



CHRONIC DISEASE IN ALASKA 2017 Brief Report



Chronic diseases—such as cancer, heart disease, stroke, arthritis, asthma, and diabetes—are among the most prevalent, costly, and preventable of all health problems. This annual *Brief Report* provides a snapshot of the burden of chronic disease in Alaska. For more information on chronic disease burden and steps being taken by the Section of Chronic Disease Prevention and Health Promotion to impact chronic disease, visit: <http://dhss.alaska.gov/dph/Chronic/Pages/default.aspx>. Alignment with the Alaska Division of Public Health’s Strategic Plan is noted with the  icon. Alignment with [Healthy Alaskans 2020](#) is noted with the  icon.

CHRONIC DISEASE MORBIDITY AND MORTALITY

CANCER

Cancer is the leading cause of death in Alaska.

- 23% of all deaths in Alaska in 2015 were due to cancer.  (Alaska Bureau of Vital Statistics [ABVS])
- The most commonly diagnosed cancers in Alaska are: (1) breast, (2) lung, (3) prostate, and (4) colorectal.  These 4 cancers account for 50% of all cancer cases. (AK Cancer Registry [ACR], 2009-13)

HEART DISEASE AND STROKE

- Heart disease and stroke are the 2nd and 5th leading causes of death in Alaska. (ABVS, 2015)
- In 2015 in Alaska, heart disease accounted for 20% of deaths; stroke accounted for 4%. (ABVS)
- In 2015, 28% of adults in Alaska reported having high blood pressure. In 2015, 35% of those tested reported having high blood cholesterol. (Behavioral Surveillance Risk Factor System [BRFSS])

DIABETES

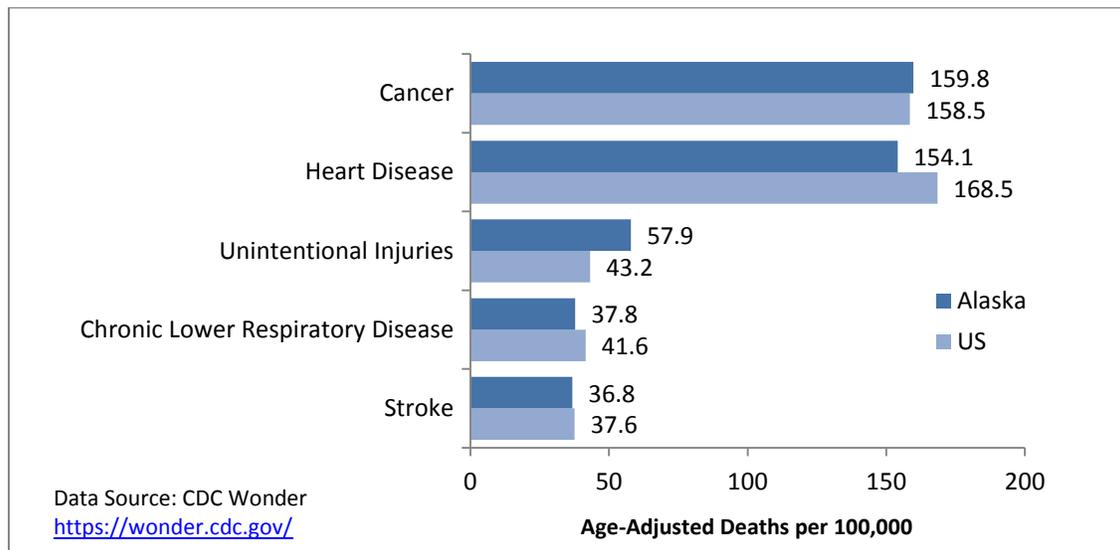
In 2015, diabetes was the 7th leading cause of death in Alaska. (ABVS) Likely to be underreported as a cause of death, the risk of death among people with diabetes is about twice that of people without diabetes of similar age.

- 140 Alaskans died from diabetes in 2015. (ABVS)
- In 2015, 8% of adults in Alaska reported being diagnosed with non-pregnancy related diabetes. (BRFSS)

ARTHRITIS

- Arthritis is the most common cause of disability in the US, affecting more than 52 million Americans. (National Health Interview Survey, 2010-2012)
- In 2015, 22% of adults in Alaska reported being diagnosed with arthritis. (BRFSS)

5 Most Common Causes of Death, Alaska Compared with United States (2015)



CHRONIC DISEASE RISK FACTORS

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

NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

For almost 25 years, the prevalence of obesity has continued to rise for Alaska adults.² Physical inactivity and unhealthy eating contribute to overweight and obesity and a number of chronic diseases, including some cancers, cardiovascular disease, and diabetes.³

- 67% of Alaska adults (2015 BRFSS) and 31% of Alaska high school students (2015 Youth Risk Behavior Survey [YRBS]) were overweight or obese, based on self-reported height and weight.  (youth) &  (youth and adult)
- 46% of high school students (2015 YRBS) and 23% of adults (2015 BRFSS) in Alaska consumed one or more sugary drinks per day.

- 57% of Alaska high school students did not attend PE class in the past week. (2015 YRBS)

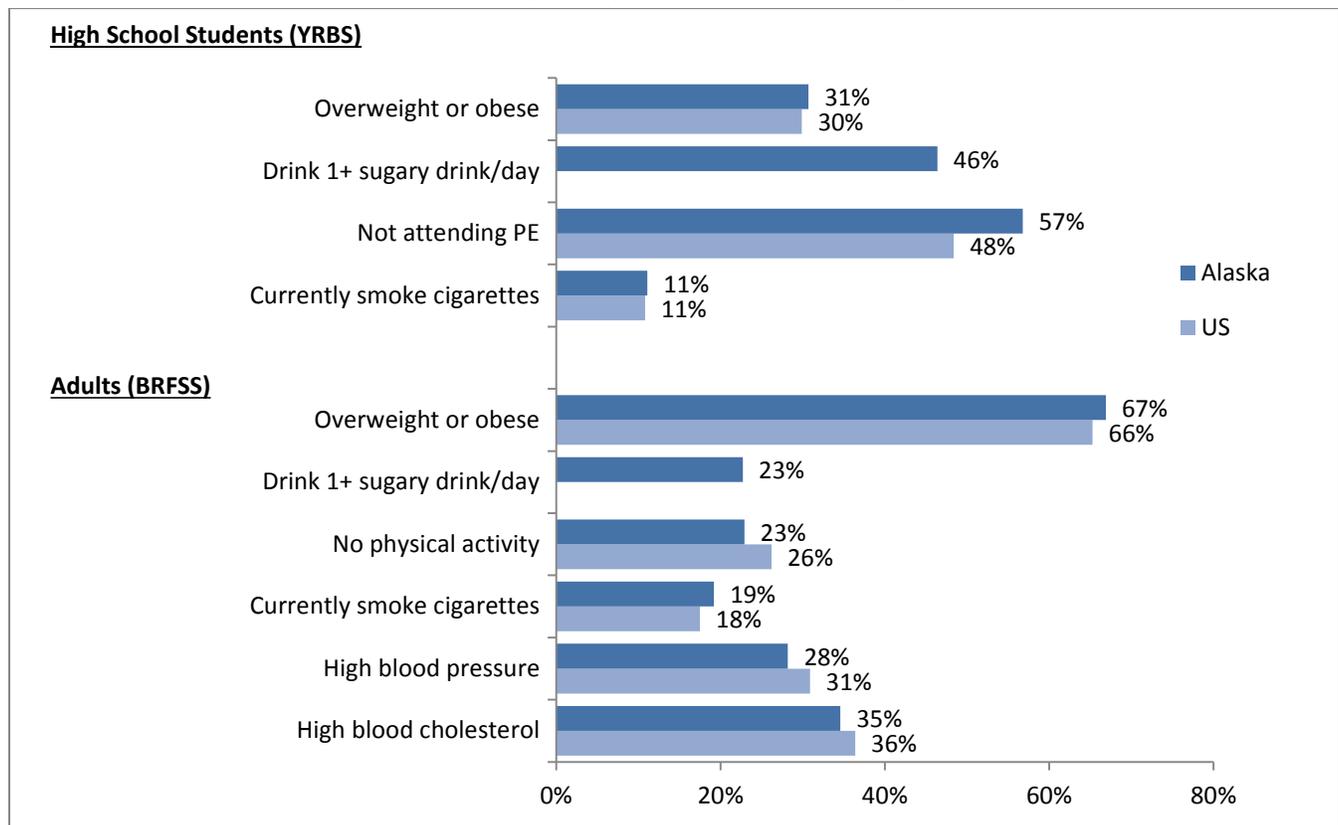
TOBACCO

Tobacco use is the leading preventable cause of premature disease and death in the United States.⁴ Smoking has been causally linked to diseases in nearly all organs of the body.⁵ For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.⁶

- 19% of adults (2015 BRFSS) and 11% of high school students (2015 YRBS) in Alaska currently smoke.



Chronic Disease Risk Factors, Alaska Compared with United States, YRBS (2015) and BRFSS (2015)



CHRONIC DISEASE PREVENTIVE SERVICES

Access to health services includes gaining entry into the health care system, accessing a health care location where needed services are provided, and finding a health care provider with whom the patient can communicate and trust.⁷ Access to health care impacts everything from prevention of disease and disability, quality of life, and life expectancy. Among the health care services one can access are clinical preventive services, such as routine disease screening and scheduled immunizations. Optimal provision of these services can both prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, and early death.⁸

NO HEALTH CARE COVERAGE

Uninsured adults are less likely than insured adults to receive preventive services or screenings, such as mammograms, pap smears, or prostate screening. In turn, inadequate prevention and screening increase the likelihood of preventable illness, missed diagnoses, and delays in treatment.⁹⁻¹¹

- In 2015, 17% of adults aged 18-64 in Alaska reported having no health care coverage.  (BRFSS)

EARLY DETECTION

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

- In 2015, 48% of Alaska adults had **not** had a blood glucose test in the past 3 years. (BRFSS)

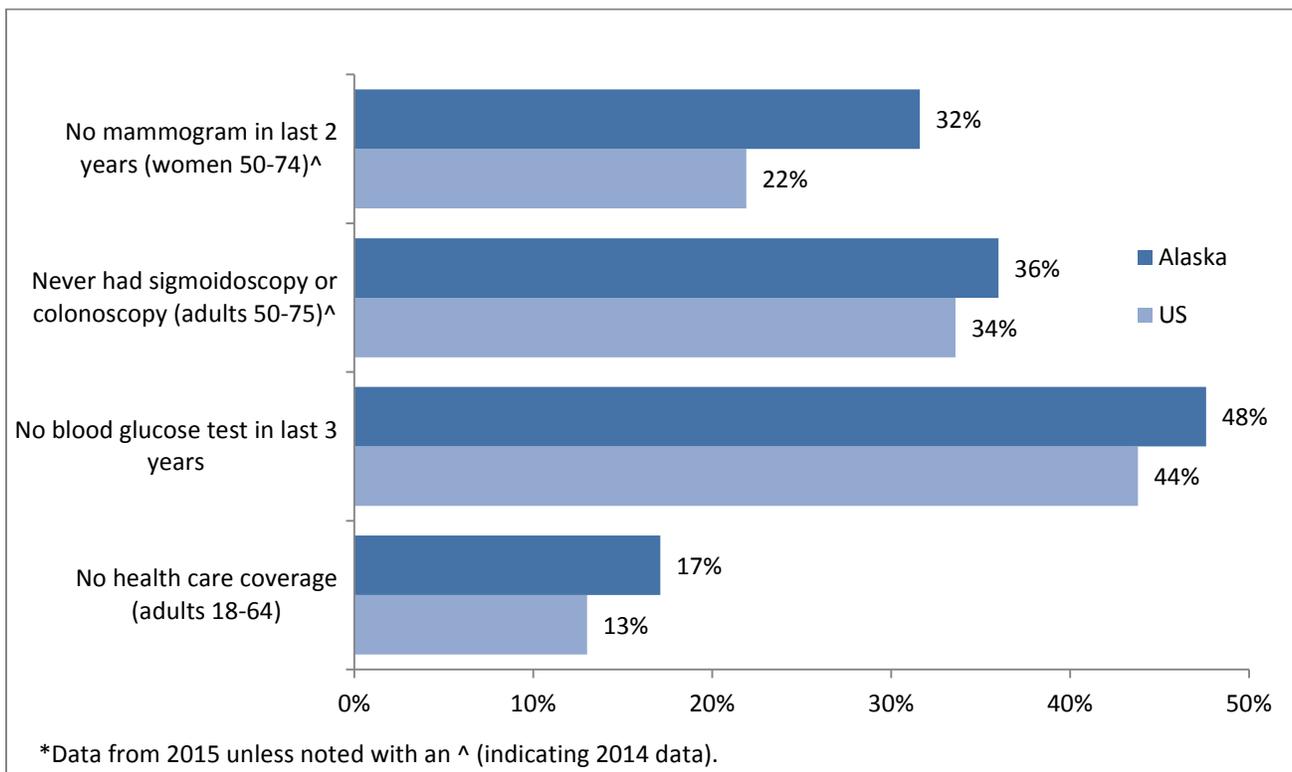
Mammography is a screening method that has been shown to reduce mortality due to breast cancer. (USPSTF 2016)

- In 2014, 32% of women in Alaska between the ages of 50 and 74 reported **not** having had a mammogram within the last 2 years (the current recommendation). (BRFSS)

Colorectal cancer screening reduces mortality from colorectal cancer. (USPSTF 2016) Colorectal cancer can be prevented by removing precancerous polyps or abnormal growths, which can be identified during a sigmoidoscopy or colonoscopy.

- In 2014, among Alaskans aged 50 to 75 years, 36% reported **never** having had a sigmoidoscopy or colonoscopy.  (BRFSS)

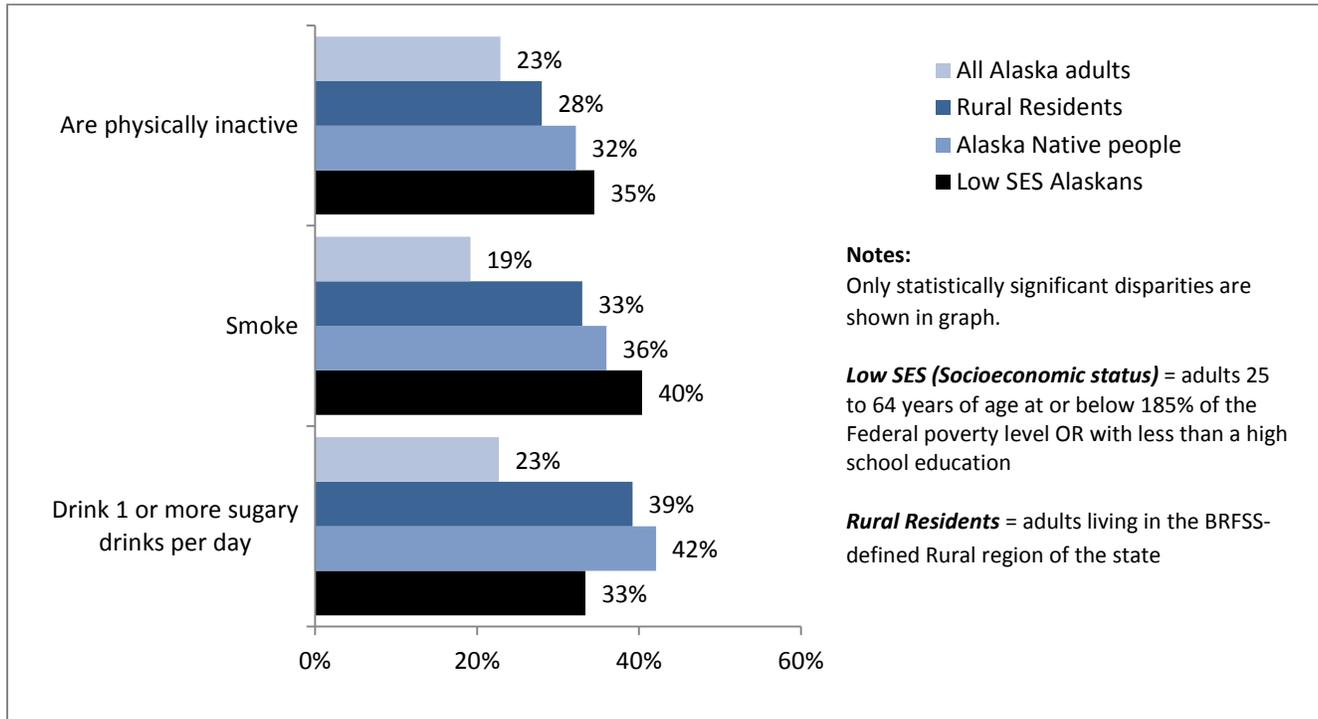
Preventive Services, Alaska Compared with United States, BRFSS (2015)*



HEALTH INEQUITY IN CHRONIC DISEASE AND RELATED RISK FACTORS

Health begins where we live, learn, work and play – long before we need medical care. Social and economic conditions drive population health to an equal or greater degree than do individual choice, genetic make-up, and access to health care.¹² Consequently, to prevent chronic disease and optimize the health of all Alaskans, the focus of public health must extend beyond healthy behaviors and health insurance to ensure all Alaskans have a chance to live a healthy life.

Chronic Disease Risk Factors, All Alaska Adults Compared with Select Populations, BRFSS (2015)



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

- In 2015, the Alaska Native age-adjusted rates of death from diabetes, chronic lower respiratory disease, stroke, heart disease, and cancer (all sites) were each 1.4 to 2.1 times that of their White peers. (Alaska Bureau of Vital Statistics)
- Age-adjusted all-site cancer mortality rates are highest in the northern and western regions of Alaska. (Alaska Bureau of Vital Statistics, 2009-2015)

REFERENCES

1. Ford ES, Bergmann MM, Kroger J, Schienkiewitz A, Weikert C, Boeing H. Healthy living is the best revenge. Findings from the European Prospective Investigation into Cancer and Nutrition-Potsdam Study. *Arch Intern Med* 2009;169(15):1355-1362.
2. Alaska BRFSS 1991- 2015.
3. IOM (Institute of Medicine). 2012. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press.
4. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. 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, 2014 [accessed January 11, 2017].
5. Lortet-Tieulent J, Sauer AG, Siegel RL et al. State level cancer mortality attributable to cigarette smoking in the United States. *JAMA Int Med* 2016;176(12):17292-1798.
6. 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.
7. Bierman A, Magari ES, Jette AM, et al. Assessing access as a first step toward improving the quality of care for very old adults. *J Ambul Care Manage*. 1998 Jul;121(3):17-26.
8. Coates RJ, Yoon PW, Zaza S, Ogden L, Thacker SB. Rationale for periodic reporting on the use of selected adult clinical preventive services—United States. *MMWR* 2012;61(02):3-10.
9. Robinson J, Shavers V. The role of health insurance coverage in cancer screening utilization. *J of Health Care for the Poor and Underserved* 2008;19(3):842–856.
10. DeVoe JE, Graham A, Krois L, Smith J, Fairbrother GL. Mind the gap in children’s health insurance coverage: does the length of a child’s coverage gap matter? *Ambulatory Pediatrics* 2008;8(2):129–134.
11. Institute of Medicine. *Hidden Costs, Value Lost: Uninsurance in America*. Washington, DC: National Academy Press, 2003.
12. Braveman PA, Egerter SA, Mockenhaupt RE. Broadening the focus. The need to address the social determinants of health. *Am J Prev Med* 2011;40(1S1):S4-S18.