



# Alaska's Behavioral Risk Factor Surveillance System

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## 1994 Behavioral Risk Factor Survey Highlights

Behavior and lifestyle play an important part in determining our health status and lifespan. Every day Alaskans make lifestyle choices that profoundly affect their health. Although heredity and environment play a part, the leading causes of death in Alaska (heart disease, cancer and unintentional injuries) are closely related to lifestyle factors. Lifestyle and behavioral factors that affect health include such things as diet, exercise, use of alcohol and tobacco, and preventive health practices. Many premature deaths and disabilities could be prevented through better control of these behavioral risk factors.

### 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. With knowledge of the health related risk taking behavior of Alaskan residents, we can better plan and evaluate programs aimed at promoting health and preventing chronic disease and premature death in this state.

Today, 50 states participate in the BRFSS program. The program is part of an on-going data collection system. Results are analyzed each year to improve our understanding of Alaskan health habits and to measure progress toward the National Year 2000 Health Objectives.

### 1994 Behavioral Risk Factor Survey Results

Beginning in January of 1994, 128 health interviews were conducted each month utilizing a standardized BRFSS questionnaire. The interviews were conducted over the telephone using randomly selected telephone numbers. Respondents were randomly selected from the adult members of the household (18 years of age and older). A total of 1,535 interviews were completed in 1994 by specially trained staff. This report

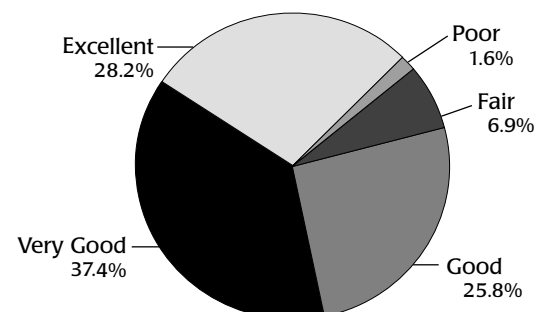
highlights some of the information collected in 1994. These data have been analyzed by the Centers for Disease Control and Prevention and weighted to adjust the sample to represent the state population.

### Health Status

In 1994, 28.2% of Alaskans reported their own health as excellent and 37.4% as very good. Another 25.8% of Alaskans rated their health good, 6.9% rated their health as fair and 1.9% rated their health as poor.

Although Alaskans tended to report their own health as favorable, survey results show many Alaskans have health risks which include a sedentary lifestyle, not eating enough fruits and vegetables, being overweight, and using alcohol and tobacco. In addition, many Alaskans lack health care coverage.

### How Alaskans Rate Their Own Health



# Physical Activity

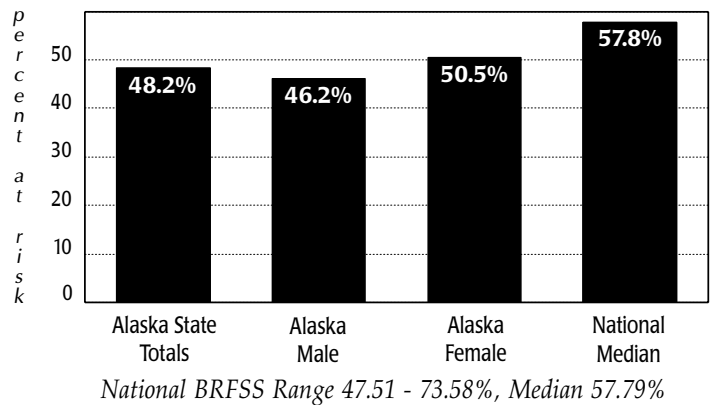
The health benefits of physical activity are significant and can help prevent heart disease, hypertension, obesity and other problems. Of the adults surveyed, 22.8% did not exercise (no leisure time physical activity), 25.4% engaged in irregular physical activity, 36.7% exercised regularly and 15.1% engaged in regular and vigorous exercise.

## Sedentary Lifestyle

Almost half, or 48.2% of adults did not exercise or did not exercise regularly. Of males, 46.2% had a sedentary lifestyle, and of females, 50.5% had a sedentary lifestyle.

*Definition for this survey: Respondents who report no leisure time physical activity or activity less than 20 minutes and fewer than three times a week.*

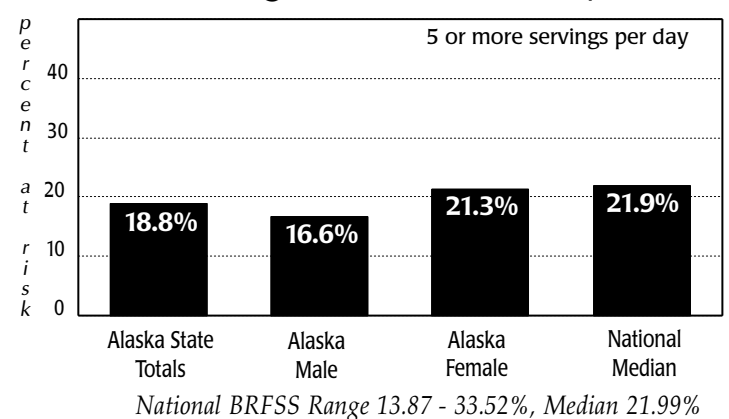
## Sedentary Lifestyle



# Nutrition

Consumption of fruits and vegetables may reduce the risk of chronic diseases including some types of cancer, heart disease, and stroke. Increasing complex carbohydrate and fiber containing foods in the diets of adults to five or more daily servings of fruits and vegetables is one of the year 2000 health goals for the nation. Only 18.8% of adults in Alaska consumed five or more servings of fruits and vegetables daily. Women were more likely to consume five or more servings than men (21.3% of females versus 16.6% of males).

## Fruit & Vegetable Consumption



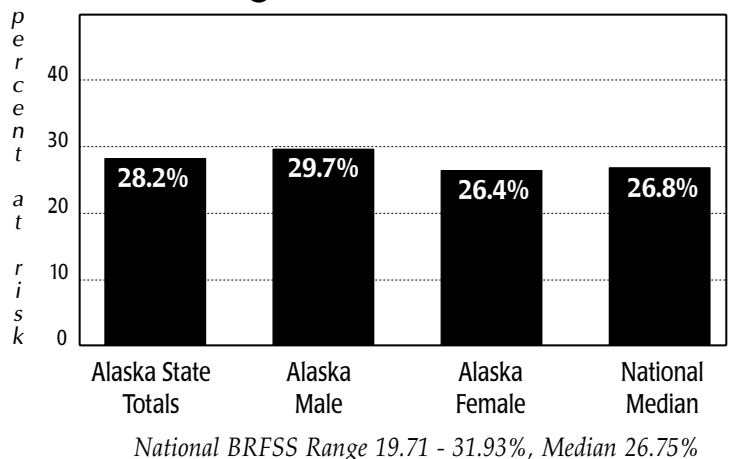
# Overweight

Overweight people are at increased risk for heart disease, diabetes and for certain types of cancer. Survey results indicate that 28.2% of Alaskan adults were overweight based on body mass index compared to the national year 2000 goal of 20%.

*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



## Alcohol Use

Excessive alcohol intake is related to 4 of the 10 leading causes of death in the United States - liver cirrhosis, motor vehicle and other accidents, suicides and homicides. Acute or binge drinking was reported by 24.2% of adults. More males than females engaged in binge drinking (33.9% of males versus 13.2% of females). Chronic drinking was a risk factor for 5% of adults.

*Definitions for this survey:*

*Acute or binge drinking: Respondents who report having five or more drinks on an occasion, one or more times in the past month.*

*Chronic Drinking: Respondents who report an average of 60 or more alcoholic drinks in the past month.*

## Tobacco Use

Cigarette smoking is the single most preventable cause of death and disease in our society. It is a risk factor for five of the ten leading causes of death. The prevalence of smoking among Alaskan adults was 28.9% compared to the national year 2000 goal of 15%. The prevalence of smoking among males was 31.8% and among females was 25.7%.

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

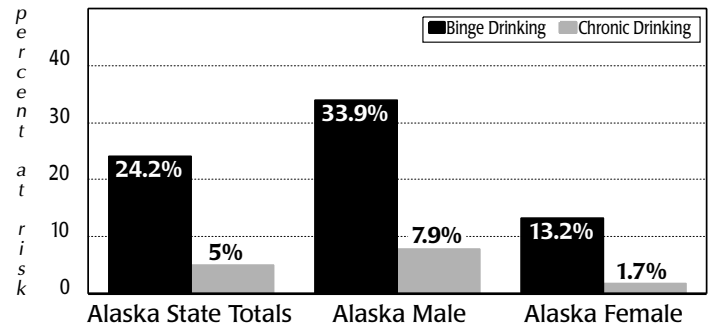
### Smokeless Tobacco

Among Alaskan adults, 5.6% reported using smokeless tobacco products such as chewing tobacco or snuff. More males than females reported using smokeless tobacco products (9.5% of males versus 1.3% of females)

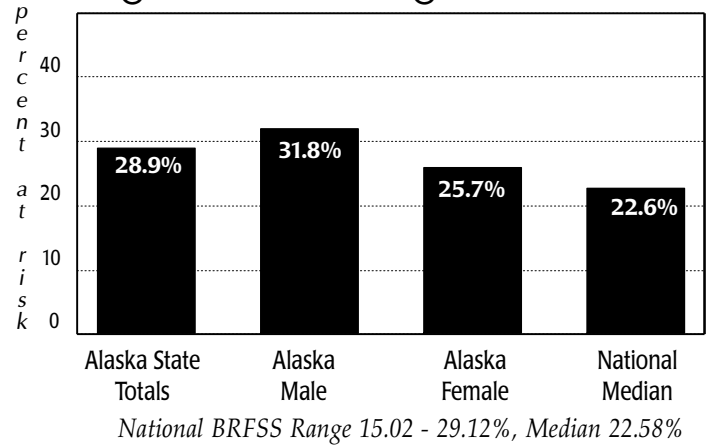
## Health Care Coverage

Many Alaskans lack access to an ongoing source of primary health care as well as to essential clinical preventive services. According to this survey, 17% of Alaskan adults did not have any health care plan. Among men, 19.3% had no health care plan, and among women, 14.3% had no health care plan.

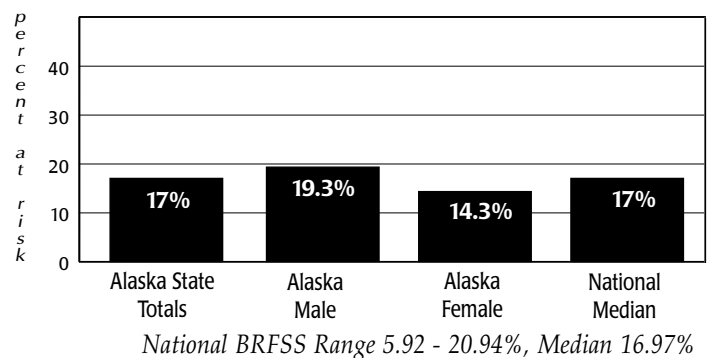
### Alcohol Use



### Cigarette Smoking



### No Health Care Plan



## Health Check Ups

In 1994, 63.2% of Alaskan adults reported having been to the doctor for a routine check up during the past year (even though they were feeling well and had not been sick). Among women, 74.8% had been to the doctor for a routine check up within the past year and among men, 53% had been to the doctor for a routine check up within the past year.

Among those surveyed, 15.5% had a routine check up within the past one to two years, 10.9% within the past two to five years, 7.2% had a routine check up over five years ago, and 1.5% had never had one.

## Breast Cancer

Early detection of breast cancer greatly improves a woman's chance of survival. A combination of annual clinical breast examinations and mammography can reduce breast cancer mortality by about one third for women ages 50 and older.

Of women aged 40 and older, 78% report having ever had both a breast exam and a mammogram. Of women aged 50 and older, 76% report having had both a breast exam and a mammogram in the past two years.

## Cervical Cancer

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, 95.4% have ever had a pap test and 89.8% have had a pap test within the past three years.

## Diabetes

Diabetes is one of the most prevalent chronic conditions among Americans. It is a risk factor for other health problems and an underlying cause of some deaths. Among adults surveyed, 3.1% had been told by a doctor that they had diabetes.

## HIV/ AIDS

Health education, testing and risk reduction counseling are important steps to preventing the spread of HIV (the virus that causes AIDS).

The majority (81.5%) of respondents (aged 18 to 64) thought that children in school should receive education about AIDS between kindergarten and 6th grade.

Except for donating blood, 47.7% of Alaskans between the ages of 18 and 64 had been tested for HIV. The reasons most people cited for being

tested were to find out if they were infected (24.9%), for military service (16.8%) and as part of a routine check up (15.1%).

Of the 596 tested, 22.6% were tested at a military site, 21.4% were tested at a private physician's office, and 23.2% were tested at a hospital or emergency room. Of those tested, 79.6% received the results of their HIV test. Of those that received results, 24.3% received post test counseling.

Most Alaskans between the ages of 18 and 64 believed their own chances of getting the AIDS virus were low or none. Among those surveyed, 1.8% thought their chances were high, 5.9% thought the chances were medium, 34.5% thought their chances were low and 55.2% thought they had no chance of getting the AIDS virus. Among respondents aged 18-64, 6.2% believed their chances of getting the AIDS virus had increased in the past year, 8.2% believed their chances had decreased over the past year and 82.2% thought that their chances of getting the AIDS virus had stayed the same.

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The BRFSS telephone sample was generated by the Institute of Social and Economic Research, University of Alaska, Anchorage. 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.

Special thanks to the people of Alaska who participated in this study.

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.