



Alaska's Behavioral Risk Factor Surveillance System

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1991-1996

Alaska's Progress Towards the Goals of Healthy People 2000

About half of all deaths occurring annually can be attributed to modifiable behavioral risk factors (McGinnis and Foege, 1993). These risk factors are associated with lifestyle and include such things as poor diet, physical inactivity, smoking, overweight, not using safety belts and not taking preventive health measures. Many diseases and premature deaths could be prevented through modified behavior and lifestyle.

In 1991, the publication *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* was produced. This document outlines a national strategy to reduce the risks associated with disease and premature death and improve the nation's health by the year 2000.

The Behavioral Risk Factor Surveillance System

The Alaska Department of Health and Social Services implemented the Behavioral Risk Factor Surveillance System (BRFSS) in 1990 in cooperation with the Federal Centers for Disease Control and Prevention. The system

gathers information about the health related lifestyle choices of Alaskan adults related to leading causes of death such as heart disease, cancer and injury. The program is part of an ongoing national data collection system. Results are analyzed each year to improve our understanding of Alaskan health habits and to measure progress toward national and state health objectives.

In Alaska, 128 health interviews are conducted each month utilizing a standardized BRFSS questionnaire. The interviews are conducted over the telephone using randomly selected telephone numbers. Respondents are randomly selected from the adult members of the household (18 years of age and older). A total of 1536 interviews are completed annually. These data are analyzed by the Centers for Disease Control and Prevention and weighted to adjust the sample to represent the state population.

This report summarizes survey findings from 1991 to 1996 and compares the results to selected national health objectives presented in the *Healthy People 2000* publication.

Overweight

HEALTHY PEOPLE 2000 OBJECTIVE 1.2 – NOT MET

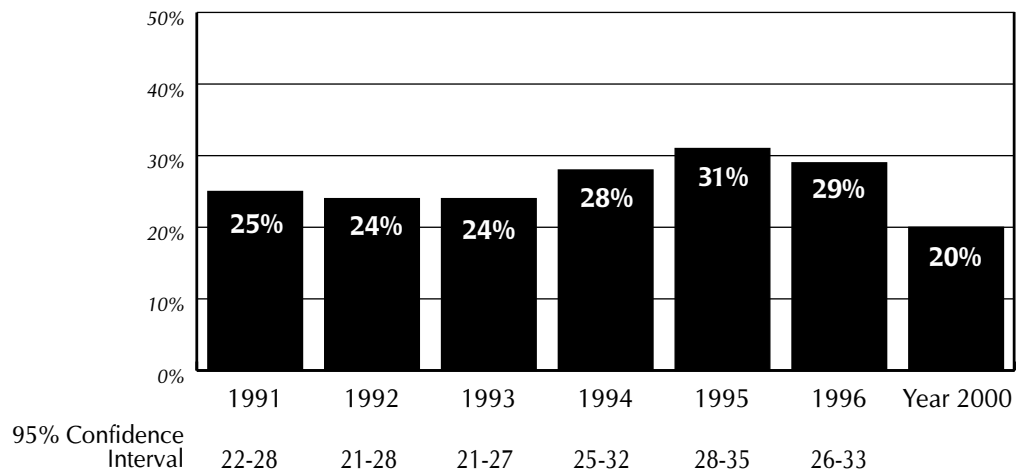
Reduce the prevalence of overweight to a prevalence of no more than 20 percent among people aged 20 and older.

Overweight people are at increased risk for heart disease, diabetes and for certain types of cancer.

Survey results indicate that Alaska has not met this goal and that typically more than 20% of Alaskan adults are overweight.

Definition used for this survey: Body Mass Index (BMI): Females with body mass index (weight in kilograms divided by height in meters squared (w/h**2)) >= 27.3 and males with body mass index >= 27.8.

Overweight



Physical Activity

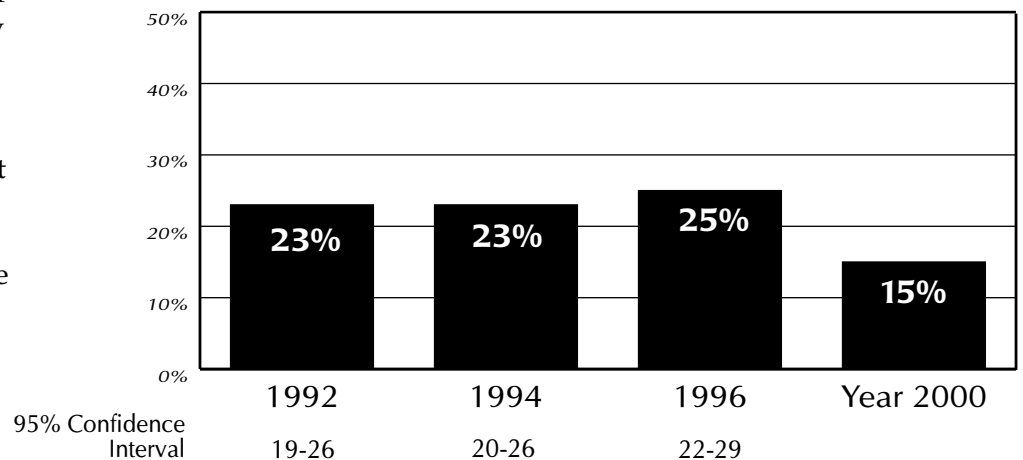
HEALTHY PEOPLE 2000 OBJECTIVE 1.5 – NOT MET

Reduce to no more than 15 percent the proportion of people aged 6 and older who engage in no leisure-time physical activity; reduce to no more than 22 percent the proportion of people aged 65 and older who engage in no leisure-time physical activity.

The Surgeon General recommends regular (preferably daily) physical activity for better health. Regular physical activity reduces the risk of premature death and enhances health.

The proportion of Alaskan adult respondents who report no leisure time activity has remained unfavorably above the Year 2000 goal of 15%.

No Physical Activity ♦



♦ data not collected during missing years

Fruit and Vegetable Consumption

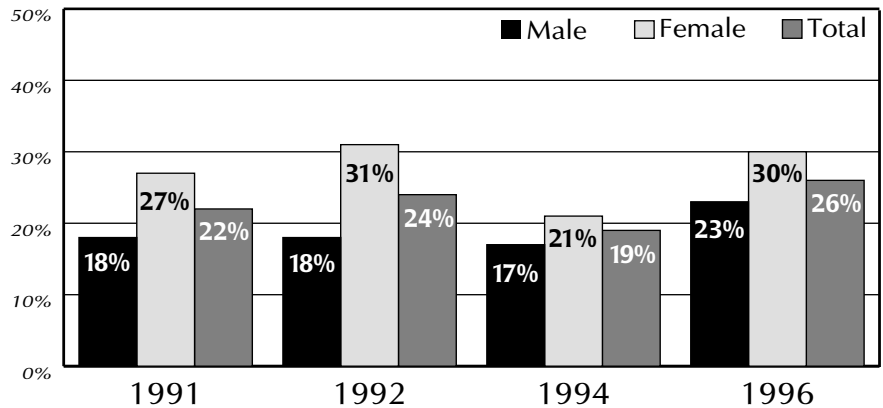
HEALTHY PEOPLE 2000 OBJECTIVE 2.6 – NOT MET

Increase complex carbohydrate and fiber containing foods in the diets of adults to five or more daily servings for fruits and vegetables, and to six or more daily servings for grain products.

Consumption of fruits and vegetables may reduce the risk of chronic diseases including some types of cancer, heart disease and stroke.

In Alaska the proportion of adults that consume five or more servings of fruits and vegetables per day has increased from 22% in 1991 to 26% in 1996. The survey indicates that women are more likely than men to consume five or more servings per day.

Fruit and Vegetable Consumption ♦ 5 or more servings per day



♦ data not collected during missing years

Cigarette Smoking

HEALTHY PEOPLE 2000 OBJECTIVE 3.4 – NOT MET

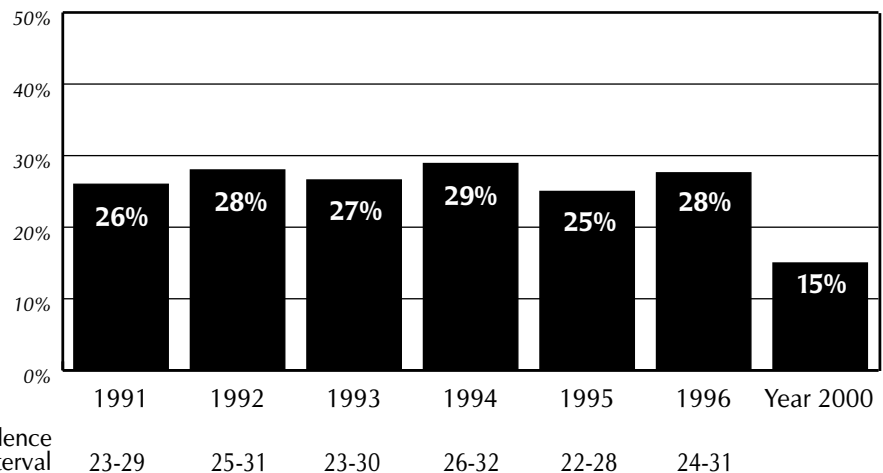
Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 20 and older.

Cigarette smoking is the single most preventable cause of death and disease in our society. It is a major risk factor for coronary heart disease, stroke, lung cancer, and other diseases and illnesses.

The prevalence of smoking among Alaskan adults has been above the national Year 2000 goal of 15%. Typically the smoking prevalence has fluctuated between 25% and 29%.

Definition used for this survey: Respondents who have smoked at least 100 cigarettes in their entire life and now smoke regularly and irregularly.

Smoking ♦♦



♦♦ 1991 and 1992 data include current regular smokers only

Lack of Safety Belt Use

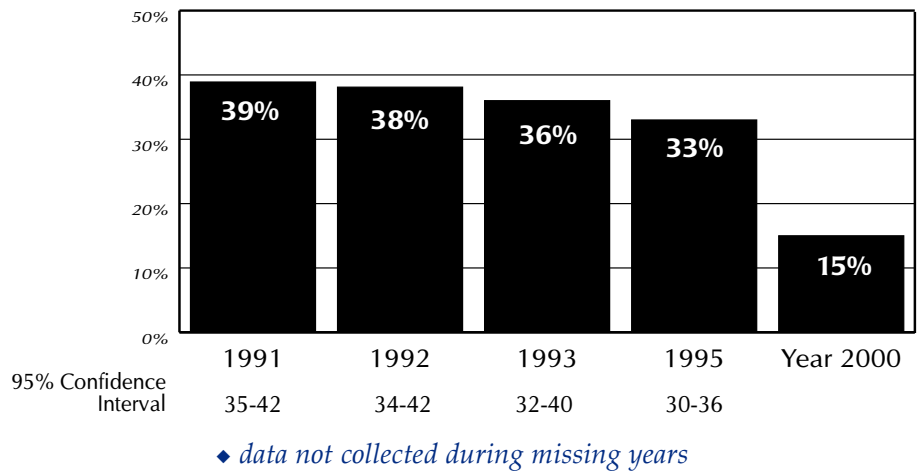
HEALTHY PEOPLE 2000 OBJECTIVE 9.12 – NOT MET

Increase the use of occupant protections systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85 percent of motor vehicle occupants (reduce safety belt non-use to no more than 15 percent).

Motor vehicle injuries are the most common cause of unintentional injury deaths. Use of safety belts significantly reduces motor vehicle crash death rates.

The proportion of Alaskan adults who do not always use safety belts has been consistently over 30% compared to the goal of 15%.

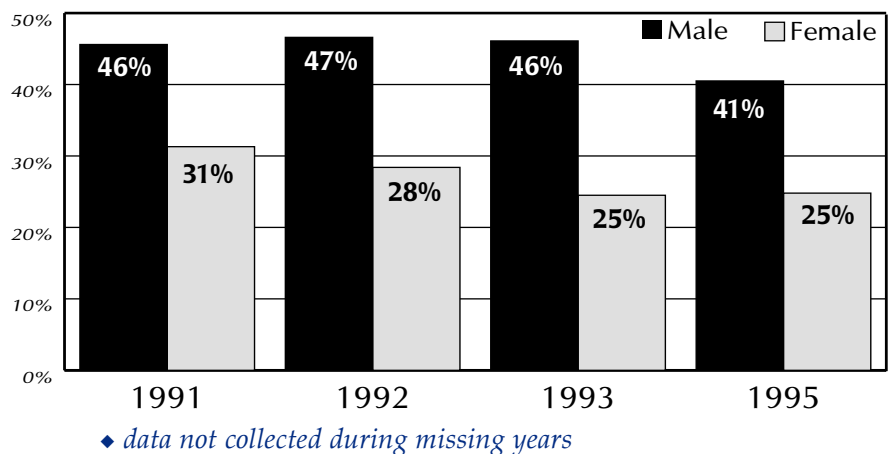
Safety Belt Non-Use ♦



Survey results indicate that men are less likely to buckle up than women.

Definition for this survey: Respondents reporting that they do not always use a safety belt when driving or riding in a car.

Safety Belt Non-Use ♦ by gender



Cholesterol Screening

HEALTHY PEOPLE 2000 OBJECTIVE 15.14 – NOT MET

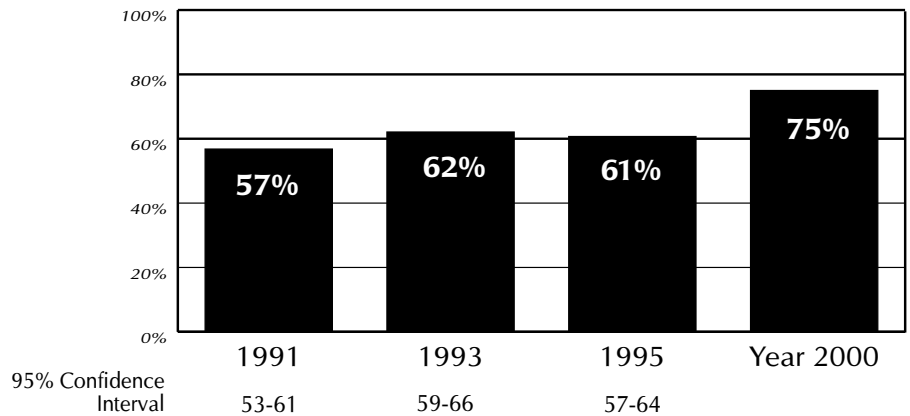
Increase to at least 75 percent the proportion of adults who have had their blood cholesterol checked within the preceding five years.

A major risk factor for heart disease is high blood cholesterol. It is recommended by the National Cholesterol Education Program, that all adults over the age of 20 should have their blood cholesterol measured at least once every five years and more often for patients with high cholesterol.

The prevalence of Alaskan adults who have had their cholesterol checked within the past five years has not reached the national goal of 75%.

*Definition used for this survey:
Respondents who have had their blood cholesterol checked within the past five years.*

Cholesterol Screening ♦



♦ data not collected for missing years

Mammography and Clinical Breast Exams

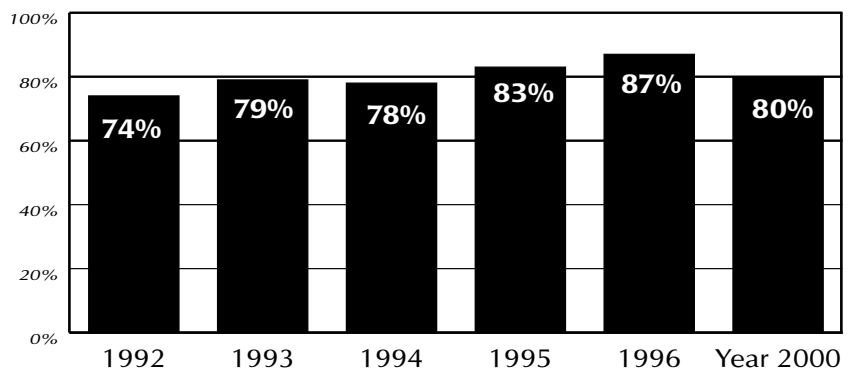
HEALTHY PEOPLE 2000 OBJECTIVE 16.11 – MET ♦♦ (see page 6)

Increase to at least 80 percent the proportion of women aged 40 and older who have ever received a clinical breast examination and a mammogram; and increase to at least 60 percent those aged 50 and older who have received them within the preceding one to two years.

Early detection of breast cancer greatly improves a woman's chance of survival.

Of Alaskan women aged 40 and older, the prevalence of ever having a mammogram with a clinical breast exam has improved.

Mammogram & Breast Exam ♦ Women 40 and Older



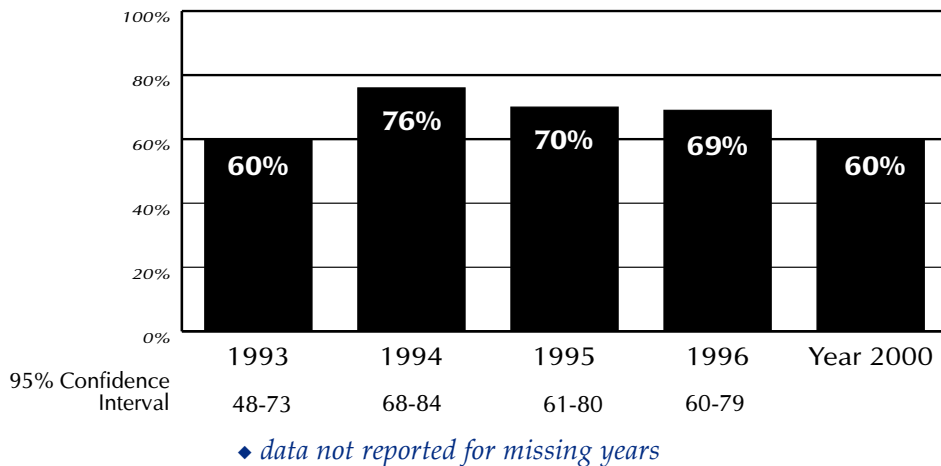
♦ data not reported for missing years

Mammography and Clinical Breast Exams *(continued)*

Among Alaskan women, aged 50 and older, the prevalence of having had a mammogram and a clinical breast exam within the past two years has been at or above the Year 2000 goal.

◆◆ Overall Alaskan women are meeting the Year 2000 objective; however this may not be true of all women. Differences exist among various segments of the population, depending on socioeconomic and other factors.

Mammogram & Breast Exam • Women 50 and Older



Pap Tests

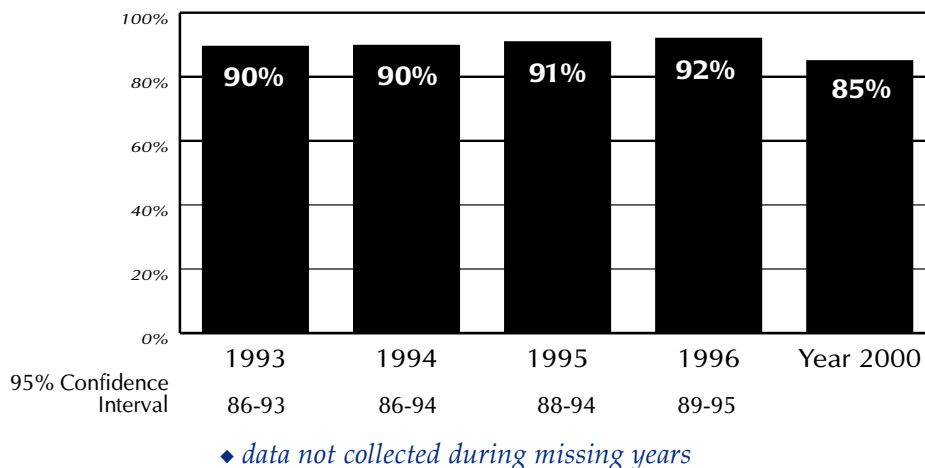
HEALTHY PEOPLE 2000 OBJECTIVE 16.12 – MET

Increase to at least 95 percent the proportion of women aged 18 and older with a uterine cervix who have ever received a pap test, and increase to at least 85 percent those who received a pap test within the preceding one to three years.

The pap test is highly effective in detecting early cancer of the cervix and greatly reduces the risk of mortality from invasive cervical cancer.

Of Alaskan females aged 18 and older, the prevalence of having had a pap test within the past three years has been achieved or above the Year 2000 goal of 85%.

Pap Test within Past 3 Years • Women 18 and Older



Proctoscopic Exams

HEALTHY PEOPLE 2000 OBJECTIVE 16.13 – MET

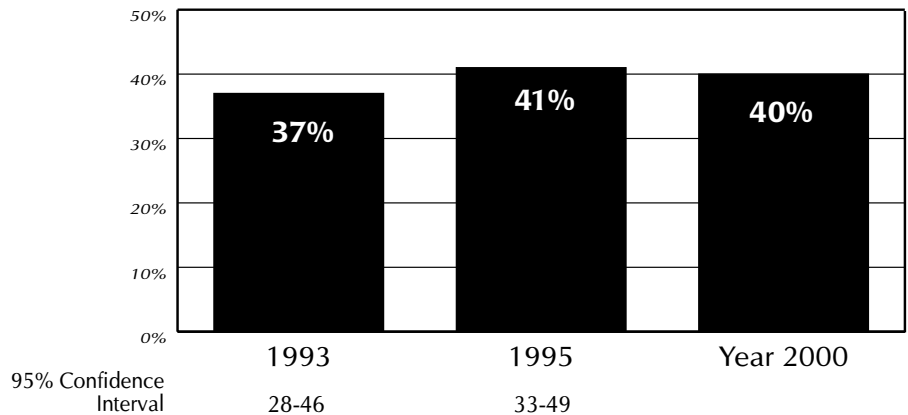
Increase to at least 40 percent the proportion of people aged 50 and older who have ever received a proctosigmoidoscopy.

Special examinations are recommended for persons over the age of 50 for the early detection of cancers of the colon and rectum.

In Alaska, the prevalence of having had a proctoscopic exam was 37% in 1993 and 41% in 1995.

A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems.

Proctoscopic Exam ♦ Adults 50 and Older



♦ data not collected during missing years

Influenza and Pneumonia Immunizations

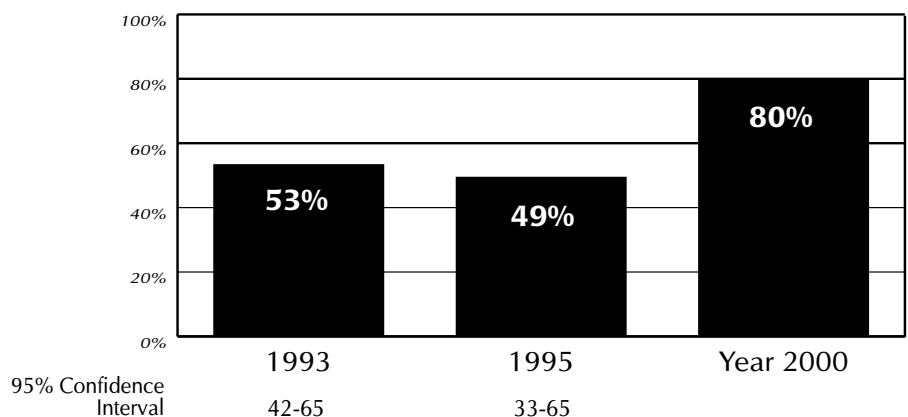
HEALTHY PEOPLE 2000 OBJECTIVE 20.11 – NOT MET

Increase pneumococcal pneumonia and influenza immunization among institutionalized chronically ill or older people to at least 80 percent.

Influenza (commonly called the flu) is a serious disease and can be dangerous to the elderly and others. People over the age of 65 and those at risk of getting the flu should be vaccinated each year.

The prevalence of recommended immunizations among Alaskan adults aged 65 and older has been well below the Year 2000 goal of 80%. Among adults aged 65 and older, the prevalence of influenza immunizations, was 53% in 1993 and 49% in 1995.

Influenza Immunizations ♦ Adults 65 and Older



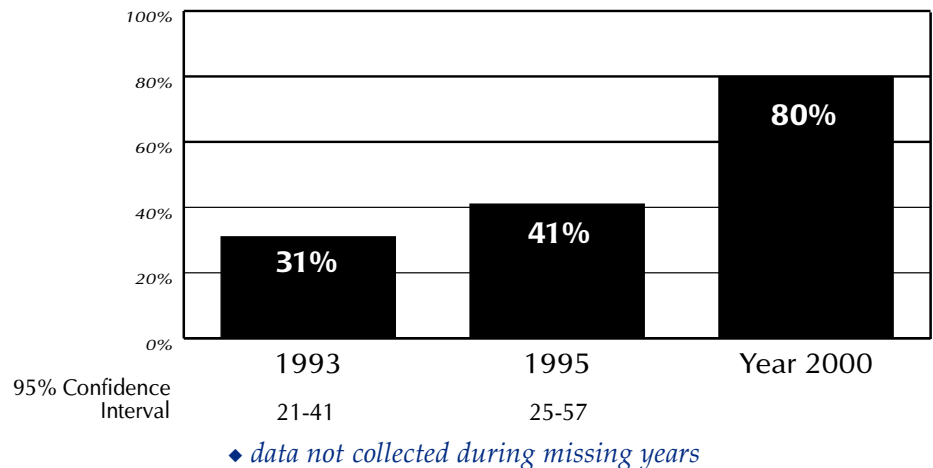
♦ data not collected during missing years

Immunizations *(continued)*

Among adults aged 65 and older the prevalence of having had a pneumonia vaccination was 31% in 1993 and 41% in 1995.

In Alaska, the pneumococcal vaccine is recommended for all individuals over the age of 55 and for those in high risk groups.

Pneumonia Immunizations ♦ Adults 65 and Older



Editorial notes:

Although the target age varies among the Year 2000 health objectives, these findings are representative of the adult population in Alaska, aged 18 years and older, with telephones.

For the purpose of this report, prevalence estimates are rounded to the nearest whole percent. Unless otherwise shown, differences between men and women are not particularly notable.

Where calculated, the 95% confidence interval range is shown. This represents the range of values within which the true value of a prevalence estimate would be expected to fall within, 95% of the time.

Alaskan BRFSS data for 1991-1994 were weighted to the 1990 census population. Alaskan BRFSS data for 1995 and 1996 were weighted to population estimates for their respective years.

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This report was prepared by Patricia Owen, BRFSS Coordinator.

More information can be found in the Alaska Behavioral Risk Factor Survey Annual Reports. To receive a copy of any BRFSS report, contact the Alaska Department of Health and Social Services, Division of Public Health, Section of Community Health and Emergency Medical Services, Health Promotion Program, P.O. Box 110616, Juneau, Alaska 99811-0616. Telephone 907-465-3140. E-mail: BRFSS@health.state.ak.us. Web site: <http://www.hss.state.ak.us/dph/chems/brfss.htm>.

National Year 2000 Goals are found in Healthy People 2000, National Health Promotion and Disease Prevention Objectives; U.S. Department of Health and Human Services, Public Health Service, DHHS Publication No. (PHS) 91-50212.