

Chronic Disease Profile

Introduction

This report summarizes key health statistics related to chronic disease burden and risk for local 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 for youth (grade 10), adults (age 18+) and seniors (age 65+).

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.

Indicator definitions, explanatory notes, and a glossary of terms are provided in the appendix.

Defining the Lesbian / Gay / Bisexual (LGB) Population

Only a few health data systems have any information on LGB.

- Behavioral Risk Factor Surveillance System (BRFSS) – This statewide health survey of adults (age 18+) asks the question “Now I’m going to ask you a question about sexual orientation. Do you consider yourself to be...” 1. Heterosexual or straight, 2. Homosexual, gay, or lesbian, 3. Bisexual, or 4. Other. Responses of “Don’t know/not sure” and “Refused” are also possible. In this report, the LGB population is defined as those who consider themselves to be homosexual or bisexual.
- Healthy Youth Survey (HYS) – This school based health survey asks youth in grades 8, 10, and 12 “In the past 30 days, how often were you bullied, harassed, or intimidated at school or on your way to or from school: Because someone thought you were gay, lesbian or bisexual (whether you are or are not)?” Though this question does not identify the actual LGB population, it does provide information about those who experience the effects of homophobic discrimination. In this report, we present data for 10th grade youth who report being bullied one or more days due to a perception that they were LGB.

Population

Youth (Grade 10)

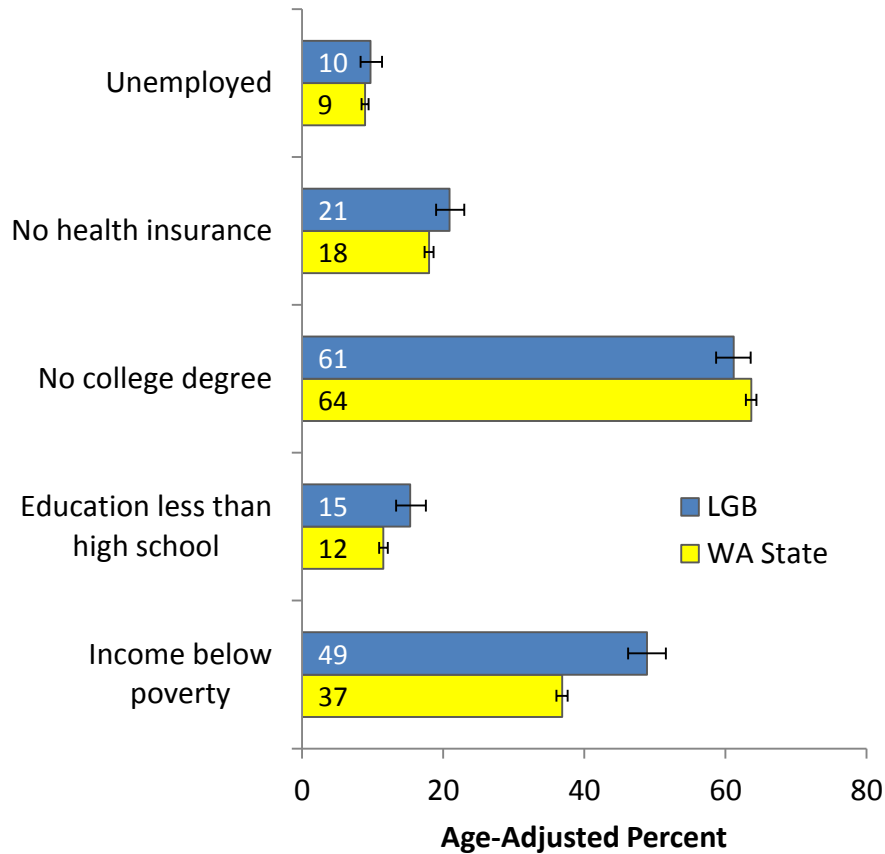
- 9% of 10th grade youth report being bullied for being thought to be LBG.
- 9% of 10th grade boys report being bullied for being thought to be LBG.
- 9% of 10th grade girls report being bullied for being thought to be LBG.

Adults (Age 18+)

- 4% of adults identify themselves as LGB.
- 3% of adult men identify themselves as LGB.
- 4% of adult women identify themselves as LGB.

Data Source: Healthy Youth Survey (HYS) 2014; Behavioral Risk Factor Surveillance System (BRFSS) 2011-2013.

Social and Economic Risk Factors

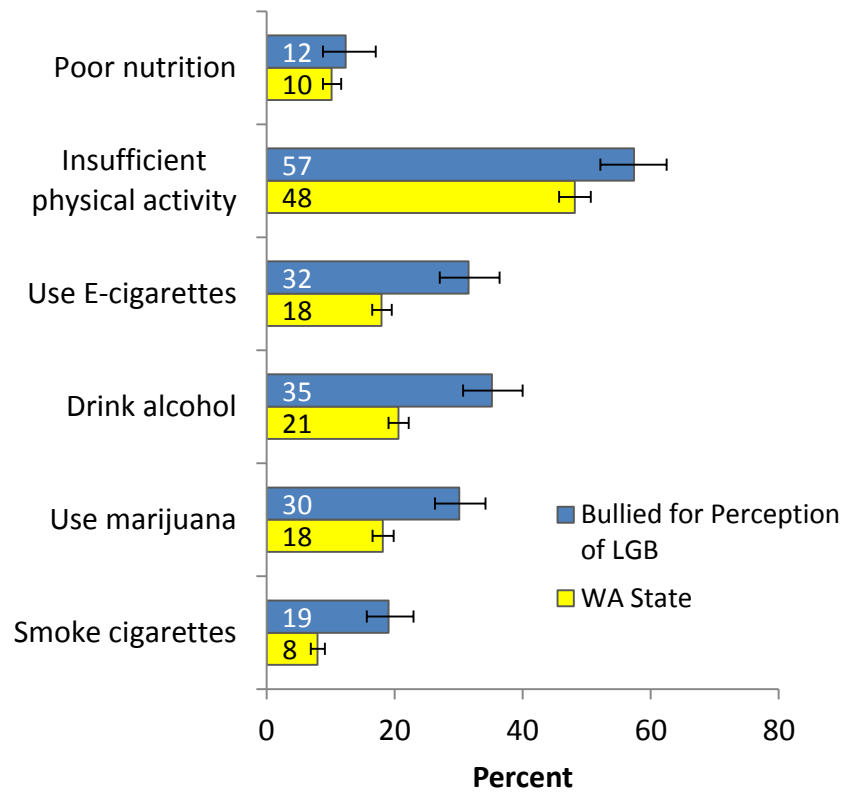


Indicator Notes

1. Income is based on self-reported household income.
2. Unemployment is based on self-reported employment status.
3. Highest educational attainment is among adults 25 and older.
4. Health Insurance: Did not have any form of health insurance among adults age 18 to 64.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) 2011-2013

Youth (10th grade) Health Risk Behaviors

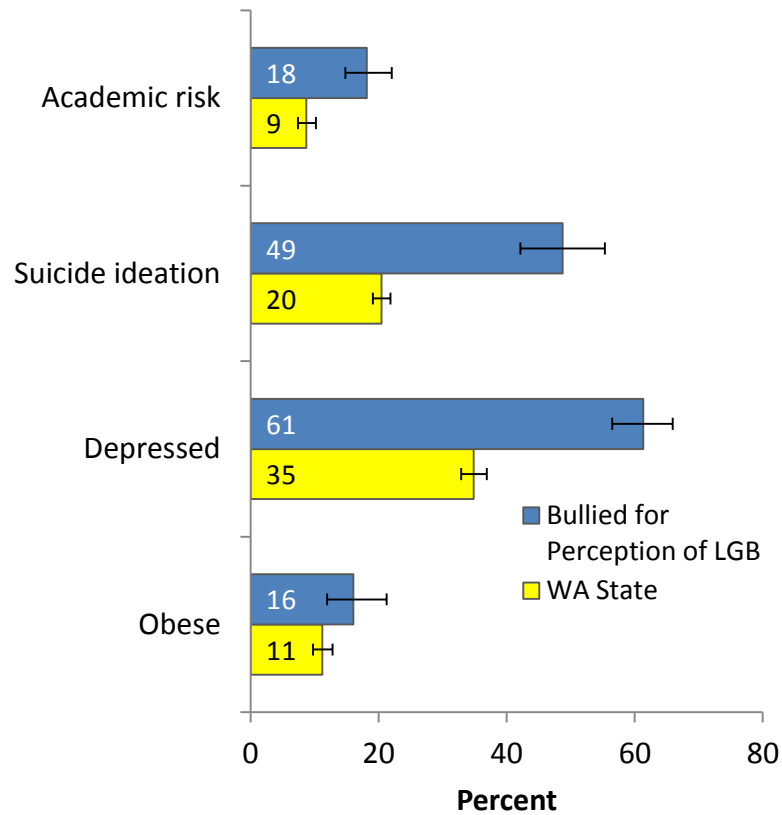


Indicator Notes

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 2014.

Youth (10th grade) Health Risk Conditions

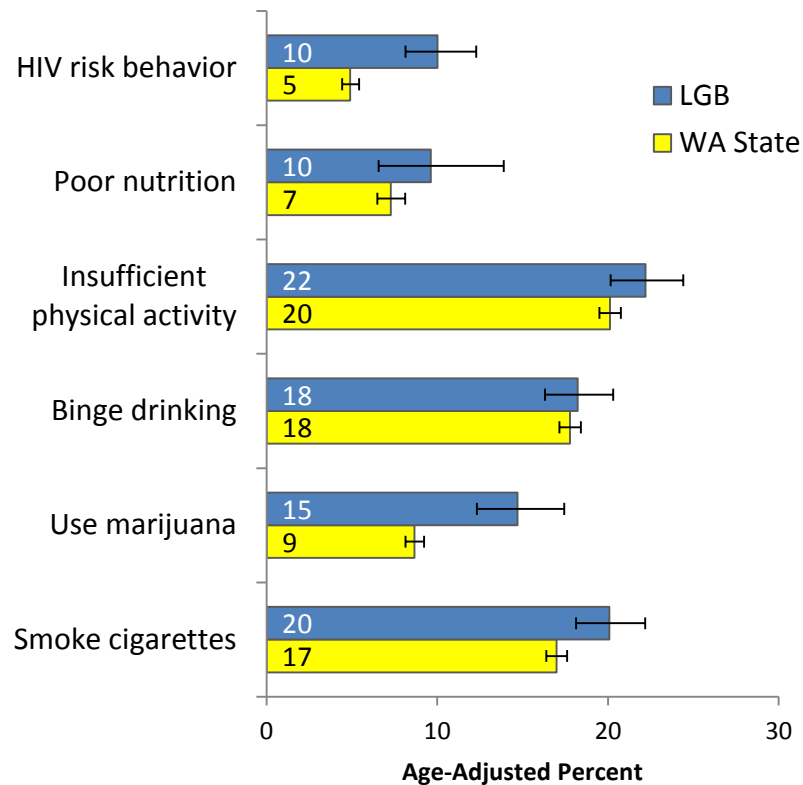


Indicator Notes

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. 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?”
3. Suicide ideation: Students were asked “During the past 12 months, did you ever seriously consider attempting suicide?”
4. 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 2014.

Adult (Age 18+) Health Risk Behaviors

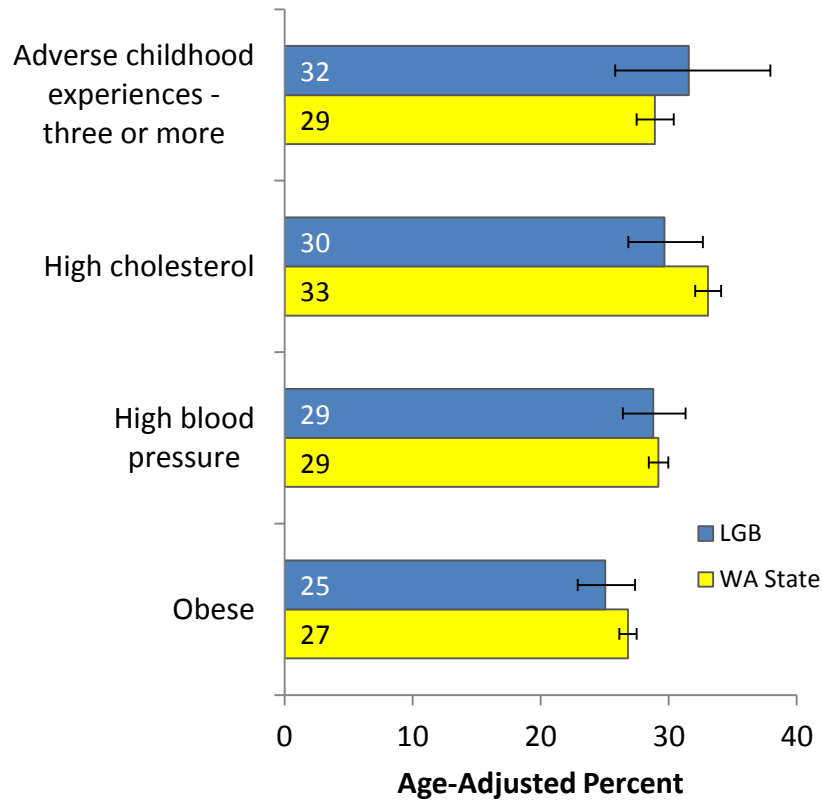


Indicator Notes

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. Heavy alcohol consumption: Adult men having two or more drinks per day and adult women having one or more drinks per day.
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 or heavy labor 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. HIV risk - Respondents were asked if any of the following situations apply to them: You have used intravenous drugs in the past year; You have been treated for a sexually transmitted or venereal disease in the past year; You have given or received money or drugs in exchange for sex in the past year; You had anal sex without a condom in the past year

Data Source: Washington Behavioral Risk Factor Surveillance System 2011-2013.

Adult (Age 18+) Health Risk Conditions

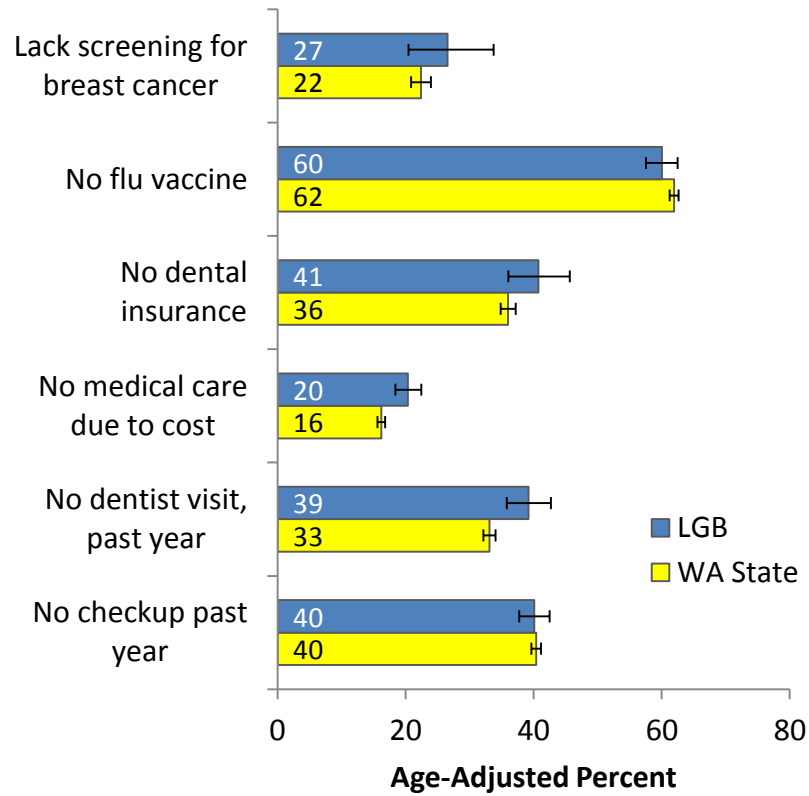


Indicator Notes

1. Obesity in adults is defined as body mass index $\geq 30 \text{ kg/m}^2$ 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. Adverse childhood experiences: Respondent reported three or more of the following traumatic experiences during childhood: Living with someone who is depressed, mentally ill, or suicidal; Living with an alcoholic or drug abuser; Family member in prison; Parents divorced or separated; Physical, verbal, or sexual abuse; Witnessing domestic violence.

Data Source: Washington Behavioral Risk Factor Surveillance System 2011-2013.

Adult (Age 18+) Preventive Care



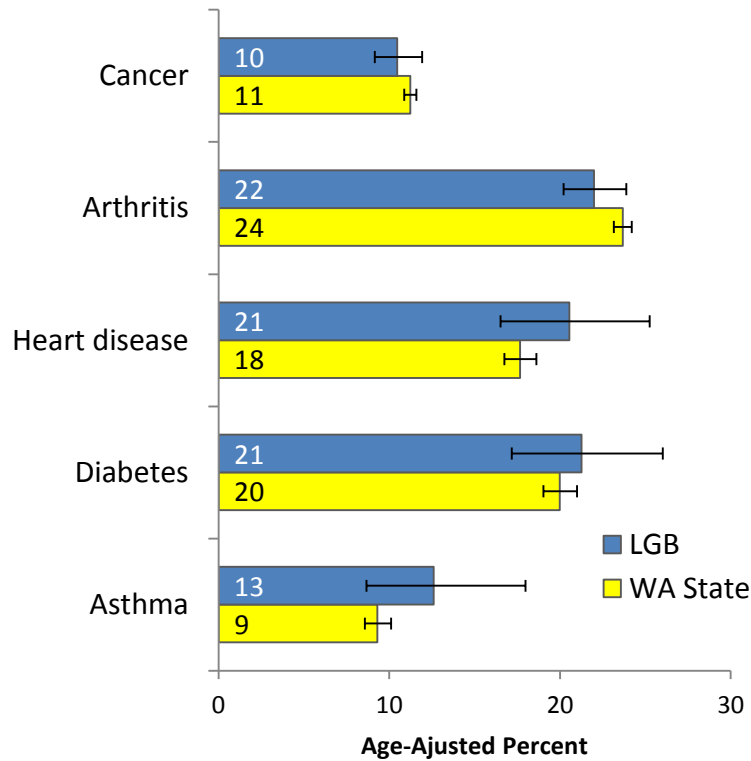
Indicator Notes

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. Dental insurance. Respondent reports not having dental insurance.
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 2011-2013.

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).

Adult (Age 18+) Chronic Disease

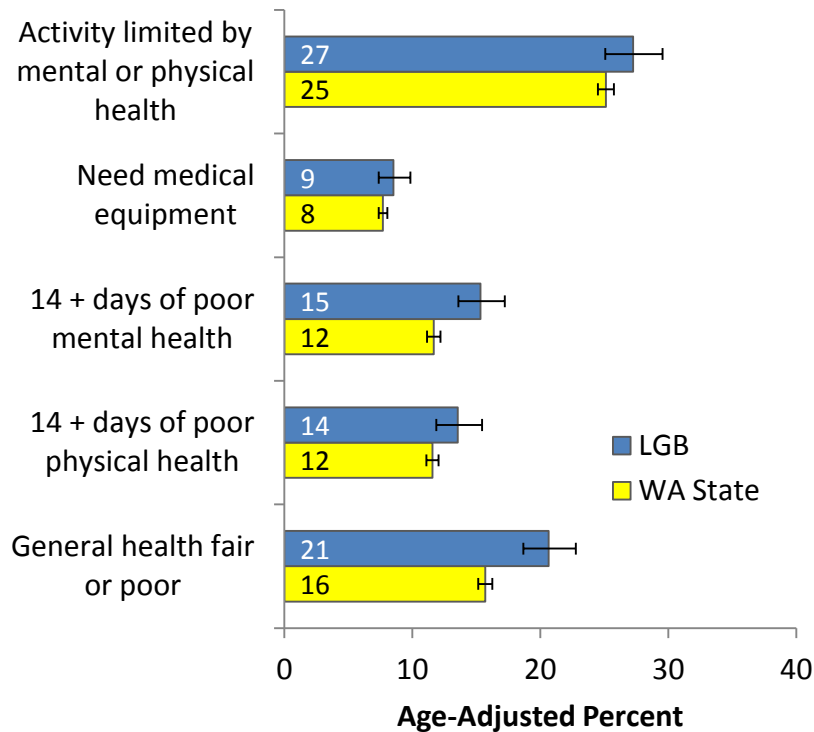


Indicator Notes

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 2011-2013

Adult (Age 18+) Quality of Life

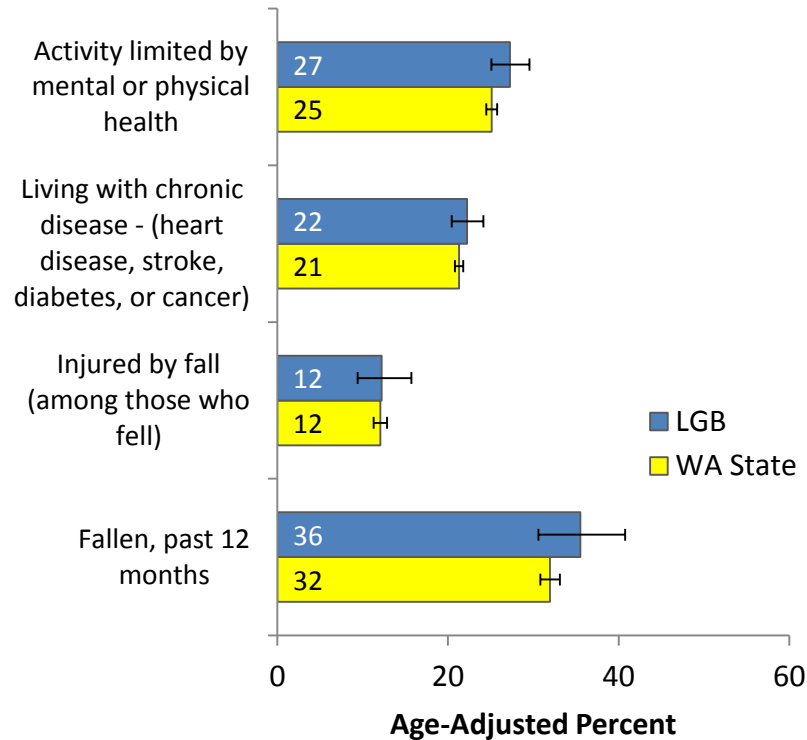


Indicator Notes

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 2011-2013.

Senior (Age 65+) Health Risks



Indicator notes

1. Activity limitation and chronic disease indicators are defined above.
2. Fallen / injured by fall: Respondent is asked, "in the past 3 months, how many times have you fallen?" and "Did this fall cause an injury?"

Data Source: Washington Behavioral Risk Factor Surveillance System 2011-2013.

Appendix: Data Source & 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:

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>.

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, or a relative standard error > 30% are not reported.

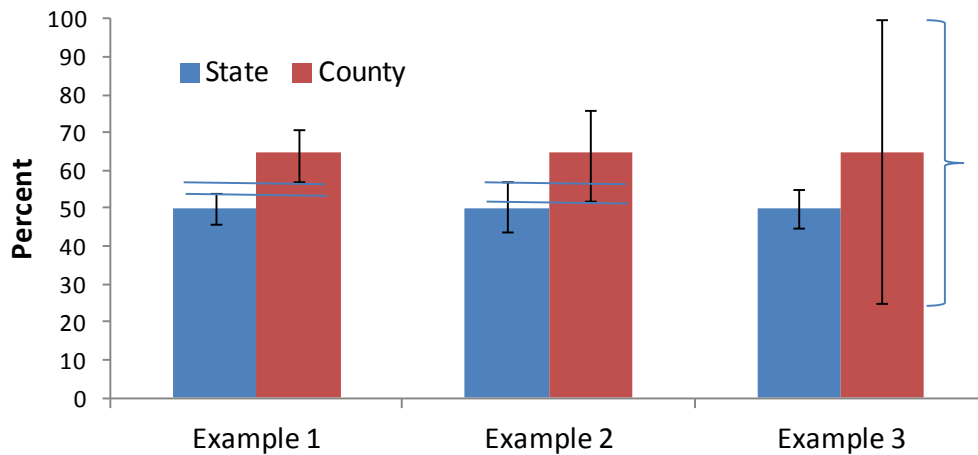
AGE-ADJUSTED PERCENT:

Percentages that have been adjusted to control for differences in age when comparing two demographic groups. Respondents are weighted to match the US Census 2000 standard population.

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



Margins of error do not overlap. State and county are probably different.

Margins of error overlap. There may not be any real difference between state and county.

Margin of error for county is too wide. We do not know precisely what the true county percentage is. (It's somewhere between 35% and 100%)

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.