



Alaska

BRFSS HIGHLIGHTS

Behavioral Risk Factor Surveillance System 2013

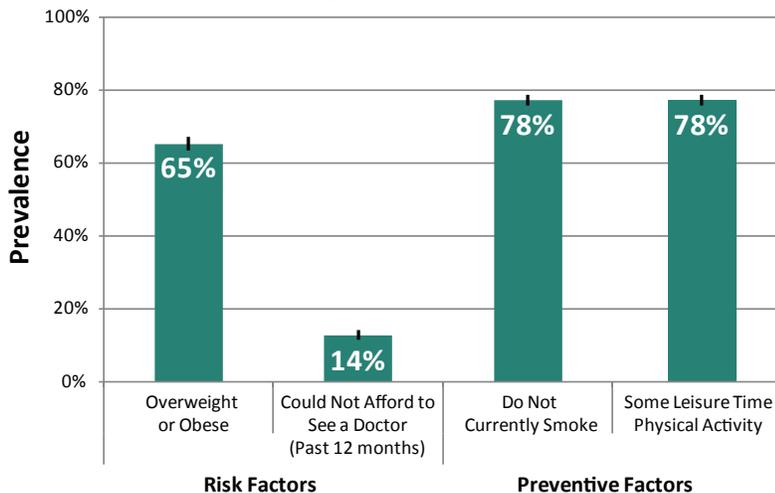
Introduction

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 where 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 2013, 4,578 health interviews were conducted using the Standard BRFSS questionnaire and 4,595 were conducted using the Supplemental BRFSS. 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 age 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 see here: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.

Prevalence of Selected Risk and Preventive Factors Among Alaska Adults, 2013



Bill Walker,
Governor
State of Alaska

Valerie Davidson,
Commissioner
Department of Health
and Social Services

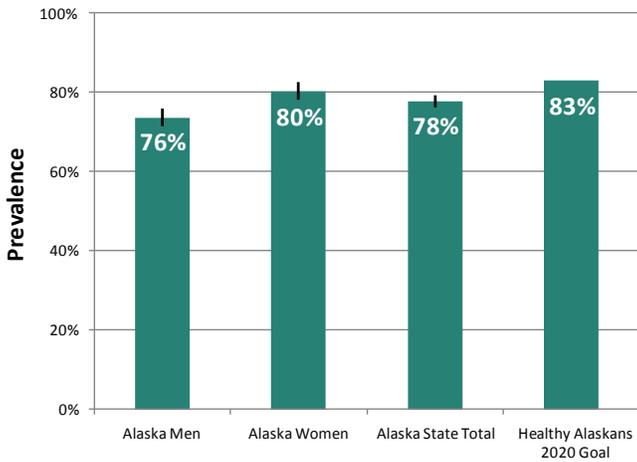
Jay C. Butler, MD,
Chief Medical Officer
and Director
Division of Public Health



**Find out more
about the
Alaska BRFSS:**

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

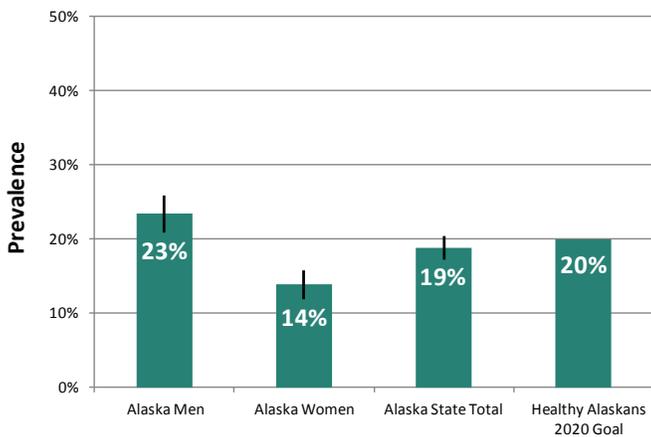
Prevalence of NOT Currently Smoking, 2013



TOBACCO USE

Current smokers were those respondents that had smoked at least 100 cigarettes in their lifetime and reported they currently smoke either some days or every day. In 2013, 78% of Alaska adults reported that they are not current smokers, below the Healthy Alaskans 2020 goal of 83%. Fifty-nine percent of Alaska Natives do not smoke; this is significantly lower than other race groups (data not shown).

Prevalence of Binge Drinking, 2013

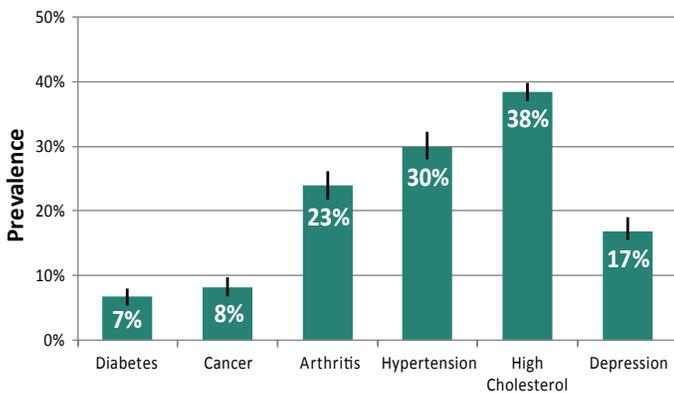


BINGE DRINKING

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. Nineteen percent of Alaska adults reported binge drinking* on the 2013 BRFSS survey; this is better than the Healthy Alaskans 2020 goal for binge drinking of 20%. Binge drinking among males (23%) was significantly higher than among females (14%).

*Note: Data for this indicator were collected only as part of the Standard BRFSS survey in 2013.

Prevalence of Selected Chronic Conditions, 2013



SELECTED CHRONIC CONDITIONS

Diabetes increases the risk for heart disease and stroke and can result in blindness and renal disease. In 2013, 7% of Alaska adults reported being told they have 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 2013, 8% of Alaska adults reported ever being told they have cancer.*

Hypertension and high cholesterol are risk factors for cardiovascular disease. In 2013, 30% of Alaska adults reported being told they have hypertension;* 38% of adults reported ever being told they have high cholesterol.*

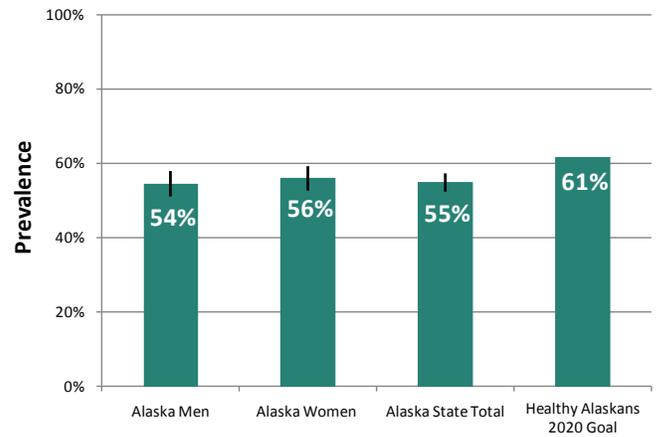
Both arthritis and depression are chronic conditions that can have a huge impact on quality of life. In 2013, 23% of Alaska adults reported having been told by a doctor that they have arthritis.* Seventeen percent of Alaska adults reported ever being told by a doctor that they have depression.*

*Note: Data for these indicators were collected only as part of the Standard BRFSS survey in 2013.

PHYSICAL ACTIVITY

Regular physical activity can reduce the risk of chronic disease and help in maintaining current weight or with losing weight. In 2013, 78% of Alaska adults reported taking part in some leisure time physical activity in the past 30 days. Further, 55% of Alaska adults met the 2008 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. Thirty-six percent of adults met the 2008 Physical Activity Guideline for muscle strengthening; 25% of adults met both the aerobic and strengthening guidelines.

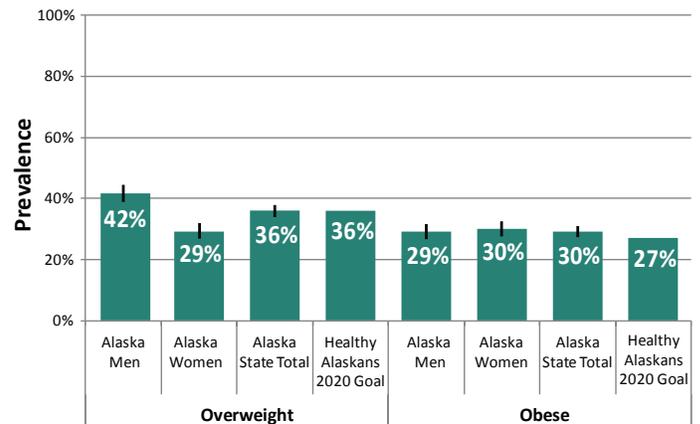
Prevalence of Meeting the 2008 Physical Activity Guidelines for Americans, 2013



OVERWEIGHT AND OBESITY

People who are overweight or obese are at increased risk of chronic disease and premature death. In 2013, 36% of Alaska adults were overweight and 30% 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. Men were more likely than women to be overweight in 2013; there was no difference by sex in the prevalence of obesity. Overweight prevalence has met the Healthy Alaskans 2020 goal of 36%; obesity prevalence is still higher than the Healthy Alaskans 2020 goal of 27% obese.

Prevalence of Overweight and Obesity, 2013

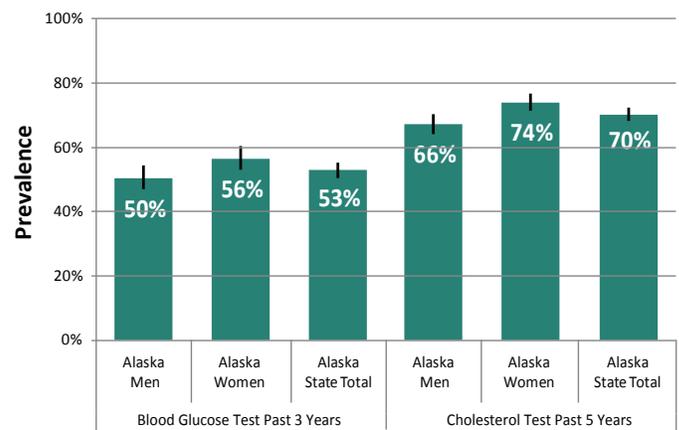


SCREENINGS

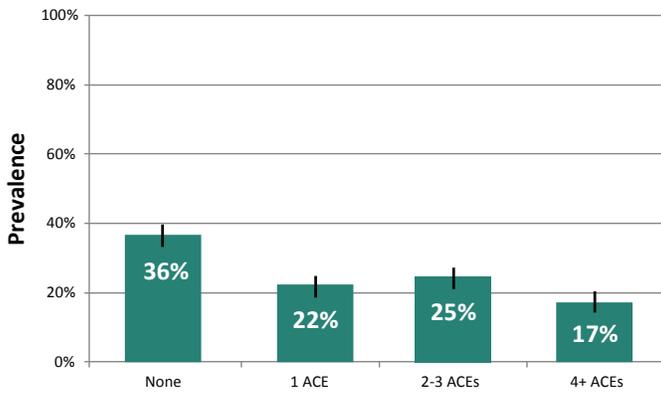
The United States Preventive Services Task Force recommends health screenings to monitor health and promote early intervention; recommendations for screenings vary according to age and sex of the individual (<http://www.uspreventiveservicestaskforce.org/adultrec.htm>). In 2013, 53% of Alaska adults reported having a blood glucose test in the past 3 years. This test helps determine risk for diabetes and pre-diabetes. In 2013, 70% of Alaska adults reported having a cholesterol test in the past 5 years.*

*Note: Data for this indicator was collected only as part of the Standard BRFSS survey in 2013.

Prevalence of Selected Screenings Among Alaska Adults, 2013



Number of ACEs Among Alaska Adults, 2013

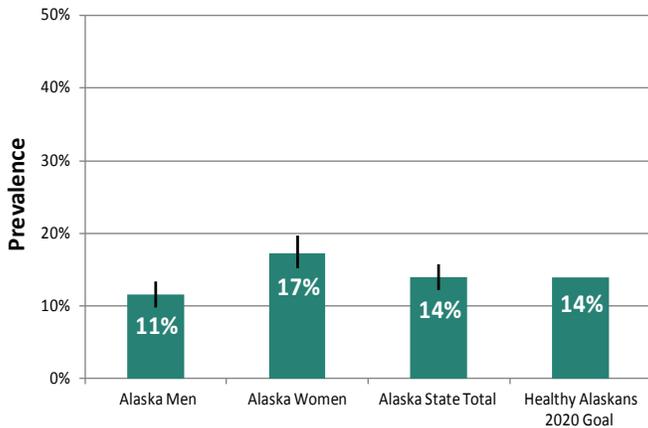


ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences or ACEs include household dysfunction and emotional, physical and sexual abuse experienced during childhood. ACEs are related to many behavioral and physical health conditions including chronic conditions (<http://www.cdc.gov/violenceprevention/acestudy/index.html>). In 2013, 64% of Alaska adults reporting experiencing one or more ACEs* during the time before they were 18 years old. Seventeen percent of adults in 2013 reported having experienced 4 or more ACEs.

*Note: Data for this indicator was collected only as part of the Standard BRFSS survey in 2013.

Prevalence of Adults Who Could NOT Afford to See a Doctor (Past 12 Months), 2013



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 2013 BRFSS surveys, 14% 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 2013. This indicator has met the Healthy Alaskans 2020 goal of 14% of adults reporting that they could not afford to see a doctor.

To receive periodic updates on the Alaska BRFSS, Informed Alaskans, Healthy Alaskans 2020 and more please go to:
<https://public.govdelivery.com/accounts/AKDHSS/subscriber/topics>

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. February 2015.

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