Introduction

Risk behaviors that contribute to chronic disease, premature death, and impaired quality of life are an important public health challenge. The Behavioral Risk Factor Surveillance System (BRFSS) collects information that is essential for chronic disease prevention planning, including information on risk factors, prevalence of chronic diseases, and preventive practices. The BRFSS is conducted in all 50 states, the District of Columbia, and several U.S. territories. It is the longest running and largest telephone health survey in the world.

In 2017, 3,200 health interviews were conducted using the Standard BRFSS questionnaire and 3,833 interviews were conducted using the Supplemental BRFSS questionnaire. Interviews were conducted over the telephone (landline and cell phone) using a probability sample of telephone numbers. Households were contacted, and one adult aged 18 years or older was selected to complete the survey. The data were weighted to accurately represent Alaska’s population ages 18 and older.

Alaska has conducted the Standard BRFSS annually since 1991 and the Supplemental BRFSS since 2004. With over 25 years of survey data collected, one effective use of BRFSS data is to track the prevalence of behavioral risk factors and chronic diseases over time. Time-trend analyses are often used to examine patterns of change in health outcomes over time, compare one time period to another, or make future projections. For this report, key health indicators from the Standard BRFSS were analyzed for significant changes over the last 10 years.

The Alaska Standard BRFSS is a collaborative project of the Centers for Disease Control and Prevention (CDC) and the Alaska Division of Public Health. For more information, visit:

http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx
TOBACCO USE
Current smokers were those respondents who had smoked at least 100 cigarettes in their lifetime and reported they smoked either some days or every day during the past 30 days. In 2017, 80% of all Alaska adults reported that they are not current smokers. This is a significant improvement over the 76% of all Alaska adults who reported not smoking in 2008. By comparison, 65% of Alaska Native adults reported not smoking on the 2016 survey, well below the Healthy Alaskans 2020 target of 83%. For more information on Tobacco Use, visit http://ibis.dhss.alaska.gov/indicator/view/CigSmokAdlt.HAP.html.

MARIJUANA USE
Current marijuana use was defined as having used marijuana or hashish during the past 30 days. Use of marijuana included vaporizing, smoking, eating, consuming in a beverage, dabbing, and/or other. In 2017, 19% of all Alaska adults and 22% of Alaska Native adults reported current marijuana use. Men were more likely than women to be current marijuana users (23% versus 15%, respectively). Data are currently available for 2015-2017 survey years only, though ongoing surveillance is a high priority. For more information on Marijuana Use, visit http://ibis.dhss.alaska.gov/indicator/view/DrugUseAdltMar.AK_US.html.

BINGE DRINKING
Binge drinking was defined as having had 5 or more alcoholic drinks for men or 4 or more alcohol drinks for women on one or more occasions in the past 30 days. 19% percent of all Alaska adults reported binge drinking on the 2017 BRFSS survey, meeting the Healthy Alaskans 2020 target for binge drinking of 20% or lower. 23% of Alaska Native adults reported binge drinking in 2017. No significant change in the prevalence of binge drinking over the past 10 years was noted. Significant differences in prevalence of binge drinking existed between males (24%) and females (14%) in 2017. For more information on binge drinking, visit http://ibis.dhss.alaska.gov/indicator/view/AlcConBinDri.AK_US_time.html.
OBESITY
Respondents with a body mass index (BMI) of 30.0 or greater were considered obese. BMI was calculated as self-reported weight (“About how much do you weigh without shoes?”) in kilograms divided by self-reported height (“About how tall are you without shoes?”) in meters squared. In 2017, 33% of all Alaska adults and 36% of Alaska Native adults were obese based on BMI, higher than the Healthy Alaskans 2020 target of 27% obese. This is significantly higher than the obesity prevalence of all Alaskans reported on the 2008 BRFSS, 29%. For more information on obesity, visit http://ibis.dhss.alaska.gov/indicator/view/Obe.AK_US_time.html.

DIABETES
Diabetes was defined as the percentage of respondents who reported ever being told by a doctor, nurse, or other health professional that they have diabetes. Those who reported gestational diabetes only were not considered as positive for having diabetes. In 2017, 8% of all Alaska adults and 8% of Alaska Native adults reported being told they have diabetes. No significant changes in prevalence of diabetes were observed from 2008 to 2017. For more information on diabetes, visit http://ibis.dhss.alaska.gov/indicator/view/DiabPrev.HA.html.

PREDIABETES
Prediabetes was defined as the percentage of respondents who reported ever being told by a doctor, nurse, or other health professional that they have prediabetes or borderline diabetes, or who reported having gestational diabetes. In 2017, 11% of all Alaska adults and 13% of Alaska Native adults reported having prediabetes. Significantly more females (13%) reported having prediabetes than males (8%) in 2017. Data on this indicator have been collected since 2008, and a significant increase in prevalence of prediabetes was observed over time. For more information on prediabetes, visit http://ibis.dhss.alaska.gov/indicator/view/DiabPre.AK_US.html.
**CANCER**

*Breast, lung, prostate, and colorectal* cancers are the most commonly diagnosed cancers in Alaska. In 2017, 9% of all Alaska adults and 6% of Alaska Native adults reported ever being told they had cancer. Data on this indicator have been collected since 2009, and no significant change in prevalence was observed over time. For more information on cancer, visit http://ibis.dhss.alaska.gov/topic/healthoutcomes/Cancer.html.

**COULD NOT AFFORD TO SEE A DOCTOR (PAST 12 MONTHS)**

Access to quality healthcare was measured by the question, “Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?” In 2017, 14% of all Alaska adults and 11% of Alaska Native adults reported not being able to see a doctor due to cost in the past 12 months. Prevalence of not being able to access a doctor due to cost has not significantly decreased over time but is meeting the Healthy Alaskans 2020 target of 14%. For more information on healthcare cost as a barrier, visit http://ibis.dhss.alaska.gov/indicator/view/CosBarHtlhCar.HAR.html.

Slight discrepancies may exist with other reports due to minor variations in how race is coded.

More information about the Alaska Behavioral Risk Factor Surveillance System can be found at: http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

Additional data on Alaska BRFSS health indicators can be found on the Informed Alaskans website: http://www.dhss.alaska.gov/dph/InfoCenter/Pages/ia/default.aspx

**REFERENCES:**


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