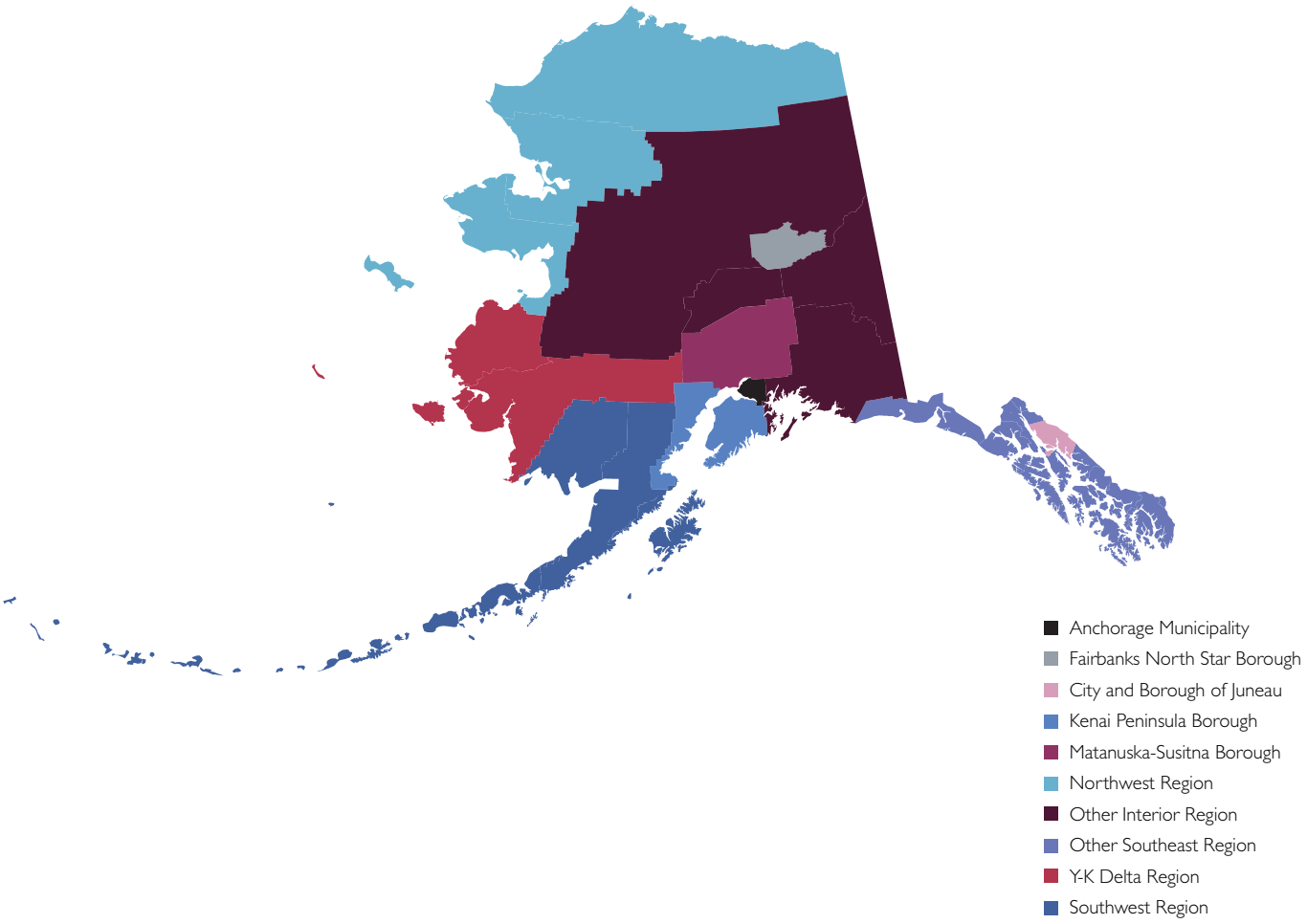
# Alaska Behavioral Health Systems Assessment

# PREVALENCE METHODOLOGY

January 22, 2016



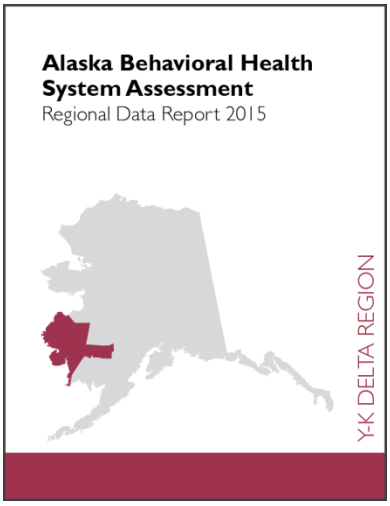

Prepared for the Alaska Mental Health Trust Authority by
Agnew::Beck Consulting, LLC and Hornby Zeller Associates, Inc.

Trust
Alaska Mental Health Trust Authority

# Alaska Behavioral Health Systems Assessment

## *Acknowledgements*

### Quantitative Data Support



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### Data Committee Members

| Name | Role | Organization |
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| Melissa Kemberling | Director of Programs | Mat-Su Health Foundation |
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| Pat Sidmore | Planner | Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse |
| Shaun Wilhem | Chief of Risk and Research Management | State of Alaska Division of Behavioral Health |

We would also like to thank Bill Herman, Former Senior Program Officer at the Alaska Mental Health Trust Authority, who was instrumental in the early data planning phases of this project.

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We also received valuable input and insights from a number of DBH Program Staff throughout the course of this effort as we sought to make sense of the data and we are very grateful for the time and efforts of these individuals.

# Alaska Behavioral Health Systems Assessment

## *Prevalence Methodology*

### INTRODUCTION

This document provides an overview of the methodology and data sources used to determine the prevalence of behavioral health issues in Alaska. The primary objective was to generate statewide and regional estimates of persons with behavioral health issues in order to analyze prevalence and utilization patterns as part of the Alaska Behavioral Health Systems Assessment. An additional objective was to produce regional data reports that could be used to inform statewide, regional, and local planning efforts.

The following questions guided the methodology and analysis of prevalence or *"total need"* for services in each geographic region.

1. How many adults in Alaska have a need for drug or alcohol treatment services?
2. How many adults in Alaska have a need for mental health services?
3. How many adults in Alaska have a need for mental health services for a Serious Mental Illness (SMI)?
4. How many adults in Alaska have a need for co-occurring substance use and mental health services?
5. How many youth in Alaska have a need for or are at risk of needing drug or alcohol services?
6. How many youth in Alaska have a need for mental health services?
7. How many youth in Alaska have a need for mental health services for a Serious Emotional Disturbance?
8. How many youth in Alaska have a need for co-occurring substance use and mental health services?

### METHODOLOGY AND DATA SOURCES

Gathering prevalence rates to address the questions identified at the onset of the assessment at both a statewide and regional level, aligning these rates with population data to produce population estimates, and then attempting to compare these estimates with service utilization was no small feat. This effort builds on work completed by the Research Unit of the Alaska Division of Behavioral Health (DBH) and marks an important step forward. It also highlights areas where additional work is needed in the future. Of particular note is the challenge associated with comparing prevalence data, which includes clinical and functional indicators, and the utilization data produced for this assessment, which relied exclusively on diagnosis and did not take into account level of functioning (discussed in the Utilization Methodology).

This methodology focuses on the prevalence data produced for the assessment. Various data sources were used to generate behavioral health prevalence rates for Alaska. Wherever possible, prevalence estimates were reported statewide and by reporting region for gender and race. Small population

sizes frequently presented challenges. For adults, indicators and prevalence rates from the National Survey of Drug Use and Health (NSDUH)[1] were paired Alaska Department of Labor data to generate population estimates. Prevalence data is less available for youth. While NSDUH provides data regarding the prevalence of alcohol and illicit drug problems among youth ages 12-17, it does not provide comparable prevalence data for youth mental illness. Thus, the youth indicators included in the assessment relied on a methodology for calculating Serious Emotional Disturbance recommended by the Center for Mental Health Services based on poverty rates and risk behavior data from the Alaska Youth Risk Behavior Survey (YRBS).

The majority of prevalence/need rates included in the assessment are point estimates; that is, confidence intervals (i.e., data ranges) are not reported. In some cases, confidence intervals were wide, indicating a wide margin of error; in other cases, confidence intervals were narrow and represented slightly more precise data. It is important to remember that point estimates may under- or over-estimate the prevalence/need of a particular population.

The document is organized by grouping of indicators and their corresponding data sources and concludes with an overview of the Alaska Behavioral Health Systems Assessment reporting regions.

## Alaska Behavioral Health Issues Prevalence Rates and Estimated Numbers of Individuals

### *Indicators*:

1. Needed Treatment for Illicit Drug or Alcohol Use in Past Year (Adults, 18+)
2. Needed Treatment for Illicit Drugs or Alcohol Use in the Past Year (Youth, Ages 12-17)
3. Past Year Any Mental Health Issue (Adults, 18+)
4. Past Year Serious Mental Illness (Adults, 18+)
5. Past Year Moderate Mental Illness (Adults, 18+)
6. Past Year Mild Mental Illness (Adults)
7. Co-Occurring Disorder (Adults, 18+)
    a. Needed Treatment for Illicit Drug or Alcohol Use in Past Year AND each of the following:
    b. Past Year Any Mental Health Issue (Adults, 18+)
    c. Past Year Serious Mental Illness (Adults, 18+)
    d. Past Year Moderate Mental Illness (Adults, 18+)
    e. Past Year Mild Mental Illness (Adults)

### *Data Sources:*

*National Survey on Drug Use and Health (NSDUH), 2009-2011*

*Alaska Department of Labor Population Data, 2013*

### *Methodology and Source Details:*

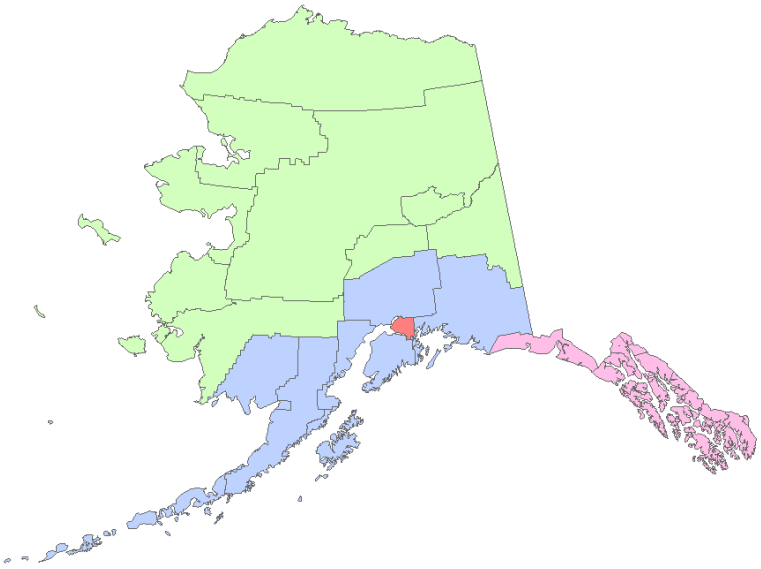
Through the National Survey on Drug Use and Health (NSDUH), the Substance Abuse and Mental Health Services Administration (SAMSHA) provides national and state-level estimates on the

[1] The National Survey on Drug Use and Health provides national and state-level data on the use of tobacco, alcohol, illicit drugs, and mental health. NSDUH is sponsored by Substance Abuse Mental Health Services Administration, Substance Abuse and Mental Health Data Archive. For more information on NSDUH, visit: https://nsduhweb.rti.org/respweb/homepage.cfm

prevalence of mental health issues and alcohol, illicit drugs, and tobacco use. Rates are based on an in-person survey conducted each year by professional interviewers throughout Alaska using a scientific random sample of households.[2] Typically, NSDUH data are available via a Restricted-use Data Analysis System (R-DAS) and researchers can use the online R-DAS to generate tables using restricted-use data files. In Alaska where populations are small, online data is limited. Often times, one must pull data for a five or ten-year period in order to retrieve estimates at the regional level.

In recent years, Alaska Division of Behavioral Health (DBH) has worked closely with the SAMHSA's Center for Behavioral Health Statistics and Quality to obtain recent prevalence data at a regional level.[3] As part of this collaborative effort to improve the availability of prevalence data for Alaska, the Center for Behavioral Health Statistics and Quality combined three years of NSDUH data from 2009-2011 (the shortest, most recent period that could be used to produce statistically valid regional estimates) to estimate prevalence of mental health issues and alcohol or illicit drug dependence or abuse at the statewide and DBH planning region levels.[4] This dataset included estimates of prevalence by gender, three categories of race (White, any mention American Indian/Alaska Native, and Other) and income where sufficient data allowed. Some race and gender estimates at the regional level were suppressed due to low precision. In a handful of instances, DBH assisted the project team in calculating a lower precision estimate by relying on population estimates when the other cells were known. These estimates are clearly indicated and should be used with additional caution. The adult prevalence estimates for each of the four DBH planning regions (Figure 1) were applied to adult population estimates for each of the ten reporting regions (more details on planning regions below).

**Figure 1. Division of Behavioral Health Planning Regions: Anchorage, Southeast, Southcentral, and Northern**



[2] For more details, see: https://nsduhweb.rti.org/RespWeb/faq.html
[3] All NSDUH data was provided to the project team by DBH staff. June 2015.
[4] Estimated were provided by three race categories: White (only), American Indian/Alaska Native (any mention), and All Other Races

The Center for Behavioral Health Statistics and Quality classifies respondents as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient], or mental health center). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Estimates of mental illness prevalence are based on clinical and functional indicators. Three categories of mental illness severity are estimated: mild mental illness, moderate mental illness, and serious mental illness. Any mental illness includes persons in any of the three categories. Prevalence rates for Serious Mental Illness take into account the presence of psychiatric diagnosis and significant functional impairment. Caution is advised when comparing these estimates to utilization data, which is based solely on diagnosis and not level of functioning.

For adults, 2013 population data from Alaska Department of Labor AKDOL[5] was used to estimate the number of individuals by age, gender and race for each of the ten reporting regions. Population data did not always align neatly with the prevalence data. The project team encountered two primary challenges in aligning population data with adult prevalence estimates. NSDUH prevalence estimates for Alaska adults do not apply to active military and people living in institutions. In 2013, AKDOL estimated 23,004 people were serving in the active military; however, the military population is not broken out be age or, more importantly for this analysis, gender at the regional level. Because of this, the project team in coordination with DBH elected not to exclude active military population estimates from the total population estimates. Likewise, AKDOL population figures by region include individuals living in group quarters[6] (28,854 people lived in group quarters in 2013), but the level of detail is insufficient to carve out people living in institutions from the regional data. Here too, the project team and DBH decided to use total population estimates. We recommend future efforts work with the AKDOL to determine if a special dataset can be created that addresses these alignment issues.

Three-year NSDUH estimates for youth (ages 12 to 17) for alcohol or illicit drug dependence or abuse were also available.[7] However, in comparing two-year estimates for youth alcohol or illicit drug dependence or abuse for 2010-2011 and 2012-2013, Alaska and the nation saw a decline in prevalence (a continuation of a trend). In light of this decline, the project team and DBH chose not to use the three-year 2009-2011 dataset in conjunction with population data to estimate number of youth with alcohol or illicit drug dependence or abuse by each of the ten reporting region due to concerns about validity of the data (in contrast, adult prevalence saw much less change). Instead,

[5] An Excel pivot table was provided by DBH using data from: http://laborstats.alaska.gov/pop/popest.htm
[6] Group quarters include institutions such as prisons, nursing homes, psychiatric hospitals and residential treatment facilities, as well as individuals residing in dormitories, fish processing bunkhouses, and other group living situations
[7] NSDUH does not provide mental health issues prevalence estimates for youth

two-year datasets from 2002-2003 through 2012-2013 were used to illustrate the decade-long downward trend seen. Three year datasets also from 2008-2010 and 2010-2012 highlight the trend at the statewide and DBH planning region level.

### Affordable Care Act Medicaid Expansion Estimates

*Indicators*:

1. Needed Treatment for Illicit Drug or Alcohol Use in Past Year (Among the Medicaid Expansion Population)
2. Past Year Any Mental Health Issue (Among the Medicaid Expansion Population)
3. Past Year Serious Mental Illness (Among the Medicaid Expansion Population)
4. Past Year Moderate Mental Illness (Among the Medicaid Expansion Population)
5. Past Year Mild Mental Illness (Among the Medicaid Expansion Population)
6. Co-Occurring Disorder (Among the Medicaid Expansion Population)
    a. Needed Treatment for Illicit Drug or Alcohol Use in Past Year AND Past Year Any Mental Health Issue

*Data Sources:*

*National Survey on Drug Use and Health (NSDUH), 2009-2011: For the Adult (18+) Population below 138 Percent of Federal Poverty Level*

*Evergreen Economics' 2015 Medicaid Expansion Population Projections*[8]

*Methodology and Source Details:*

In 2015, Evergreen Economics produced a series of projections estimating the number of individuals eligible under Medicaid Expansion and the number of individuals likely to enroll in Medicaid Expansion between 2016 and 2012. These estimates represent the DHSS' official estimates. In the interest of better understanding the impact that Medicaid expansion may have on the demand for behavioral health services in Alaska, the project team worked closely with DBH to generate need estimates specific to the newly eligible and newly enrolled populations estimated by Evergreen Economics.

To estimate need within these populations, prevalence rates were generated for adults (ages 18+) with incomes under 138 percent of the federal poverty level based on NSDUH data from 2009-2011. Income adjusted prevalence rates were provided by special request to DBH by the Center for Behavioral Health Statistics and Quality as part of the same data effort described in the previous section. These rates were applied to Evergreen Economics' estimates of adults newly eligible for Medicaid and estimates of adults expected to be new enrollees of Medicaid. Applying the income-specific rate to this demographic group allows for an estimate of the number of individuals who may potentially be newly insured under Medicaid expansion and who have a need for behavioral health services.

[8] Memorandum to Valerie Davidson, Commissioner Alaska Department of Health and Social Services. Projected Population, Enrollment, Service Costs and Demographics of Medicaid Expansion Beginning FY16. Dated February 6, 2015. http://dhss.alaska.gov/HealthyAlaska/Documents/Evergreen_Medicaid_Expansion_Analysis-020615.pdf

## Adult and Medicaid Expansion Total Need Estimates

*Indicators*:

1. Total Estimated Individuals with a Behavioral Health Need (Adults, 18+)
2. Total Estimated Individuals with a Behavioral Health Need (Among the Medicaid Expansion Population)

*Data Sources:*

*National Survey on Drug Use and Health (NSDUH), 2009-2011: For the Adults (18+) and the Adult (18+) Population below 138 Percent of Federal Poverty Level*

*Alaska Department of Labor Population Data, 2013*

*Evergreen Economics' 2015 Medicaid Expansion Population Projections*[9]

*Methodology and Source Details:*

The methodology for estimating total need requires

Prevalence rates for co-occurring substance use and mental health services for adults are generated by identifying the population with a "yes" for Needed Treatment for Illicit Drugs or Alcohol and a "yes" for a Mental Health Issue in the past year. The implication of this methodology is that total number of individuals with a need for behavioral health services cannot be calculated by taking the sum of need in each diagnosis category. In other words, the co-occurring population represents individuals duplicated in two other categories. The methodology for estimating total need requires carving out the co-occurring population to ensure estimates are not duplicated. For each instance total need was calculated, the project team used the following formula:

*[Number of Adults who Needed Treatment for Illicit Drugs or Alcohol] + [Number of Adults who Experience Any Mental Illness in the Past Year] – [Number of Adults with Co-Occurring Issues] = Total Estimated Individuals with a Behavioral Health Need*

## Alaska Serious Emotional Disturbance Prevalence Rates and Estimated Numbers of Individuals

*Indicators*:

1. Estimated Prevalence of Serious Emotional Disturbance (Youth, Ages 9-17)

*Data Sources:*

*Alaska Department of Labor Population Data, 2013*

*U.S. Census Bureau Small Area Income and Poverty Estimates by Region, 2012*

*Methodology and Source Details:*

Methodology for generating Serious Emotional Disturbance among youth ages 9-17 was based on an analyses described in Costello, Messer, Bird, Cohen, & Reinherz (1998) and is recommended by

[9] Memorandum to Valerie Davidson, Commissioner Alaska Department of Health and Social Services. Projected Population, Enrollment, Service Costs and Demographics of Medicaid Expansion Beginning FY16. Dated February 6, 2015. http://dhss.alaska.gov/HealthyAlaska/Documents/Evergreen_Medicaid_Expansion_Analysis-020615.pdf

the Center for Mental Health services.[10] This methodology uses U.S. Census Bureau poverty data by region[11] to rank states' rates of Serious Emotional Disturbance and is most commonly used in SAMSHA Block Grant reporting. As with Serious Mental Illness, prevalence rates for Serious Emotional Disturbance take into account the presence of psychiatric diagnosis and significant functional impairment. Caution is advised when comparing these estimates to utilization data, which is based solely on diagnosis and not level of functioning.

Poverty estimates are from U.S. Census Small Area Income and Poverty Estimates for 2012. Number of children ages 5-7 living in poverty was gathered for each of the ten reporting regions. A poverty rate was generated using poverty data and general population data (number in poverty age 5-17 divided by the number of children age 5-17 in the region). Using guidance from national state rankings of SED prevalence, each Alaska region was assigned a tier based on the percent of children in poverty. Each tier corresponds with one of three SED prevalence rates for the general youth population (Table 1).

**Table 1. Estimating Serious Emotional Disturbance Using Poverty Data**

| Tier | Percent of Youth in Poverty | SED Prevalence |
|---|---|---|
| Low | 0% - 14.9% | 6% |
| Mid | 15.0% - 19.8% | 7% |
| High | 19.9% and up | 8% |

Prevalence rates were applied to AKDOL population estimates for youth ages 9-17 to estimate the number of youth with serious emotional disturbance by region. AKDOL regional age groupings for youth were categorized from ages 10-14 and 15-19. Because the methodology is intended to estimate prevalence of Serious Emotional Disturbance among youth ages 9-17, simple modeling rules developed by the DBH Research Unit were used to adjust the AKDOL's age categories to align with establish population estimates that aligned with the intended population of the prevalence estimates.

### Youth Risk Behaviors Prevalence

*Indicators*:

1. Prevalence of a Risk Behavior for Substance Use (Youth, High School Students)
2. Prevalence of a Moderate/High Risk Behavior for Substance Use (Youth, High School Students)
3. Prevalence of a Past Year Mental Health Issue (Youth, High School Students)
4. Prevalence of a Moderate/High Risk Behavior for Substance Use AND a Past Year Mental Health Issue (Youth, High School Students)

*Data Sources:*

*Youth Risk Behavior Survey (YRBS), 2013*

[10] Costello , E.J., Messer, S.C., Bird, H.R., Cohen, P., Reinherz, H.Z. (1998). The prevalence of serious emotional disturbance: a re-analysis of community studies. *Journal of Child and Family Studies,* 7(4): 411-432.

[11] Percent in poverty age 5-17 SAIPE US Census 2012

*Methodology and Source Details:*

The Youth Risk Behavior Survey (YRBS) is part of a national surveillance system developed by the Centers for Disease Control and Prevention to assist with assessing and addressing the health risks of youth (high school students in grades 9 through 12). The Survey is conducted in Alaska every other year by the Department of Education & Early Development and the Department of Health and Social Services in cooperation with public high schools.[12] Because of the sparsity of behavioral health prevalence data for youth, DBH and project team looked to the YRBS data set as a potential source of helpful information for communities.

The Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion assisted the project team with analysis of raw YRBS data to develop rates based on specific criteria established by the project team and the DBH (see Table 2 for criteria used).[13] 2013 YRBS data was used for all indicators. 2013 school enrollment counts (statewide and by region) were used to estimate the number of students in each risk category (enrollment counts were also provided by the Section of Chronic Disease Prevention and Health Promotion). Some school districts require prospective users of YRBS to request permission. We were not able to secure permission from the Fairbanks North Star borough school district and, thus, prevalence was not reported for the Fairbanks North Star Borough reporting region for this set of indicators.

[12] See the Alaska Department of Health and Social Services' Frequently Asked Questions for more details: http://www.dhss.alaska.gov/dph/Chronic/Documents/School/pubs/YRBS_FAQ.pdf

[13] Criteria were informed by DBH Research Unit staff Kathleen Carls and Ken Boegli and Behavioral Health Treatment and Recovery Substance Abuse Specialist, Joan Houlihan.

*Table 2. Overview of Criteria Used to Generate YRBS Indicators*

| **Indicator** | **Criteria** | **Interpretation** |
|---|---|---|
| Prevalence of a Risk Behavior for Substance Use | Percentage of students who are considered to have a risk behavior present.<br>A respondent was categorized as having a "risk behavior present" if they met the criteria for one or both of the below criteria:<br>Used cocaine, inhalants, heroin, methamphetamines, or ecstasy at least once in their life<br>OR used marijuana, unprescribed drugs, or at least one drink of alcohol on at least one of the past 30 days | This variable is very inclusive and does not necessarily indicate a need for services. However, it does provide a basis for understanding trends in "any substance use" among students. This population would likely benefit from universal prevention activities. |
| Prevalence of a Moderate/High Risk Behavior for Substance Use | Percentage of students who are considered to have moderate/high risk behavior.<br>A respondent was categorized as having "moderate/high risk behavior" if they met the criteria for one or more of the below:<br>Used cocaine, inhalants, heroin, methamphetamines, or ecstasy drugs three or more times for at least one of the drugs in their life<br>OR had five or more drinks of alcohol in a row within a couple of hours two or more times in the past 30 days<br>OR used marijuana and unprescribed drugs three or more times in the past 30 days | This variable was developed to hone in on the student population with moderate to high risk behaviors. Students exhibiting one or more of these criteria may be more likely to need substance use treatment services now or in the future. This population would likely benefit from selective and indicated prevention activities. |
| Prevalence of a Past Year Mental Health Issue | Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months OR who had seriously considered attempting suicide during the past 12 months. | This variable may indicate a need for mental health treatment. |
| Prevalence of a Moderate/High Risk Behavior for Substance Use AND a Past Year Mental Health Issue | Percentage of students who used marijuana, cocaine, solvents, heroin, methamphetamines, ecstasy, unprescribed drugs five or more times in their life OR who had five or more drinks of alcohol in a row within a couple of hours on at least one of the past 30 days AND who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months OR who had seriously considered attempting suicide during the past 12 months. | This variable captures all students who might need services *for both* mental health treatment *and* substance use treatment. |

## Alaska Behavioral Health Systems Assessment Reporting Regions

### *Data Sources:*

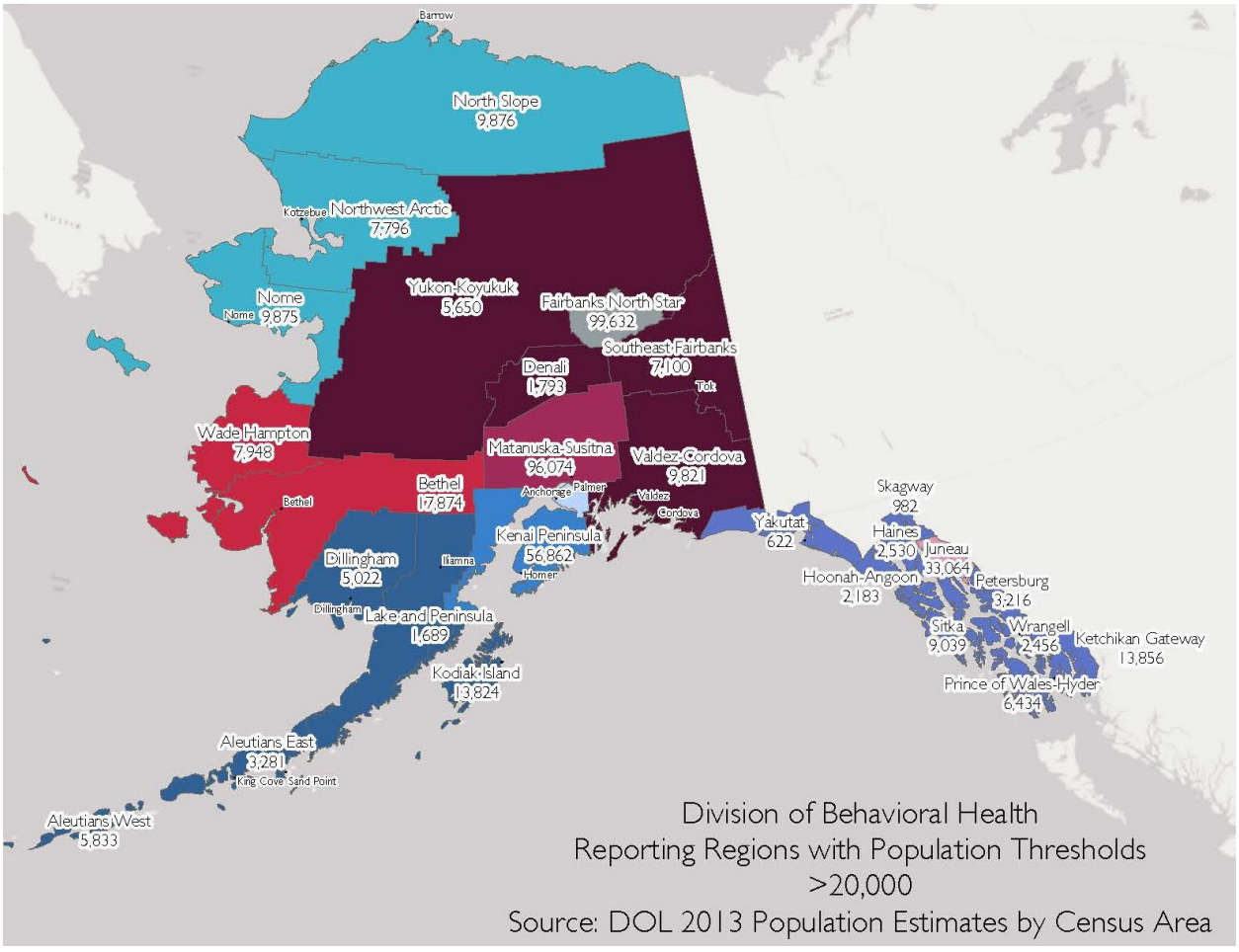
*Alaska Division of Behavioral Health*

*Alaska Department of Labor Population Data, 2009-2013*

### *Methodology and Source Details:*

Prevalence estimates were generated statewide, as well as for ten regions in Alaska (Figure 2). Boroughs and DBH planning regions guided the creation of ten reporting regions with at least 20,000 residents for each of the five years considered in this analysis to ensure compliance with HIPAA reporting requirements for protected health information when reporting utilization data. These ten regions have been used historically by DBH when conducting regional analyses at a more granular level than their four planning regions allow.

**Figure 2. Map of Alaska Behavioral Health Systems Assessment Reporting Regions**




The ten reporting regions align well but not perfectly with DBH's four planning regions. Anchorage Planning Region corresponds with Municipality of Anchorage Reporting Region. Northern Planning Region includes Fairbanks, Northwest, Other Interior, and Y-K Delta Reporting Regions. Southcentral Planning Region includes Southwest, Kenai Peninsula Borough, and Mat-Su Reporting

Regions. Southeast Planning Region includes City and Borough of Juneau and Other Southeast Reporting Region. The Valdez- Cordova Census area was pulled into the Other Interior reporting region in order to fulfill the 20,000 person threshold for HIPAA and is the only census area for which prevalence rates for DBH planning regions did not correspond with the prevalence applied to the reporting region.

Alaska Department of Labor Population 2013 estimates were referenced to verify adherence to population thresholds over the five year period. Reporting regions and their corresponding population estimates for each of the years covered by this analysis are included in Table 3. More detailed population estimates were generated for each region during the production of regional prevalence tables to align with the breakdown of prevalence data, including population estimates by gender, race, and, sometimes, age.

**Table 3. Alaska Behavioral Health Systems Assessment Reporting Regions with Population**

| Reporting Regions | July 2009 | April 2010 | July 2011 | July 2012 | July 2013 |
|---|---|---|---|---|---|
| Alaska | 692,314 | 710,231 | 723,424 | 731,827 | 736,399 |
| Anchorage, Municipality of | 290,588 | 291,826 | 296,167 | 298,576 | 301,134 |
| Fairbanks North Star Borough | 93,779 | 97,581 | 97,909 | 100,320 | 99,632 |
| Juneau, City and Borough of | 30,661 | 31,275 | 32,410 | 32,838 | 33,064 |
| Kenai Peninsula Borough | 53,578 | 55,400 | 56,671 | 56,718 | 56,862 |
| Matanuska-Susitna Borough | 84,314 | 88,995 | 91,822 | 93,809 | 96,074 |
| Northern Region | 23,664 | 26,445 | 26,962 | 27,288 | 27,547 |
| Nome Census Area | 9,500 | 9,492 | 9,735 | 9,858 | 9,875 |
| North Slope Borough | 6,798 | 9,430 | 9,591 | 9,720 | 9,876 |
| Northwest Arctic Borough | 7,366 | 7,523 | 7,636 | 7,710 | 7,796 |
| Other Interior Region | 23,932 | 24,079 | 24,479 | 24,704 | 24,364 |
| Denali Borough | 1,838 | 1,826 | 1,838 | 1,870 | 1,793 |
| Southeast Fairbanks Census Area | 7,243 | 7,029 | 7,121 | 7,214 | 7,100 |
| Yukon Koyukuk Census Area | 5,603 | 5,588 | 5,666 | 5,676 | 5,650 |
| Valdez-Cordova Census Area | 9,248 | 9,636 | 9,854 | 9,944 | 9,821 |
| Other Southeast Region | 38,677 | 40,389 | 41,345 | 41,525 | 41,318 |
| Ketchikan Gateway Borough | 12,984 | 13,477 | 13,755 | 13,904 | 13,856 |
| Prince of Wales-Hyder Census Area | 5,392[14] | 6,172 | 6,468 | 6,445 | 6,434 |
| Petersburg Borough | 3,794[15] | 3,203 | 3,298 | 3,265 | 3,216 |
| Haines Borough | 2,286 | 2,508 | 2,615 | 2,616 | 2,530 |
| Hoonah-Angoon Census Area | 2,043 | 2,149 | 2,157 | 2,208 | 2,183 |
| Sitka, City and Borough of | 8,627 | 8,881 | 9,025 | 9,058 | 9,039 |
| Skagway Borough, Municipality of | 865 | 968 | 966 | 960 | 982 |
| Wrangell, City and Borough of | 2,058 | 2,369 | 2,414 | 2,448 | 2,456 |
| Yakutat, City and Borough of | 628 | 662 | 647 | 621 | 622 |
| Y-K Delta Region | 24,691 | 24,472 | 25,167 | 25,273 | 25,822 |
| Bethel Census Area | 16,997 | 17,013 | 17,475 | 17,583 | 17,874 |
| Wade Hampton Census Area | 7,694 | 7,459 | 7,692 | 7,690 | 7,948 |
| Southwest Region | 28,430 | 29,769 | 30,492 | 30,776 | 30,582 |
| Aleutians East Borough | 2,778 | 3,141 | 3,231 | 3,225 | 3,281 |
| Aleutians West Census Area | 4,549 | 5,561 | 5,735 | 5,877 | 5,833 |
| Bristol Bay Borough | 967 | 997 | 1,025 | 986 | 933 |
| Dillingham Census Area | 4,729 | 4,847 | 4,947 | 4,985 | 5,022 |
| Kodiak Island Borough | 13,860 | 13,592 | 13,876 | 14,030 | 13,824 |
| Lake and Peninsula Borough | 1,547 | 1,631 | 1,678 | 1,673 | 1,689 |

[14] 2009 data for this cell was reported for "Prince of Wales-Outer Ketchikan" Census Area. Although there appears to be a jump in population from 2009 and 2010, we did not investigate further given that the population threshold for this region had clearly been met.

[15] 2009 data for this cell was reported for Petersburg Census Area while 2010-2013 was reported for Petersburg Borough. For the same reasons as in the above note, we did not investigate further.