



CHRONIC DISEASE IN ALASKA 2013 Brief Report



Chronic diseases—such as cancer, heart disease, stroke, arthritis, asthma and diabetes—are among the most prevalent, costly, and preventable of all health problems. This annual *Brief Report* is intended to provide a snapshot of the burden of chronic disease in Alaska. For more detailed information on chronic disease burden and steps being taken by the Section of Chronic Disease Prevention and Health Promotion to impact chronic disease, visit: <http://dhss.alaska.gov/dph/Chronic/Pages/default.aspx>.

CHRONIC DISEASE MORBIDITY AND MORTALITY

CANCER

Cancer is the leading cause of death in Alaska.

- 24% of all deaths in Alaska in 2011 were due to cancer. (Alaska Bureau of Vital Statistics [ABVS])
- The most commonly diagnosed cancers in Alaska are: (1) breast, (2) prostate, (3) lung, and (4) colorectal. These four cancers account for 52% of all cancer cases. (AK Cancer Registry [ACR], 2010)

HEART DISEASE AND STROKE

- Heart disease and stroke are the 2nd and 5th leading causes of death in Alaska. (ABVS, 2011)
- In 2011 in Alaska, heart disease accounted for 19% of deaths; stroke accounted for 4%. (ABVS)
- In 2011, 30% of adults in Alaska reported having high blood pressure, and 35% of those tested reported having high blood cholesterol. (Behavioral Surveillance Risk Factor System [BRFSS])

DIABETES

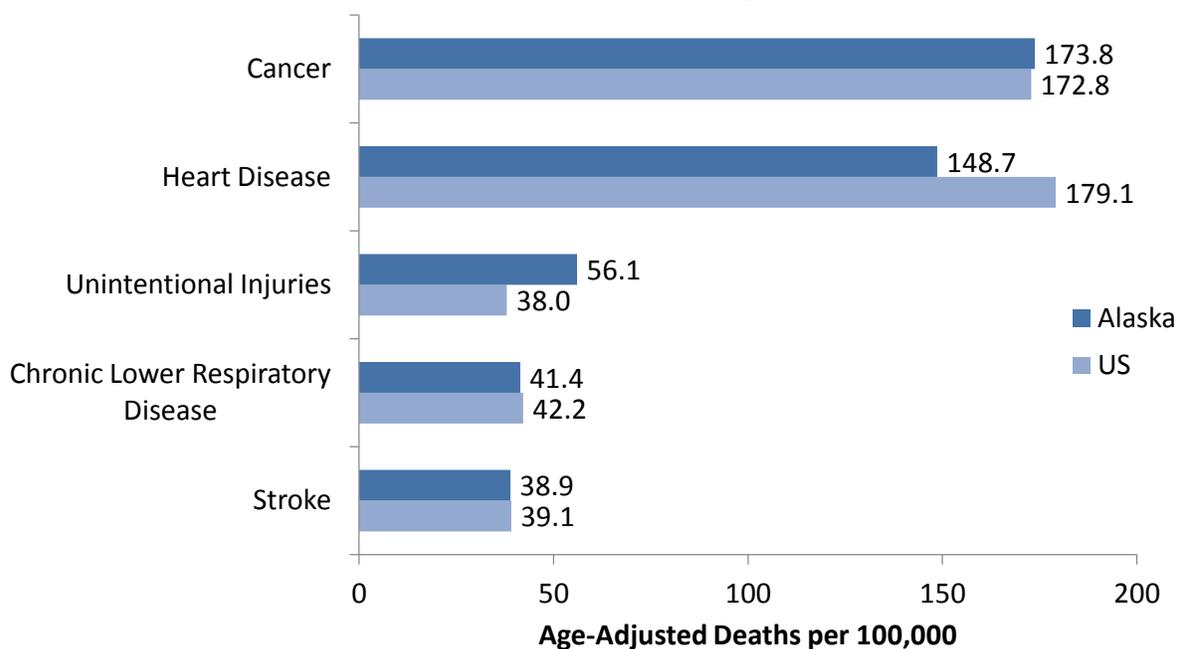
In 2011, diabetes was the 7th leading cause of death in Alaska. (ABVS) Likely to be underreported as a cause of death, the risk of death among people with diabetes is about twice that of people without diabetes of similar age.

- 106 Alaskans died from diabetes mellitus in 2011. (ABVS)
- In 2012, 7% of adults in Alaska reported being diagnosed with non-pregnancy related diabetes. (BRFSS)

ARTHRITIS

- Arthritis is the most common cause of disability in the US, affecting more than 50 million Americans. (National Health Interview Survey, 2007-2009)
- In 2012, 23% of adults in Alaska reported being diagnosed with arthritis.

5 Most Common Causes of Death, Alaska (2011) Compared with United States (2010)



Data Sources: Alaska Bureau of Vital Statistics (AK);
National Center for Health Statistics (US)

CHRONIC DISEASE RISK FACTORS

Four healthy lifestyle factors—never smoking, maintaining a healthy weight, exercising regularly and following a healthy diet—together appear to be associated with as much as an 80 percent reduction in the risk of developing the most common and deadly chronic diseases.¹ Conversely, engaging in tobacco use, being inactive, having a poor diet, and being overweight or obese greatly increase the likelihood that one will develop, have reduced quality of life from, and ultimately die from a chronic disease.

NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

In the past 30 years, the prevalence of overweight and obesity has increased sharply for both adults and children.^{2,3} Physical inactivity and unhealthy eating contribute to overweight and obesity and a number of chronic diseases, including some cancers, cardiovascular disease, and diabetes.⁴

- 65% of Alaska adults (2012 BRFSS) and 26% of Alaska high school students (2011 Youth Risk Behavior Survey [YRBS]) were overweight or obese, based on self-reported height and weight.
- 85% of high school students (2011 YRBS) and 81% of adults (2012 BRFSS) in Alaska consumed fewer than 3 servings of vegetables per day.

- 53% of Alaska high school students did not attend PE class in the past week. (2011 YRBS)

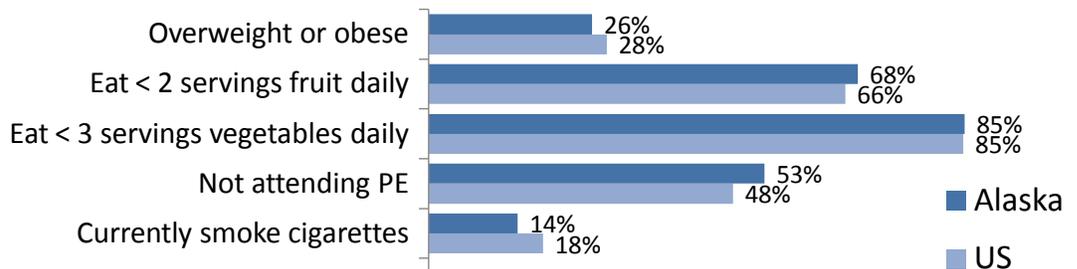
TOBACCO

Tobacco use is the leading cause of preventable disease and death in the United States.⁵ The use of tobacco products (both cigarettes and smokeless tobacco products, such as chewing tobacco) is responsible for 30% of all cancer deaths, 21% of all coronary heart disease deaths, and 18% of all stroke deaths.⁶ For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁷

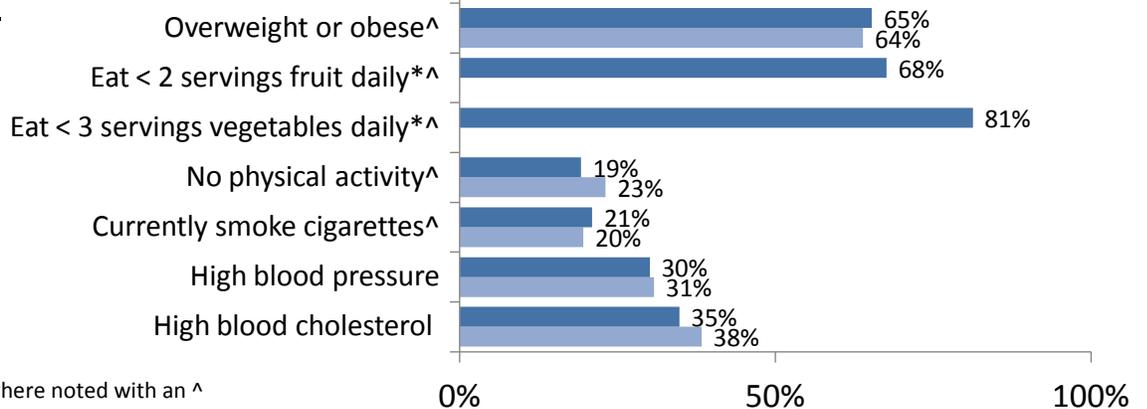
- 21% of adults (2012 BRFSS) and 14% of high school students (2011 YRBS) in Alaska currently smoke.

Chronic Disease Risk Factors, Alaska Compared with United States, YRBS (2011) and BRFSS¹

High School Students (YRBS)



Adults (BRFSS)



¹2011 data except 2012 where noted with an ^

*US data not available

CHRONIC DISEASE PREVENTIVE SERVICES

Access to health services includes gaining entry into the health care system, accessing a health care location where needed services are provided, and finding a health care provider with whom the patient can communicate and trust.⁸ Access to health care impacts everything from prevention of disease and disability, quality of life, and life expectancy. Among the health care services one can access are clinical preventive services, such as routine disease screening and scheduled immunizations. Optimal provision of these services can both prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, and early death.⁹

NO HEALTH CARE COVERAGE

Uninsured adults are less likely than insured adults to receive preventive services or screenings, such as mammograms, pap smears, or prostate screening. In turn, inadequate prevention and screening increase the likelihood of preventable illness, missed diagnoses, and delays in treatment.¹⁰⁻¹²

- In 2012, 23% of adults aged 18-64 in Alaska reported having no health care coverage. (BRFSS)

EARLY DETECTION

Uncontrolled blood glucose increases the risks for heart disease, stroke, kidney disease, blindness and amputation.

- In 2012, 50% of Alaska adults had **not** had a blood glucose test in the past 3 years.

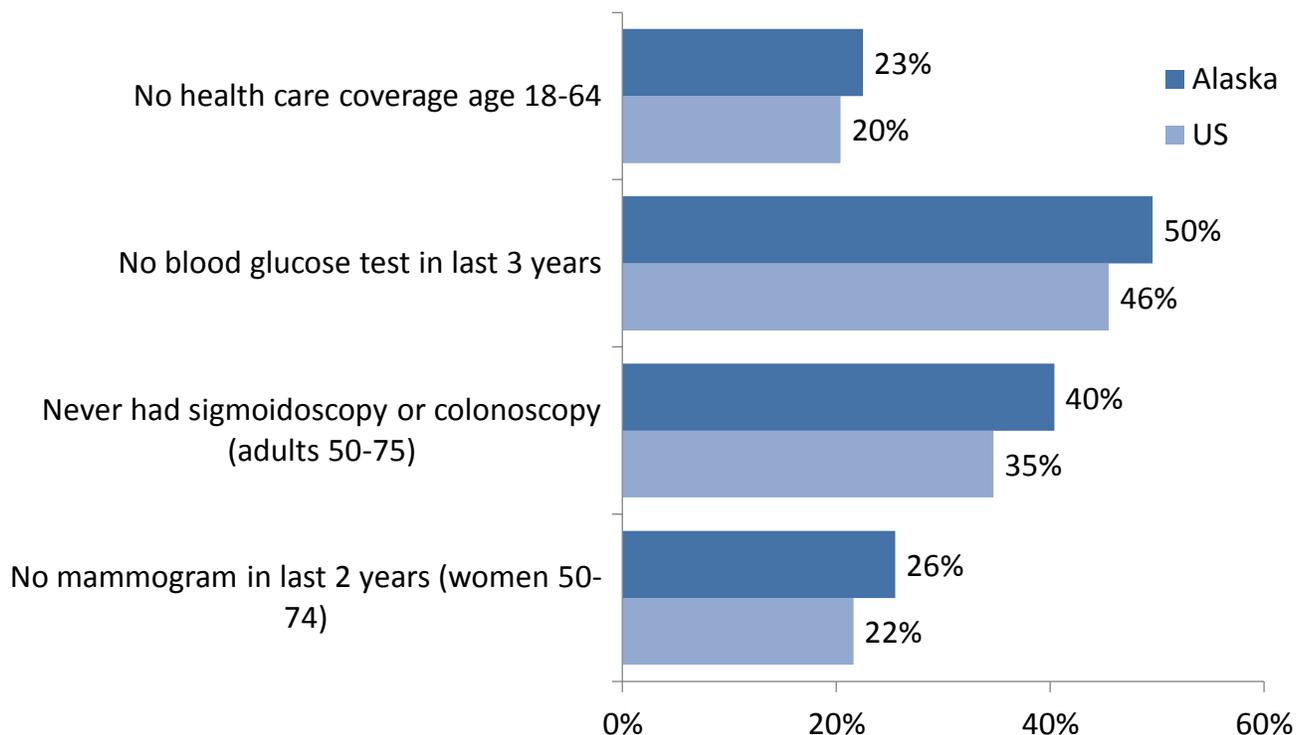
Mammography is a screening method that has been shown to reduce mortality due to breast cancer by approximately 20-25% over 10 years among women 40 years and over.

- In 2012, 26% of women in Alaska between the ages of 50 and 74 reported **not** having had a mammogram within the last 2 years (the current recommendation).

Up to 60% of deaths from colorectal cancer could be prevented if persons aged 50 and older were screened regularly. Colorectal cancer can be prevented by removing precancerous polyps or abnormal growths, which can be identified during a sigmoidoscopy or colonoscopy.

- In 2012, among Alaskans aged 50 to 75 years, 40% reported **never** having had a sigmoidoscopy or colonoscopy. (BRFSS)

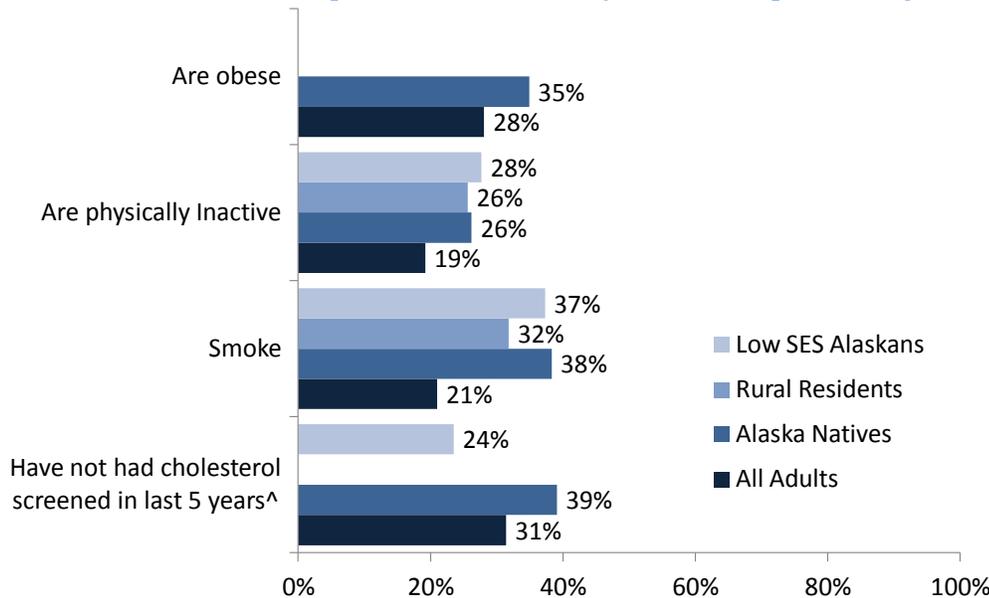
Preventive Services, Alaska Compared with United States, BRFSS (2012)



HEALTH INEQUITY IN CHRONIC DISEASE AND RELATED RISK FACTORS

Scientific evidence suggests that social and economic conditions drive population health to an equal or greater degree as do individual choice, genetic make-up, and access to health care.¹³ Consequently, to prevent chronic disease and optimize the health of all Alaskans, the focus of public health must extend beyond healthy behaviors and health insurance to address health equity. Health equity is achieved when every person has the opportunity to “attain his or her full health potential.”¹⁴

Chronic Disease Risk Factors and Preventive Services, All Alaska Adults Compared with Select Populations, BRFSS (2012, except 2011 if noted with ^)



Notes:

Only statistically significant disparities are shown in graph.

Low SES (Socioeconomic status) = adult 25 to 64 years of age at or below 185% of the Federal poverty level OR with less than a high school education;

Rural Residents = adults living in the BRFSS-defined Rural region of the state.

Such disparity in risk factors translates to disparities in chronic disease morbidity and mortality. For example:

- In 2011, the Alaska Native age-adjusted rate of death from diabetes, chronic lower respiratory disease, stroke, heart disease, and cancer (all sites) was 1.4 to 2.1 times that of their White peers. (Alaska Bureau of Vital Statistics)
- Age-adjusted all-site cancer mortality rates are highest in the northern and western regions of Alaska, and lowest in southeast Alaska. (NCHS accessed via NCI’s SEER*Stat, 2006-2010)

REFERENCES

1. Ford ES, Bergmann MM, Kroger J, Schienkiewitz A, Weikert C, Boeing H. Healthy living is the best revenge. Findings from the European Prospective Investigation Into Cancer and Nutrition-Potsdam Study. *Arch Intern Med* 2009;169(15):1355-1362.
2. Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among US adults, 1999-2000. *JAMA*. 2002;288:1723-1727.
3. Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. *JAMA*. 2002;288:1728-33.
4. US Department of Health and Human Services. *The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General; 2001.
5. U.S. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs-2007*. Atlanta; U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
6. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
7. U.S. Centers for Disease Control and Prevention (CDC). Cigarette smoking-attributable morbidity-United States, 2000. *Morbidity and Mortality Weekly Report (MMWR)* 2003; 52(35):842-844.
8. Bierman A, Magari ES, Jette AM, et al. Assessing access as a first step toward improving the quality of care for very old adults. *J Ambul Care Manage*. 1998 Jul;121(3):17-26.
9. Coates RJ, Yoon PW, Zaza S, Ogden L, Thacker SB. Rationale for periodic reporting on the use of selected adult clinical preventive services—United States. *MMWR* 2012;61(02):3-10.
10. Robinson J, Shavers V. The role of health insurance coverage in cancer screening utilization. *J of Health Care for the Poor and Underserved* 2008;19(3):842-856.
11. DeVoe JE, Graham A, Krois L, Smith J, Fairbrother GL. Mind the gap in children’s health insurance coverage: does the length of a child’s coverage gap matter? *Ambulatory Pediatrics* 2008;8(2):129-134.
12. Institute of Medicine. *Hidden Costs, Value Lost: Uninsurance in America*. Washington, DC: National Academy Press, 2003.
13. Braveman PA, Egerter SA, Mockenhaupt RE. Broadening the focus. The need to address the social determinants of health. *Am J Prev Med* 2011;40(1S1):S4-S18.
14. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Health Equity. Available at: <http://www.cdc.gov/chronicdisease/healthequity/>. (accessed July 11, 2012)

This report can be accessed on the web at:

dhss.alaska.gov/dph/Chronic/Documents/Publications/assets/2013_CDBriefReport.pdf.