Health Risk Behaviors

OCTOBER 29, 2024

For Everyone

WHAT TO KNOW

The PLACES Health Risk Behaviors data capture estimated prevalence for various U.S. adult behaviors that pose a risk to health, from binge drinking to smoking, lack of physical inactivity, and short sleep duration. Each risk behavior measure is defined below. Data sources used include the Behavioral Risk Factor Surveillance System (BRFSS) and the American Community Survey (ACS).



Binge drinking among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who report having ≥5 drinks (men) or ≥4 drinks (women) on ≥1 occasion during the previous 30 days. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past 30 days
Summary	In 2022, the age-standardized binge drinking prevalence among adults was 17.7%. [1] Binge drinking prevalence was significantly higher among men (21.7%) than among women (13.8%) and was highest among non-Hispanic White adults (20.0%). [1] Previously, higher binge drinking prevalence has been observed among adults with higher annual household incomes, those who were never married or were divorced/separated/widowed, younger adults, and veterans. [2] Binge drinking prevalence was significantly higher among adults with a college degree than among adults with less than a high school diploma. [2] States with higher binge drinking prevalence estimates cluster in the Midwest and Northeast. [1] Excessive drinking —which includes binge drinking —is associated with many health problems including unintentional injuries, violence, sexually transmitted diseases, poor pregnancy outcomes, fetal alcohol spectrum disorders, and chronic diseases (e.g., high blood pressure, cancer). [3] Evidence-based alcohol policies, such as

	those recommended in the Community Guide, can be effective in preventing excessive alcohol use, including binge drinking. [4]
Notes	The measure does not convey the frequency or intensity of binge drinking or the specific amount of alcohol consumed, all of which affect the risks of alcohol-related harms.
Related Objectives or Recommendations	Healthy People 2030 objective: SU-10. Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month.

Current cigarette smoking among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Current
Summary	More than 480,000 deaths each year are attributed to cigarette smoking and exposure to tobacco smoke, making it the leading preventable cause of death in the United States. [5] In 2021, 11.5% of adults currently smoked cigarettes. [6] Smoking increases the risk of heart disease, stroke, multiple types of cancer, and chronic lung disease. [7] Quitting smoking is beneficial to health at any age, reduces the risk of premature death, and can add as much as 10 years to life expectancy. [7] [8]
Notes	This measure does not convey the lifetime or current number of cigarettes smoked. Each of these factors can affect the risk of acquiring chronic disease from smoking cigarettes. Additionally, the indicator does not measure intent or attempts to quit smoking among smokers or exposure to secondhand smoke among nonsmokers.
Other Objectives or Recommendations	Healthy People 2030 objective: TU-02. Reduce current cigarette smoking in adults.

No leisure-time physical activity among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability of having no leisure-time physical activity (reporting ‘No’ to the question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”). The probability was then applied to the detailed population estimates

	at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past month
Summary	Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.[9] Among adults and older adults, physical activity can lower the risk of early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression.[9] The second edition of the Physical Activity Guidelines for Americans states that adults should move more and sit less throughout the day. Some physical activity is better than none. Adults who sit less and do any amount of moderate-to-vigorous physical activity gain some health benefits.[9] Despite the benefits, in 2023, 24.5% of adults reported engaging in no leisure-time physical activity.[10]
Notes	This measure captures information only about non-occupational physical activity.
Other Objectives or Recommendations	Healthy People 2030 objective: PA-01. Reduce the proportion of adults who do no physical activity in their free time.

Short sleep duration among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who report usually getting insufficient sleep duration (<7 hours, on average, during a 24-hour period).[11] The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Average 24-hour period
Summary	In 2022, 37% of United States adults reported insufficient sleep duration (<7 hours for those aged ≥18 years, on average, during a 24-hour period).[12] Insufficient sleep duration is associated with an increased risk of a number of chronic conditions—such as obesity, type 2 diabetes, hypertension, heart disease, stroke, anxiety, and depression.[11] Insufficient sleep duration can also cause motor vehicle crashes, industrial errors, and medical errors causing substantial injury and disability each year.[11] [13] Keeping a consistent sleep schedule, establishing a relaxing bedtime routine, and limiting bright light exposure in the evenings are some of the ways to improve sleep.[14]
Notes	This measure does not convey variation in sleep duration (for instance, weekday vs. weekend sleep) or quality of sleep. Both might affect the risk for chronic disease. Indicator does not identify specific sleep problems, such as sleep disordered breathing, which

	are associated with different chronic conditions. This measure is part of the rotating core and is administered in even years.
Other Objectives or Recommendations	Healthy People 2030 objective: SH-03. Increase the proportion of adults who get enough sleep duration.

SOURCES AND PAGE INFO

CONTENT SOURCE:

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REFERENCES

1. Centers for Disease Control and Prevention. Chronic Disease Indicators. Binge drinking prevalence among adults. Accessed October 28, 2024. https://cdi.cdc.gov/?location=UT&category=ALC&indicators=ALC06
2. Bohm MK, Liu Y, Esser MB, et al. Binge drinking among adults, by select characteristics and state — United States, 2018. *MMWR Morb Mortal Wkly Rep*. 2021;70(41):1441–1446. doi: https://doi.org/10.15585/mmwr.mm7041a2
3. Centers for Disease Control and Prevention. Alcohol Use and Your Health. Updated Updated May 15, 2024. Accessed October 28, 2024. https://www.cdc.gov/alcohol/about-alcohol-use/index.html
4. Community Preventive Services Task Force. Excessive Alcohol Consumption. The Community Guide. Accessed April 3, 2023. https://www.thecommunityguide.org/topics/excessive-alcohol-consumption.html
5. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. *The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General.* Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2014. https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf PDF
6. Cornelius ME, Loretan CG, Jamal A, et al. Tobacco product use among adults—United States, 2021. *MMWR Morb Mortal Wkly Rep*. 2023;72(18):475-483. doi:10.15585/mmwr.mm7218a1
7. Office of the Surgeon General. 2010 Surgeon General's Report: *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*. US Dept of Health and Human Services; 2010. https://www.ncbi.nlm.nih.gov/books/NBK53017/pdf/Bookshelf_NBK53017.pdf PDF
8. Office of the Surgeon General. *Smoking Cessation:* A Report of the Surgeon General. US Dept of Health and Human Services; 2020. https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf PDF
9. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. U.S. Department of Health and Human Services; 2018. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf PDF
10. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps. Centers for Disease Control and Prevention; 2024. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html.
11. Watson NF, Badr MS, Belenky G, et al. Recommended amount of sleep for a healthy adult: a joint consensus statement of the American Academy of Sleep Medicine and Sleep Research Society. *Sleep*. 2015;38(6):843–844. doi: https://doi.org/10.5665/sleep.4716
12. Centers for Disease Control and Prevention. FastStats: Sleep in Adults. Accessed October 27, 2024. https://www.cdc.gov/sleep/data-research/facts-stats/adults-sleep-facts-and-stats.html
13. Institute of Medicine (US) Committee on Sleep Medicine and Research. *Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem*. Washington (DC): National Academies Press (US); 2006. https://doi.org/10.17226/11617.
14. American Academy of Sleep Medicine. Sleep education. Healthy sleep habits. Accessed October 26, 2022.https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/