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State of Alaska

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and Social Services

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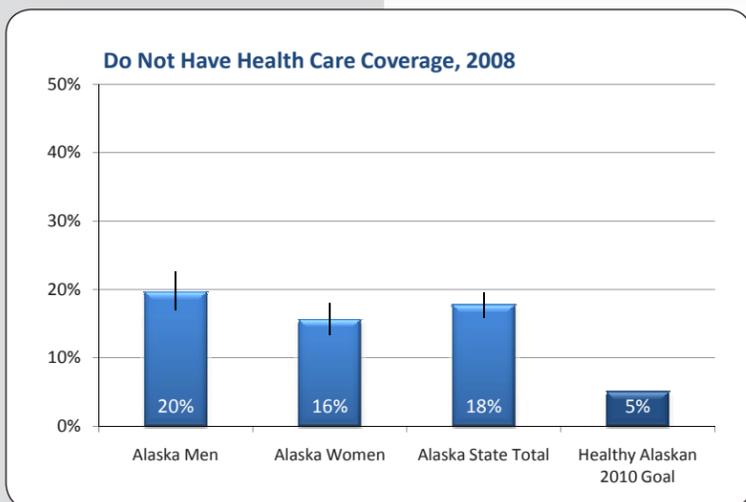
The full BRFSS report is now available in a new web-based format.

[www.hss.state.ak.us/dph/chronic/hsl/brfss/publications.htm](http://www.hss.state.ak.us/dph/chronic/hsl/brfss/publications.htm)



### Binge Drinking

Binge drinking was defined as having had 5 or more drinks (for men) or 4 or more drinks (for women) on one or more occasions in the past 30 days. Binge drinking is associated with injury, both intentional and unintentional. Sixteen percent of Alaskan adults reported binge drinking on the 2008 BRFSS surveys; the Healthy Alaskans 2010 goal for binge drinking is 13%. Binge drinking among males (22%) was significantly higher than among females (10%).



### Health Care Coverage

Many Alaskans lack access to primary health care and preventive services. Reasons include distance from sources of care and lack of health care coverage. On the 2008 BRFSS surveys, 18% of Alaskan adults reported not having health care coverage. The goal of Healthy Alaskans 2010 is to reduce the proportion of Alaskans without health care coverage to 5%.

More information about the Alaska Behavioral Risk Factor Surveillance System can be found at <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/default.htm>

All Alaska Behavioral Risk Factor Survey Annual Reports can be downloaded from <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/publications.htm>.

### References:

Alaska Department of Health and Social Services, Division of Public Health. Healthy Alaskans 2010: Targets and Strategies for Improved Health. Volume I: Targets for Improved Health. Nov. 2005. Available at: <http://www.hss.state.ak.us/dph/chronic/ha2010/Default.htm>.

This report was prepared by Rebecca Wells, Alaska BRFSS Coordinator. August 2009.

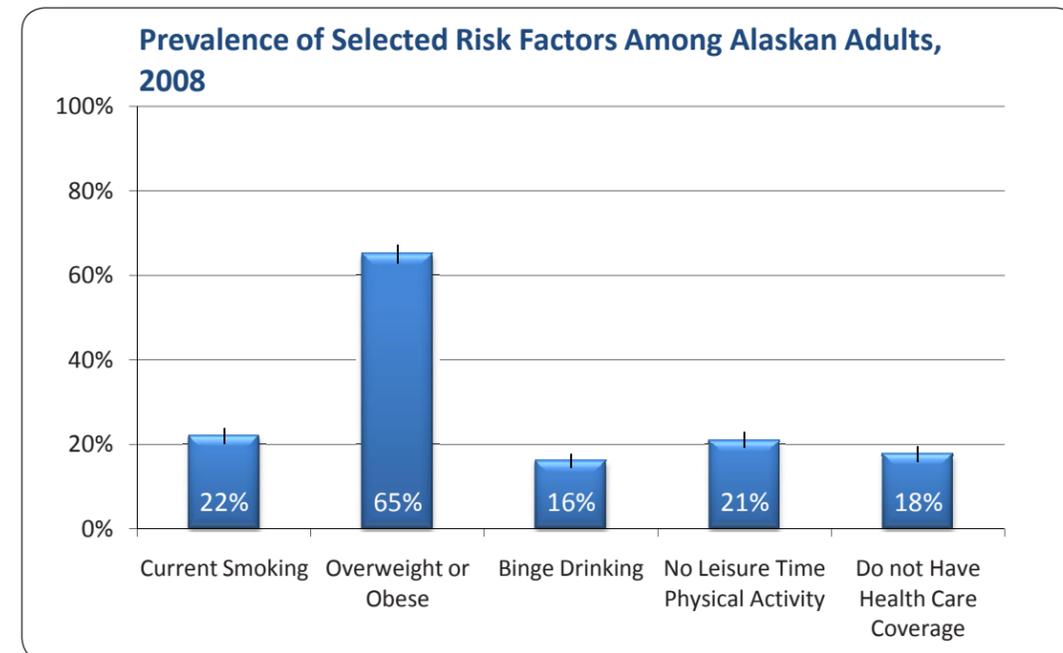
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### Introduction

Modifying risk behaviors contributing to chronic disease, premature death and impaired quality of life is an important public health challenge. The Behavioral Risk Factor Surveillance System (BRFSS) collects information on risk factors, chronic disease prevalence and preventive practices that is essential for chronic disease prevention planning. The BRFSS is conducted in all 50 states, the District of Columbia, Guam, Puerto Rico and the US Virgin Islands and is now the longest running and largest telephone health survey in the world. The State of Alaska began surveillance using the Standard BRFSS in 1991 and has continued yearly since. The Alaska Standard BRFSS is a collaborative project of the Centers for Disease Control and Prevention and the Alaska Division of Public Health.

For this report, indicators from the Standard BRFSS data were combined with data from a second survey, the Alaska Modified BRFSS. This second survey was state developed and is funded by the Alaska Tobacco Prevention and Control Program and focuses largely on tobacco use and attitudes. It has been collected in Alaska since 2004. The Modified BRFSS uses the same sample design and data collection methodology as the Standard BRFSS. Please note that because the combined BRFSS and Modified BRFSS data were used, estimates will not match those provided by the CDC for the indicators in this document.

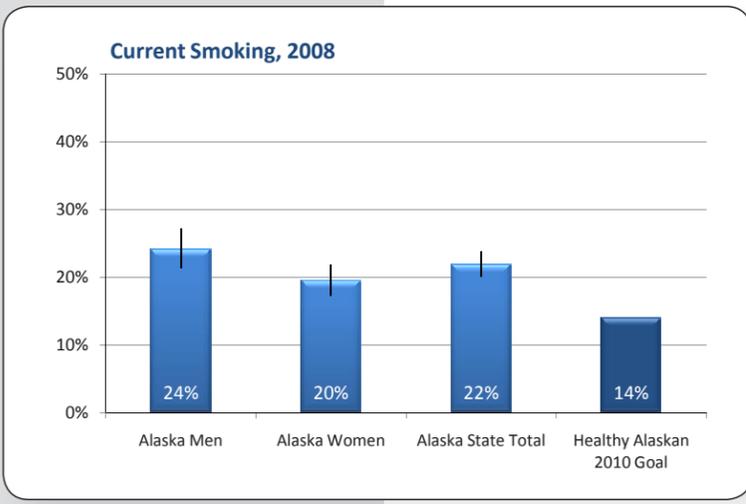
In 2008, 2,664 health interviews were conducted using the Standard BRFSS questionnaire and 2,282 were conducted using the Modified BRFSS. The interviews were conducted over the telephone from the Health Survey Lab in Juneau using randomly selected telephone numbers. Households were contacted and one adult of age 18 years or older was randomly selected to complete the survey. All data were weighted to represent the state adult population age 18 years and older.



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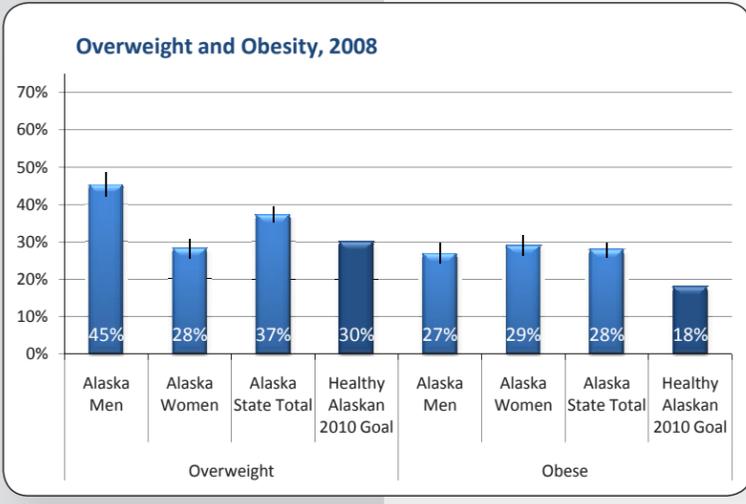
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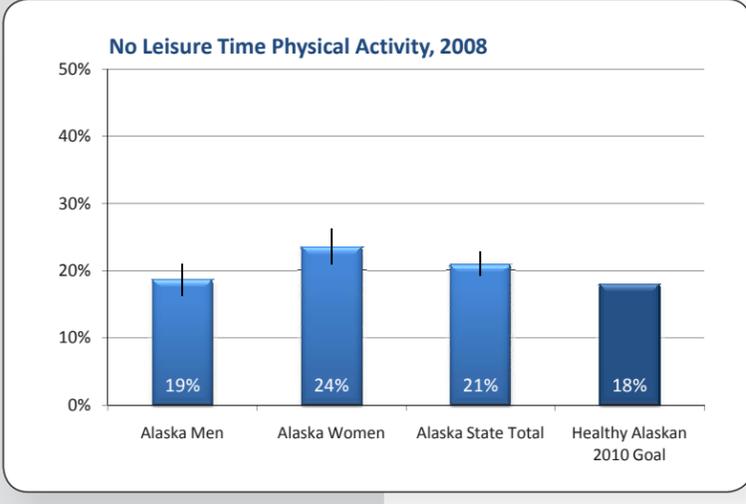
**Smoking**

Current smokers were those respondents that had smoked at least 100 cigarettes in their lifetime and reported they currently smoke either some days or everyday. In 2008, 22% of Alaskan adults reported current smoking, higher than the Healthy Alaskans 2010 goal of 14%. Alaska Natives have a particularly high prevalence of smoking (43%), significantly higher than other race groups (data not shown).



**Overweight and Obesity**

People who are overweight or obese are at increased risk of chronic disease and premature death. In 2008, 37% of Alaskan adults were overweight and 28% were obese based on body mass index (BMI). Respondents with a BMI of 25.0 to less than 30.0 were considered overweight and those with a BMI of 30.0 or greater were considered obese. Both of these indicators are greater than the Healthy Alaskans 2010 goals of 30% for overweight and 18% for obese.

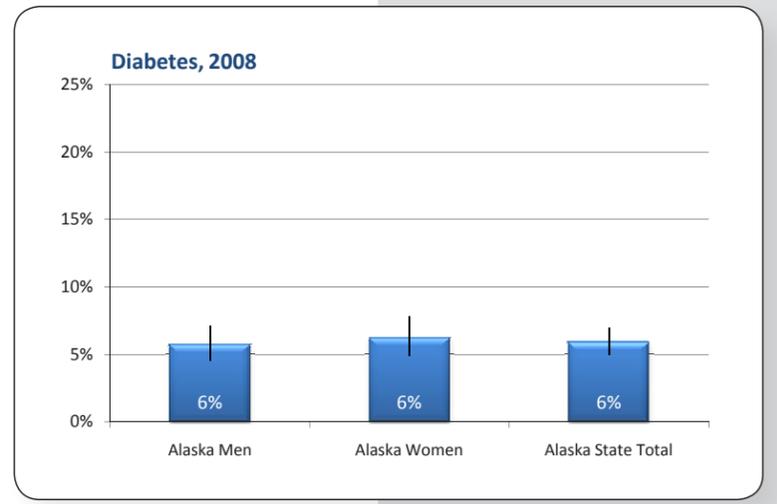


**Physical Inactivity**

Regular physical activity can reduce the risk of chronic disease and help in maintaining current weight or with losing weight. In 2008, 21% of Alaskan adults reported no leisure time physical activity in the past 30 days, slightly above the Healthy Alaskans 2010 Goal of 18%.

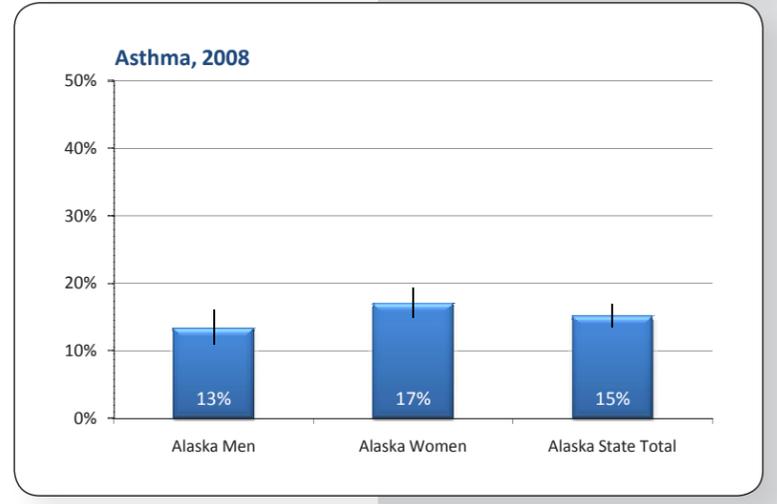
**Diabetes**

Diabetes increases the risk for heart disease and stroke and can result in blindness and renal disease. In 2008, 6% of Alaskan adults reported being told they have diabetes. There was no difference between men and women in the prevalence of diabetes.



**Asthma**

Asthma is a leading cause of restricted activity. In 2008, 15% of Alaskan adults reported ever being told they have asthma. More women than men reported a lifetime diagnosis of asthma; however this difference was not significant.



**Cardiovascular Disease**

Heart disease is a leading cause of death in Alaska and the US as a whole. The BRFSS surveys ask respondents if they have ever been told they have had a heart attack, been told they have coronary heart disease or been told they had a stroke. In 2008, 3% of Alaskan adults said they have had a heart attack, 3% said they have coronary heart disease and 2% said they have had a stroke.

