

Alaska

BRFSS HIGHLIGHTS

Behavioral Risk Factor Surveillance System 2011/12

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 Supplemental 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 administered in Alaska since 2004. The Supplemental BRFSS uses the same sample design and data collection methodology as the Standard BRFSS. Combining the Supplemental BRFSS survey with the Standard BRFSS when possible allows for a larger sample size for analysis and more stable estimates. Please note that because the combined Standard and Supplemental BRFSS data were used for this report, estimates will not match those provided by the CDC for the indicators in this document.

In 2011, 3,543 health interviews were conducted using the Standard BRFSS questionnaire and 2,583 were conducted using the Supplemental BRFSS; in 2012 4,345 Standard BRFSS surveys and 4,007 Supplemental BRFSS surveys were conducted. The interviews were conducted over the telephone (landline and cell phone) 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 ages 18 years and older. Methodology changes starting in 2011 include the addition of surveys conducted via cell phone and a new weighting methodology. Due to these changes, data presented in this document may not be comparable to those in previous BRFSS Highlights documents. For more information, visit: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>. For all indicators, the most recent data available are presented, from either 2011 or 2012.



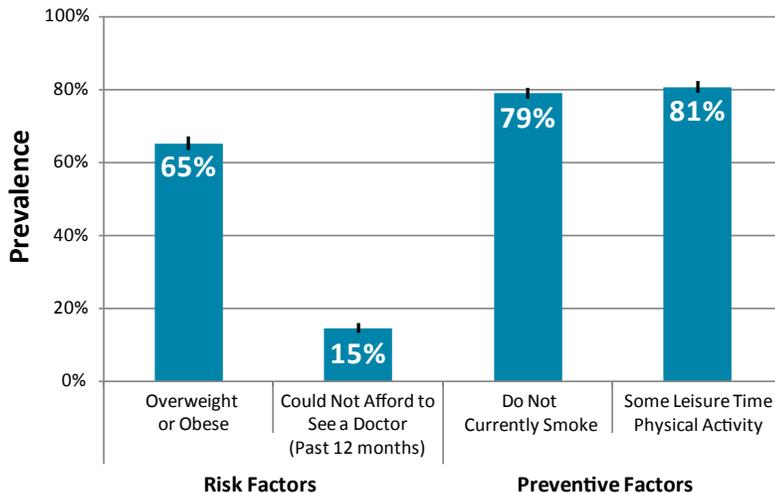
Sean Parnell,
Governor
State of Alaska

William J. Streur,
Commissioner
Department of Health
and Social Services

Kerre Shelton,
Director
Division of Public Health



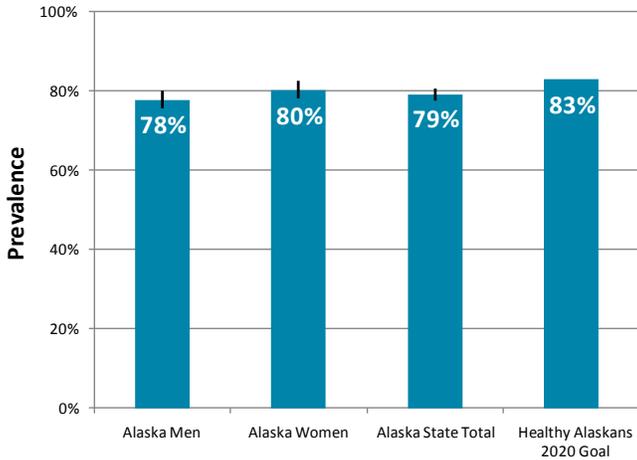
Prevalence of Selected Risk and Preventive Factors Among Alaska Adults, 2012



Find out more about the Alaska BRFSS:

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

Prevalence of NOT Currently Smoking, 2012

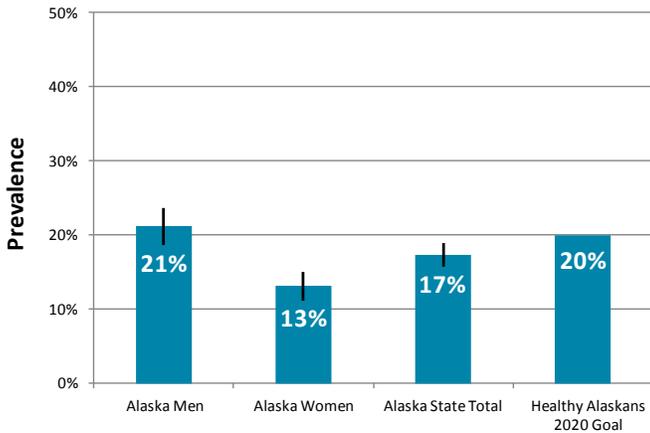


TOBACCO USE

Current smokers were those respondents who had smoked at least 100 cigarettes in their lifetime and reported they currently smoke either some days or every day. In 2012, 79% of Alaska adults reported that they are not current smokers, below the Healthy Alaskans 2020 goal of 83%. Alaska Natives have a particularly low prevalence of not smoking (62%), significantly lower than other race groups (data not shown).

Current smokeless tobacco users were those respondents who report currently using any smokeless tobacco products, such as chewing tobacco, snuff or Iq'mik. Six percent of Alaska adults reported using smokeless tobacco in 2012.

Prevalence of Binge Drinking, 2012

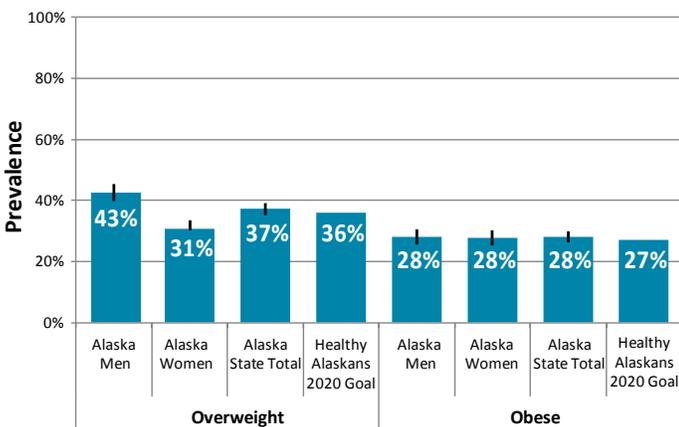


BINGE DRINKING

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. Seventeen percent of Alaska adults reported binge drinking* on the 2012 BRFSS survey; the Healthy Alaskans 2020 goal for binge drinking is 20%. Binge drinking among males (21%) was significantly higher than among females (13%).

*Note: Data for this indicator was collected only as part of the Standard BRFSS survey in 2012.

Prevalence of Overweight and Obesity, 2012



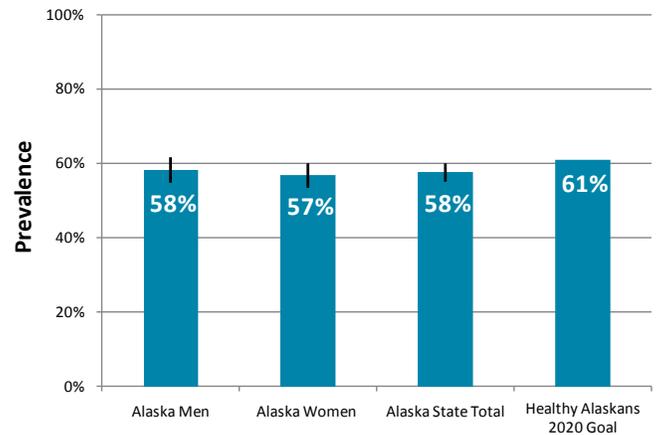
OVERWEIGHT AND OBESITY

People who are overweight or obese are at increased risk of chronic disease and premature death. In 2012, 37% of Alaska adults were overweight and 28% were obese based on body mass index (BMI). Men were more likely than women to be overweight in 2012; there was no difference by sex in the prevalence of obesity. 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. Each of these indicators are close to, but have not met, their Healthy Alaskans 2020 goals (36% overweight and 27% obese).

PHYSICAL ACTIVITY

Regular physical activity can reduce the risk of chronic disease and help in maintaining current weight or with losing weight. In 2011, 57% of Alaska adults met the 2008 United States Department of Health and Human Services Physical Activity Guidelines for Americans (adults who do 150 minutes or more per week of moderate or vigorous exercise where each minute of vigorous exercise contributes two minutes to the total). The Healthy Alaskans 2020 Goal of 61% has not been met. In 2012, 81% of Alaska adults reported taking part in some leisure time physical activity in the past 30 days.

Prevalence of Meeting the 2008 Physical Activity Guidelines for Americans, 2011



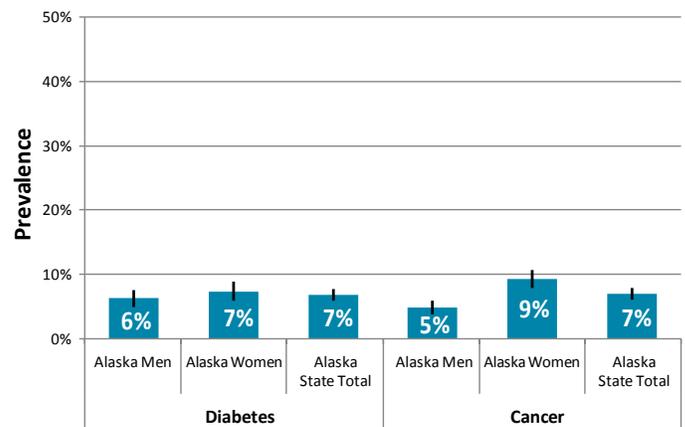
CHRONIC CONDITIONS - DIABETES AND CANCER

Diabetes increases the risk for heart disease and stroke and can result in blindness and renal disease. In 2012, 7% of Alaska adults reported being told they have diabetes; this is the lowest prevalence in the United States (2012 National BRFSS data). There was no difference between men and women in the prevalence of diabetes.

It is estimated there are 30,000 Alaskans living with cancer (American Cancer Society, Cancer Treatment & Survivorship Facts and Figures 2012-2013). Breast, prostate, lung and colorectal cancer are the most commonly diagnosed cancers for Alaskans (Alaska Cancer Registry data, 2011). In 2012, 7% of Alaska adults reported ever being told they have cancer*. More women than men reported ever being told they have cancer in 2012.

*Note: Data for the cancer indicator was collected only as part of the Standard BRFSS survey in 2012.

Prevalence of Diabetes and Cancer, 2012



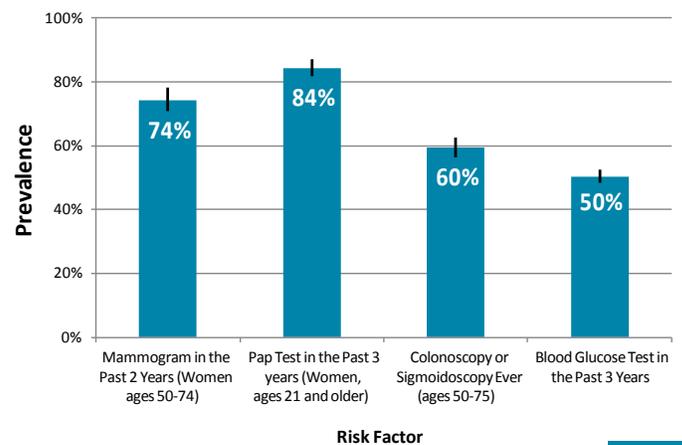
SCREENINGS

The United States Preventive Services Task Force recommends health screenings to monitor health and promote early intervention; recommendations for screenings vary according to age and sex of the individual (<http://www.uspreventiveservicestaskforce.org/adultrec.htm>). In 2012, 50% of Alaska adults reported having a blood glucose test in the past 3 years. Of adults ages 50 to 75 years, 60% reported ever having a colonoscopy or sigmoidoscopy* in 2012.

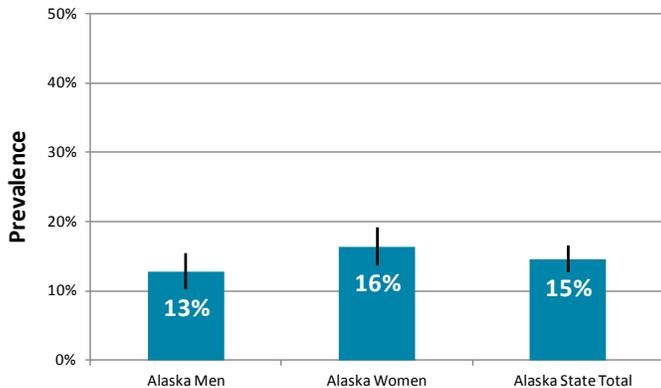
In 2012, 84% of women ages 21 years and older reported having a pap test in the past 3 years* and 74% of women ages 50 to 74 years reported having a mammogram in the past 2 years*.

*Note: Data for these indicators were collected only as part of the Standard BRFSS survey in 2012.

Prevalence of Selected Screenings Among Alaska Adults, 2012



Prevalence of Falls That Caused an Injury (age 45+), 2012

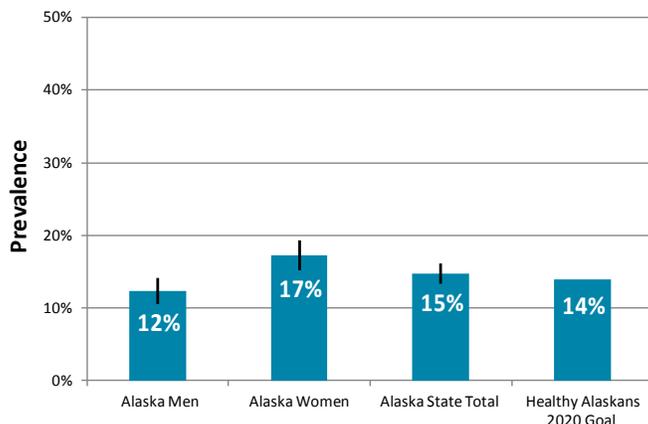


FALLS

Fall-related injuries are the most frequent cause of hospitalizations for people 45 years and older (Alaska Trauma Registry, 2007-2011). In 2012, 15% of adults ages 45 years and older reported having a fall that caused an injury in the past 3 months*. There was no difference between men and women in the prevalence of falls that caused an injury.

*Note: Data for this indicator was collected only as part of the Standard BRFSS survey in 2012.

Prevalence of Adults Who Could Not Afford to See a Doctor (Past 12 Months), 2012



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

Many Alaska adults lack access to primary health care and preventive services. Reasons include distance from sources of care and lack of health care coverage. On the 2012 BRFSS surveys, 15% of Alaska adults reported not being able to see a doctor due to cost in the past 12 months; more women than men reported not being able to afford to see a doctor in 2012. The Healthy Alaskans 2020 goal is 14% of adults reporting that they could not afford to see a doctor.

Find out more about the Alaska BRFSS:

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

More information about the Alaska Behavioral Risk Factor Surveillance System Surveys can be found at:

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>.

Alaska Behavioral Risk Factor Surveillance System Survey Annual Reports can be found at: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/publications.aspx>.

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

REFERENCES:

Healthy Alaskans 2020, 25 Leading Health Indicators:
<http://hss.state.ak.us/ha2020/25LHI.htm>.

This report was prepared by Rebecca W. Topol, SM, Alaska BRFSS Coordinator. January 2014.

The 2011 and 2012 Standard BRFSS surveys were funded in part by the Centers for Disease Control and Prevention, Grant No. 5U58S0000017. This report was produced by the Alaska Department of Health and Social Services to report highlights of the survey results. It was printed at a cost of \$0.28 per copy in Anchorage, Alaska. This cost block is required by AS 44.99.210.