

Chronic Disease Profile

Introduction

This report summarizes key health statistics related to chronic disease burden and risk for regional populations in Washington State. The Department of Health uses established population and health surveillance systems to describe the current prevalenceⁱ of important health indicators within specific populations, and also to provide comparisons of the prevalence within specific populations to the state overall.

These data can be used to plan interventions or describe the importance and need for health interventions. Interventions may be directed to specific health conditions, or to factors that impact many aspects of health, such as income, education and housing. Therefore, this report may be useful for community members, leaders or other stakeholders who are working to improve the health status of the community.

Life Course Approachⁱⁱ

Health and quality of life at all stages in life depend on the cumulative effects of behaviors and exposures earlier in life, and on social, genetic, and epigenetic effectsⁱⁱⁱ that span generations. A mother's experiences even prior to conception can alter the development of the fetus and child. Choices made by adolescents grow out of the experiences of childhood, and can shape behavior later in adulthood. A lifetime of risky behavior or exposure to toxic or stressful conditions can lead to chronic disease, poor quality of life and early death.

This report is organized based on a life course approach. We begin with data on the demographic, social and economic context. Next we show data related to birth and early childhood. We follow these in turn by data for youth (grade 10), adults (age 18+) and seniors (age 65+). Lastly, we provide patterns of mortality.

Health Risk Indicators

Many pieces of health data can be presented in either a positive or negative manner. For example, we could either talk about reducing obesity, or achieving healthy weight. For other data, only the negative presentation makes sense. For example, it would be awkward to discuss increasing the prevalence of people without diabetes. For consistency and ease of comparison, this document presents all data in terms of risk.

Health data are estimated with some degree of statistical uncertainty. We present the degree of uncertainty by surrounding each estimate in graphs with error bars that represent the 95% confidence interval. See appendix for further detail.

Data sources, explanatory notes, and a glossary of terms are provided in the appendix.

Geography

These reports present data for Accountable Communities of Health (ACH) in Washington State. An Accountable community of Health is a regional coalition of stakeholders, collaborating to address health issues through community and healthcare transformation.

Map 1. Accountable Communities of Health in Washington State, 2016.



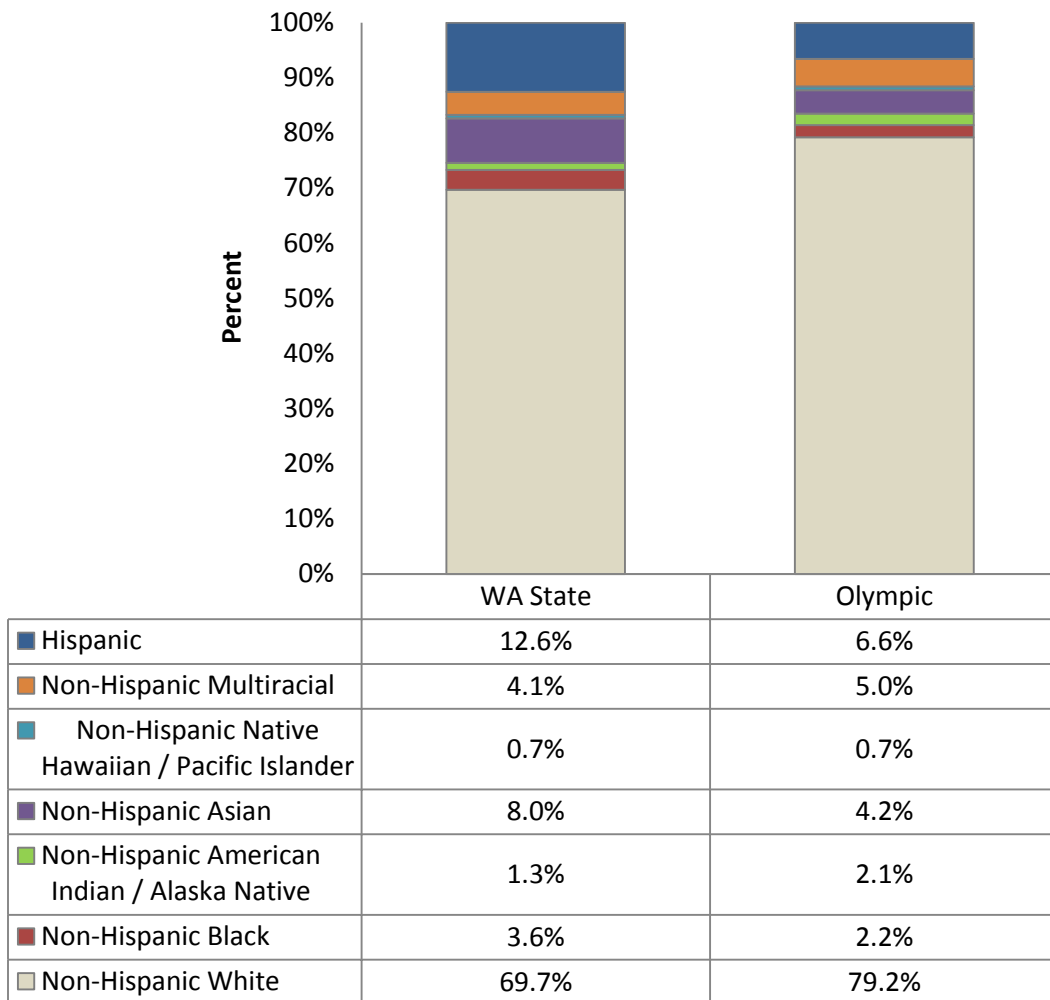
Population

Olympic ACH Population: 367,089 = 5% of state

Age Distribution

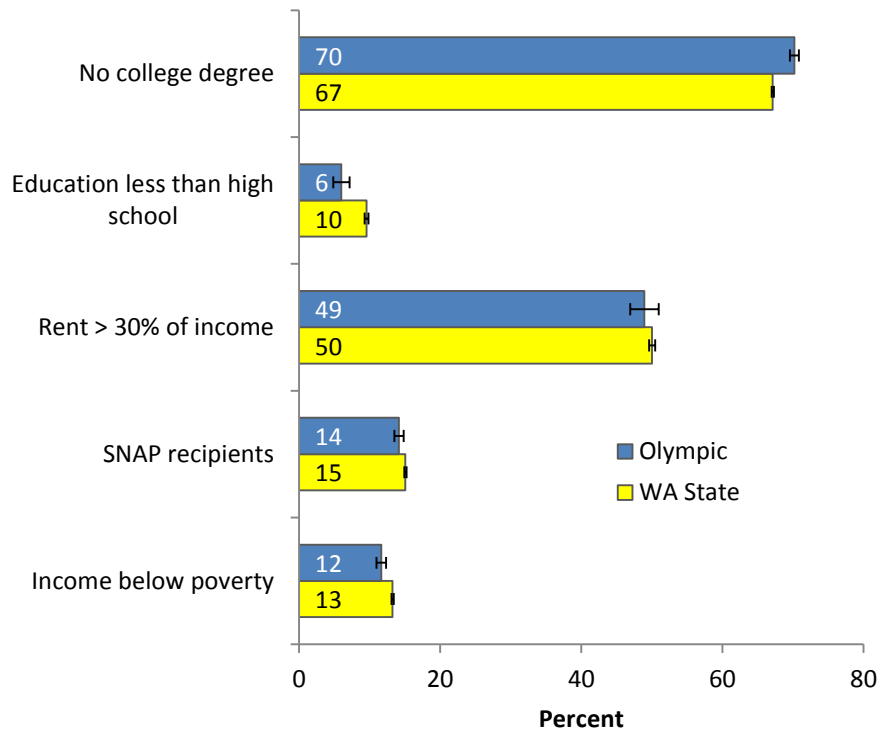
- Washington State: 15% are age 65+; 23% are age < 18
- Olympic ACH: 22% are age 65+; 20% are age < 18

Population by Race / Ethnicity



Data Source: Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates, 2016

Social and Economic Risk Factors

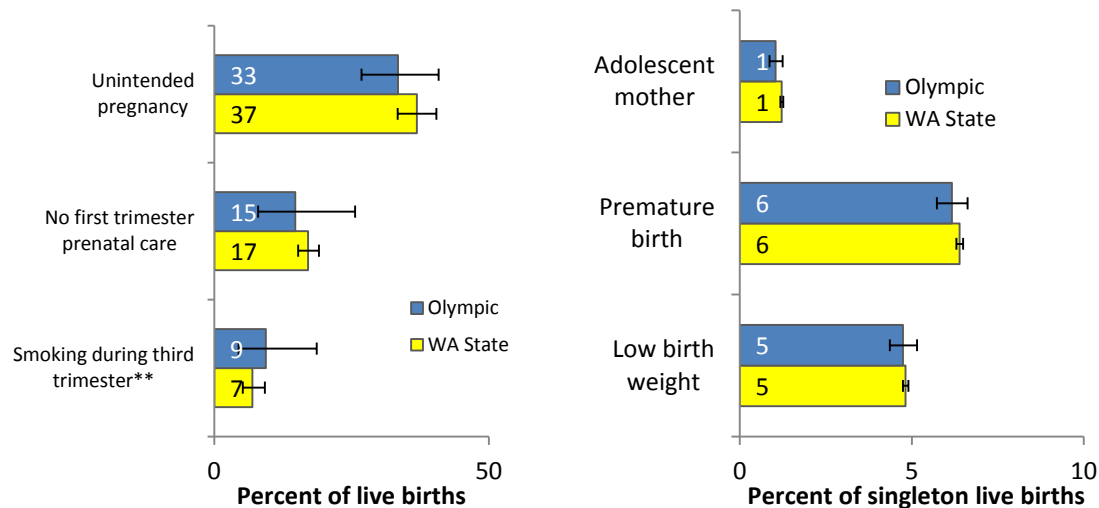


Indicator Notes

1. Federal Poverty Level (FPL) is determined based on household income and household size. In 2015, the federal poverty level household income for a family of four was \$24,250.
2. Highest educational attainment is among adults 25 and older.

Data Source: US Census Bureau, American Community Survey (ACS), 2011-2015

Prenatal and Birth Health Risk Factors



*Interpret with caution - wide margin of error.

Pregnancy Rate

- Washington State: 64 pregnancies per 1000 reproductive age women (age 15-44)
- Olympic ACH: 64 pregnancies per 1000 reproductive age women (age 15-44)

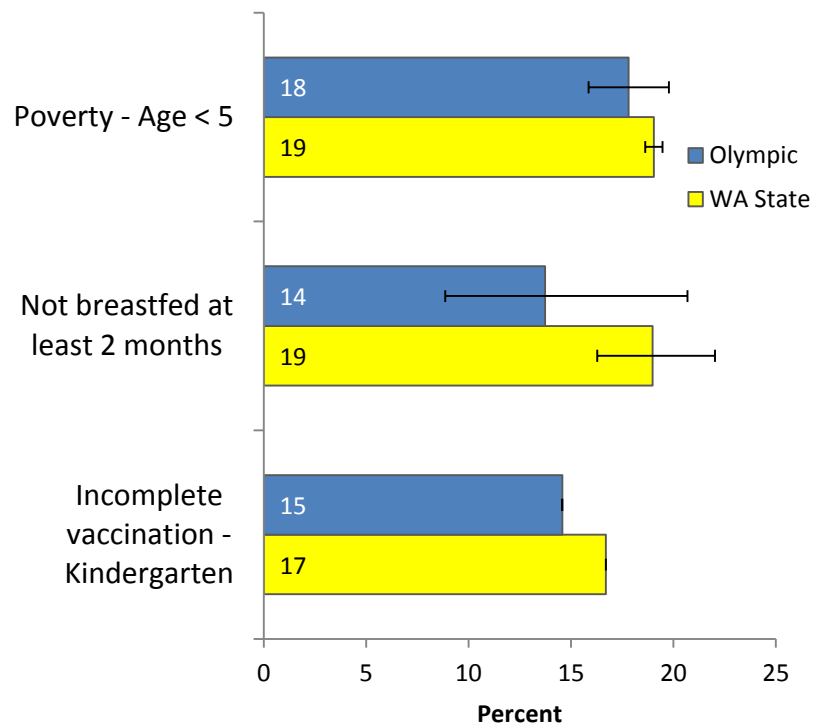
Indicator Notes

1. Third trimester smoking: Smoked one or more cigarettes on an average day during the last three months of pregnancy.
2. Prenatal care includes visits to a doctor, nurse, or other healthcare worker before the baby was born to get checkups and advice about pregnancy.
3. Unintended pregnancy: When asked “Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?” responded “I wanted to become pregnant later” or “I didn’t want to be pregnant then, or in the future.”
4. Low birth weight is defined as a birth under 2,500g but no lighter than 227g. Infants born less than 227g are considered pre-viable.
5. Premature delivery is defined as gestation < 37 weeks.
6. Adolescent mother is defined as age 15-17.

Data Sources:

- Prenatal: Washington State Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS), 2012-2014.
- Birth outcomes: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 2013-2015.
- Pregnancy rate: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, fetal deaths, and induced abortions, 0.00.

Early Childhood Health Risk Factors



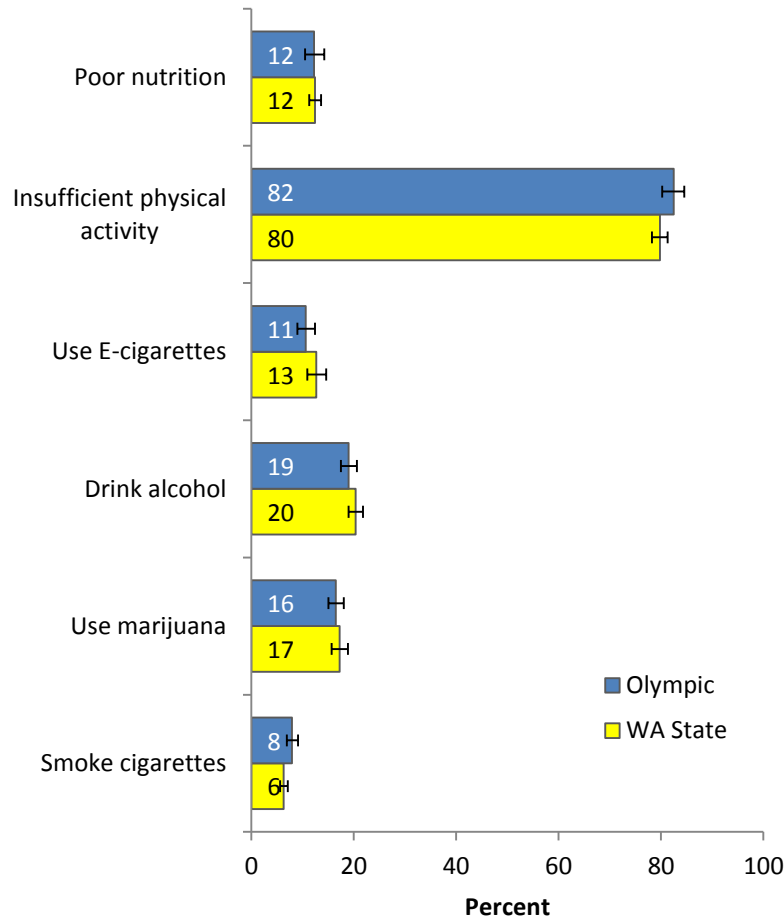
Indicator Notes

1. Incomplete vaccination: Student does not meet all the school-entry requirements for age and grade.
2. Breastfeeding: did not breastfeed baby, or breastfed for less than 8 weeks.
3. Child poverty: Age 0-4, living in a household with income less than FPL.

Data Sources:

- Child poverty: American Community Survey 2011-2015
- Breastfeeding: Pregnancy Risk Assessment Monitoring System 2012-2014
- Vaccination: Washington State Department of Health, Office of Immunization and Child Profile.2015-2016

Youth (10th grade) Health Risk Behaviors

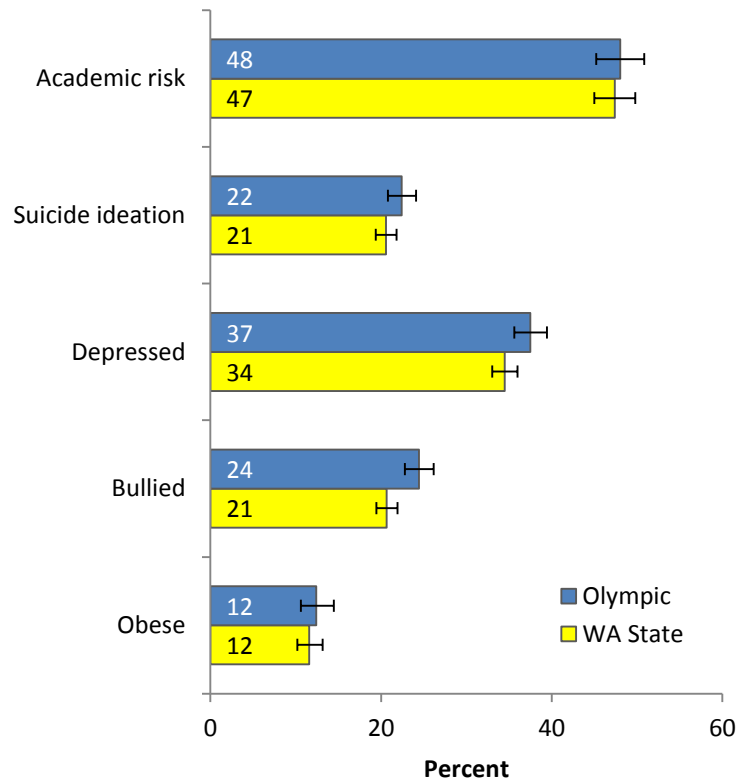


Indicator Notes

1. Youth smoking, marijuana, alcohol, e-cigarettes: Students are asked “during the past 30 days, how many times did you... Smoke cigarettes; Use marijuana or hashish (grass, hash, pot); Drink a glass, can, or bottle of alcohol (beer, wine, wine coolers, hard liquor); use electronic cigarettes or e-cigs?”
2. The Centers for Disease Control and Prevention (CDC) recommends 60 minutes moderate or vigorous physical activity every day for youths.
3. Poor nutrition is indicated by eating fruits and vegetables less than once a day.

Data Source: Washington State Healthy Youth Survey 2016.

Youth (10th grade) Health Risk Conditions

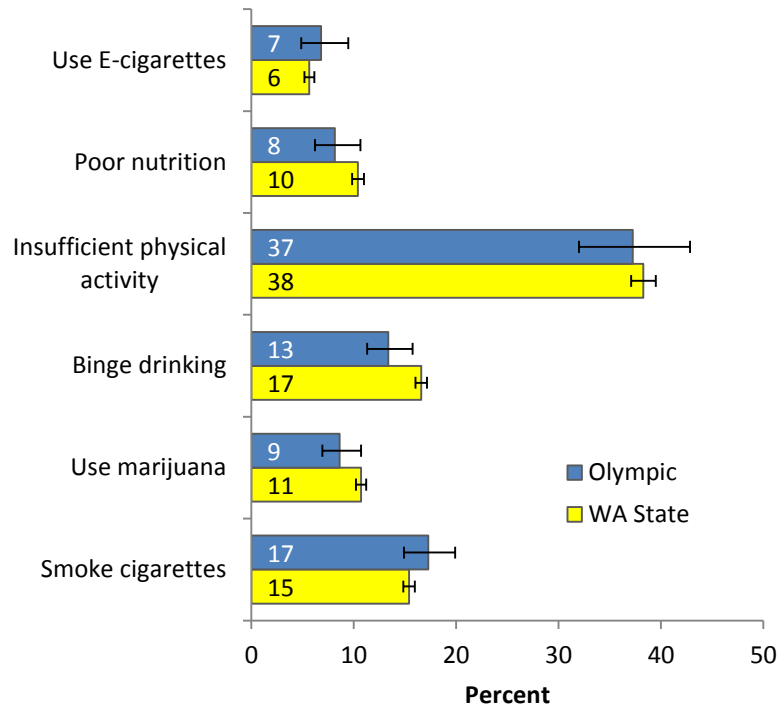


Indicator Notes

1. Youth obesity: Youth are classified as obese if they are in the 95th percentile for body mass index by age and sex based on growth charts developed by the CDC (2000).
2. Bullied: Students are asked “A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn’t like. It is NOT bullying when two students of about the same strength argue or fight. In the last 30 days, how often have you been bullied?”
3. Depression: Students were asked “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”
4. Suicide ideation: Students were asked “During the past 12 months, did you ever seriously consider attempting suicide?”
5. Academic risk: Risk of academic failure including usually getting low grades and grades worse than others, and low commitment to school including school not meaningful or important for future, and cut school.

Data Source: Washington State Healthy Youth Survey 2016.

Adult (Age 18+) Health Risk Behaviors

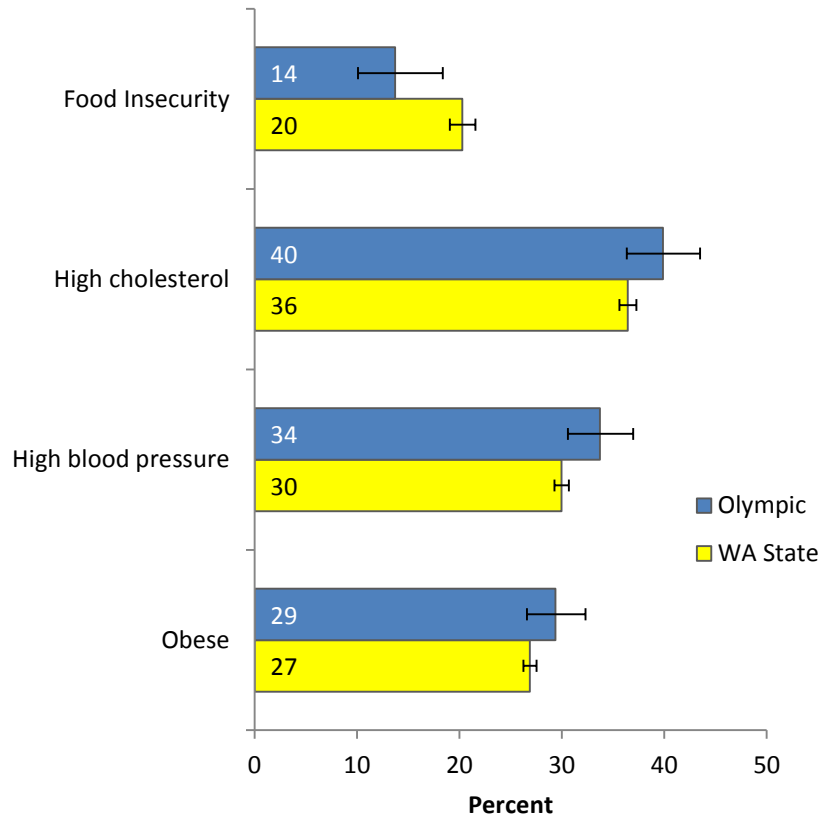


Indicator Notes

1. Adult smoking: Respondents are asked “Have you smoked at least 100 cigarettes in your lifetime?” and “Do you still smoke?”
2. Adult marijuana: Respondents were asked “During the past 30 days, on how many days did you use marijuana or hashish?”
3. Binge drinking: Past 30 days, adult men having five or more drinks or adult women having four or more drinks on one occasion.
4. CDC recommends 150 minutes of moderate aerobic physical activity or 75 minutes of vigorous aerobic physical activity a week, combined with some form of muscle strengthening activity three times a week. People whose work involves mostly walking meet the aerobic recommendation. People whose work involves heavy labor meet both the strength and aerobic recommendations.
5. Nutrition: Respondents are asked a series of questions about fruits and vegetables eaten in the past month. CDC recommends three servings of vegetables and two servings of fruit a day. Very poor nutrition is defined here as eating fruits and vegetables less than once a day.
6. E-Cigarettes: Respondent is asked “During the past 30 days, on how many days did you use electronic cigarettes, also called E-cigarettes or vape pens?”

Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015.

Adult (Age 18+) Health Risk Conditions

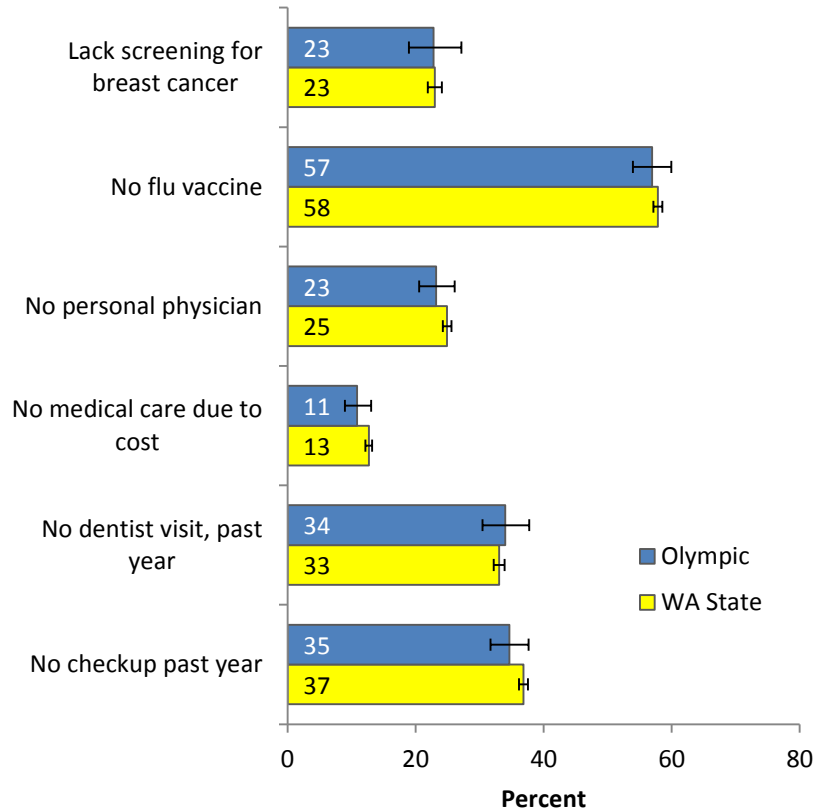


Indicator Notes

1. Obesity in adults is defined as body mass index ≥ 30 kg /m² based on self reported height and weight.
2. Self reported lifetime prevalence – Survey respondent answered “yes” to “have you ever been told by a healthcare professional that you have high blood pressure / high cholesterol?”
3. Food Insecurity: Respondent was asked “How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? – Always, Usually, Sometimes, Rarely, or Never.” Respondents who answered Sometimes, Usually, or Always were considered to be food insecure.

Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015.

Adult (Age 18+) Preventive Care

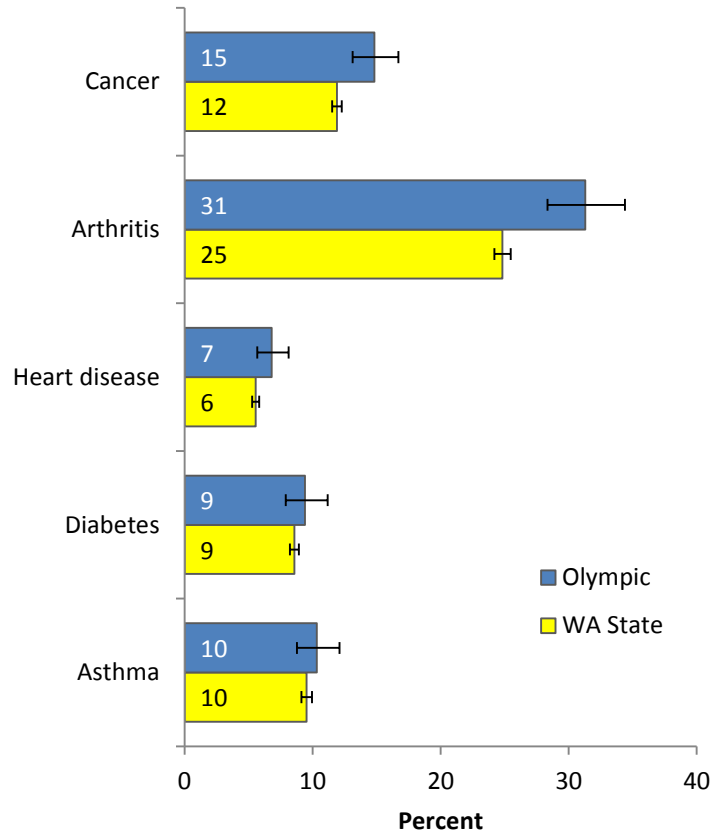


Indicator notes

1. The Department of Health recommends women age 50 or older should have a mammogram every two years.
2. Flu vaccine: Respondent has not had a flu vaccine in the past year.
3. Personal physician: Respondent is asked: "Do you have one person you think of as your personal doctor or health care provider?"
4. Respondent reports needing to see a doctor, but could not due to cost in the past year.
5. No dental visit: Respondent reports it has been more than a year since they visited a dentist for any reason.
6. No checkup: Respondent reports it has been more than a year since they had a routine medical checkup.

Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015.

Adult (Age 18+) Chronic Disease

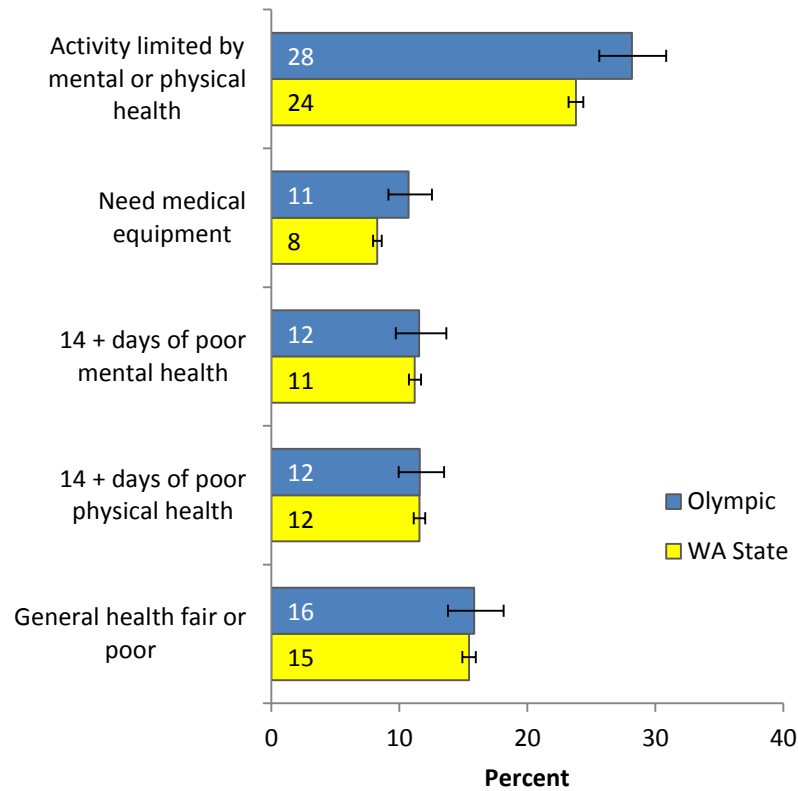


Indicator Notes

1. Self reported lifetime prevalence – Survey respondent answered “yes” to “have you ever been told by a healthcare professional that you have asthma / diabetes / heart attack, coronary heart disease, or angina / arthritis / cancer?”

Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015.

Adult (Age 18+) Quality of Life

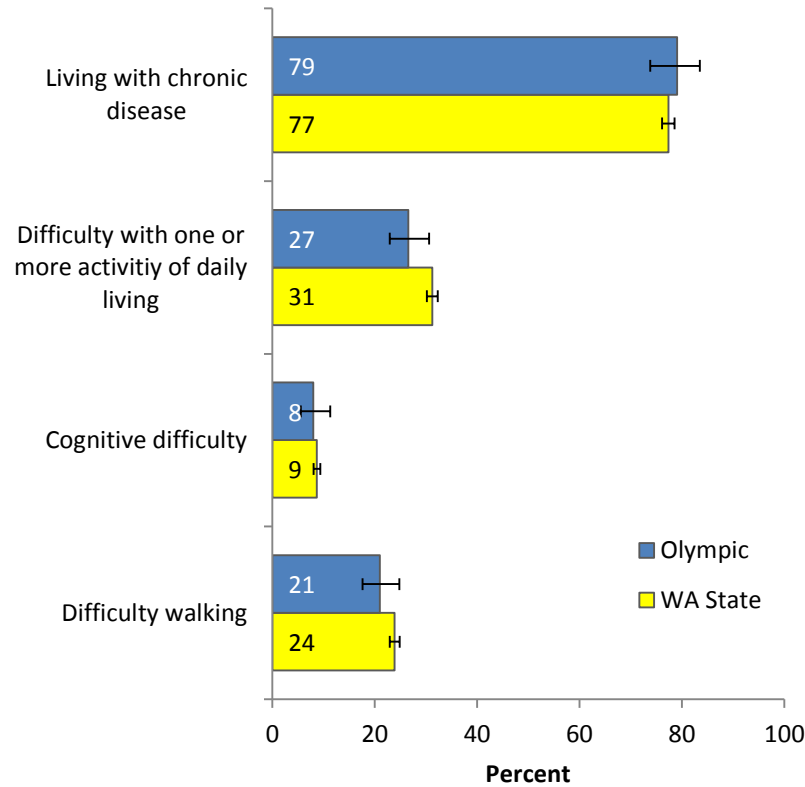


Indicator Notes

1. General health: respondent reports, in general, health is fair or poor.
2. Poor physical health: Respondent reports that on 14 or more of the past 30 days, their physical health was not good.
3. Poor mental health: Respondent reports that on 14 or more of the past 30 days, their mental health was not good.
4. Need medical equipment: Respondents are asked “Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?”
5. Activity limitation: Respondent is asked “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015.

Senior (Age 65+) Health Risks



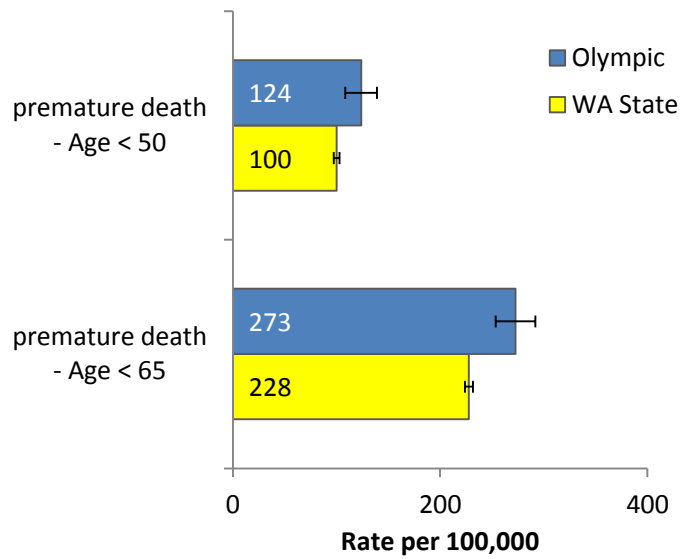
Indicator Notes

1. Living with chronic disease: Respondent is asked have you ever been told by a doctor or health care professional that you have ... arthritis / asthma / COPD / cancer / diabetes, heart disease / stroke / kidney disease.
2. Activities of daily living: Respondent is asked if they have serious difficulty ...seeing even with glasses / concentrating remembering or making decisions / walking or climbing stairs / dressing or bathing / doing errands alone such as visiting a doctor or shopping

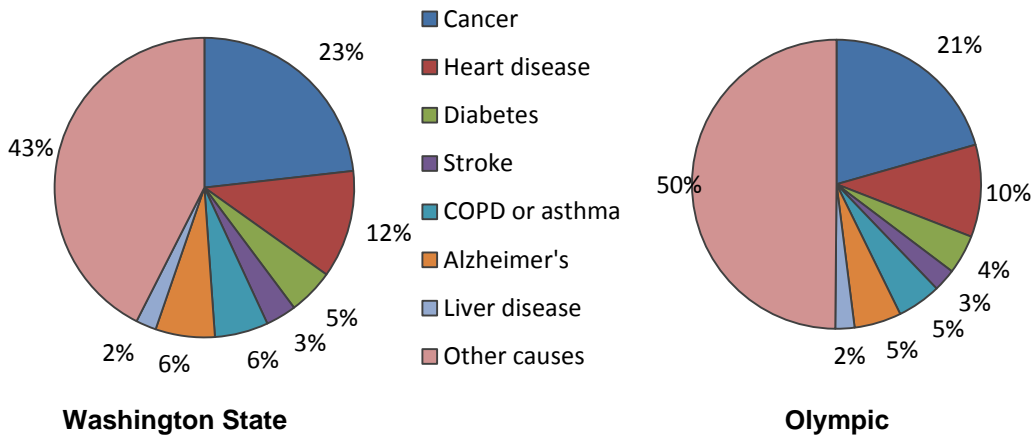
Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015.

Mortality

Premature Mortality



Cause of Death in Washington State and Olympic ACH - Age standardized percent of all deaths.



Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2015.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

Appendix: Data Sources & Definitions

The following provides references for more information on each data system and definitions of technical terms used in this report. Analyses for this report were completed using Stata/IC 13.0. Some estimates were obtained from previously published reports.

DATA SYSTEMS:

Office of Financial Management (OFM) Population Estimates

- For more information on OFM intercensal population estimates, go to:
<http://www.ofm.wa.gov/pop/default.asp>

American Community Survey (ACS) and Public Use Microdata Sample (PUMS)

- For more information on the American Community Survey, go to:
<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- For more information on Public Use Microdata Sample go to:
http://www.census.gov/acs/www/data_documentation/public_use_microdata_sample/

Pregnancy Risk Assessment Monitoring Survey (PRAMS)

- For more information on PRAMS, go to:
<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/PregnancyRiskAssessmentMonitoringSystem.aspx>

Washington Birth Certificate Data

- For more information on birth data, go to:
<http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/BirthData.aspx>

Washington State Department of Health, Office of Immunization and Child Profile

- For more information on immunization data, go to:
<http://www.doh.wa.gov/DataandStatisticalReports/SchoolImmunization.aspx>

Washington State Healthy Youth Survey (HYS)

- For more information on the HYS, go to:
<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/HealthyYouthSurvey.aspx> or <http://www.askhys.net/>
- For technical notes on the HYS, go to:
<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/HealthyYouthSurvey/TechnicalNotes.aspx>

Behavioral Risk Factor Surveillance System (BRFSS)

- For more information on Washington State BRFSS, go to:
<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/BehavioralRiskFactorSurveillanceSystemBRFSS.aspx>
- For more information on national BRFSS, go to: <http://www.cdc.gov/brfss>.

Washington State Death Certificate Data

- For more information on death records, go to:
<http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathData.aspx>

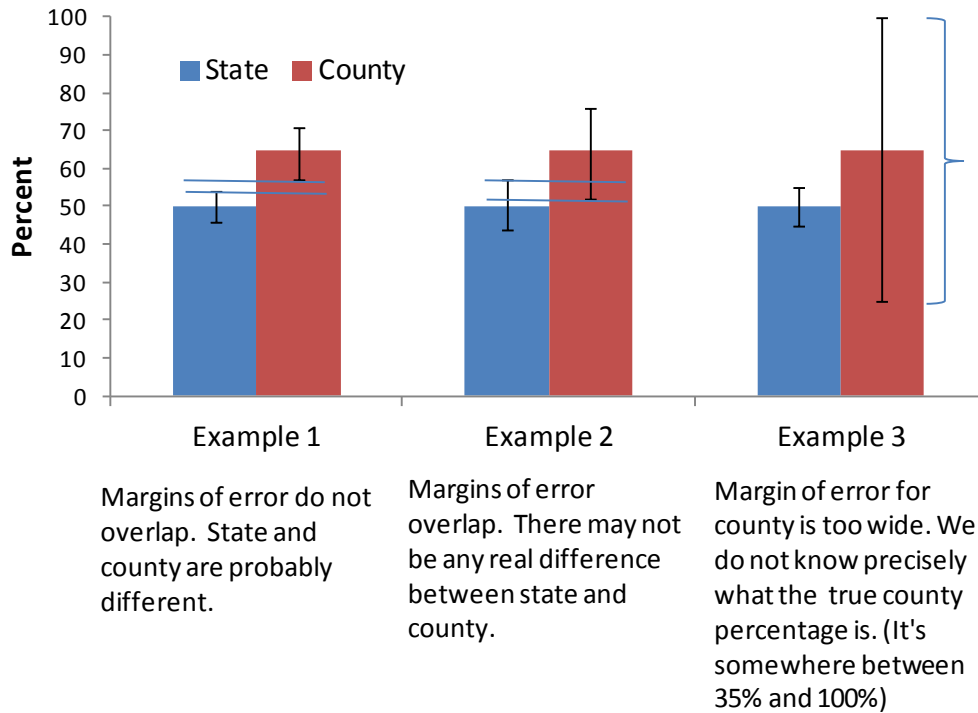
Washington State Cancer Registry (WSCR)

- For more information on WSCR, go to: <https://fortress.wa.gov/doh/wscr/WSCR/>

CONFIDENCE INTERVALS:

Most of the estimates provided in this report come with some intrinsic level of uncertainty due to the random nature of the data. Statistical uncertainty can be summarized by a 95% confidence interval, also called the margin of error. 95% confidence means that, if the survey were repeated in exactly the same way with a different random sample of people, the new estimate would fall within the confidence interval 95% of the time. Confidence intervals are represented on graphs by whisker bars above and below the estimate.

Interpreting Margin of Error



UNRELIABLE DATA:

Estimates based on too few respondents are considered to be unreliable, and may constitute a breach of confidentiality in some circumstances. In this report data with a numerator < 10, or a denominator < 50 are not reported. Data with relative standard error > 30% are reported with a cautionary note.

GLOSSARY:

ⁱ Prevalence: The fraction of the population with a condition at a particular point in time, typically expressed as a percent.

ⁱⁱ Life course approach: A philosophy of public health that recognizes the importance of promoting health at all life stages.

ⁱⁱⁱ Epigenetic: Conditions in the mother prior to conception can affect how certain genes are expressed in the child.