

anchorage health
& human services

healthy ANCHORAGE INDICATORS



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Health Anchorage Indicator Introduction

The HAI data is provided by a Centers for Disease Control (CDC) surveillance system, called the Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS is the world's largest telephone survey and has been used to track health risks in the United States for the last 20 years. Information from the survey is used to improve the health of the American people. BRFSS is used in 98 other cities and is a primary source of information for the nation on the health-related behavior of adults.

The Healthy Anchorage Indicator Project (HAI) has two parts. The first part measures health habits of people in Anchorage; including how they behave and whether they have access to medical care. The second part suggests Public Health Strategies for improving health. Acknowledging that convenience is a major factor influencing our daily choices, we need to create an environment that makes healthy choices more accessible.

These behaviors include:

- Physical activity
- Weight management
- Seatbelt use
- Tobacco and alcohol use
- Preventive medical care (mammograms, pap smears, colorectal screening tests, and flu shots)

Why public health strategies?

Why Public Health Strategies?

Since 1900, life expectancy in the United States has increased by approximately 30 years.

Only five (5) of those years can be attributed to improvements in medical care, an approach that treats one person at a time. The remaining 25 years are the result of improved prevention efforts in public health made possible by improving elements in the physical environment; most obvious are air, food and water and the built environment.

But today, the most significant risk factor is behavior – the choices we make. The most notable are the chronic diseases caused by smoking and obesity. To affect changes in behavior and improve public health we need to make healthy choices more convenient through changes to our environment. Examples include natural areas and trails for hiking, walking and biking, affordable housing and clean air.

Eight public health advances that are built into the environment:

1. Infectious disease standards and enforcement to reduce infectious disease from immunizations, food inspections, water quality,
2. Motor vehicle safety standards to reduce injury; seatbelt laws, brake lights, child safety seats, motorcycle helmets and drinking and driving enforcements,
3. Clean water standards control for infectious diseases; cholera/typhoid,
4. Policies that control for second hand risks to alcohol/tobacco use; smoke free public places, alcohol/tobacco taxes, underage drinking enforcement, compliance checks for underage sales of alcohol/tobacco,
5. Food fortification with vitamins/minerals against rickets,
6. Fluoridation of drinking water against tooth decay,
7. Product safety modification like child-proof caps/child restraint seats to reduce childhood injuries,
8. Safety regulations and enforcement of playgrounds for child safety

Since 1900, life expectancy in the United States has increased by approximately 30 years.

Behavioral Risk Factor Surveillance Surveys & the SMART Project

The Healthy Anchorage Indicator (HAI) Project came about because of a need for local planners to plan, implement, and evaluate their prevention efforts in public health. HAI provides the necessary data for these decisions.

The data found in the Healthy Anchorage Indicator (HAI) Project is derived from the Centers for Disease Controls (CDC) Behavioral Risk Factor Surveillance System (BRFSS). BRFSS data is used to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. In 1984, the CDC established the BRFSS with 15 states participating in monthly data collection.

CDC developed a standard core questionnaire to provide data that could be compared across states. The BRFSS, administered and supported by the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC, is an on-going data collection program. By 1994, all states, the District of Columbia, and three territories were participating in the BRFSS.

Responding to the need for community specific data, in 2004 CDC developed a project titled Selected Metropolitan/Micropolitan Area Risk Trends (SMART). The SMART project uses the BRFSS to analyze the data

of selected metropolitan and micropolitan statistical areas (MMSAs) with 500 or more respondents. Anchorage was chosen to be one of the 98 cities to be monitored by the CDC's SMART Project.

Currently, the HAI publication has 12 health indicators. CDC has plans to add an additional 14 health indicators to increase our understanding of behavioral risk factors and their impact on our community.

For the first time, Anchorage health officials will have access to local-level data that is comparable across the nation.

The following pages include a brief description of each indicator, strategies that are proven to yield improvement, the questions asked of Anchorage residents, and graphs that reflect the response.

For the first time, Anchorage will have access to local-level data that is comparable across the nation.

Alcohol Use in Anchorage

Alcohol is made from either Ethyl alcohol, or Ethanol, and is a psychoactive drug found in beer, wine, and hard liquor. It is produced by the fermentation of yeast, sugars, and starches.

Alcohol is a central nervous system depressant that is rapidly absorbed into the bloodstream. Once in the blood stream it comes into contact with the cells of virtually every bodily tissue and organ, including the brain. The effects of alcohol on the body are directly related to the amount consumed. In small amounts, alcohol can have a relaxing effect. Adverse effects of alcohol can include impaired judgment, reduced reaction time, slurred speech, and unsteady gait (difficulty walking). When consumed rapidly and in large amounts, alcohol can also result in coma and death. In addition, alcohol can interact with a number of prescription and non-prescription medications in ways that can intensify the effect of alcohol, of the medications themselves, or both. Furthermore, alcohol use by pregnant women can cause serious damage to the developing fetus.

A majority of the people surveyed in Anchorage fall into the light to moderate drinking category. One quarter, (25.6%) of the population binge drinks at least once during the past month. Binge drinking is strongly associated with black outs (memory loss), severe injury, civil and domestic violence, and automobile accidents.

According to the 2003 National Survey on Drug Use and Health, young people who first used alcohol before age 15 are more than five times as likely to report past year alcohol dependence or abuse as adults than persons who first used alcohol at age 21 or older.

Alcohol consumption is a repeating risk factor associated with many of the Healthy Anchorage Indicators and chronic diseases

such as high blood pressure, stroke, colon cancer, breast cancer, and diabetes.

Strategies

Individual/Family approaches:

- Make abstinence an acceptable choice,
- Discourage consumption of alcohol in high risk situations (e.g. driving any motor vehicle, depression, anger, unplanned sex, fatigue, all sports activities, parenting a premature infant/rebellious child)
- Discourage heavy drinking in all situations
- Make injury prevention measures a priority, (fire safe cigarettes, airbags, primary seatbelt laws, trails/pathways for pedestrians) to reduce the second hand effects of alcohol consumption
- Be a sober parent and avoid drinking in front of minors,
- Never purchase alcohol for a minor,
- Separate alcohol from sports activities,
- Be a sober driver of any motorized vehicle,
- Provide non-alcohol beverages at parties

Community approaches:

- Limit the number and location of bar and liquor stores to reduce crime in any one neighborhood,
- Establish an alcohol sales tax,
- Enforce underage drinking laws and sales to intoxicated people,
- Limit the sale of alcohol in public parks,
- Restrict advertising of alcohol in public places/public property
- Develop policies that describe acceptable and unacceptable uses of alcohol in the workplace (including conditions of employment, attendance at business meetings and employee parties),
- Gather data on alcohol related injuries

Definitions:

A **standard drink** is one 12 ounce beer, one 5 ounce glass of wine, or one 1.5 ounce shot of distilled spirits. Each of these drinks contains about half an ounce of alcohol.

Based on current dietary guidelines, **moderate drinking for women** is defined as an average of 1 drink or less per day. **Moderate drinking for men** is defined as an average of 2 drinks or less per day (USDA, 2000).

Heavy drinking is consuming alcohol in excess of 1 drink per day on average for women and greater than 2 drinks per day on average for men (NIAAA, 2004).

Binge drinking is generally defined as having 5 or more drinks on one occasion, meaning in a row or within a short period of time (Naimi, 2003).

alcohol consumption

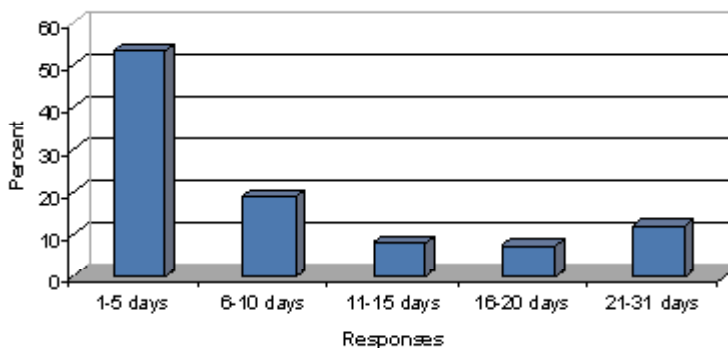
Q During the past month, how many days per month did you drink any alcoholic beverages, on the average?

	1-5 days	6-10 days	11-15 days	16-20 days	21-31 days
%	53.5	19	8	7.5	12.1
CI	(46.3-60.7)	(13.0-24.9)	(4.6-11.4)	(4.3-10.7)	(8.0-16.1)
n	138	45	22	25	38

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was >10 for any cell.



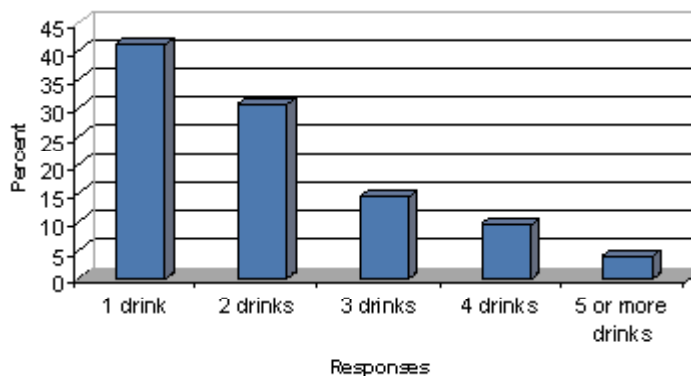
Q On the days when you drank, about how many drinks did you drink on the average?

	1 drink	2 drinks	3 drinks	4 drinks	5 or more drinks
%	41.3	30.7	14.4	9.6	4
CI	(34.2-48.4)	(24.4-37.0)	(8.7-20.1)	(5.1-14.1)	(1.8-6.2)
n	107	95	31	20	14

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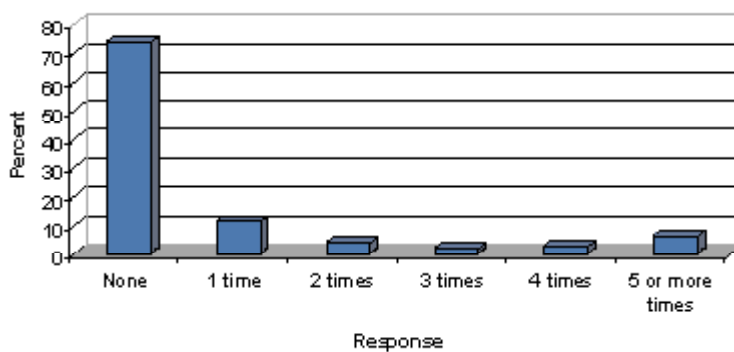
Q How many times during the past month did you have 5 or more drinks on an occasion?

	None	1 time	2 times	3 times	4 times	5 or more times
%	74.2	11.4	3.9	1.6	2.6	6.4
CI	(68.3-80.1)	(6.9-15.9)	(1.4-6.4)	(0.2-3.0)	(0.6-4.6)	(3.5-9.3)
n	192	28	12	6	7	19

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The Alaskan costs (of Alcohol), have been estimated conservatively at \$453,000,000/year

Asthma

Asthma is a disease that affects the lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma is thought to be “triggered” by factors in the environment that irritate the lungs, causing them to swell, form mucus, and block the wind pipes. Asthma can be controlled, but has no known cure, nor is there a way to prevent its initial onset.

The incidence of asthma in Anchorage (13%) is nearly twice that of Alaska as a whole (7.3%) and the US (7.2%). Asthma is known to affect 1 out of 14 children and is increasing nationwide (Health Policy Guide, Center for Health Improvement). It is the most common long-term disease of children.

Strategies

Asthma can be controlled with appropriately administered medication and by avoiding contact with environmental “triggers” such as smoke, exhaust and dust.

Individual/Family approaches:

- Reduce indoor air pollution, including:
- tobacco smoke (chemicals in second hand smoke),
- biological pollutants (molds, pollen, dust mites, animal dander, pollen, animal dander – if used consistently, Hepa air filters are very effective at removing air-born particulates),

- formaldehyde fumes in adhesives from upholstery/carpets, disturbed asbestos fibers in building materials,
- heating systems with dangerous combustion products like carbon monoxide (CO) and nitrogen dioxide (NO₂), and
- household cleaning agents.

Community approaches:

- Establish state legislation allowing children to bring their inhalers to school and to use them during class at the onset of asthma symptoms or if an asthma attack occurs,
- Reduce outdoor industrial pollution with enforcement of clean air standards,
- Reduce traffic pollution by increasing the use of mass transit, carpooling and walking and bike riding (reduces traffic levels, carbon monoxide levels and improves air quality). (Freidman MS, Atlanta, 1996 Summer Olympics)

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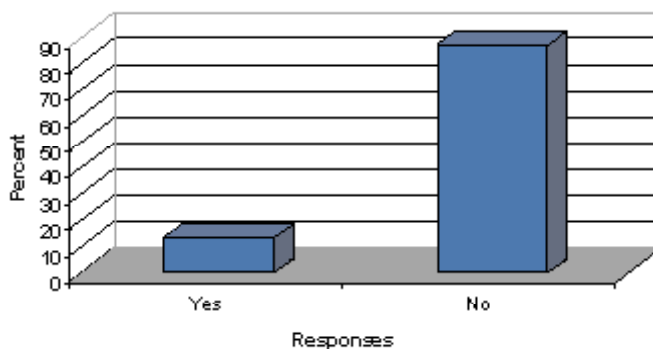
Q Has a doctor ever told you that you have asthma?

	Yes	No
%	13	87
CI	(9.1-16.9)	(83.1-90.9)
n	53	362

% = Percentage, CI = Confidence Interval, n = Cell Size

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Diabetes

Diabetes is a disease in which blood glucose levels are above normal and circulation is compromised. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, produces a hormone called insulin that allows the cells of the body to absorb the sugar (glucose) they need to function. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. Thus the cells cannot absorb the sugar, causing it to build up in the bloodstream.

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the sixth leading cause of death in the United States.

Of the 98 cities in the CDC SMART data survey, Anchorage has the lowest incidence of diabetes as compared to the other Metropolitan statistical areas in the Center for Disease Control Risk Trends Study.

Strategies

Early screening, alcohol control and weight management measures, such as fresh food choices and increased physical activity can help minimize the onset of diabetes and the complications associated.

Individual/Family approaches:

- Reduce alcohol to less than 3 drinks/day,
- Manage weight through diet and activity,
- Establish a diet of fresh fruits, vegetables, whole grains and lean to low fat foods,
- Exercise 3 times/week, 30 minutes daily in communities designed for walking and biking.

Community approaches:

- Increase community access to fresh food (fruits and vegetables, whole grains, decrease low fat foods,
- Restaurants to serve smaller portions,
- Design neighborhoods with opportunities to increase walking and biking

Diabetes is classified as Type I, Type II and gestational diabetes.

Type I occurs during childhood/adolescence.

Type II, occurs with age and increasing frequency in childhood, family history, and race/ethnicity. Increases of diabetes have been associated with overweight and inactivity.

Gestational diabetes is associated with pregnancy and usually disappears when the pregnancy is over.

Anchorage has the lowest incidence of diabetes as compared to the other Metropolitan statistical areas in the Center for Disease Control Risk Trends Study.

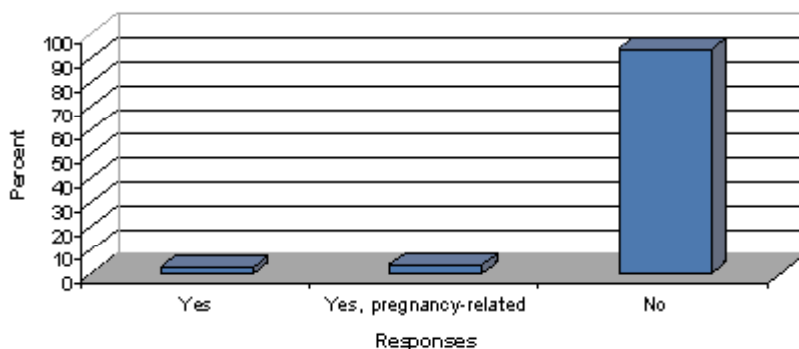
Q Have you ever been told that you have Diabetes?

	Yes	Yes, pregnancy-related	No
%	2.6	3.5	93.9
CI	(1.2-4.0)	(0.8-6.2)	(91.0-96.8)
n	15	11	390

% = Percentage, CI = Confidence Interval, n = Cell Size

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Exercise occurrence

Physical activity yields long term health benefits when engaged in for 30 minutes a day. Physical activity is any bodily movement produced by skeletal muscles that result in an expenditure of energy. Physical Activity involves repetitive bodily movement done to improve or maintain one or more of the components of physical fitness—cardiorespiratory fitness, muscular strength, muscular endurance, flexibility, and body composition.

22.3% of people in Anchorage report that they did not participate in any physical activity every month.

It is not known whether these same people meet the national recommendation of vigorous activity for 30 minutes/day, three times a week. Regular physical activity is associated with weight management, prevention of colon cancer, reduced risk of osteoporosis, diabetes, high blood pressure and breast cancer.

Strategies

Increasing activity among sedentary populations rather than among already active people is shown to have the greatest public health benefit. The decline of safe, walkable conditions in Anchorage is considered to be a significant contributing factor in the obesity epidemic. It is critical that Anchorage leaders and traffic engineers must work to reverse current trends.

Individual/Family approaches:

- Walk your child to school
- Engage in more vigorous activity for 30 minutes/day, three times a week, bicycling and walking
- Encourage families to participate in free play
- Walk your pet

Community approaches:

- Increase physical education in all grades K-12,
- Enhance access to safe places for child play within communities; ie after school programs with physical activity, safe walking / bicycling trails for school children to school
- Encourage planners and road designers to retrofit roads with pathway/trails for walking, develop traffic calming features and paths and trails connected to schools, neighborhoods and commercial centers to increase physical activity community wide,
- Promote opportunities for social groups like exercise buddies,
- Increase public access to recreation centers so it is convenient to work out,
- Design buildings that put stairwells closer to entrances and signs posted to encourage stair use.

Alaskans report that they have less leisure time for physical exercise than the national average, about 1 in 5 (20%) vs. 1 in 4 (25%) respectively.

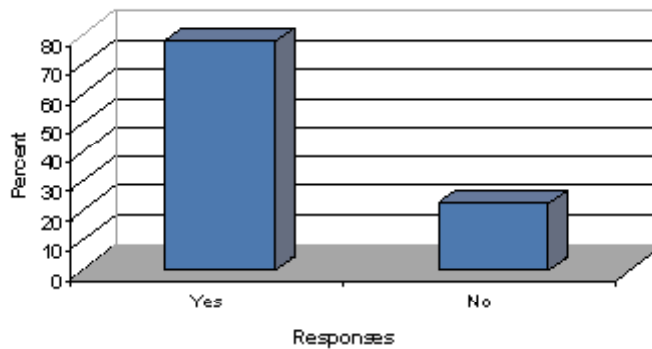
Q During the past month, did you participate in any physical activities?

	Yes	No
%	77.7	22.3
CI	(72.6-82.8)	(17.2-27.4)
n	333	83

% = Percentage, CI = Confidence Interval, n = Cell Size

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Access to Health Care

Access to Health care coverage is a significant health indicator not only for the individual but for the community. Health Care coverage offers greater opportunity for early detection and prevention and thus is associated with a reduction in disease and premature death. Early detection using blood pressure checks, pap tests and mammographies allow for higher survival rates.

A new study from the Institute of Medicine, “A shared destiny: The effect of uninsurance on individuals, families and communities,” demonstrates that everyone suffers when large portions of a city or state are without health insurance. Emergency rooms become overcrowded as people who can find care nowhere else are forced into that doctors’ office of last resort. They are the only place mandated by law to evaluate and treat those who are ill and in an emergent condition.

In 2002, 41 million Americans lacked health insurance coverage. Anchorage, which reported to have about 16% of it population uninsured, has a higher percentage of people without health insurance than the national average (14.1%). Although the unemployed constitute a significant number of the uninsured, an increasing number of the uninsured or underinsured are coming from the growing ranks of part time workers. Cost savings are driving the business trend of rolling full time benefit paying jobs over into multiple part time positions that lack benefits.

Strategies

Working on policies that modify the social/built environment that reduces the risks of injury and illness (primary seatbelt laws, alcohol control laws, etc.)

Community approaches:

- Reorganization of the health care delivery system and policy environment is a way to offer services to the underinsured and uninsured. Changes might include:
- Using volunteer health care networks,
- Separating clinics just for prevention,
- Using staff other than doctors for prevention activities,
- Alcohol and tobacco tax disincentives to fund uninsured and underinsured,
- Explore public/private partnerships for insurance pooling for cost effective group insurance,
- Expanding laws that reduces liability for malpractice for retired medical providers will increase health care networks for the uninsured. Other improvements include Medicaid based on income and increasing the Medicare reimbursement program. The next most effective approaches are patient financial incentives (such as reduction of co-payment amounts), reminders to use a service, and patient education. Approaches aimed at providers were less effective. Using several approaches appeared to be better than relying on just one.

“It is misguided and even dangerous to assume that lack of health insurance harms only those who are uninsured. The rest of the community pays for uncompensated medical care either directly or indirectly, and high rates of uninsurance can strain community health systems to the point that important services have to be cut or eliminated.”

Arthur Kellerman, MD, MPH,

Co-chair and author of the Institute of Medicine committee report “A shared destiny: The effect of uninsurance on individuals, families and communities,” and chair of emergency medicine at Emory University School of Medicine in Atlanta.

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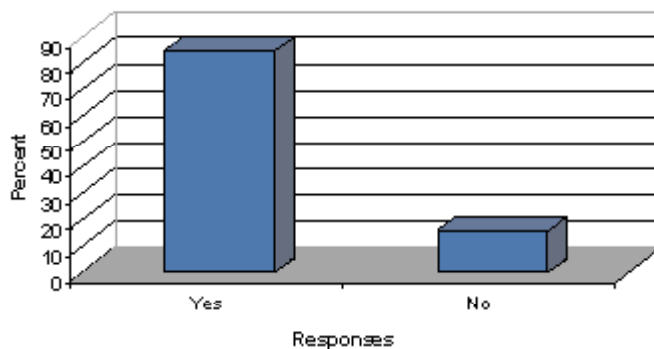
Q Do you have any kind of health care coverage?

	Yes	No
%	84.4	15.6
CI	(80.1-88.7)	(11.3-19.9)
n	353	63

% = Percentage, CI = Confidence Interval, n = Cell Size

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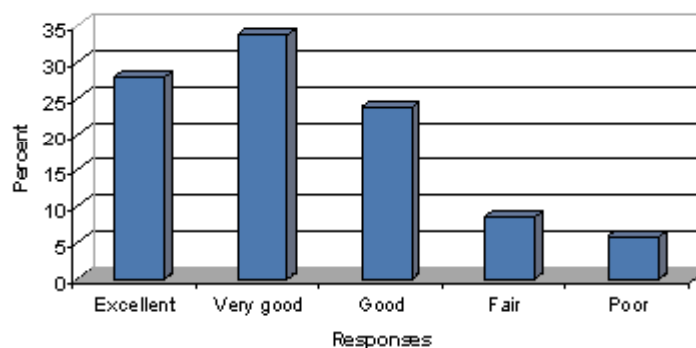
Q How is your general health?

	Excellent	Very good	Good	Fair	Poor
%	27.9	33.7	23.8	8.6	5.9
CI	(23.0-32.8)	(28.4-39.0)	(18.9-28.7)	(5.5-11.7)	(3.0-8.8)
n	116	137	104	37	22

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Nutrient Consumption

Nutrients necessary for body function are usually divided into five classes: carbohydrates, proteins, fats (including oil), vitamins and minerals. We also need fiber and water. Most foods contain a mixture of nutrients, but many processed foods in the modern diet are nutrient poor, containing excessive carbohydrates and fats with little else that is needed for health body function.

Studies show that a diet rich in fruits and vegetables is associated with the prevention of heart disease and cancer, the leading cause of death in the US. Based on decades of research, leading health authorities recommend that Americans eat 5 to 9 servings of fruits and vegetables daily

Nearly one third of the people surveyed in Anchorage reported that they did not eat 5 or more servings of fruits and vegetables a day, the daily recommended allowance. This fact combined with the obesity data suggests a diet high in carbohydrates and high in fats. Both are associated with heart disease.

Poor nutrition causes or contributes to every disease, disability, and ailment that afflicts mankind. It can have devastating, lifelong implications for a developing fetus. Poor nutrition often results not only from poor diet, but also from other causes such as alcohol and other drug use.

Strategies

Making healthy food convenient and affordable.

Individual/Family approaches:

- Reduce alcohol to less than 3 drinks/day
- Eat a diet of fresh fruits, vegetables, low fat foods and whole grains

Community approaches:

- Increase access to fresh food (fruits and vegetables, whole grains, decrease low fat foods
- Encourage restaurants to serve smaller portions
- Promote family meal time to curb snacking and “grazing,”
- Explore “public/private partnerships” as a way to meet the public’s need for supermarkets in low income communities. Supermarkets provide fresh, high quality foods at affordable prices. Community designs that connect neighborhoods with paths/trails for walking/biking increase availability to quality food and increase physical activity.

Research indicates that low-income consumers often suffer from poor nutrition due to limited access to quality foods. Low-income communities are frequently marked by smaller stores (mini marts) that tend to offer lower food value choices at higher prices. This fact is thought to be a contributing factor in the escalating rates of chronic disease in low-income communities.

1/3 of the people surveyed in Anchorage reported that they did not eat 5 or more servings of fruits & vegetables a day.

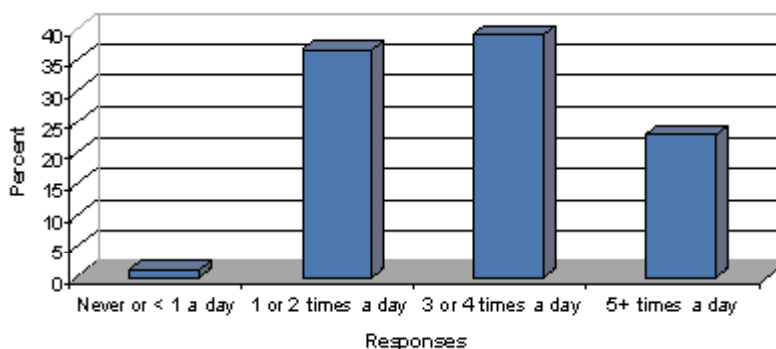
Q What is your average frequency of fruit and vegetable consumption per day?

	Never or < 1 a day	1 or 2 times a day	3 or 4 times a day	5+ times a day
%	1.2	36.6	39.2	22.9
CI	(0.2-2.2)	(31.1-42.1)	(33.5-44.9)	(18.4-27.4)
n	8	146	162	100

% = Percentage, CI = Confidence Interval, n = Cell Size

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Oral Health

All of the aspects of oral health allow us to speak and smile, smell, taste, touch, chew, and swallow; and portray an array of feelings and emotions through facial expressions. Oral health goes well beyond merely having a bright white smile. It includes being free of chronic oral-facial pain conditions, oral and pharyngeal (throat) cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases. They also provide protection against microbial infections. Recent research points to associations between chronic oral infections and heart and lung diseases, stroke, and low-birth-weight, premature births. Associations between periodontal disease and diabetes have long been noted.

Only two thirds of Anchorage respondents reported having access to dental care. Though dental care does not always equate to dental health, those who lack access to dental care are at much higher risk for poor oral health and the host of associated diseases. Early detection of decay depends on access to preventive services.

Strategies

Individual/Family approaches:

- Introduce the habit of brushing teeth to children at a very young age
- Use fluoride tablets for families on well water
- Explore alternate payment options if you lack dental insurance coverage

Community approaches:

- Increase access through a reorganization of the dental care delivery system to offer services to the underinsured. Changes include similar strategies like access to medical care; volunteer dental care networks, separate clinics just for prevention, and using staff other than dentists for prevention activities.
- Policies that include fluoridation of community water supplies have the most long range effect on healthy teeth, i.e. public utilities provide fluoride tablets to people using well water.
- Ensure all community and personal water supplies are fluoridated

Only two thirds of Anchorage respondents reported having access to dental care.

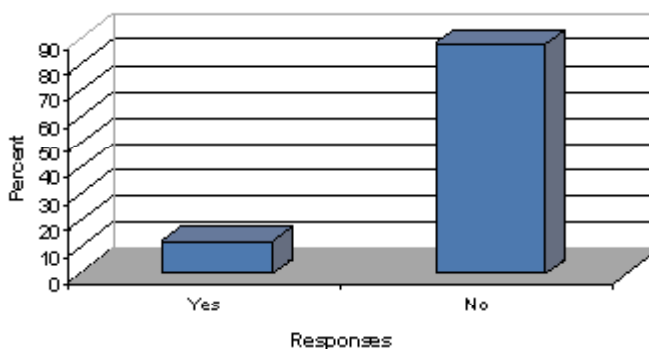
Q Have you lost 6 or more teeth due to decay or gum disease?

	Yes	No
%	12.3	87.7
CI	(9.0-15.6)	(84.4-91.0)
n	61	349

% = Percentage, CI = Confidence Interval, n = Cell Size

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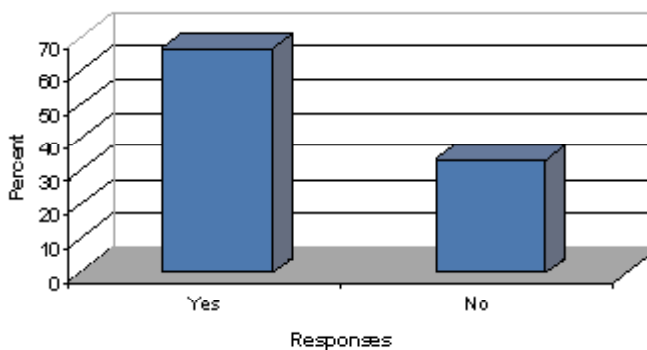
Q Did you visit the dentist or dental clinic within the past year for any reason?

	Yes	No
%	66.7	33.3
CI	(61.4-72.0)	(28.0-38.6)
n	291	123

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Percentages are weighted to population characteristics.

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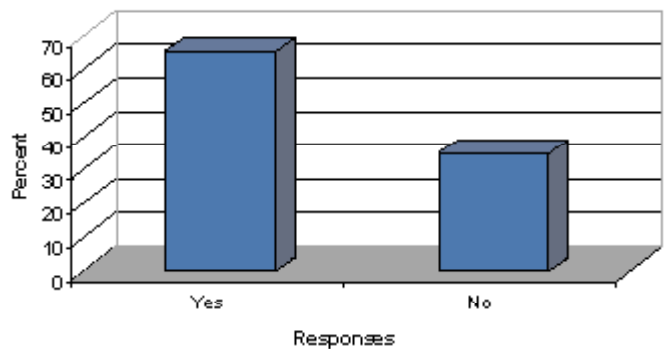
Q Did you have your teeth cleaned by the dentist or dental hygienist within the past year?

	Yes	No
%	65.3	34.7
CI	(59.8-70.8)	(29.2-40.2)
n	272	128

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

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risk factors & calculated variables

Tobacco Use

Since 1964, 27 reports by the U.S. Surgeon General have concluded that smoking is the leading preventable cause of disease and death in the U.S. In the 40 years since the first report, smoking has killed an estimated 12 million Americans. Tobacco use causes more than 440,000 deaths each year, resulting in an annual cost of more than \$75 billion in direct medical costs. Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 4,000 young people under the age of 18 try their first cigarette. More than 6.4 million children living today will die prematurely because of their decision to smoke cigarettes.

Smoking harms nearly every organ of the body causing many diseases and reducing the body's overall health. The list of diseases caused by smoking or by exposure to second hand smoke includes stroke, abdominal aortic aneurysm, acute myeloid leukemia, cataract, lung cancer, cervical cancer, coronary heart disease, kidney cancer, bladder cancer, pancreatic cancer, pneumonia, periodontitis, mouth cancer and stomach cancer.

While these statistics are alarming recent reports conclude that quitting smoking has been shown to have immediate and long-term benefits to health.

Strategies

The most successful strategies are based on the second hands effects of tobacco on the general population and that Americans have a right to clean air.

Individual/Family approaches:

- Surround yourself by non smoking friends
- Restrict smoking in the home

Community approaches:

- Enforce underage tobacco laws,
- Implement compliance checks of retail sales and shoulder tap programs that discourage adult purchase for minors,
- Revoke tobacco licenses for selling tobacco to minors,
- Prohibit smoking on the job (shown the most benefit),
- Enforce community smoking bans,
- Increase tobacco taxes,
- Prohibit tobacco advertising.

Tobacco use causes more than 440,000 deaths each year, resulting in an annual cost of more than \$75 billion in direct medical costs.

risk factors & calculated variables

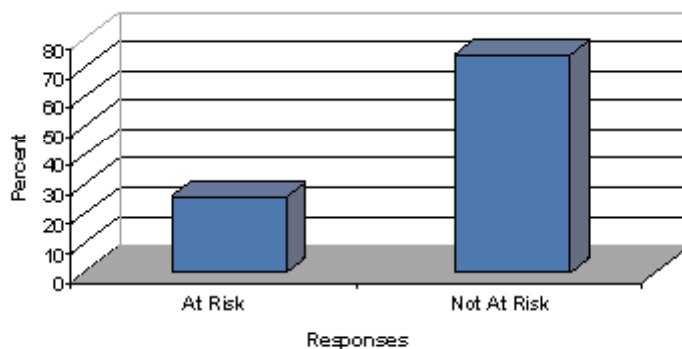
Q At risk for health problems related to smoking-related illnesses (current smokers).

	At Risk	Not At Risk
%	25.6	74.4
CI	(20.3-30.9)	(69.1-79.7)
n	99	317

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was >10 for any cell.



risk factors & calculated variables

Obesity

According to the BRFSS data 62% of Anchorage adults are overweight or obese, defined as having a body mass index (BMI) of 25 or more. Obesity and overweight among adults are associated with an increased risk of coronary heart disease, type II diabetes, musculoskeletal disorders, sleep apnea, and asthma, as well as cancer of the endometrium, colon, kidney, gallbladder, and breast.

BMI is a common measure expressing the relationship (or ratio) of weight-to-height. The BMI is more highly correlated with body fat than any other indicator of height and weight (NRC p563) Overweight and obesity are already taking a substantial toll on the health and economy of Alaska. Obesity kills nearly 500 Alaskans each year. The direct medical expenditures for obesity alone are estimated to total \$195 million each year in Alaska.

The spread of the obesity epidemic has been equally, if not more, severe among children and adolescents. A recent State of Alaska Department of Health and Social Services study of Anchorage School District data found that over one-third of children in the Anchorage School District were overweight or at-risk for becoming overweight. Among children, excess weight is associated with numerous health problems such as high blood pressure, high cholesterol, orthopedic disorders, type II diabetes, and psychosocial disorders.

It has been reported that 70% of obese children will become obese adults therefore it is important to modify the environment of a child. Children with active lives are rewarded with weight management, increased energy, less stress, and a sense of personal success.

Strategies

Studies show that the waistline expands with the distance you live from neighbors or from

work or from the market. The farther out you live, the less you walk; the more you drive, the more you weigh.

Individual/Family approaches:

- Increase physical play in any way that encourages activity 30 minutes/day, three times per week.
- Eliminate or reduce snacking
- Eat moderate, nutritious portions only at meal time three times a day
- Decreased computer/TV use,
- Increase family-centered meals,
- Purchasing food with fewer sugars,
- offer servings that have palm-sized portions

Community approaches:

- Create a community plan that promotes walking and bike riding as transportation/recreation.
- Design town centers that connect work, home and recreation for walking/biking;
- Create and maintain safe walking routes to school for children
- Remove soda pop and junk food from school lunches and vending machines
- Promote a family friendly environment that encourages physical play, trails, parks, sidewalks and a community center,
- Increase availability of full service supermarkets in low-income neighborhoods within walking distance that offers a wide variety of food options
- Reduce alcohol intake, increase availability to a diet of fresh fruits and vegetables, low fat foods and whole grains

It is worth noting that according to the Behavioral Risk Factor Surveillance Survey (BRFSS), the number of deaths caused by overweight and obesity are quickly approaching those due to smoking.

Overweight refers to increased body weight in relation to height, when compared to some standard of acceptable or desirable weight (NRC p.114; Stunkard p.14).

Obesity is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass. (NRC p114; Stunkard p14)

risk factors & calculated variables

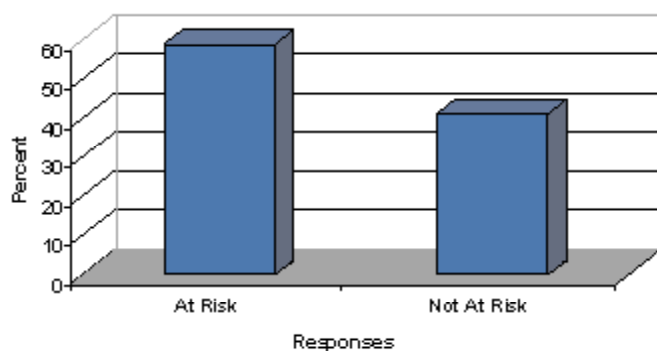
Q At risk for health problems related to being overweight (based on body mass index)

	At Risk	Not At Risk
%	58.8	41.2
CI	(53.1-64.5)	(35.5-46.9)
n	225	182

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was >10 for any cell.



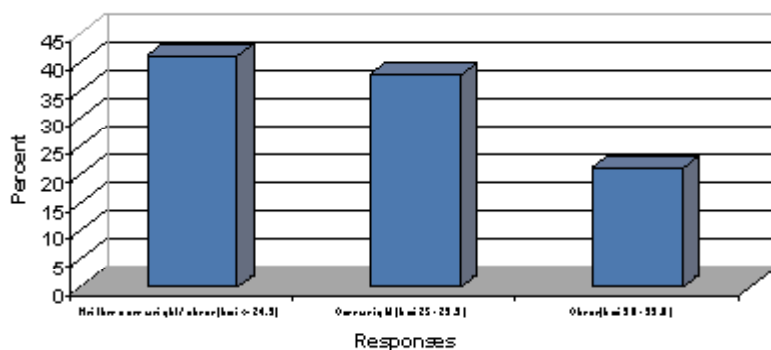
Q At risk for health problems related to weight classifications based on BMI (body mass index)

	Neither overweight/obese (bmi <= 24.9)	Overweight (bmi 25 - 29.9)	Obese (bmi 30 - 99.8)
%	41.2	37.7	21.1
CI	(35.5-46.9)	(32.0-43.4)	(16.0-26.2)
n	182	151	74

% = Percentage, CI = Confidence Interval, n = Cell Size

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risk factors & calculated variables

Binge Drinking

Binge drinking is generally defined as having 5 or more alcoholic drinks in a short period of time.

Local data reflects that one quarter, (25.6%) of the Anchorage population engaged in binge drinking at least once during the past month. Not only is alcohol abuse associated with chronic diseases such as high blood pressure, stroke, colon cancer, breast cancer, and diabetes, but alcohol abuse in the form of binge drinking is also strongly associated with black outs (memory loss), severe injury, civil and domestic violence, and automobile crashes. Alcohol consumption is a repeating risk factor associated with many of the Healthy Anchorage Indicators.

Strategies

According to Alcohol Policy, a Public Health Perspective, 1991, a reform in the drinking environment (alcohol policies, laws, ordinances) influences individual drinking patterns since people do not drink in a vacuum. The drinking environment refers to the availability of alcohol, presence and social acceptability of non alcoholic drinks, and pricing of alcohol, et al.

Individual/Family approaches:

- Limit alcohol consumption to no more than one drink per hour,
- Be a sober parent,

- Avoid purchasing alcohol for a minor, separate alcohol from sports activities,
- Be a sober driver of a boat, car, motorcycle, airplane,
- Wear a seatbelt on every car ride,
- Provide non alcohol beverages at parties

Community approaches:

- Limit the number and density of bars and liquor stores,
- Establish an alcohol sales tax,
- Enforce underage drinking laws and sales to intoxicated people,
- Limit the sale of alcohol in public parks,
- Restrict advertising of alcohol in public places/public property
- Develop policies that describe acceptable and unacceptable uses of alcohol in the workplace (including conditions of employment, attendance at business meetings and employee parties),
- Gather data on alcohol related injuries that occur at your workplace,
- Require all employees and family members to wear seatbelts against the drinking drivers

1/4, (25.6%) of the Anchorage population engaged in binge drinking at least once during the past month.

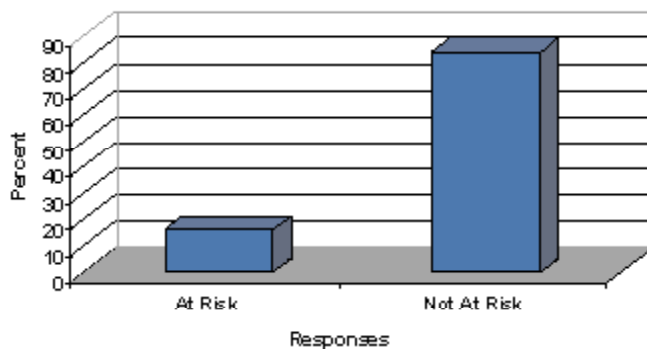
Q At Risk for Health Problems related to Binge Drinking (Having 5 or more drinks on an occasion)

	At Risk	Not At Risk
%	16	84
CI	(12.1-19.9)	(80.1-87.9)
n	72	340

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was >10 for any cell.



risk factors & calculated variables

Health Status

Nearly 85% of the people surveyed reported that their health was good to excellent. 1 in 7 people described their health as fair to poor.

However, it is worth noting that 68% of the people surveyed are considered either overweight or obese which puts them at high risk for a significant number of chronic diseases and other ailments. This points to the disconnect between people's perception and the reality of their health status. This is especially important when considering education and policy efforts to change people's behaviors in relation to issues such as obesity, alcohol use, and other similar health risk factors.

- Expand the Medicare reimbursement program,
- Provide financial incentives to increase utilization (such as reduction of co-payment amounts),
- Encourage health care providers to inform their patients about the casual relationship between their health status and their behavior,
- Expand the laws for environmental changes (speed limits, motor vehicle modifications, alcohol control laws, smoking restrictions) to reduce the risk of injury & illness

Strategies

Community approaches:

- Increase access to health care,
- Reorganize the health care delivery system to offer services to the uninsured and underinsured & reduce chronic disease outcomes.
- Create volunteer health care networks,
- Create clinics that focus on prevention,
- Expand capacity of health delivery system by using non-medical personnel for prevention,
- Expand laws that reduce liability for malpractice for retired medical providers,

risk factors & calculated variables

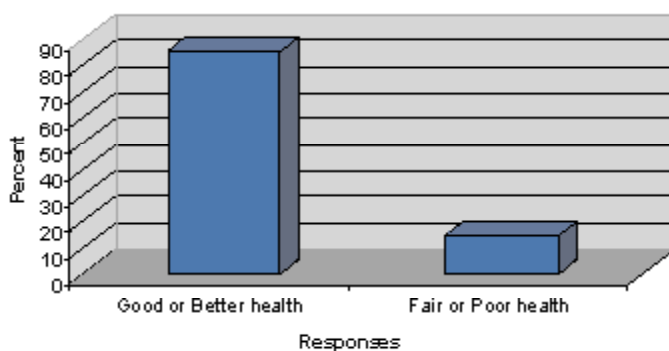
Q At Risk for Problems related to Health Status.

	Good or Better health	Fair or Poor health
%	85.4	14.6
CI	(81.5-89.3)	(10.7-18.5)
n	357	59

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

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Tobacco Use

Tobacco use remains the leading preventable cause of death in the United States, causing more than 440,000 deaths each year and resulting in an annual cost of more than \$75 billion in direct medical costs.

Nationally, smoking results in more than 5.6 million years of potential life lost each year.

Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 4,000 young people under the age of 18 try their first cigarette.

More than 6.4 million children living today will die prematurely because of a decision they will make as adolescents — the decision to smoke cigarettes.

One quarter of the people surveyed reported smoking. Anchorage is higher than the national average, 22.12%, out of 98 metropolitan/micropolitan cities included in the Center for Disease Control project.

Tobacco related illnesses and damage can be reversed depending on physical damage at the time a person quits smoking. Smoking related injuries (fire/burns) are preventable if a person never smokes. Preventing a person from starting smoking in his/her early teens has the most long term benefit.

Strategies

Individual:

- Delay starting to smoke before 21 years old (unlikely to start after 21 years old)
- Succeed academically in school
- Participate in activities that teach capability and success
- Be friends with non smokers
- Restrict smoking in the home

Community:

- Enforce underage tobacco laws,
- Implement compliance checks of retail sales and shoulder tap programs that discourage adult purchase for minors,
- Revoke tobacco licenses for selling tobacco to minors,
- Prohibit smoking on the job (shown the most benefit),
- Enforce community smoking bans,
- Increase tobacco taxes,
- Restrict tobacco advertising

One quarter of the people surveyed reported smoking.

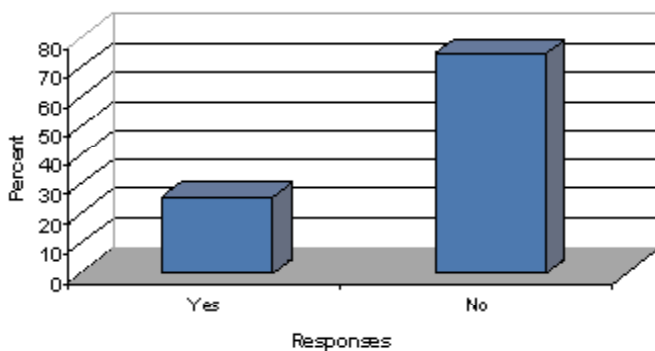
Q Do you smoke cigarettes now?

	Yes	No
%	25.6	74.4
CI	(20.3-30.9)	(69.1-79.7)
n	99	317

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

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Women's Health

Except for skin cancer, breast cancer is the most commonly diagnosed cancer among American women. Approximately 40,580 women will die from the disease this year. Deaths from breast cancer occur disproportionately among women who are uninsured or underinsured. Studies show that early detection of breast cancer can save lives. Therefore, many breast cancer deaths could be avoided by increasing cancer screening rates among women at risk. Timely mammography could prevent approximately 16 percent of all deaths from breast cancer in women older than 40 years.

58% of Anchorage women report having had a mammogram.

Strategies

Effective women's health includes preventive services that screen for cervical and breast cancer offered by health care providers at regular intervals. For the percentage of people without any health coverage or have lost their coverage with job loss, a reorganization of the health care delivery system is a way to offer services to the underinsured.

Community approaches:

- Include volunteer health care networks,
- Separate clinics just for prevention,
- Use staff other than doctors for prevention activities,
- Expand Medicaid based on income and increasing the Medicare reimbursement program.
- Promote programs that increase physical activity proven most effective for women's health are those which promote lifelong activities and provide an environment of social support for physical activity rather than competitive sports.
- Promote lifelong activities for women such as walking, hiking, stair-climbing, aerobic exercise, calisthenics, resistance training, jogging, running, bicycling, rowing and swimming are especially beneficial when performed regularly.

Many breast cancer deaths could be avoided by increasing cancer screening rates among women at risk.

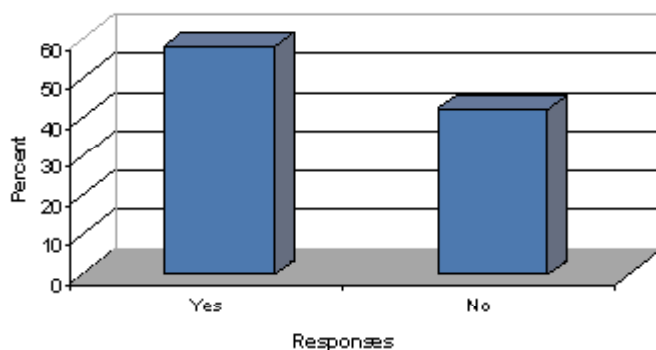
Q Have you ever had a mammogram?

	Yes	No
%	58	42
CI	(51.3-64.7)	(35.3-48.7)
n	136	95

% = Percentage, CI = Confidence Interval, n = Cell Size

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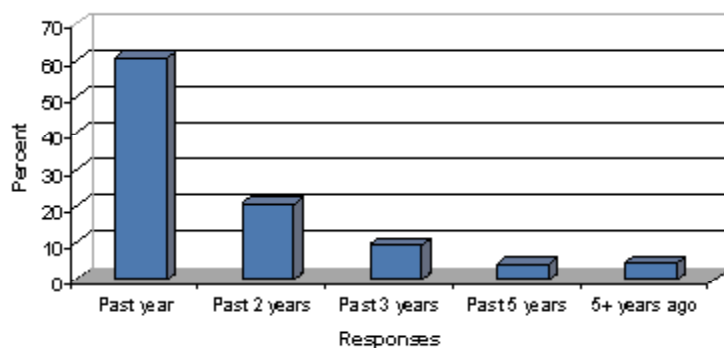
Q How long has it been since you had your last mammogram?

	Past year	Past 2 years	Past 3 years	Past 5 years	5+ years ago
%	60.7	20.8	9.5	4.4	4.6
CI	(50.9-70.5)	(12.8-28.8)	(3.8-15.2)	(0.0-9.1)	(0.9-8.3)
n	81	30	11	5	7

% = Percentage, CI = Confidence Interval, n = Cell Size

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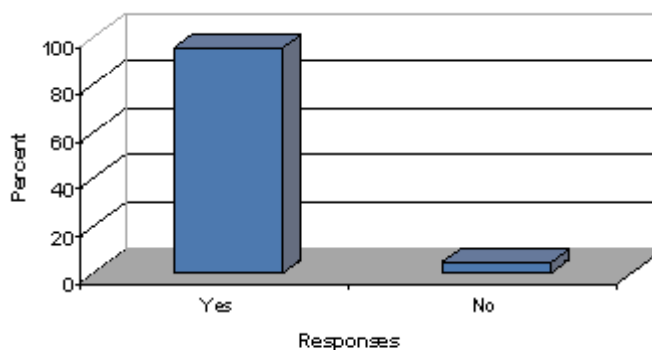
Q Have you ever had a clinical breast exam?

	Yes	No
%	95.7	4.3
CI	(93.0-98.4)	(1.6-7.0)
n	218	11

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

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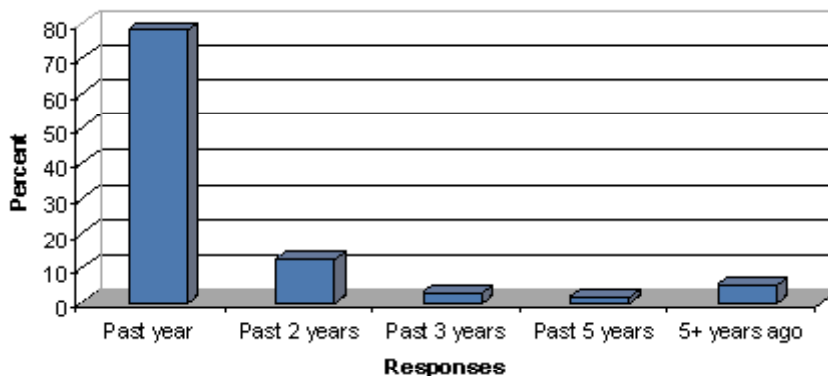
Q How long has it been since your last breast exam?

	Past year	Past 2 years	Past 3 years	Past 5 years	5+ years ago
%	77.9	12.2	3	1.6	5.2
CI	(71.6-84.2)	(7.3-17.1)	(0.6-5.4)	(0.0-3.4)	(1.1-9.3)
n	167	29	8	4	8

% = Percentage, CI = Confidence Interval, n = Cell Size

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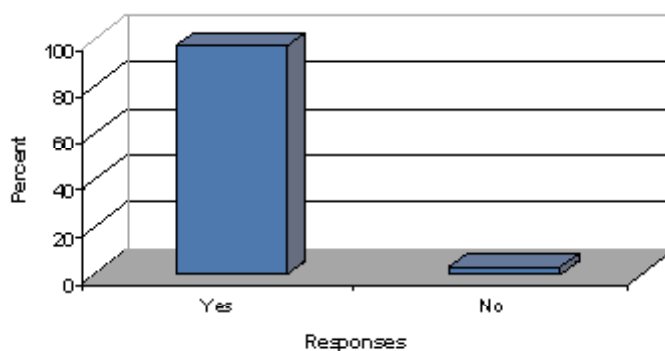
Q Have you ever had a Pap Smear?

	Yes	No
%	96.8	3.2
CI	(94.4-99.2)	(0.8-5.6)
n	221	8

% = Percentage, CI = Confidence Interval, n = Cell Size

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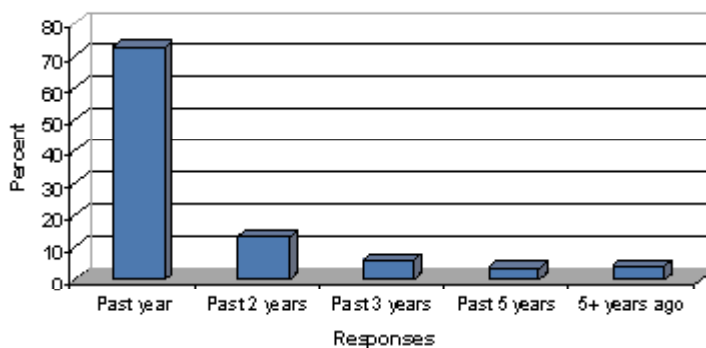
Q How long has it been since your last Pap Smear?

	Past year	Past 2 years	Past 3 years	Past 5 years	5+ years ago
%	72.7	13.3	6.2	3.6	4.3
CI	(66.0-79.4)	(8.2-18.4)	(2.9-9.5)	(0.3-6.9)	(1.2-7.4)
n	158	30	15	6	11

% = Percentage, CI = Confidence Interval, n = Cell Size

Percentages are weighted to population characteristics.

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