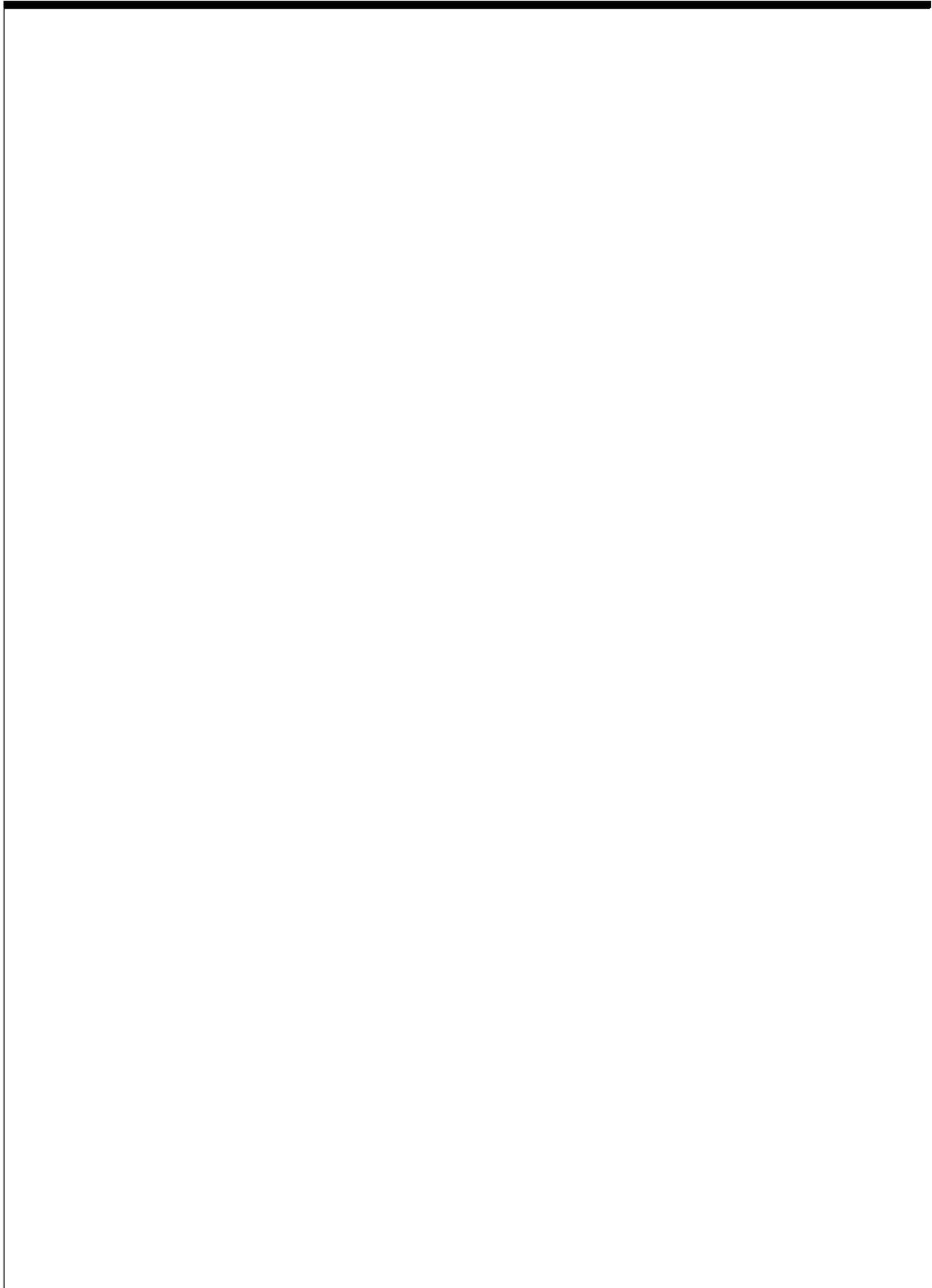

Health Risks in Alaska Among Alaska Natives



**Alaska Behavioral Risk
Factor Survey**
1991-1993





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Factor Survey
1991-1993

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State of Alaska

Karen Perdue, Commissioner
Department of Health and Social Services
State of Alaska

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Indian Health Service, Public Health Service
U.S. Department of Health and Human Services



February, 1997



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Foreword

Behavior and lifestyle play an important part in determining health status and lifespan. The leading causes of death in Alaska and among Alaska Natives (cancer, heart disease and injuries) are closely related to lifestyle factors. Lifestyle and behavioral factors that affect health include diet, exercise, use of alcohol and tobacco, and preventive health care practices.

The Behavioral Risk Factor Surveillance System (BRFSS), developed by the Centers for Disease Control and Prevention, collects information about health risk behaviors from a sample of adult Alaskans each year. *Health Risks in Alaska Among Alaska Natives* presents information collected by the BRFSS regarding health risk behaviors among Alaska Native people.

One of the major goals of the national health initiative known as Healthy People 2000 is to “reduce health disparities among Americans.”¹ Disparities in health status exist within and across groups in the United States, but are most visible when evaluating the health status of racial and ethnic minority populations.² This report provides baseline measurements for many of the Healthy People 2000 health status indicators. The intent is to identify factors which individuals and communities may modify to improve their own health, as well as to identify areas on which health agencies and medical care systems may focus resources to improve the health of Alaska Natives.

We are pleased to present this report.

Karen Perdue
Commissioner
Department of Health and Social Services
State of Alaska

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Introduction

Overview

Behaviors linked to health problems are referred to as behavioral risk factors, and include such things as tobacco and alcohol use, being overweight, lack of physical activity and not using safety belts.

Behavioral risk factors are associated with the leading causes of death in the United States and Alaska. Many chronic diseases and premature deaths could be prevented through modification of these behavioral risk factors.

Data on behavioral risk factors are necessary for assessing risk for chronic diseases, formulating intervention strategies, justifying resources to support these strategies and proposing new policies or legislation. Surveillance of behavioral risk factors allows us to monitor trends in health related behavior and to measure progress toward reaching state and national health objectives.

The Behavioral Risk Factor Surveillance System is the primary method for states to monitor health risk behaviors. In cooperation with the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System was implemented in Alaska in 1990. In 1991, the Alaska Behavioral Risk Factor Surveillance System became part of an ongoing national surveillance system, conducting telephone surveys monthly.

This is the first report summarizing health risk behaviors for the Alaska Native population, based on the first three years of BRFSS data available in Alaska. Combined survey results from January 1991 to

December of 1993 are presented. Of the total sample of 4,604 respondents, 927 are Alaska Native.

These data represent Alaskan adults, aged 18 and older with telephones. Prevalence estimates for the Alaska Native population are compared to the general population in Alaska. In this report prevalence estimates are rounded to the nearest whole percent.

The Alaska Native Population

Alaska is the largest state, encompassing about one fifth of the total land mass of the contiguous United States. Because of its size, there are huge variations in topography and climate from one part of the state to the other. Alaska's name is derived from the Aleut word Alyeska, meaning great land.

Alaska Natives comprise the second largest population group in Alaska, accounting for approximately 16% of the total population. In the United States, 0.8% of people are American Indian/Alaska Native.³

The term Alaska Native is used to refer to the original inhabitants of the land that is now the state of Alaska. In the 1990 census, Alaska Natives numbered 86,252.⁴ These include Eskimos, Aleuts, and Indians who differ from each other in origin, language and culture. The small number of American Indians residing in Alaska who are members of tribes originating in the contiguous United States are also included in the Alaska Native census count.

Just over one half of the Alaska Native population is Eskimo. Eskimos traditionally occupied the northern and western coasts and rivers and include people who speak four Eskimo languages (Inupiaq, Central and Siberian Yupik and Sugpiaq).

About one-sixth of the Alaska Native population is Aleut. Aleut people originally lived on the Aleutian Islands and the end of the adjacent Alaskan Peninsula. The Eskimo and Aleut are believed at one time to have been closely related.

Indians of Alaska include the Athabascans and the Pacific Coastal Indian tribes (Tlingit, Tsimpsian, and Haida). Athabascans reside primarily in the interior. There are many different Athabascan dialects spoken. The Tlingit, Tsimpsian and Haida reside primarily in the southeastern panhandle of Alaska, adjacent to British Columbia, each with a distinct language.

In addition to ethnic differences, the Alaska Native population differs in other ways from other U.S. populations including American Indians residing in the contiguous United States. There is no road system to over 80% of Alaska's rural, predominantly Native communities. Therefore air transportation is the main means of travel, except for seasonal travel by boat or snowmachine. Because of weather and geography, air transportation can be unreliable and expensive. Communication is also difficult. However, through satellite, all communities have a phone even though individual homes may not.

Although more and more Alaska Natives now reside in urban centers, over half of the population live in remote, rural areas. Currently 101,126 Alaska Natives (Indian Health Service 1996 estimate) are distributed widely throughout Alaska in over 200 communities delineated as Alaska Native Villages. In contrast to other states, there is

only one Indian reservation in Alaska (Metlakatla) populated by approximately 1,000 people on Annette Island in the southeast.

Health Care System

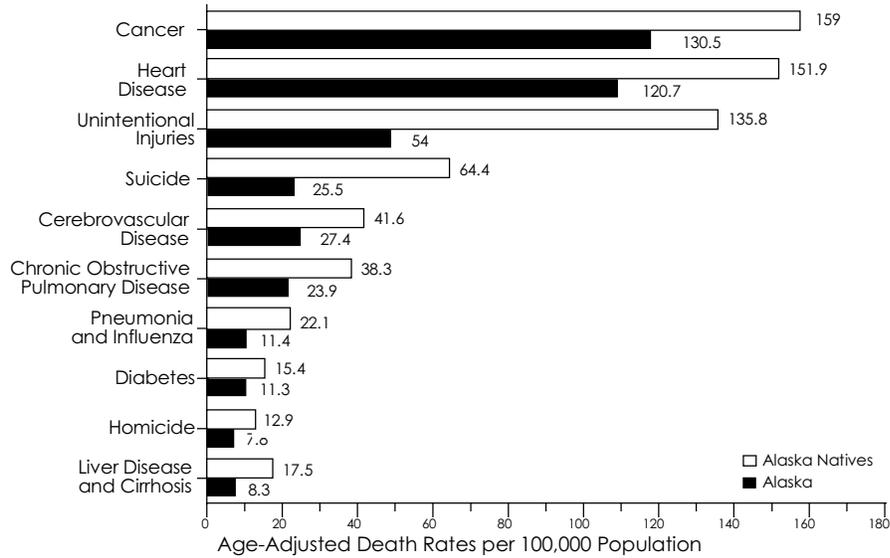
Based on treaty agreements, the federal government is responsible for health care of federally recognized American Indian tribes and Alaska Natives. The agency responsible is the Indian Health Service (IHS), Public Health Service, U.S. Department of Health and Human Services. In Alaska, health care is now administered and managed largely by tribal health organizations in nine service delivery units defined mainly by cultural similarities and transportation patterns.

In general, medical care is delivered by a three tiered system in rural Alaska. The principal provider of primary care is the community health aide/practitioner (CHAP) chosen by the community council and trained specifically to deliver acute care to community residents. The health aide reports to physicians at the hospital or clinic located in the larger (hub) community of the region. Patients may be referred to the regional health centers or to the multi-specialty tertiary care hospital in Anchorage. Services may also be provided to communities by itinerant workers, particularly state public health nurses. Specialty services may be provided by private practitioners under contract to tribal health organizations or the Indian Health Service.

Figure 1

Age-Adjusted Death Rates for Leading Cause of Death

Alaska Natives, Alaska - 1994



◆ Rates are age-adjusted to the U.S. 1940 population; see Appendix C for ICD-9 codes for causes of death. Data from Vital Statistics 1994 Report.

Birth Rate, Infant Mortality and Life Expectancy

The birth rate for Alaska Natives is higher than that for all Alaskans (24.6 vs. 17.6 per 1000 population⁵). The infant mortality rate is also higher than that for Alaska (13.0 vs. 8.8 per 1000 live births for years 1990-94⁵).

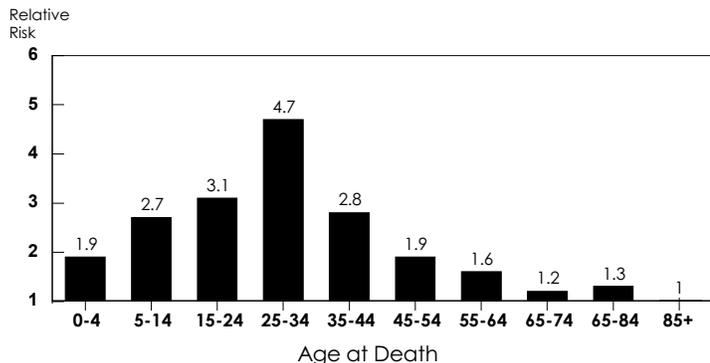
Deaths are also increasing from heart disease, stroke, cancer and diabetes, in part because of increased life expectancy and because of the increasing prevalence of health risk behaviors.

Life expectancy at birth for Alaska Natives is seven years shorter than that for all Alaskans (68.0 years vs. 75.1 years⁵). The leading causes of death for Alaska Natives are unintentional injuries, cancer and heart disease (Figure 1).

At almost every age of life, Alaska Natives are at greater risk of death than are non-Natives. The differences are most pronounced in the age group 25-34 (Figure 2). The excess deaths and years of productive life lost among younger people are due largely to unintentional injury, suicide and homicide.

Figure 2

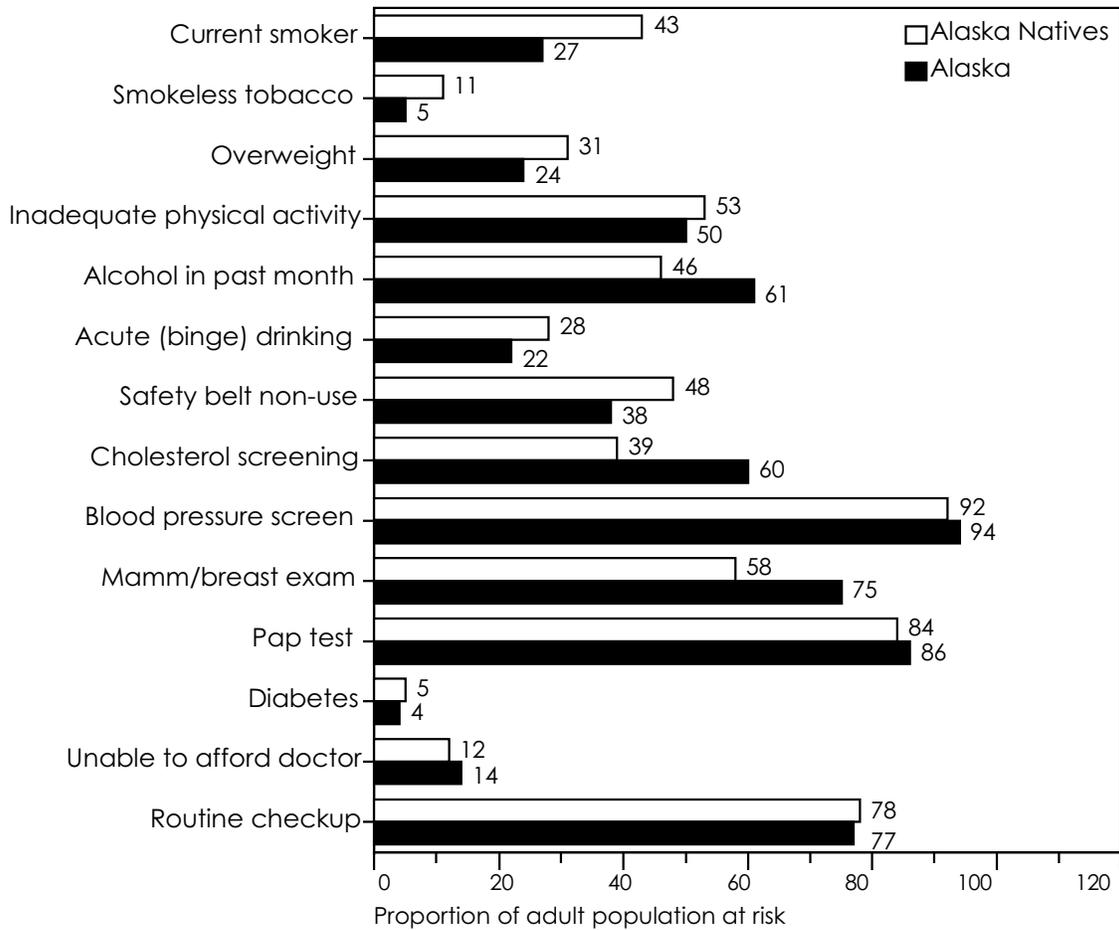
Relative Risk* of Death: Alaska Native Mortality Rate versus Non-Native Mortality Rate, 1990 - 1994



◆ The relative risk is the Alaska Native rate divided by the non-Native rate; a relative risk of 1.0 indicates that there is no difference between the two rates.

Summary of Health Risks

Figure 3
**Summary of Health Risk Behaviors[◆]
 Alaska Natives and Alaska 1991-93**



◆ See Appendix B for definitions of risk factors.

For many of the health risk behaviors measured in the BRFSS, Alaska Natives are at increased risk compared to the general population of Alaska (Figure 3). More details about the health risk behaviors are present-

ed in the body of the report. When many of the health risk behaviors are examined by education and income, the differences between Alaska Natives and the overall population tend to decrease.

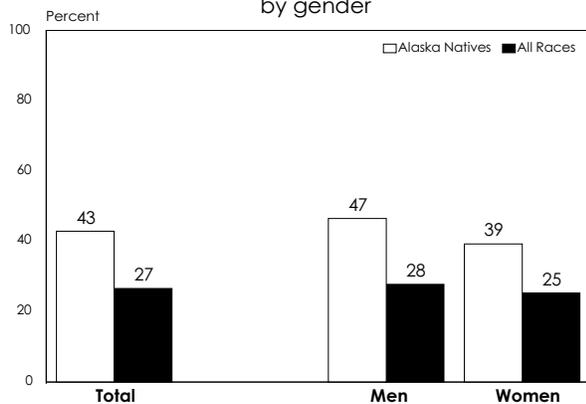
Risk Behaviors

Tobacco Use

Tobacco is one of the leading preventable causes of death and medical illness in the U.S., in Alaska and among Alaska Natives.⁶ Among Alaska Natives, smoking related deaths account for approximately 18% of all deaths.⁷ Smoking accounts for approximately 90% of lung cancer deaths, and lung cancer is the leading cause of cancer death. Rates for lung cancer have increased more rapidly than any other cancer in this population in the last 25 years.⁸ Alaska Native women have the highest cancer mortality rates of all U.S. women, largely because of high smoking rates.⁹

Although tobacco has not been used in sacred ceremonies in Alaska as it has by American Indians elsewhere, tobacco was introduced by Europeans 200 years ago and was readily incorporated into the culture.^{10,11} Tobacco use has included cigarettes as well as smokeless tobacco, the latter particularly in rural areas and in very young children.¹²

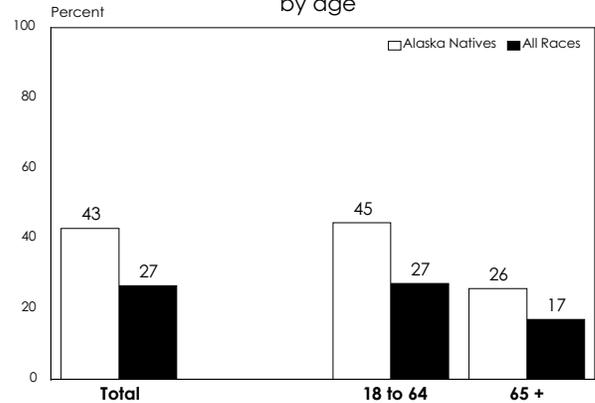
Figure 4
Current Smokers
by gender



Alaska Natives are more likely to be smokers than the overall population.

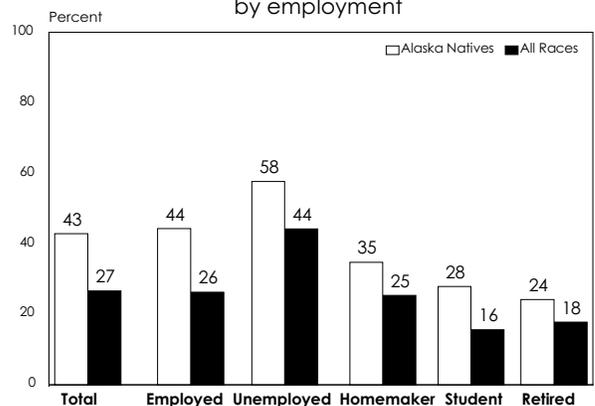
Among Alaska Natives, 47% of men and 39% of women are current smokers.

Figure 5
Current Smokers
by age



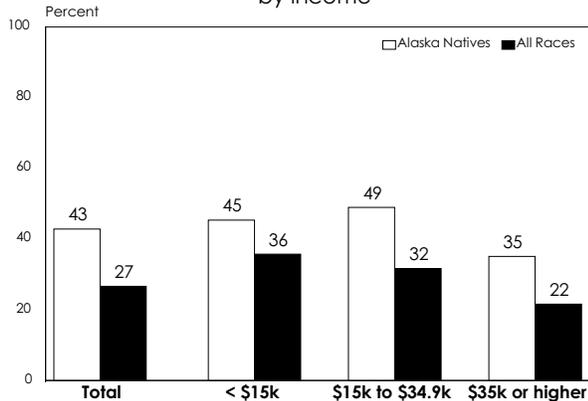
Among Alaska Natives, as well as among the overall population, smoking is less frequent among older people.

Figure 6
Current Smokers
by employment



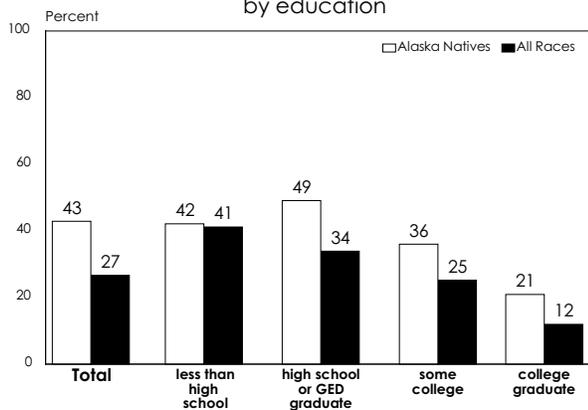
Unemployed persons are more likely to be current smokers than are employed persons, homemakers, students or retired persons. Trends are similar for Alaska Natives and the overall population.

Figure 7
Current Smokers
by income



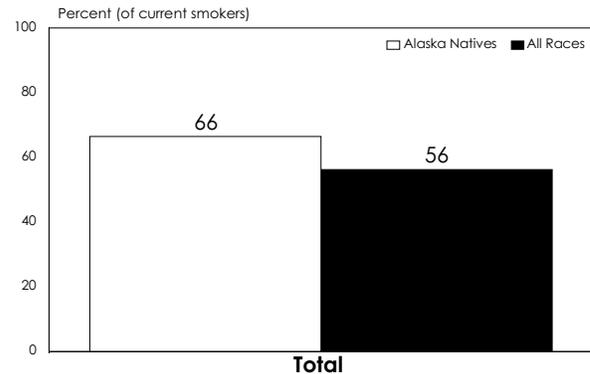
Individuals in higher income level households are less likely to be current smokers. Trends are similar for Alaska Natives and the overall population.

Figure 8
Current Smokers
by education



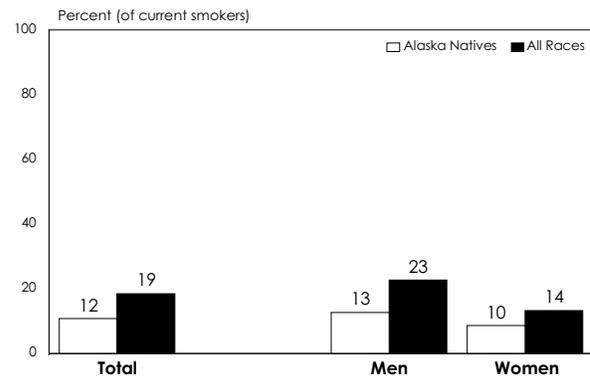
College graduates are the least likely to be current smokers, both among Alaska Natives and the overall population. Among Alaska Natives, 21% of college graduates smoke, as compared to 49% of those who have a high school education. Similar patterns are found in the overall Alaskan population and in the United States.

Figure 9
Current Smokers
(who quit for at least one day in past year)



Alaska Native smokers are somewhat more likely to report having quit smoking in the past year. Among both men and women, the percent who stopped smoking for at least one day are similar; additionally, little difference by educational level was found (data not shown).

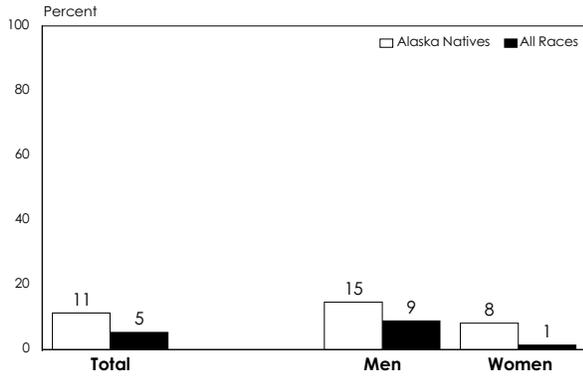
Figure 10
Current Smokers
(who smoke one or more packs per day)
by gender



Although Alaska Natives are more likely to be current smokers, Alaska Native smokers are less likely to smoke heavily than are smokers in the overall population. Among Alaska Native smokers, 12% smoke a pack or more per day, as compared to 19% of smokers in the overall population.

Figure 11

Current Snuff or Chewing Tobacco Users
by gender



Alaska Natives are about twice as likely to use smokeless tobacco (chewing tobacco or snuff) as are persons in the overall population; men are more likely to use smokeless tobacco than are women.

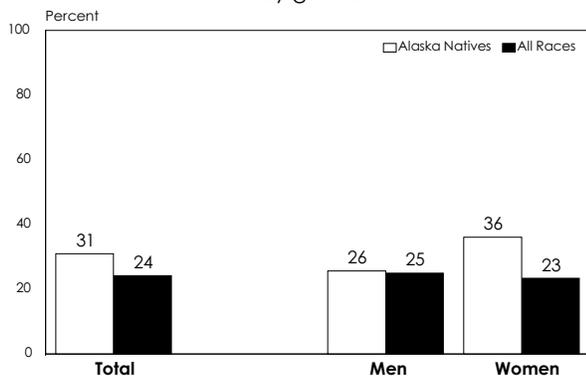
Use of smokeless tobacco decreases as educational level increases. Of Alaska Native college graduates 3% use smokeless tobacco, as compared to 16% of those with a high school education (data not shown).

Overweight

Being overweight puts one at risk for hypertension, diabetes and heart disease, as well as certain cancers and other conditions, such as blood clots, sleep apnea and arthritis. Being overweight has been associated with increased mortality among adults.¹³ Obesity can affect the quality of life by limiting mobility and physical endurance, as well as by having a social impact. The prevalence of being overweight has increased dramatically in the United States over the past 15 years.¹⁴ Similarly, the prevalence of being overweight has been increasing among Alaska Natives (Cynthia D. Schraer, MD, Director, Diabetes Program, Alaska Native Medical Center – personal communication).

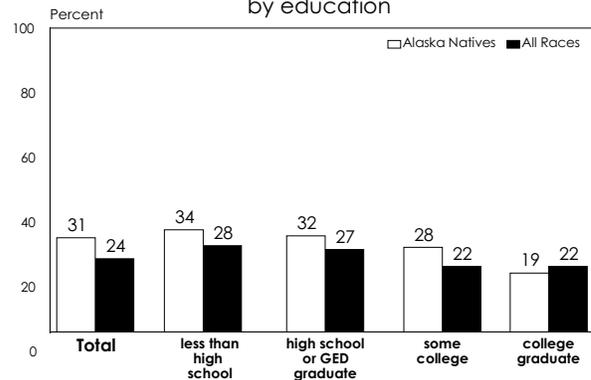
For this survey, overweight is defined as a body mass index (BMI) for women of 27.3 or greater, and for men of 27.8 or greater. BMI equals weight in kilograms divided by the height in meters squared.

Figure 12
Overweight
(using BMI)
by gender



Alaska Natives are more likely to be overweight than the general population; the differences are most evident among women. The prevalence of being overweight increases with age, similar to the overall population.

Figure 13
Overweight
(using BMI)
by education



As educational level increases, the prevalence of overweight decreases, both among Alaska Natives and the overall population.

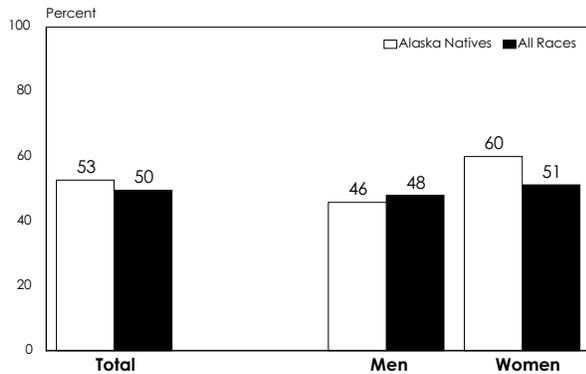
Inadequate Leisure Time Physical Activity

Regular physical activity has been shown to reduce the risk for coronary heart disease, hypertension and diabetes. The recent Surgeon General's report recommends that people of all ages engage in a minimum of 30 minutes of accumulated physical activity of moderate intensity (walking, gardening, stair climbing) on most, if not all days of the week.¹⁵

In this survey inadequate leisure time activity is defined as no leisure time physical activity or activity less than 20 minutes fewer than 3 times per week. These data were collected in 1991 and 1992 only. The data pertain only to leisure time activity and do not include occupational activity.

Figure 14

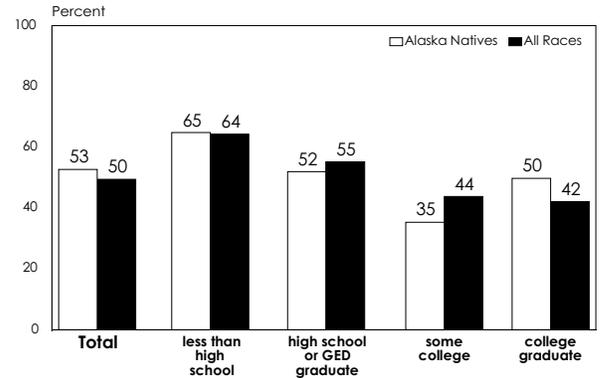
Inadequate Leisure Time Physical Activity by gender



Approximately half of Alaska Natives report inadequate leisure time physical activity, similar to the prevalence for all Alaskans. Alaska Native women are more likely to report inadequate leisure time physical activity than are Alaska Native men.

Figure 15

Inadequate Leisure Time Physical Activity by education



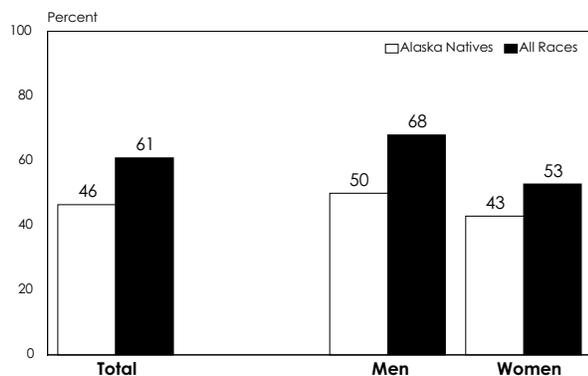
As educational level increases, the prevalence of leisure time physical activity increases. Similar trends are seen for Alaska Natives as for all Alaskans. Some of the differences by educational level may be because the survey does not ask about occupational physical activity, which is likely to be more common among those at lower educational levels.

Alcohol Use

Alcohol is a major contributing factor in homicides, suicides and unintentional injuries. Alaska had the highest rate of injury death among states in the U.S. during the time period 1988-92, and the highest rates occurred in rural Alaska.¹⁶ In Alaska, alcohol is responsible for approximately 11% of all deaths, and among Alaska Natives, alcohol is responsible for approximately 16% of all deaths.¹⁷

Figure 16

Alcohol Use in Past Month by gender

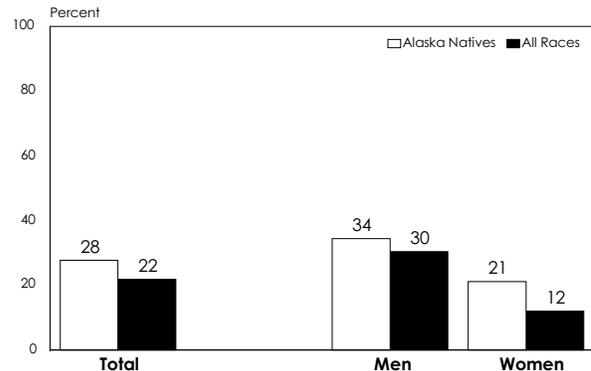


Alaska Native people are less likely to report having used alcohol in the past month. Approximately half of Alaska Natives (50% of men and 43% of women) report using alcohol in the past month. People in the age group 25-34 are most likely to report recent use of alcohol (59% of Alaska Natives and 68% of all Alaskans).

Figure 17

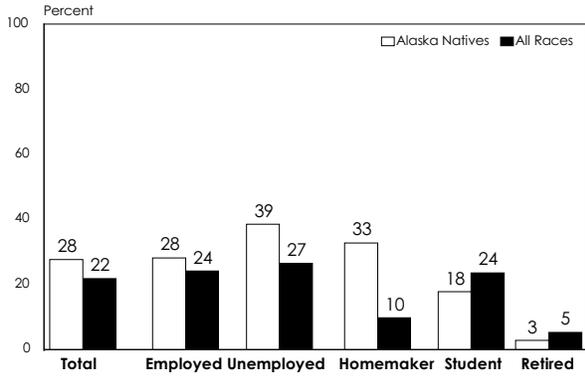
Binge Drinking

(five or more drinks at one time in the past month)
by gender



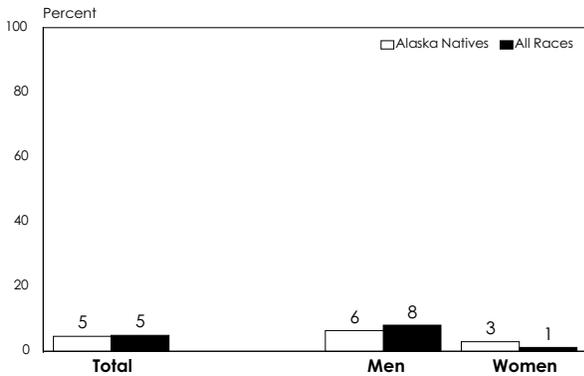
Although Alaska Natives are less likely to report drinking in the past month, they are more likely to report binge drinking (having had 5 or more drinks on an occasion at least once in the past month). Among Alaska Natives, 46% report having had at least one drink in the past month, as compared to 61% overall. However, 28% of Alaska Natives report binge drinking in the past month, as compared to 22% overall. Therefore, Alaska Natives who drink are more likely to binge drink, as compared to Alaskans overall. Binge drinking is reported more frequently by men than by women.

Figure 18
Binge Drinking
 (five or more drinks at one time in the past month)
 by employment



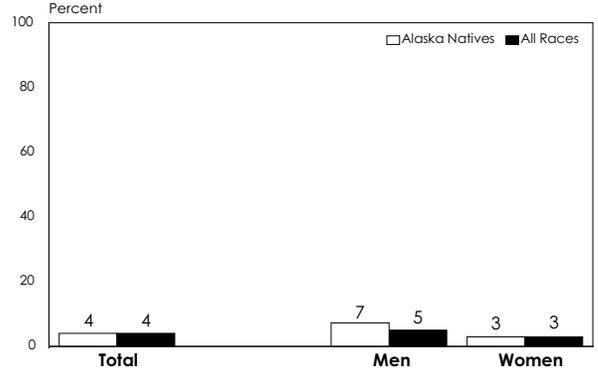
Among Alaska Natives, binge drinking is more common among those reporting their occupation as unemployed (39%) or homemaker (33%).

Figure 19
Chronic Drinking
 (sixty or more drinks in the past month)
 by gender



Alaska Natives report a prevalence of chronic drinking (having 60 or more drinks in the past month) similar to that for all Alaskans. Men are more likely to report chronic drinking than women.

Figure 20
Drinking and Driving
 (drove at least once, after drinking, in the past month)
 by gender

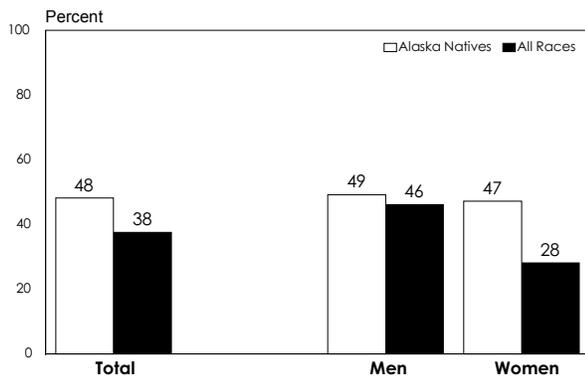


Among Alaska Natives, 4% report driving at least once in the past month after “perhaps too much to drink.” The prevalence of drinking and driving is similar for all Alaskans, and men are more likely to report drinking and driving than are women.

Safety Belt Non-Use

One of the leading causes of death among Alaska Natives is unintentional and intentional injuries. Although alcohol may play a role in many of the deaths, other safety issues should be considered. Occupant restraint and helmet use are essential for reducing the severity of motor vehicle injuries. Other safety issues include using personal flotation devices to help prevent drowning, and limiting exposure to a handgun in the household.¹⁸

Figure 21
Safety Belt Non-Use
by gender



Alaska Natives are less likely to report always using safety belts than are all Alaskans. Men are less likely to use safety belts than are women.

Preventive Health Care Practices

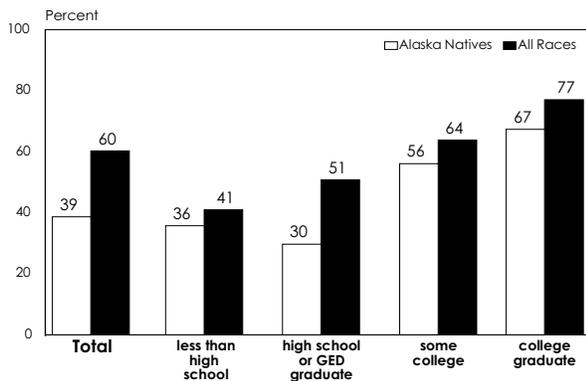
Preventive health care practices include screening tests, counseling interventions, immunizations and chemoprophylaxis, which have a goal of preventing the onset of disease or of detecting disease at an early treatable stage.¹⁹ The BRFSS collects information on several of the recommended preventive health care practices.

Cholesterol Screening

Elevated cholesterol level leads to premature heart disease among all ethnic groups, and is one of the modifiable risk factors for heart disease. The National Cholesterol Education Program recommends that cholesterol levels be checked every five years among all adults, and more frequently among those found to have a high cholesterol level.²⁰

Figure 22

Cholesterol Checked in Past 5 Years
by education

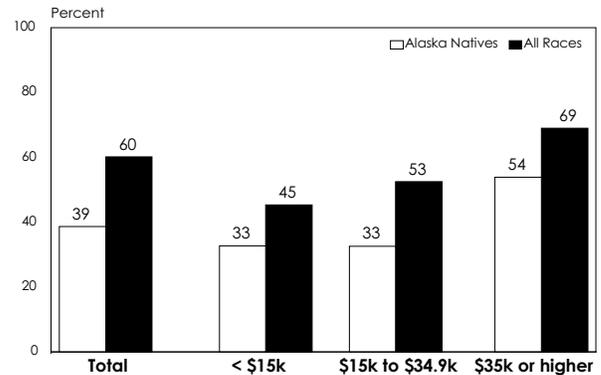


Only 39% of Alaska Native adults reported having had a cholesterol test in the past five years, as compared to 60% of the overall

population. The prevalence of having had a cholesterol test increases with increasing level of education among Alaska Natives, as well as among the overall population.

Figure 23

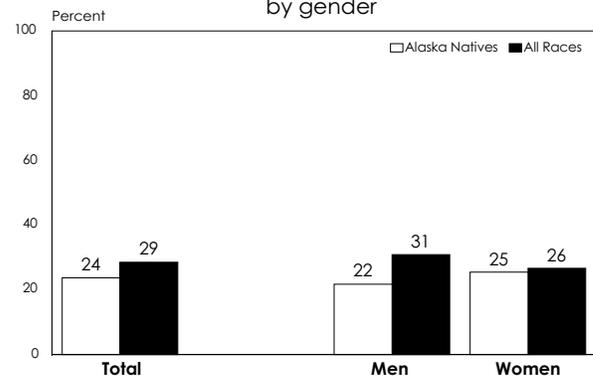
Cholesterol Checked in Past 5 Years
by income



The prevalence of having had a cholesterol test also increases with household income among Alaska Natives, as well as among the overall population. However, at each level of income, Alaska Natives are less likely to report a cholesterol test than the overall population.

Figure 24

Ever Told That Cholesterol Was High
(of those ever checked)
by gender



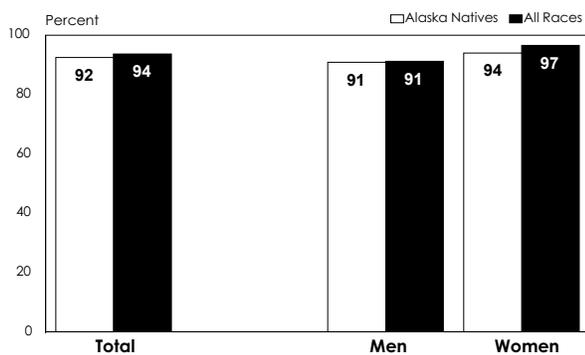
Although Alaska Natives are less likely to be tested, 24% of those who have been tested report having been told that their cholesterol was high. This result is very similar to that for the overall population (29%).

Blood Pressure Screening

High blood pressure is one of the modifiable risk factors for heart disease and stroke. Untreated high blood pressure can also lead to heart and kidney failure. The U.S. Preventive Services Task Force recommends blood pressure screening for all adults every two years.¹⁹ The data show that the vast majority of Alaska Natives have been screened appropriately.

Figure 25

Blood Pressure Checked in Past 2 Years
by gender



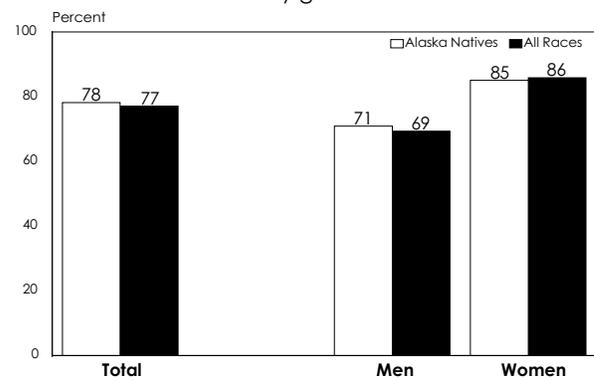
Almost all Alaska Natives report having had at least one blood pressure test in the past two years. No difference is seen between Alaska Natives and the overall population. As educational level increases, the prevalence of having had a blood pressure test increases: 98% of Alaska Natives with a college degree have had a blood pressure test, compared to 92% of those with less than a high school degree (data not shown).

Routine Checkup

The Guide to Clinical Preventive Services provides a list of recommended preventive health care practices specific to an individual's age, sex and risk factors.¹⁹ Therefore, the optimal frequency for routine checkups depends on an individual's age, sex and risk factors.

Figure 26

Routine Checkup
(in the past two years)
by gender



Almost 80% of Alaska Natives report having had a routine checkup in the past two years; women are more likely to report having had a checkup than are men, and the rates are similar for Alaska Natives and all Alaskans.

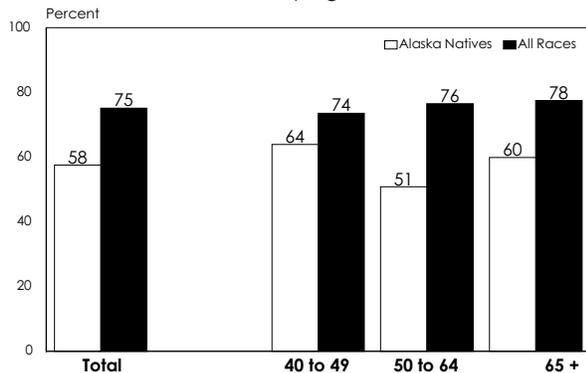
Cancer Screening Among Women

Detecting breast and cervical cancer in early stages is the best way to decrease morbidity and mortality from these diseases. Breast cancer is the most commonly diagnosed cancer among Alaska women, including Alaska Native women. Additionally, Alaska Native women have higher cervical cancer mortality rates than the overall Alaska population.

Pap tests are recommended every one to three years beginning at age 18 or at onset of sexual activity. Clinical breast exam is recommended every one to three years at ages 20-29, and every year after age 30. Mammography is recommended every one to two years at ages 40-49, and every year after age 50.²¹

Figure 27

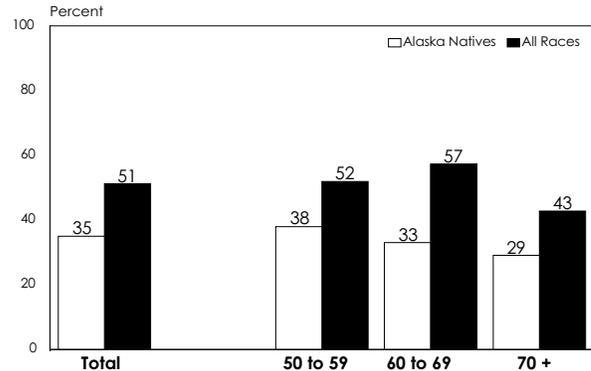
Mammography and Breast Exam
(ever had, women aged 40 and above)
by age



Alaska Native women are less likely to report ever having had mammography and breast exam. Among Alaska Native women aged 40 years or higher, 58% report ever having had mammography and breast exam, as compared to 75% of all Alaska women aged 40 or higher.

Figure 28

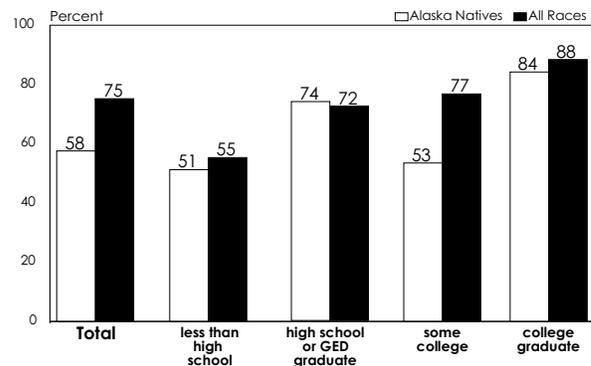
Mammography and Breast Exam
(had last year, women aged 50 and above)
by age



Among Alaska Native women aged 50 years or higher, only 35% have had a mammogram and breast exam in the past year.

Figure 29

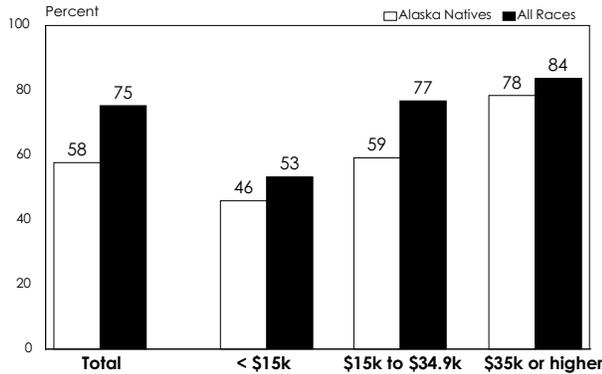
Mammography and Breast Exam
(ever had, women aged 40 and above)
by education



In general, the prevalence of having had a mammogram and breast exam increases with educational level. Among Alaska Native women aged 40 or higher, 84% of college graduates report ever having had a mammogram as compared to 51% of those who did not graduate from high school. The differences between Alaska Native women and all Alaskans are not as marked when the data are examined by educational level.

Figure 30

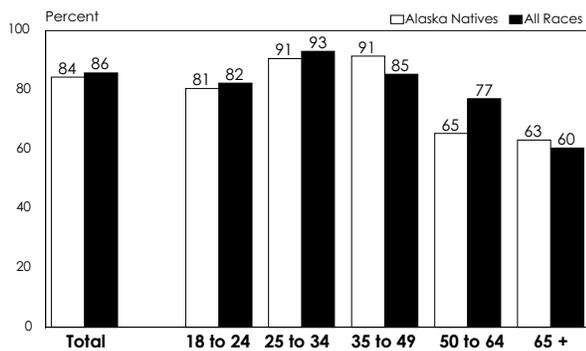
Mammography and Breast Exam
(ever had, women aged 40 and above)
by income



The prevalence of having had a mammogram and breast exam also increases with household income and the differences between Alaska Native women and all Alaskans are not as marked when the data are examined by income level.

Figure 31

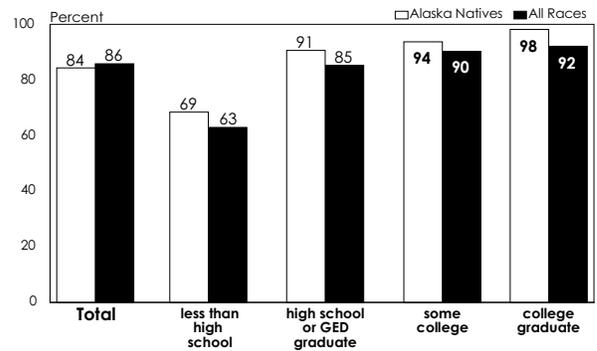
Pap Test
(had in past two years)
by age



Among Alaska Native women, 84% report having had a Pap test in the past two years. Rates are similar for Alaska Native women and all Alaskan women. Older women are less likely to have had a Pap test in the past two years.

Figure 32

Pap Test
(had in past two years)
by education



The prevalence of having had a Pap test increases with education among Alaska Native women; a similar trend is seen for all Alaska women. Only 69% of Alaska Native women with less than a high school education report having had a Pap test in the past two years.

Other Health Issues

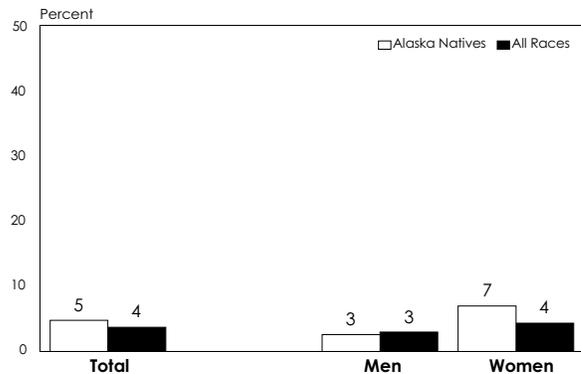
Diabetes

Diabetes is characterized by elevated blood glucose levels and is caused by either a deficiency of insulin or a decreased ability of the body to use insulin. Diabetes can be classed into two main types: non-insulin dependent diabetes mellitus (NIDDM) and insulin-dependent diabetes mellitus (IDDM). NIDDM, the most common type, accounts for 90% of people with diabetes. People with diabetes are at increased risk for heart disease, blindness, kidney failure, and non-traumatic lower extremity amputation. American Indians/Alaska Natives, African Americans, and Hispanics have a much greater risk of developing diabetes. Blood glucose monitoring, regular physical activity, and meal planning are essential to maintaining health. In many cases, oral medications or insulin injections are also required for maintaining glucose control.

The prevalence of diabetes among Alaska Natives has been increasing since the 1960's.²² The prevalence has been found to be higher among Alaska Indians and Aleuts than among those with Eskimo heritage.²³

Figure 33

Diabetes by gender



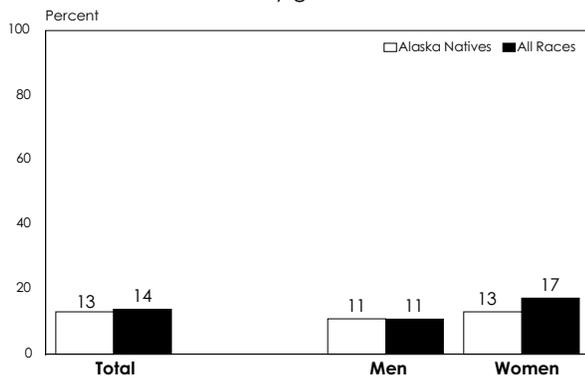
Approximately 3% of Alaska Native men, and 7% of women report having been told that they have diabetes. The prevalence of diabetes among Alaska Natives is slightly higher than that among the overall population. Similar to patterns seen in the overall population, the prevalence increases with increasing age.

Health Care Access

Access to health care involves far more than insurance coverage. Health care access also refers to the ability to get care and preventive services when needed. Although Alaska Natives receive health services at no cost through the Indian Health Service and tribal health organizations, distance from facilities and transportation costs may limit access. Additionally, other barriers may exist to receiving necessary preventive services.

Figure 34

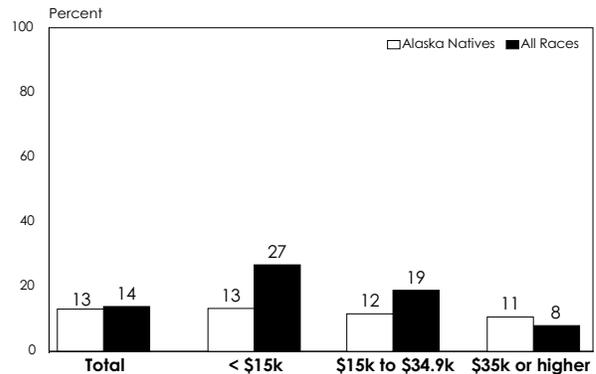
Unable to See Doctor (due to cost, in the past year) by gender



Among Alaska Natives, 13% report not being able to see a doctor in the past year due to cost. The rate is similar to that for all Alaskans (14%).

Figure 35

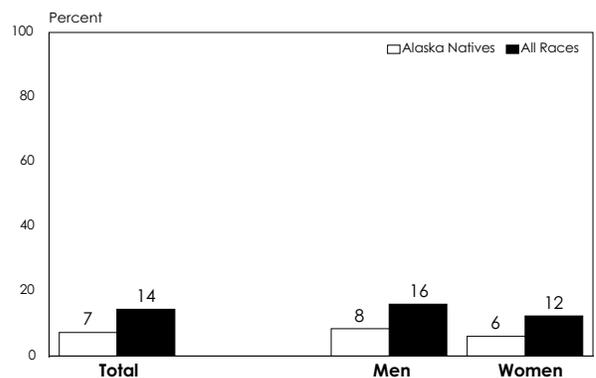
Unable to See Doctor (due to cost, in the past year) by income



Among all Alaskans, people in the lowest household income category were most likely to report not being able to see a doctor due to cost in the past year; among Alaska Natives, the prevalence did not change as dramatically with household income.

Figure 36

No Health Care Coverage by gender



Alaska Natives are less likely to report having no health care coverage (7% as compared to 14% for all Alaskans).

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Appendices

Appendix A – Survey Methodology

Methodology

The Behavioral Risk Factor Surveillance System is conducted by the State Division of Public Health in cooperation with the National Centers for Disease Control and Prevention. It is a monthly telephone survey that utilizes a standard protocol and interviewing methods developed by the CDC.

Sample Design

The BRFSS in Alaska uses a stratified random sampling design. The Alaska sample is stratified into four regions based on common demographics. An equal number of interviews are conducted from each region, which purposely over samples the non-urban areas of Alaska and increases the number of Alaska Native respondents.

Each month 128 Alaska residents aged 18 and older are interviewed over the telephone regarding their health practices and day to day living habits, to reach an annual sample size of 1,536 (384 per region). The data in this report were collected from January 1991 through December 1993, and were combined resulting in a total sample size of 4, 604 interviews, of which there were 927 Alaska Natives. Race/ethnicity is based on self-report. For the purposes of this report, the category of Alaska Native includes American Indians.

Sampling Process

Since 1990, the telephone sample has been generated by the University of Alaska Anchorage, Institute of Social and Economic Research (ISER). The Institute of Social and Economic Research uses a combination method of computer random generation for large exchanges and random selection from

a data base of entered directory numbers for small exchanges. For large exchanges (over 2,000 residential lines in most cases) a random telephone number generation program (the RANDY method) is used. For small exchanges, residential numbers listed in the relevant telephone book are entered and numbers are randomly selected.

Survey Instrument

The BRFSS instrument is a nationally developed standardized survey. Participation is random, anonymous and confidential. Respondents are randomly selected from among the adult members of the household. Only those living in households are surveyed. Those living in institutions (i.e. nursing homes, dormitories, barracks) are not surveyed.

Data Collection

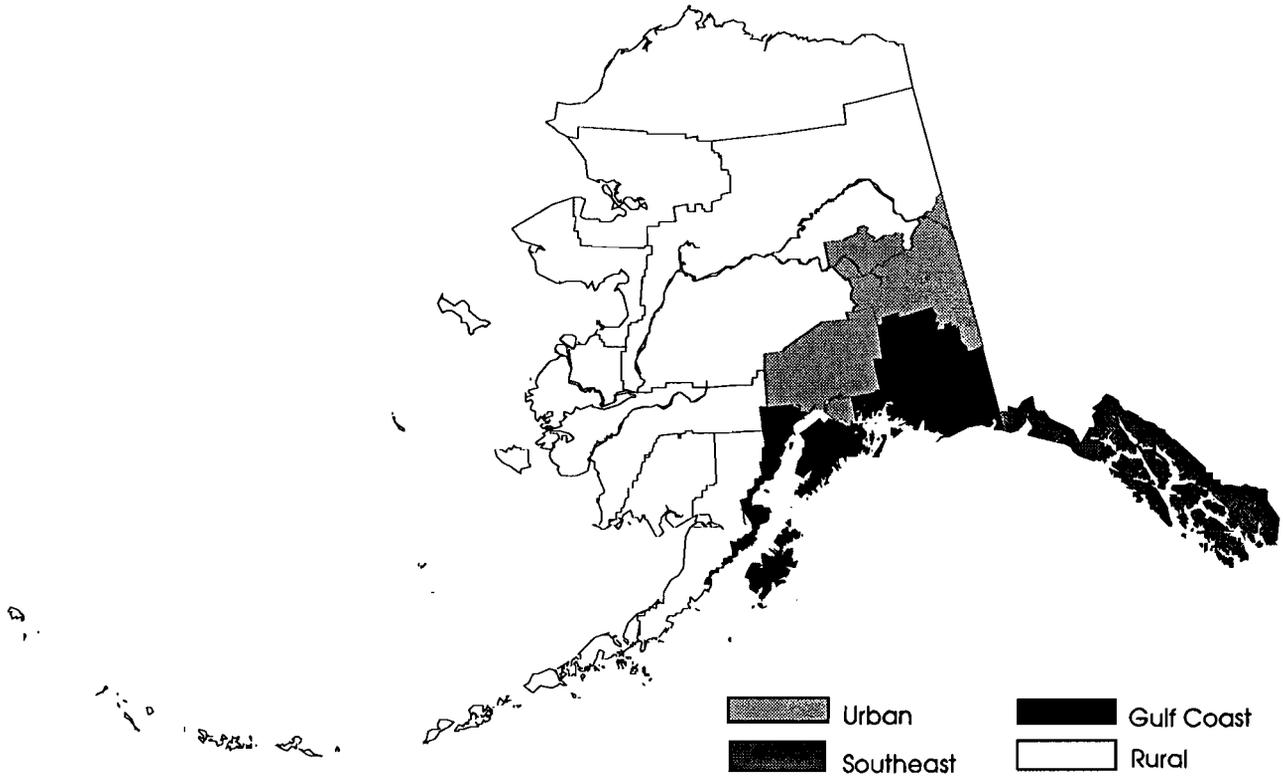
Interviews are conducted by trained college interns using a nationally developed protocol.

Interviews are conducted in the English language only. If the selected respondent does not speak English, proxy interviewing is allowed. In this case, someone in the household fluent in both languages would be able to interpret. The interpreter would repeat the questions and relay the answers. If this is not possible, the interview is not conducted and recorded incomplete as a "language barrier".

Data Analysis

At the end of each survey year, data are edited, compiled and weighted by CDC. In order to accumulate sufficient sample size to report characteristics of Alaska Native

BRFSS Stratified Sampling Regions, 1991-93



The Alaska sample was stratified into four regions based on common demographics:

	AK Native Population 18 years and older	AK Total Population 18 years and older♦♦	AK Native Percent of Population	AK Native Number of Interviews	AK Native Percent of Interviews	Total BRFSS Interviews
Urban (Region 1) Anchorage, Fairbanks & vicinity	14,205	242,103	5.9%	59	5.1%	1,154
Gulf Coast (Region 2) Kenai, Kodiak, Valdez, Cordova & vicinity	4,052	43,574	9.3%	84	7.3%	1,151
Southeast (Region 3) All of Southeast Alaska	7,872	48,103	16.4%	158	13.8%	1,148
Rural (Region 4) All other non-urban areas of Alaska	25,125	43,393	57.9%	626	54.4%	1,151
STATEWIDE TOTAL	51,254	377,173	13.6%	927	20.1%	4,604

♦♦ 1990 Census Population

respondents, data have been aggregated. In general, characteristics for which there are data for all three years are reported here. Exceptions to this are noted in the report.

Weighting

Unweighted data are the actual responses of each survey respondent. The data are weighted or adjusted to compensate for the overrepresentation or under-representation of persons in various subgroups. The data are further weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled area. The 1991, 1992 and 1993 survey results are weighted to the 1990 Census data for Alaska. Data for Regions 1, 2 and 3 are weighted by age and sex; data for Region 4 are weighted by age, sex and race.

Limitations

The main limitation of any telephone survey is that people without phones cannot be reached and are not represented. In Alaska, about 92% of households have phones (about 93% of all U.S. households have phones). However, the percentage of Alaska Native households with a telephone differs from the percentage statewide, 73% versus

92% respectively. Telephone coverage also varies by region in Alaska (see table below).

In general, persons of low socioeconomic status are less likely than persons of higher socioeconomic status to have phones and are under-sampled. The prevalence of high risk health behaviors tend to be higher among people of lower socioeconomic status; therefore, the prevalences of high risk behaviors measured in this survey may underestimate the true prevalence.

Some inaccuracy is expected from any survey based on self reported information and the potential for bias must be kept in mind when interpreting results. In addition, cultural differences may affect the understanding and interpretation of the questionnaire among special populations in Alaska. This potential for bias is unknown.

Survey response rates also affect the potential for bias in the data, however, the Alaska survey response rates have been good, ranging from 85 to 89% during the time period 1991-93.

The reliability of a prevalence estimate depends on the actual, unweighted number of respondents in a category or demographic

Telephone Coverage in Alaska

Percent of Occupied Housing Units with Telephones

BRFSS Region	Alaska Native percent with phones	Alaska Total percent with phones
Urban (Region 1)	83.94%	95.21%
Gulf Coast (Region 2)	78.34%	89.36%
Southeast (Region 3)	83.03%	89.36%
Rural (Region 4)	61.90%	72.30%
Total statewide	72.74%	91.67%

Source: Census of Population and Housing, 1990; Summary Tape File 4 (Alaska).²⁴

subgroup. The degree of precision increases if the sample size is larger and decreases if the sample size is smaller. The tables in the appendices show the unweighted numbers upon which the report is based. In most cases, prevalence estimates are not reported for those categories in which there were less than 25 respondents.

Comparisons

In this report, prevalence estimates for the Alaska Native population are compared to the results for the general population of Alaska, based on the total number of interviews for the three year period.

Appendix B – BRFSS Definitions

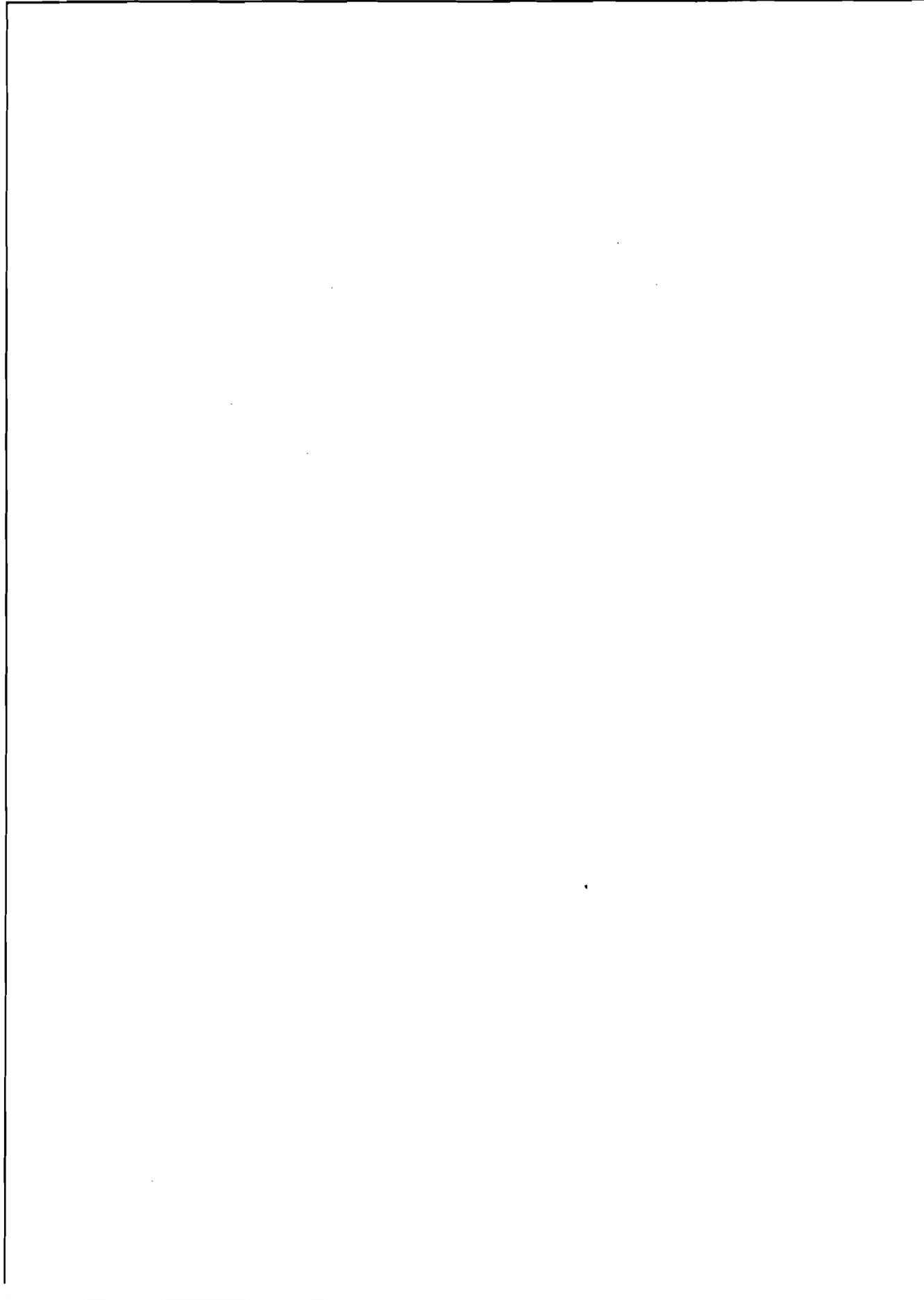
Acute (Binge) Drinking	Respondents who report having five or more drinks on an occasion, one or more times in the past month.
Alcohol Use in Past Month	Respondents who report that they have had any alcoholic beverages in the past month.
Blood Pressure Screen	Respondents who report they have had their blood pressure checked within the past two years.
Cholesterol Screen	Respondents who report they have had their blood cholesterol checked within the past five years.
Chronic Drinking	Respondents who report drinking 60 or more alcoholic drinks during the past month.
Current Smoking	Current regular smoker (ever smoked 100 cigarettes and smokes regularly now).
Diabetes	Respondents who report they were told by a doctor that they have diabetes.
Drinking and Driving	Respondents who report having driven after having too much to drink, one or more times in the past month.
Health Care Coverage	Respondents who report they have no health care plan.
Mammogram and Clinical Breast Exam	Females 40 and older who report that they have ever had a mammogram and a breast exam.
Overweight	Females with body mass index (weight in kilograms divided by height in meters squared (W/H^2)) ≥ 27.3 and males with body mass index ≥ 27.8 .
Pap Test	Females with intact cervix-uteri who report they have had a pap test within the past two years.

Inadequate Physical Activity	Respondents who report no leisure time physical activity or a physical activity or pair of activities that were done for 20 minutes or less, fewer than three times per week.
Routine Checkup	Respondents who report the last time they visited a doctor for a routine checkup.
Safety Belt Non-Use	Respondents reporting they "nearly always", "sometimes", "seldom", or "never" use safety belts (i.e., do not always use a safety belt) when driving or riding in a car.
Smokeless Tobacco Use	Respondents who report that they currently use smokeless tobacco such as chewing tobacco or snuff.
Unable to See Doctor Due to Cost	Respondents who report that they needed to see a doctor in the past 12 months, but could not because of the cost.

Appendix C – ICD-9 Codes

ICD-9 codes (From Figure 1, page 3)

Underlying Cause of Death	ICD-9 Codes
Unintentional Injuries	800-949
Cancer	140-208
Heart Disease	390-398, 402, 404, 410-429
Suicide	950-959
Cerebrovascular Disease.....	430-438
Pneumonia/Influenza	480-487
Chronic Obstructive Lung Disease	490-496
Homicide.....	960-978
Diabetes.....	250
Chronic Liver Disease and Cirrhosis	571



Appendix D – Related National Year 2000 Risk Reduction Objectives, Healthy People 2000

- Reduce cigarette smoking to a prevalence of no more than 15% among people aged 20 and older (American Indian/Alaska Native reduce to no more than 20%).
- Increase to at least 50% the proportion of cigarette smokers aged 18 and older who stopped smoking for at least one day during the preceding month.
- Reduce smokeless tobacco use by males aged 12 to 24 to a prevalence of no more than 4% (American Indian/Alaska Native reduce to no more than 10%).
- Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12 to 19 (based on Body Mass Index) (American Indian/Alaska Native reduce to no more than 30%).
- Increase to at least 30% the proportion of people aged six and older who engage in light to moderate physical activity for at least 30 minutes a day.
- Reduce to no more than 15% the proportion of people aged six and older who engage in no leisure time physical activity.
- Increase use of occupant protection systems, such as safety restraints, and child safety seats, to at least 85% of motor vehicle occupants.
- Increase to at least 75% the proportion of adults who have ever had their blood cholesterol checked within the preceding five years.
- Increase to at least 90% the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.
- Increase to at least 80% the proportion of women aged 40 and older who have ever received a clinical breast exam and a mammogram, and to at least 60% those aged 50 and older who have received them within the preceding one to two years.
- Increase to at least 95% the proportion of women aged 18 and older with uterine cervix who have ever received a pap test, and to at least 85% those who received a pap test within the preceding one to three years.
- Increase to at least 95 percent the proportion of people who have a specific source of ongoing primary care for coordination of their preventive and episodic care.



Appendix E – Tables

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Table 1

Prevalence of Current Smoking

by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	182	47	419	652	28	2195
Female	198	39	508	651	25	2409
Age						
18-24	45	44	105	124	30	405
25-44	219	49	484	782	28	2635
45-64	92	35	239	310	23	1158
65+	22	26	90	82	17	386
Unknown/Refused	2	◆◆	9	5	◆◆	20
Education						
Less than High School	123	42	295	230	41	572
High School Graduate or GED	181	49	390	574	34	1579
Some College or Technical School	64	36	194	346	25	1333
College Graduate	12	21	47	153	12	1117
Unknown/Refused	—	—	1	—	—	3
Employment						
Employed	226	44	552	903	26	3282
Unemployed	92	58	159	187	44	386
Homemaker	29	35	85	90	25	370
Student	6	◆◆	24	24	16	118
Retired	25	24	94	92	18	422
Unknown/Refused	2	◆◆	13	7	15	26
Income						
Less than \$15,000	140	45	317	275	36	715
\$15,000-\$34,999	129	49	269	433	32	1290
\$35,000 or more	82	35	247	518	22	2278
Unknown/Refused	29	37	94	77	24	321
TOTAL	380	43	927	1303	27	4604

◆◆ = Not Reported

n = Number of respondents who report having ever smoked 100 cigarettes and smoke regularly now.

% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.

N = Total number of respondents in this subgroup.

Table 2

Prevalence of Current Smokeless Tobacco Use

by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	77	15	419	231	9	2195
Female	47	8	508	51	1	2409
Age						
18-24	18	15	105	39	10	405
25-44	73	12	484	176	5	2635
45-64	23	7	239	48	3	1158
65+	9	11	90	17	3	386
Unknown/Refused	1	◆◆	9	2	◆◆	20
Education						
Less than High School	33	9	295	47	8	572
High School Graduate or GED	70	16	390	141	8	1579
Some College or Technical School	19	8	194	68	5	1333
College Graduate	2	3	47	25	2	1117
Unknown/Refused	—	—	1	1	◆◆	3
Employment						
Employed	79	12	552	213	5	3282
Unemployed	22	13	159	33	9	386
Homemaker	8	5	85	9	2	370
Student	2	◆◆	24	5	9	118
Retired	9	11	94	18	3	422
Unknown/Refused	4	◆◆	13	4	8	26
Income						
Less than \$15,000	48	11	317	59	6	715
\$15,000-\$34,999	37	12	269	87	6	1290
\$35,000 or more	24	7	247	116	4	2278
Unknown/Refused	15	21	94	20	6	321
TOTAL	124	11	927	282	5	4604

◆◆ = Not Reported

n = Number of respondents who report that they currently use smokeless tobacco, such as chewing tobacco or snuff.

% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.

N = Total number of respondents in this subgroup.

Table 3

Prevalence of Overweight Based on Body Mass Index by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	119	26	419	613	25	2195
Female	201	36	508	669	23	2409
Age						
18-24	27	21	105	74	15	405
25-44	161	31	484	676	24	2635
45-64	92	36	239	383	29	1158
65+	38	35	90	145	34	386
Unknown/Refused	2	◆◆	9	4	◆◆	20
Education						
Less than High School	115	34	295	200	28	572
High School Graduate or GED	125	32	390	461	27	1579
Some College or Technical School	67	28	194	370	22	1333
College Graduate	13	19	47	251	22	1117
Unknown/Refused	—	—	1	—	—	3
Employment						
Employed	183	30	552	890	24	3282
Unemployed	57	35	159	113	27	386
Homemaker	28	28	85	102	24	370
Student	4	◆◆	24	16	12	118
Retired	39	32	94	148	28	422
Unknown/Refused	9	◆◆	13	13	56	26
Income						
Less than \$15,000	108	30	317	232	30	715
\$15,000-\$34,999	96	33	269	363	24	1290
\$35,000 or more	84	31	247	598	23	2278
Unknown/Refused	32	29	94	89	23	321
TOTAL	320	31	927	1282	24	4604

◆◆ = Not Reported

- n = Number of respondents who report being overweight based on Body Mass Index (BMI).
- % = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
- N = Total number of respondents in this subgroup.

Table 4

Prevalence of Cholesterol Screening

by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	155	35	419	1250	58	2195
Female	219	42	508	1512	62	2409
Age						
18-24	19	20	105	109	30	405
25-44	169	35	484	1480	59	2635
45-64	137	58	239	877	78	1158
65+	44	42	90	282	75	386
Unknown/Refused	5	◆◆	9	14	◆◆	20
Education						
Less than High School	117	36	295	261	41	572
High School Graduate or GED	134	30	390	802	51	1579
Some College or Technical School	93	56	194	840	64	1333
College Graduate	29	67	47	856	77	1117
Unknown/Refused	1	◆◆	1	3	◆◆	3
Employment						
Employed	218	39	552	2001	62	3282
Unemployed	61	33	159	171	43	386
Homemaker	30	31	85	206	53	370
Student	9	◆◆	24	50	43	118
Retired	50	50	94	319	80	422
Unknown/Refused	6	◆◆	13	15	75	26
Income						
Less than \$15,000	106	33	317	319	45	715
\$15,000-\$34,999	100	33	269	685	53	1290
\$35,000 or more	129	54	247	1581	69	2278
Unknown/Refused	39	36	94	177	56	321
TOTAL	374	39	927	2762	60	4604

◆◆ = Not Reported

- n** = Number of respondents who report that they have had their blood cholesterol checked within the past five years.
- %** = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
- N** = Total number of respondents in this subgroup.

Table 5

Prevalence of Diabetes Awareness

by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	11	3	419	65	3	2195
Female	32	7	508	121	4	2409
Age						
18-24	1	1	105	3	1	405
25-44	18	3	484	69	2	2635
45-64	18	9	239	66	6	1158
65+	4	4	90	45	14	386
Unknown/Refused	2	◆◆	9	3	◆◆	20
Education						
Less than High School	15	5	295	35	5	572
High School Graduate or GED	16	4	390	59	3	1579
Some College or Technical School	10	6	194	56	4	1333
College Graduate	2	4	47	36	4	1117
Unknown/Refused	—	—	1	—	—	3
Employment						
Employed	25	4	552	101	3	3282
Unemployed	4	2	159	14	2	386
Homemaker	5	9	85	16	4	370
Student	—	—	24	2	1	118
Retired	6	8	94	50	13	422
Unknown/Refused	3	◆◆	13	3	26	26
Income						
Less than \$15,000	14	6	317	46	5	715
\$15,000-\$34,999	9	3	269	47	3	1290
\$35,000 or more	13	5	247	73	3	2278
Unknown/Refused	7	9	94	20	6	321
TOTAL	43	5	927	186	4	4604

◆◆ = Not Reported

n = Number of respondents who report ever being told by a doctor that they have diabetes.
 % = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
 N = Total number of respondents in this subgroup.

Table 6

Prevalence of Blood Pressure Screening
by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	378	91	419	1977	91	2195
Female	483	94	508	2298	97	2409
Age						
18-24	100	95	105	390	97	405
25-44	450	93	484	2425	93	2635
45-64	222	90	239	1080	93	1158
65+	81	92	90	361	95	386
Unknown/Refused	8	◆◆	9	19	◆◆	20
Education						
Less than High School	265	89	295	513	88	572
High School Graduate or GED	367	92	390	1449	93	1579
Some College or Technical School	183	96	194	1253	96	1333
College Graduate	45	98	47	1057	95	1117
Unknown/Refused	1	◆◆	1	3	◆◆	3
Employment						
Employed	520	94	552	3050	94	3282
Unemployed	145	93	159	348	91	386
Homemaker	78	81	85	350	95	370
Student	22	◆◆	24	112	98	118
Retired	83	92	94	390	94	422
Unknown/Refused	13	◆◆	13	25	99	26
Income						
Less than \$15,000	288	89	317	647	91	715
\$15,000-\$34,999	250	93	269	1186	93	1290
\$35,000 or more	237	96	247	2153	95	2278
Unknown/Refused	86	92	94	289	92	321
TOTAL	861	92	927	4275	94	4604

◆◆ = Not Reported

n = Number of respondents who report that they have had their blood pressure checked within the past two years.

% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.

N = Total number of respondents in this subgroup.

Table 7

Prevalence of Inadequate Physical Activity

by Selected Demographics, Alaska BRFSS 1991-93♦

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	143	46	277	745	48	1480
Female	188	60	323	793	51	1590
Age						
18-24	30	38	67	113	43	260
25-44	154	50	311	831	48	1757
45-64	98	64	155	428	55	798
65+	46	75	64	162	66	245
Unknown/Refused	3	♦♦	3	4	♦♦	10
Education						
Less than High School	131	65	198	245	64	381
High School Graduate or GED	135	52	250	609	55	1069
Some College or Technical School	49	35	122	384	44	887
College Graduate	16	50	30	300	42	732
Unknown/Refused	—	—	—	—	—	1
Employment						
Employed	190	51	362	1089	50	2202
Unemployed	52	51	100	129	49	250
Homemaker	38	74	53	120	53	258
Student	4	♦♦	16	30	28	75
Retired	47	68	69	169	56	284
Unknown/Refused	—	—	—	1	♦♦	1
Income						
Less than \$15,000	127	51	219	277	52	489
\$15,000-\$34,999	89	53	165	431	53	829
\$35,000 or more	79	49	162	712	46	1547
Unknown/Refused	36	72	54	118	58	205
TOTAL	331	53	600	1538	49	3070

♦♦ = Not Reported

n = Number of respondents who report that they had no leisure time physical activity or physical activity done for 20 minutes or less, fewer than three times per week.

% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.

♦ N = Total number of respondents in this subgroup. These data were collected in 1991 and 1992 only.

Table 8

Prevalence of Acute (Binge) Drinking
by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	129	34	419	643	30	2195
Female	84	21	508	282	12	2409
Age						
18-24	28	27	105	116	31	405
25-44	132	33	484	624	24	2635
45-64	47	23	239	167	15	1158
65+	4	4	90	15	2	386
Unknown/Refused	2	◆◆	9	3	◆◆	20
Education						
Less than High School	53	25	295	105	19	572
High School Graduate or GED	110	33	390	390	28	1579
Some College or Technical School	40	21	194	271	22	1333
College Graduate	10	27	47	159	15	1117
Unknown/Refused	—	—	1	—	—	3
Employment						
Employed	141	28	552	752	24	3282
Unemployed	47	39	159	94	26	386
Homemaker	13	33	85	30	10	370
Student	6	18	24	27	24	118
Retired	3	3	94	19	5	422
Unknown/Refused	3	◆◆	13	3	6	26
Income						
Less than \$15,000	62	30	317	137	24	715
\$15,000-\$34,999	67	28	269	284	25	1290
\$35,000 or more	72	29	247	468	21	2278
Unknown/Refused	12	18	94	36	11	321
TOTAL	213	28	927	925	22	4604

◆◆ = Not Reported

n = Number of respondents who report that they had five or more drinks on an occasion, one or more times in the past month.

% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.

N = Total number of respondents in this subgroup.

Table 9

Prevalence of Chronic Drinking

by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	31	6	419	172	8	2195
Female	11	3	508	35	1	2409
Age						
18-24	5	3	105	11	3	405
25-44	24	5	484	135	6	2635
45-64	13	6	239	51	4	1158
65+	—	—	90	10	3	386
Unknown/Refused	—	—	9	—	—	20
Education						
Less than High School	13	6	295	28	6	572
High School Graduate or GED	16	4	390	81	6	1579
Some College or Technical School	10	3	194	60	5	1333
College Graduate	3	8	47	37	4	1117
Unknown/Refused	—	—	1	1	◆◆	3
Employment						
Employed	26	4	552	159	5	3282
Unemployed	11	7	159	27	7	386
Homemaker	3	10	85	5	2	370
Student	1	5	24	3	6	118
Retired	1	1	94	13	4	422
Unknown/Refused	—	—	13	—	—	26
Income						
Less than \$15,000	14	6	317	28	5	715
\$15,000-\$34,999	10	3	269	75	6	1290
\$35,000 or more	13	5	247	96	4	2278
Unknown/Refused	5	4	94	8	3	321
TOTAL	42	5	927	207	5	4604

◆◆ = Not Reported

- n** = Number of respondents who report that they had an average of 60 or more alcoholic drinks during the past month.
- %** = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
- N** = Total number of respondents in this subgroup.

Table 10

Prevalence of Women Aged 40 and Older Who Have Ever Had a Mammogram and Breast Exam

by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Age						
40-49	55	64	91	395	74	548
50-64	43	51	81	251	76	337
65+	26	60	48	150	78	220
Education						
Less than High School	59	51	118	103	55	200
High School Graduate or GED	32	74	47	206	72	286
Some College or Technical School	24	53	44	229	77	318
College Graduate	9	84	11	258	88	301
Employment						
Employed	64	64	108	499	76	674
Unemployed	8	◆◆	17	36	63	56
Homemaker	19	35	40	92	68	136
Student	1	◆◆	1	4	◆◆	7
Retired	25	61	45	155	80	220
Unknown/Refused	7	◆◆	9	10	◆◆	12
Income						
Less than \$15,000	48	46	93	110	53	207
\$15,000-\$34,999	24	59	44	186	77	256
\$35,000 or more	35	78	48	422	84	515
Unknown/Refused	17	54	35	78	65	127
TOTAL	124	58	220	796	75	1105

◆◆ = Not Reported

- n** = Number of female respondents aged 40 and older who report that they have ever had a mammogram and a breast exam.
- %** = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
- N** = Total number of respondents in this subgroup.

Table 11

Prevalence of Women Aged 50 and Older Who Have Had a Mammogram and Breast Exam Within One Year
by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Age						
50-64	30	37	81	169	53	337
65+	14	31	48	92	49	220
Education						
Less than High School	30	32	90	49	31	156
High School Graduate or GED	11	51	30	80	57	163
Some College or Technical School	3	♦♦	9	63	56	125
College Graduate	—	—	—	69	61	113
Employment						
Employed	14	48	39	116	54	226
Unemployed	2	♦♦	11	11	49	26
Homemaker	8	♦♦	25	30	39	74
Student	—	—	—	—	—	1
Retired	15	28	45	99	53	219
Unknown/Refused	5	♦♦	9	5	♦♦	11
Income						
Less than \$15,000	23	29	71	48	27	153
\$15,000-\$34,999	7	♦♦	20	62	55	140
\$35,000 or more	5	♦♦	9	118	69	176
Unknown/Refused	9	28	29	33	39	88
TOTAL	44	35	129	261	51	557

♦♦ = Not Reported

- n** = Number of female respondents aged 50 and older who report that they had a mammogram and a breast exam within the past year.
- %** = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
- N** = Total number of respondents in this subgroup.

Table 12

Prevalence of Cervical Cancer Screening by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Age						
18-24	51	81	60	185	82	218
25-44	243	91	264	1146	90	1291
45-64	70	74	83	299	80	369
65+	17	63	27	73	60	129
Unknown/Refused	4	◆◆	5	7	◆◆	8
Education						
Less than High School	95	69	124	170	63	241
High School Graduate or GED	171	91	187	564	85	675
Some College or Technical School	93	94	100	519	90	596
College Graduate	26	98	27	457	92	502
Unknown/Refused	—	—	1	—	—	1
Employment						
Employed	231	88	256	1158	88	1329
Unemployed	56	92	63	139	84	164
Homemaker	60	70	72	276	87	316
Student	14	◆◆	16	52	77	69
Retired	18	63	26	76	68	126
Unknown/Refused	6	◆◆	6	9	◆◆	11
Income						
Less than \$15,000	129	78	154	292	80	368
\$15,000-\$34,999	117	85	129	456	84	552
\$35,000 or more	103	94	112	837	91	927
Unknown/Refused	36	78	44	125	74	168
TOTAL	385	84	439	1710	86	2015

◆◆ = Not Reported

- n** = Number of female respondents with intact cervix-uteri who report that they have had a pap test within the past three years.
- %** = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
- N** = Total number of respondents in this subgroup.

Table 13

Prevalence of No Health Care Coverage

by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	41	8	419	360	16	2195
Female	33	6	508	315	12	2409
Age						
18-24	6	5	105	91	21	405
25-44	41	9	484	412	14	2635
45-64	22	7	239	159	13	1158
65+	4	4	90	11	2	386
Unknown/Refused	1	◆◆	9	2	◆◆	20
Education						
Less than High School	27	7	295	90	15	572
High School Graduate or GED	33	9	390	293	19	1579
Some College or Technical School	12	5	194	208	14	1333
College Graduate	2	4	47	84	8	1117
Unknown/Refused	—	—	1	—	—	3
Employment						
Employed	40	7	552	465	13	3282
Unemployed	15	10	159	112	34	386
Homemaker	6	5	85	52	12	370
Student	4	◆◆	24	22	14	118
Retired	8	6	94	22	4	422
Unknown/Refused	1	◆◆	13	2	3	26
Income						
Less than \$15,000	30	9	317	165	26	715
\$15,000-\$34,999	21	8	269	280	20	1290
\$35,000 or more	14	4	247	182	8	2278
Unknown/Refused	9	9	94	48	12	321
TOTAL	74	7	927	675	14	4604

◆◆ = Not Reported

- n = Number of respondents who report having no kind of health care plan.
- % = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
- N = Total number of respondents in this subgroup.

Table 14

Prevalence of Safety Belt Non-Use
by Selected Demographics, Alaska BRFSS 1991-93

	Alaska Native			Alaska Total		
	n	%	N	n	%	N
Gender						
Male	210	49	419	1086	46	2195
Female	250	47	508	854	28	2409
Age						
18-24	66	58	105	200	44	405
25-44	258	50	484	1110	36	2635
45-64	102	41	239	484	38	1158
65+	29	31	90	138	32	386
Unknown/Refused	5	◆◆	9	8	◆◆	20
Education						
Less than High School	135	46	295	270	45	572
High School Graduate or GED	204	51	390	732	41	1579
Some College or Technical School	90	41	194	557	37	1333
College Graduate	31	61	47	379	31	1117
Unknown/Refused	—	—	1	2	◆◆	3
Employment						
Employed	296	53	552	1448	39	3282
Unemployed	75	49	159	161	36	386
Homemaker	44	47	85	125	27	370
Student	10	◆◆	24	43	41	118
Retired	33	32	94	155	35	422
Unknown/Refused	2	◆◆	13	8	15	26
Income						
Less than \$15,000	138	42	317	289	34	715
\$15,000-\$34,999	139	49	269	591	40	1290
\$35,000 or more	137	53	247	938	37	2278
Unknown/Refused	46	55	94	122	36	321
TOTAL	460	48	927	1940	38	4604

◆◆ = Not Reported

n = Number of respondents who report that they do not always use a safety belt.

% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.

N = Total number of respondents in this subgroup.

