

Cost of Food at Home for a Week in Alaska: September 2000

22 Communities Surveyed

Up to three stores in each of 22 communities were surveyed during September of 2000 for the cost of a specific set of food and non-food items. The 104 food items selected were taken, with some modification, from the USDA Low-cost Food Plan which is itself based on a nationwide survey of eating habits of Americans, conducted in 1977-78. In addition, the costs of such items as water, propane and electricity were collected. All costs were adjusted to reflect local sales tax where applicable.

The estimated prices of unavailable food items in various communities were calculated as the expected cost as judged from the prices of all available items relative to the price of those items in Anchorage. The percent of foods unavailable in each community are shown in the survey.

Weekly food consumption rates for a family of 4, children 6 - 11 years, form the basis of the expressed food costs. All other costs are ratios of that cost as calculated from the USDA Cost of Food at Home survey issued August 2000. The cost for this family of 4 can be calculated from the table by summing the individual members. For smaller families such a sum would be too low and should be adjusted up by 20%, 10% or 5% for families of 1, 2 or 3 persons respectively. Similarly, the sum for larger families would be too high and downward adjustments of 5% and 10% are suggested for 6 and 7 or more member families. These adjustments reflect that some economies may be realized when preparing foods for larger

families.

Rows 18 through 22 represent historical food costs. The Anchorage column is a comparison of present to previous Anchorage costs. Similarly the U.S. Average column represents changes in U.S. average prices. A one (1) appearing in the Anchorage column indicates that the current Anchorage cost is 1% higher now than at that date. Therefore, rising food costs are indicated by positive values. The remaining columns are each community's cost relative to Anchorage at that date. For instance, a cell containing a one (1) indicates a community that was experiencing a food cost 1% higher than Anchorage at that date. Note that the dollar value of the U.S. Average is not included in this survey since the methodology is not equivalent.

At a reader's suggestion, we have included mail order foods in the current survey. We have approximated our survey as closely as possible and were able to price 91 of our survey's 104 food items. Food items not available by mail order include some fresh produce, fruits and dairy items. Milk was priced as shelf stable UHT milk. As usual we priced for minimum cost which necessarily has required selection of unrealistically large package sizes. The survey currently does not restrict pricing based on packaging. None of the pricing includes extra charges associated with shipping.

Vitamin E

Vitamin E is a related family of fat soluble compounds required in the diet. As such, vitamin E can only be absorbed by the body along with a fat containing meal. Absorbed vitamin E resides in limited amounts in the liver, to a greater extent in fat cells (adipose) where it accumulates and disperses slowly, but primarily

in the membranes of all cells and with circulating lipids (fats). Turnover of circulating vitamin E occurs in two to five days, in liver in one to three weeks and in other organs in one to three months. The requirement for Vitamin E varies with age, sex and reproductive state, but current recommendations are about 10 mg per day for adults and 3 mg per day for infants. The older IU is equivalent to one mg of the most active form of vitamin E (alpha-tocopherol). Diets high in polyunsaturated oils (light vegetable oils) require higher levels of vitamin E intake. Fortunately, these oils are excellent sources of vitamin E, along with leafy green vegetables. Larger doses of vitamin E are not currently recommended although vitamin E is well tolerated. For instance, taken at 727mg daily for four months it had no apparent adverse effect in healthy elderly people (Am. J. Clin. Nutr. 1998;68:311-8). Naturally occurring vitamin E has about twice the effectiveness as synthetic forms (Am. J. Clin. Nutr. 1998;67:669-84). Vitamin E must not be confused with vitamin A, which is toxic at levels somewhat above recommended levels and can cause birth defects if consumed during pregnancy (vitamin A regulates cell development) at the levels recommended for non-pregnant women.

Vitamin E's more formal name, tocopherol, means to bear young, which is to say it is required for fertility and successful pregnancy. Vitamin E functions to protect body lipids (fats) from oxidation, especially from membrane free radical peroxidation (a devastating self-sustained reaction). Vitamin E breaks the peroxidation reaction, but is sacrificed in the process although vitamin C and the selenium containing enzyme glutathione peroxidase can restore oxidized vitamin E to its active form. This function of vitamin C is prevalent in the circulation (vitamin C is water soluble, vitamin E is not) (Am. J. Clin. Nutr. 1998;67:240-5). Environmental pollutants (ozone, metals) and some drugs promote lipid peroxidation which therefore can increase the need for vitamin E intake above that required to cope with the body's obligatorily manufactured promoters.

The possible protective role of vitamin E against circulatory diseases has been under investigation for some time with some promising discoveries. The mechanism may in part be related to protection of circulating fats from oxidation and subsequent arterial damage and to reduce the effects of oxygen starvation during compromised circulation (Am. J. Clin. Nutr. 2000; 72:476-83) although vitamin E does not prevent stroke or heart disease in individuals already at high risk (Nutr. Revs, 2000;58:278-281). Longterm supplementation with vitamin E may reduce circulation damage associated with type 1 diabetes (Am. J. Clin. Nutr. 2000;72:1142-9). Vitamin E can be protective to muscle tissue during over exertion (Am. J. Clin. Nutr. 2000;72(suppl):637S-46S). Vitamin E in concert with beta carotene, a plant derived antioxidant, has been found protective against the sun's ultraviolet radiation (Am. J. Clin. Nutr. 2000;71:795-8).

Additional Sources: Sokol, R.J. 1996. Vitamin E. In Present Knowledge in Nutrition, 2nd ed. ILSI Press, Washington, D.C.

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