

Alaska Health Status Indicators

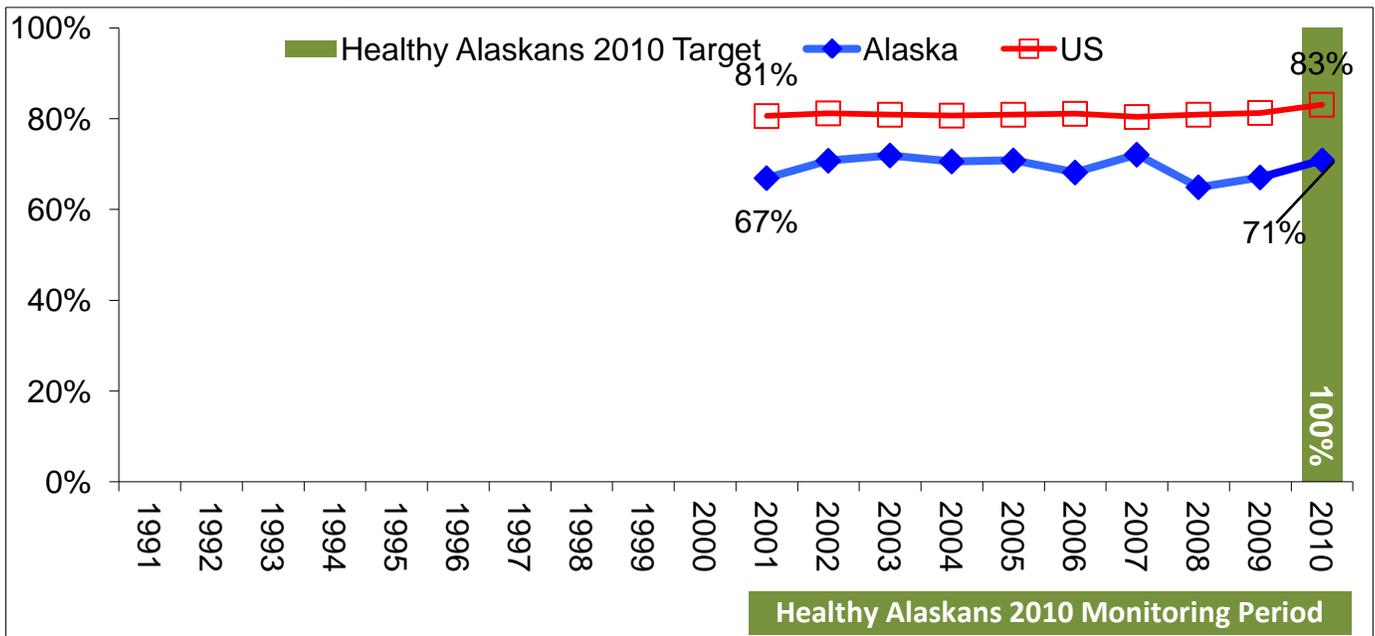
Indicator: Access to Healthcare: Usual Source of Care

Why is this important?

Access to quality healthcare is influenced by having a usual source of care and having health insurance,^{1,2} and having a usual source of care may be the more important of the two.³ There is a well-demonstrated connection between having a strong relationship with a health care provider and improved quality of care.^{4,5,6} One 'Usual Source of Care' indicator is identifying at least one personal healthcare provider.

How are we doing?

Percentage of Adults with a Healthcare Provider: Alaska and the U.S.



This indicator has been measured as of 2001. The percentage of Alaska adults who report having one or more personal healthcare providers has remained relatively stable over the past decade, ranging from 67% to 72% during that time.

❖ How is Alaska Doing Relative to the Healthy Alaskans 2010 Target?

The *Healthy Alaskans 2010* target for the prevalence of having a personal healthcare provider is 100%. The percentage of Alaska adults who have one or more personal healthcare providers remained stable during the *Healthy Alaskans 2010* monitoring period, fluctuating around 70% per year. **The *Healthy Alaskans 2010* target of 100% has not been met.**

❖ How does AK compare with the US?

The prevalence of US adults having a personal healthcare provider has consistently been approximately 10 percentage points above the Alaska rate, and has also remained very stable in the past decade.

❖ How are different populations affected?

A higher percentage of women report having a personal healthcare provider (77%) than do men (60%). Alaska Natives (57%) and adults living in the rural Alaska (49%) or the Fairbanks and vicinity (62%) BRFSS regions are less likely to have a personal healthcare provider than are Whites (70%) and those living in other areas of the state (70%)

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- 71%). Prevalence of having a healthcare provider increases with rising age, education and income levels. (Source: 2008-2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

There are many programs in the AK Department of Health and Social Services that help to improve access to care. For example, the AK Primary Care Office in the Alaska Division of Public Health Section of Health Systems Planning and Development works to expand and enhance the primary care healthcare workforce by assisting community health centers and using shortage designation and loan repayment programs to bring qualified providers to the state.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer “Yes, only one” or “More than one” to the following question: *Do you have one person you think of as your personal doctor or health care provider?* Note, if answer “No”, prompted with: *Is there more than one, or is there no person who you think of as your personal doctor or health care provider?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2001 through 2003, 2005 and 2006, and from the Standard and Supplemental AK BRFSS surveys combined in 2004 and 2008 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



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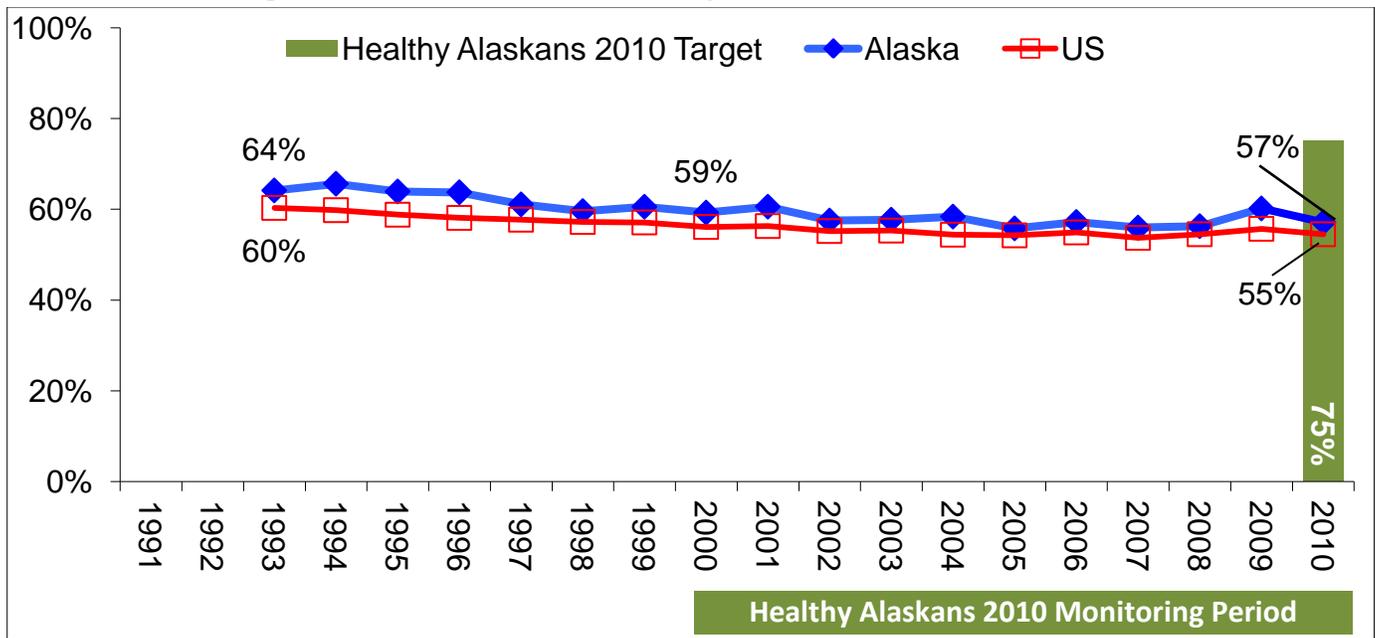
Indicator: Adult General Health Status

Why is this important?

“Self-rated health (SRH) status is a simple measure of health-related quality of life that has also been related to general happiness and life satisfaction.”^{1,2} SRH is recognized as an indicator of a population's overall well-being as lower ratings of subjective health status have consistently been associated with increased mortality, incident adverse health events, health care utilization, and illness severity, even after medical risk factors have been accounted for.^{1,3-7,8} Also, this measure is in a group that is used to assess *well-being*, which has been shown to be associated with “decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity. Individuals with high levels of well-being are more productive at work and are more likely to contribute to their communities.”⁹

How are we doing?

Percentage of Adults with Excellent or Very Good Health Status: Alaska and the U.S.



The percentage of Alaska adults who report having very good or excellent health status declined slightly between 1993 (64%) and 2010 (57%).

❖ How is Alaska Doing Relative to the Healthy Alaskans 2010 Target?

The *Healthy Alaskans 2010* target for adult prevalence of very good or excellent health status is 75% or higher. Adult prevalence of very good or excellent health status has remained flat and below the *Healthy Alaskans 2010* target between 2000 (59%) and 2010 (57%). **The *Healthy Alaskans 2010* target of 75% has not been met.**

❖ How does AK compare with the US?

The prevalence of very good or excellent health status among adults in Alaska has paralleled that seen in the US.

❖ How are different populations affected?

Significantly more non-Natives (64%) than Alaska Natives (43%) rate their health as very good or excellent. Ratings of general health status increase with education and income. For example, whereas 70% of college graduates and 69% of those earning \$75,000 per year rate their health as very good or excellent, only 34% of those without a high school degree and 34% of those earning less than \$15,000 per year do so. Those living in rural Alaska are less likely

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to rate their health as very good or excellent (42%) than are those in other BRFSS regions of the state (55-61%).
(Source: 2008-2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

Adult general health status and well-being are addressed by all Alaska Department of Health and Social Services (AK DHSS) programs and activities; the AK DHSS vision is “All individuals and families are healthy, safe and productive.”

Examples of activities by AK DHSS divisions are shown in the Annual Report 2010.¹⁰ in addition, the AK DHSS strategic plan identifies five goals and 20 outcomes to be achieved. Among the goals are:

1. Decrease the negative impacts of alcohol and drug use in Alaska,
2. Improve the health status of Alaskans,
3. Improve access to health care in Alaska, Increase the percentages of adults 65 and older living independently in Alaska, and
4. Increase the percentage of at-risk individuals who are able to live safely in their homes in Alaska.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer “Very Good” or “Excellent” to the question: *Would you say that in general, your health is excellent, very good, good, fair, or poor?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1993 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. Hennessy CH, Moriarty DG, Zack MM, et al. Measuring health-related quality of life for public health surveillance. *Pub Health Rep* 1994; 109:665-72.
2. Siahpush M, Spittal M, Singh GK. Happiness and life satisfaction prospectively predict self-rated health, physical health, and the presence of limiting, long-term health conditions. *Am J Health Promot* 2008; 23:18-26.
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10. Connections: Families First Annual Report 2010. AK DHSS, Anchorage. http://www.hss.state.ak.us/publications/DHSS_AnnualReport.pdf (printed 8/1/2011)



Available at: <http://www.hss.state.ak.us/dph/chronic/>



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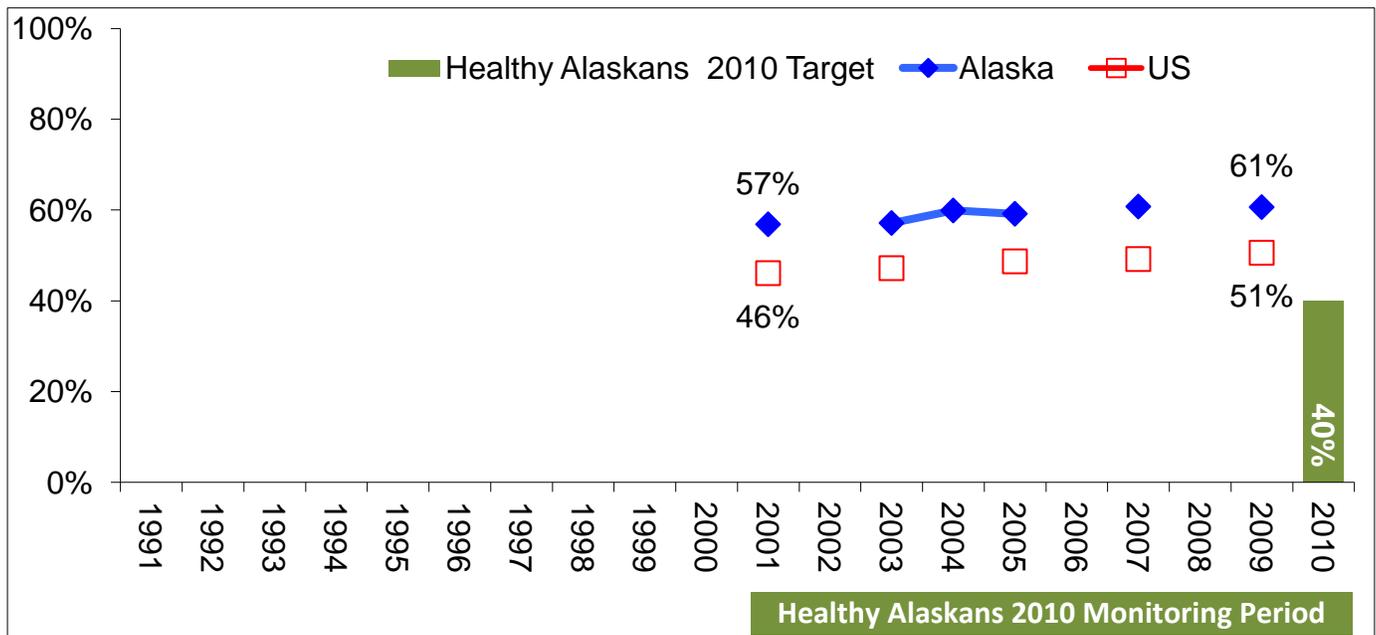
Indicator: *Adult Moderate Physical Activity*

Why is this important?

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. Moreover, physical activity need not be strenuous to be beneficial; people of all ages benefit from moderate physical activity¹, such as 30 minutes of brisk walking on five or more days a week. Although vigorous physical activity is recommended for improved cardiorespiratory fitness, moderate physical activity has significant health benefits, including a decreased risk of heart disease. In addition, moderate physical activity is more readily adopted and maintained than vigorous physical activity.³

How are we doing?

Percentage of Adults Who Meet Recommendations for Moderate Physical Activity: Alaska and the U.S.



This indicator was not measured prior to 2001. The percentage of Alaska adults who meet the recommendations for moderate physical activity (that is, engage in moderate physical activity for 30 or minutes, 5 or more days per week¹) increased slightly over the past decade, from 57% 2001 to 61% in 2009.ⁱ

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for adult prevalence of meeting moderate physical activity recommendations is 40% or higher. The prevalence of meeting the moderate physical activity recommendations among adults in Alaska has increased slightly during the *Healthy Alaskans 2010* monitoring period, from a baseline of 57% in 2001 to its current level of 61%. **The *Healthy Alaskans 2010* target of 40% has been met.**

❖ How does AK compare with the US?

The rate of meeting moderate physical activity recommendations among adult Alaskans has consistently been above that seen in the US overall. Similarly, the rate of meeting the newer 2008 overall physical activity recommendations has been consistently higher in Alaska than in the US.

ⁱ Since the development of the Healthy Alaskans 2010 targets, the US Department of Health and Human Services released its recommendations for physical activity levels among adults². This 2008 guideline recommends adults obtain 150 minutes of at least moderate physical activity per week. The percentage of adult Alaskans meeting this recommendation has remained relatively stable at about 74% between 2001 and 2009.

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❖ How are different populations affected?

In Alaska, men (65%) are more likely to obtain the recommended level of moderate physical activity than are women (56%). There are no significant differences in the prevalence of meeting moderate physical activity recommendations by race, region, or socioeconomic status. (Source: 2009 BRFSS) Additional statistics on levels of physical activity in Alaska are available at: <http://www.hss.state.ak.us/dph/chronic/obesity/resources.htm>.

What is the Alaska Department of Health and Social Services doing to improve this indicator?

The Obesity Prevention and Control Program (OPCP) coordinates with the Department of Education & Early Development to support quality school-based physical education to teach skills that lead to enjoyment of lifelong physical activity. Together, the departments developed Alaska Physical Education Standards (adopted by the State Board of Education in July 2010); co-hosted trainings for school nurse, health and PE teachers. The OPCS staff promotes active transportation by playing a major role in the coordination of Bike to Work Day and by participating in the development of local and statewide transportation planning efforts. Additional information on current efforts to increase physical activity and prevent obesity in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/obesity/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who report engaging in “moderate” physical activity (that is, activity that “causes small increases in breathing or heart rate”) for a minimum 5 days per week, 30 minutes or more per day, based on the following set of questions:

- *Now thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (Must respond “Yes”)*
- *How many days per week do you do these moderate activities for at least 10 minutes at a time?*
- *On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS survey in odd years, and from the Supplemental BRFSS survey in 2004. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. US Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion. 2008 Physical activity guidelines for Americans. Washington: HHS; 2008.
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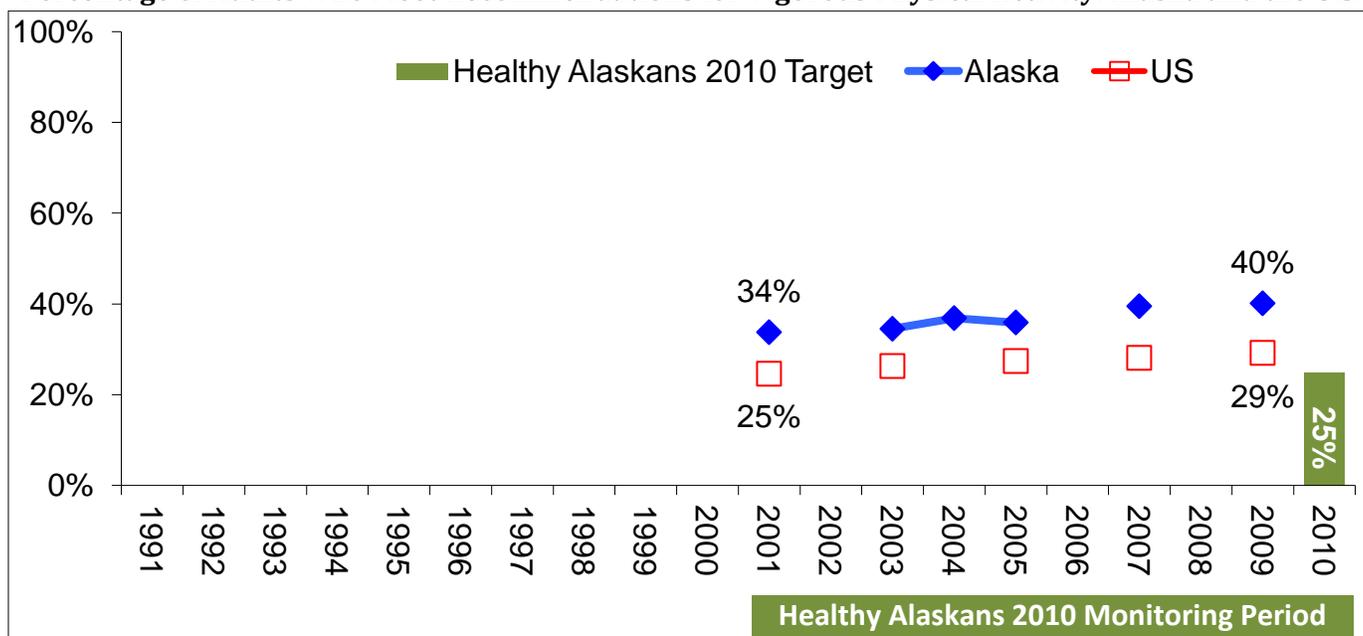
Indicator: *Adult Vigorous Physical Activity*

Why is this important?

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. 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, depression, and obesity. Among children and adolescents, physical activity can: improve bone health, improve cardiorespiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression.^{1,2}

How are we doing?

Percentage of Adults Who Meet Recommendations for Vigorous Physical Activity: Alaska and the U.S.



This indicator was not measured prior to 2001. The percentage of Alaska adults who meet the recommendations for vigorous physical activity (that is, engage in vigorous physical activity for 20 or minutes, 3 or more days per week³) increased slightly over the past decade, from 34% 2001 to 40% in 2009.¹

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for adult prevalence of meeting vigorous physical activity recommendations is 25% or higher. The prevalence of meeting the vigorous physical activity recommendations among adults in Alaska has increased slightly during the *Healthy Alaskans 2010* monitoring period, from a baseline of 34% in 2001 to its current level of 40%. **The *Healthy Alaskans 2010* target of 25% has been met.**

❖ How does AK compare with the US?

The rate of meeting vigorous physical activity recommendations among adult Alaskans has consistently been above that seen in the US overall. Similarly, the rate of meeting the newer 2008 overall physical activity recommendations has been consistently higher in Alaska than in the US.

¹ Since the development of the *Healthy Alaskans 2010* targets, the US Department of Health and Human Services released its recommendations for physical activity levels among adults. This 2008 guideline recommends adults obtain 150 minutes of at least moderate physical activity per week.¹ The percentage of adult Alaskans meeting this recommendation has remained relatively stable at about 74% between 2001 and 2009.

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❖ How are different populations affected?

In Alaska, men (46%) are more likely to obtain the recommended level of vigorous physical activity than are women (34%). Meeting vigorous physical activity recommendations declines with age. Adults with only a high school education (28%) are less likely to meet the recommendations than are those who have obtained some college education (44%) or a college degree (39%). There are no significant differences in the prevalence of meeting moderate physical activity recommendations by race, region, or income level. (*Source: 2009 BRFSS*) Additional statistics on levels of physical activity in Alaska are available at:

<http://www.hss.state.ak.us/dph/chronic/obesity/resources.htm>.

What is the Alaska Department of Health and Social Services doing to improve this indicator?

The Obesity Prevention and Control Program (OPCP) coordinates with the Department of Education & Early Development to support quality school-based physical education to teach skills that lead to enjoyment of lifelong physical activity. Together, the departments developed Alaska Physical Education Standards (adopted by the State Board of Education in July 2010); co-hosted trainings for school nurse, health and PE teachers. The OPCS staff promotes active transportation by playing a major role in the coordination of Bike to Work Day and by participating in the development of local and statewide transportation planning efforts. Additional information on current efforts to increase physical activity and prevent obesity in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/obesity/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who report engaging in “vigorous” physical activity (that is, activity that “causes large increases in breathing or heart rate”) for a minimum 3 days per week, 20 minutes or more per day, based on the following set of questions:

- *Now thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (Must respond “Yes”)*
- *How many days per week do you do these vigorous activities for at least 10 minutes at a time? (Days per week)*
- *On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (Hours and minutes per day)*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS survey in odd years, and from the Supplemental BRFSS survey in 2004. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. 2008 Physical activity guidelines for Americans. Washington: HHS; 2008.
2. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Physical activity guidelines advisory committee report, 2008. Washington: HHS, 2008.
3. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity. Promoting Physical Activity: A Guide for Community Action; 1999. Champaign, IL: Human Kinetics.



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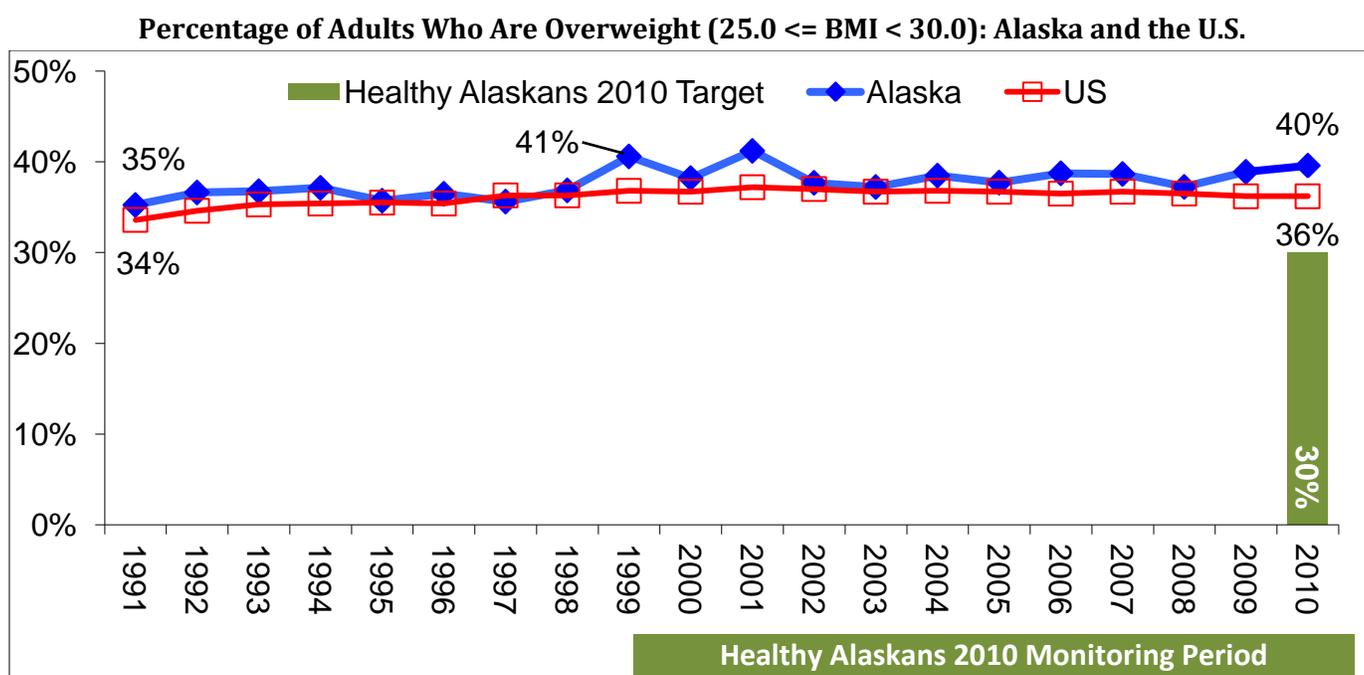
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Indicator: *Adult Overweight*

Why is this important?

About one-third of the Alaskan and American adult population is overweight.¹ Overweight and obesity and their associated health problems have a significant economic impact on the U.S. health care system.² Overweight and obesity are determined by calculating Body Mass Index (BMI) from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and it is used to screen for weight categories that increases the risk of health problems.

How are we doing?



The percentage of adult Alaskans who are overweight has increased over the past 2 decades, from 35% in 1991 to 40% in 2010.

❖ **How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?**

The *Healthy Alaskans 2010* target for adult overweight prevalence is 30% or lower. The prevalence of adult overweight in Alaska has remained relatively stable during the *Healthy Alaskans 2010* monitoring period, from a baseline of 41% in 1999 to its current level of 40% in 2010. **The *Healthy Alaskans 2010* target of 30% has not been met.**

❖ **How does AK compare with the US?**

The rate of overweight among adult Alaskans has paralleled the rate seen in the US overall.

❖ **How are different populations affected?**

The prevalence of obesity is higher among men (43%) than among women (34%). There are no significant differences in overweight by race, region, or socioeconomic status. (Source: 2009 BRFSS) Additional statistics on overweight in Alaska are available at: <http://www.hss.state.ak.us/dph/chronic/obesity/resources.htm>.

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What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Obesity Prevention and Control Program provides professional development opportunities and technical assistance to health professionals, partner agencies, individuals, schools and the media on evidence-based overweight and obesity prevention strategies. The program also provides important monitoring data and publishes reports on the behaviors and risk factors that contribute to overweight and obesity to help community coalitions and partners identify and track health problems, and evaluate the effectiveness of overweight and obesity prevention efforts. Additional information on current efforts to prevent overweight and obesity in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/obesity/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older with a body mass index of ≥ 25.0 and <30.0 . (BMI calculated as self-reported weight in kilograms divided by self-reported height in meters squared.)

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. Flegal KM, Carroll MD, Ogden CL, Curtin LR. Prevalence and trends in obesity among US adults, 1999-2008. JAMA. 2010 Jan 20;303(3):235-41.
2. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: US GPO, Washington.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



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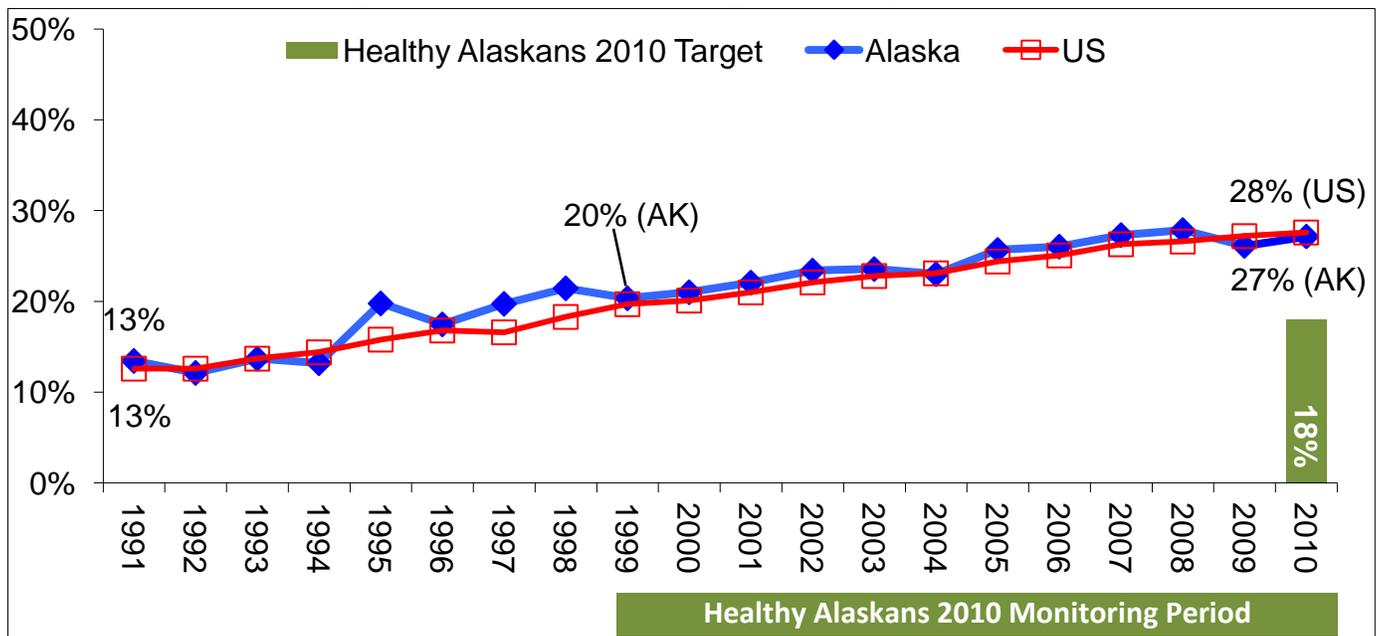
Indicator: *Adult Obesity*

Why is this important?

Obesity has become a major health problem for Alaskans and Americans. About a third of the adult population is now obese and an additional one-third is overweight.¹ Obesity is expensive. It is estimated medical complications of obesity cost Alaska's economy \$459 million a year in direct medical expenditures.² The spread of the obesity epidemic has been equally, if not more, severe among children and adolescents. Since 1980, the national overweight and obesity rates have tripled for youth, with 34% of two to 19 year olds above a normal weight (above the 85th percentile).³ Overweight and obesity are determined by calculating Body Mass Index (BMI) from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and it is used to screen for weight categories that increases the risk of health problems. The impact of the obesity epidemic is reflected in the nation's concurrent epidemics of diabetes, heart disease, and other chronic diseases, and has even lead to the projection that, due to obesity, today's children may be the first generation to have a shorter life expectancy than their parents' generation.⁴

How are we doing?

Percentage of Adults Who Are Obese (BMI \geq 30.0): Alaska and the U.S.



The percentage of Alaska adults who are obese has steadily increased over the past 2 decades, doubling between 1991 (13%) and 2010 (27%).

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for adult obesity prevalence is 18% or lower. Adult obesity prevalence has increased steadily from a baseline of 20% in 1999 to its current level of 27% in 2010. **The *Healthy Alaskans 2010* target of 18% has not been met.**

❖ How does AK compare with the US?

The Alaska adult obesity rate has paralleled the increase seen in adult obesity prevalence nationwide.

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❖ How are different populations affected?

The prevalence of obesity is higher for Alaska Natives/American Indians (31%) than White Alaskans (25%). Those living in rural Alaska (30%) are more likely to be obese than those in other regions of the states (25-26%). Women with low household incomes and with less than a high school education are more likely to be obese. (Source: 2009 BRFSS) Additional statistics on obesity burden are available at:

<http://www.hss.state.ak.us/dph/chronic/obesity/resources.htm>.

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Obesity Prevention and Control Program provides professional development opportunities and technical assistance to school teachers and staff on evidence-based obesity prevention strategies appropriate for the school environment. The program also provides important surveillance data and publishes reports on the behaviors and risk factors that contribute to obesity to help community coalitions and partners identify and track health problems, and evaluate the effectiveness of obesity prevention efforts. Additional information on current efforts to prevent obesity in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/obesity/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older with a body mass index of ≥ 30.0 . (BMI calculated as self-reported weight in kilograms divided by self-reported height in meters squared.)

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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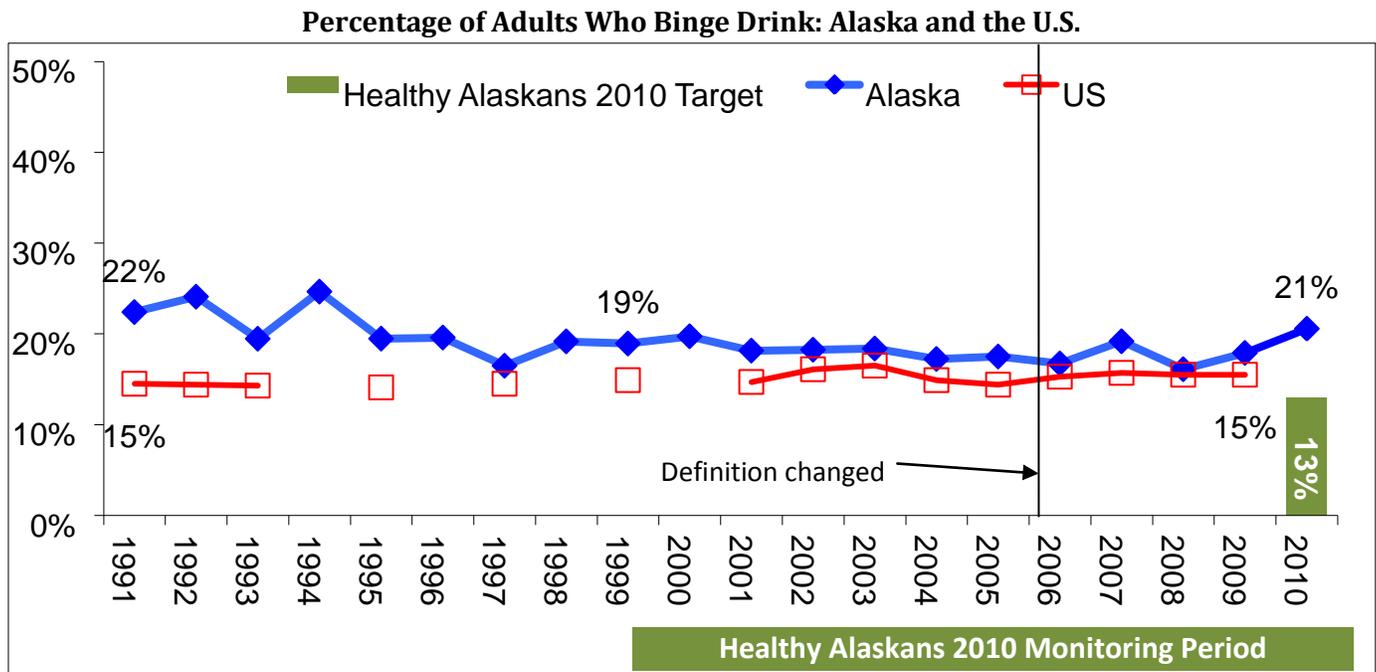
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Indicator: Adult Binge Drinking

Why is this important?

Immediate effects of excessive alcohol use are often the result of binge drinking; they include increased risk of unintentional injuries, violence, high risk sexual behaviors and alcohol poisoning. Binge drinking by pregnant women increases the risk of miscarriage and stillbirth; alcohol use during pregnancy causes physical and mental birth defects. Most people who binge drink are not alcohol dependent.¹ Alcohol abuse has severe consequences in Alaska. Mortality rates for alcohol and alcohol-related injuries are among the highest rates in the nation. In 2008, approximately one of every 10 Native deaths was alcohol induced. From 2004-2008, 43% of suicides had either proven or suspected alcohol intoxication preceding the event, of which one-third had a known alcohol dependency or problem. Of the hospitalizations due to injury reported to the Alaska Trauma Registry (ATR), nearly 25% of all hospitalized injury patients were suspected or proven alcohol-related injuries.²

How are we doing?



The percentage of adults who binge drink has fluctuated slightly over the past 2 decades, ranging from a high of 25% in 1994 to a low of 16% in 2008.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for the prevalence of adult binge drinking 13% or lower. Adult binge drinking prevalence has been between 16% and 21% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 13% has not been met.**

❖ How does AK compare with the US?

The Alaska adult binge drinking rate has consistently been slightly higher than the US rate.

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❖ How are different populations affected?

The prevalence of binge drinking is higher among men (23%) than women (12%). Alaskans over the age of 64 are less likely to binge drink (5%) than Alaskan adults in other age groups (14% to 26%). Asian and Pacific Islander adults have a lower binge drinking prevalence (4%) than any other racial/ethnic group in Alaska (ranging from 16% to 19%). There are no other racial/ethnic differences in binge drinking prevalence, and no differences by region, education, or income level. (Source: 2009 BRFSS.)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

The two primary objectives chosen by the Alaska Strategic Prevention Framework State Incentive Grant (SPF SIG) Advisory Committee are to reduce youth alcohol use (e.g., lifetime, current, heavy and binge drinking) and adult alcohol abuse (e.g., heavy and binge drinking). The SPF SIG Strategic Plan³ identifies four key strategies: (1) Enhance the Alaska prevention workforce; (2) Develop regional/community capacity to promote prevention principles and strategies; (3) Increase the understanding and use of community coalitions and environmental strategies to accomplish sustainable community change; and (4) Increase regional/community understanding and use of data to drive decision-making, implementation, evaluation and continuous quality improvement of strategies and interventions.

Indicator Definition and Notes

Percentage of men aged 18 years and older who consumed five or more drinks on one occasion or the percentage of women aged 18 and older who consumed four or more drinks on one occasion within the past 30 day period (definition from 2006 through current), determined from responses to the following set of questions:

- *During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?*
- *Considering all types of alcoholic beverages, how many times during the past 30 days did you have X (X = 5 for men, X = 4 for women) or more drinks on an occasion?*

From 1991 through 2005 the following definition was used, based on the same set of questions: Percentage of adults (men and women) aged 18 years and older who consumed five or more drinks on one occasion within the past 30 day period.

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, 2005 through 2007, and 2009 through 2010, and from the Standard and Supplemental AK BRFSS surveys combined in 2004 and 2008. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. CDC Fact Sheet. *Alcohol Use and Health*. <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm> (printed 5/5/11)
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Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

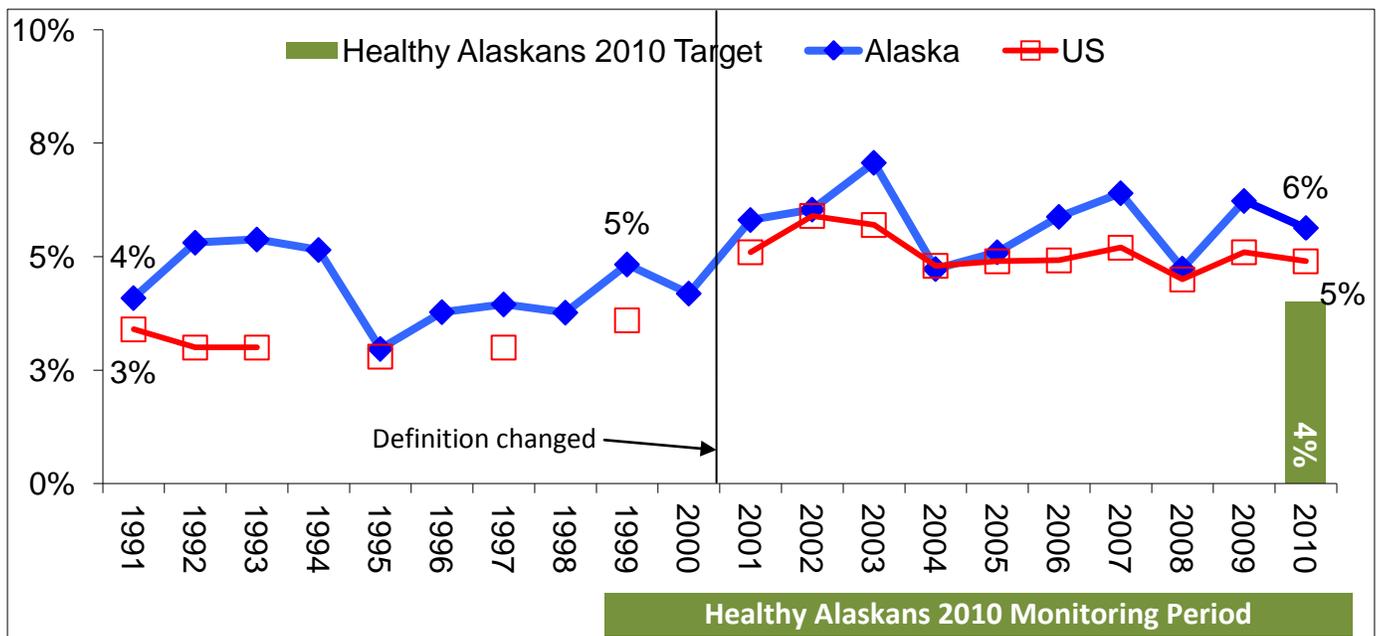
Indicator: *Adult Heavy Drinking*

Why is this important?

Heavy drinking is associated with *alcoholism*, which is when a person shows signs of physical addiction to alcohol (for example, tolerance and withdrawal) and continues to drink, despite problems with physical health, mental health, and social, family, or job responsibilities.¹ Long term, excessive alcohol use is associated with increased health risks for dementia, stroke and neuropathy, cardiovascular disease, cancer, liver disease, gastrointestinal problems and psychiatric problems.² Alcohol abuse has severe consequences in Alaska; statewide mortality rates for alcohol and alcohol-related injuries are among the highest rates in the nation. In 2008, approximately one of every 10 Native deaths was alcohol induced. From 2004-2008, 43% of suicides had either proven or suspected alcohol intoxication preceding the event, of which one-third had a known alcohol dependency or problem. Unintentional injury remains the third leading cause of death and is highly associated with alcohol use. Of the hospitalizations due to injury reported to the Alaska Trauma Registry (ATR), nearly 25% of all hospitalized injury patients were suspected or proven alcohol-related injuries.³

How are we doing?

Percentage of Adults Who Are Heavy Drinkers: Alaska and the U.S.



The percentage of Alaska adults who are heavy drinkers has increased slightly over the past 2 decades, from 4% in 1991 to 6% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for the prevalence of adult heavy drinking 4% or lower. Adult heavy drinking prevalence has been around 6% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 4% has not been met.**

❖ How does AK compare with the US?

The Alaska adult heavy drinking rate has been at or slightly higher than the US rate.

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❖ How are different populations affected?

The prevalence of heavy drinking is higher in the 45-64 age group (6%) than in the 18-24 age group (2%) and the 65 or over age group (3%). Also, the Asian and Pacific Islander group has a significantly smaller prevalence of heavy drinking (<1%) than Whites (5%). There are no other significant differences by age, race, region, income or education. (Source: 2008-2010 BRFSS.)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

The two primary objectives chosen by the Alaska Strategic Prevention Framework State Incentive Grant (SPF SIG) Advisory Committee are to reduce youth alcohol use (e.g., lifetime, current, heavy and binge drinking) and adult alcohol abuse (e.g., heavy and binge drinking). The SPF SIG Strategic Plan³ identifies four key strategies: (1) Enhance the Alaska prevention workforce; (2) Develop regional/community capacity to promote prevention principles and strategies; (3) Increase the understanding and use of community coalitions and environmental strategies to accomplish sustainable community change; and (4) Increase regional/community understanding and use of data to drive decision-making, implementation, evaluation and continuous quality improvement of strategies and interventions.

Indicator Definition and Notes

Starting in 2001, this indicator has been used: Percentage of men aged 18 years and older who consumed more than two drinks per day or the percentage of women aged 18 and older who consumed more than one drink per day within the past 30 day period. It is based on responses to these questions:

- *During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?*
- *During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?*
- *One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor. During the past 30 days, on the days when you drank, how many drinks did you drink on the average? During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?*

From 1991 through 2000 the following definition was used, based on the same set of questions: Percentage of adults aged 18 years and older who consumed an average of more than 60 drinks within past 30 day period.

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, 2005 through 2007, and 2009 through 2010, and from the Standard and Supplemental AK BRFSS surveys combined in 2004 and 2008. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

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2. CDC Fact Sheet. *Alcohol Use and Health*. <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm> (printed 5/5/11)
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Available at: <http://www.hss.state.ak.us/dph/chronic/>



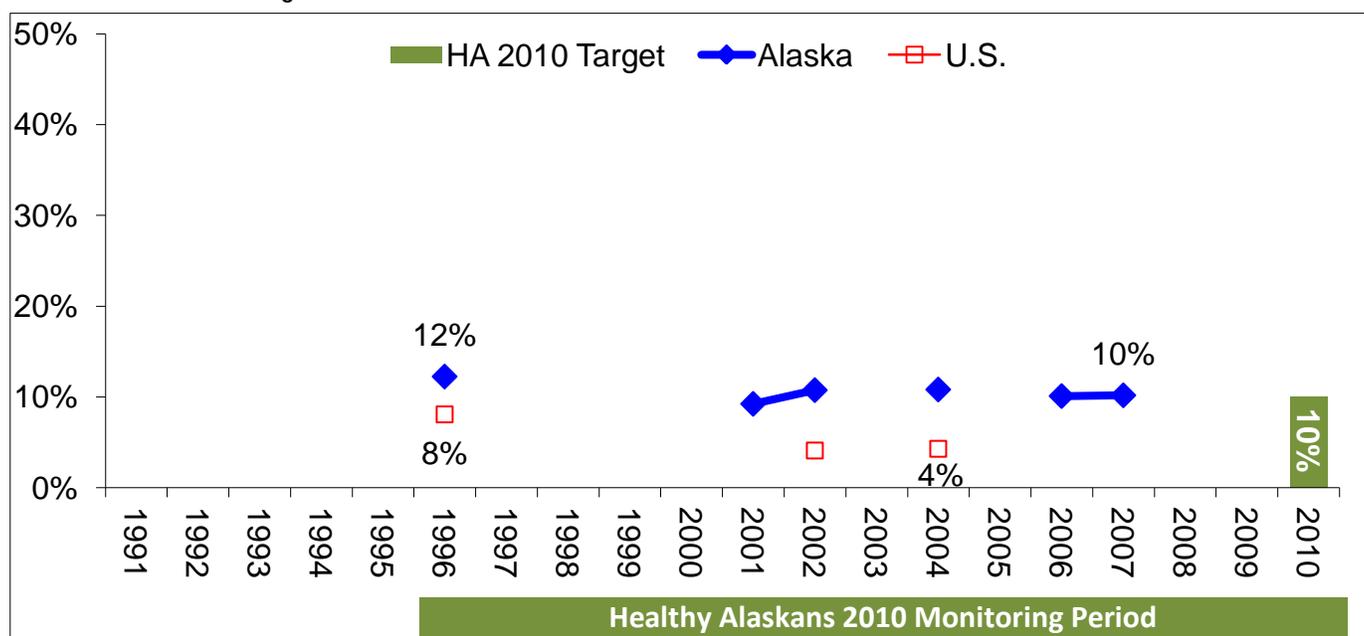
Alaska Health Status Indicators

Indicator: *Unlocked, Loaded Firearms in Household*

Why is this important?

In Alaska there were 735 violent deaths involving firearms from 2003-2008, which accounted for 46% of violent deaths statewide¹. More than 75% of gun related suicide attempts and unintentional injuries of 0-19 year olds involved guns that were kept in the homes of the victim, a relative or a friend.² Thousands of handguns are stolen each year in the United States and are used to commit other crimes. Storing firearms locked and unloaded, with ammunition stored separately, can reduce the risk of deaths, injuries and suicides involving young people.

Percentage of Adults in Households with Unlocked, Loaded Firearms: Alaska and the U.S.



This indicator has been measured sporadically since 1996. The percentage of Alaska adults who live in households in which firearms are kept unlocked and loaded has remained relatively stable since 1996, from 9% in 2001 to 12% in 1996.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for prevalence adults living in a household with unlocked, loaded firearms is 10% or lower. The prevalence of Alaska adults having unlocked, loaded firearms in their household has been slightly higher than 10% during most of the *Healthy Alaskans 2010* monitoring period, reaching 10% as of 2006. **The *Healthy Alaskans 2010* target of 10% has been met.**

❖ How does AK compare with the US?

The prevalence of adults living in a household with unlocked, loaded firearms has consistently been higher in Alaska than in the US overall.

❖ How are different populations affected?

Sixty percent of Alaskan adults reported having a firearm in the home (regardless of locked or loaded status) in 2007. The prevalence of having a firearm in the home was higher in the Gulf Coast, rural and Fairbanks regions compared to Anchorage and vicinity and increased with increasing income. The prevalence of having a loaded and unlocked firearm in the household was 10% in 2007. Having a loaded and unlocked firearm in the home was higher among non-Native Alaskans (12%) than Alaska Native adults (4%). Adults living in the rural region of Alaska reported

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the lowest prevalence of having a loaded and unlocked firearm in the home, however this difference was not significant.

What is the Alaska Department of Health and Social Services doing to improve this indicator?

The Injury Prevention program, housed within the Department, participates in the statewide Injury Prevention Coalition facilitated by ANTHC. A current project for ANTHC members is to provide gun safes to western Alaska communities. The coalition also encourages home builders to design built-in areas of new homes for the addition of gun safes. In the past, the department has provided gun locks to communities in southeast Alaska and provided a safety booklet focused on teen safety³. Public health attention is needed to encourage safe storage and handling of firearms statewide.

Indicator Definition and Notes

Percentage of adults who answer “Yes” to all three of the following **questions**: *The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.*

- *Are any firearms now kept in or around your home?*
- *Are any of these firearms now loaded?*
- *Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or a combination to get the gun or to fire it. We don't count safety as a lock.*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS.

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2. Grossman, DC, Reay, DT, and Baker, SA. *Self-inflicted & Unintentional Firearm Injuries Among Children & Adolescents: The Source of the Firearm*, 153 Archives Pediatric & Adolescent Med. 875 (Aug. 1999), Accessed at <http://archpedi.ama-assn.org/cgi/content/short/153/8/875> on August 12, 2011.
3. http://www.chems.alaska.gov/EMS/Assets/EMSC/safety_gauge.pdf Accessed August 12, 2011.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

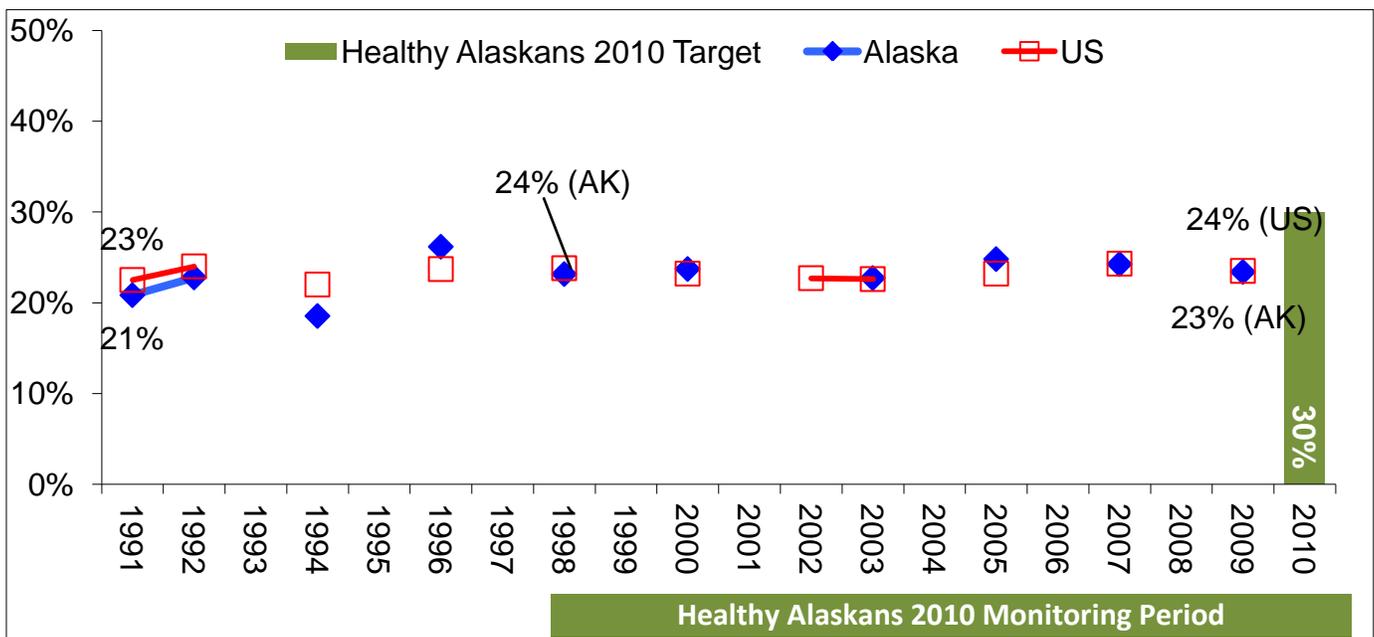
Indicator: *Adult Fruit and Vegetable Consumption*

Why is this important?

Fruits and vegetables are important to a healthful diet because they are low in calories, saturated fat, cholesterol, added sugars, and sodium (salt); and high in vitamins, minerals, and fiber.¹ Consuming a diet high in fruits and vegetables is associated with lower risks for numerous chronic diseases, including cancer and cardiovascular disease.¹ Fruits and vegetables are also promoted for the prevention of obesity because of their high water and fiber content, low fat content and low energy density, all effectively reducing energy (caloric) intake.²

How are we doing?

**Percentage of Adults Who Meet Recommendations for Fruit and Vegetable Consumption:
Alaska and the U.S.**



The percentage of Alaska adults who meet the recommendations for fruit and vegetable consumption (that is, consume 5 or more servings of fruits and vegetables every day¹) has fluctuated between 19% and 26% between 1991 and 2009, the latest year for which data are available.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for fruit and vegetable consumption is 30% or higher. The prevalence of this indicator has remained relatively stable at around 24% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 30% has not been met.**

❖ How does AK compare with the US?

The prevalence of meeting fruit and vegetable consumption recommendations among adults in Alaska has paralleled that seen in the US.

❖ How are different populations affected?

Women are more likely to meet the fruit and vegetable consumption recommendation (28%) than are men (19%). Alaska Natives (14%) and residents of rural Alaska (13%) have a lower prevalence of meeting this recommendation

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in comparison with their peers (25% for non-Natives; range of 21% to 26% for other regions of the state). Fruit and vegetable consumption increases with education level, with only 10% of those with less than a high school education meeting the recommendation, but 28% of college graduates meeting it. (Source: 2009 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Obesity Prevention and Control Program (OPCP) established a food policy council as a means to improve the food environment using evidence-based strategies³ to increase fruit and vegetable access, availability and consumption of fruits and vegetables. The OPCS is managing a pilot project to increase access of fruits and vegetables to low income individuals. This pilot project enables Supplemental Nutrition Assistance Program recipients to use their electronic transfer benefit card, called the QUEST card in Alaska, to purchase fruits and vegetables at farmers' markets. Evaluation of this pilot will help determine if the program should be expanded statewide. The program also provides important surveillance data and publishes reports on the behaviors and risk factors that contribute to obesity, including fruit and vegetable consumption, to help community coalitions and partners identify and track health problems, and evaluate the effectiveness of obesity prevention efforts. Additional information on current efforts to prevent obesity in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/obesity/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who report consuming a total of at least 5 servings of fruits and vegetables daily. This index is derived from the responses (in servings per day, week, month or year) to the following questions: (1) *How often do you drink fruit juices such as orange, grapefruit, or tomato?* (2) *Not counting juice, how often do you eat fruit?* (3) *How often do you eat green salad?* (4) *How often do you eat potatoes not including French fries, fried potatoes, or potato chips?* (5) *How often do you eat carrots?* (6) *Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS in 1991, even years between 1992 and 2003, and in 2003; Alaska data were obtained from the Standard and Supplemental AK BRFSS surveys combined in 2005, 2007 and 2009. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

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3. Centers for Disease Control and Prevention. *The CDC Guide to Fruit and Vegetables Strategies to Increase Access, Availability and Consumption*. March 2010.



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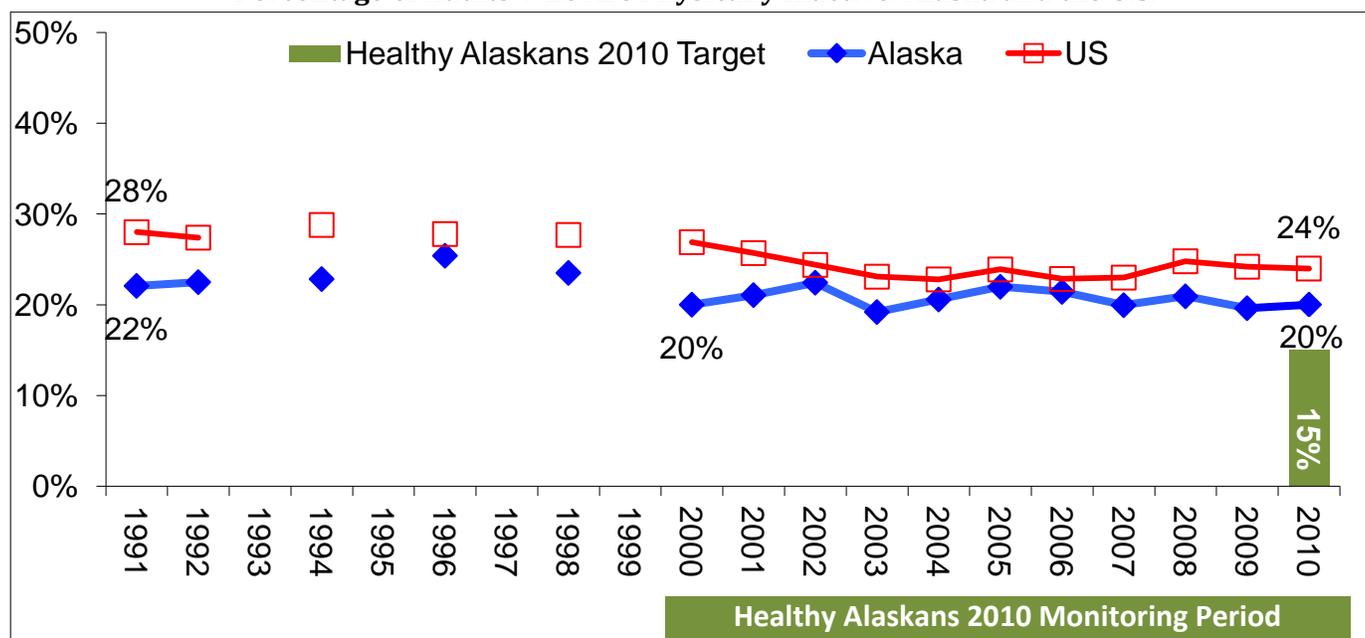
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Indicator: *Adult Inactivity*

Why is this important?

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. 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, depression, and obesity. Among children and adolescents, physical activity can: improve bone health, improve cardiorespiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression.^{1,2} Some physical activity is better than none, for people who are inactive, even small increases in physical activity are associated with health benefits.¹

Percentage of Adults Who Are Physically Inactive: Alaska and the U.S.



The percentage of Alaska adults who are physically inactive has decreased slightly over the past 2 decades, from 22% 1991 to 20% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for adult inactivity prevalence is 15% or lower. The prevalence of being physically inactive among adults in Alaska has remained relatively stable at around 20% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 15% has not been met.**

❖ How does AK compare with the US?

The rate of inactivity among adult Alaskans has consistently been below that seen in the US overall.

❖ How are different populations affected?

The prevalence of inactivity is higher among Alaska Native (26%) than non-Native Alaskans (18%). Adult Alaskans living in rural Alaska are more inactive (26%) than adults living in Anchorage and vicinity (19%), the Gulf Coast region (19%), or Southeast Alaska (16%). The prevalence of physical inactivity increases with decreasing levels of both income and education. (Source: 2009 BRFSS) Additional statistics on physical inactivity in Alaska are available at:

<http://www.hss.state.ak.us/dph/chronic/obesity/resources.htm>.

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What is the Alaska Department of Health and Social Services doing to improve this indicator?

The department, through the Obesity Prevention and Control Program, coordinates with the Department of Education & Early Development, to increase student physical activity and physical education. The focus of the departments has been supporting quality school-based physical education to teach skills that lead to enjoyment of lifelong physical activity. Together, the departments have recently developed the Alaska Physical Education Standards (adopted by the State Board of Education in July 2010); co-hosted the *Moving into Action: Combating Childhood Obesity* training for school nurse, health and PE teachers; and co-hosted the *PE Standards and Assessment* training for PE teachers. The Obesity Prevention and Control Program staff works on encouragement, education, enforcement and engineering strategies to increase active transportation by playing a major role in the coordination of Bike to Work Day and by fulfilling committee positions on the Anchorage Long Term Transportation Plan and the Statewide Strategic Traffic Safety Plan and. Additional information on current efforts to increase physical activity and prevent obesity in Alaska are available at: <http://www.hss.state.ak.us/dph/chronic/obesity/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer “No” to the following question: *During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS in 1991, in even years from 1992 through 2000, between 2001 and 2004, and in 2006 and 2007; Alaska data were obtained from the Standard and Supplemental AK BRFSS surveys combined in 2005 and 2008 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



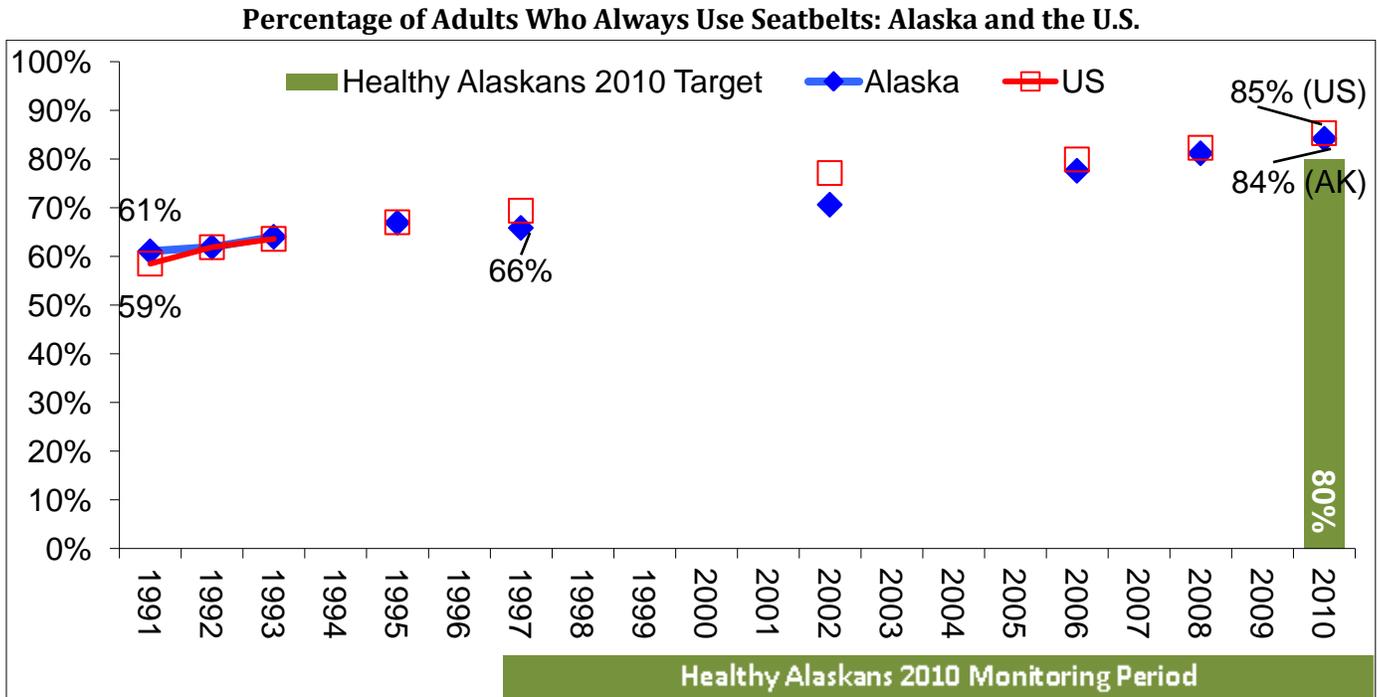
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Indicator: *Adult Seatbelt Use*

Why is this important?

Motor vehicle crashes are the leading cause of death in the United States among persons aged 5 to 34 years.¹ Seat belts have been shown to be the most effective method for reducing injuries, and thus saving lives in the event of a crash. NHTSA estimates that safety belts have saved 147,246 lives (ages 5 and over) in the period 1975-2001.² States, such as Alaska, that have primary enforcement laws show the highest rates of seatbelt use.

How are we doing?



The percentage of Alaska adults who always use seatbelts has increased over the past two decades from 61% in 1991 to 84% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of consistent seatbelt use is 80% or higher. The percentage of Alaska adults who always use seatbelts increased from 61% to 84% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 80% has been met.**

❖ How does AK compare with the US?

The prevalence of seatbelt use among adults in Alaska has paralleled that seen in the US.

❖ How are different populations affected?

In 2010, 84% of Alaska adults reported always wearing a seatbelt when they drive or ride in a car. Women and non-Native Alaskans report always wearing a seatbelt more often than do men or Alaska Natives, respectively. The prevalence of always wearing a seatbelt was lower in the Gulf Coast, Southeast, and rural regions of Alaska compared to Anchorage and vicinity. The prevalence of always wearing a seatbelt increased with increasing education, however the difference between groups was not significant.

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What is the Alaska Department of Health and Social Services doing to improve this indicator?

The Department, through the Injury Prevention Program, monitors motor vehicle policy activity for changes in current statutes and regulations. The program has collaborated with the Alaska Injury Prevention Center, car dealership associations and the Alaska Highway Safety Office on motor vehicle safety issues. The department has also endorsed the Alaska Highway Safety Office's "Click it or Ticket" campaign in the past. Future efforts may involve enhanced safety campaigns that target areas of the state that have the lowest rates of seatbelt usage.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer "Always" to the following question: *How often do you use seat belts when you drive or ride in a car?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS standard survey from 1991 to 1993, and in 1995, 1997, 2002, 2006, 2008, and 2010.

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

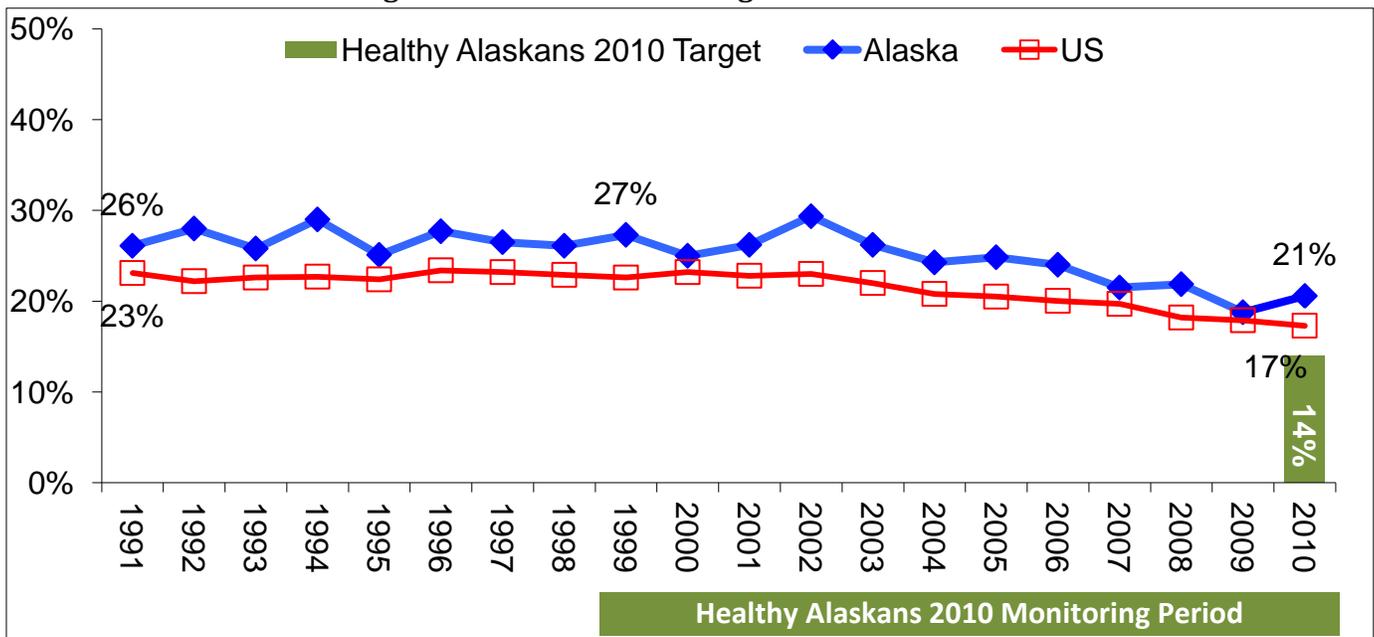
Indicator: *Adult Smoking*

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.¹ There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.² And smoking kills more than just those who choose to smoke. Exposure to secondhand smoke kills approximately 50,000 Americans every year.³ 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.² For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁴ In addition, tobacco use costs the US economy more than \$96 billion each year in direct medical expenses and another \$97 billion per year in lost productivity³; Alaska's share of these costs are approximately \$546 million annually.⁵

How are we doing?

Percentage of Adults Who Smoke Cigarettes: Alaska and the U.S.



The percentage of adult Alaskans who smoke was relatively flat from 1991 (26%) through 2002 (29%), then dropped significantly over the subsequent 8 years to reach 21% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for adult smoking prevalence is 14% or lower. Since the baseline measurement of 27% in 1999, the adult smoking rate has moved in the right direction, but has not yet met the *Healthy Alaskans 2010* target. **The *Healthy Alaskans 2010* target of 14% has not been met.**

❖ How does AK compare with the US?

The Alaska adult smoking rate has somewhat paralleled, but been consistently above the US rate.

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❖ How are different populations affected?

Alaska Native adults (41%) are approximately twice as likely as their non-Native counterparts (17%) in Alaska to smoke. Residents of rural region of the state (35%), Alaskans with relatively little income or education (32%), and young adults between the ages of 18 and 29 (32%) are also significantly more likely than their peers to be smokers. (Source: 2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community- based, school-based based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer “Yes” to the following question: *Have you smoked at least 100 cigarettes in your life?* and answer “Every day” or “Some days” to the following question: *Do you now smoke cigarettes every day, some days, or not at all?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



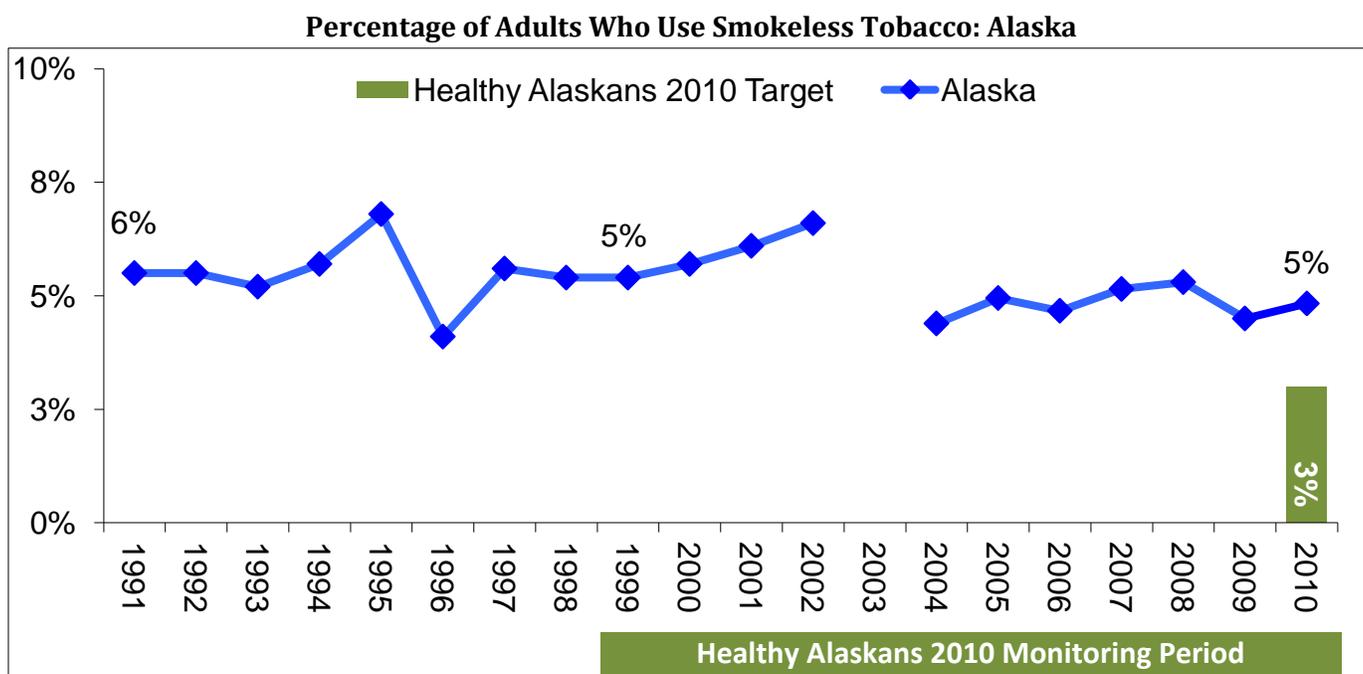
Alaska Health Status Indicators

Indicator: *Adult Smokeless Tobacco Use*

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.¹ There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.² Smokeless tobacco use causes oral, esophageal, and pancreatic cancer³, as well as contributing to non-cancerous oral health conditions, nicotine addiction, and heart disease.⁴ 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.² For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁵ In addition, tobacco use costs the US economy more than \$96 billion each year in direct medical expenses and another \$97 billion per year in lost productivity⁶; Alaska's share of these costs are approximately \$546 million annually.⁷

How are we doing?



The percentage of adult Alaskans who use smokeless tobacco has fluctuated between 4% and 7% from 1991 to 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for adult smokeless tobacco use prevalence is 3% or lower. Despite some variation in this rate over the *Healthy Alaskans 2010* monitoring period, the baseline and most recent prevalence rates are both 6%. **The *Healthy Alaskans 2010* target of 3% has not been met.**

❖ How does AK compare with the US?

Comparable US data are not available. However, 2009 BRFSS data using a slightly differently-worded question put Alaska (6.6%) as having one of the highest smokeless tobacco prevalence rates in the country (1.3% to 9.1%).

Alaska Health Status Indicators

❖ How are different populations affected?

Men are more likely to use smokeless tobacco (SLT; 8%) than are women (1%). Alaska Native adults (10%) and Alaskans living in rural areas of the state (13%) are more likely to use SLT than non-Native Alaskans (4%) or those living in more urban parts of the state (3% to 7%). Prevalence of SLT use is inversely related to education, and Alaskans with incomes below the poverty level use SLT more (8%) than do those above that threshold (4%). (Source: 2009 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community-based, school-based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer “Yes” to both of the following questions:

- *Have you used or tried any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull?*
- *Do you currently use any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2002, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. U.S. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs-2007*. Atlanta; U.S. DHHS, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
2. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
3. International Agency for Research on Cancer. *Smokeless Tobacco and Some Tobacco-Specific N-Nitrosamines*. Lyon, France: World Health Organization International Agency for Research on Cancer; 2007. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 89.
4. U.S. Department of Health and Human Services. *The Health Consequences of Using Smokeless Tobacco: A Report of the Advisory Committee to the Surgeon General*. Bethesda, MD: U.S. Department of Health and Human Services, 1986.
5. 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.
6. U.S. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States 2000-2004. *Morbidity and Mortality Weekly Report (MMWR)* 2008;57(45):1226-1228.
7. U.S. Centers for Disease Control and Prevention (CDC) Smoking-Attributable Mortality, Morbidity, and Economic Costs Application, updated with 2008 medical consumer price index. Available at <http://apps.nccd.cdc.gov/sammec/>.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

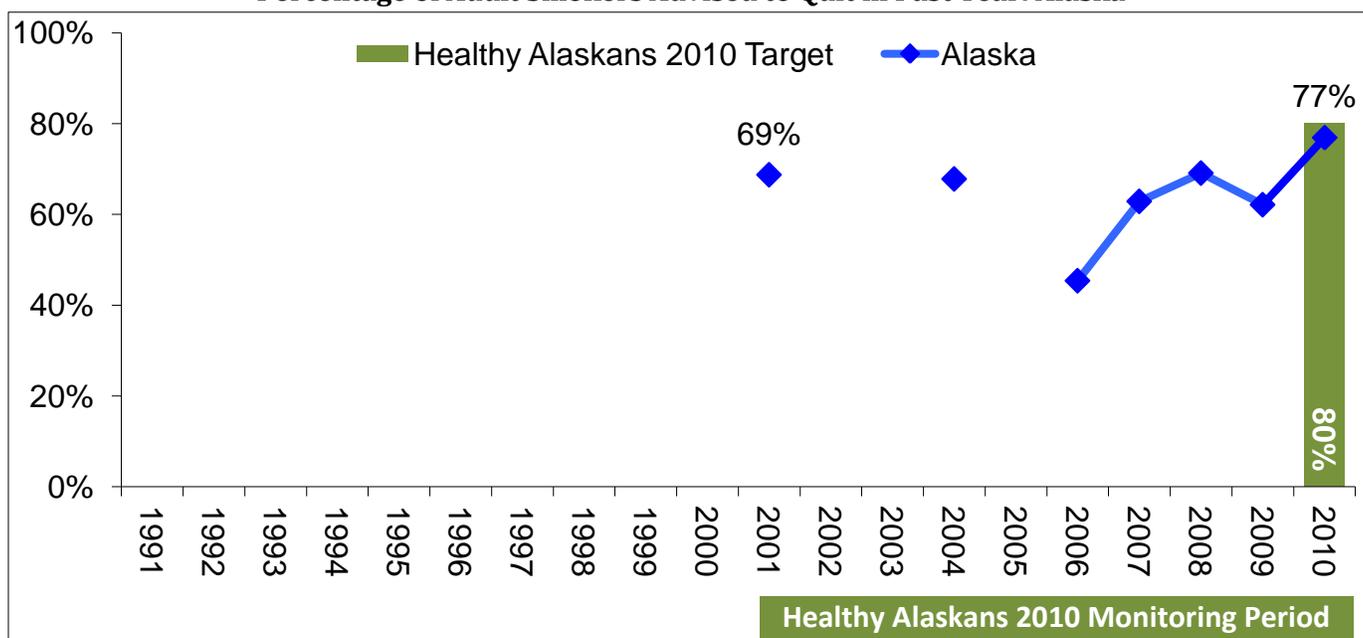
Indicator: Adult Smokers Advised to Quit

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.¹ There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.² And smoking kills more than just those who choose to smoke. Exposure to secondhand smoke kills approximately 50,000 Americans every year.³ 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.² For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁴ In addition, tobacco use costs the US economy more than \$96 billion each year in direct medical expenses and another \$97 billion per year in lost productivity³; Alaska's share of these costs are approximately \$546 million annually.⁵

How are we doing?

Percentage of Adult Smokers Advised to Quit in Past Year: Alaska



The percentage of adult Alaskan smokers who were advised by a healthcare provider to quit in the past year has fluctuated between a low of 45% in 2006 to a high of 77% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for adult smokers being advised by their healthcare provider to quit is 80% or higher. The prevalence of smokers being advised to quit varied considerably over the *Healthy Alaskans 2010* monitoring period, likely do to small numbers, and approached the target in 2010 with a value of 77%.

The *Healthy Alaskans 2010* target of 80% has not been met.

❖ How does AK compare with the US?

Comparable US data are not available.

Alaska Health Status Indicators

❖ How are different populations affected?

Among adults who have visited a health care provider in the past year (56%), advice to quit did not differ by race/ethnicity, socioeconomic status, or region.

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community-based, school-based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

Indicator Definition and Notes

Percentage of adult smokers aged 18 years and older who answer “Yes” to both of the following questions:

- *In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?*
- *In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?*

Smoking status is indicated by answering “Yes” to the following question: *Have you smoked at least 100 cigarettes in your life?* and answering “Every day” or “Some days” to the following question: *Do you now smoke cigarettes every day, some days, or not at all?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
2. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
3. U.S. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States 2000-2004. *Morbidity and Mortality Weekly Report (MMWR)* 2008;57(45):1226-1228.
4. 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.
5. U.S. Centers for Disease Control and Prevention (CDC) Smoking-Attributable Mortality, Morbidity, and Economic Costs Application, updated with 2008 medical consumer price index. Available at <http://apps.nccd.cdc.gov/sammecl/>.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



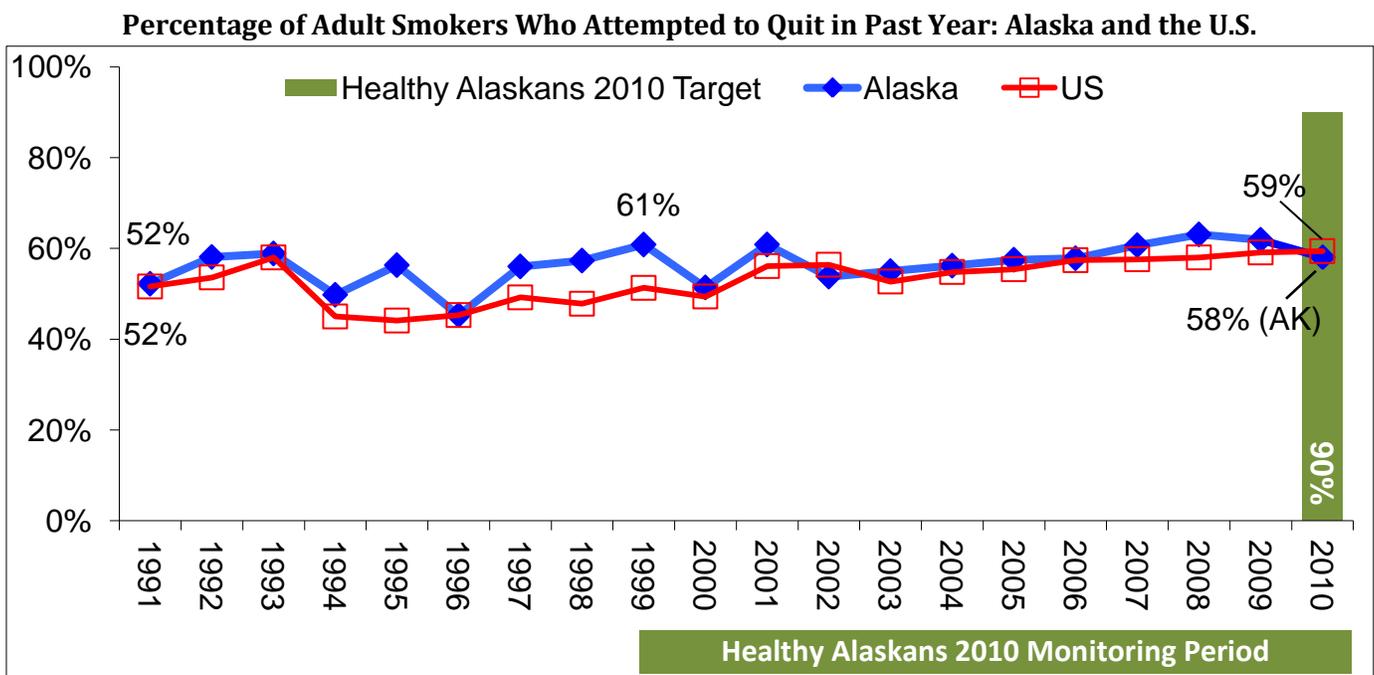
Alaska Health Status Indicators

Indicator: Adult Smokers Attempting to Quit

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.¹ There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.² And smoking kills more than just those who choose to smoke. Exposure to secondhand smoke kills approximately 50,000 Americans every year.³ 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.² For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁴ In addition, tobacco use costs the US economy more than \$96 billion each year in direct medical expenses and another \$97 billion per year in lost productivity³; Alaska's share of these costs are approximately \$546 million annually.⁵

How are we doing?



The percentage of adult Alaskan smokers who made at least one quit attempt in the past year has increased from 52% in 1991 to 58% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for adult smokers who have made a quit attempt is 90% or higher. The quit attempt rate has stayed relatively stable over the *Healthy Alaskans 2010* monitoring period, from a baseline of 61% in 1999 to 58% most recently. **The *Healthy Alaskans 2010* target of 90% has not been met.**

❖ How does AK compare with the US?

The Alaska smoking cessation attempt rate has closely paralleled the US rate.

Alaska Health Status Indicators

❖ How are different populations affected?

The percentage of adults who make a quit attempt is similar across population subgroups. Making a quit attempt is not associated with race/ethnicity, income, education, sex, age, or region.

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community-based, school-based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

Indicator Definition and Notes

Percentage of adult smokers aged 18 years and older who answer “Yes” to the following question: *During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoke?* Smoking status is indicated by answering “Yes” to the following question: *Have you smoked at least 100 cigarettes in your life?* and answering “Every day” or “Some days” to the following question: *Do you now smoke cigarettes every day, some days, or not at all?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
2. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
3. U.S. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States 2000-2004. *Morbidity and Mortality Weekly Report (MMWR)* 2008;57(45):1226-1228.
4. 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.
5. U.S. Centers for Disease Control and Prevention (CDC) Smoking-Attributable Mortality, Morbidity, and Economic Costs Application, updated with 2008 medical consumer price index. Available at <http://apps.nccd.cdc.gov/sammec/>.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

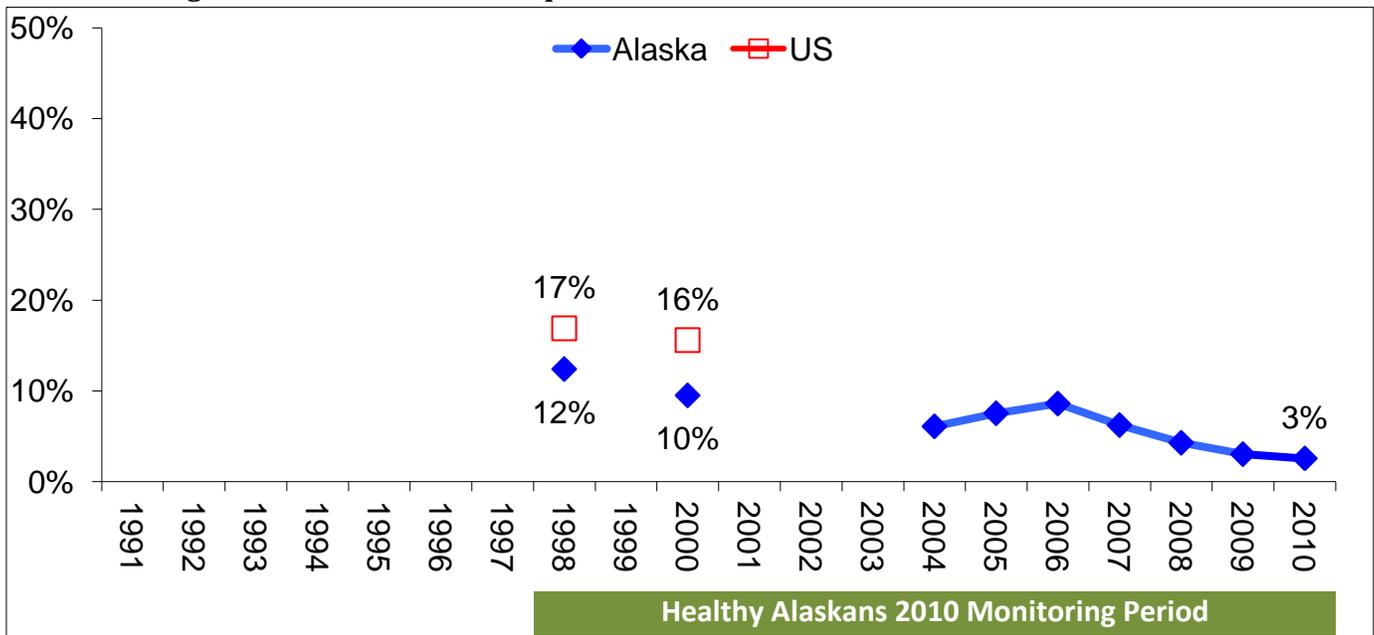
Indicator: *Adults Nonsmokers Exposed to Secondhand Smoke at Home*

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.¹ There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.² And smoking kills more than just those who choose to smoke. Exposure to secondhand smoke kills approximately 50,000 Americans every year.³ Tobacco smoke contains hundreds of toxic chemicals, including at least 69 known carcinogens.⁴ Secondhand smoke causes lung cancer and heart disease in adults as well as sudden infant death syndrome (SIDS) and acute respiratory infections among children.⁵ Any exposure to secondhand smoke presents a health risk; eliminating smoking in indoor spaces is the only approach that protects nonsmokers from secondhand smoke exposure.⁵

How are we doing?

Percentage of Adult Nonsmokers Exposed to Secondhand Smoke in Home: Alaska and the U.S.



The percentage of adult Alaskan nonsmokers who were exposed to secondhand smoke in their home has decreased from 12% in 1998 to 3% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

No *Healthy Alaskans 2010* target was set for this indicator; the *Healthy People 2010* target for the percentage of nonsmoking adults exposed to secondhand smoke in any environment is 45% or lower. Since the baseline measurement of 12% in 1998, this indicator has continued to decline. **The *Healthy People 2010* target of 45% has been met.**

❖ How does AK compare with the US?

In the two years for which comparable US data were available, the Alaska rate was below the US rate of adult nonsmoker exposure to secondhand smoke in the home.

Alaska Health Status Indicators

❖ How are different populations affected?

The percentage of non-smoking adults exposed to secondhand smoke in their homes does not differ by region, socioeconomic status, or race/ethnicity.

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community- based, school-based based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

Indicator Definition and Notes

Percentage of adult nonsmokers aged 18 years and older who answer “Yes” to the following question: *In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?* Nonsmokers are identified as those who answer “No” to the following question: *Have you smoked at least 100 cigarettes in your entire life?* or answer “Not at all” to the following question: *Do you now smoke cigarettes every day, some days, or not at all?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS in 1998 and 2000, and from the Supplemental AK BRFSS survey from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
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5. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

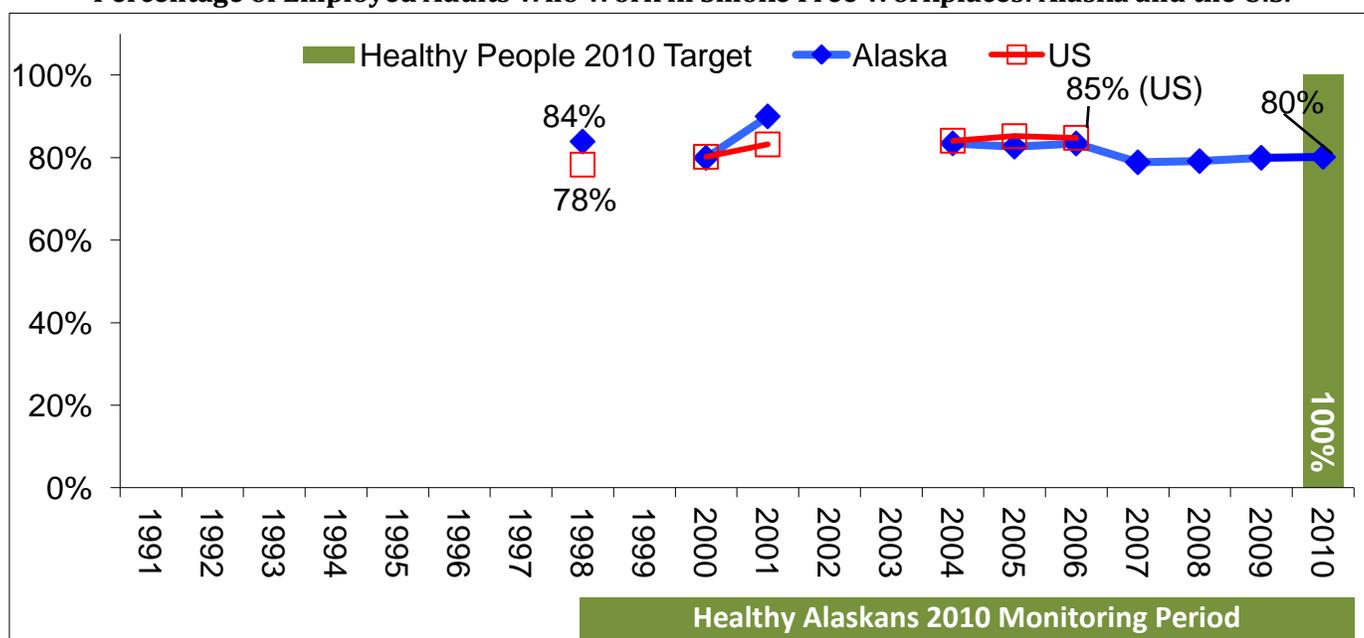
Indicator: *Adults Exposed to Secondhand Smoke at Work*

Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.¹ There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.² And smoking kills more than just those who choose to smoke. Exposure to secondhand smoke kills approximately 50,000 Americans every year.³ Tobacco smoke contains hundreds of toxic chemicals, including at least 69 known carcinogens.⁴ Secondhand smoke causes lung cancer and heart disease in adults as well as sudden infant death syndrome (SIDS) and acute respiratory infections among children.⁵ Any exposure to secondhand smoke presents a health risk; eliminating smoking in indoor spaces is the only approach that protects nonsmokers from secondhand smoke exposure.⁵

How are we doing?

Percentage of Employed Adults Who Work in Smoke Free Workplaces: Alaska and the U.S.



The percentage of adult Alaskans who work in workplaces with policies prohibiting smoking was relatively stable from 1998 (84%) through 2010 (80%)

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

No *Healthy Alaskans 2010* target was set for this indicator; the *Healthy People 2010* target for the percentage of employed adults who work in smoke free environments is 100%. Since the baseline measurement of 84% in 1998, this indicator has remained flat and at a level below the *Healthy People 2010* target. **The *Healthy People 2010* target of 100% has not been met.**

❖ How does AK compare with the US?

For the years where data are available for both Alaska and the US, the rates of smokefree workplaces have been comparable.

Alaska Health Status Indicators

❖ How are different populations affected?

Indoor workplace smoking bans are associated with socioeconomic status. Adults with lower levels of income and/or education are less likely (82%) to work in a place that bans smoking indoors than adults of higher SES (92%).

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. One goal of the TPC Program is to eliminate exposure to secondhand smoke. The TPC provides funding and technical assistance for community and school-based organizations to address secondhand smoke exposure in their communities and also provides education on the health benefits of smokefree air through statewide and local media campaigns. Additional information on current tobacco prevention efforts in Alaska is available at:

<http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

Indicator Definition and Notes

Percentage of employed adults aged 18 years and older who answer “Smoking is not allowed in any work areas” to the following question: *Which statement best describes your place of work’s official smoking policy for work areas?* Adults are considered employed if they give any response other than “Not employed” (that is, “Yes”, “No”, “Don’t Know/Not sure” or “Refused”) to the following question: *“While working at your job, are you indoors most of the time?”*.

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS in 1998, 2000, and 2001 and from the Supplemental AK BRFSS survey from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
2. 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, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
3. U.S. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States 2000-2004. *Morbidity and Mortality Weekly Report (MMWR)* 2008;57(45):1226-1228.
4. U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
5. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



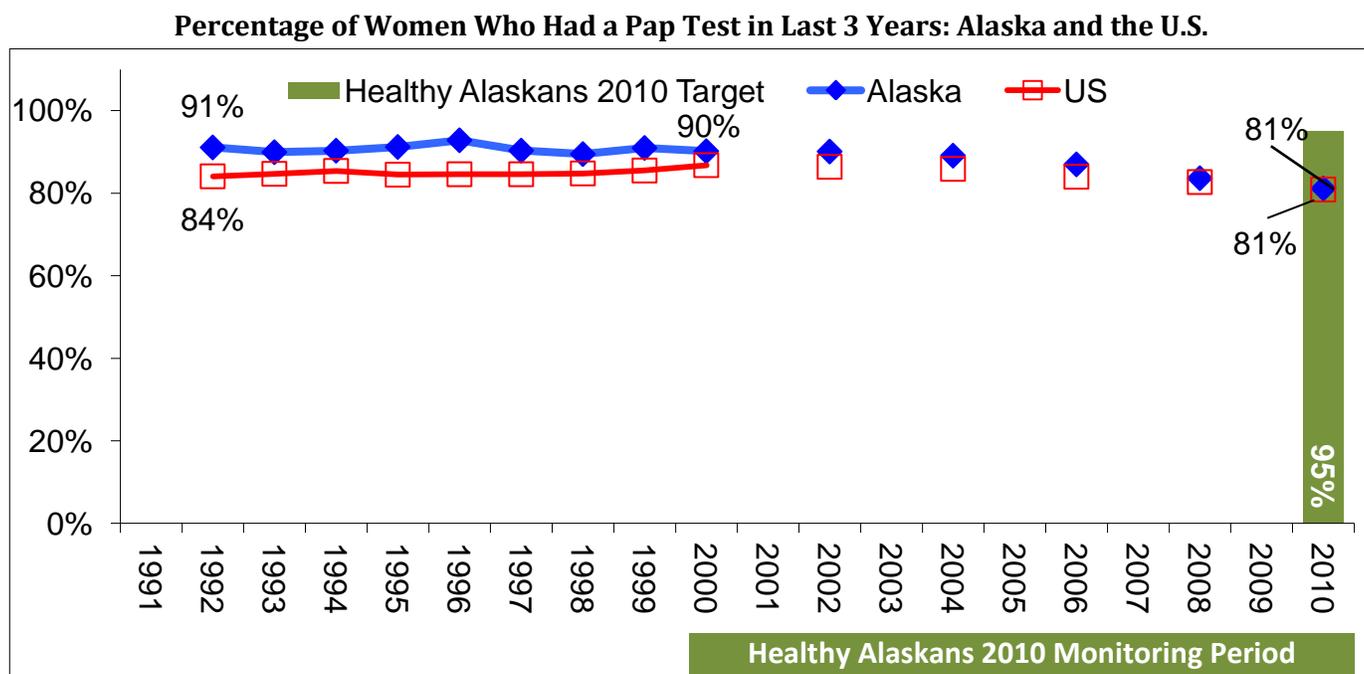
Alaska Health Status Indicators

Indicator: *Adult Cervical Cancer Screening*

Why is this important?

If detected early, cervical cancer is one of the most successfully treatable cancers. The Papanicolaou (“Pap”) test is the screening tool used to detect cancerous and precancerous changes in a woman’s cervix. The American College of Obstetrics and Gynecologists (ACOG) recommends that women should have their first Pap test at age 21. Women aged 21 – 30 may then be screened every other year, women 30 and older may be screened once every three years. Women with certain risk factors may need more frequent screening and should discuss their medical history with their clinician.¹

How are we doing?



The percentage of Alaska women (ages 18 and older) who have had a pap test to screen for cervical cancer in the prior 3 years has decreased over the past two decades from 91% in 1992 to 81% in 2010. Since the development of the Healthy Alaskans 2010 targets, the US Preventive Services Task Force released its recommendations for screening for cervical cancer.² This updated recommendation is that women ages 21 and older be screened every 3 years. Future reports based on the tracking of this indicator will use this updated age range.

❖ **How is Alaska Doing Relative to the Healthy Alaskans 2010 Target?**

The *Healthy Alaskans 2010* target for the prevalence of screening (in the past 3 years) for cervical cancer is 95% (of women) or higher. The percentage of Alaska women who have had a pap test within 3 years decreased from 90% to 81% during the *Healthy Alaskans 2010* monitoring period. **The Healthy Alaskans 2010 target of 95% has not been met.**

❖ **How does AK compare with the US?**

The Alaska cervical cancer screening rate has been slightly higher than or equal to the US rate.

Alaska Health Status Indicators

❖ How are different populations affected?

There are no significant differences in colorectal cancer screening rates by race, region, education, or income level. Note that the small sample size for this indicator may limit the ability to detect significant differences between groups. (Source: 2008 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Comprehensive Cancer Control Partnership supports an active committee on colorectal cancer. This group, the Alaska Colorectal Cancer Partnership, includes partners in the tribal health system, private hospitals and providers, non-profit organizations, community health organizations and cancer survivorship and advocacy groups. Activities include: addressing access to colorectal cancer screening; support of patient navigators in tribal, private and public health systems; training in family history to assist those with inherited risk; and increasing colorectal cancer screening rates through public education (small media). Additional information on current efforts to address prevention and control of colorectal cancer in Alaska is available at <http://www.hss.state.ak.us/dph/chronic/cancer/comprehensive.htm>.

Indicator Definition and Notes

Percentage of adults aged 50 years and older who answer “Yes” to the following question: *Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS survey in 1999, 2001, and even years from 2002 to 2008.

References

1. American Cancer Society, “Colorectal Cancer.” http://www.cancer.org/acs/groups/content/@nho/documents/document/colorectal_cancer.pdf.



Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

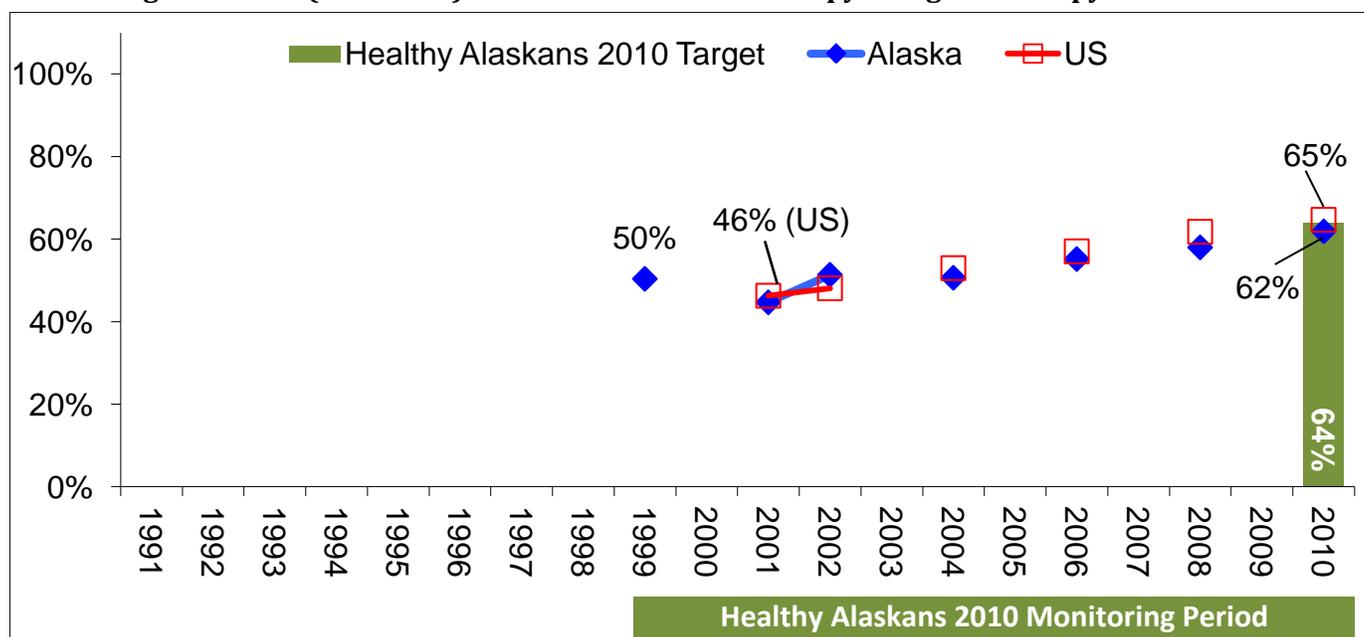
Indicator: *Adult Colorectal Cancer Screening*

Why is this important?

Even though the exact cause of most colorectal cancers is not known, it is possible to prevent many cases. Prevention and early detection are possible through screening because most colorectal cancers develop from polyps (precancerous tissue growths). Early detection screening tests for colorectal cancer can help find polyps, which can be easily removed, thereby lowering a person's cancer risk. Colorectal cancers are more successfully treated when detected early. Screening tests can detect colon polyps before they become cancerous, as well as early stage colorectal cancers. Beginning at age 50, people of average risk with no symptoms should get colorectal cancer screening. The various screening tests have different recommended yearly intervals.¹

How are we doing?

Percentage of Adults (50 Years+) Who Ever Had a Colonoscopy or Sigmoidoscopy: Alaska and the U.S.



The percentage of Alaska adults age 50 or older who have had a colonoscopy or sigmoidoscopy in their lifetime has increased over the past decade from 50% in 1999 to 62% in 2010.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of history of screening for colorectal cancer is 64% (of adults age 50 or older) or higher. The percentage of Alaska adults age 50 or older who have had a colonoscopy or sigmoidoscopy in their lifetime has increased from 49% to 62% during the *Healthy Alaskans 2010* monitoring period, approaching but not quite meeting the target. **The *Healthy Alaskans 2010* target of 64% has not been met.**

❖ How does AK compare with the US?

The Alaska and rate for colorectal cancer screening has paralleled the US rate.

Alaska Health Status Indicators

❖ How are different populations affected?

There are no significant differences in colorectal cancer screening rates by race, region, education, or income level. Note that the small sample size for this indicator may limit the ability to detect significant differences between groups. (Source: 2008 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Comprehensive Cancer Control Partnership supports an active committee on colorectal cancer. This group, the Alaska Colorectal Cancer Partnership, includes partners in the tribal health system, private hospitals and providers, non-profit organizations, community health organizations and cancer survivorship and advocacy groups. Activities include: addressing access to colorectal cancer screening; support of patient navigators in tribal, private and public health systems; training in family history to assist those with inherited risk; and increasing colorectal cancer screening rates through public education (small media). Additional information on current efforts to address prevention and control of colorectal cancer in Alaska is available at <http://www.hss.state.ak.us/dph/chronic/cancer/comprehensive.htm>.

Indicator Definition and Notes

Percentage of adults aged 50 years and older who answer “Yes” to the following question: *Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS survey in 1999, 2001, and even years from 2002 to 2008.

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



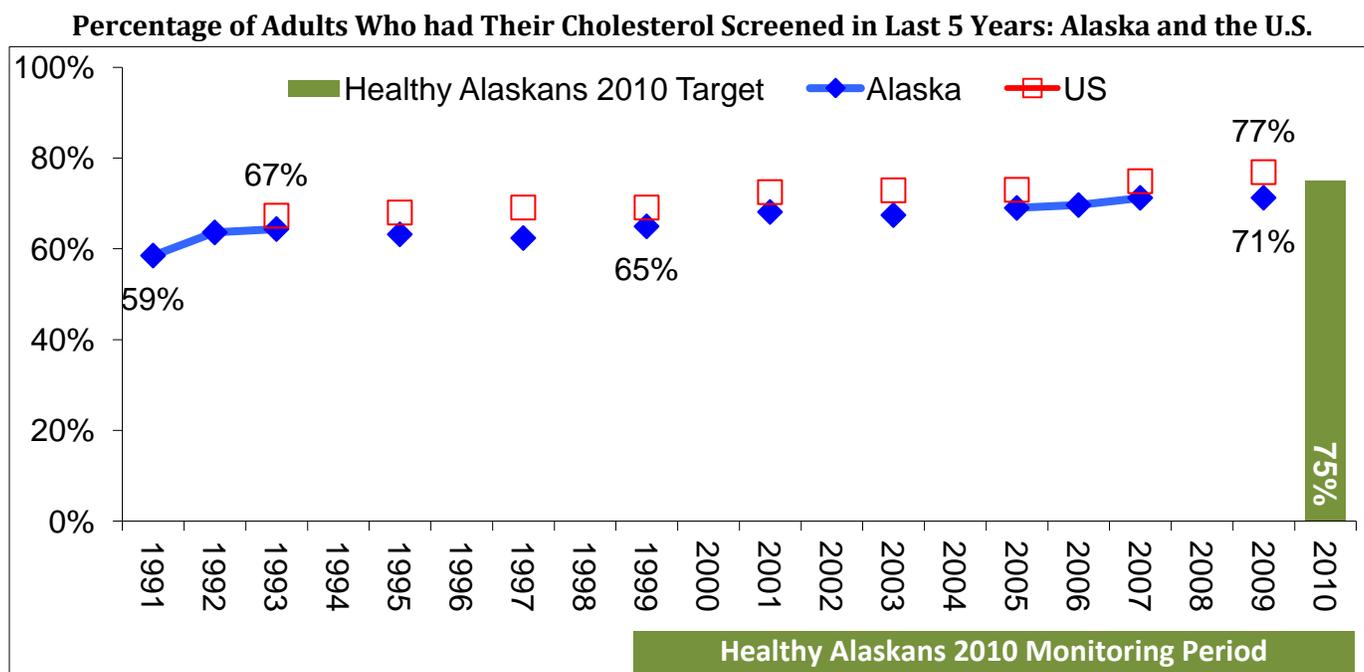
Alaska Health Status Indicators

Indicator: *Adult Cholesterol Screening*

Why is this important?

Cholesterol a fatty, waxy substance found in all cells, is made by the liver and intestine and is acquired from foods. Cholesterol is necessary for proper cell function, but too much may lead to cardiovascular disease. Blood transports cholesterol particles through the body by attaching to high- or low-density lipoproteins. High-density lipoproteins (HDL) carry cholesterol to the liver, then eventually out of the body. High HDL levels are considered an indicator of good cardiovascular health as it acts like a scrubber reducing cholesterol levels. Blood carries low-density lipoproteins (LDL) throughout the body. When blood levels are too high, LDL particles can accumulate on the walls of arteries, beginning a process that can eventually lead to obstruction of blood flow in that vessel. LDL is considered the “bad” cholesterol.¹ Blood cholesterol screening determines whether a person has optimal levels of HDL and LDL.² Cholesterol screening is an important tool in determining a person’s risk for cardiovascular disease.

How are we doing?



This indicator had been measured in odd years since 1991, as well as in 1992 and 2006. The percentage of Alaska adults who have had their blood cholesterol levels screened in the prior 5 years has increased over the past two decades from 59% in 1991 to 71% in 2009.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of screening (in the past 5 years) for high cholesterol is 75% or higher. The percentage of Alaska adults who have had recent (within 5 years) blood cholesterol screening increased from 65% to 71% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 75% has not been met.**

❖ How does AK compare with the US?

The Alaska cholesterol screening rate is consistently slightly lower than the US rate.

Alaska Health Status Indicators

❖ How are different populations affected?

Alaska Natives (60%) and residents of rural Alaska (53%) are less likely to have had their cholesterol screened than non-Natives (73%) or residents of Alaska's other regions (68% to 75%), respectively. Unemployed Alaskans (52%) are less likely to have been screened than those having other work status (72% to 82%). Alaskans with household incomes below the poverty threshold (42%) are less likely to be screened than are those meeting 200% or more of the poverty threshold (78%). Cholesterol screening also increases with education level, from 56% for those with less than a high school education to 85% among college graduates. (Source: 2009 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners in the Take Heart Alaska Coalition³, the Heart Disease and Stroke Prevention Program implements Alaska's Cardiovascular Health Plan. Program activities include increasing the number of health care providers who are aware of and use current blood pressure guidelines. The guidelines are described in the seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. The Program tracks blood pressure treatment through the Behavioral Risk Factor Surveillance System. Future activities include working with a subgroup within the National Association of Chronic Disease Director's Cardiovascular Health Council specializing in physician adherence to hypertension protocols. The program is also researching the need for and use of establishing a cardiovascular disease registry which would potentially track prescription and use of hypertension medication. Additional information on current hypertension prevention and control efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/chp/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer:

- "Yes" to the following question: *Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?*, and
- "Within the past year", "Within the past 2 years", or "Within the past 5 years" to the following question: *About how long has it been since you last had your blood cholesterol checked?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 1993, and in odd years from 1995 through 2003, 2007 and 2009; Alaska data were obtained from the Standard and Supplemental AK BRFSS surveys combined in 2005, and from the Supplemental only in 2006. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



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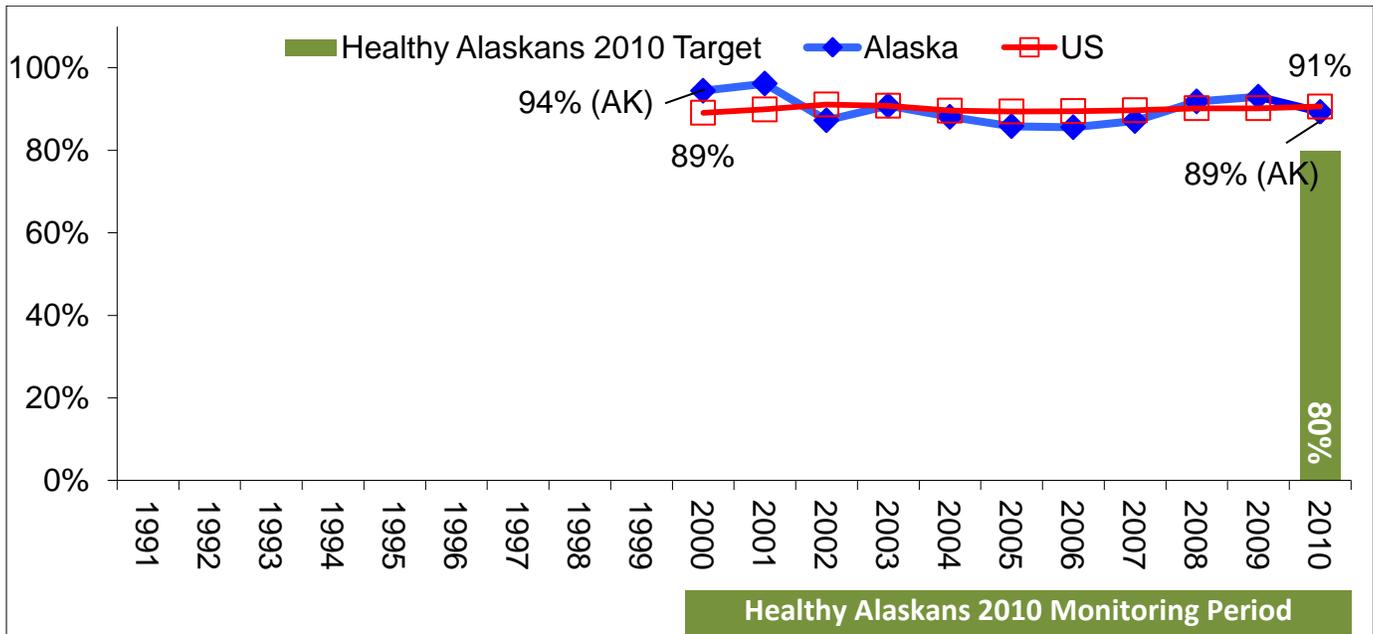
Indicator: A1C Tests for Adults with Diabetes

Why is this important?

Results from a glycosylated hemoglobin blood test (A1c) indicate average blood glucose levels over the previous two to three months. This is vital information because blood glucose management by people with diabetes is key to their long-term health. "In general, every percentage point drop in A1c blood test results (e.g., from 8.0% to 7.0%) can reduce the risk of microvascular complications (eye, kidney, and nerve diseases) by 40%."¹

How are we doing?

Percentage of Adults with Diabetes Who Have Annual A1C Tests: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who receive annual A1C tests has remained relatively stable at about 90% over the past decade.

❖ How is Alaska Doing Relative to the Healthy Alaskans 2010 Target?

The *Healthy Alaskans 2010* target for the prevalence of obtaining A1C test (among adults with diabetes) is 80% or higher. The percentage of adult Alaskans with diabetes who receive annual A1C tests has remained fairly stable during the *Healthy Alaskans 2010* monitoring period, from 94% in 2000 to 89% in 2010. **The *Healthy Alaskans 2010* target of 80% has been met.**

Health care recommendations for people with diabetes are *twice* yearly A1c testing.² The average annual percentage of Alaskans with diabetes that reported having had at least two A1c tests in the previous year was slightly higher in 2008-2010 (70%) than it had been in 2000-2002 (67%).

❖ How does AK compare with the US?

The AK and US rates for annual A1C tests are similar.

Alaska Health Status Indicators

❖ How are different populations affected?

There are no significant differences in prevalence of obtaining at least one A1C test annually by sex, age, race, region, education, or income level. Note that the small sample size for this indicator may limit the ability to detect significant differences between groups. (Source: 2008-2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

1) Biennially, the Diabetes Program publishes *Recommendations for the Management of Diabetes Type 2 in Adults*², and distributes this highly condensed set of information to primary care providers across the state. (2) The AK Diabetes Program sponsors Living Well Alaska, through which Alaskans with diabetes, their caregivers and family members can participate in Diabetes Self-Management Program (DSMP) workshops. Stanford University developed DSMP, which has an evolving evidence base demonstrating its positive impact in being engaged in their self-management of their disease. Studies by Stanford have shown decreases in A1c among DSMP participants.³ (3) The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving diabetes self-management education and improved health status.⁴

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who respond with a number greater than 0 to the following question: *A test for “A one C” measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional check you for “A one C”?* Diabetes status is indicated by a respondent answering “Yes” to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



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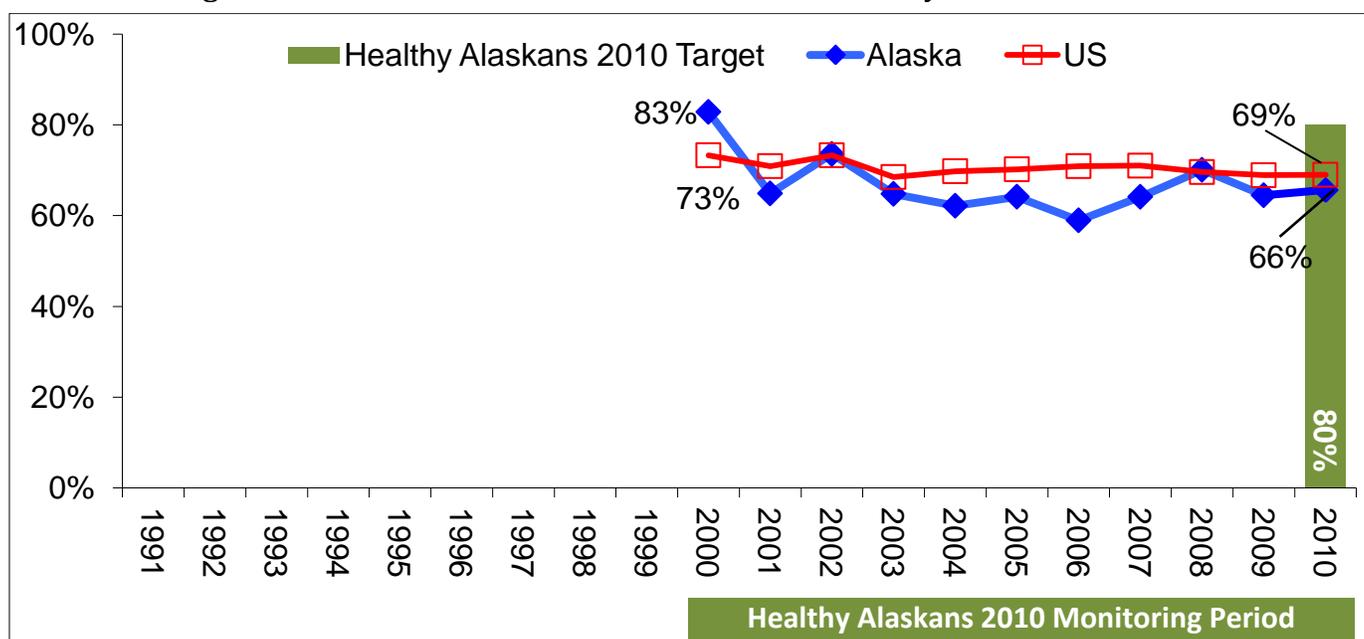
Indicator: Dilated Eye Exams for Adults with Diabetes

Why is this important?

About one in five US adults with vision impairment or legal blindness have diabetes.¹ Among US adults with diabetes, more than one-fourth have diabetic retinopathy (28.5%) and one in twenty have vision-threatening diabetic retinopathy (4.4%).² Diabetes also increases risk for cataract (60% increased risk compared to people without diabetes), glaucoma (40% increased risk), macular edema and retinal detachment.³ Compared to those with no visual impairment, medical costs were \$1,000 higher for people with visual impairment and \$2,000 higher for those with legal blindness.¹ Screening and early treatment prevents vision loss associated with diabetic retinopathy.

How are we doing?

Percentage of Adults with Diabetes Who Have Annual Dilated Eye Exams: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who receive annual dilated eye exams has fluctuated between 83% and 59% in the past decade.

❖ How is Alaska Doing Relative to the Healthy Alaskans 2010 Target?

The *Healthy Alaskans 2010* target for the prevalence of obtaining annual dilated eye exams (among adults with diabetes) is 80% or higher. The percentage of adult Alaskans with diabetes who receive annual dilated eye exams has decreased during the *Healthy Alaskans 2010* monitoring period, from 83% in 2000 to 66% in 2010. **The *Healthy Alaskans 2010* target of 80% has not been met.**

❖ How does AK compare with the US?

The AK and US rates for annual eye exams are similar.

❖ How are different populations affected?

Adults 35-44 were less likely to have had an eye exam than adults in the 45-64 and 65 or over age groups (46% vs. 69% and 72% respectively). Gulf Coast residents were less likely to have had an eye exam than any other BRFSS region (51% - 71%). There are no significant differences in prevalence of obtaining dilated eye exams by race,

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education, or income level. Note that the small sample size for this indicator may limit the ability to detect significant differences between groups. (Source: 2008-2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

- 1) The AK Diabetes Program develops and disseminates recommendations for the clinical management of adults with diabetes to health care providers statewide.⁴ These recommendations include eye exam guidelines for clinicians to prevent diabetic eye complications.
- 2) The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving diabetes self-management education and self-management activities.⁵

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who answer “Within the past month” or “Within the past year” to the following question: *When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.* Diabetes status is indicated by a respondent answering “Yes” to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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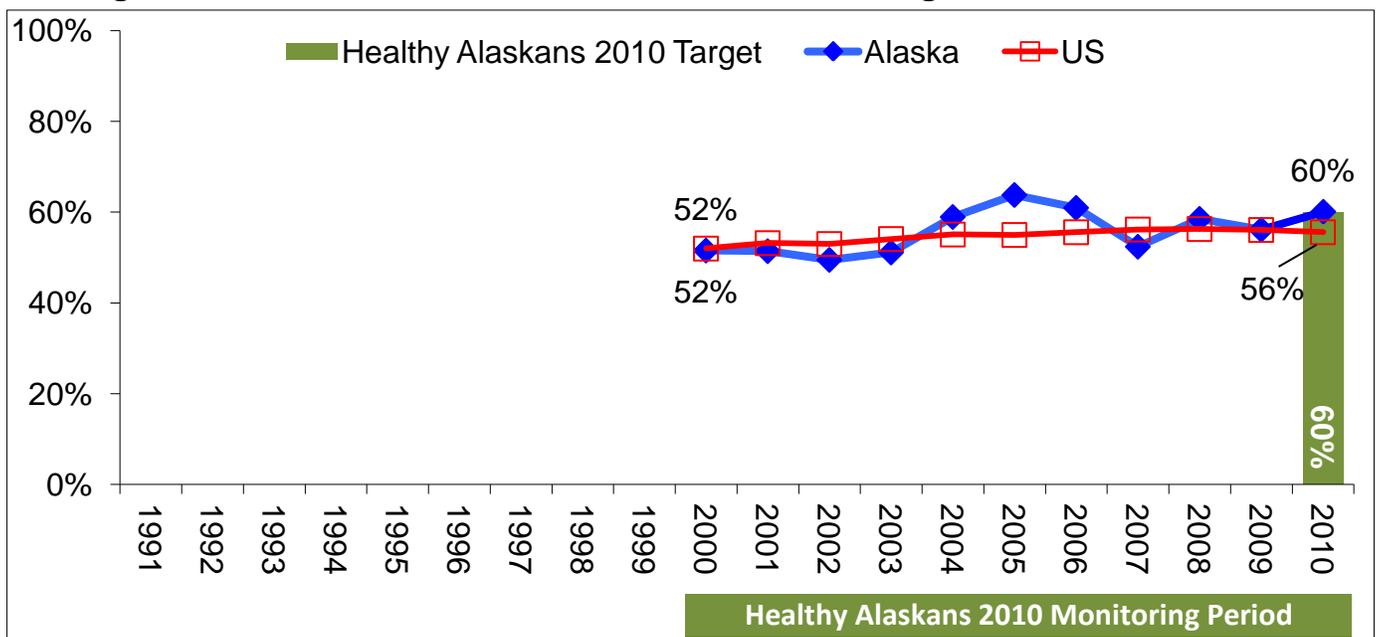
Indicator: *Diabetes Education for Adults with Diabetes*

Why is this important?

Having diabetes has complex implications for an individual's way of life. The measures required to reduce the likelihood of complications are well-demonstrated, and all-encompassing. Following the recommended self-care measures, such as self-monitoring of blood glucose, exercise, shopping and preparing food, checking feet, and obtaining recommended health care services has been estimated to consume nearly two hours daily.¹ Many of the recommended self-care measures require specific skills as well. For these reasons, and because making the lifestyle changes needed for continued healthy living is also emotionally taxing, diabetes self-management education is a powerful tool. There are many diabetes education curricula; the American Diabetes Association² and the American Association of Diabetes Educators³ have adopted language defining the necessary structure and content for effective diabetes education. When the curriculum has these features, diabetes education has been linked with improved health status of participants with diabetes; these improvements have been shown to extend quality of life⁴ and generate cost savings.^{5,6}

How are we doing?

Percentage of Adults with Diabetes Who Have Taken a Diabetes Management Course: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who report having ever taken a diabetes management course has ranged between 50% and 64% in the past decade.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for the prevalence of having taken a diabetes self-management course (among adults with diabetes) is 60%. The percentage of Alaska adults with diabetes who have taken a diabetes management course has increased slightly during the *Healthy Alaskans 2010* monitoring period, from 52% in 2000 to 60% in 2010. **The *Healthy Alaskans 2010* target of 60% has been met.**

❖ How does AK compare with the US?

The AK and US rates for ever having taken a diabetes management course are very similar.

Alaska Health Status Indicators

❖ How are different populations affected?

Rural Alaska residents (35%) were significantly less likely than Alaskans living in any other BRFSS region to have received formal diabetes self-management education (55% -65%). Although only 40% of those who had not completed high school or a GED reported receiving formal diabetes education, this percentage was not significantly different than other educational attainment levels. There were no significant differences in the percentages of Alaska adults with diabetes that reported having received formal diabetes self-management education based on sex, age, race, or income. (Source: 2008-2010 BRFSS.)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving self-management education and engaging in self-management behaviors.

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who answer “Yes” to the following question: *Have you ever taken a course or class in how to manage your diabetes yourself?* Diabetes status is indicated by a respondent answering “Yes” to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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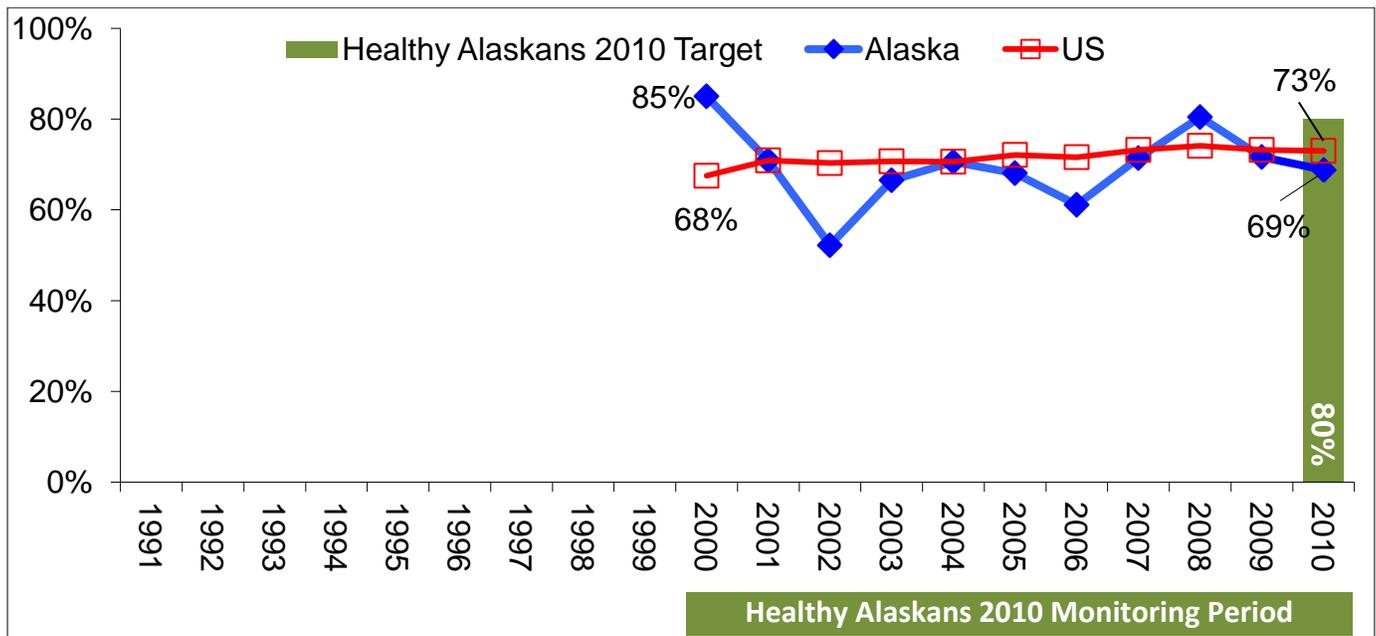
Indicator: *Foot Exams for Adults with Diabetes*

Why is this important?

High blood sugar levels cause neural and microvascular damage, particularly in hands or feet. Consequently, having diabetes increases the likelihood that wounds take more time to heal and that wounds are not noticed promptly. Together, these risks are linked to much higher foot ulcer and amputation rates among people with diabetes than for those without. About one-third of the direct costs associated with diabetes have been linked to foot ulcer treatment, or about \$38 billion annually in the United States. Among people with diabetes, the cost of care for someone with a foot ulcer is more than five times greater than it is for someone who does not have a foot ulcer in the first year; it is nearly three times higher in the second year.¹ The AK Diabetes Prevention and Treatment Program² and the American Diabetes Association³ recommend annual foot exams for people with diabetes to assure that risk factors are identified and managed promptly.

How are we doing?

Percentage of Adults with Diabetes Who Have Annual Foot Exams: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who receive annual foot exams has fluctuated between 85% and 52% in the past decade.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?

The *Healthy Alaskans 2010* target for the prevalence of obtaining annual foot exams (among adults with diabetes) is 80% or higher. The percentage of adult Alaskans with diabetes who receive annual foot exams has decreased slightly during the *Healthy Alaskans 2010* monitoring period, from 85% in 2000 to 69% in 2010. **The *Healthy Alaskans 2010* target of 80% was not met.**

❖ How does AK compare with the US?

The AK rate for annual foot exams is similar to the US rate, albeit with considerably more variability.

Alaska Health Status Indicators

❖ How are different populations affected?

There are no significant differences in prevalence of obtaining foot exams by race, region, education, or income level. Note that the small sample size for this indicator may limit the ability to detect significant differences between groups. (Source: 2008-2010 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

(1) The AK Diabetes Program sponsors Living Well Alaska, through which Alaskans with diabetes, their caregivers and family members can participate in Diabetes Self-Management Program (DSMP) workshops. Stanford University developed DSMP, which has an evolving evidence base demonstrating its positive impact in being engaged in their self-management of their disease.⁴ (2) The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving self-management education and decreased diabetes complications. (3) The AK Diabetes Program sponsors foot care workshops for parish nurses, which train participants to provide foot care screening clinics in the community. (4) Biennially, the Diabetes Program publishes *Recommendations for the Management of Diabetes Type 2 in Adults*², and distributes this highly condensed set of information to primary care providers across the state. These recommendations include foot care guidelines for clinicians to prevent diabetic foot complications.

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who answer with a frequency greater than 0 to the following question: *About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?* Diabetes status is indicated by a respondent answering “Yes” to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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Alaska Health Status Indicators

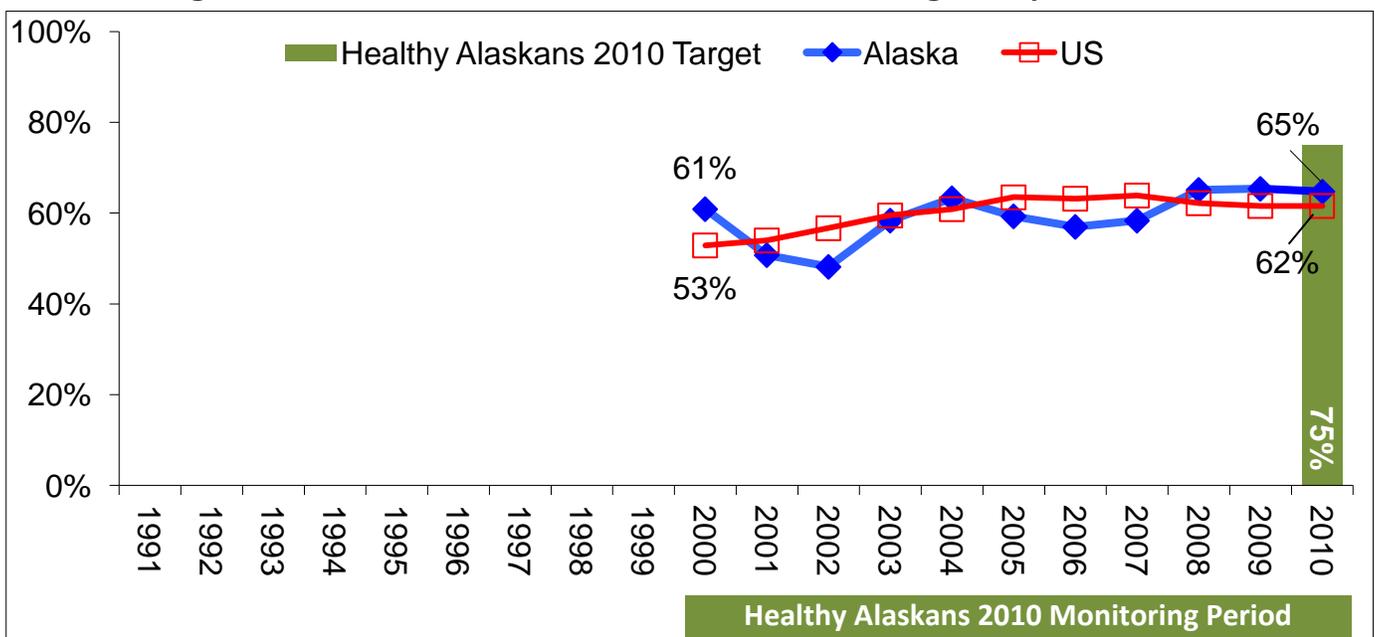
Indicator: *Self-Monitoring of Blood Glucose by Adults with Diabetes*

Why is this important?

Having diabetes dramatically increases risk of heart disease, foot ulcers or lower extremity amputations, kidney disease, and vision impairment including blindness. Blood *sugar* is a slightly less formal term for blood *glucose*, which is energy carried to cells in the blood. The Diabetes Control and Complications Trial (DCCT) and the UK Prospective Diabetes Study (UKPDS) demonstrated that these risks can be substantially moderated by controlling blood sugar levels, keeping them in the normal range.^{1,2} This type of management depends on individuals knowing their long-term and real-time blood sugar levels. Self-management of blood glucose (SMBG) provides the needed real-time feedback. It is cost-effective for everyone with diabetes, with a cost per life-year gained of \$39,650³ and an incremental cost ratio of 0.103 quality-adjusted life years gained for daily SMBG.⁴

How are we doing?

Percentage of Adults with Diabetes Who Monitor Their Blood Sugar Daily: Alaska and the U.S.



This indicator has been measured reliably as of 2000. The percentage of Alaska adults with diabetes who monitor their blood sugar daily has fluctuated between 48% and 65% over the past decade.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of daily self-monitoring of blood glucose levels (among adults with diabetes) is 75% or higher. The percentage of adult Alaskans with diabetes who monitor their blood sugar levels daily was 61% in 2000 and 65% in 2010. **The *Healthy Alaskans 2010* target of 75% has not been met.**

❖ How does AK compare with the US?

The AK and US rates for daily self-monitoring of blood sugar levels are similar.

Alaska Health Status Indicators

❖ How are different populations affected?

Rural Alaska residents were significantly less likely to report at least daily self-monitoring (47%) than people living in the Anchorage and vicinity (67%) and Fairbanks and vicinity (70%) BRFSS regions. There were no other significant differences in the percentages of Alaska adults with diabetes that reported self-monitoring their blood glucose at least daily based on race, ethnicity or age. (Source: 2008-2010 BRFSS.)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

(1) The Diabetes Program sponsors Living Well Alaska, through which Alaskans with diabetes, their caregivers and their family members and senior citizens can participate in Diabetes Self-Management Program (DSMP) workshops. Stanford University developed DSMP, which has an evolving evidence base demonstrating its positive impact on increasing participants' interest in engaged self-management of the disease. Studies by Stanford have shown increases in self-monitoring of blood glucose by participants.⁵

(2) The Diabetes Program advocates for formal diabetes self-management education coverage by health care insurers, including the Alaska Medicaid Program. Research has shown a strong correlation between receiving self-management education and self-monitoring of blood glucose.²

Indicator Definition and Notes

Percentage of adults aged 18 years and older with diabetes who respond with a number greater than 0 times per day to the following question: *About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.* Diabetes status is indicated by a respondent answering "Yes" to the following question: *Have you ever been told by a doctor that you have diabetes?*

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 2000 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

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Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

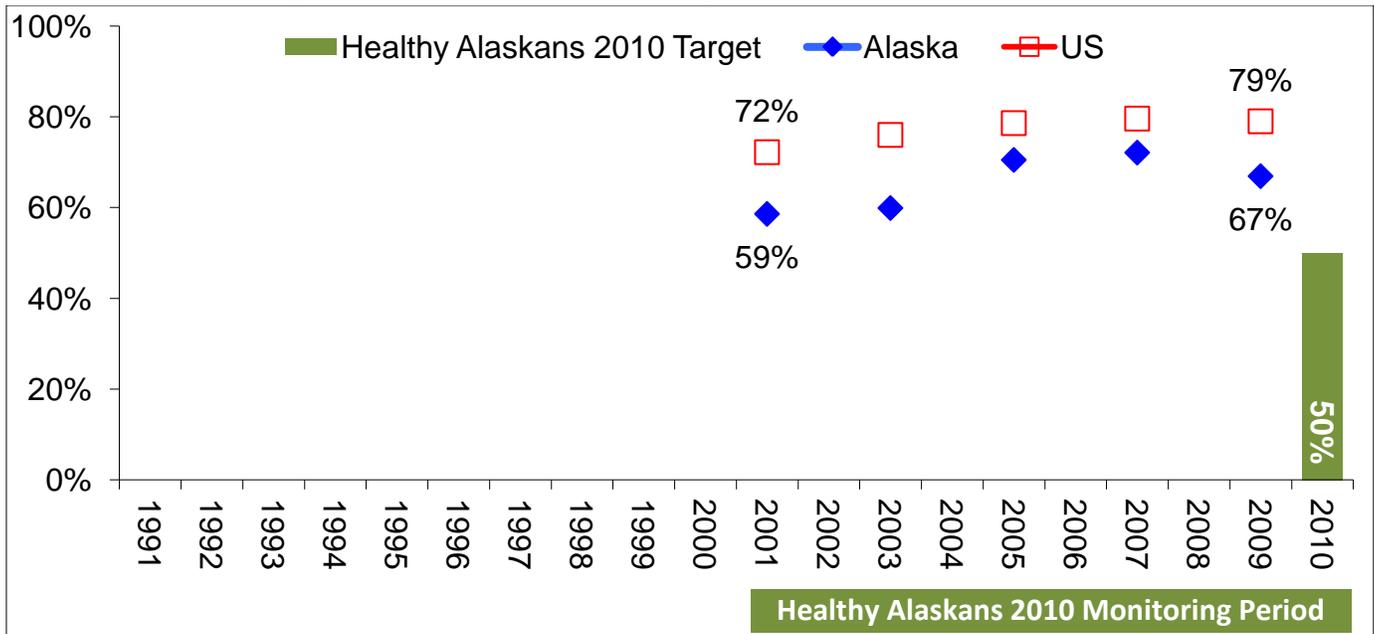
Indicator: *Adult High Blood Pressure, Controlled*

Why is this important?

High blood pressure is most often an asymptomatic condition¹ and is called “the silent killer” because people do not notice or feel damage until more serious illness develops. Studies show people with hypertension are less likely to take medications than those with more noticeable conditions². The consequences of not controlling high blood pressure include loss of vision, kidney failure, aneurysms, heart failure, heart attack, and stroke. Our challenge is to motivate those with high blood pressure to take their medications even though they may not feel ill.

How are we doing?

Percentage of Adults with Controlled High Blood Pressure: Alaska and the U.S.



This indicator was not measured prior to 2001. The percentage of adults with high blood pressure who are taking their medications has increased over the past decade from 59% in 2001 to 67% in 2009.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of controlled high blood pressure is 50% or higher. The percentage of Alaska adults with high blood pressure taking medication increased from 59% to 67% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 50% has been met.**

(Note: The goal was developed before good baseline data for Alaska had been collected. Further, national statistics at the time calculated a much lower percentage with 18% of adults with high blood pressure taking their medication from 1988 to 1994.)

❖ How does AK compare with the US?

Alaska consistently ranks behind the rest of the US in percentage of adults with high blood pressure taking blood pressure medication, i.e., their high blood pressure is being controlled.

Alaska Health Status Indicators

❖ How are different populations affected?

For the years 2001 to 2009, 69% of women with hypertension took medication to control their high blood pressure. In those same years, 62% of men with high blood pressure took their medication. There are no significant differences in controlled high blood pressure prevalence by race, region, education, or income level. (Source: 2009 BRFSS)

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners in the Take Heart Alaska Coalition³, the Heart Disease and Stroke Prevention Program implements Alaska's Cardiovascular Health Plan. Program activities include increasing the number of health care providers who are aware of and use current blood pressure guidelines. The guidelines are described in the seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. The Program tracks blood pressure treatment through the Behavioral Risk Factor Surveillance System. Future activities include working with a subgroup within the National Association of Chronic Disease Director's Cardiovascular Health Council specializing in physician adherence to hypertension protocols. The program is also researching the need for and use of establishing a cardiovascular disease registry which would potentially track prescription and use of hypertension medication. Additional information on current hypertension prevention and control efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/chp/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older with high blood pressure who answer "Yes" to the following question: *Are you currently taking medicine for your high blood pressure?* High blood pressure is indicated by the answering "Yes" to the following question: *Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?* Note that this excludes women who report a history of pregnancy-related high blood pressure.

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS standard survey from 2001 to 2009.

References

1. American Heart Association, High Blood Pressure. http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure_UCM_002020_SubHomePage.jsp.
2. Harmon G., J. Lefante, and M. Krousel-Wood. "Overcoming barriers: the role of providers in improving patient adherence to antihypertensive medications." *Curr Opin Cardiol*. 2006 Jul;21(4):310-5.
3. Take Heart Alaska: www.takeheart.alaska.gov



Available at: <http://www.hss.state.ak.us/dph/chronic/>



Alaska Health Status Indicators

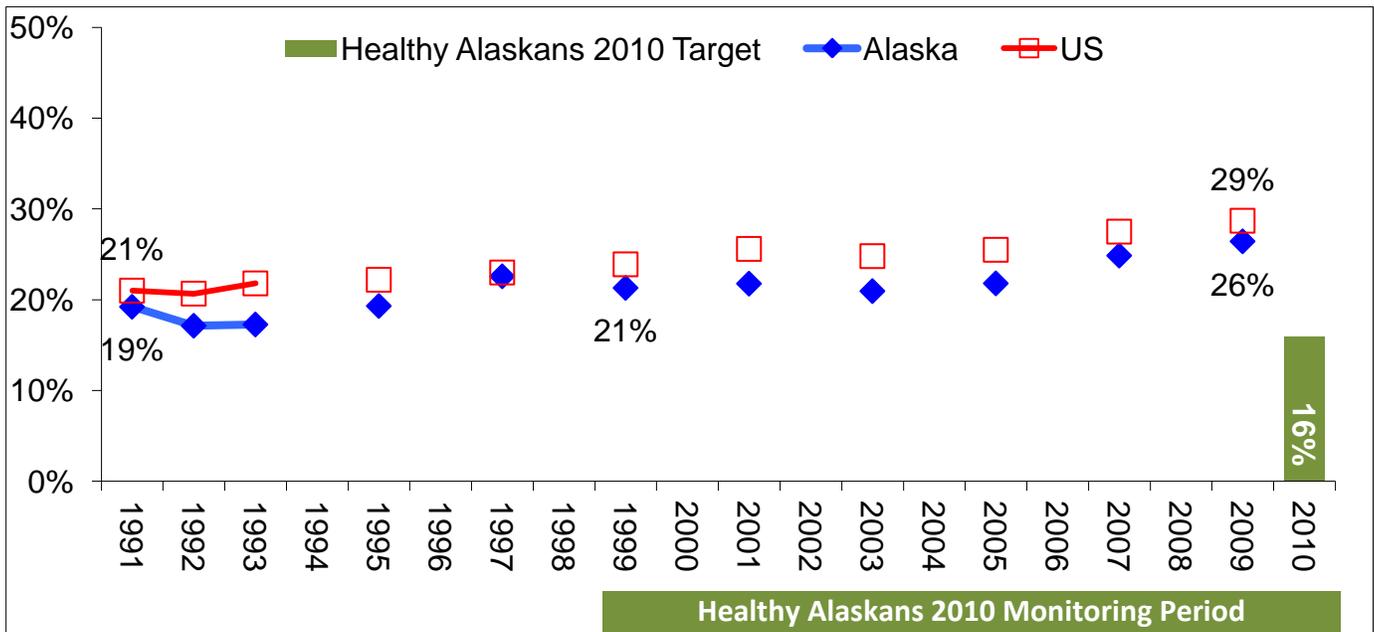
Indicator: *Adult High Blood Pressure*

Why is this important?

High blood pressure is most often an asymptomatic condition¹ and is called “the silent killer” because people do not notice or feel damage until more serious illness develops. Studies show people with hypertension are less likely to take medications than those with more noticeable conditions². The consequences of not controlling high blood pressure include loss of vision, kidney failure, aneurysms, heart failure, heart attack, and stroke. Our challenge is to motivate those with high blood pressure to take their medications even though they may not feel ill.

How are we doing?

Percentage of Adults with High Blood Pressure: Alaska and the U.S.



The percentage of Alaska adults who were told by their healthcare provider that they had high blood pressure has increased over the past two decades from 19% in 1991 to 26% in 2009.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of high blood pressure is 16% or lower. The percentage of Alaska adults who were told by their healthcare provider that they had high blood pressure increased from 21% to 26% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 16% has not been met.**

❖ How does AK compare with the US?

The prevalence of high blood pressure is consistently slightly lower in Alaska compared to the US.

❖ How are different populations affected?

There are no significant differences in high blood pressure prevalence by race, region, education, or income level. (Source: 2009 BRFSS)

Alaska Health Status Indicators

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners in the Take Heart Alaska Coalition³, the Heart Disease and Stroke Prevention Program implements Alaska's Cardiovascular Health Plan. Program activities include increasing the number of health care providers who are aware of and use current blood pressure guidelines. The guidelines are described in the seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. The Program tracks blood pressure treatment through the Behavioral Risk Factor Surveillance System. Future activities include working with a subgroup within the National Association of Chronic Disease Director's Cardiovascular Health Council specializing in physician adherence to hypertension protocols. The program is also researching the need for and use of establishing a cardiovascular disease registry which would potentially track prescription and use of hypertension medication. Additional information on current hypertension prevention and control efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/chp/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer "Yes" to the following question: *Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?* Note that this excludes women who report a history of pregnancy-related high blood pressure.

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS survey from 1991 to 1993, in odd years from 1995 to 2003 and 2007 to 2009, and from the Standard and Supplemental AK BRFSS surveys combined in 2005. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. American Heart Association, High Blood Pressure. http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure_UCM_002020_SubHomePage.jsp.
2. Harmon G., J. Lefante, and M. Krousel-Wood. "Overcoming barriers: the role of providers in improving patient adherence to antihypertensive medications." *Curr Opin Cardiol*. 2006 Jul;21(4):310-5.
3. Take Heart Alaska: www.takeheart.alaska.gov



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