met the muscle strengthening recommendations, and 34% met both recommendations.
- There is a significant increase in both aerobic and muscle strengthening indicators between 2011 and 2023, but some caution should be exercised in interpreting results.
  - A change in the question language for aerobic activity in 2023 may have affected the trend, since the significant change occurred between 2019 and 2023 (questions not asked in 2021).
  - However, the muscle strengthening questions did not change, and the trend increased from 2011 to 2019, and to 2023.
- The percentage of Alaska adults meeting aerobic recommendations increased from 58% in 2011 to 65% in 2023, although the trend was flat between 2011 to 2019 (data results prior to 2023 not shown in graph).
- Meeting muscle strengthening recommendations increased from 33% in 2011 to 38% in 2019 and to 45% in 2023 (data results prior to 2023 not shown in graph).

[10] US Department of Health and Human Services, Physical Activity Guidelines for American, 2nd edition, 2018. https://health.gov/our-work/physical-activity/current-guidelines

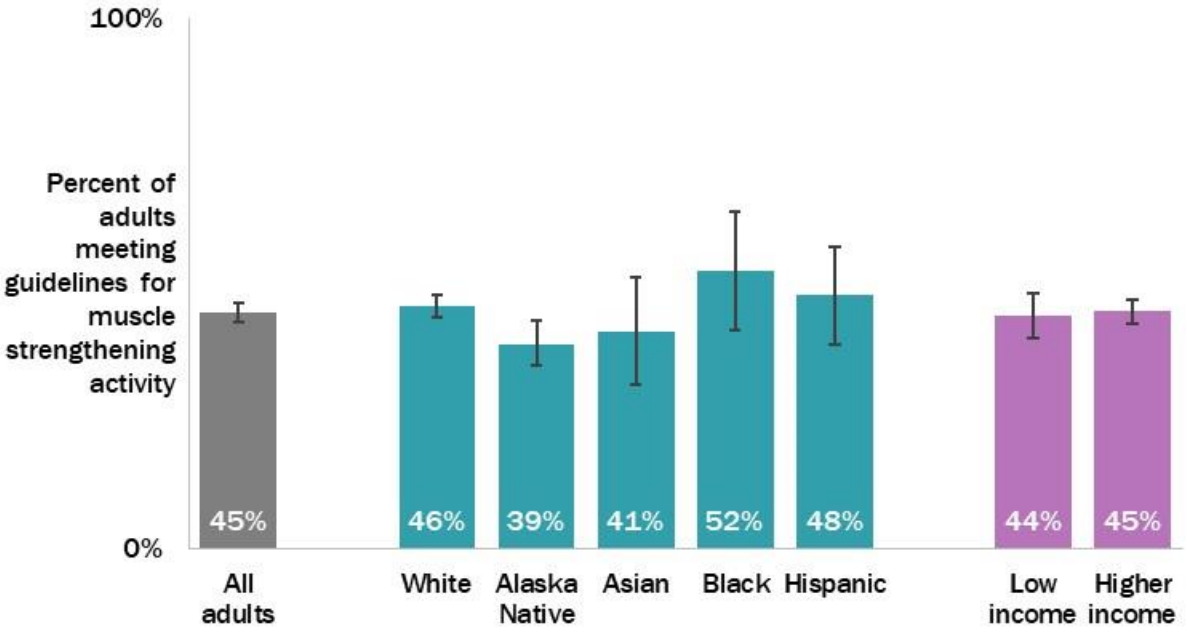
Figure 7: The percentage of Alaska adults meeting aerobic activity recommendations varies among demographic groups in 2023.



Source: AK BRFSS Standard File. See Section VI, Data Sources for information about measuring physical activity. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VI, Data Sources for more information.

- Although there are no disparities in meeting aerobic activity recommendations by sex (data not shown), disparities remain for most other demographic groups in 2023.
- White adults (70%) are more likely to meet these guidelines than adults in other groups, including Alaska Native (60%), Asian (55%), Black (56%) and Hispanic adults (58%).
- Those with higher household income level are more likely to meet guidelines than those with a household income at or below 185% of the poverty guideline (70% vs 57%).
- The percentage of adults who meet the recommendations increases by educational attainment. About half (56%) of adults with a high school degree or less education meet aerobic guidelines, compared to 65% of those with some college and 77% of those with a college degree or higher educational attainment (data not shown). Education status is measured for those age 25 and older.
- Adults in Southeast Alaska are more likely to meet aerobic activity recommendations than those in other Public Health regions (75% vs 51-66% for all other regions). Southwest Alaska has a significantly lower prevalence (51%) than all other regions except Northern (61%, data not shown).

Figure 8: The percentage of Alaska adults meeting muscle strengthening activity recommendations varies among some demographic groups in 2023.



Source: AK BRFSS Standard File. See Section VI, Data Sources for more information about measuring physical activity and defining low income as less than or equal to 185% of poverty guideline as the cut-point.

Although the percentage of Alaska adults meeting muscle strengthening activity recommendations increased since 2011 across most groups, disparities remained in 2023.

- Women (41%) are less likely than men (48%) to meet these recommendations (data not shown).
- Black adults (52%) are more likely to meet muscle strengthening guidelines than Alaska Native adults (39%) and White adults (46%).
- Adults with a college degree or higher (45%) are significantly more likely to meet strength activity guidelines than those with a high school degree or less education (40%). Among those with some college or technical school education, 41% meet the guidelines in 2023. Education status is measured for those age 25 and older (data not shown).
- Adults in Northern Alaska are less likely to meet muscle strengthening recommendations than those in other regions (33% vs 44-46% for all other regions). The difference is significant except for that between Northern and Southwest regions, due primarily to smaller sample numbers in these 2 rural regions; Southwest prevalence in 2023 is 45%, but the margin of error was high (data not shown).
- There is no significant difference by income status (44% and 45% for low and high respectively).

C. Adult Nutrition

Figure 9: The percentage of Alaska adults meeting recommendations for fruit and vegetable consumption is decreasing, 2011 to 2021.

Source: AK BRFSS Standard File.

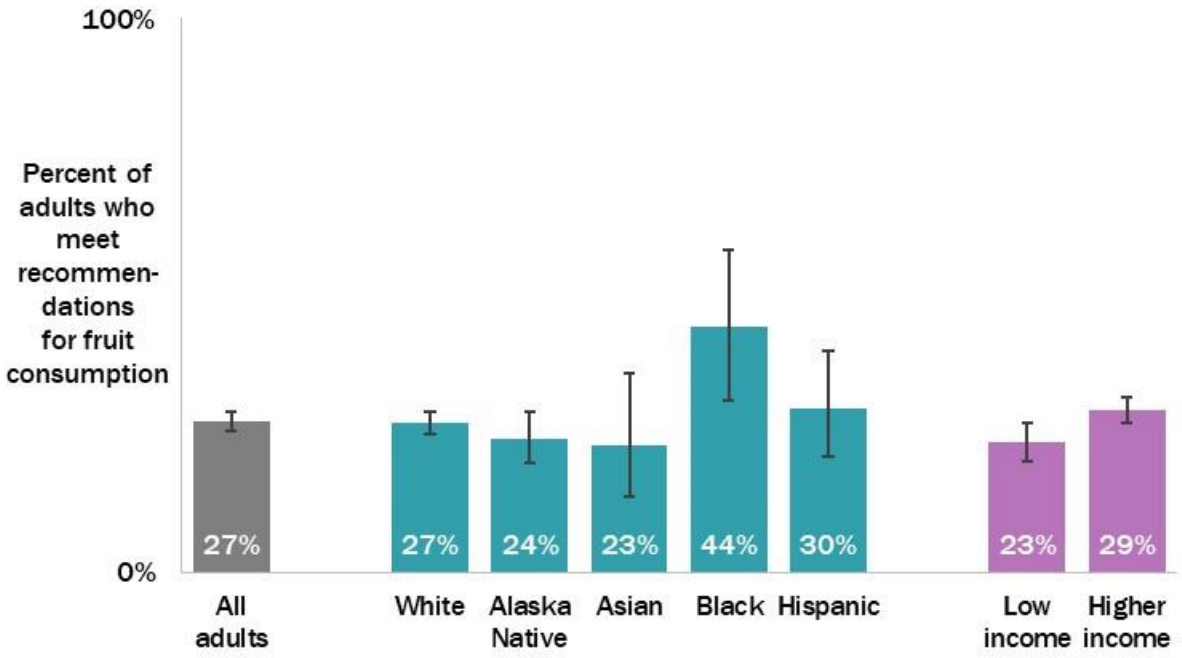
Research supports a connection between access to healthy food and increased consumption of fruits and vegetables.[11]

- Overall, the percentage of Alaska adults meeting recommendations[12] for both fruit and vegetable daily servings has decreased significantly between 2011 and 2021 (the most recent time these questions were in the survey).
- The percentage of adults who met the overall fruit servings recommendation (including whole fruit and/or 100% fruit juice servings) decreased from 32% in 2011 to 27% in 2021. However:
    - The percentage of adults consuming 2 or more whole fruits (excluding juice consumption) remained relatively stable (24% in 2011 to 23% in 2021).
    - In the same time period, the percentage of adults drinking 2 or more servings of 100% fruit juice decreased from 6% to 3%, and those who reported drinking no juice increased from 30% to 41% (data not shown).
- Fewer than one in 10 Alaska adults (8%) consume both the recommended daily servings of fruit (2 a day) and vegetables (3 a day) in 2021. This means that 92% of Alaska adults do not eat enough fruit and vegetables on a daily basis (data not shown).

[11] Lee SH, Moore LV, Park S, Harris DM, Blanck HM. Adults Meeting Fruit and Vegetable Intake Recommendations — United States, 2019. MMWR Morb Mortal Wkly Rep 2022;71:1–9. DOI: http://dx.doi.org/10.15585/mmwr.mm7101a1

12 U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. Available at: https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf.

Figure 10: The percentage of Alaska adults meeting recommendations for fruit consumption varies among demographic groups in 2021.

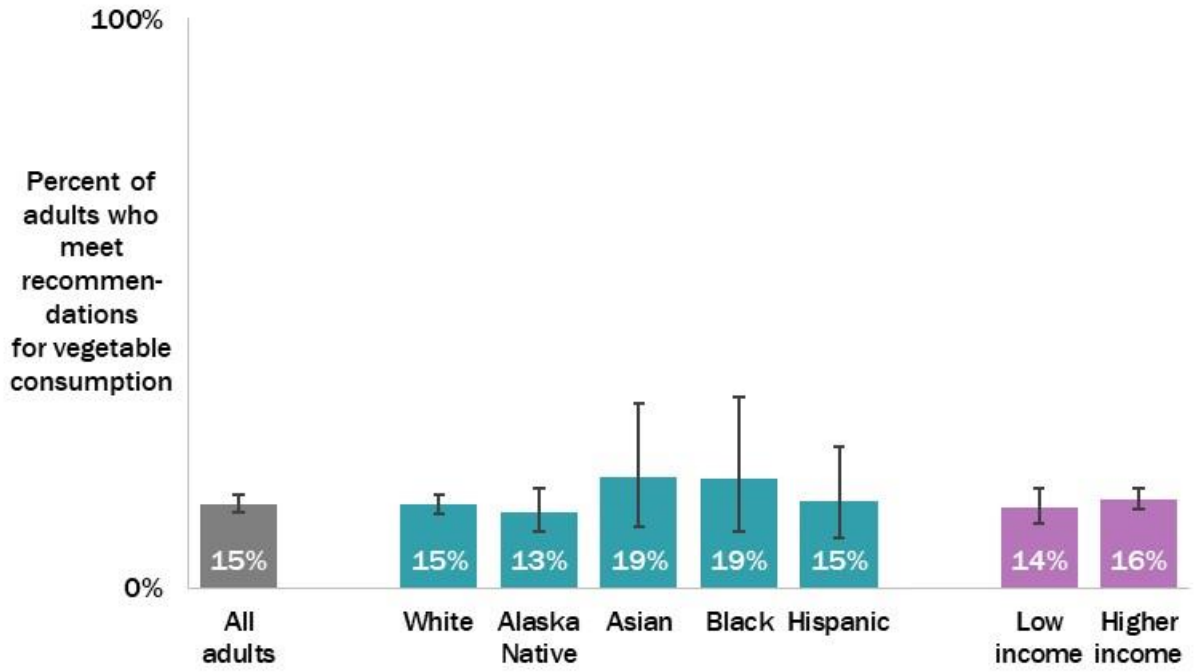


Source: AK BRFSS Standard File. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VI, Data Sources for more information.

Health disparities exist in meeting recommendations for fruit consumption:

- Black adults (44%) are more likely to meet fruit consumption guidelines than Alaska Native adults (24%), Asian (23%) and White adults (27%).
- Those with higher household income level are more likely to meet fruit consumption guidelines than those with a household income at or below 185% of the poverty guideline (29% vs 23%).
- Women (29%) are more likely than men (25%) to get the recommended average daily 2 or more servings of fruit (data not shown).
- Adults with a college degree or higher (35%) are more likely to meet fruit consumption guidelines than adults with a high school degree or less (24%) and those with some college or technical education (24%). Education status is measured for those age 25 and older (data not shown).
- There are no significant differences in meeting fruit consumption guidelines by region (data not shown).

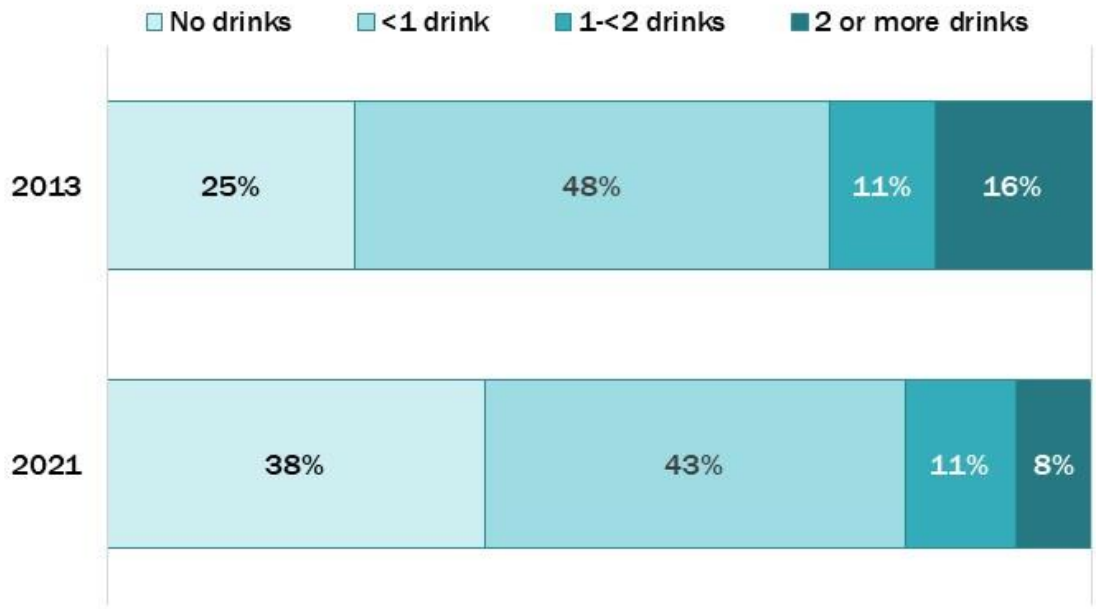
Figure 11: Only 15% of Alaska adults are meeting the recommendations for vegetable consumption in 2021.



Source: AK BRFSS Standard File. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VI, Data Sources for more information.

- There are no significant differences in meeting vegetable consumption guidelines by race/ethnicity groups or income status.
- Women (17%) are more likely than men (13%) to eat the recommended average daily 3 or more servings of vegetables (data not shown).
- Adults with a college degree or higher (17%) are more likely to meet vegetable consumption guidelines than adults with a high school degree or less (13%), although there is no significant difference in comparison to those with some college or technical education (16%) (data not shown). Education status is measured for those age 25 and older.
- Adults in Southwest Alaska (8%) are significantly less likely to eat 3 or more vegetable servings daily than adults in any other region except Northern Alaska (11%); other regions ranged from 14-16% (data not shown).

Figure 12: The average number of sugary drinks (cans/glasses) consumed per day is decreasing among Alaska adults, 2013 to 2021.



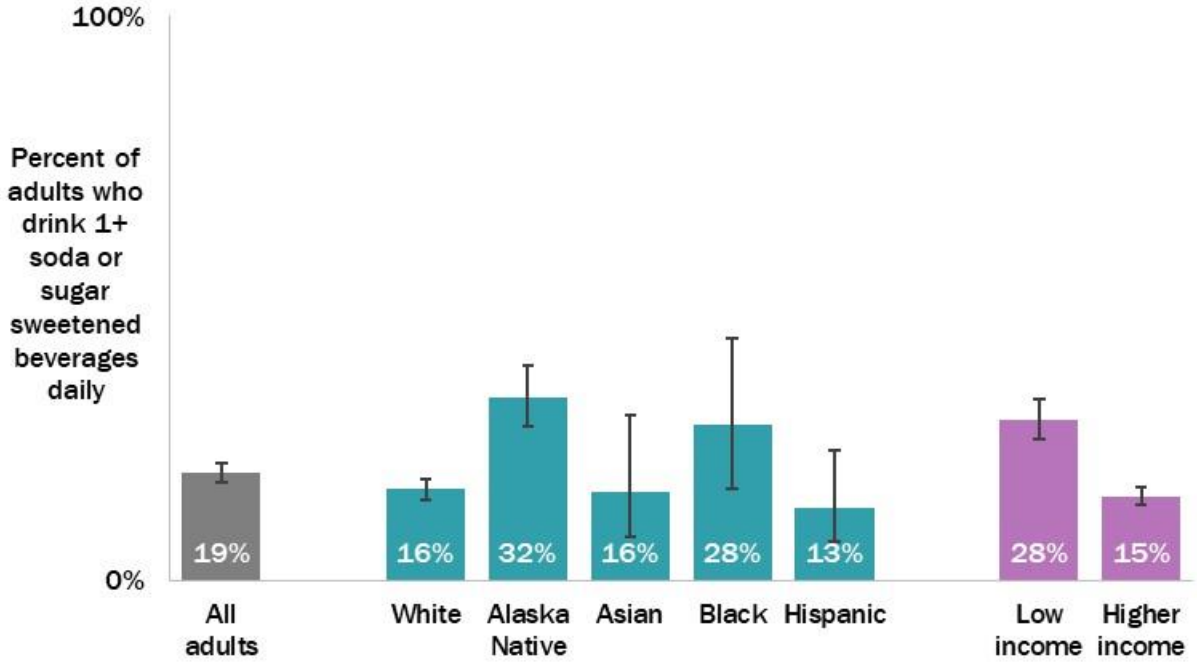
Source: AK BRFSS Standard File. Sum may not equal 100% due to rounding.
Note: the "1-<2 drinks" category includes adults who consume at least 1 to less than 2 sugary drinks daily.

The 2020-2025 Dietary Guidelines for Americans recommend that less than 10% of daily calories come from added sugar. These recommendations aim to promote health, prevent chronic disease, and help people reach and maintain a healthy weight.[13] This means that even 1 sugary drink a day puts most people near their limit of added sugar for the day increasing their risk of certain diseases.

- Due to changes in questions about sugary drinks, the trend starts in 2013. Overall, Alaska adults are less likely to consume any sugary drinks in 2021 than in 2013. "Sugary drinks" includes sugar-sweetened sodas as well as non-carbonated sweetened beverages.
- The percentage of Alaska adults who report drinking no sugary drinks on an average day increased from 25% in 2013 to 38% in 2021.
- Those drinking 1 or more sugary drinks daily decreased from 27% in 2013 to 19% in 2021. The percentage of adults reporting that they drink some, but less than 1, sugary drink daily decreased from 48% in 2013 to 43% in 2021.
- The significant decrease in daily consumption of 1 or more sugary drinks occurred across demographic subgroups, by sex, race, educational status and income status. The decrease was significant among adults age 18-29 (42% to 29%) and 30 to 44 (30% to 20%, data not shown).

[13] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. Available at: https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf. Published December 2020. Accessed February 27, 2025.

Figure 13: The percentage of Alaska adults who drink 1 or more sugary drinks daily varies among demographic groups in 2021.



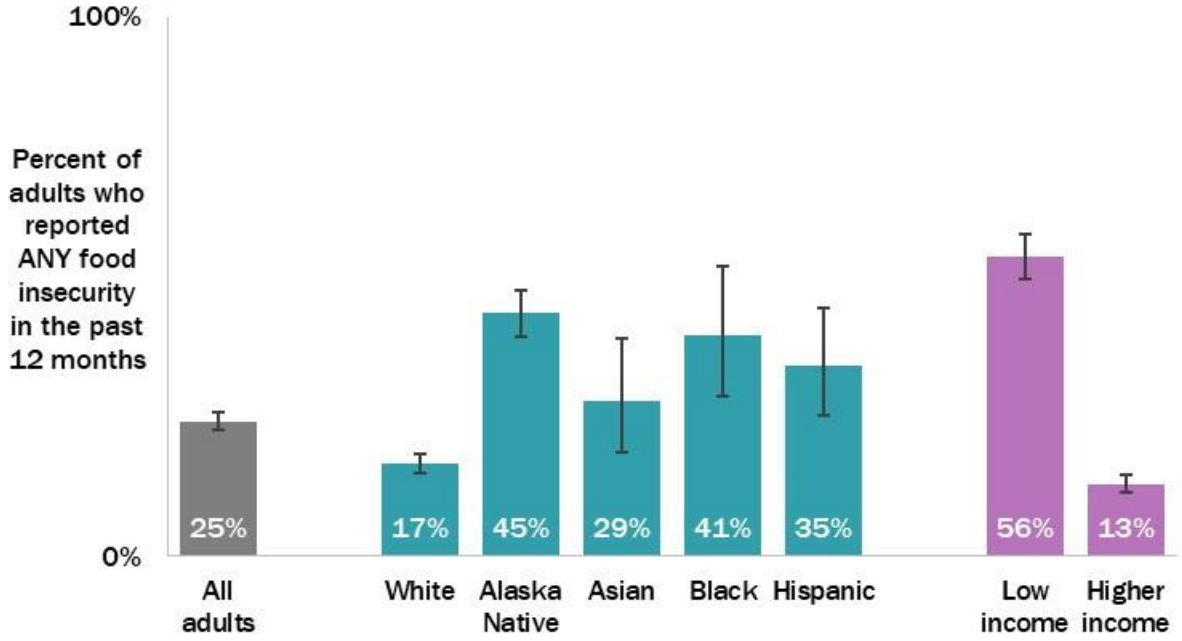
Source: AK BRFSS Standard File. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VI, Data Sources for more information.

Overall, about one in five Alaska adults (19%) reported drinking an average of 1 or more sugary drinks daily in 2021. Health disparities exist in sugary drink consumption:

- Prevalence of sugary drink consumption varies by demographic groups. Alaska Native adults (32%) are more likely to drink 1 or more sugary drinks daily than are Asian adults (16%), Hispanic adults (13%) and White adults (16%).
- Adults living in low-income households are more likely to drink sugary drinks than are those living in higher income households (28% vs 15%).
- Men are significantly more likely than women to consume at least 1 sugary drink each day (22% versus 16%, respectively), and to consume 3 or more sugary drinks each day (6% versus 4%, respectively) (data not shown).
- Sugary drink consumption decreases by educational attainment (among adults age 25 and older). Adults with a high school degree or less (26%) are most likely to drink 1 or more sugary drinks daily, followed by those with some college education (17%), and those with a college degree or higher (10%, data not shown).
- Regionally, adults in Northern Alaska (43%) are more likely to report drinking 1 or more sugary drinks daily than are those in any other region (ranging from 15% to 22%, data not shown). Adults in Anchorage (16%), Gulf Coast (15%) and Southeast (15%) are least likely to drink 1 or more sugary drinks daily, all significantly lower than Mat-Su (22%), and Gulf Coast and Southeast also have a lower prevalence than Interior (19%), but not different from Southwest Alaska.

D. Food Insecurity among Adults

Figure 14: The percentage of Alaska adults experiencing food insecurity varies among demographic groups in 2023.



Source: AK BRFSS Standard File. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VI, Data Sources for more information.

The 2022-2023 BRFSS survey included a question from the Hunger Vital Sign, a 2-question health screening tool for food insecurity.[14] The question: "During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?" Those who answered always, usually, sometimes or rarely are coded as "yes" to any food insecurity, and those who answer never are coded as "no."

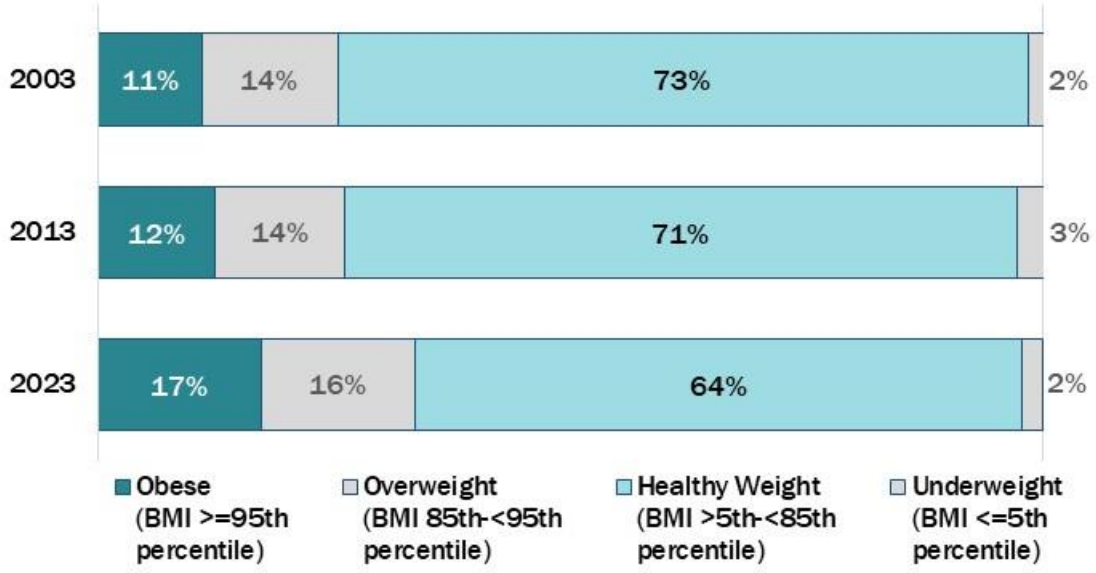
- About one in four Alaska adults (25%) experienced any food insecurity in the past 12 months, and 13% (data not shown) experienced it sometimes, usually or always.
- Alaska Native adults are most likely to report any food insecurity (45%), significantly higher than either White (17%) or Asian adults (29%).
- White adults are also significantly less likely to report food insecurity than are Asian adults, Hispanic adults (35%) or Black adults (41%).
- There are disparities in food insecurity by income status (56% for low income versus 13% for higher income) and by education status (37% among those with high school or less education, 22% among those with some college/technical school, and 11% among college graduates (data not shown; education status includes adults age 25 or older).
- Women are more likely than are men to report food insecurity (28% vs 23%, data not shown).

[14] Hager, ER, Quigg, AM, Black, MM et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146.

IV. Children and Adolescents

A. Weight Status of Children and Adolescents

Figure 15: The decrease in healthy weight among Alaska high school students is due to an increase in obesity prevalence between 2013 and 2023.

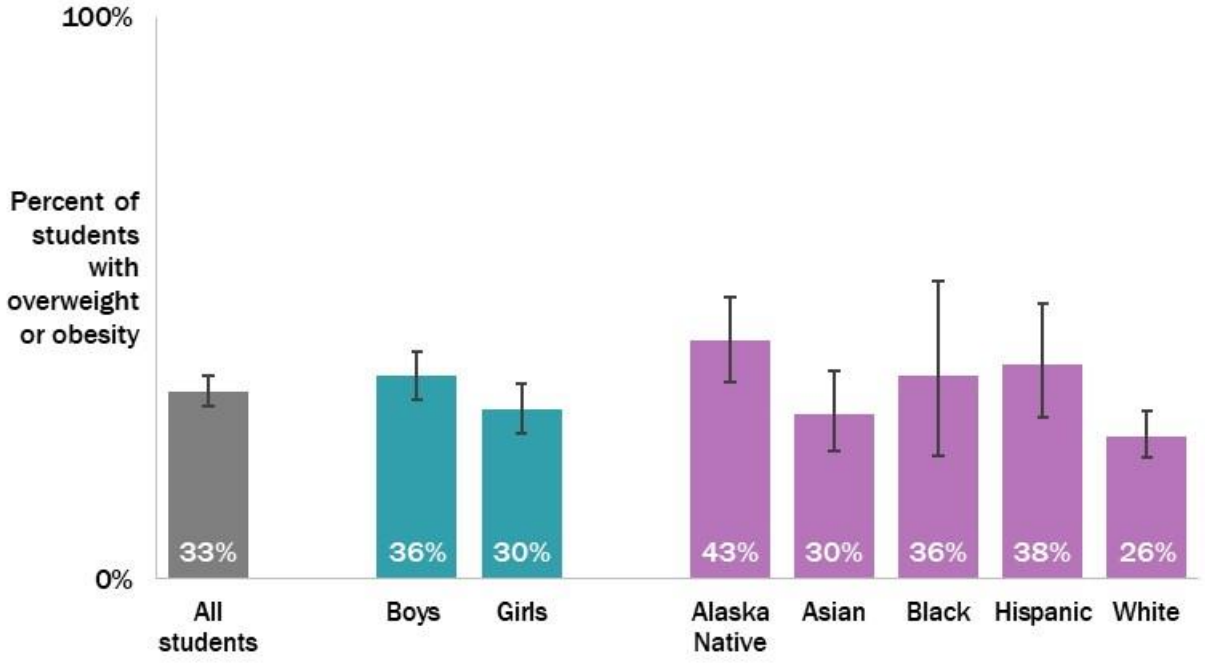


Source: AK YRBS Statewide Traditional High School data. Sums may not equal 100% due to rounding

In the graph above, we present weight category information from 2003, 2013 and 2023, calculated from self-reported height and weight. The first year for which we have Alaska weight status data from YRBS is 2003.

- In 2023, about 2% of Alaska high school students are underweight, 64% are at a healthy weight, 16% have overweight, and 17% have obesity.
- Among Alaska high school students, healthy weight decreased significantly from 71% in 2013 to 64% in 2023, while obesity increased from 12% in 2013 to 17% in 2023.
- There was no significant change for the prevalence of underweight or overweight.
- As with the adult trends, the decrease in healthy weight is correlated to an increase in obesity prevalence, while overweight prevalence remained stable.
- Almost 7% of Alaska high school students have severe obesity -- defined for adolescents as a BMI 120% of the 95th percentile or greater -- in 2023 (data not shown).

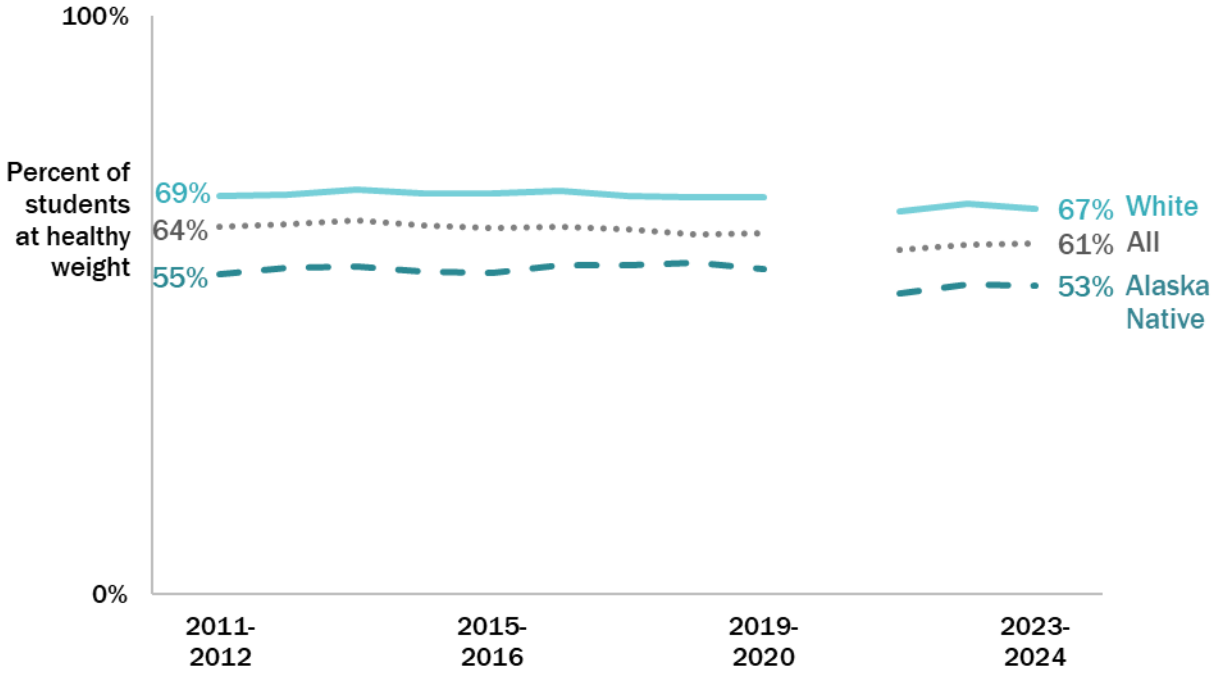
Figure 16: The prevalence of overweight/obesity among Alaska high school students varies by race/ethnicity, 2023.



Source: AK YRBS Statewide Traditional High School data. Overweight/obesity is measured as ≥ 85th percentile of BMI for sex and age group. The Pacific Islander subgroups was not reported because the number of respondents was below 30. See Section VI, Data Sources for more information about how race subgroups are defined.

- In 2023, prevalence of overweight/obesity among Alaska high school students is 33%, representing one of every three Alaska adolescents.
- There are significant disparities in overweight/obesity prevalence among high school students by race/ethnicity groups:
    - Alaska Native students are significantly more likely to have overweight or obesity (43%) than are Asian (30%) or White students (26%).
    - Hispanic students are also significantly more likely to have overweight or obesity than are White students (38% vs 26%).
    - Black high school students in Alaska report a similar prevalence to the statewide overweight/obesity prevalence (36%).
    - Although the 2023 prevalence for Pacific Islander students cannot be reported due to small numbers, historically, the rates of overweight/obesity in this group have been higher than for any other group.
- Among White, Black, and Alaska Native high school students, the percentage who have obesity comprises about half of the students in the overweight/obese group (data not shown). Among Hispanic students, closer to two thirds of those in the overweight/obese group have obesity (data not shown).
- There are no significant disparities in prevalence of overweight/obesity by sex or grade (data by grade not shown).

Figure 17: The percentage of students in kindergarten through 8th grade who are at a healthy weight has decreased from 2011-12 to 2023-24.



Source: AK SWSSS; "K-8 combined"= K, 1, 3, 5, and 7th grade students; Anchorage, Kenai and Mat Su school districts combined.

The Healthy Alaskans (HA) 2030 objective is to increase the proportion of children (students K-8) who are at a healthy weight. Beginning in the 2020-2021 school year, the Healthy Alaskans 2030 weight status objective has a few changes compared to the HA2020 indicators.

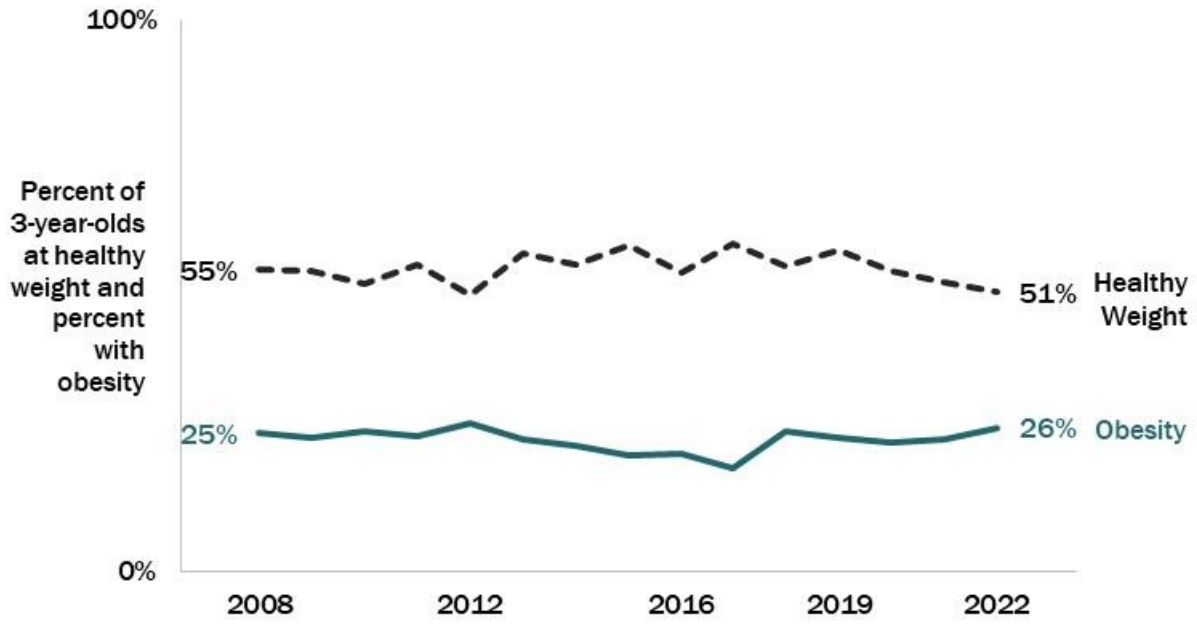
a) HA2030 has a single objective focusing on increasing the percent of students at a healthy weight (rather than 2 separate indicators on decreasing overweight and obesity).

b) The statewide childhood healthy weight objective now includes Kenai Peninsula Borough School District students in addition to those in Anchorage and the Mat Su.

c) The measure is still focused on Alaska students K-8 (using measurements of students in K, 1, 3, 5 and 7).

- The prevalence of healthy weight among K-8 students has decreased significantly overall and by race group since the 2011-12 school year in the 3 school districts (Anchorage, Mat Su and Kenai).
- White K-8 students are more likely than Alaska Native K-8 students to be in the healthy weight range (67% vs 53% in the 2023-24 school year).
- No data are included for the 2020-2021 school year due to low measurements during the COVID pandemic.

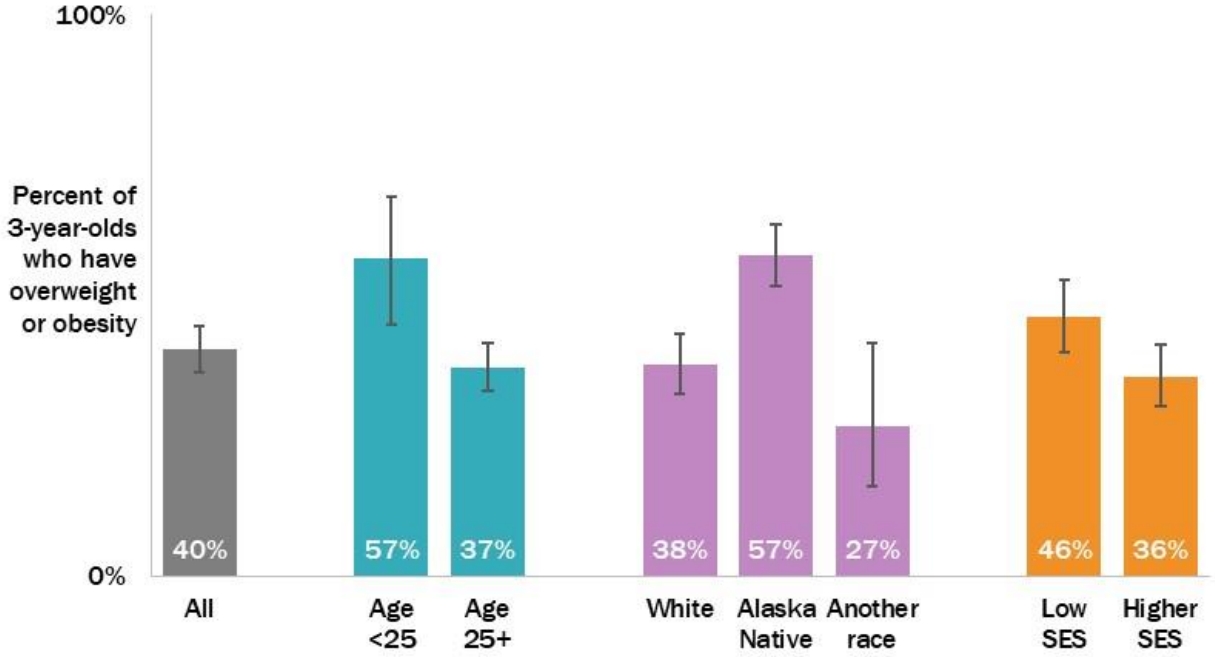
Figure 18. No significant changes in weight status occurred among Alaska 3-year-olds between 2008 and 2022.



Source: Alaska Childhood Understanding Behaviors Survey (CUBS)

- Between 2008 and 2022, there were no significant trends in weight status among Alaska 3-year-olds.
- Between 2008 and 2022, the percentage of Alaska 3-year-olds with healthy weight ranged between 51-59%, but there was not a significant trend; mothers reporting healthy weight for their 3-year-old was 55% in 2008 and 51% in 2022.
- The percentage who have obesity was 25% in 2008 and 26% in 2022.
- The percentage of Alaska 3-year-olds who have overweight was 16% in both 2008 and 2022 (data not shown).

Figure 19. The prevalence of overweight/obesity among Alaska 3-year-olds varies by maternal demographic groups, 2020-2022.

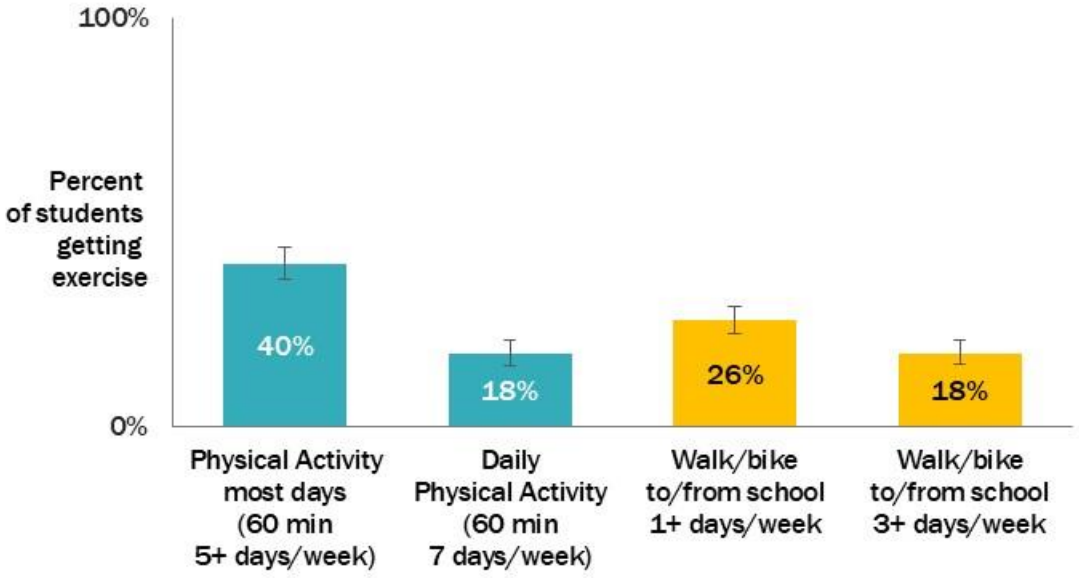


Source: Alaska Childhood Understanding Behaviors Survey (CUBS). Overweight/obesity: 85th percentile and higher of BMI for age and sex. Current child enrollment in Medicaid was used as a proxy measure of low socioeconomic status (SES).

- Disparities exist in overweight/obesity prevalence among Alaska 3-year-olds in 2020-2022.
- Mothers who gave birth to their child before they were age 25 are more likely to have a 3-year-old with overweight/obesity than mothers who had their child when they were age 25 or older (57% versus 37%).
- Overweight/obesity prevalence is significantly higher among 3-year-old children of Alaska Native mothers (57%) than among children of White mothers (38%) and children of mothers of another race (27%).
- 3-year-old children in low-SES families have a significantly higher prevalence of overweight/obesity than children in higher-SES families (46% versus 36%).

B. Physical Activity among Children and Adolescents

Figure 20: Fewer than one in five Alaska high school students meet the recommendations for daily physical activity; slightly more students show some physical activity, 2023.



Source: AK YRBS Statewide Traditional High School data.

Increasing the proportion of youth who participate in at least 60 minutes of daily physical activity (as outlined in the 2018 Physical Activity Guidelines for Americans[15]) is a Healthy Alaskans 2030 objective.

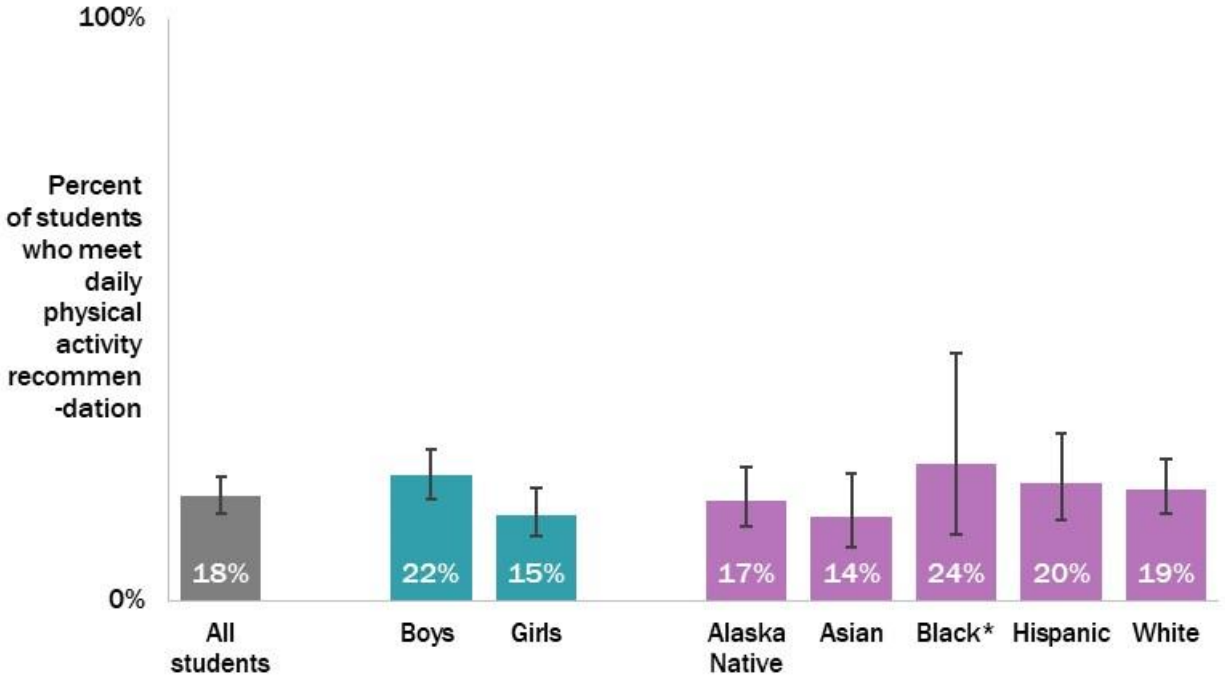
- Only 18% of Alaska high school students are getting the recommended daily 60+ minutes of physical activity, and this percentage has not changed significantly since 2007 (trend data not shown).
- In 2023, about two in five students (40%) report an average of 60 or more minutes of physical activity on 5 or more days a week, down slightly from 45% in 2013, although the trend from 2007 to 2023 is flat (data not shown). Although it is unknown if activity occurred on weekdays or weekends, monitoring the 5 days a week activity indicator can be a helpful proxy for what supports for physical activity are happening during the school week.

Promotion of active transportation (walking and biking to school) is a strategy to increase student physical activity. Alaska's YRBS recently added a question about how often students walked or biked to or from school in an average week, weather permitting.

- In 2023, about one in four Alaska high school students (26%) report walking or biking to or from school on at least 1 day a week, and 18% said they walk or bike to or from school 3 or more days a week, weather permitting. Only about 1 in 10 students (11%) report walking or biking to or from school all 5 days in the week (data not shown).

[15] U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018.

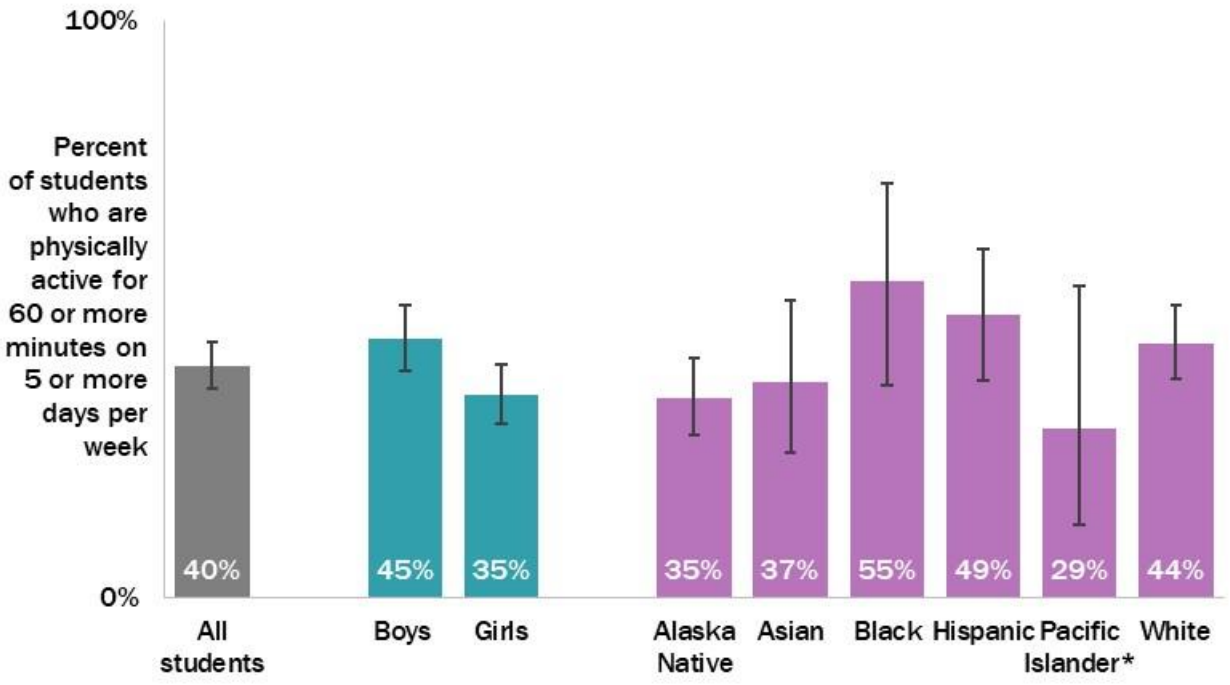
Figure 21: Fewer than one in five Alaska high school students are meeting the physical activity recommendations of 60 minutes every day in 2023.



Source: AK YRBS Statewide Traditional High School data. If the result has a relative standard error (RSE) between 30% and 50%, we put a star (*) next to it. This tells the reader that the estimate might not be as precise as the other results and to consider the level of precision when interpreting the results. The Pacific Islander subgroup was not reported because the number of respondents was below 30. See Section VI, Data Sources for more information about how race subgroups and statistical methods, including RSE, are described.

- Fewer than one in five Alaska high school students (18%) report meeting the recommendation of 60 or more minutes of physical activity on a daily basis.
- Alaska high school boys are more likely than high school girls to get 60 or more minutes of physical activity on all 7 days a week (22% versus 15%).
- There are no significant differences by race/ethnicity in meeting the daily physical activity recommendation. Although the prevalence is nominally highest among Black students (24%) and lowest among Asian students (14%), smaller sample sizes for these groups result in wider confidence intervals, meaning the prevalences are not significantly different. The 2023 prevalence for Pacific Islander students cannot be reported due to small sample size and high relative standard error (RSE).
- There are no significant differences by grade (data not shown).

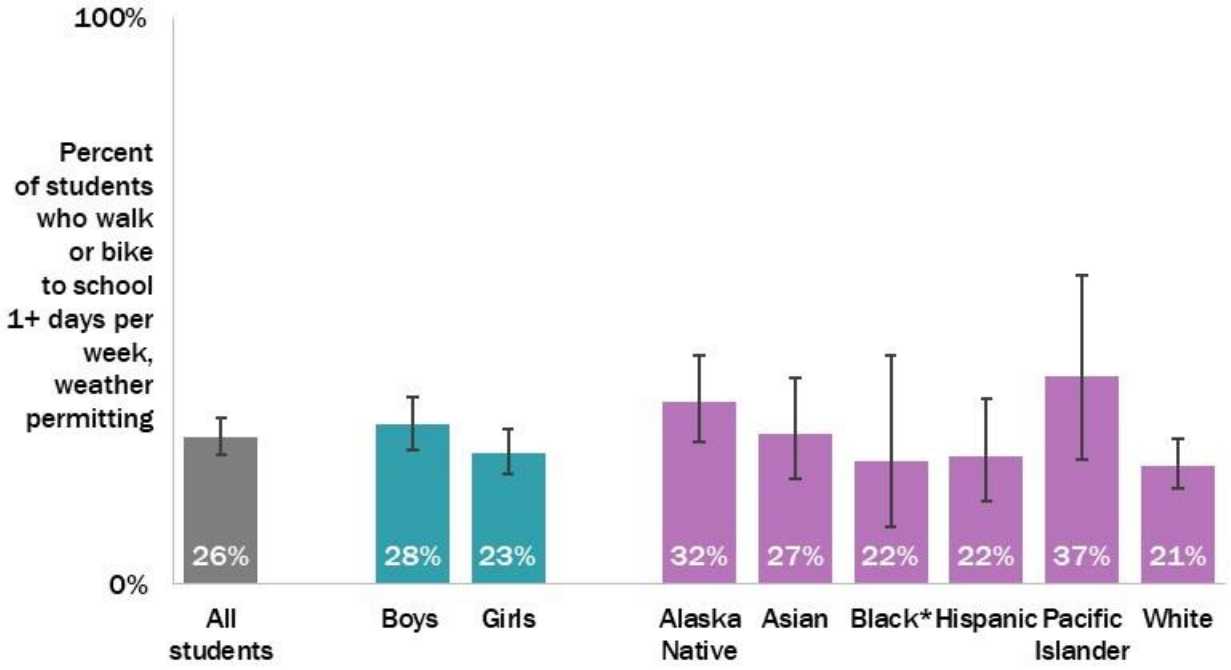
Figure 22: The percentage of Alaska high school students who are physically active for at least 60 minutes on 5 or more days in the past week varies by demographic groups in 2023.



Source: AK YRBS Statewide Traditional High School data. If the result has a relative standard error (RSE) between 30% and 50%, we put a star (*) next to it. This tells the reader that the estimate might not be as precise as the other results and to consider the level of precision when interpreting the results. See Section VI, Data Sources for more information about how race subgroups and statistical methods, including RSE, are described.

- As noted earlier, about two in five Alaska high school students (40%) report getting 60 or more minutes of physical activity on 5 or more days a week.
- High school boys are more likely than girls to get 60 or more minutes of physical activity on 5 or more days a week (45% versus 35%).
- Hispanic students (49%) and White students (44%) are significantly more likely to get 60 or more minutes of physical activity on 5 or more days a week than Alaska Native students (35%).
- Prevalence for the other 3 race groups is not significantly different from any others. Among Asian students, prevalence is 37%. Although prevalence is nominally highest among Black students (55%) and lowest among Pacific Islanders (29%), smaller sample sizes for these groups of students mean those estimates have wider confidence intervals and thus prevalences are not significantly different.
- There are no significant differences by grade (data not shown).
- In 2024, most Alaska high schools require physical education (PE) for ninth graders (89%). However, only 70% require physical education in the 12th grade, a significant decline since 2016, when 82% required PE to be taught in the 12th grade (2024 Alaska School Health Profiles, data not shown).

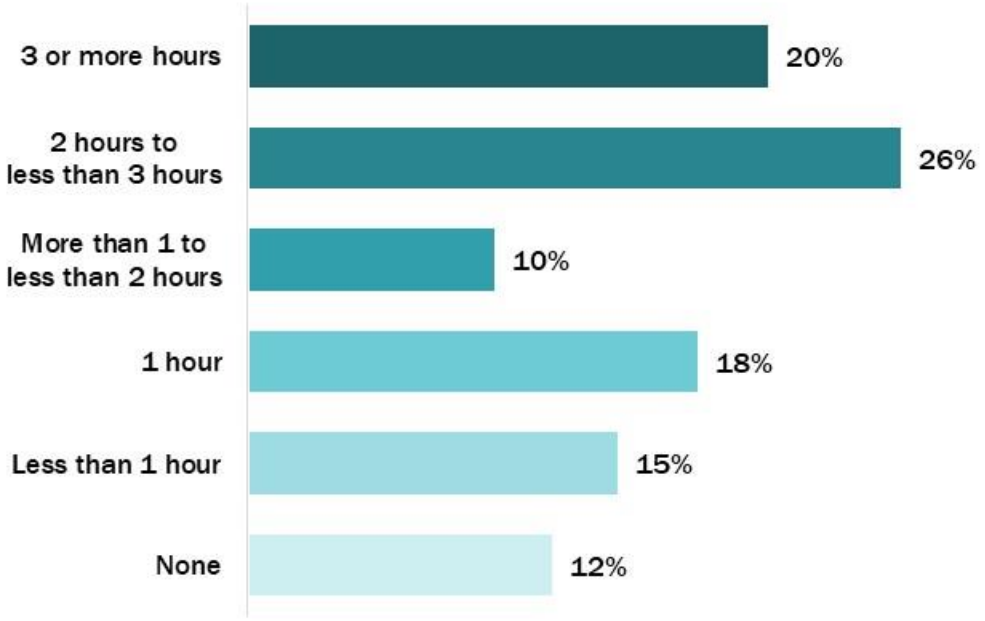
Figure 23: About one in four Alaska high school students (26%) reported walking or biking to or from school on 1 or more days a week in 2023.



Source: AK YRBS Statewide Traditional High School data. If the result has a relative standard error (RSE) between 30% and 50%, we put a star (*) next to it. This tells the reader that the estimate might not be as precise as the other results and to consider the level of precision when interpreting the results. See Section VI, Data Sources for more information about how race subgroups and statistical methods, including RSE, are described.

- The YRBS survey has a question about walking and biking to school: "In an average week when you are in school, on how many days do you walk or ride your bike either to school or home from school when the weather allows you to do so?" About one in four Alaska high school students (26%) report walking or biking to or from school on 1 or more days a week in 2023.
- Alaska Native students (32%) are significantly more likely to report walking or biking to or from school on 1 or more days a week than are White students (21%). Prevalence among Asian, Black and Hispanic students is similar to the state estimate. Although the prevalence among Pacific Islander students is nominally higher at 37%, the smaller sample size for this group means that the estimate has wide confidence intervals and thus prevalence was not significantly different from any other race/ethnicity group.
- There are no significant differences by sex.
- Ninth graders are significantly more likely than either 11th or 12th graders to walk or bike to or from school on 1 or more days a week (32% for 9th graders versus 22% for both 11th and 12th grade students). Among 10th graders, 26% report walking or biking to or from school (data not shown).

Figure 24: More than half of Alaska 3-year-olds spend more than 1 hour daily in front of a TV or computer screen, 2020-2022.



Source: Alaska Childhood Understanding Behaviors Survey (CUBS). Sum may not equal 100% due to rounding.

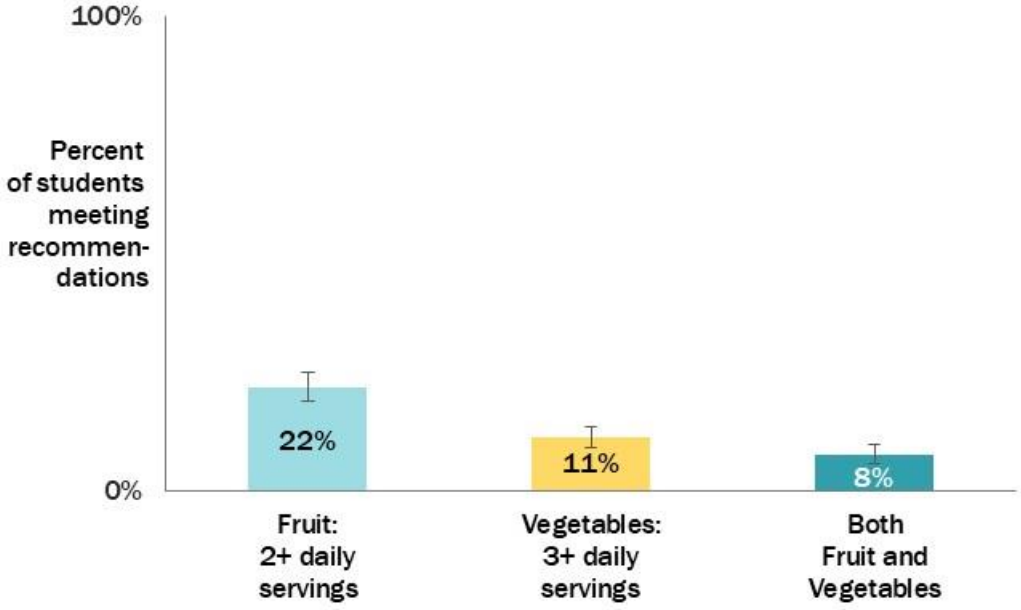
The American Academy of Pediatrics recommends limiting young children's total screen time to no more than 1 hour of quality programming per day.[16]

- More than half of Alaska 3-year-olds (56%) spend an average of more than 1 hour a day watching TV, videos, or playing video games (including those played on a computer, tablet or smartphone), including 20% who are spending 3 or more hours a day in front of the screen.
- About two of every five Alaska 3-year-olds (44%) are spending 1 hour or less in front of a screen, including 12% who had no daily screen time on average. The survey does not ask detailed questions regarding the quality of programming or screen time.

[16]The Role of the Pediatrician in the Promotion of Healthy, Active Living. Pediatrics March 2024; 153 (3): e2023065480. 10.1542/peds.2023-065480. https://doi.org/10.1542/peds.2023-065480

C. Nutrition among Children and Adolescents

Figure 25: Fewer than one in 10 Alaska high school students eat the daily recommended number of servings of both fruit and vegetables in 2023.



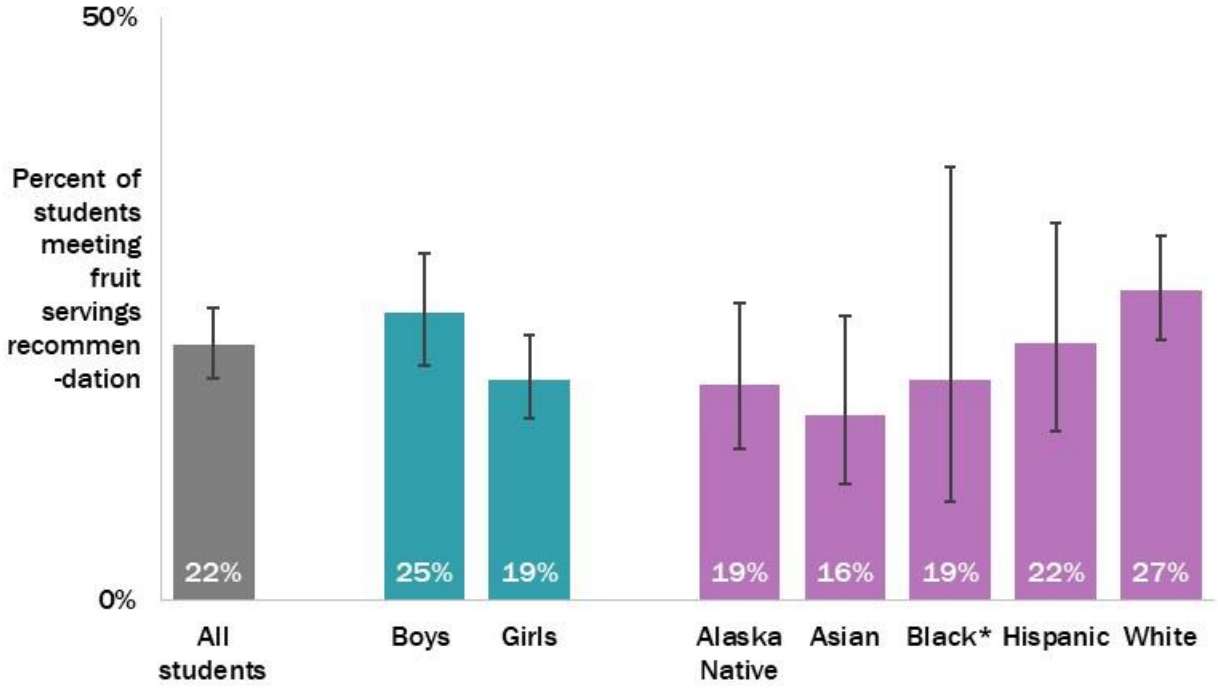
Source: AK YRBS Statewide Traditional High School data.

Research supports increasing the consumption of nutrient-dense foods, such as vegetables and fruits, to prevent chronic disease.[17]

- Fewer than one in 10 Alaska high school students (8%) eat the recommended number of servings of both fruit and vegetables each day. Twenty-two percent consume 2 or more fruit servings daily, and 11% eat 3 or more servings of vegetables.
- The percent of Alaska high school students eating 3 or more vegetable servings a day decreased from 16% in 2013 to 11% in 2023 (trend data not shown).
- Fruit consumption includes servings of whole fruits as well as 100% fruit juice. Although the percentage who met the recommendation overall decreased between 2013 and 2023 (29% to 22%), the proportion who met the fruit servings recommendation by eating whole fruits alone did not change significantly (data not shown).
    - The percentage of high school youth who had 2 or more daily whole fruit servings remained stable between 2013 and 2023 (21% and 18%, respectively, data not shown).
    - The percentage of students who reported drinking no 100% fruit juice daily increased from 27% in 2013 to 43% in 2023 (data not shown).

[17] Nutrient-dense foods are naturally lean or low in solid fats and have little or no added solid fats, sugars, refined starches, or sodium. See U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at: https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

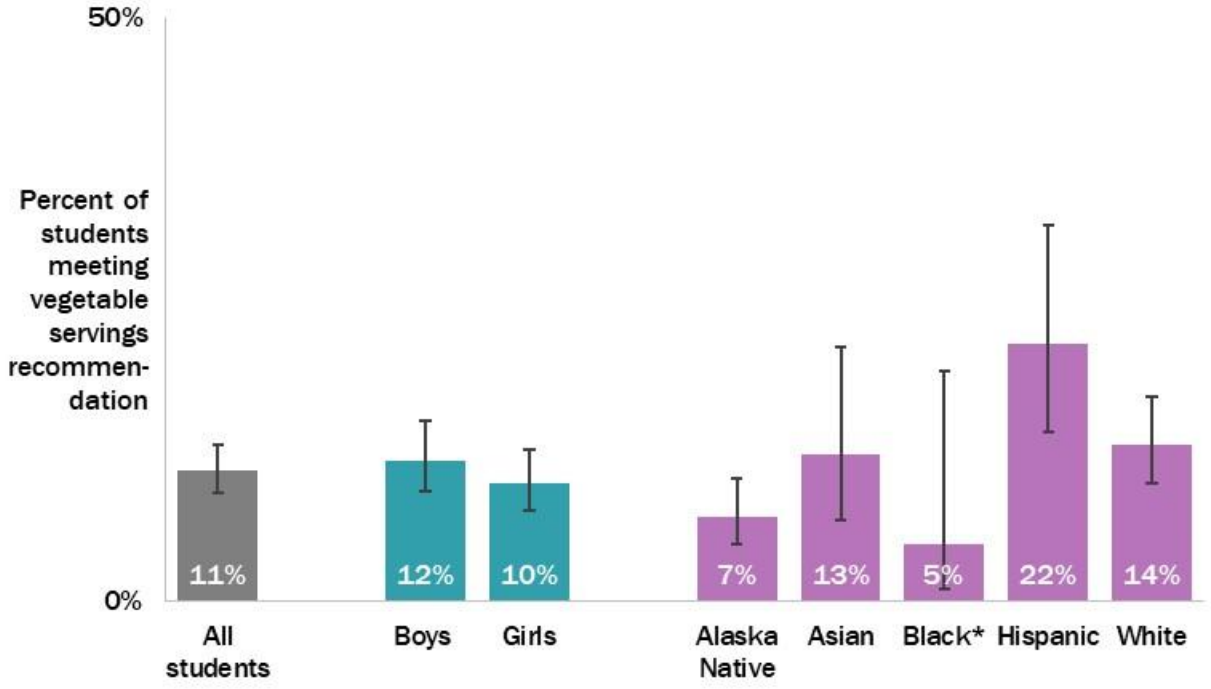
Figure 26: Fewer than one in four Alaska high school students eat the recommended number of fruit servings each day, 2023.



Source: AK YRBS Statewide Traditional High School data. See Section VI If the result has a relative standard error (RSE) between 30% and 50%, we put a star (*) next to it. This tells the reader that the estimate might not be as precise as the other results and to consider the level of precision when interpreting the results. The Pacific Islander subgroup was not reported because the number of respondents was below 30. See Section VI, Data Sources for more information about how race subgroups are defined.

- Prevalence of fruit consumption varies by demographic groups. White high school students (27%) are significantly more likely than Alaska Native students (19%) and Asian students (16%) to meet the nutrition guideline of 2 or more daily servings of fruit (including whole fruits and 100% fruit juice).
- There are no significant differences by sex.
- The questions about fruit servings include drinking 100% fruit juice, in addition to eating whole fruit.
    - Nearly one in five Alaska high school students (18%) report daily consumption of 2 or more servings of whole fruit (not from fruit juice, data not shown).
    - White students are significantly more likely than Alaska Native students to get 2 or more daily servings of whole fruit (23% vs 14%, data not shown).
    - There are no disparities in consuming 2 + servings of whole fruit by sex or grade.
- The percentage of high school students who did not drink any 100% juice daily increased from 21% in 2007 to 43% in 2023. The increase occurred across demographic groups and there were no disparities between groups in 2023 (data not shown).

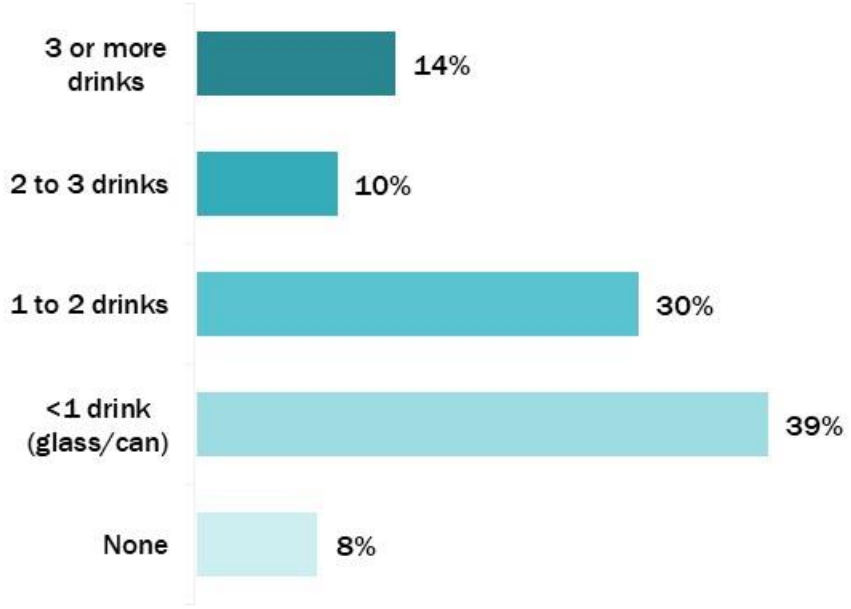
Figure 27: Only 11% of Alaska high school students eat the recommended 3 or more servings of vegetables daily 2023.



Source: AK YRBS Statewide Traditional High School data. See Section VI, If the result has a relative standard error (RSE) between 30% and 50%, we put a star (*) next to it. This tells the reader that the estimate might not be as precise as the other results and to consider the level of precision when interpreting the results. The Pacific Islander subgroup was not reported because the number of respondents was below 30. See Section VI, Data Sources for more information about how race subgroups are defined.

- As noted earlier, only 11% of Alaska high school students report eating 3 or more servings of vegetables daily. There are some significant disparities in meeting this nutrition guideline.
- Alaska Native students (7%) are significantly less likely than White students (14%) and Hispanic students (22%) to consume 3 or more servings of vegetables daily.
- While it appears Black students (5%) are significantly less likely than Hispanic students (22%) to consume 3 or more servings of vegetables daily, there is no significant difference. Estimates based on a smaller denominator have less precision and a larger margin of error, as is the case for the prevalence of vegetable consumption among Black students.
- The percentage of students who meet vegetable consumption guidelines appears to rise slightly as grade level increases, although there is only 1 significant difference. Alaska 9th graders are significantly less likely than 11th graders to consume at least 3 daily servings of vegetables (9% vs 14%) in 2023 (data not shown).

Figure 28: More than half of Alaska high school students drink 1 or more sugary drinks (cans/glasses) per day in 2023.



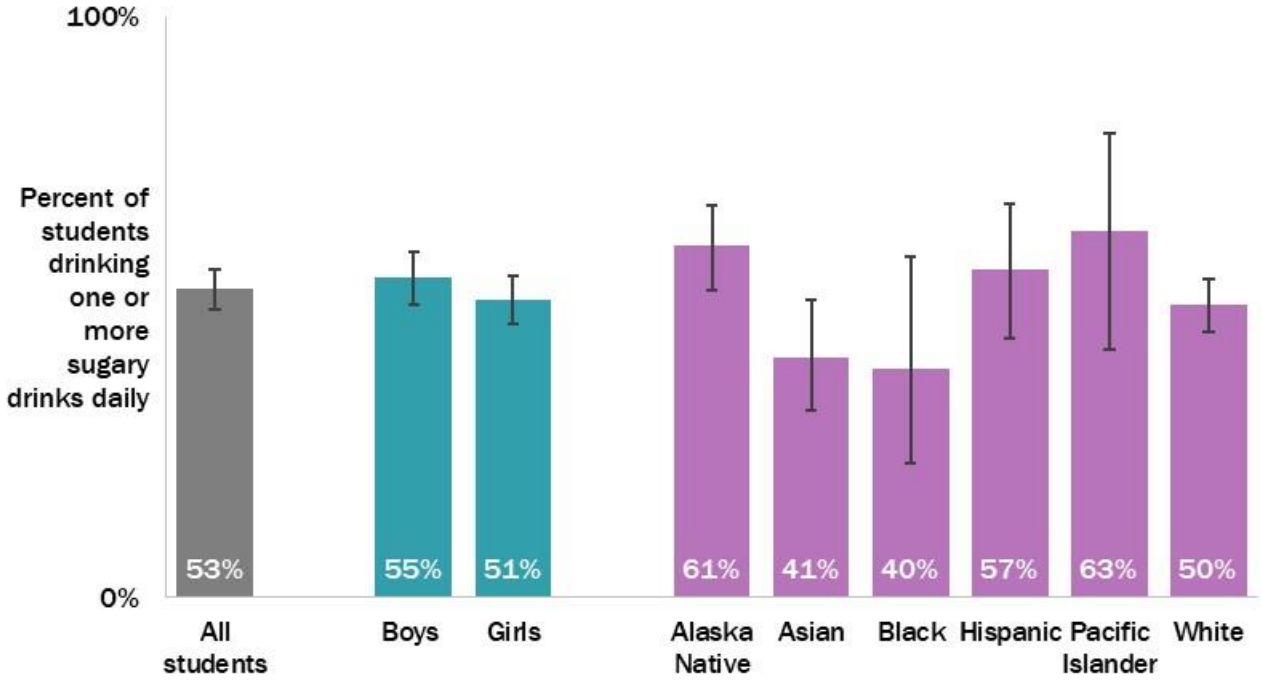
Source: AK YRBS Statewide Traditional High School data. Sum may not equal 100% due to rounding.
Note: the 1 to 2 drinks group includes youth who consume at least 1 to less than 2 sugary drinks daily, etc.

The 2020-2025 Dietary Guidelines for Americans recommend that less than 10% of daily calories come from added sugar. These recommendations aim to promote health, prevent chronic disease, and help people reach and maintain a healthy weight.[18] This means that even 1 sugary drink a day puts most people near their limit of added sugar for the day, increasing their risk of certain diseases.

- Overall, 53% of Alaska high school students consume a daily average of 1 or more sugary drink servings (glass, bottle or can) in 2023. Sugary drinks include soda, sports drinks (such as Gatorade or PowerAde), energy drinks (such as Red Bull, Rockstar, or Monster), or another sugar-sweetened beverage (such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight).
- More than one in 10 (14%) of Alaska high school students drink an average of 3 or more servings of sugary drinks per day.
- Only 8% of students report drinking no sugary drinks in the past 7 days.
- The percentage who are drinking 1 or more sugary drinks daily has increased from 42% in 2013 to 53% in 2022. The trend is significant among both males and females, and among White as well as Hispanic high school students (data not shown). During this same time period, the percentage who drink soda 1 or more times a day has declined; however, the percentage drinking other sugar-sweetened beverages has increased (data not shown).

[18] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. Available at: https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf. Published December 2020. Accessed February 27, 2025.

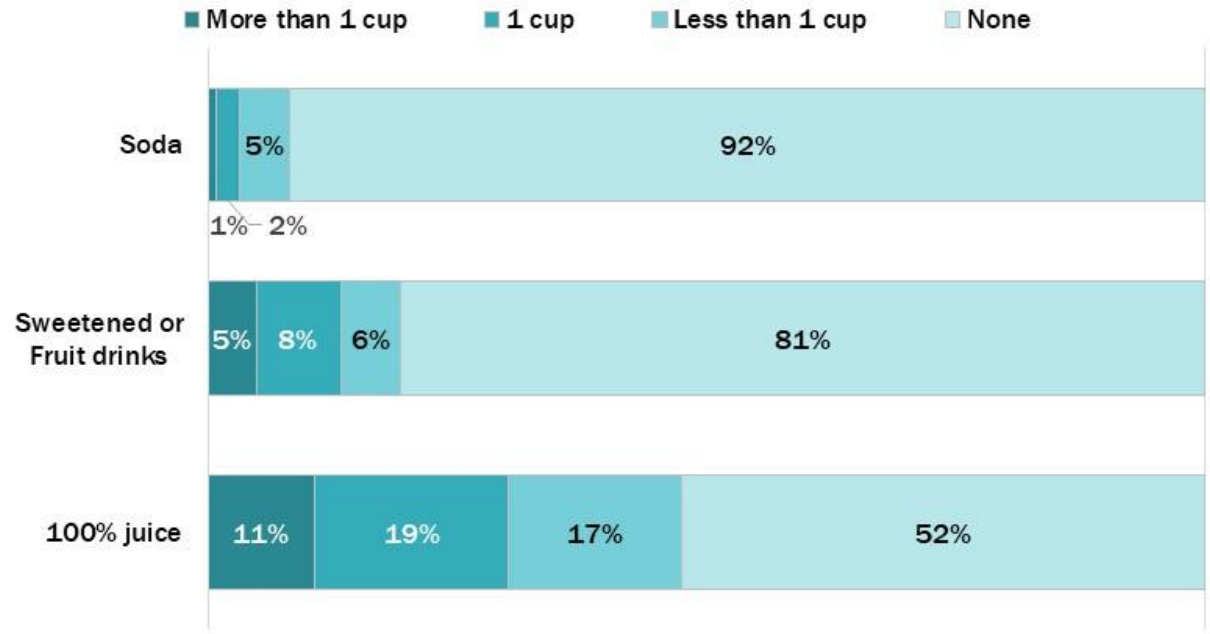
Figure 29: More than half of Alaska high school students drink 1 or more sugary drinks every day, 2023.



Source: AK YRBS Statewide Traditional High School data. See Section VI, Data Sources for more information about how race subgroups are defined.

- In 2023, more than half of Alaska high school students reported drinking 1 or more sugary drinks on a daily basis. Sugary drinks include soda, sports drinks (such as Gatorade or PowerAde), energy drinks (such as Red Bull, Rockstar, or Monster), or another sugar-sweetened beverage (such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight).
- In 2023, there are no disparities in sugary drink consumption among Alaska high school students by sex (55% of boys versus 51% of girls) or grade (data not shown).
- Sugary drink consumption ranges from 40% to 63% by race/ethnicity, although only some of the differences are statistically significant:
    - Alaska Native students (61%) are significantly more likely than White students (50%) and Asian students (41%) to drink at least 1 sugary drink a day.
    - Hispanic students (57%) and Pacific Islander students (63%) are significantly more likely than Asian students (41%) to drink at least 1 sugary drink a day.

Figure 30: Most Alaska 3-year-olds drink no soda or sweetened/fruit drinks daily, 2020-2022.



Source: Alaska Childhood Understanding Behaviors Survey (CUBS).

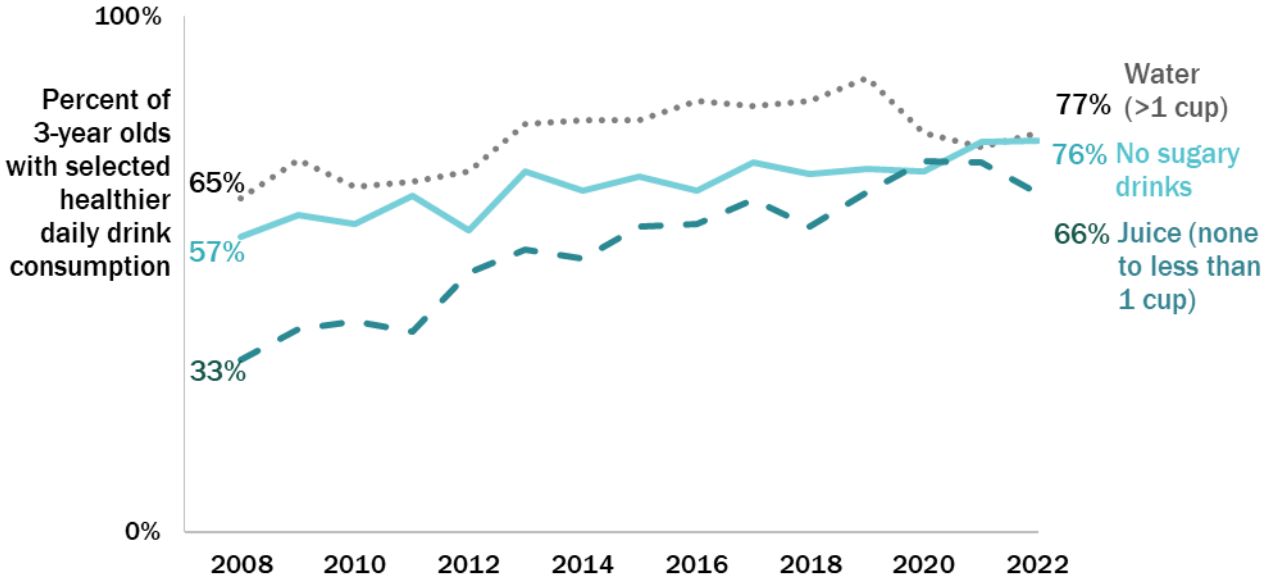
The Childhood Understanding Behaviors Survey (CUBS) asks mothers of 3-year-olds about how many cups of selected beverages their child consumed yesterday. Drink types include 1) soda (non-diet), 2) diet drinks (such as Crystal Light or diet soda), 3) sweetened or fruit drinks, such as Tang, Kool-Aid, Capri-Sun, or Sunny D, 4) sports, vitamin or energy drinks (non-diet), 5) chocolate or other flavored milk, 6) 100% fruit juice, 7) milk, and 8) water.

Key national health and nutrition organizations recommend that children 0-5 years of age do not drink sugar-sweetened beverages such as fruit flavored drinks, sports drinks, or soda. They also recommend limiting juice to only ½ cup (4 ounces) or less of 100% fruit juice per day for 3-year-olds.[19]

- In 2020-2022, 19% of Alaska 3-year-olds drank any sweetened or fruit drinks daily. One in twenty (5%) drank more than 1 cup of sweetened or fruit beverages on a given day.
- In 2020-2022, 8% of Alaska 3-year-olds drank any soda daily. Smaller percentages of Alaska 3-year-olds drank any sports/vitamin/energy drinks (6%) or diet drinks (4%) in the past day (data not shown).
- Almost one third of 3-year-olds (30%) drank 1 cup or more of 100% fruit juice, and 17% drink less than 1 cup. About half (52%) of Alaska 3-year-olds did not drink any fruit juice on a daily basis.

[19] Healthy Eating Research. Consensus Statement. Health Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organization. September 2019. https://healthyeatingresearch.org/wp-content/uploads/2019/09/HER-HealthyBeverage-ConsensusStatement.pdf

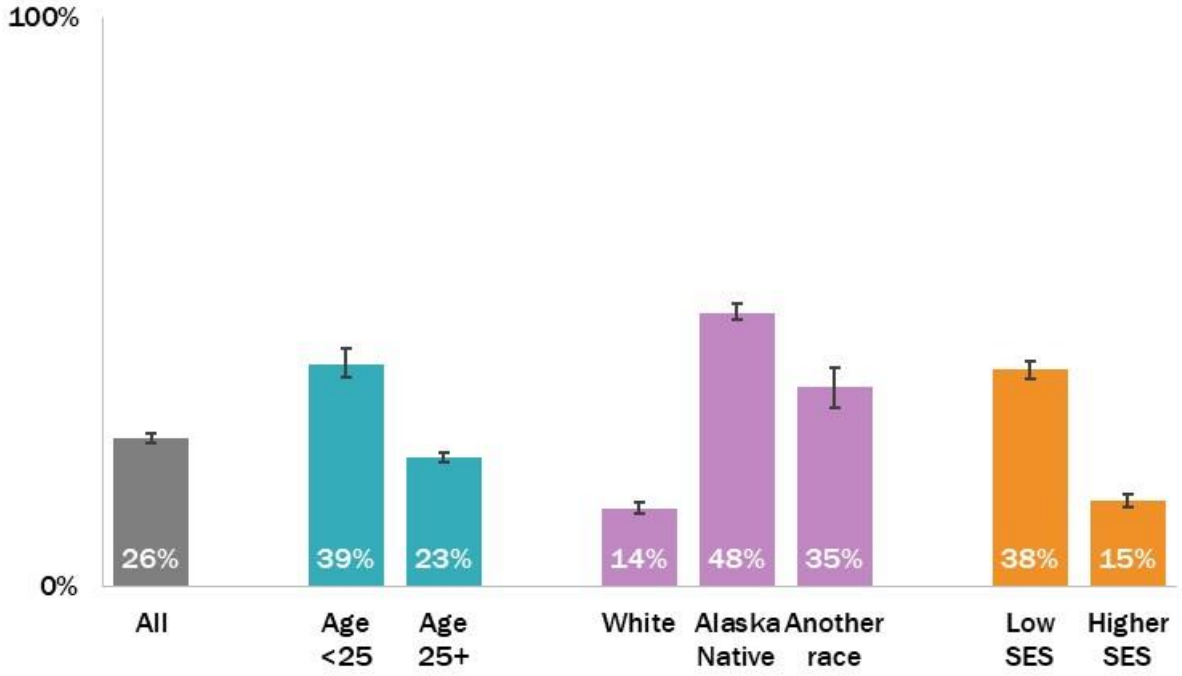
Figure 31: Trends in daily healthier drink consumption increased among Alaska 3-year-olds between 2008 and 2022



Source: Alaska Childhood Understanding Behaviors Survey (CUBS).

- Since 2008, the trends show improvement in daily healthier drink consumption among 3-year-old Alaskans. Young children are being served water more often, and fruit juice and sugary drinks less often.
    - The percentage of 3-year-olds drinking more than 1 cup of water daily increased from 65% in 2008 to 77% in 2022.
    - The percentage of 3-year-olds who did not drink any sugary drinks increased from 57% in 2008 to 76% in 2022. Sugary drinks include soda (non-diet), sweetened or fruit drinks, such as Tang, Kool-Aid, Capri-Sun, or Sunny D, and sports, vitamin or energy drinks (non-diet),
    - The percentage who drank zero to less than a cup of 100% fruit juice daily increased from 33% to 66%.
    - The trend for drinking plain milk was mixed (data not shown). The percentage of 3-year-olds drinking more than 1 cup of plain milk decreased between 2008 and 2022 (68% to 34%).

Figure 32: Percentage of Alaska 3-year-olds who drink any sugary drinks daily varies by maternal demographic groups, 2020-2022.



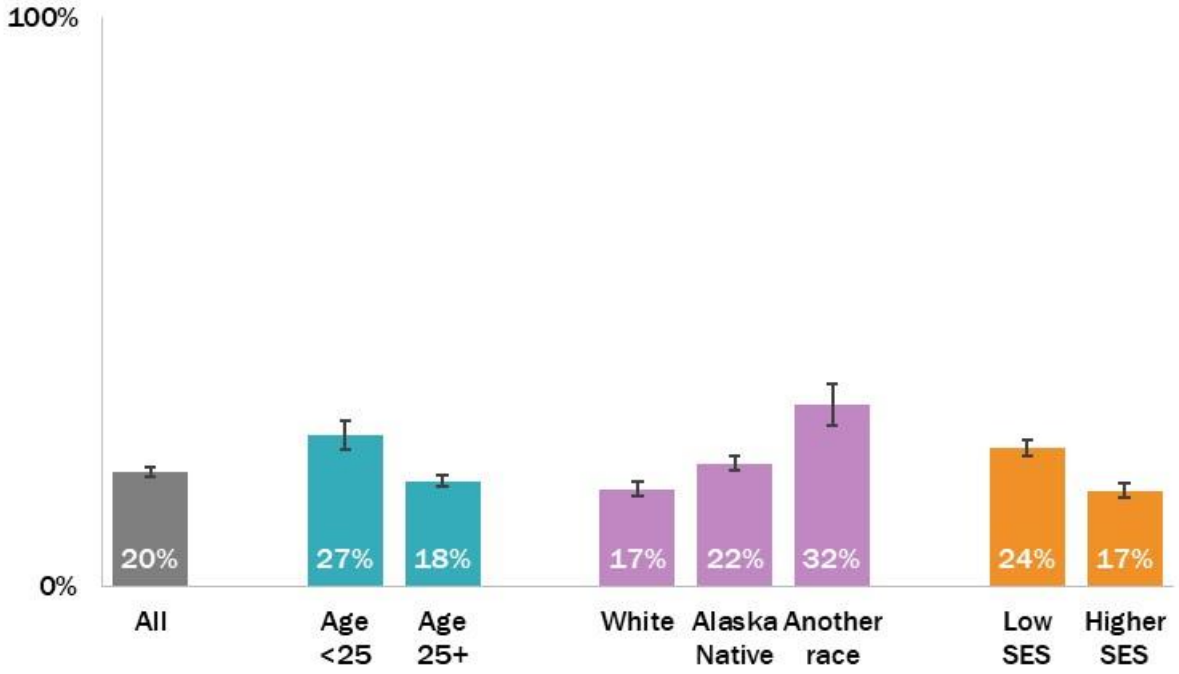
Source: Alaska Childhood Understanding Behaviors Survey (CUBS).
Current child enrollment in Medicaid was used as a proxy measure of low socioeconomic status (SES).

Reducing the percentage of 3-year-olds who drink any sugary drinks on a given day is a Healthy Alaskans 2030 objective.[20] This graph combines answers from the questions about soda (non-diet), sweetened or fruit drinks, and sports/vitamin/energy drinks (non-diet). It does not include chocolate milk.

- Overall, about one in four Alaska 3-year-olds (26%) drink any sugary drink daily during 2020-2022.
- Health disparities exist in sugary drink consumption among Alaska 3-year-olds:
  - Children of younger mothers (39%) are significantly more likely than those whose mothers were 25 or older at child's birth (23%) to drink any sugary drinks daily.
  - Children of White mothers (14%) are significantly less likely to drink any sugary drinks daily compared to children of Alaska Native mothers (48%) or children of mothers of another race (35%).
  - Children in families with lower SES are more likely than those with higher SES families to drink any sugary drinks daily (38% vs 15%).
- There were also disparities by public health region (data not shown). Children in Northern (61%) and Southwest (72%) Alaska are more likely than those in other regions to drink any sugary drinks daily. Prevalence is 21-22% in Anchorage/Mat-Su regions; all other regions are significantly lower (13% in the Gulf Coast, 15% in Southeast, and 18% in Interior region).

[20] https://www.healthyalaskans.org/priority-health-topic-nutrition/

Figure 33: Percentage of Alaska 3-year-olds who drink any chocolate milk daily varies by maternal demographic groups, 2020-2022.



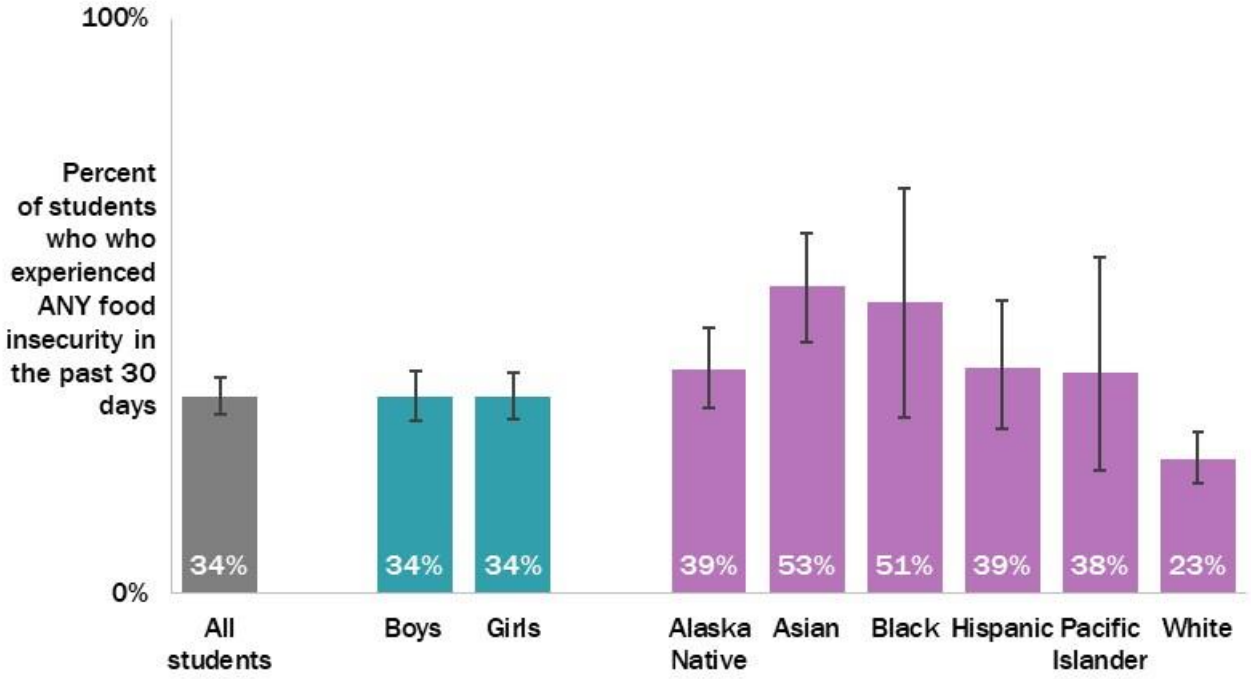
Source: Alaska Childhood Understanding Behaviors Survey (CUBS).
Current child enrollment in Medicaid was used as a proxy measure of low socioeconomic status (SES).

In 2020, the CUBS survey added a question for mothers about how much chocolate milk their child drinks on a daily basis. Prevalence of daily chocolate milk consumption by Alaska 3-year-olds decreased significantly from 24% in 2020 to 19% in 2022 (data not shown).

- Overall, about one in five Alaska 3-year-olds (20%) drank any chocolate milk daily in 2020-2022.
- Health disparities exist in chocolate milk consumption among Alaska 3-year-olds:
    - Children of younger mothers (27%) are significantly more likely than those whose mothers were 25 or older at child's birth (18%) to drink any chocolate milk.
    - Children of White mothers (17%) are significantly less likely to drink any chocolate milk daily compared to children of Alaska Native mothers (22%), and children of both White and Alaska Native mothers are less likely to drink chocolate milk than children of mothers of other races (32%).
    - Children in families with lower SES are more likely than those with higher SES families to drink any sugary drinks daily (24% vs 17%).
- There were also disparities by region (data not shown). Children in Mat-Su (26%) are most likely to drink chocolate milk daily, significantly higher than those in Anchorage (20%), Gulf Coast (14%), Northern (17%), and Southeast (8%). Anchorage children are also significantly more likely to drink chocolate milk than those in the Gulf Coast, Northern, and Southeast regions. Prevalence in the Interior and Southwest regions is 23% and not significantly different from Anchorage or Mat-Su.

D. Food Insecurity among Adolescents

Figure 34: About one in three Alaska high school students experienced any food insecurity in the past 30 days, 2023.



Source: AK YRBS Statewide Traditional High School data. See Section VI, Data Sources for more information about how race subgroups are defined.

Food insecurity can impact nutritional and weight status and is considered an adverse childhood experience.[21] School meal programs and programs that send students home with food can be a source of healthy foods to students who may not have other regular sources of food and can promote daily attendance, class participation, and academic achievement.

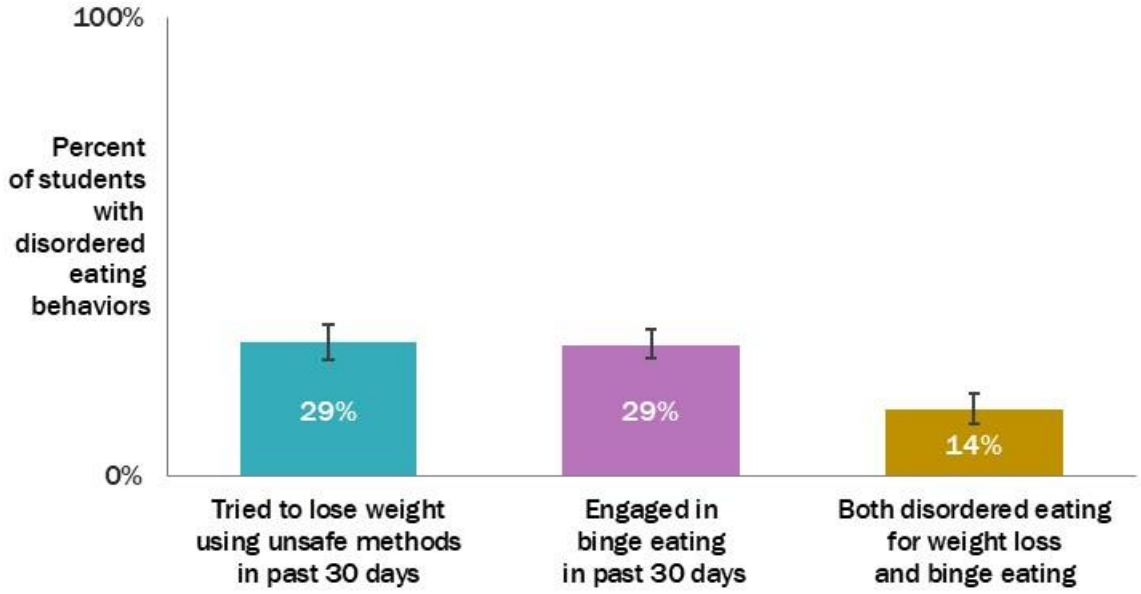
In 2023, the Alaska YRBS survey included a question from the CDC Optional Questions list about food insecurity: "During the past 30 days, how often did you go hungry because there was not enough food in your home?" Those who answered always, usually, sometimes or rarely are coded as "yes" to any food insecurity, and those who answer never are coded as "no."

- About one in three Alaska high school students (34%) experienced any food insecurity in the past 30 days, with 14% reporting they experienced it sometimes, usually or always (data not shown).
- There are no disparities in food insecurity by sex or grade.
- White students are least likely to report any food insecurity (23%), significantly lower than Alaska Native (39%), Asian (53%), Black (51%) and Hispanic students (39%).
- Asian students are also significantly more likely to report food insecurity than Alaska Native students (53% versus 39%).

[21] https://www.cdc.gov/violenceprevention/pdf/YRBS-ACEs-PCEs-Analytic-Recommendations-CLEARED_508.pdf

E. Disordered Eating Behaviors among Adolescents

Figure 35: Too many Alaska high school students are engaging in disordered eating behaviors.



Source: AK YRBS Statewide Traditional High School data.

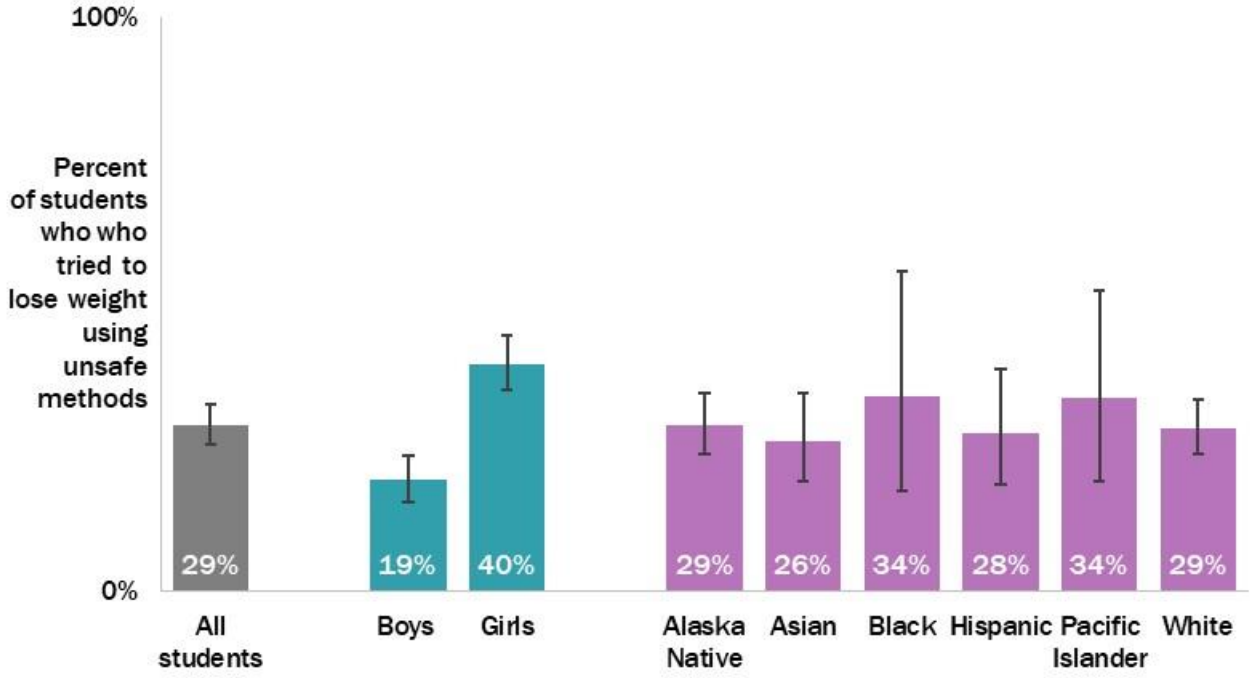
Eating disorders refer to a group of psychiatric conditions marked by a disturbance in eating or eating-related behaviors that impairs physical or psychosocial functioning.[22] Eating disorders and unhealthy weight control practices are behavioral risk factors for poor nutrition and unhealthy weight status. To begin to understand the impact of and the prevalence of these behaviors, in 2023 Alaska included 2 questions to assess unhealthy weight control practices.

While the questions in the 2023 YRBS do not directly match the multiple diagnostic criteria of the most common eating disorders, the questions do provide information about commonly associated behaviors.

- Nearly one in three Alaska high school students (29%) report that in the past 30 days, they had tried to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals.
- Additionally, 29% of Alaska high school students report that in the past 30 days, they ate an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge."
- 14% of Alaska high school students report engaging in both of these disordered eating behaviors. Overall, 43% of students report having used 1 or both of these behaviors in the past 30 days (data not shown).

[22] Feltner C, Peat C, Reddy S, et al. Screening for Eating Disorders in Adolescents and Adults: An Evidence Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 212. Agency for Healthcare Research and Quality; 2022. AHRQ publication 21-05284-EF-1.

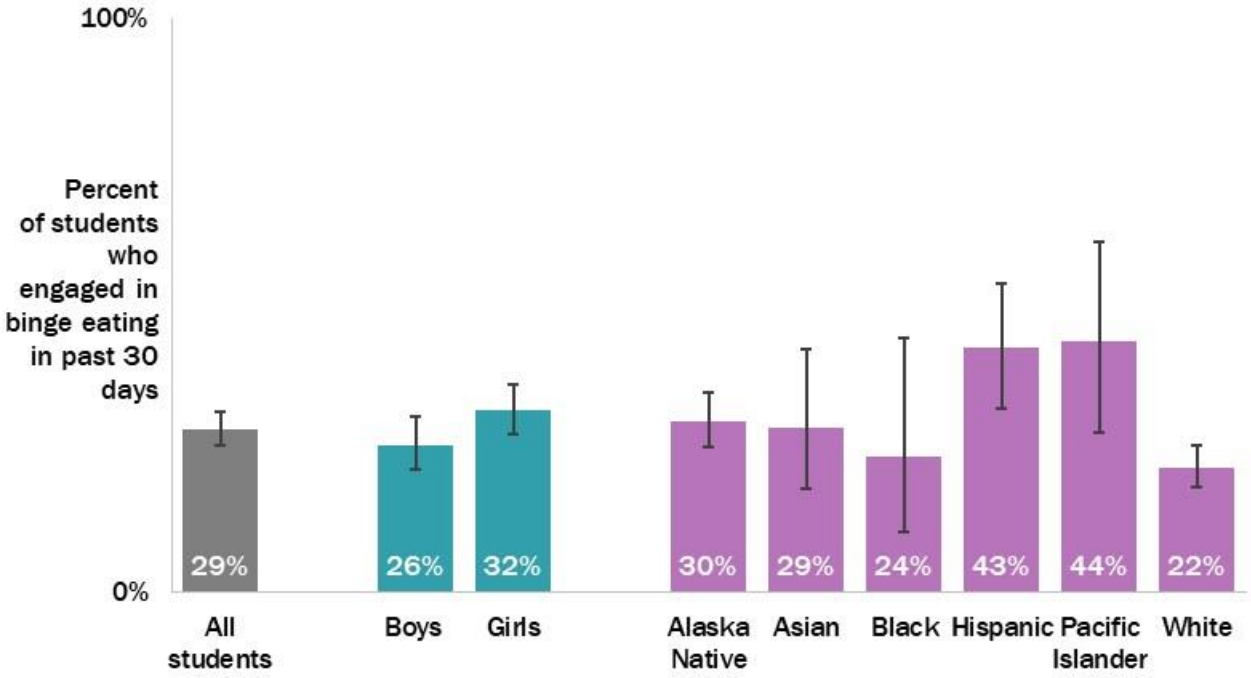
Figure 36: Nearly one in three Alaska high school students tried to lose weight using unsafe methods in the past 30 days in 2023; girls at higher risk than boys.



Source: AK YRBS Statewide Traditional High School data. See Section VI, Data Sources for more information about how race subgroups are defined.

- Nearly one in three Alaska high school students (29%) report that in the past 30 days, they had tried to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals.
- High school girls are twice as likely as high school boys to report using these unsafe methods to lose weight or keep from gaining weight (40% versus 19%).
- There are no significant differences by race/ethnicity or by grade in using unsafe methods to lose weight or keep from gaining weight.

Figure 37: Nearly one in three Alaska high school students report they binge ate in the past 30 days in 2023; no differences by sex.

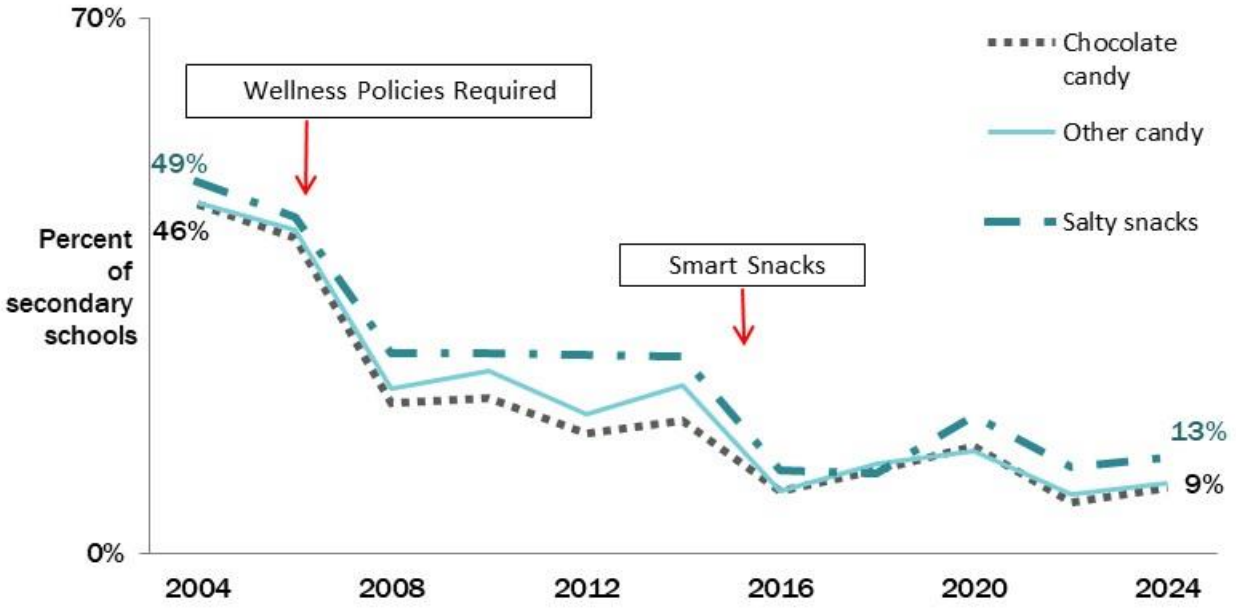


Source: AK YRBS Statewide Traditional High School data. See Section VI, Data Sources for more information about how race subgroups are defined.

- Nearly one in three Alaska high school students (29%) report that in the past 30 days, they ate an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge."
- There are no significant differences by sex.
- Binge eating is significantly higher among Alaska Native students (30%) and Pacific Islander students (44%) than among White students (22%).
- Hispanic students (43%) are significantly more likely to report binge eating in the past 30 days than either Alaska Native students (30%) or White students (22%).
- There are significant differences in binge eating by grade, but no clear pattern associated with increase in grade (data not shown). Binge eating is significantly higher among 11th graders (34%) than 9th graders (24%) or 12th graders (23%).

F. School-based Strategies to Improve Physical Activity and Nutrition

Figure 38: The percentage of Alaska secondary schools in which students can purchase less healthy snacks decreased between 2004 and 2024.



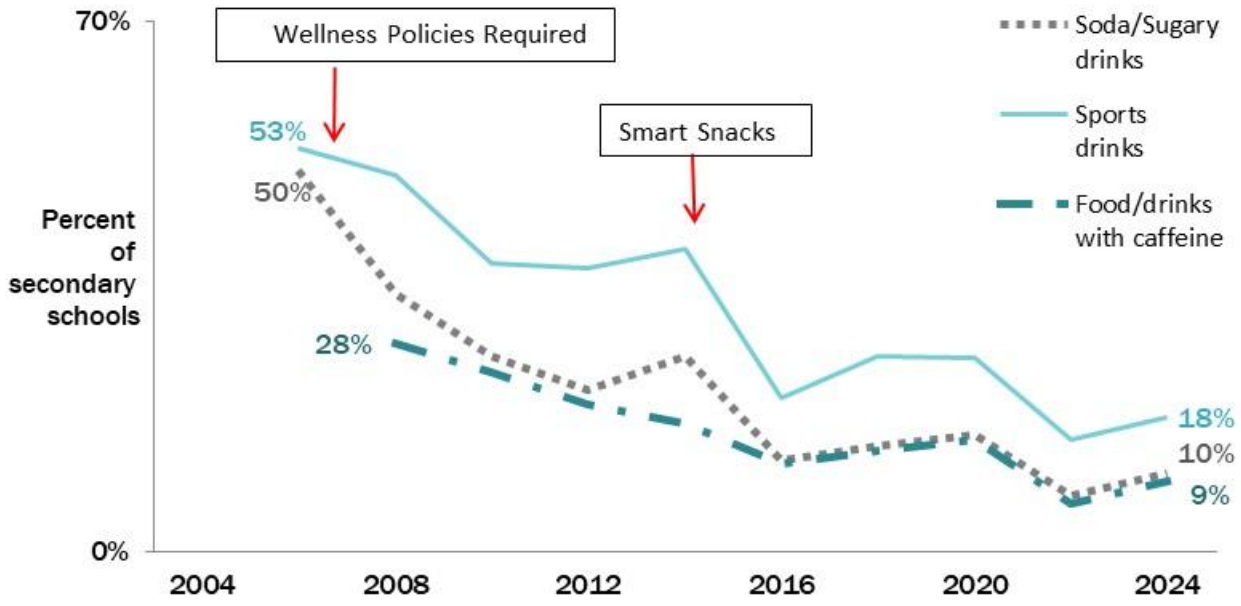
Source: AK School Health Profiles.

School Wellness Policies are school-based physical activity and nutrition policies created to help children grow up at a healthy weight and are required for all districts participating in the National School Lunch or Breakfast Programs. The State of Alaska has a Gold Standard Local Wellness Policy[23] developed in partnership among the state PAN unit, the Department of Education's Child Nutrition Program, and the Association of Alaska School Boards (AASB).

- Between 2004 and 2024 there were significant declines in the availability of less healthy snacks, including candy, chocolate, and salty snacks within Alaska secondary schools.
- A significant decline occurred in 2008, directly following a federal requirement that all schools adopt a wellness policy.[24] In 2016, the percentages of schools selling these less healthy snacks dropped after USDA Smart Snacks[25] nutrition standards were required.
- In 2004, close to half of secondary schools reported that snacks were available for purchase in the school; 46% for chocolate and other candy and 49% for salty snacks that were not low fat. By 2024, chocolate and other candy were available in only 9% of Alaska secondary schools while salty snacks were available in 13% of those schools.
- There was a corresponding decrease in the proportion of schools providing opportunities for students to purchase any snack food or beverage (e.g., from 1 or more vending machines at the school or at a school store, canteen, or snack bar), from 60% in 2004 to 26% in 2024 (data not shown in graph).

[23] https://rmc.org/wp-content/uploads/2025/03/State-of-Alaska-Model-LWP.pdf
[24] https://www.fns.usda.gov/tn/local-school-wellness-policy
[25] https://www.fns.usda.gov/school-meals/smart-snacks-school

Figure 39: The percentage of Alaska secondary schools in which students can purchase less healthy beverages decreased between 2006 and 2024.



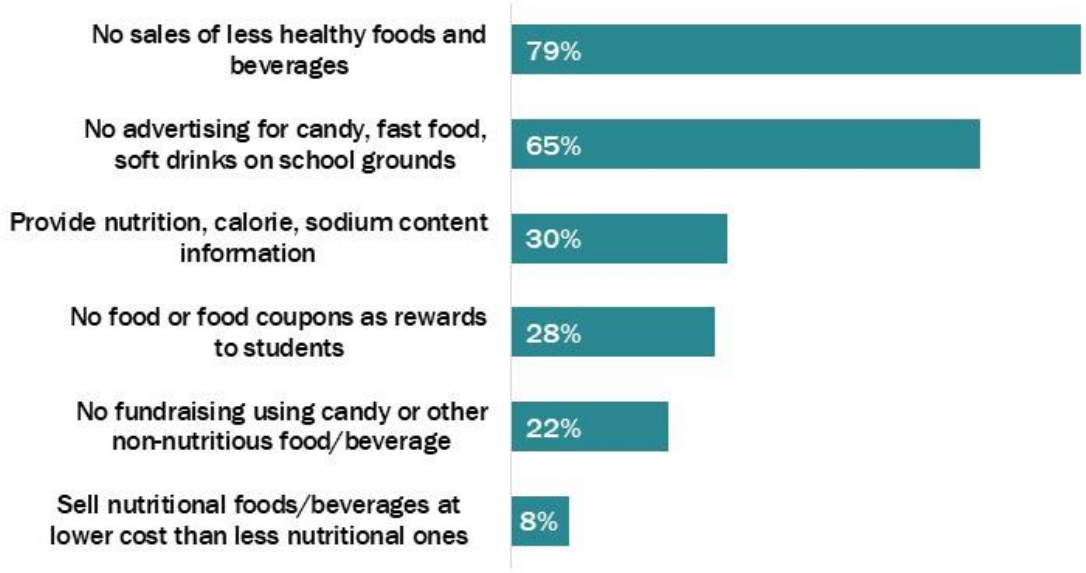
Source: AK School Health Profiles.

Between 2006 and 2024, there were significant declines in the percentage of Alaska schools in which students could purchase less healthy beverages from 1 or more vending machines at the school or at a school store, canteen, or snack bar. The largest declines occurred following the release of the USDA Smart Snacks[26] nutrition standards.

- The percentage of Alaska secondary schools that offered these items decreased as noted below:
    - soda and fruit drinks (excluding 100% fruit juice) declined from 50% in 2006 to 10% in 2024.
    - sports drinks declined from 53% in 2006 to 18% in 2024.
    - food or beverages containing caffeine declined from 28% in 2008 to 9% in 2024.
- Energy drinks were another item asked about in the 2014 through 2024 surveys, but only 2% of schools reported availability of these drinks in 2014, and they were available for purchase in less than 1% of Alaska secondary schools in 2024 (data not shown).

[26] https://www.fns.usda.gov/school-meals/smart-snacks-school

Figure 40: The percentage of schools adopting selected nutrition policies varies, Alaska secondary schools, 2024.



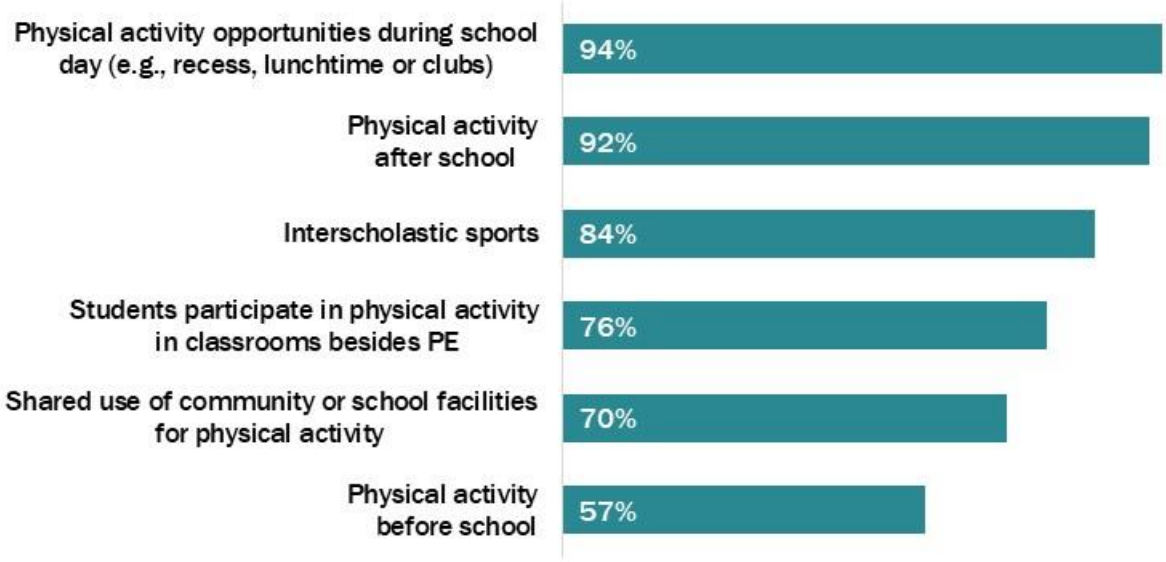
Source: AK School Health Profiles.

Alaska has seen promising improvements in several Smart Snacks nutrition measures supported in the Alaska Gold Standard School Wellness Policy.[27] Gold standard school wellness policies include all the evidence-based school health policy options a school could consider implementing. However, more work is still needed, especially around healthy fundraisers and pricing strategies to promote healthier foods in school.

- Most Alaska secondary schools (79%) do not sell less healthy foods and drinks such as soda pop or fruit drinks, sports drinks, baked goods, salty snacks or candy. The proportion of schools meeting this combined measure has increased from 44% in 2004.
- Most Alaska secondary schools (65%) prohibit advertisements for candy, fast food restaurants, or soft drinks on school grounds, with no significant change since 2008.
- Among schools that offer foods for purchase, 30% provide nutrition information, including calorie and sodium content. However, only 8% sell nutritional foods or beverages at a lower cost than less nutritional ones. Neither of these percentages have changed since 2008.
- The percentage of schools that adopted policies around use of foods in fundraising and student rewards both increased from 2014 to 2018, but no trend from 2014 to 2024.
- About 1 in 4 Alaska secondary schools (28%) do not allow food or food coupons to be used as rewards for student behavior or achievement.
- Similarly, 22% of schools prohibit less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes.

[27] https://rmc.org/wp-content/uploads/2025/03/State-of-Alaska-Model-LWP.pdf

Figure 41: The percentage of schools reporting selected physical activity opportunities varies, Alaska secondary schools, 2024.

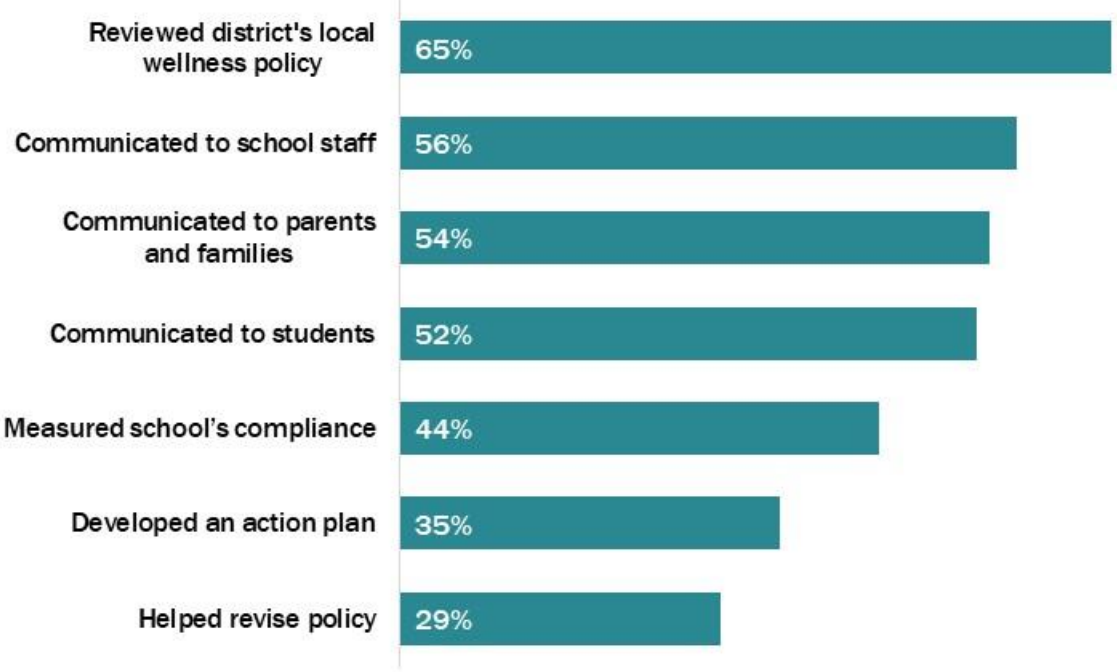


Source: AK School Health Profiles.

A Comprehensive School Physical Activity Program (CSPAP) is a multi-component approach that provides opportunities for students to be physically active before, during, and after school. Participation in the following physical activity measures in Alaskan schools has been consistently high:

- Nearly all of Alaska secondary schools (94%) report opportunities for physical activity during the school day (including recess and intramural or club activity), and 76% of schools report that students participate in physical activity in classrooms during the day, outside of PE classes.
- The latter measure increased from 60% in 2012 to 85% in 2018 but decreased again to 76% in 2024.
- In 2024, most Alaska secondary schools provide opportunities for the following:
    - Interscholastic sports – 84%
    - Physical activity after school – 92%
    - Physical activity before school – 57%
    - Shared use of community or school facilities for physical activity – 70%
- Only 31% of middle schools and 10% of high schools report that they have implemented a Comprehensive School Physical Activity Program. In addition to the elements above, schools offer PE classes, professional development for staff, and family and community engagement (data not shown).
- In 2024, only 52% of secondary schools teach all 13 physical activity-related topics included in the School Health Profile survey. Topics include short and long-term benefits of physical activity (78%), mental and social benefits (80%), and various safety measures (data not shown).

Figure 42: The percentage of schools reporting selected school wellness policy activities varies, Alaska secondary schools, 2024.



Source: AK School Health Profiles.

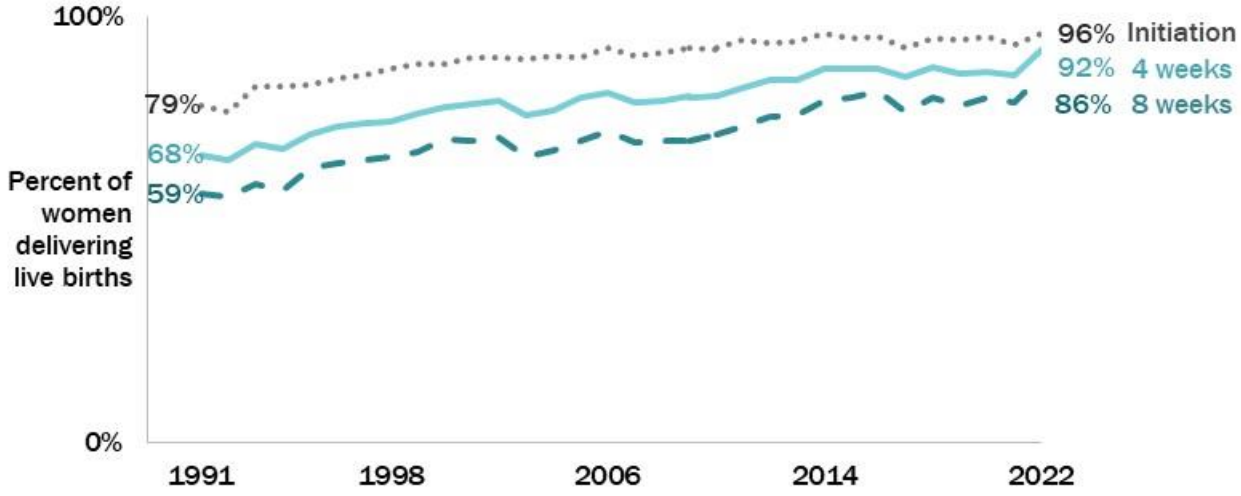
For the first time in 2018, the School Health Profiles Survey included a series of questions about local wellness policy implementation. Most indicators have stayed the same since 2018.

- Most Alaska secondary schools reviewed their local wellness policy (65%) in 2024.
  - Nearly a third of schools helped to revise the district's local wellness policy (29%).
- Districts are required to communicate about their local wellness policy on an annual basis.
  - Over half of Alaska secondary schools communicated about their local wellness policy to school staff (56%).
  - A similar percentage communicated about it to parents (54%) and students (52%).
- Districts are required to assess their local wellness policy at least once every 3 years.
  - Two in five (44%) secondary schools measured their compliance with the district's local wellness policy in 2024.
  - The percentage of Alaska's secondary schools that developed an action plan with steps to meet the requirements of the district's local wellness policy increased from 21% in 2018 to 35% in 2024.

V.Breastfeeding

A. Initiation and Duration of Any Breastfeeding

Figure 43: The percentage of Alaska mothers breastfeeding their infants increased between 1991 and 2022.



Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS).

Breastfeeding, with its many short- and long-term benefits for both infants and mothers, is a key strategy to improve health.[28] In the United States, the American Academy of Pediatrics (AAP) currently recommends:[29]

Infants should be fed breast milk exclusively for the first 6 months after birth. Exclusive breastfeeding means that the infant does not receive any additional foods or fluids unless medically recommended.

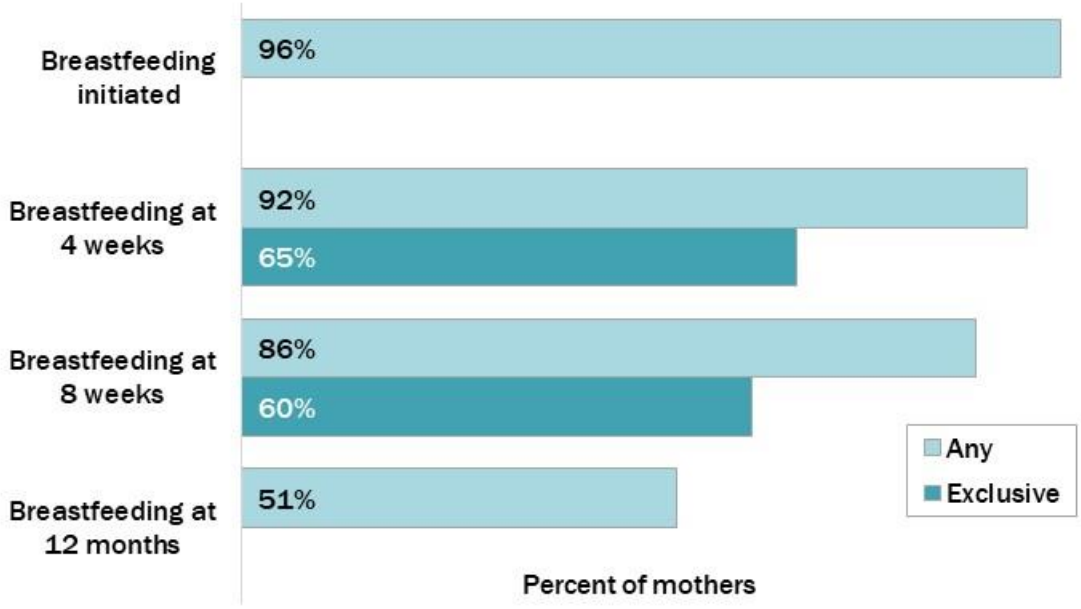
Continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired for 2 years or beyond.

- The percentage of Alaska mothers breastfeeding their infants increased over the past few decades:
  - Initiation (ever breastfeeding or pumping and feeding breast milk, even for a short time), from 79% in 1991 to 96% in 2022.
  - Any breastfeeding at 4 weeks (infant age), from 68% in 1991 to 92% in 2022.
  - Any breastfeeding at 8 weeks, from 59% in 1991 to 86% in 2022.
- In 2022, 51% of Alaska mothers of 3-year-olds report having breastfed when their child was 12 months old, an increase from 36% in 2008 (CUBS, data not shown).

[28] The Surgeon General's Call to Action to Support Breastfeeding. Rockville (MD): Office of the Surgeon General (US); 2011.
[29] Joan Younger Meek, Lawrence Noble, Section on Breastfeeding; Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* July 2022; 150 (1): e2022057988. 10.1542/peds.2022-057988

B. Duration and Exclusivity

Figure 44: The percent of mothers reporting breastfeeding by duration and exclusivity varies, Alaska, 2022.



Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), and Alaska CUBS (breastfeeding at 12 months).

As noted on the previous page, nearly all Alaska mothers (96%) reported initiating breastfeeding. The Healthy People 2030 objectives[30] include:

a) Increase the proportion of infants who are fed breast milk exclusively through age 6 months to 42.4%.

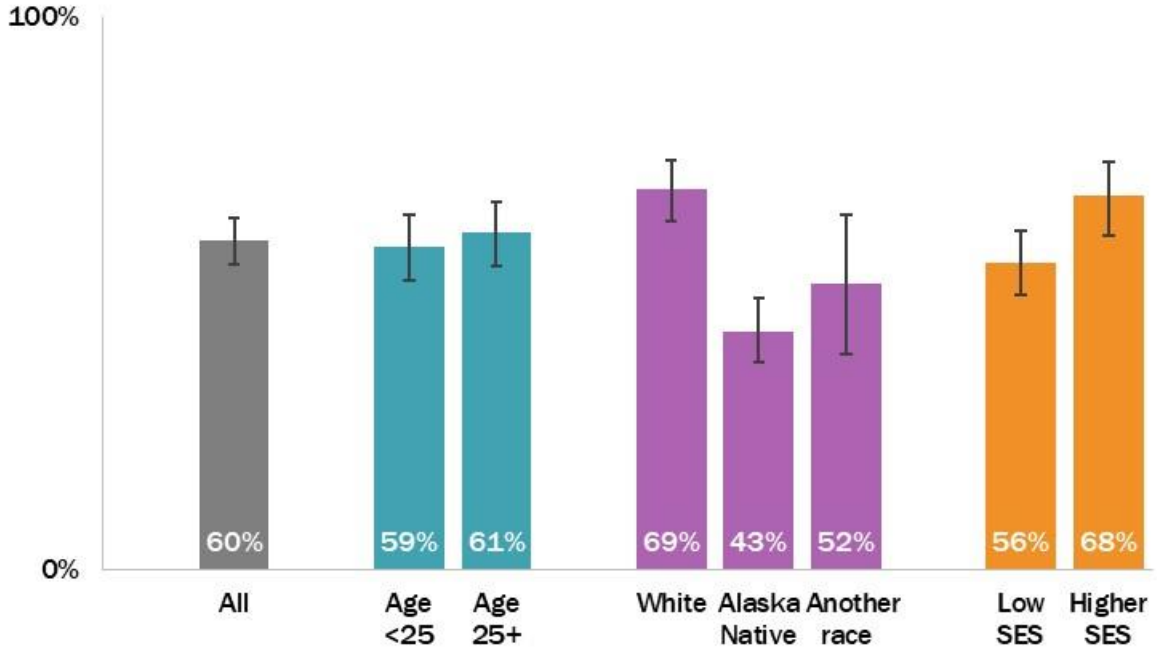
b) Increase the proportion of infants who receive breastfeeding at 1 year of age to 54.1%.

- In 2022, Alaska PRAMS data[31] show that:
  - Most (92%) Alaska mothers report at least some breastfeeding when their child was 4 weeks old, and 65% reported exclusively breastfeeding their babies at 4 weeks postpartum.
  - Most (86%) of Alaska mothers report their infant received any breastfeeding, and 60% exclusively breastfed their babies at 8 weeks postpartum.
- Just over half (51%) of Alaska mothers of 3-year-olds in 2022 report any breastfeeding when their child was 12 months old (Alaska CUBS).

[30] Healthy People 2030 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Objectives MICH-15 and MICH-16. Accessed 2/25/2025 at: https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-exclusively-through-age-6-months-mich-15 and https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-1-year-mich-16 .

[31] The PRAMS survey is generally sent to mothers before the infant is 6 months old, and the time frames for questions about any or exclusive breastfeeding are therefore different from the National Immunization Survey (NIS), the data source for Healthy People 2030 objective MICH-15.

Figure 45: Exclusive breastfeeding at 8 weeks varies by maternal demographic groups, Alaska, 2022.



Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS).
Federal Poverty Level (FPL) of 200% or less, based on household size and income, was used as a proxy measure of low socioeconomic status (SES).

- Six in every 10 Alaska mothers (60%) exclusively breastfeed their babies at 8 weeks.
- Exclusive breastfeeding at 8 weeks is higher among White mothers (69%) than among Alaska Native mothers (43%) or mothers of other races (52%).
- Mothers in higher-SES households are significantly more likely to exclusively breastfeed at 8 weeks than mothers in lower-SES households, 68% vs 56%, respectively.
- There is no difference in exclusive breastfeeding at 8 weeks by age of mother at the time of child's birth.
- By combining 2021 and 2022 data, we can review the prevalence of Alaska mothers exclusively breastfeeding their infants at 8 weeks of age by Public Health region (data not shown).
    - Exclusively breastfeeding at 8 weeks is highest in Gulf Coast (74%), followed Mat-Su (66%) and Southeast (65%).
    - In the middle are Anchorage (57%), Interior (52%), and Northern (54%).
    - Southwest Alaska's prevalence is significantly lower than all other regions at 28% (data not shown).
    - For comparison, the combined year 2021-2022 statewide prevalence of exclusive breastfeeding at 8 weeks is 57%.

VI.Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an anonymous telephone survey conducted by the Alaska Division of Public Health in cooperation with the Centers for Disease Control (CDC). It estimates the prevalence of behavioral risk factors in the general population that are known to be associated with the leading causes of morbidity and mortality in adults. The BRFSS has operated continuously in Alaska since 1991.

Selection of BRFSS Survey Participants

The BRFSS uses a probability (or random) sample in which all Alaska households with landline telephones have a known, nonzero chance of selection. Respondents are randomly selected from among the adult members of each household reached through a series of telephone calls. Historically, individuals living in institutional housing (i.e., nursing homes and barracks) are not included.

The sample is stratified into geographic regions, with approximately equal numbers of interviews conducted in each region. This approach deliberately oversamples rural areas of the state. In 2011, the sample was stratified into 6 geographic regions—Anchorage, Mat-Su, Gulf, Southeast, Fairbanks North Star, and Rural. Where possible, the rural region is divided into 2 regions: Southwest and Northern.

Since 2011, the CDC has implemented a dual sampling frame methodology that includes both landline and cellular telephones. This adjustment was necessary due to the growing number of households relying solely on cell phones-by June 2010, about 20% of Alaska households were cell-only. As a result, comparison of estimates prior to 2011 to those from 2011 and beyond should be considered with caution.

From 2011 to date, Alaska Standard BRFSS survey sample sizes have averaged 4,400 annually, ranging from a low of 2,758 in 2018 to a high of 5,865 in 2022. The number of annual respondents has been above 5,000 since 2021.

Interviews are conducted by trained interviewers during weekdays, evenings, and weekends throughout the year. In addition to nutrition, physical activity, and weight status, the BRFSS questionnaire covers such topics as general health status, health care access, tobacco use, diabetes, alcohol use, women's health, injury prevention, and HIV/AIDS awareness. The 2022 and 2023 surveys included questions about social determinants of health and health-related social needs, including household food insecurity and food assistance. There are also questions on the demographic characteristics of respondents.

Data Weighting and Analyses

BRFSS data are weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled geographic areas and to account for the over-representation or under-representation of persons in various subgroups.

Changes in both the weighting and sampling methods are reflected in the estimates reported in this update of Alaska Physical Activity, Nutrition and Obesity Facts. These changes have helped to ensure that the BRFSS can continue to be a valuable source of information for health planning and improvement. The first change was to implement a weighting method known as iterative proportional fitting or raking, which the CDC introduced in 2011. Raking adjusts the data so that under-represented groups can be accurately represented in the final dataset. Age, sex, categories of race and ethnicity, marital status, education level, home ownership, type of phone ownership, and geographic regions are currently used to weight BRFSS data to represent the true population of adults in Alaska. Compared to post stratification weighting, which was used prior to 2011, the use of raking has been shown to reduce error within estimates.

To provide additional context for interpretation about changes in prevalence estimates over time, raking was applied to Alaska BRFSS data from 2007 forward. For this reason, in the trend analyses where we do include data prior to 2011, we show a break between 2006 and 2007 to indicate the change in weighting method. More information about the changes in BRFSS methods can be found in the January 2013 issue of Chronicles titled Changes to the Behavioral Risk Factor Surveillance System Methodology: Rationale and Application in Alaska.[32]

In addition, between 2004 and 2020, Alaska fielded a Supplemental BRFSS-based survey, using the same sampling, interviewing and data weighting processes. This survey allowed for additional topics and questions without burdening Alaska respondents with a long interview time. For most of those years, data from both the Standard and Supplemental surveys were combined and reweighted (as the Combined BRFSS data file) in order to increase sample sizes for analyses for topics such as diabetes, tobacco use, and weight status. In this report, data from the Combined BRFSS file are used in trend reporting for weight status for 2004 to 2010. Weight status is reported from the Standard BRFSS file for 1991-2003 and 2011-2023.

In this report, we used chi-square tests in our comparisons between groups of Alaskans. Chi-square tests are tests of association between group and outcome variables (for example, meets physical activity recommendation [yes, no] and sex [male, female]). We also generate 95% logit confidence limits assuming complex sampling with replacement. Confidence intervals provide a measure of how much an estimate might vary due to chance. A good way to think about the 95% confidence interval is that it provides a range of plausible values for the condition or behavior and gives us a sense of the precision of the estimate.

For trend analyses, we used logistic regression models that tested for a statistically significant linear change over time.

Data Quality and Suppression

Alaska does not report estimates that are based on a small number of responses or are highly statistically unreliable. The relative standard error (RSE), also known as the coefficient of

[32] Peterson E, Pickle P, Bobo M, Topol R, Utermohle CJ, Farr C, Stolz G. Changes to the Behavioral Risk Factor Surveillance System Methodology: Rationale and Application in Alaska. Alaska Department of Health and Social Services Chronicles. Volume 5, Issue 1. January 2013. https://alaska.access.preservica.com/uncategorized/IO_64f64242-565a-4206-b773-c7efcb090350/

variation (CV), is an index of how reliable (variable) the estimate is. The RSE is expressed as a percentage of how much variability there is relative to the estimate itself (i.e., the standard error of the estimate divided by the estimate itself). A higher RSE generally indicates a more variable and less precise estimate. Small sample sizes often contribute to unstable estimates. Alaska flags prevalence estimates as unstable when the RSE is greater than 30% up to 50%.

The data are suppressed where any unweighted count in the denominator is less than 50 respondents, and for any estimate where the RSE is >50%.

Reporting by Poverty/Income Status

The poverty status measure is derived from the US Department of Health and Human Services (USDHHS) Federal Poverty Guidelines, which use household income and number of people in the household. The poverty guidelines, issued each year in the Federal Register by the Department of Health and Human Services (HHS), are a simplified version of the federal poverty thresholds and are used for administrative purposes — for instance, determining financial eligibility for certain federal programs.[33] The Alaska-specific guideline totals were used to create a cut-point of household incomes at or below the 185% poverty guideline[34] for this report, because this percent has corresponded with some of the eligibility criteria for assistance programs like Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Child and Adult Care Food Program (CACFP), and some parts of Medicaid.

There are limitations in using income or percent of poverty guideline in the BRFSS. Respondents select a range of income categories and therefore the percent of poverty guideline is sometimes approximate. In addition, many respondents either decline to answer the question or report that they do not know their household income level. Between 2021-2023, an average of 19% of BRFSS respondents were missing information about income. We were unable to calculate household percent of poverty guideline for respondents with missing information about income.

Reporting by Race Group

For several years, the BRFSS survey has followed the 1997 OMB Statistical Policy Directive 15 for minimum categories for data on race and ethnicity, including 5 general race groups and defining ethnicity as Hispanic/Latino or not Hispanic/Latino.[35]

For this report the term Alaska Native adult includes all survey respondents who report any mention of being Alaska Native/American Indian, alone or in combination with another race or ethnicity (Hispanic). Those identifying as Hispanic or Latino are reported here as Hispanic—unless they are also Alaska Native/American Indian. Additional race groups are reported if the number of respondents meets reporting criteria (50 or more respondents in the denominator

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[33] More information about the poverty guideline can be found here: https://aspe.hhs.gov/poverty-guidelines

[34] In Alaska in 2023, a family of three with a household income of $57,479 would be at 185% of the HHS poverty guideline.

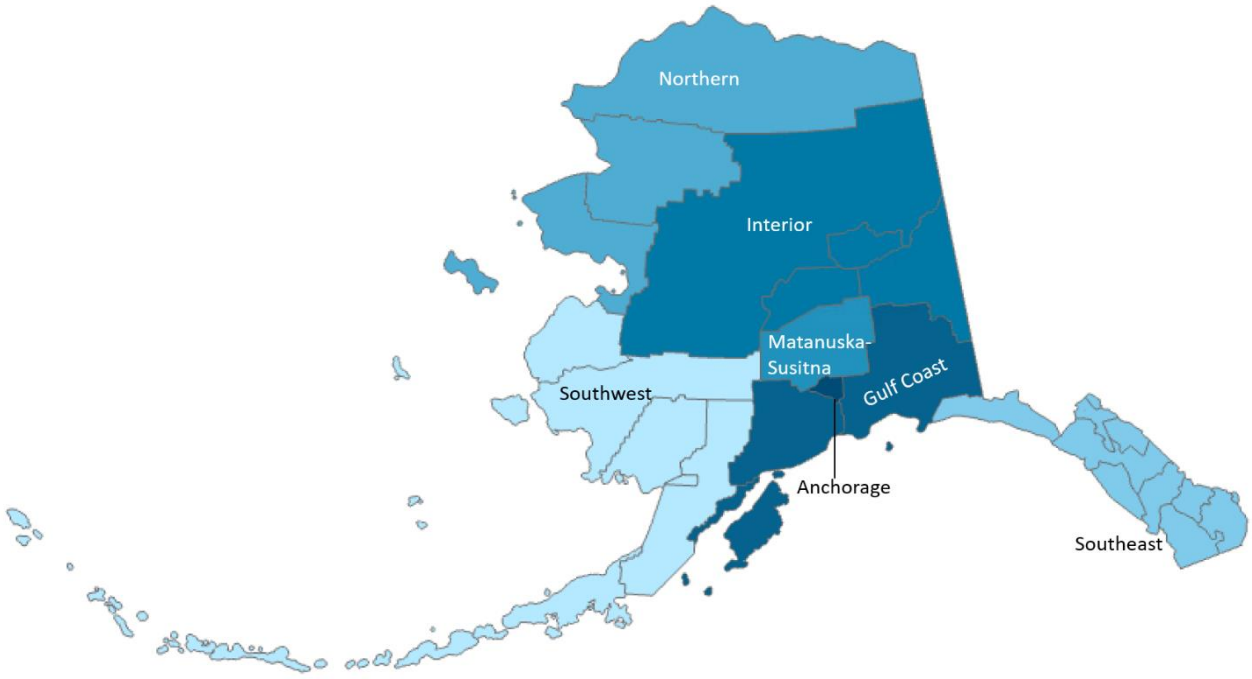
[35] The 1997 Directive can be found here: https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf. The more recent 2024 Directive, published in March of 2024, moves to combine the race and ethnicity questions into one question, adds 'Middle Eastern or North African to the minimum categories list and encourages the use of detailed race/ethnicity categories for all data collection unless an agency determines that the potential benefit would not justify the additional burden or increase risk to privacy or confidentiality. See https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf

(e.g. answering the question) and the estimate has a relative standard error (RSE) of less than or equal to 50%. For most health indicators, these reported race groups include Asian only (non-Hispanic), Black/African American only (non-Hispanic), and White only (non-Hispanic). Occasionally there were enough respondents who are Native Hawaiian or other Pacific Islander (NHOPI) to be reported as “Pacific Islander” (non-Hispanic). Those who reported multiple race groups or did not report race AND did not identify as Hispanic are not included in the race reporting, but all respondents are included in the overall estimates.

Trends are reported for Alaska Native and White only (non-Hispanic) groups only, due to smaller numbers for other race groups in past survey years.

Regional Reporting

As the BRFSS survey data do not provide sufficient representation for reporting by most of the individual boroughs, we combined boroughs to create regions for analysis of patterns by the geographic areas of Alaska. Regions reported here are the Alaska Public Health Regions.



Source: State of Alaska, DHSS, DPH, Section of Chronic Disease Prevention and Health Promotion.

The Alaska Public Health Regions are defined using borough designation as follows:

1) Anchorage – Municipality of Anchorage
2) Gulf Coast – Kenai Peninsula Borough, Kodiak Island Borough, and Valdez-Cordova Census Area
3) Interior – Denali Borough, Fairbanks North Star Borough, Southeast Fairbanks Census Area, and Yukon-Koyukuk Census Area
4) Mat-Su – Matanuska-Susitna Borough
5) Northern – Nome Census Area, North Slope Borough, and Northwest Arctic Borough
6) Southeast – Haines Borough, Hoonah-Angoon Census Area, Juneau City and Borough, Ketchikan Gateway Borough, Petersburg Census Area, Prince of Wale-Hyder Census Area, Sitka City and Borough, Skagway Municipality, Wrangell City and Borough, and Yakutat City and Borough
7) Southwest – Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Lake and Peninsula Borough, and Kusilvak Census Area

Physical Activity and Nutrition Questions

Since 2011, physical activity has been measured using a set of 8 questions about exercise behavior in the past 30 days. The first question asks about any exercise: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" The next 6 questions ask about the 2 most common types of aerobic exercise engaged in during the past month, and duration–how many times per week/month and how many minutes each time. In 2013, there were some minor changes in the aerobic activity types listed. These questions have been asked every other year between 2011 to 2019 and subsequently were moved to an every-4-years rotation. In 2023, the list of activity types was reduced substantially to reduce burden on the interviewer. The 8th question is about duration of muscle strengthening activities (times per month); the wording of this question has not changed since 2011.

In 2023, fruit and vegetable consumption was measured using a set of 6 questions about consumption behavior in the past 30 days. The first 2 questions are combined to calculate average daily fruit servings—number of times (per day/week/month) respondent:

1) has eaten fresh, frozen or canned fruit, and
2) drank 100% fruit juice.

Another 3 questions are combined to calculate average daily vegetable servings and ask about how often respondent has eaten:

1) leafy greens (like lettuce or spinach),
2) potatoes not fried or in chips (any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad not fried or in chips), and
3) other vegetables.

Before the question about potatoes (not including fried or chips), respondents are asked about their consumption of any kind of fried potatoes, including french fries, home fries, or hash browns. This question is not used in the calculation of vegetable servings, but it helps to frame the topic so that respondents distinguish between fried and non-fried potato servings. Similar questions have been asked every other year between 2011 to 2021. Since then, they were moved to an every-4-years rotation and will be asked again in 2025.

Every other year from 2013 to 2021, the Alaska BRFSS has included 2 questions about sugary drinks asking about the number of times (per day/week/month) in the past 30 days that the respondent drank 1) regular soda or pop that contains sugar, and 2) sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™). These do not include diet or artificially sweetened drinks. These questions will be asked again in 2024.

Childhood Understanding Behaviors Survey (CUBS)

Alaska CUBS is a program designed to find out more about the health and early childhood experiences of young children in Alaska. CUBS collects information by conducting a follow-up survey to the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS sends a survey to approximately 1 of every 6 mothers of newborns in Alaska, and CUBS sends a follow-up survey 3 years later to all mothers who completed PRAMS and are still living in Alaska. CUBS has been ongoing since 2008. CUBS follow-up occurs when the child is 3 years old, with surveys sent first by mail, then phone interviews attempted among non-respondents. Since October 2022, mailings have also included instructions for how to respond to the survey online for those who prefer that method. CUBS asks questions about both the mother and her child. About 55-65 Alaskan mothers are sent a CUBS survey every month.

The purpose of CUBS is to provide information on health conditions, health care utilization, child development and other health related behaviors of young children and to evaluate the association between prenatal and immediate postnatal factors with early childhood health and welfare. The CUBS asks questions about both the mother and her child. Survey responses are weighted so that reported prevalence accurately describe all mothers of 3-year-old children born in Alaska in a single calendar year. Both the CUBS and PRAMS data (described below) can be presented regionally, using the same public health regions shown in the map for BRFSS (see Regional Reporting above).

Beverage Consumption Questions

The CUBS survey presents a list of drink types: “Yesterday, about how many cups did your child have of each type of drink listed below?” In Phase 6, which began in 2020, the list includes Chocolate or other flavored milk. Survey respondents are asked to circle (or check) the number of cups (<1, 1, >1) for each type or circle (or check) None. (Less than 1 cup is shown as <1 and more than 1 cup is shown as >1.) The 8 drink types include:

1) Plain water
2) Plain milk
3) Chocolate or other flavored milk
4) 100% fruit juice
5) Soda (non-diet)
6) Diet drinks (such as Crystal Light or diet soda)
7) Sweetened or fruit drinks (such as Tang, Kool-Aid, Capri Sun, or SunnyD)
8) Sports, vitamin, or energy drinks (non-diet).

See Technical Notes at https://alaska-dph.shinyapps.io/CUBS/ for more information about CUBS questionnaires and methodology.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is a population-based survey of Alaska women who have recently delivered a live-born infant. Administered since 1990 by the Alaska Division of Public Health, PRAMS is conducted in collaboration with the CDC in 47 states and several other jurisdictions to gather information on the health risk behaviors and circumstances of pregnant and postpartum women. A systematic stratified sample is drawn each month from the state's live birth records for infants between 2 and 6 months of age. Sampled mothers receive a series of mailed questionnaires, and since 1997 telephone follow-up has been initiated among those who do not respond to the third mailed request. The PRAMS questionnaire addresses such topics as access to prenatal care, obstetric history, maternal use of alcohol, maternal tobacco use, nutrition, economic status, maternal stress, and early infant development and health status. Survey responses are weighted so that reported prevalence estimates accurately describe Alaska women delivering a live-born infant during the year of the survey. See https://alaska-dph.shinyapps.io/PRAMS/ for more information about PRAMS questionnaires and methodology.

School Health Profiles

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices in states, territories, and large urban school districts. Profiles surveys are conducted biennially among representative samples of middle and high school principals and lead health education teachers. Profiles Reports for Alaska and the United States can be found on the CDC Profiles Explorer: https://profiles-explorer.cdc.gov/ (currently only 2022 data). Copies of questionnaires and additional trend data is available by contacting Naomi Davidson, Alaska DPH Healthy Schools Specialist, naomi.davidson@alaska.gov.

Student Weight Status Surveillance System (SWSSS)

SWSSS is comprised of Alaska student weight status data obtained voluntarily from partner school districts that have contributed their data as a means of monitoring weight status trends. Participating school districts provide the Department of Health (DOH) de-identified student data (i.e., measured height and weight, age and sex). DOH conducts the analysis to generate body mass index (BMI) percentile, and the associated weight status classifications of underweight, healthy weight, overweight and obese, as described in Section I, Introduction. SWSSS data reports race using US Department of Education definitions because of how the data is shared with the state Physical Activity and Nutrition unit. The Healthy Alaskans 2030 childhood healthy weight status objective uses data from students in kindergarten, 1st, 3rd, 5th and 7th grades enrolled in Anchorage, Matanuska-Susitna Borough, and Kenai Peninsula Borough school districts. Data from the SWSSS can be found in the Healthy Alaskans 2030 report cards (Objective 9: Percent of children with a healthy weight) online here: https://www.healthyalaskans.org/data/ha2030-scorecard/ .

Youth Risk Behavior Survey (YRBS)

The Alaska Youth Risk Behavior Survey (YRBS) is part of an epidemiological surveillance system established by the Centers for Disease Control and Prevention (CDC) in 1990 and first implemented in Alaska in 1995. The YRBS is a school-based survey that collects important information about the health of Alaska teens, including health risk behaviors that contribute to poor mental health, injuries, chronic disease and even death. Alaska high school students take the YRBS every other year in odd-numbered years.

Student participation is **anonymous**, **voluntary**, and **requires written parental consent**. Alaska did not conduct the 2021 YRBS due to the unprecedented challenges districts and schools were facing due to the COVID-19 pandemic.

More information on the YRBS background can be found in the CDC's Morbidity and Mortality Weekly Report titled Overview and Methods for the Youth Risk Behavior Surveillance System – United States, 2021. https://www.cdc.gov/mmwr/volumes/72/su/su7201a1.htm

Selection of YRBS Survey Participants

The Alaska statewide traditional high school sample includes students in public traditional high schools (excluding boarding, correspondence, home study, alternative, and correctional schools) with enrollments of at least 10 high school students. Schools are selected for the sample using a 2-stage, cluster sample design. In the first stage, schools are selected with a probability proportional to school enrollment size. In the second stage, classes within each school are randomly selected. These data are aggregated and weighted at the state-level to generate statewide results.

Nonresponse Bias Analysis

Nonresponse Bias Analyses (NRBA) is a way to determine how big a concern nonresponse bias is in a sample. For the YRBS, nonresponse bias is when the students who do not take the survey ("nonrespondents") differ from those who do. Depending on how big those differences are, and what factors they are related to, the resulting data may be "biased", or not reflect the characteristics of the overall population of students. NRBA compares characteristics--such as school size, socioeconomic status, and rurality--between survey respondents and nonrespondents to assess bias. If the nonresponse bias is determined to be large enough, the data should not be considered representative of the overall population. NRBA was conducted for all statewide samples and for district samples with an overall response rate of 40% or higher and a sample size of at least 30; data are weighted when the NRBA determined no bias.

Weighting

Weighting is a technique that makes the results representative of the larger student population from which data were collected. As long as Alaska's statewide samples are determined to be non-biased, they are weighted by sex within grade and race and ethnicity, and the results in this report are representative of all traditional Alaska high school students.

Data suppression flags

To protect student anonymity and ensure high data quality, the Alaska YRBS program does not report results that are based on a small number of student responses. YRBS uses 2 standards to decide when it is necessary to suppress a result. When either of the following criteria are met, the prevalence estimate and corresponding confidence interval for an indicator are not available:

- Numerator less than 5. The number of responses in a specific category (e.g., smoked in past 30 days) falls below 5.
- Denominator less than 30. The total number of responses, the number of responses among students in a specific subpopulation (e.g., White, 9th grade students), or number of responses in a specific risk behavior group (e.g., students who currently smoke cigarettes) falls below 30.

Data quality flags

The Alaska YRBS program uses relative standard error (RSE) as a measure of data quality. YRBS flags prevalence estimates as unstable when the RSE is greater than 30% and very unstable when the RSE is greater than 50%.

Confidence intervals

The Alaska YRBS program calculates confidence intervals using logit confidence limits assuming complex sampling with replacement (or without replacement for local district surveys that use a census approach). This method accounts for the intricate survey design, including the 2-stage cluster sample design used to select schools and classes within each school. By accounting for the survey's complex structure, logit confidence intervals provide a more accurate estimate of the variability in the data and allow for robust statistical inference about the population parameters.

Understanding confidence intervals helps to gauge the certainty of the reported results and allows for informed interpretation of the findings.

Trend

The Alaska YRBS program evaluates long-term linear trend using a logistic regression model, controlling for sex, race, ethnicity, and grade, and short-term trend using a t-test analysis. We use a p-value of less than 0.05 to determine statistical significance.

School-based surveys do not estimate risk behaviors associated with youth who drop out of school or do not attend school. However, starting in 2009, students from alternative high schools in Alaska have also participated in a YRBS to evaluate and address the health risks of this unique population.

Reporting by Race Group

For several years, the Alaska YRBS survey has followed the 1997 OMB Statistical Policy Directive 15 for minimum categories for data on race and ethnicity, including 5 general race groups and defining ethnicity as Hispanic/Latino or not Hispanic/Latino.[36]

All YRBS survey participants who report being Alaska Native or American Indian, either alone or in combination with other race groups or Hispanic ethnicity, are categorized in this report as "Alaska Native" students. Survey participants who chose 1 race (other than Alaska Native) and did not choose Hispanic are categorized in their chosen race group: White, Asian, Black (Black/African American), or Pacific Islander (Native Hawaiian or other Pacific Islander). Students who reported being Hispanic or Latino are grouped as Hispanic unless they also reported being Alaska Native. Those who did not report a race or ethnicity or reported multiple race groups (and not Hispanic) are not included in the race group reporting but are included in the statewide estimate.

Physical Activity Questions

In the YRBS, aerobic physical activity has been measured using 1 question: During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.) Since 2019, the YRBS survey has included a question about exercise from getting to school: In an average week when you are in school, on how many days do you walk or ride your bike either to school or home from school when the weather allows you to do so?

In previous years, survey participants have also been asked about PE classes and about muscle strengthening activities (such as push-ups, sit-ups or weight lifting), but these questions were not included in the 2023 survey.

In 2019, the YRBS included a question about sedentary activity time—specifically, 'screen time,' including time spent watching TV, playing video or computer games, or using a computer to watch videos, play games, or something other than school work. In 2023, the YRBS replaced that question with 1 focused on social media use, which is more clearly associated with other poor mental health outcomes and risk of being victimized electronically. Results related to the social media use question are available on the YRBS Dashboard at: https://public.tableau.com/app/profile/yrbs.alaska/viz/yrbs/LandingPage

Nutrition Questions

Since 1999, fruit and vegetable consumption has been measured using a set of 6 questions about consumption behavior in the past 7 days. The first 2 questions are combined to calculate average daily fruit servings—number of times (per day/week) respondent: 1) drank 100% fruit juice, and 2) has eaten fruit. The other 4 questions are combined to calculate average daily vegetable servings and ask about how often the respondent has eaten: 1) green salad, 2)

[36] The 1997 Directive can be found here: https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf. The format of the 2025 survey follows more recent 2024 Directive, which can be found here: https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf

potatoes (do not count French fries, fried potatoes or potato chips), 3) carrots, and 4) other vegetables.

Since 2013, the Alaska YRBS has included multiple questions about sugary drink consumption in the past 7 days, but the set of questions has changed over time. Since 2017, the question set includes:

1) During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)
2) During the past 7 days, how many times did you drink a can, bottle or glass of a sports drink, such as Gatorade or PowerAde? (Do not count low-calorie sports drinks such as Propel or G2)
3) During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull, Rockstar, or Monster? (Do not count diet energy drinks or sports drinks such as Gatorade or PowerAde.)
4) During the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened drink such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)

New Questions

In 2023, the YRBS survey included 3 new questions, 1 about food insecurity and 2 about disordered eating behaviors. The questions about disordered eating are asked prior to the other nutrition-related questions. The food insecurity question is included after the nutrition and physical activity questions, with other health-related topics. Below is the wording for these questions.

- During the past 30 days, how often did you go hungry because there was not enough food in your home?
- During the past 30 days, did you try to lose weight or keep from gaining weight by going without eating for 24 hours or more; taking any diet pills, powders, or liquids; vomiting or taking laxatives; smoking cigarettes; or skipping meals?
- During the past 30 days, did you eat an amount of food that most people would consider to be very large in a short period of time, sometimes called an "eating binge?"

Further information about the Alaska YRBS surveys and health information from those surveys is available at:

YRBS Program webpage: https://health.alaska.gov/en/services/youth-risk-behavior-survey/

YRBS Statewide Dashboard:
https://public.tableau.com/app/profile/yrbs.alaska/viz/yrbs/LandingPage

YRBS District Dashboard:
https://public.tableau.com/app/profile/yrbs.alaska/viz/AlaskaYRBSDistrictSurveyResults/LandingPage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