



Alaska

BRFSS HIGHLIGHTS

Behavioral Risk Factor Surveillance System 2015

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 U.S. 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, 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 2015, 3,657 health interviews were conducted using the Standard BRFSS questionnaire and 4,591 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.

For more information, visit:



Informed Alaskans

HEALTH MAPS
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AK-IBIS



Bill Walker,
Governor
State of Alaska

Valerie Davidson,
Commissioner
Department of Health
and Social Services

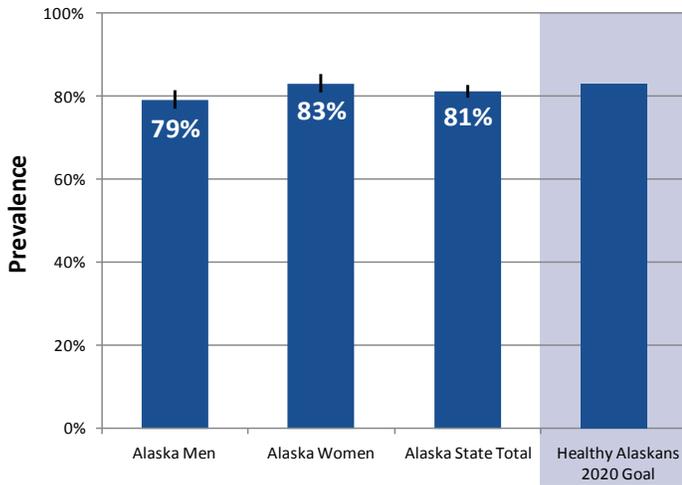
Jay C. Butler, MD,
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**Find out more
about the
Alaska BRFSS:**

[http://dhss.alaska.gov/
dph/Chronic/Pages/
brfss/default.aspx](http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx)

Prevalence of NOT Currently Smoking, 2015

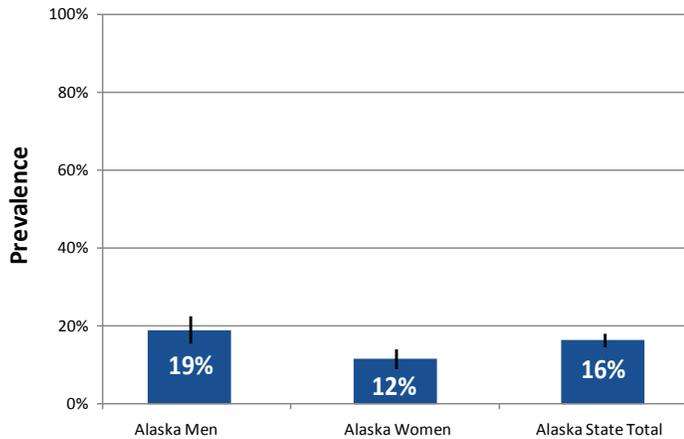


TOBACCO USE

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 2015, 81% of Alaska adults reported that they are not current smokers, below the Healthy Alaskans 2020 goal of 83%. Sixty-four percent of Alaska Native adults reported not smoking; this was significantly lower than other race groups.* [For more data related to Tobacco Use, visit AK-IBIS.](#)

*Note: data not shown.

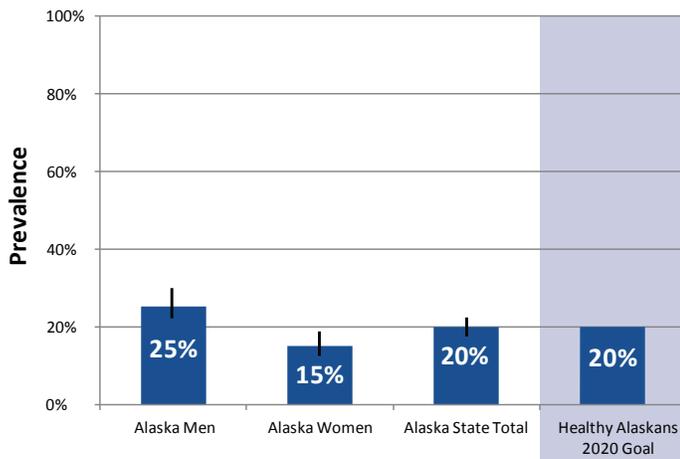
Prevalence of Current Marijuana Use, 2015



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 2015, 16% of Alaska adults reported current marijuana use. [For more information related to Marijuana Use, visit \[www.marijuana.dhss.alaska.gov\]\(http://www.marijuana.dhss.alaska.gov\).](#)

Prevalence of Binge Drinking, 2015



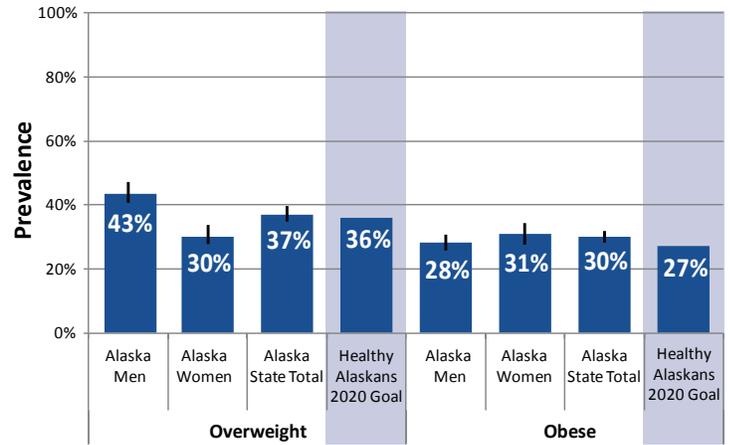
BINGE DRINKING

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. Twenty percent of Alaska adults reported binge drinking on the 2015 BRFSS survey; this meets the Healthy Alaskans 2020 goal for binge drinking of 20%. Binge drinking among males (25%) was significantly higher than among females (15%). [For more data related to Binge Drinking, visit AK-IBIS.](#)

OVERWEIGHT AND 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. 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 2015, 37% of Alaska adults were overweight and 30% were obese based on body mass index (BMI). Both overweight and obesity prevalences were higher than their respective Healthy Alaskans 2020 goals of 36% overweight and 27% obese. [For more data related to Overweight, visit AK-IBIS.](#) [For more data related to Obesity, visit AK-IBIS.](#)

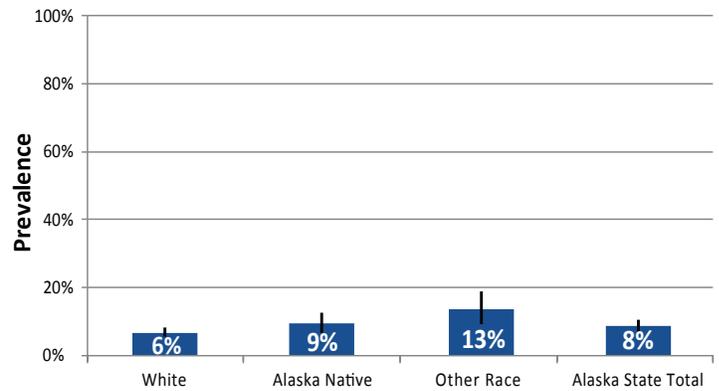
Prevalence of Overweight and Obesity, 2015



DIABETES

Diabetes prevalence included all those 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 2015, 8% of Alaska adults reported being told they have diabetes. [For more data related to Diabetes, visit AK-IBIS.](#)

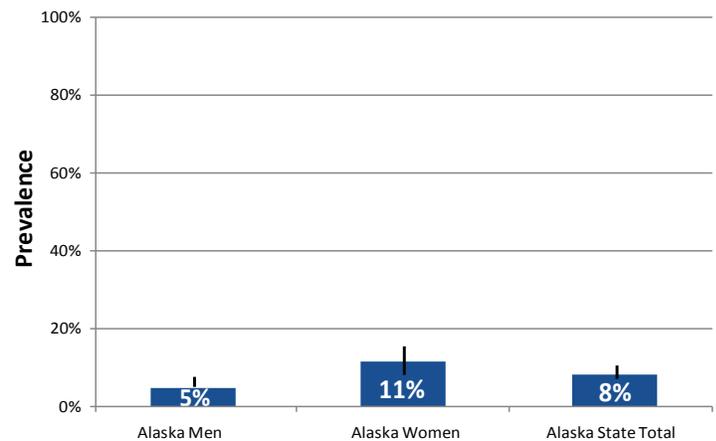
Prevalence of Diabetes, 2015



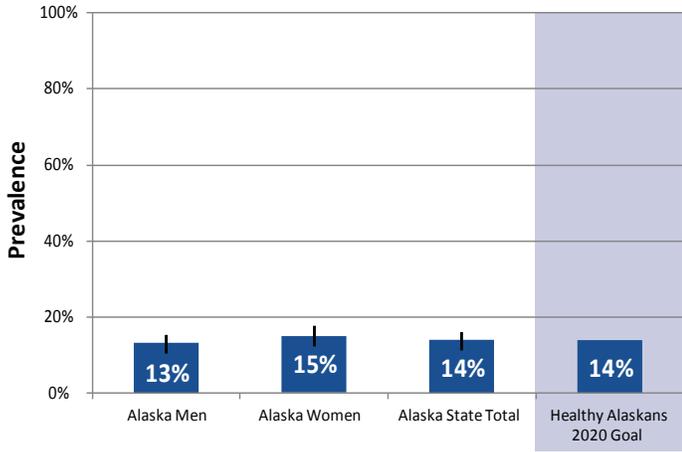
CANCER

Breast, lung, prostate, and colorectal cancers are the most commonly diagnosed cancers in Alaska. In 2015, 8% of Alaska adults reported ever being told they have cancer. [For more data related to Cancer visit AK-IBIS.](#)

Prevalence of Cancer, 2015



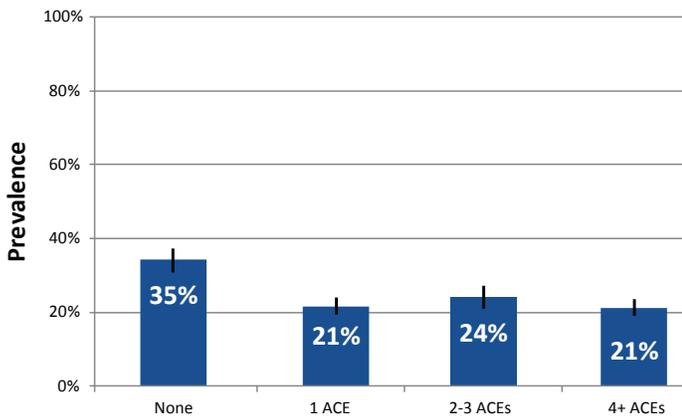
Prevalence of Adults Who Could Not Afford to See a Doctor (Past 12 Months), 2015



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 2015, 14% of Alaska adults reported not being able to see a doctor due to cost in the past 12 months. This indicator met the Healthy Alaskans 2020 goal of 14% of adults reporting that they could not afford to see a doctor. [For more data related to Health Care - Cost as a Barrier, visit AK-IBIS.](#)

Number of ACEs Among Alaska Adults, 2015



ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences or ACEs include neglect, household dysfunction, and emotional, physical, and sexual abuse experienced during childhood. In 2015, 65% of Alaska adults reported experiencing one or more ACE* during the time before they were 18 years old. Twenty-one percent of adults in 2015 reported having experienced 4 or more ACEs. [For more data related to ACEs, visit AK-IBIS.](#)

*Note: data for this indicator was collected only as part of the Standard BRFSS survey in 2015.

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 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:

Health Alaskans 2020: 25 Leading Health Indicators. State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium. <http://hss.state.ak.us/ha2020/25LHI.htm>. Accessed September 26, 2016.

This report was prepared by Aulasa Liendo, Alaska BRFSS Coordinator. November 2016.

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