



Alaska

# BRFSS HIGHLIGHTS

## Behavioral Risk Factor Surveillance System 2016

### 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 on risk factors, prevalence of chronic diseases, and preventive practices essential for assessing the health status of Alaska adults and the effectiveness of health promotion programs. 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.

The Alaska BRFSS is the only source for representative statewide data for many chronic health conditions, risk factors, and injuries, and data collected on the BRFSS are used to measure 6 of the 25 [Healthy Alaskans 2020](#)\* leading health indicators. In 2016, 7,381 health interviews were conducted in Alaska over the telephone (landline and cell phone) using a probability sample of telephone numbers. Households were contacted, and one adult age 18 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 BRFSS annually since 1991. 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 BRFSS were analyzed for significant changes over the past 10 years. Logistic regression was used to examine linear trends in annual prevalence estimates for all Alaska adults for key health indicators from 2007 to 2016 while controlling for changes in underlying age, sex, and race distributions.

The Alaska 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:



### Informed Alaskans



**Bill Walker,**  
Governor  
State of Alaska

**Valerie Nurr'araaluk Davidson,**  
Commissioner  
Department of Health  
and Social Services

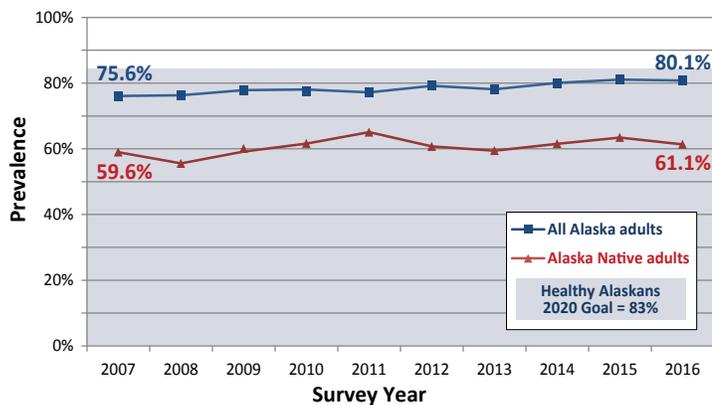
**Jay C. Butler, MD,**  
Chief Medical Officer  
and Director  
Division of Public Health



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

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

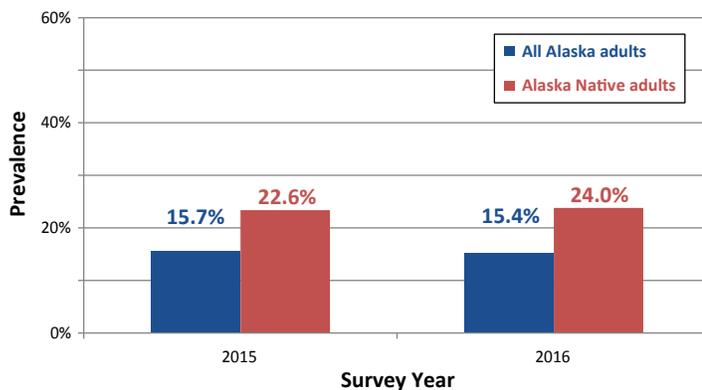
### Prevalence of NOT Currently Smoking by Survey Year



### 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 2016, 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 2007. By comparison, 61% 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>.

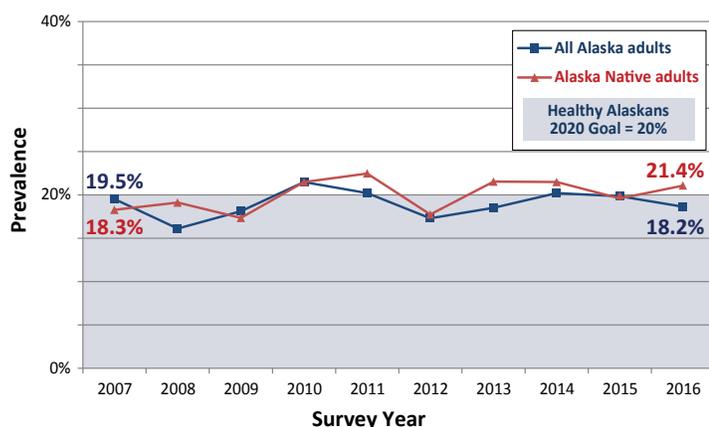
### Prevalence of Current Marijuana Use by Survey Year



### 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 methods. In 2016, 15% of all Alaska adults and 24% of Alaska Native adults reported current marijuana use. Men were more likely than women to be current marijuana users (19% versus 12%, respectively). Data are currently available for 2015 and 2016 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](http://ibis.dhss.alaska.gov/indicator/view/DrugUseAdltMar.AK_US.html).

### Prevalence of Binge Drinking by Survey Year

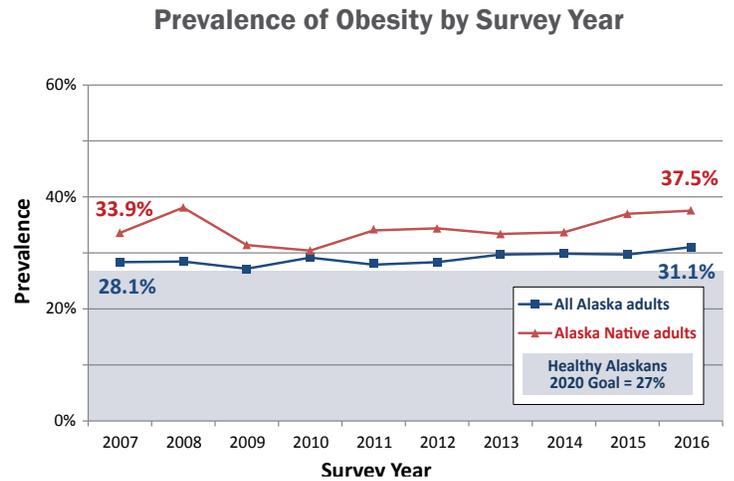


### BINGE DRINKING

Binge drinking was defined as having had 5 or more alcoholic drinks for men or 4 or more alcoholic drinks for women on one or more occasions in the past 30 days. Eighteen percent of all Alaska adults reported binge drinking on the 2016 BRFSS survey, meeting the Healthy Alaskans 2020 target for binge drinking of 20% or lower. Twenty-one percent of Alaska Native adults reported binge drinking in 2016. Significant differences in prevalence of binge drinking existed between males (22%) and females (15%) in 2016. For more information on binge drinking, visit [http://ibis.dhss.alaska.gov/indicator/view/AlcConBinDri.AK\\_US\\_time.html](http://ibis.dhss.alaska.gov/indicator/view/AlcConBinDri.AK_US_time.html).

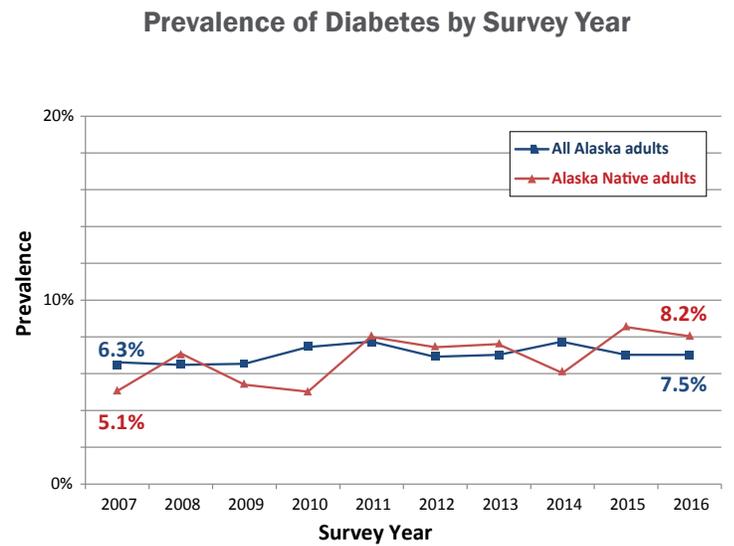
## OBESITY

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 2016, 31% of all Alaska adults and 38% of Alaska Native adults were obese based on BMI, higher than the Healthy Alaskans 2020 target of 27% obese. A significant increase in prevalence of obesity among all Alaska adults was observed between 2007 and 2016. For more information on obesity, visit [http://ibis.dhss.alaska.gov/indicator/view/Obe.AK\\_US\\_time.html](http://ibis.dhss.alaska.gov/indicator/view/Obe.AK_US_time.html).



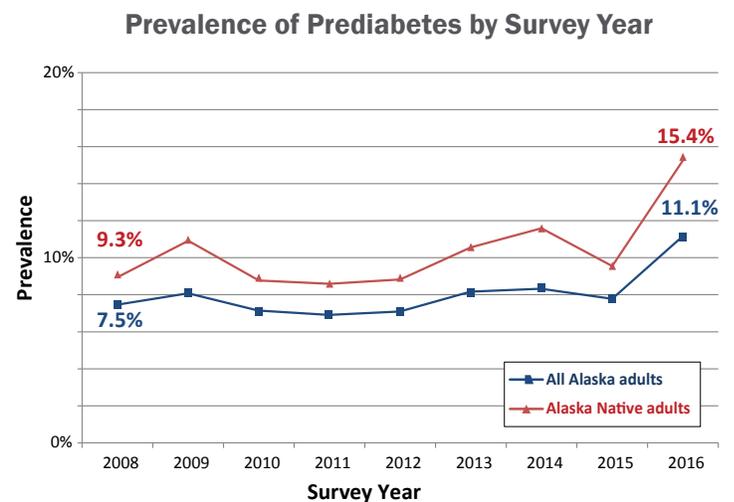
## DIABETES

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 having diabetes. In 2016, 8% of all Alaska adults and 8% of Alaska Native adults reported being told they have diabetes. No significant change in prevalence of diabetes among all Alaska adults was observed between 2007 and 2016; however, a significant increase was noted among Alaska Native adults specifically between 2007 and 2016. For more information on diabetes, visit <http://ibis.dhss.alaska.gov/indicator/view/DiabPrev.HA.html>.

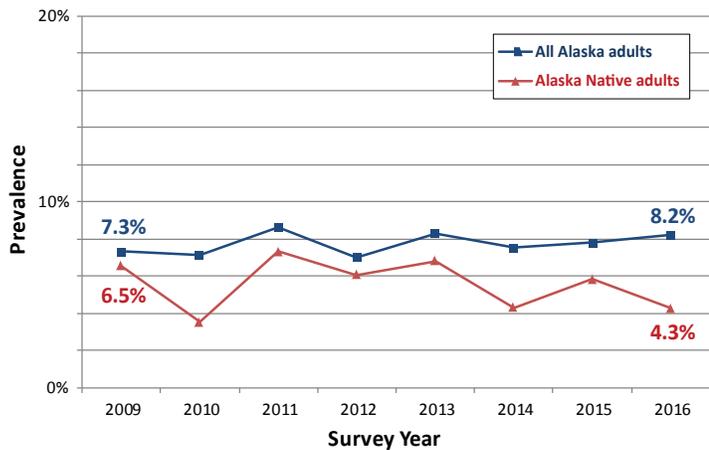


## PREDIABETES

In 2010, CDC focused national attention on prediabetes with the creation of the [National Diabetes Prevention Program](#) to prevent type 2 diabetes.\*\* 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 2016, 11% of all Alaska adults and 15% of Alaska Native adults reported having prediabetes. Data on this indicator have been collected since 2008, and a significant increase in prevalence of prediabetes was observed between 2008 and 2016. For more information on prediabetes, visit [http://ibis.dhss.alaska.gov/indicator/view/DiabPre.AK\\_US.html](http://ibis.dhss.alaska.gov/indicator/view/DiabPre.AK_US.html).



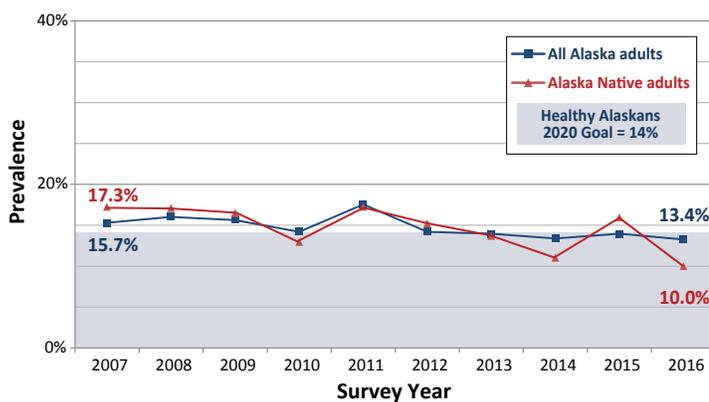
### Prevalence of Cancer by Survey Year



### CANCER

Breast, lung, prostate, and colorectal cancers are the most commonly diagnosed cancers in Alaska. In 2016, 8% of all Alaska adults and 4% 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>.

### Prevalence of Adults Who Could Not Afford to See a Doctor (Past 12 Months) by Survey Year



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

Access to quality healthcare was measured by this question: “Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?” In 2016, 13% of all Alaska adults and 10% 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 decreased significantly from 2007 to 2016, 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>.

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:

- \* Healthy 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 25, 2017.
- \*\* Albright AL, Gregg EW. Preventing type 2 diabetes in communities across the US: the National Diabetes Prevention Program. *Am J Prev Med.* 2013;44(4, Suppl 4):S346–51.

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