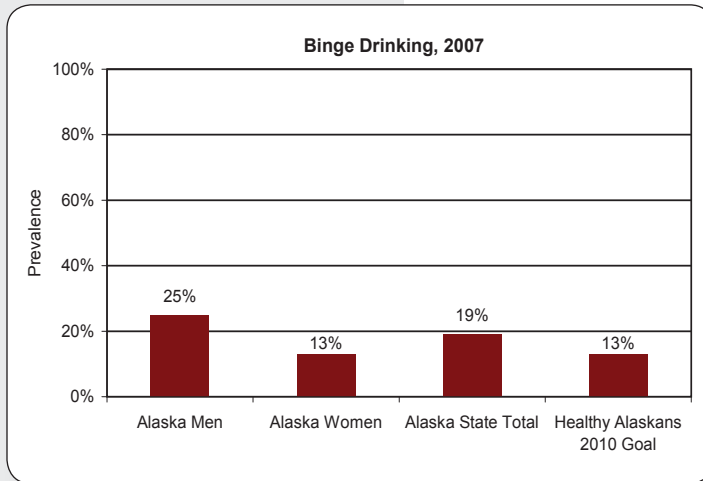




Sarah Palin, Governor
 State of Alaska

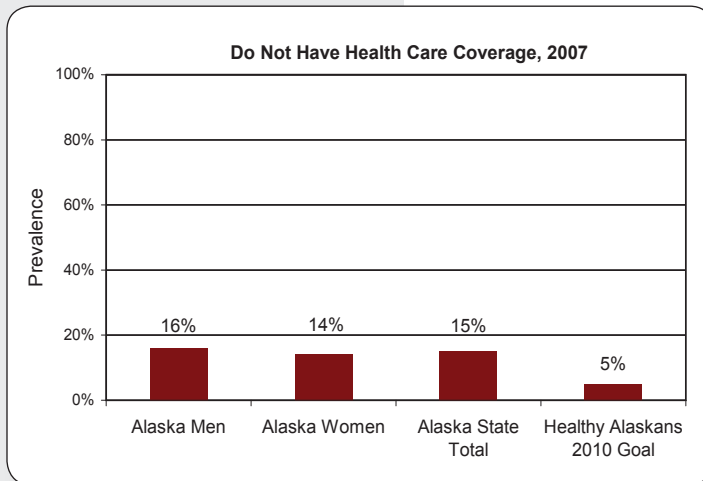
Karleen K. Jackson, Ph.D., Commissioner
 Department of Health and Social Services

Beverly K. Wooley, Director
 Division of Public Health



Binge Drinking

Binge drinking is associated with injury, both intentional and unintentional. Nineteen percent of Alaskan adults reported binge drinking on the 2007 BRFSS; the Healthy Alaskans 2010 goal for binge drinking is 13%. Binge drinking was defined as having had 5 or more drinks (men) or 4 or more drinks (women) on one or more occasions in the past 30 days. Binge drinking among males (26%) was significantly higher than among females (12%).



Do Not Have Health Care Coverage

Many Alaskans lack access to primary health care and preventive services. Reasons include distance from sources of care and lack of health care coverage. On the 2007 BRFSS, 15% of Alaskan adults reported not having health care coverage. The goal of Healthy Alaskans 2010 is to reduce the proportion of Alaskans without health care coverage to 5%.

Introduction

Modification of risk behaviors that contribute 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 the development of chronic disease prevention and health promotion efforts aimed at modifying key risk factors. 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 BRFSS in 1991 and has continued yearly since. The Alaska BRFSS is a collaborative project of the Centers for Disease Control and Prevention and the Alaska Division of Public Health.

In 2007, 2,552 health interviews were conducted using a standardized BRFSS questionnaire. The interviews were conducted over the telephone from the Health Survey Lab in Juneau using randomly selected telephone numbers. Households were contacted and one adult 18 years of age or older per household was randomly selected to complete the survey. These data were weighted to represent the state's adult population. This report presents highlights from data collected in 2007.

More information about the Alaska Behavioral Risk Factor Surveillance System can be found at <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/default.htm>

All Alaska Behavioral Risk Factor Survey Annual Reports can be downloaded from <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/publications.htm>.

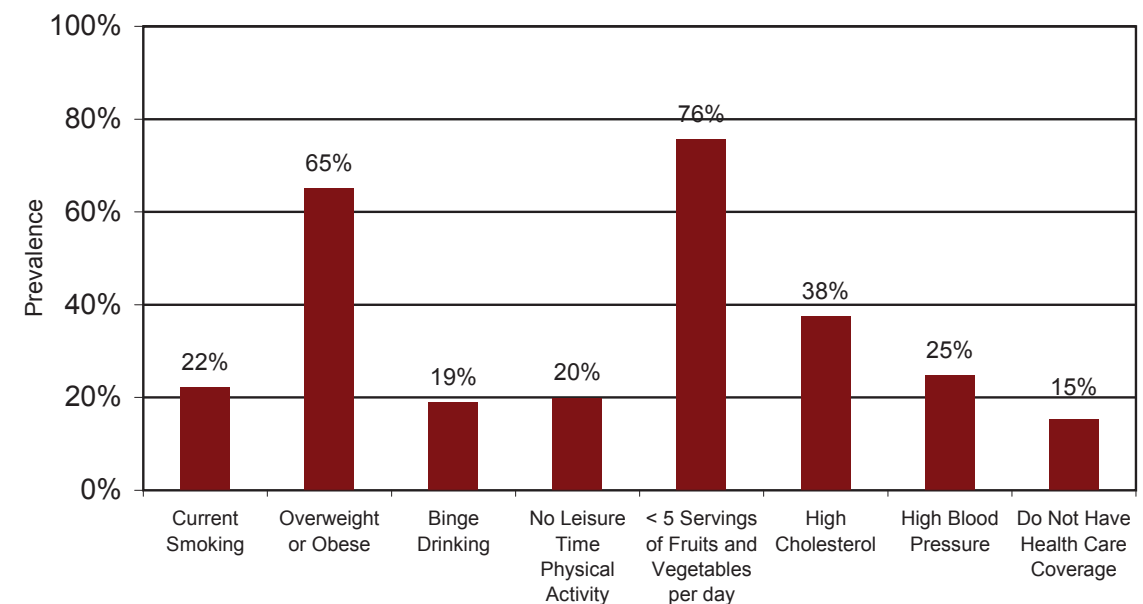
References:

Alaska Department of Health and Social Services, Division of Public Health. Healthy Alaskans 2010: Targets and Strategies for Improved Health. Volume I: Targets for Improved Health. Nov. 2005. Available at: <http://www.hss.state.ak.us/dph/chronic/ha2010/Default.htm>.

This report was prepared by Rebecca Wells, Alaska BRFSS Coordinator. April 2008.

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Prevalence of Selected Risk Factors Among Alaskan Adults, 2007



Indicator Data

Tobacco Use

In 2007, 22% of Alaskan adults reported current smoking, that is, had smoked at least 100 cigarettes in their lifetime and reported they currently smoke either some days or everyday. Smoking prevalence rates may differ slightly from those reported by the Tobacco Prevention and Control Program, who estimate smoking prevalence from a combination of the BRFSS and a supplemental tobacco survey. This is higher than the Healthy Alaskans 2010 goal of 14%. Alaska Natives have a particularly high prevalence of smoking (38%), significantly higher than other race groups (data not shown).

Overweight and Obese

People who are overweight or obese are at increased risk of chronic disease and premature death. In 2007, 37% of Alaskan adults were overweight and 28% 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. Both of these indicators are greater than the Healthy Alaskans 2010 goals of 30% for overweight and 18% for obese.

Nutrition and Physical Activity

Getting regular physical activity and eating recommended amounts of fruits and vegetables can reduce the risk of chronic disease and help in maintaining current weight or with losing weight. In 2007, 20% of Alaskan adults reported no leisure time physical activity in the past 30 days and 76% reported eating less than 5 servings of fruits and vegetables per day.

Diabetes

Diabetes increases the risk for heart disease and stroke and can result in blindness and renal disease. In 2007, 6% of Alaskan adults reported being told they have diabetes. There was no difference between men and women in the prevalence of diabetes.

Asthma

Asthma is a leading cause of restricted activity. In 2007, 14% of Alaskan adults reported ever being told they have asthma. Significantly more women than men reported asthma.

Cardiovascular Disease

Heart disease is a leading cause of death in Alaska and the US as a whole. The BRFSS asks respondents if they have ever been told they have had a heart attack, been told they have coronary heart disease or been told they had a stroke. In 2007, 2% of Alaskan adults said they have had a heart attack, 3% said they have coronary heart disease and 2% said they have had a stroke.

Arthritis

In 2007, 25% of Alaskan adults reported being told by a doctor that they had arthritis. Arthritis covers a variety of different joint conditions and can affect people of all ages.

