TOBACCO PREVENTION AND CONTROL REGIONAL PROFILE: ANCHORAGE/MATANUSKA-SUSITNA

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PREFACE

Tobacco use remains Alaska's leading preventable cause of disease and death. More Alaskans die as a result of tobacco use than from infectious diseases, alcohol, car accidents, illegal drugs, murders and suicides combined. Tobacco use exacts an enormous burden on the State of Alaska and its residents, causing premature death and millions of dollars of avoidable medical care expenditures.[i] The single best thing that Alaskans who use tobacco can do to improve their health and the health of those around them is to quit using any tobacco products.

The Centers for Disease Control and Prevention (CDC) has identified tobacco use as 1 of the most important "winnable battles" in public health – priorities with large-scale impact on health and known, effective strategies to address them. The CDC offers guidance to states about how to reduce the burden of tobacco use through comprehensive tobacco prevention and control programs described in *Best Practices for Comprehensive Tobacco Control Programs*-2007. These evidence-based, comprehensive, sustained statewide tobacco control programs have been shown to reduce smoking rates, tobacco-related deaths and diseases caused by smoking.

Tobacco use remains a critical health issue in Alaska and disproportionately affects Alaska Native adults and youth, individuals of low socioeconomic status (SES) and young adults, leading to health inequities or disparities for these groups. However, Alaska has made considerable progress in reducing the burden of tobacco use by implementing a comprehensive tobacco prevention and control program consistent with CDC guidelines. Since the inception of the program in 1996, adult smoking rates have declined significantly to 23% in 2011, and youth smoking rates have been more than cut in half, to 14% in 2011.[i]

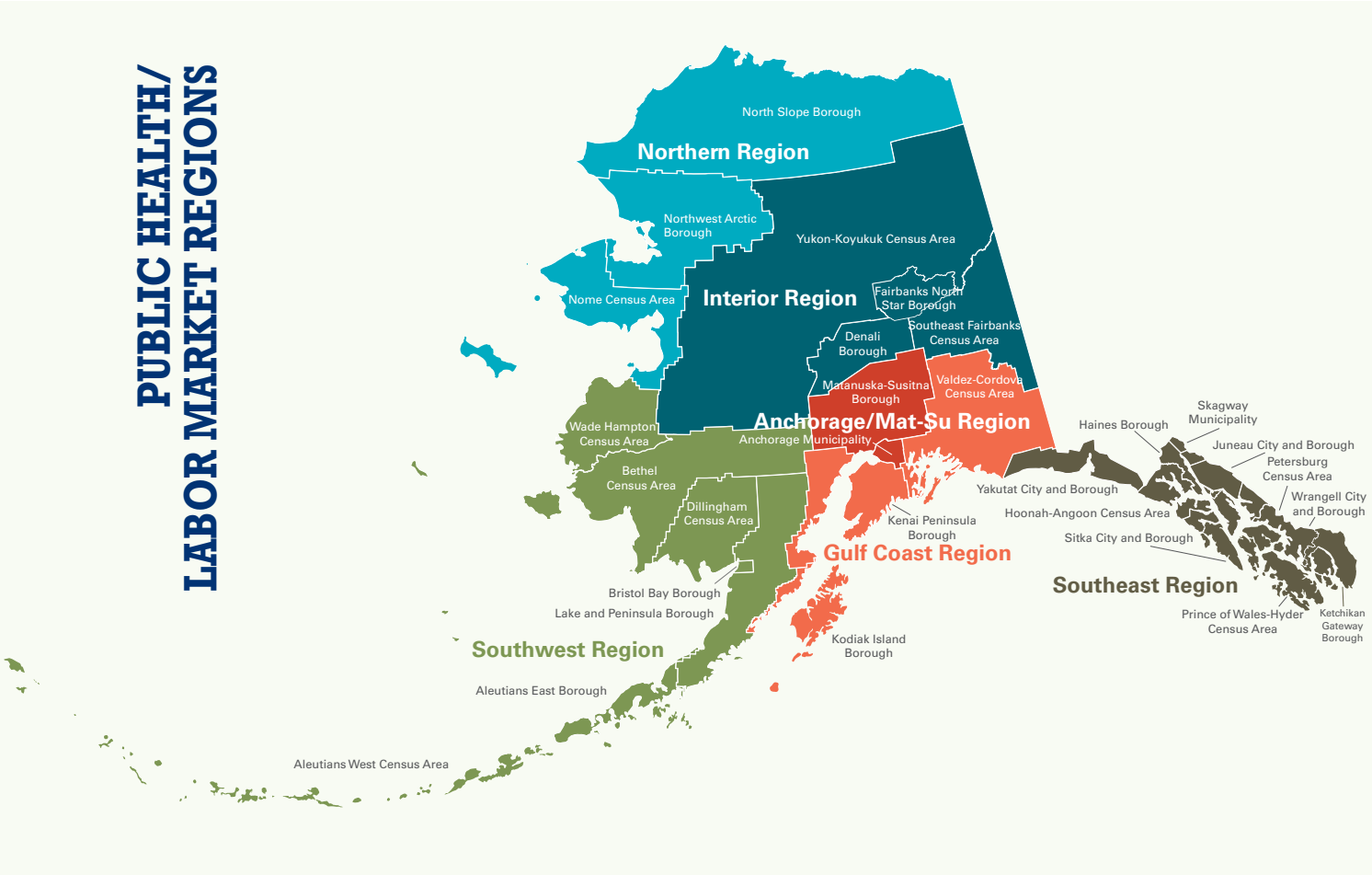
The State of Alaska Tobacco Prevention and Control (TPC) Program has achieved success by implementing an evidence-based comprehensive tobacco prevention and control program, including a tobacco quit line, counter-marketing media and grants to promote tobacco-free policies in community programs, schools and healthcare organizations. These program elements combine to address the 4 goals of the TPC Program:

1. prevent the initiation of tobacco use among youth;
2. promote cessation for tobacco users;
3. eliminate exposure to secondhand smoke (SHS); and
4. identify and eliminate tobacco use disparities.

Until now, the TPC Program has offered 3 separate grant programs to fund work by community organizations, healthcare systems and K-12 schools toward these 4 goal areas. Beginning in FY14, the TPC Program provides a comprehensive, regional funding scenario to encourage all types of organizations to approach and coordinate tobacco control and prevention at the community level. Grantees will be working collaboratively on evidenced based strategies that change the community context around tobacco use within their Public Health Region and at a statewide level.

Regional profiles have been compiled to support this innovative streamlined approach to comprehensive tobacco prevention and control in Alaska. Tobacco use varies considerably by region, with twice the rates of smoking and 4 times the rates of smokeless tobacco use in some regions when compared with the statewide estimates. These regional profiles summarize key demographic data, tobacco indicators, tobacco-related policies in the region and potential

partner organizations and infrastructure that could support regional tobacco prevention and control efforts. While this report is specific to the Anchorage/Mat-Su region, data for the other regions and statewide are included in Appendix B, and regional reports are available for each of the 6 Public Health/Labor Market regions in Alaska (see map below).



OVERVIEW

The 2010 US Census lists 380,821 people living in the Anchorage/Mat-Su region of Alaska, accounting for 54% of the total population in Alaska. The vast majority of people (n=291,826) live in the Municipality of Anchorage, with the remaining in this region (n=88,995). See Table A-1 in Appendix A for a list of specific communities in the Anchorage/Mat-Su region.

Anchorage is the state's financial and commercial center, as well as the major transportation hub. Mat-Su Borough is the fastest growing borough or census area in the state, largely due to its proximity to Anchorage. The annual average unemployment rate for the Anchorage/Mat-Su region was 6.7% in 2011. The most common occupation in 2011 was retail sales, and the trade, transportation and utilities industry employed the most people.[ii]

There are 13 Alaska Native Regional Corporations (or ANCSA Corporations) in the state of Alaska. ANCSA Corporations were established when the US Congress passed the Alaska Native Claims Settlement Act (ANCSA), which settled land and financial claims made by the Alaska Natives and provided for the establishment of 13 regional corporations to administer those claims. The ANCSA Corporation in the Anchorage/Mat-Su region is the Cook Inlet Region, Inc.[iii]

The Anchorage/Mat-Su region contains 2 school districts, the Anchorage School District and the Mat-Su Borough School District. This region accounts for over 50% of the 128,926 K-12th grade students in Alaska, as well as over 50% of the 39,352 high school students in the state.

Table 1. School District Enrollment in the Anchorage/Mat-Su Region as of October 1, 2011

District Name	Total High School	Total K-12th
Anchorage Schools	14,532	48,341
Mat-Su Borough Schools	5,451	17,268
TOTAL	**19,983**	**65,609**

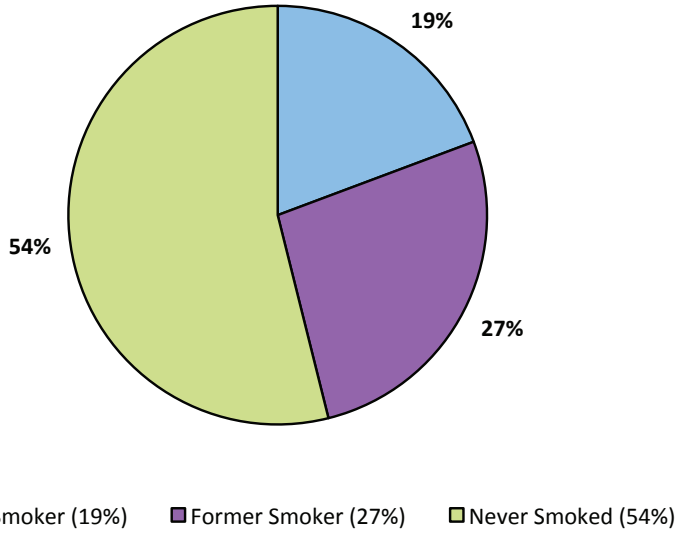
Source: Alaska Department of Education and Early Development: Assessment and Accountability, District Enrollment as of October 1, 2011 FY12. http://education.alaska.gov/stats/

TOBACCO USE

Adult Smoking

Adult tobacco use data are gathered using the Alaska Behavioral Risk Factor Surveillance System (BRFSS), pooling 2009 – 2011 data to calculate regional estimates. Nearly 1 in 5 adults (19% ± 2%) are estimated to currently smoke cigarettes in the Anchorage/Mat-Su region, similar to the statewide estimate of 22% (± 1%) for 2009 – 2011 pooled data. (See Appendix B for all regional and statewide estimates.)

Figure 1. Adult Smoking Status, Anchorage/Mat-Su Region, 2009-2011

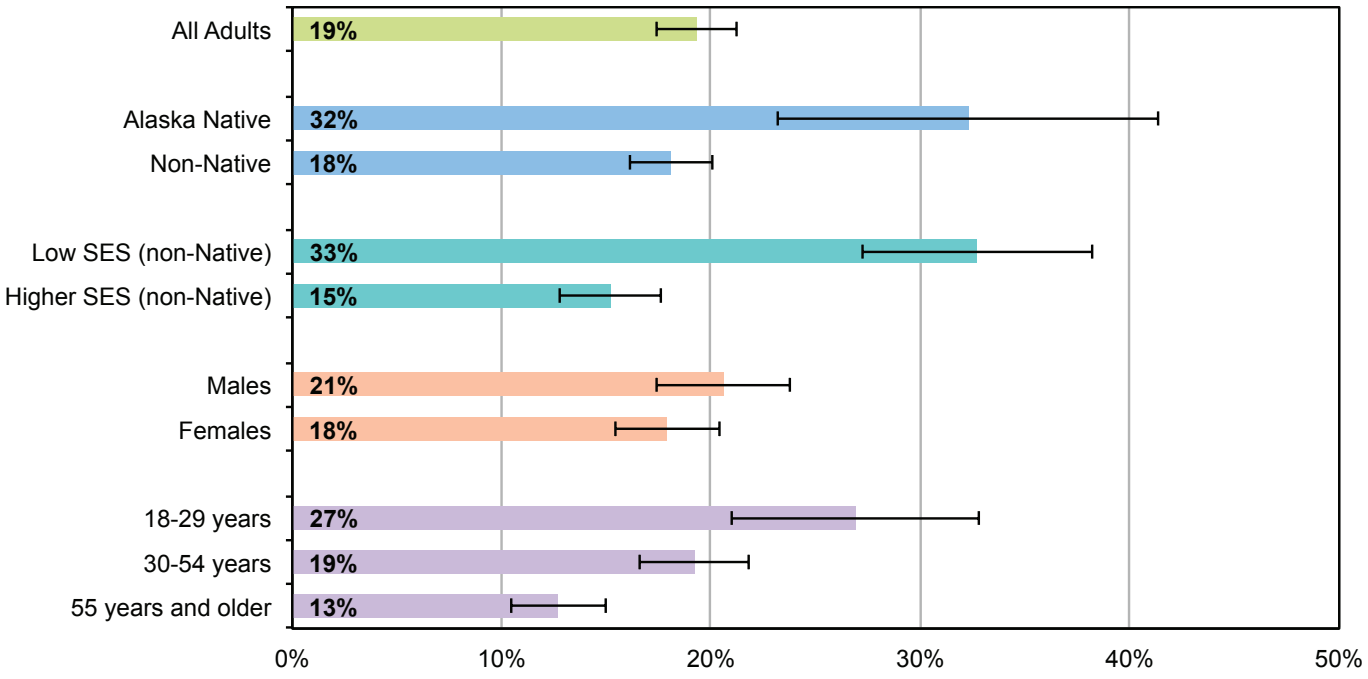


Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Certain priority populations, including Alaska Natives, people with low socioeconomic status (SES) and young adults, may experience higher rates of tobacco use than others. The figure below summarizes data for specific population groups to monitor tobacco use in these populations and to help identify where to focus programmatic efforts for the Alaska TPC Program and its partners.

In the Anchorage/Mat-Su region, adult smoking prevalence was 19% (±2%) overall. Smoking prevalence among Alaska Natives (32% ± 9%) was significantly higher than the regional estimate (19% ± 2%) as well as prevalence among non-Natives (18% ±2%). Likewise, the smoking prevalence was significantly higher among people with low SES (33% ±6%) as compared to the regional estimate (19% ± 2%), as well as those with higher SES (15% ±2%).

Figure 2. Percent of Alaska Adults Who Currently Smoke, Anchorage/Mat-Su Region, 2009-2011

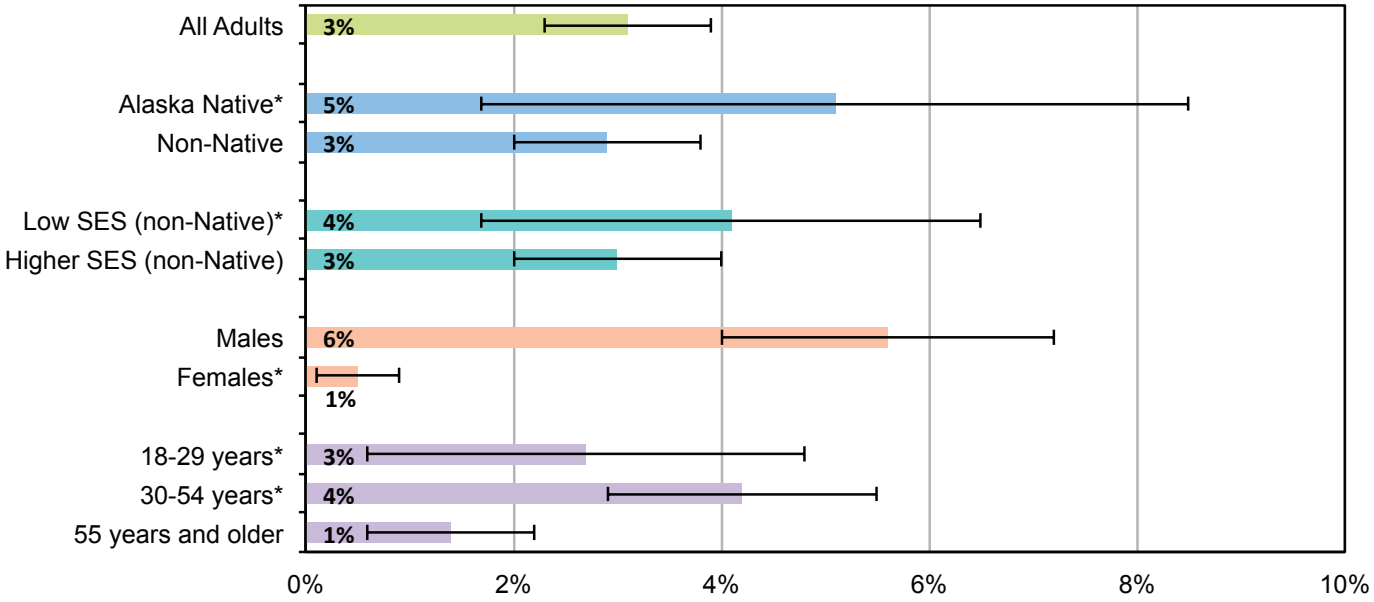


Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Adult Smokeless Tobacco Use

In the Anchorage/Mat-Su region, an estimated 3% (±1%) of adults use smokeless tobacco, significantly lower than the statewide estimate of 5% (±1%) for 2009 – 2011 data. Males used smokeless tobacco significantly more than females in the Anchorage/Mat-Su region, 6% (±2%) compared to 1% (±0.4%).

Figure 3. Percent of Alaska Adults Who Use Smokeless Tobacco, Anchorage/Mat-Su Region, 2009-2011



*Interpret data with caution (For more information, see Table B-2 in Appendix B.)
Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Youth Smoking

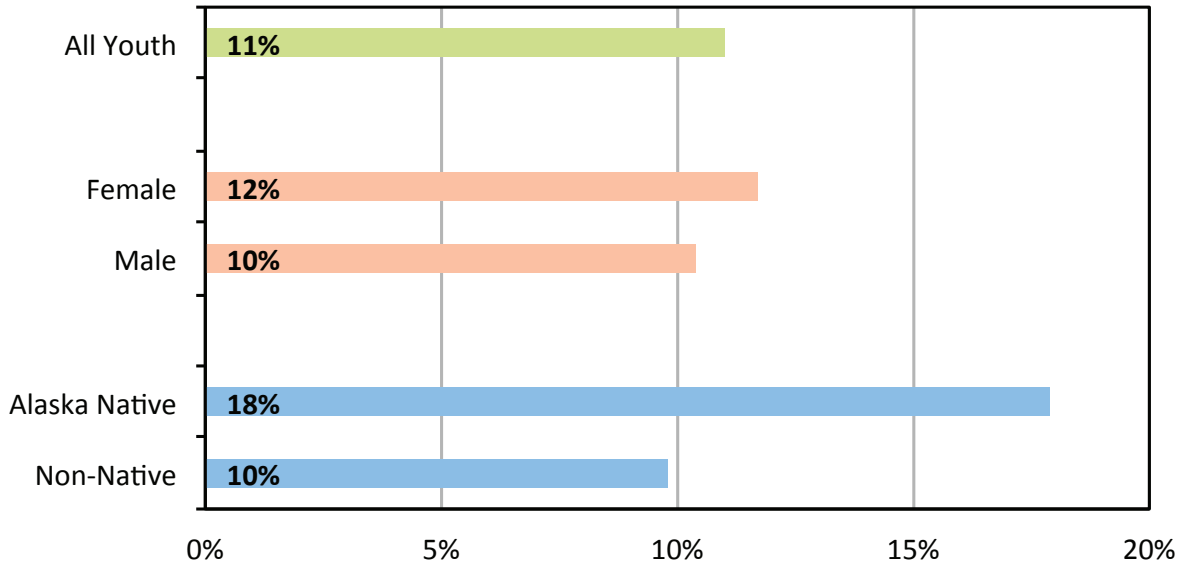
Information about youth tobacco use and other related indicators comes from the Youth Risk Behavior Survey (YRBS), conducted in a sample of high schools every other year. Although the official state estimates are based on a scientifically selected statewide sample of schools and students, the regional data include a combination of the scientific statewide sample and schools that volunteered or chose to participate as part of a local sample. (In Alaska, individual school districts can also conduct a local YRBS.) For this reason, regional estimates may not be generalizable to all students in the region (see Appendix F for additional detail). Because of the mixed sample, regional estimates are presented without confidence intervals (for example, "6%", rather than "6% ±2%" of students).

For district-specific information, contact your local school district for results. The data presented here only reflect statewide and regional YRBS data.

An estimated 11% of high school students surveyed in the Anchorage/Mat-Su region smoked cigarettes in the past 30 days, compared with the statewide weighted estimate of 14% in 2011. An estimated 4% of Anchorage/Mat-Su students smoked cigarettes on 20 or more of the past 30 days.

As seen in Figure 4, the estimates for cigarette use are similar in this region for males and females. However, more Alaska Native youth than non-Native youth report smoking within the past 30 days in the Anchorage/Mat-Su region, 18% compared to 10%.

Figure 4. Youth Cigarette Use in Past 30 Days, Anchorage/Mat-Su Region, 2011

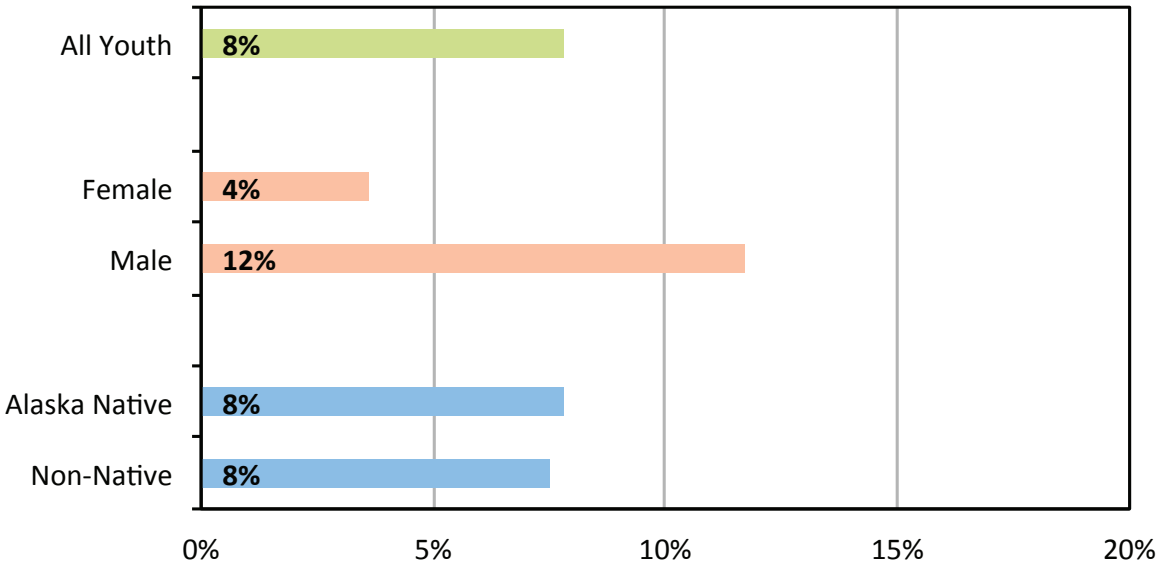


Source: Alaska Youth Risk Behavior Survey, 2011

Youth Smokeless Tobacco Use

In 2011, an estimated 8% of high school students surveyed in the Anchorage/Mat-Su region used smokeless tobacco in the past 30 days, compared with the statewide weighted estimate of 8% in 2011. Males in the Anchorage/Mat-Su region were 3 times more likely than females to have used smokeless tobacco in the past 30 days. Unlike cigarette use, there is no difference in smokeless tobacco use between Alaska Native and non-Native youth in this region.

Figure 5. Youth Smokeless Tobacco Use in Past 30 Days, Anchorage/Mat-Su Region, 2011



Source: Alaska Youth Risk Behavior Survey, 2011

ELIMINATING EXPOSURE TO SECONDHAND SMOKE

Secondhand Smoke (SHS) Indicators

There is no safe level of exposure to secondhand smoke. Creating completely smokefree indoor areas is the only way to protect nonsmokers from secondhand smoke. Policies establishing smokefree environments are the most effective way to eliminate secondhand smoke.[iv] In the Anchorage/Mat-Su region, there is overwhelming support for both smokefree restaurants and workplaces.

Table 2. Adult Secondhand Smoke (SHS) Indicators, Anchorage/Mat-Su Region, 2009-2011

	Prevalence (95% CI)*
Has home smoking ban	91.2% (±2.0%)
No home SHS exposure	91.1% (±2.3%)
Support for smokefree workplaces	82.1% (±3.1%)
Support for smokefree restaurants	82.1% (±3.0%)
Workplace smokefree policy	87.0% (±4.3%)
No indoor workplace SHS exposure (all workers)**	94.0% (±2.2%)
No indoor workplace SHS exposure (indoor workers)	89.1% (±3.0%)

*95% Confidence Interval (CI)
**Estimate from 2010-2011; not available from earlier years.
Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Although the vast majority of adults did not report secondhand smoke exposure in homes and workplaces, an estimated 37% of high school students surveyed in the Anchorage/Mat-Su region in 2011 reported being in the same room with someone who was smoking in the past 7 days.[v]

Tribal Resolutions

Several tribes across Alaska have adopted 100% comprehensive model smokefree or tobacco-free resolutions. In the Anchorage/Mat-Su region, the TPC Program does not have tobacco-free or smokefree tribal resolutions on record as of December 31, 2012.[vi]

Smokefree Workplace Laws

Two smokefree workplace laws have passed in the Anchorage/Mat-Su region through December 31, 2012, including the Municipality of Anchorage and the city of Palmer. Both of these laws are 100% comprehensive, covering all workplaces, restaurants and bars with no exemptions.

Table 3. Smokefree Workplace Laws Passed through December 31, 2012 in the Anchorage/Mat-Su Region

		Law covers the following:		
Jurisdiction	**Date**	**Workplaces**	**Restaurants**	**Bars**
Anchorage	2006	Yes	Yes	Yes
Palmer	2012	Yes	Yes	Yes

Source: State of Alaska Tobacco Prevention and Control Program

Regional Housing Authorities

Public housing residents often have limited housing choices and without smokefree policies in place, their housing options may include secondhand smoke exposure. In July 2009, the US Department of Housing and Urban Development (USD-HUD) published a notice strongly encouraging implementation of smokefree policies in public housing to advance tobacco prevention and control efforts among low income and vulnerable populations.[vii] There are 3 regional housing authorities in the Anchorage/Mat-Su region, including Chickaloon Native Village, Cook Inlet Housing Authority and Knik Tribe. According to TPC Program records, as of December 31, 2012, Cook Inlet Housing Authority is the only regional housing authority in the Anchorage/Mat-Su region with a comprehensive smokefree policy that includes all residents, visitors and staff within all housing authority property.

Table 4. Regional Housing Authorities in the Anchorage/Mat-Su Region

Regional Housing Authority	Smokefree Policy?
Chickaloon Native Village	No
Cook Inlet Housing Authority	Yes
Knik Tribe	No

Source: Alaska Community Database (Department of Commerce, Community, and Economic Development) and State of Alaska Tobacco Prevention and Control Program

PREVENT THE INITIATION OF TOBACCO USE

Youth Prevention Indicators

The YRBS data offer key indicators for tracking youth initiation of tobacco use and youth perceptions of the social norms around tobacco use. An estimated 6% of high school students surveyed in the Anchorage/Mat-Su region used some type of tobacco (either cigarettes or smokeless tobacco) on school property within the past 30 days in 2011. Although nearly all of the youth reported that their parents would consider it wrong for them to smoke cigarettes, nearly 15% thought that smoking 1 or more packs per day posed no or slight risk to their health.

Table 5. Youth Tobacco Prevention Indicators, Anchorage/Mat-Su Region, 2011

	Percent (%) (Total Respondents)
Used tobacco on school property*	6.0% (1,650)
Initiation of smoking prior to age 13	9.3% (1,564)
Perceives no or only slight risk from smoking**	14.1% (1,660)
Thinks parents consider it wrong for child to smoke	98.3% (1,636)

*Smoking or using smokeless tobacco within the past 30 days.
**Students who think smoking 1 or more packs of cigarettes per day is no or slight risk.
Source: Alaska Youth Risk Behavior Survey, 2011

Tobacco Taxes

Numerous economic studies have documented that tobacco tax or price increases reduce both adult and underage tobacco use. Two cigarette taxes have passed in the Anchorage/Mat-Su region as of December 31, 2012, including the Municipality of Anchorage ($2.21/pack) and the Mat-Su Borough ($1.00/pack). Alaska's statewide cigarette tax is $2.00 for a pack of 20 cigarettes and 75% of wholesale price of other tobacco products, including cigars and chewing tobacco. Municipalities and boroughs may also levy taxes on both cigarettes and other tobacco products, including cigars and chewing tobacco. Both Anchorage's and Mat-Su Borough's cigarette tax rates are adjusted annually for inflation.

Table 6. Tobacco Tax Rates through December 31, 2012 in the Anchorage/Mat-Su Region

Community	Local Tax	State Base Tax	Total Tax per Pack	Other Tobacco Product Tax
Anchorage	$2.21	$2.00	$4.21	55% of wholesale
Mat-Su Borough	$1.00	$2.00	$3.00	45% of wholesale

Sources: Anchorage Municipal Charter, Code and Regulations, Municipality of Anchorage, Alaska, Chapter 12.40; Matanuska Susitna Borough Code, Chapter 3.30

School District Policy Reports

In an effort to promote tobacco-free schools, the TPC Program developed a gold standard tobacco-free schools policy and collected and analyzed existing school district tobacco policies. Both Anchorage and Mat-Su School Districts have recently made major revisions to strengthen their tobacco-free school policies, each including 7 of the 8 minimum elements of a tobacco-free school. Mat-Su could strengthen their policy to gold standard by including school-sponsored events off campus, and Anchorage could do the same by including non-school properties in their tobacco-free campus policy. (See Table D-2 in Appendix D for more information about the 8 required standard policy elements.)

School policies are subject to change. The policy summaries presented here are current as of November 7, 2012. Table 7 summarizes the number and percent of school districts in the Anchorage/Mat-Su region that meet the 8 minimum elements of a tobacco-free school policy. Table 8 summarizes the number and percent of school districts in the Anchorage/Mat-Su region that meet the gold, silver, or bronze tobacco-free campus standard. The TPC Program reviews and updates school district tobacco policies quarterly. For the most current regional school district policy report visit http://www.redegroup.co/alaska-school-district-reports.

Table 7. School Policy Report for the Anchorage/Mat-Su Region: Minimum Standard Data Elements Met as of November 7, 2012 in each School District

Number of School Districts	Percent (%) of School Districts	Minimum Data Element
0	0%	Tobacco-free school district – Minimum standard elements (8 total)
2	100%	Incomplete – Policy lacks 1 or more key elements to meet the tobacco-free school standard
0	0%	Missing – Policy has not been submitted

Source: State of Alaska Tobacco Prevention and Control Program

See Table D-3 in Appendix D for more information about the additional policy elements.

Table 8. School Policy Report for the Anchorage/Mat-Su Region: Gold, Silver or Bronze School Districts as of November 7, 2012

Number of School Districts	Percent (%) of School Districts	Minimum Data Element
0	0%	Gold star – Minimum standard plus at least 10 additional elements
0	0%	Silver star – Minimum standard plus 5 - 9 additional elements
0	0%	Bronze star – Minimum standard plus 1 - 4 additional elements

Source: State of Alaska Tobacco Prevention and Control Program

Table 9 displays the current status of each school district in the Anchorage/Mat-Su region as of November 7, 2012.

Table 9. School Policy Report for the Anchorage/Mat-Su Region: Current Status in each School District as of November 7, 2012

School District	Current Status
Anchorage Schools	Incomplete
Mat-Su Borough Schools	Incomplete

Source: State of Alaska Tobacco Prevention and Control Program

EVIDENCE-BASED TOBACCO CESSATION INTERVENTIONS

Cessation Indicators

Quitting tobacco provides health benefits at any age.[viii–ix] Additionally, tobacco cessation programs are cost-effective and increase longevity while reducing healthcare costs.[x] Over 60% of adults aged 25 or older who have ever smoked regularly (i.e., quit ratio) in the Anchorage/Mat-Su region have quit. Among those who currently smoke, approximately 60% have attempted to quit smoking in the past 12 months.

Table 10. Adult Cessation Indicators, Anchorage/Mat-Su Region, 2009-2011

	Prevalence (95% CI)*
Quit ratio (among ever smokers age 25 and older)	60.7% (±3.5%)
Quit attempts (among current smokers)	58.2% (±6.0%)
Quit for 3+ months (among past year smokers)	11.0%** (±5.3%)
Awareness of quit line (among current smokers)	69.8% (±9.0%)
Advised to quit by healthcare provider (among smokers who had a healthcare visit in the past year)	69.7%** (±11.6%)

*95% Confidence Interval (CI)
**Interpret data with caution. (For more information, see Table E-1 in Appendix E.)
Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Alaska's Tobacco Quit Line

Alaska's Tobacco Quit Line provides free, phone based counseling and nicotine replacement therapy to all Alaskans. In 2012, 3,215 Alaska residents called the quit line, with nearly half of the callers (51%; 1,642 callers) from the Anchorage/Mat-Su region. Nearly all calls (99%; 1,622 callers) from the Anchorage/Mat-Su region were tobacco users requesting a cessation intervention.

Table 11. Alaska's Tobacco Quit Line: Summary of Services, Anchorage/Mat-Su Region, 2012

	Number of Callers (%)
Live transfers*	‡
General questions	8 (1%)
Intervention requested	1,622 (99%)
Materials only	10 (1%)
TOTAL	**1,642 (100%)**

*A live transfer to Alere Wellbeing's Commercial Line, which is part of a defined employee benefit package (e.g., ConocoPhillips Alaska, Inc.).

‡Data suppressed because there were less than 5 callers.

Source: Alaska's Tobacco Quit Line, 2012

The majority of tobacco users in the Anchorage/Mat-Su region who called the quit line to request an intervention were females and non-Natives (see Table 12 and 13).

Table 12. Alaska's Tobacco Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Sex, Anchorage/Mat-Su Region, 2012

	Number of Callers (%)
Female	939 (58%)
Male	682 (42%)
TOTAL	**1,621 (100%)**

Source: Alaska's Tobacco Quit Line, 2012

Table 13. Alaska's Tobacco Quit Line: Total Number of Tobacco Users Who Requested an Intervention by Alaska Native vs. Non-Native race, Anchorage/Mat-Su Region, 2012

	Number of Callers (%)
Alaska Native	76 (5%)
Non-Native	1,506 (95%)
TOTAL	**1,582 (100%)**

Source: Alaska's Tobacco Quit Line, 2012

Of the estimated total number of tobacco users in the Anchorage/Mat-Su region, approximately 3% called the quit line and requested an intervention in 2012; the comparable national estimate is 2%.[xi]

Resources and Systems for Tobacco Cessation Interventions

The TPC Program works to engage all healthcare systems to implement tobacco control policies consistent with the *U.S. Public Health Services Clinical Practice Guidelines Treating Tobacco Use and Dependence,* including work to ask, advise, refer and document tobacco use and follow-up while minimizing barriers to treatment. Southcentral Foundation is the Regional Native Health Corporation in the Anchorage/Mat-Su area. In addition, there are numerous hospitals, clinics, tribal health organizations and community health centers in the Anchorage/Mat-Su region. There are also a variety of mental health and substance abuse facilities in the region. Appendix E (Table E-2 and E-3) summarizes these healthcare facilities, offering partnership opportunities for tobacco cessation intervention services in the Anchorage/Mat-Su region.

APPENDICES

Appendix A: Overview

Table A-1. Community Population in the Anchorage/Mat-Su Region, 2010

Community	Borough/Census Area	2010 Census Population
Anchorage	Municipality of Anchorage	291,826
Municipality Subtotal		291,826
Big Lake	Matanuska-Susitna Borough	3,350
Buffalo Soapstone	Matanuska-Susitna Borough	855
Butte	Matanuska-Susitna Borough	3,246
Chase	Matanuska-Susitna Borough	34
Chickaloon	Matanuska-Susitna Borough	272
Eureka Roadhouse CDP*	Matanuska-Susitna Borough	29
Farm Loop	Matanuska-Susitna Borough	1,028
Fishhook	Matanuska-Susitna Borough	4,679
Gateway	Matanuska-Susitna Borough	5,552
Glacier View	Matanuska-Susitna Borough	234
Houston	Matanuska-Susitna Borough	1,912
Knik River	Matanuska-Susitna Borough	744
Knik-Fairview	Matanuska-Susitna Borough	14,923
Lake Louise	Matanuska-Susitna Borough	46
Lakes	Matanuska-Susitna Borough	8,364
Lazy Mountain	Matanuska-Susitna Borough	1,479
Meadow Lakes	Matanuska-Susitna Borough	7,570
Palmer	Matanuska-Susitna Borough	5,937
Petersville	Matanuska-Susitna Borough	4
Point MacKenzie	Matanuska-Susitna Borough	529
Skwentna	Matanuska-Susitna Borough	37
Susitna	Matanuska-Susitna Borough	18

Table A-1 (continued). Community Population in the Anchorage/Mat-Su Region, 2010

Susitna North CDP*	Matanuska-Susitna Borough	1,260
Sutton-Alpine	Matanuska-Susitna Borough	1,447
Talkeetna	Matanuska-Susitna Borough	876
Tanaina	Matanuska-Susitna Borough	8,197
Trapper Creek	Matanuska-Susitna Borough	481
Wasilla	Matanuska-Susitna Borough	7,831
Willow	Matanuska-Susitna Borough	2,102
Balance**	Matanuska-Susitna Borough	5,959
Borough Subtotal		88,995
TOTAL		**380,821**

*Census designated place (CDP) is the statistical counterpart of incorporated places and are delineated to provide data for settled concentrations of population that are identifiable by name but are not legally incorporated under the laws of the state. CDPs are delineated cooperatively by state and local officials and the Census Bureau, following Census Bureau guidelines.

**Balance refers to a population that lives in an unincorporated remote or rural area (sometimes referred to as "off the grid").

Source: Alaska Community Database (Department of Commerce, Community, and Economic Development) and US Census

Appendix B: Adult Tobacco Use

Table B-1. Prevalence (and 95% Confidence Interval) of Smoking Among Alaska Adults, Public Health Regions, 2009-2011

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
All Adults	19.3%	22.0%	22.8%	45.9%	23.1%	32.6%	22.1%
	± 2.0%	2.3%	2.2%	5.3%	2.6%	4.1%	1.2%
Alaska Native	32.3%	34.5%	45.5%	53.8%	36.7%	37.5%	39.1%
	± 9.1%	7.8%	7.1%	6.0%	7.7%	5.2%	3.4%
Non-Native	18.1%	20.7%	20.1%	22.9%	20.8%	20.1%	19.1%
	± 2.0%	2.5%	2.3%	9.9%	2.7%	5.8%	1.3%
Low SES (non-Native)	32.7%	31.1%	34.6%	25.5%*	41.2%	39.7%**	33.7%
	± 5.5%	5.7%	6.2%	17.5%	7.2%	18.6%	3.4%
Higher SES (non-Native)	15.2%	18.8%	16.5%	24.3%	15.5%	19.3%	16.0%
	± 2.4%	3.0%	2.5%	12.2%	2.9%	7.1%	1.5%
Males	20.6%	21.1%	22.2%	51.7%	25.0%	37.6%	23.4%
	± 3.2%	3.4%	3.1%	7.4%	3.9%	5.9%	1.9%
Females	17.9%	22.9%	23.5%	37.8%	21.2%	25.9%	20.6%
	± 2.5%	3.1%	3.1%	6.4%	3.4%	5.3%	1.6%
Age 18-29	26.9%	20.6%	29.8%	43.8%	28.2%	41.9%	28.6%
	± 5.9%	6.8%	5.6%	11.4%	8.4%	10.1%	3.5%
30-54	19.2%	25.2%	22.2%	49.7%	26.8%	33.5%	22.7%
	± 2.6%	3.3%	3.1%	6.9%	3.5%	5.5%	1.6%
55 and older	12.7%	18.2%	16.1%	40.5%	14.9%	19.5%	15.3%
	± 2.3%	3.1%	2.6%	9.9%	3.0%	4.9%	1.4%

*Inadequate sample size for normal approximation. For means and proportions based on commonly occurring events (where 0.25 < P < 0.75), an estimate is flagged if it is based on a cell size of less than 30 times a "broadly calculated average design effect."

**Inadequate sample size for uncommon or very common events. For proportions below 0.25 or above 0.75, the criteria for statistical reliability is that the cell size be sufficiently large that the minimum of nP and n(1-P) be greater than or equal to 8 times a broadly calculated average design effect, where n is the cell size and P is the estimated proportion. (I.e., an estimate is flagged when n<8 * (avg. design effect)/min(P,1-P)). The coefficient of variation is not used in these cases.

Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Table B-2. Prevalence (and 95% Confidence Interval) of Smokeless Tobacco Use Among Alaska Adults, Public Health Regions, 2009-2011

		Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
All Adults		3.1%	6.9%	6.5%	7.8%	3.8%	23.0%	5.3%
	±	0.8%	1.7%	1.4%	3.1%	1.0%	3.6%	0.6%
Alaska Native		5.1%*	11.7%	10.5%	9.9%	3.9%	32.4%	13.3%
	±	3.4%	6.3%	4.4%	4.2%	2.1%	5.0%	2.0%
Non-Native		2.9%	6.5%	6.0%	2.7%*	3.8%	3.1%	4.0%
	±	0.9%	1.8%	1.5%	2.3%	1.2%	1.4%	0.6%
Low SES (non-Native)		4.1%*	5.0%	3.9%	DNC	4.2%*	3.8%	4.1%
	±	2.4%	2.5%	2.2%	DNC	2.7%	2.4%	1.5%
Higher SES (non-Native)		3.0%	6.6%	6.0%	3.6%*	4.7%	3.1%*	4.1%
	±	1.0%	2.4%	1.7%	3.0%	1.8%	1.8%	0.7%
Males		5.6%	12.3%	11.1%	12.1%	7.0%	25.3%	8.8%
	±	1.6%	3.1%	2.5%	5.1%	2.0%	5.4%	1.1%
Females		0.5%*	0.9%**	1.0%*	2.0%*	0.3%	19.8%	1.5%
	±	0.4%	0.7%	0.8%	1.7%	0.1%	4.7%	0.4%
Age 18-29		2.7%*	9.3%*	9.7%	14.0%*	3.0%*	28.4%	6.7%
	±	2.1%	5.6%	4.0%	8.9%	2.4%	9.5%	1.7%
30-54		4.2%	8.7%	6.2%	6.7%	5.6%	21.5%	6.1%
	±	1.3%	2.7%	1.7%	3.1%	1.8%	4.4%	0.9%
55 and older		1.4%**	3.2%	3.4%	2.6%*	1.6%**	18.8%	2.8%
	±	0.8%	1.4%	1.2%	2.7%	1.0%	6.1%	0.6%

DNC: Data Not Collected

*Inadequate sample size for normal approximation. For means and proportions based on commonly occurring events (where 0.25 < P < 0.75), an estimate is flagged if it is based on a cell size of less than 30 times a "broadly calculated average design effect."

**Large coefficient of variation. Estimates are flagged if the coefficient of variation (ratio of the standard error to the mean expressed as a percent) is greater than 30.

Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Appendix C: Eliminating Exposure to Secondhand Smoke

Table C-1. Prevalence (and 95% Confidence Interval) of Secondhand Smoking (SHS) Indicators Among Alaska Adults, Public Health Regions, 2009-2011

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
Has home smoking ban	91.2% ± 2.0%	86.3% 3.2%	87.1% 2.5%	89.4% 4.6%	87.3% 3.1%	92.7% 2.8%	89.6% 1.3%
No home SHS exposure	91.1% ± 2.3%	87.2% 3.3%	89.4% 2.3%	89.4% 4.8%	88.3% 3.4%	92.8% 3.5%	90.1% 1.4%
Support for smokefree workplaces	82.1% ± 3.1%	81.7% 3.2%	80.6% 3.0%	85.1% 5.3%	78.2% 3.9%	86.2% 4.7%	81.7% 1.8%
Support for smokefree restaurants	82.1% ± 3.0%	81.1% 3.3%	72.3% 3.7%	84.8% 5.8%	74.6% 4.0%	88.6% 3.9%	80.0% 1.8%
Workplace smokefree policy	87.0% ± 4.3%	82.7% 4.5%	81.7% 4.5%	81.2% 8.1%	84.6% 5.0%	82.3% 7.6%	85.1% 2.7%
No indoor workplace SHS exposure (all workers)**	94.0% ± 2.2%	90.2% 3.1%	91.3% 2.5%	90.9% 4.8%	92.4% 3.5%	95.2% 2.4%	92.9% 1.4%
No indoor workplace SHS exposure (indoor workers)	89.1% ± 3.0%	82.3% 4.9%	83.7% 3.6%	84.3% 7.1%	86.5% 4.3%	90.7% 5.0%	87.2% 1.9%

**Estimate from 2010-2011; not available from earlier years
Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Appendix D: Prevent the Initiation of Tobacco Use

Table D-1. Youth Tobacco Prevention Indicators, Public Health Regions, 2011

		Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest
Used tobacco on school property*	Percent	6.0%	6.4%	4.5%	20.6%	4.2%	19.7%
	Total Respondents	1,650	1,829	448	737	1,184	378
Initiation of smoking prior to age 13	Percent	9.3%	10.3%	9.4%	23.3%	8.5%	22.1%
	Total Respondents	1,564	1,740	428	685	1,115	359
Perceives no or only slight risk from smoking**	Percent	14.1%	10.6%	9.2%	30.0%	11.7%	23.5%
	Total Respondents	1,660	1,828	457	745	1,187	380
Thinks parents consider it wrong for child to smoke	Percent	98.3%	97.7%	98.5%	95.9%	97.4%	96.9%
	Total Respondents	1,636	1,807	447	705	1,166	375

*Smoking or using smokeless tobacco within the past 30 days.

**Students who think smoking 1 or more packs of cigarettes per day is no or slight risk.

Source: Alaska Youth Risk Behavior Survey, 2011

Table D-2. School Policy Report for the Anchorage/Mat-Su Region: Minimum Standard Elements of a Tobacco-Free Policy as of November 7, 2012

Number of School Districts	Percent (%) of School Districts	Policy Elements
1	50%	Prohibits use of tobacco products on all school property (including grounds, buildings, parking areas and residencies where applicable)
1	50%	Prohibits use of tobacco products in school vehicles
0	0%	Prohibits use of tobacco products at any school-sponsored event (on- or off-campus)
1	50%	Defines tobacco to mean all forms of tobacco and tobacco use (all smoking products, smokeless tobacco products and non treatment related nicotine delivery devices)
1	50%	Applies to all students, staff and visitors
1	50%	Requires the posting of signs informing students, staff and visitors that school grounds are tobacco-free
1	50%	Identifies specific enforcement procedures and consequences for violating school policies
1	50%	Remains in force 24 hours a day, 7 days a week, 365 days a year

Source: State of Alaska Tobacco Prevention and Control Program

Table D-3. School Policy Report for the Anchorage/Mat-Su Region: Additional Policy Elements of a Tobacco-Free Policy as of November 7, 2012

Number of School Districts	Percent (%) of School Districts	Policy Element
1	50%	Includes a rationale for being tobacco-free
2	100%	States that tobacco possession by a person under age 19 is against the law
2	100%	Includes language restricting items from school property that might contribute to tobacco use and acceptability (such as lighters, clothing with logos)
0	0%	Includes a requirement for evidence-based tobacco prevention education for all students
0	0%	Includes provisions against accepting tobacco industry funds or free giveaways
1	50%	Includes language prohibiting tobacco advertising in school buildings and school functions
1	50%	Includes progressive consequences for violating school tobacco policy (such as an education program or in school suspension versus suspension for student's first offense)
1	50%	Includes provisions to refer students and staff to local or statewide programs to help them quit using tobacco
0	0%	Includes language prohibiting distribution of tobacco products
1	50%	Includes language specifically prohibiting tobacco use by contractors
1	50%	Includes procedures for communicating the policy to students
1	50%	Includes procedures for communicating the policy to staff
0	0%	Includes procedures for communicating the policy to visitors

Source: State of Alaska Tobacco Prevention and Control Program

Appendix E: Evidence-Based Tobacco Cessation Interventions

Table E-1. Prevalence (and 95% Confidence Interval) of Cessation Indicators Among Alaska Adults, Public Health Regions, 2009-2011

	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Statewide Total
Quit ratio (among ever smokers age 25 and older)	60.7% ± 3.5%	57.3% 3.6%	58.2% 3.4%	30.8% 5.5%	59.3% 3.7%	47.8% 5.5%	57.8% 2.0%
Quit attempts (among current smokers)	58.2% ± 6.0%	57.7% 5.8%	57.1% 5.6%	53.1% 8.2%	58.8% 6.7%	56.3% 8.0%	57.5% 3.2%
Quit for 3+ months (among past year smokers)	11.0%* ± 5.3%	9.2% 5.1%	7.6%† 4.6%	1.9%*† 2.2%	6.7%† 5.1%	7.6%† 5.0%	8.9% 2.8%
Aware of quit line (among current smokers)	69.8% ± 9.0%	80.7% 6.7%	66.6% 8.9%	53.6% 13.6%	78.5% 7.0%	71.6% 11.9%	70.4% 4.8%
Advised to quit by healthcare provider (among smokers who had a healthcare visit in the past year)	69.7%* ± 11.6%	64.9% 10.3%	61.6% 10.9%	67.7% 19.2%	79.2% 7.9%	56.8% 15.8%	67.9% 6.2%

*Inadequate sample size for normal approximation. For means and proportions based on commonly occurring events (where 0.25 < P < 0.75), an estimate is flagged if it is based on a cell size of less than 30 times a "broadly calculated average design effect."

†Large coefficient of variation. Estimates are flagged if the coefficient of variation (ratio of the standard error to the mean expressed as a percent) is greater than 30.

Source: Alaska Behavioral Risk Factor Surveillance System, 2009 – 2011

Table E-2. State of Alaska (Funded by the Division of Behavioral Health) Mental Health and Substance Abuse Facilities in the Anchorage/Mat-Su Region, FY13

		Provider Type		
Agency	**Service Area**	**Community Behavioral Health Center**	**Mental Health**	**Substance Abuse**
Access Alaska	Anchorage		•	
Akeela, Inc.	Anchorage		•	•
Alaska Children's Services	Anchorage		•	
Alaska Family Services	Palmer/Wasilla		•	•
Alaska Mental Health Consumer Web	Anchorage		•	
Anchorage Community Mental Health Services	Anchorage	•	•	
ARC of Anchorage	Anchorage		•	
Assets	Anchorage		•	
CHOICES	Anchorage		•	
Co-Occurring Disorders Institute, Inc.	Palmer/Wasilla			
Cook Inlet Tribal Council, Inc.	Anchorage			•
Daybreak, Inc.	Palmer/Wasilla		•	
Denali Family Services	Anchorage		•	
Hope Community Resources	Anchorage		•	
Mat-Su Health Services, Inc.	Palmer/Wasilla	•	•	
Narcotic Drug Treatment Center	Anchorage			•
Nugen's Ranch (Alaska Addiction Rehab Services)	Palmer/Wasilla			•
Providence Health System (Providence Crisis Respite Center)	Anchorage		•	

Table E-2 (continued). State of Alaska (funded by the Division of Behavioral Health) Mental Health and Substance Abuse Facilities in the Anchorage/Mat-Su Region, FY13

Providence Health System (Psych ER)	Anchorage		•	
Salvation Army (Booth Memorial Home)	Anchorage			•
Salvation Army (Clitheroe Center)	Anchorage			•
Soteria-Alaska, Inc.	Anchorage		•	
Southcentral Foundation (Anchorage)	Anchorage	•	•	•
Special Education Service Agency	Anchorage		•	
Volunteers of America of Alaska	Anchorage		•	•
Alaska Youth and Family Network	Statewide		•	

Source: State of Alaska Department of Behavioral Health

Table E-3. Healthcare Systems in Anchorage/Mat-Su Region; Department of Commerce, Community and Economic Development Listing*

Healthcare Organization	Borough/Census Area
Alaska Regional Hospital	Municipality of Anchorage
Providence Alaska Medical Center	Municipality of Anchorage
Alaska Native Medical Center	Municipality of Anchorage
Elmendorf AFB 3rd Medical Group	Municipality of Anchorage
U.S. Army Medical Clinic/Fort Richardson	Municipality of Anchorage
Air National Guard Medical Squadron/Kulis	Municipality of Anchorage
Mat-Su Regional Medical Center	Matanuska-Susitna Borough
C'eyiits' Hnax / Life House Community Health Clinic	Matanuska-Susitna Borough
Sunshine Community Health Center	Matanuska-Susitna Borough

Source: Alaska Community Database (Department of Commerce, Community, and Economic Development)

*NOTE: The healthcare system data presented in Table E-3 was compiled by the Department of Commerce, Community and Economic Development. The list may not be comprehensive and additional healthcare clinics and hospitals may exist in the region beyond those included in this table.

Appendix F: Data Sources

Alaska's Tobacco Quit Line

The State of Alaska contracts with Alere Wellbeing to provide quit line services to the state. Each month, Alere Wellbeing provides monthly, quarterly and annual reports on general utilization. The state also receives monthly utilization datasets. Quit line utilization data is then analyzed to produce detailed unique reports quarterly and annually.

To calculate the quit line reach ratio, we used the total number of quit line callers who were a tobacco user and requested an intervention as the numerator. To obtain the denominator, we used SPSS Complex Samples to obtain raked weighted estimates of the tobacco use population in each public health region from the Alaska Behavioral Risk Factor Surveillance System (2011).

Youth Behavioral Risk Factor Surveillance System (YRBS)

The YRBS is a systematic survey of high school students that assesses prevalence of behaviors related to the leading causes of mortality, morbidity and social problems among youth. The Centers for Disease Control and Prevention sponsors national and state surveys every 2 years, most recently in 2011.

The statewide Alaska YRBS is conducted using a two-stage sampling design. The sampling frame is regular public schools containing grades 9, 10, 11, or 12. Schools are selected first with a probability of inclusion proportional to the size of their enrollment. Once a school is chosen, classes are selected, with each student having an equal opportunity for inclusion. From 2003 through 2011, active parental consent was required for each student participating in the YRBS. On the appointed survey day students completed written questionnaires and returned them in class in unmarked, sealed envelopes.

In a typical YRBS administration, about 1,250 to 1,350 students are surveyed from about 40 to 45 high schools that are scientifically selected to represent all public high schools (excluding boarding schools, alternative schools, correspondence and home study schools, and correctional schools) in Alaska. These results are considered to be representative of Alaska's more than 33,000 high school students grades 9-12 in traditional public high schools. Data are weighted to reflect the true distribution of Alaska high school students by gender and grade level, but not by region of the state.

The traditional school-based YRBS does not estimate risk behaviors associated with youth who drop out of school or do not attend school. However, for the first time in 2009, about 1,000 students from 15 alternative high schools in Alaska were surveyed to evaluate and address the health risks of this unique population. This process was repeated in 2011. Further information about the YRBS, including survey results for the statewide traditional sample, the alternative schools sample and the correctional schools sample is available at http://www.hss.state.ak.us/dph/chronic/school/YRBSresults.htm.

Reporting by Region

With the 2011 YRBS data, regional information is available for public health program planning for the first time. For regional reporting, the sampling frame is considered to be 'ad hoc', because it includes all regular public schools containing grades 9, 10, 11, or 12 who participated in the

survey, whether they were part of the statewide official sample, or chose to participate for other reasons. Schools were not systematically and randomly selected and the regional group of participants may not be very representative of schools within their region. However, in each region, students from 2 or more of school districts participated in the survey.

Data were weighted by school enrollment by gender and grade only if the participation rate for the school achieved the 60% response rate established by the CDC for samples or the 50% response rate when all eligible students are surveyed. Not all of the participating schools met these requirements. Therefore, the regional estimates are based on a combination of weighted and unweighted responses. Due to the sampling limitations, confidence intervals are not assessed for these regional data.

The regional YRBS data are based upon aggregated school districts and do not reveal information on a single school district. Prevalence rates are based upon a minimum of 100 responses or the results are suppressed as Data Statistically Unreliable (DSU). Based upon these measures to protect the anonymity of school districts and students, the data may be publicly distributed.

Reporting by Race Group Within Region

In this profile, we report race/ethnicity by whether the survey participant reported being Alaska Native or not. All YRBS survey participants who report being Alaska Native, either alone or in combination with other race groups or Hispanic ethnicity, are categorized in this report as being Alaska Native. We combine all other race groups to report a category "non-Native". This category includes students who report being White, Hispanic, African American, Asian, Hawaiian or Other Pacific Islander, or who report multiple race groups (except for Alaska Native). Those who did not report a race group are not included in the race group reporting.

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 aims to estimate 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 it began in 1991.

The BRFSS uses a probability (or random) sample in which all Alaska households with landline telephones have a known, nonzero chance of selection. The sample is stratified into regions, with roughly equal numbers of interviews conducted in each region. This method deliberately over-samples rural areas of the state. Respondents are randomly selected from among the adult members of each household reached through a series of random telephone calls. Historically, those living in institutions (i.e., nursing homes, dormitories) are not surveyed. In 2011, the sample was stratified into 6 geographic regions. In addition, the sampling frame was expanded to include cell phones as well as landline or household phones. This step was important because the proportion of households served only by cellular telephones has increased rapidly. By June 2010, about 20% of Alaska households were cell-only.[xii] In 2011, Alaska's cell phone sample was large enough to include it in weighting and reporting of data.

Interviews are conducted by trained interviewers during weekdays, evenings and weekends throughout the year. In addition to tobacco use, the BRFSS questionnaire covers such topics as general health status, healthcare access, nutrition, physical activity, diabetes, alcohol use,

women's health, injury prevention and HIV/AIDS awareness. There are also questions on the demographic characteristics of respondents.

Alaska presently conducts 2 BRFSS surveys: the standard BRFSS and a supplemental BRFSS. The supplemental survey contains most of the additional tobacco-related questions, some of which have been adapted from the CDC's Adult Tobacco Survey. Both surveys are conducted throughout the year, using separate samples drawn using the same methodology. In 2011, approximately 210 Alaska adults were interviewed each month for the standard BRFSS, to reach an annual sample size of 2,500 (500 per region); the same number were interviewed for the supplemental BRFSS. Because sample size is lower per region and some subpopulation reporting groups, data from 2009 to 2011 have been combined to report some key indicators.

BRFSS data are weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled area, and to compensate for the over-representation or under-representation of persons in various subgroups. Beginning with the 2011 BRFSS, the CDC is using a new weighting method known as iterative proportional fitting, or raking. Raking allows for the inclusion of several key demographic factors in adjusting survey data to the adult population totals. The changes that have been made will help ensure that the BRFSS can continue to be a valuable source of information for health planning and improvement.

Although point estimates produced when cell phones are included in the sample and weighting is done by raking differ somewhat from those previously reported using old methods, the differences are often minimal. To provide additional context for interpretation about changes in prevalence estimates over time, raking was applied to data from 2007 and 2010, and data including both landline and cell phone respondents will be available from 2011 on.

Both the standard and supplemental BRFSS are weighted (separately) for analysis of items that occur only in 1 version. In addition, a combined dataset (standard plus supplemental) is created and weighted for analysis of questions that occur in both versions, so that some data can be reported for a total of about 5,000 survey respondents each year since 2004. The larger sample sizes allow for more precision in the estimates. For tobacco-related items, this includes smoking and SLT use prevalence.

Regional Reporting

Alaska Public Health Regions were defined using borough designation. Although the BRFSS survey data do not provide enough representation for reporting by most of the individual boroughs, combining boroughs provides a useful geographic factor for analyses.

Regional groups for this report are as follows:

1) Anchorage/Mat-Su – Municipality of Anchorage and Matanuska-Susitna Borough
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) Northern – Nome Census Area, North Slope Borough, and Northwest Arctic Borough

5) 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
6) Southwest – Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Lake and Peninsula Borough and Wade Hampton Census Area

Reporting by Race Group

Information by race group is reported by Alaska Native and non-Native status. For this report, Alaska Native includes all survey respondents who report "Alaska Native/American Indian" as their primary or only race group. Those who report being Hispanic or reported their race as something other than Alaska Native or American Indian are included in the "non-Native" group.

Data Suppression Guidelines

In this report BRFSS information is suppressed or flagged based on statistical guidelines developed by Alaska's Division of Public Health in the Department of Health and Human Services, which are based upon the national Joint Policy of Variance Estimation and Statistical Reporting Standards for the National Health and Nutrition Examination Survey (NHANES-III) and the Continuing Survey of Food Intake by Individuals (CSFII) Reports. An asterisk is used to indicate that the estimate may lack statistical precision. Estimates are flagged if the coefficient of variation (ratio of the standard error to the mean expressed as a percent) is greater than 30. In some cases, the flag also denotes that estimates are based on an inadequate sample size, as determined by whether the event, or risk factor, is very common, common or very uncommon. Finally, information is suppressed if the unweighted sample size for the denominator (N) is less than 30, or if the numerator (n) is less than 5.

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