



MICHIGAN BRFSS SURVEILLANCE BRIEF

A NEWSLETTER FROM THE CHRONIC DISEASE EPIDEMIOLOGY SECTION, MDCH

Highlights from the 2008 Michigan BRFS

The 2008 Michigan Behavioral Risk Factor Survey (MiBRFS) was conducted for MDCH by the Office for Survey Research, Institute for Public Policy and Social Research at Michigan State University as part of the national Behavioral Risk Factor Surveillance System (BRFSS). The total sample size was 9,447, with three splits of state-added questions with sample sizes of 3,160, 3,277, and 3,010, respectively. The 2008 MiBRFS had a response rate of 54.6%, which, for the third straight year, was higher than the median of all participating states and territories (53.3%).¹

Table 1 presents selected preliminary estimates from the 2008 MiBRFS. This table indicates that nearly 15% (14.5%) of Michigan adults were estimated to be in fair or poor health, 24.5% to have a disability, 20.2% to currently smoke cigarettes, and 17.6% to be binge drinkers.

Questions focusing on recommended cancer screenings have been included on the MiBRFS in even-numbered years. In 2008, 56.0% of Michigan women 40 years of age and above were estimated to have had appropriate breast cancer screening within the past year, while 80.5% of women 18 years of age and above were estimated to have had a Pap test within the past three years. In addition, 61.0% of Michigan men 50 years of age and above were estimated to have had a prostate-specific antigen test within the past year. Nearly 60% (57.4%) of Michigan adults 50 years of age and above were estimated to have been screened for colorectal cancer, via a sigmoidoscopy or colonoscopy, within the past five years.

In 2008, questions were included within the MiBRFS that focused on both adult and childhood asthma prevalence. All child-related estimates were based on proxy response from the adult respondent. When focusing on lifetime asthma prevalence (i.e. having ever been told by a doctor, nurse, or other health professional that they had asthma) an estimated 15.4% of both adults and children had ever been diagnosed with this disease. The prevalence of current asthma was 9.9% and 10.4% for adults and children, respectively.

When focusing on other chronic conditions, it was estimated that 4.5% of Michigan adults were ever told they had a heart attack, 3.0% were ever told they had a stroke, and 9.1% were ever diagnosed with diabetes.

Table 1. Preliminary Estimates from 2008 Michigan Behavioral Risk Factor Survey

	%	95% CI
General health fair or poor	14.5	13.6-15.4
Has a disability	24.5	23.4-25.6
Obese (BMI ≥ 30)	30.1	28.8-31.4
Fruit & vegetables < 5 x/day	78.3	76.9-79.7
Inadequate physical activity	49.4	47.5-51.2
Cigarette smoking	20.2	19.1-21.4
Binge drinking	17.6	16.5-18.8
No health insurance (18-64 yrs)	13.7	12.6-14.9
No routine checkup in past year	32.2	30.8-33.5
Vaccinated for flu in past year (≥65)	70.1	68.1-72.0
Clinical breast exam & mammogram in past year (women ≥40)	56.0	54.3-57.7
Pap test in the past three years (women ≥18)	80.5	79.1-81.9
PSA test in the past year (Men ≥50)	61.0	58.5-63.5
Sigmoidoscopy/colonoscopy in past 5 years (adults ≥50)	57.4	55.9-58.9
Ever had HIV test (18-64 yrs)	37.3	35.7-38.9
Lifetime asthma (adults)	15.4	14.4-16.5
Lifetime asthma (children)	15.4	13.9-17.2
Current asthma (adults)	9.9	9.1-10.8
Current asthma (children)	10.4	9.0-11.9
Ever had a heart attack	4.5	4.1-4.9
Ever had a stroke	3.0	2.6-3.3
Ever diagnosed with diabetes	9.1	8.5-9.8

MiBRFSS News

- The finishing touches are currently being made to the 2008 MiBRFS Annual Report. If you have not received a hard copy of this report in the past, and would like to start receiving one, please send your requests to MIBRFSS@michigan.gov.
- Updated regional and race-specific MiBRFS estimates are now available on our website at www.michigan.gov/brfs.
- Did you miss an issue of *Michigan BRFSS Surveillance Brief*? Back issues are also available on our website.

Trends in Binge Drinking

Despite the numerous substance abuse programs that have been implemented within the State of Michigan over the past several years, binge drinking remains a significant problem among Michigan adults. In 2008, an estimated 17.5% of Michigan adults reported that they had participated in binge drinking (i.e. five or more drinks per occasion for men or four or more drinks per occasion for women) on at least one occasion within the past month (Table 1). When investigating binge drinking among Michigan's underage adult population (18-20 years of age), an estimated 16.8% (11.7-23.5) of this age group reported at least one occasion of binge drinking within the past month.

The prevalence of binge drinking among Michigan adults differs by gender, race/ethnicity, and household income. Based on 2008 MiBRFS data, males (23.3% [21.4-25.3]) were more likely than females (12.3% [11.1-13.6]) to have participated in binge drinking on at least one occasion within the past month (Figure 1). In addition, both Whites (18.2% [17.0-19.5]) and Hispanics (25.2% [17.7-34.5]) were more likely than Blacks (13.1% [10.2-16.7]) to have reported binge drinking in the past month (Figure 1). When investigating the prevalence of binge drinking by household income level, it was found that the prevalence of binge drinking increased significantly with increasing household income level (Figure 2).

Prevalence trends comparing binge drinking within Michigan and the United States are provided in Figure 3. When compared to the median for all participating states (n=50) and territories (n=4), Michigan has consistently had a higher prevalence of binge drinking. Based on 2008 BRFSS data, Michigan has the 10th highest prevalence of binge drinking among the 54 participating states and territories.

The prevalence of binge drinking among Michigan adults has shown no significant change over the past ten years. Based on the current prevalence of binge drinking among Michigan adults at 17.6%, it is evident that there is a lot more work to be done in order to achieve the Healthy People 2010 goal for binge drinking of 6.0%.² Based on the current prevalence of binge drinking among Michigan adults, this proportion would have to decrease by nearly 6 percentage points each year for us to reach the Healthy People 2010 goal.

Figure 1. Prevalence of Binge Drinking by Gender and Race/Ethnicity, 2008 MiBRFS

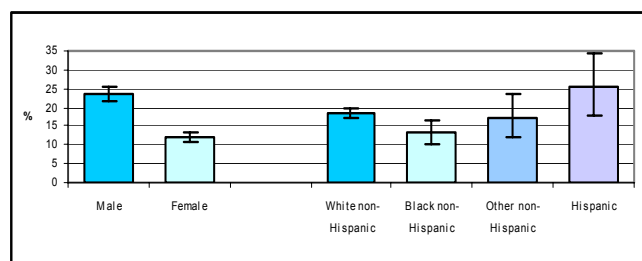


Figure 2. Prevalence of Binge Drinking by Household Income, 2008 MiBRFS

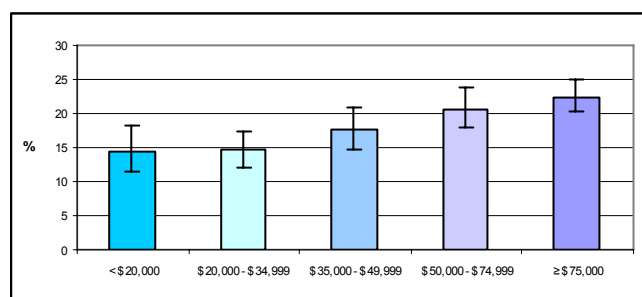
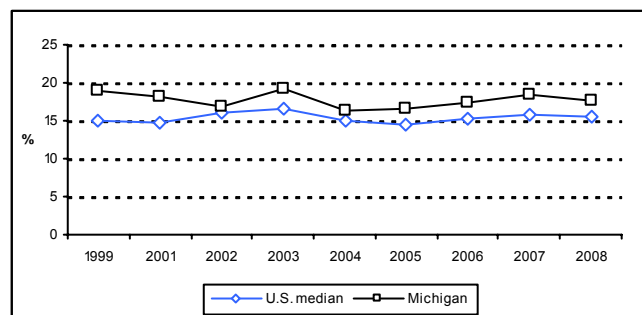


Figure 3. Prevalence of Binge Drinking US vs. Michigan, 1999-2008



References

¹Behavioral Surveillance Branch, CDC. 2008 Behavioral Risk Factor Surveillance System Summary Data Quality Report. ftp://ftp.cdc.gov/pub/Data/Brfss/2008_Summary_Data_Quality_Report.pdf. Accessed March 2009.

²Office of Disease Prevention, U.S. Department of Health and Human Services. (2000). Healthy People 2010: Substance Abuse. [Http://www.healthypeople.gov/Document/HTML/Volume2/26Substance.htm](http://www.healthypeople.gov/Document/HTML/Volume2/26Substance.htm).

The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)

The MiBRFSS comprises annual, statewide telephone surveys of Michigan adults aged 18 years and older and is part of the national BRFSS coordinated by the CDC. The annual Michigan Behavioral Risk Factor Surveys (MiBRFS) follow the CDC BRFSS protocol and use the standardized English core questionnaire that focuses on various behaviors, medical conditions, and preventive health care practices related to the leading causes of mortality, morbidity, and disability. Interviews are conducted across each calendar year. Data are weighted to adjust for the probabilities of selection and a poststratification weighting factor that adjusts for the sex, age, and race distribution of the adult Michigan population. All analyses are performed using SAS-callable SUDAAN[®] to account for the complex sampling design.

Suggested citation: Fussman C, Rafferty AP. Highlights from the 2008 Michigan Behavioral Risk Factor Survey & Trends in Binge Drinking. *Michigan BRFSS Surveillance Brief*. Vol. 3, No. 4. Lansing, MI: Michigan Department of Community Health, Chronic Disease Epidemiology Section, October 2009.