Adult Health
• More than a third (38.1%) of Alaska Native adults report being in very good or excellent health.
• Alaska Native adults report an average of 3.6 days of poor mental health per month.
• Less than a fifth (18.6%) of Alaska Native adults meet the current recommendations for physical activity.
• A third (34.9%) of Alaska Native adults are overweight, and a third (35.2%) are obese based on body mass index.
• Smoking prevalence has not decreased significantly during the past two decades. More than a third (36.4%) of Alaska Native adults are current smokers.
• Smokeless tobacco use has also been relatively stable, with 12.8% of Alaska Native adults reporting current use of smokeless tobacco.
• One in five (19.8%) Alaska Native adults report binge drinking in the past month.
• An estimated 9.0% of the Alaska Native adult population meet dietary recommendation for daily fruit and vegetable consumption.
• One in three (35.5%) Alaska Native adults has experienced intimate partner violence in their lifetime.
• More than one in four (28.4%) of Alaska Native adults have experienced 4 or more adverse childhood experiences (ACEs).
General Health Status

Definition

*General health status* is a self-assessed measure of how an individual perceives his or her health. Self-assessed health status has been validated as a useful indicator of health for a variety of populations and allows for comparisons across different conditions and populations.19

Summary

- During 2010-2014, more than a third (38.1%) of Alaska Native adults reported being in “very good” or “excellent health”.

- The proportion of Alaska Native adults reporting “very good” or “excellent health” was significantly lower compared with Alaska Whites during all time periods.

- In 2010-2014, the proportion of reported “very good” or “excellent health” varied by tribal health region from 30.3% to 50.4%.

**Adult General Health Status (Very Good/Excellent), 1995-1999 to 2010-2014**

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Appendix Table C-126

![Graph showing the proportion of Alaska Native People Statewide, Alaska Whites Statewide, and U.S. for the years 1995-1999 to 2010-2014.](image)

Note: U.S. values are the median percentages nationwide for all races for the middle of the five-year time period. Rates are age-adjusted to the 2000 U.S. standard population.
Alaska Native Adult General Health Status (Very Good/Excellent) by Tribal Health Region, 2010-2014

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-127
Mental Health

Definition

Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Mental health is measured as self-reported stress, depression, and problems with emotions in the past 30 days. Evidence has shown that mental health disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases and many risk behaviors for chronic disease. There is emerging evidence that positive mental health is associated with improved health outcomes.20

Objective

Reduce the mean number of days adults report being mentally unhealthy in the past 30 days to 2.9 days.

Healthy Alaskans 2020, Leading Health Indicator #9

Summary

- During 2010-2014, Alaska Native adults reported an average of 3.6 days of poor mental health in the last month.

- The average number of reported days of poor mental health among Alaska Native adults was 20% higher compared with Alaska Whites statewide.

- In 2010-2014, the average number of reported days of poor mental health varied by tribal health region from 1.3 to 4.7 days of reported poor mental health.

Adult Average Reported Number of Days of Poor Mental Health, 1995-1999 to 2010-2014

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Appendix Table C-128

Note: U.S. values are the median of the mean number of days nationwide for all races for the middle of the five-year time period. Data are age-adjusted to the 2000 U.S. standard population.
Alaska Native Adult Average Number of Reported Days of Poor Mental Health by Tribal Health Region, 2010-2014

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-129
Physical Activity

Definition
Adult *physical activity* is measured as adults aged 18 years and older who meet national recommendations for physical activity. The CDC’s 2008 Physical Activity Guidelines for Americans recommends that adults get a mix of moderate- or vigorous-intensity aerobic activity and muscle-strengthening activity each week. The minimum amount of aerobic activity recommended each week is 150 minutes of moderate-intensity activity or 75 minutes of vigorous-intensity activity, or an equivalent combination. The minimum frequency of recommended muscle-strengthening activity is at least 2 days a week where all major muscle groups are worked.

Objective
Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity to 20.1%.

*Healthy People 2020, Goal PA-2.4*

Summary
- In 2013, less than a fifth (18.6%) of Alaska Native adults met the recommendations for physical activity.
- The percentage of Alaska Native adults that met physical activity guidelines is similar to the percentage of U.S. White adults (20.4%) but lower than Alaska White adults (24.6%).
- In 2013, physical activity among Alaska Native adults varied widely by tribal health region for which data are available, ranging from 11.3% to 36.9%.

Adult Physical Activity, 2011-2013

*Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*

*Appendix Table C-130*

Note: U.S. values are the median of the mean number of days nationwide for all races for the middle of the five-year time period. Data are age-adjusted to the 2000 U.S. standard population.
Physical Activity

Alaska Native Adult Physical Activity by Tribal Health Region, 2011-2013

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-131
Definition
Adult obesity is measured as adults aged 18 years and older having a body mass index of 30 kg/m² or more. Obesity is an important risk factor for chronic diseases and other health problems such as heart disease, cancers, high blood pressure, type 2 diabetes, stroke, and respiratory problems.\(^2\)

Objectives
Reduce the proportion of adults who are obese to 30.5%.
*Healthy People 2020, Goal NWS-9*

Reduce the percentage of adults who meet the criteria for obesity to 27%.
*Healthy Alaskans 2020, Leading Health Indicator #4b*

Summary
- During 2010-2014, more than a third (35.2%) of Alaska Native adults were obese according to their BMI, significantly higher than the proportion of Alaska White adults (26.9%).
- The proportion of obese adults has increased in all population groups since 1992.
- In 2010-2014, adult obesity varied by tribal health region, ranging from 28.7% to 48.2%.

**Adult Obesity, 1991-1995 to 2010-2014**
*Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*
*Appendix Table C-132*

Note: U.S. values are the median of the mean number of days nationwide for all races for the middle of the five-year time period. Data are age-adjusted to the 2000 U.S. standard population.
Alaska Native Adult Obesity by Tribal Health Region, 2010-2014
Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-133

ADULT HEALTH

Obesity

Alaska Native Adult Obesity by Tribal Health Region, 2010-2014
Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-133
**Definition**

Adult *overweight* is measured as adults aged 18 years and older having a body mass index of 25.0 to 29.9 kg/m². Overweight status is an important risk factor for chronic diseases and other health problems such as heart disease, cancers, high blood pressure, type 2 diabetes, stroke, and respiratory problems.21

**Objective**

Reduce the percentage of adults who meet the criteria for overweight to 36%.

*Healthy Alaskans 2020, Leading Health Indicator #4a*

**Summary**

- During 2010-2014, 34.9% of Alaska Native adults reported being overweight according to their BMI, similar to Alaska White adults (38.2%).
- The proportion of overweight adults appears to have remained steady during the past three decades, however obesity has increased (see previous page on Obesity for details).
- In 2010-2014, the proportion of overweight adults varied by tribal health region, ranging from 24.3% to 42.8%.

**Adult Overweight, 1991-1995 to 2010-2014**

*Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*

*Appendix Table C-134*

Note: U.S. values are the median of the mean number of days nationwide for all races for the middle of the five-year time period. Data are age-adjusted to the 2000 U.S. standard population.
Overweight

Alaska Native Adult Overweight by Tribal Health Region, 2010-2014

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-135
Current Smoking

Definition
Adult current smoking is measured as adults aged 18 years and older who have smoked at least 100 cigarettes during their lifetime and currently smoke some days or everyday. Cigarette smoking is the leading cause of preventable disease and death in Alaska and in the United States as a whole. Smoking is associated with cancer, chronic obstructive pulmonary disease, coronary heart disease, stroke, premature birth, low birth weight, still birth, infant death, and other negative health effects.22, 23

Objectives
Reduce tobacco use by adults to 12.0%.
Healthy People 2020, Goal TU-1.1

Increase the percentage of adults who currently do not smoke cigarettes to 83%.
Healthy Alaskans 2020, Leading Health Indicator #3

Summary
• During 2010-2014, more than one in three (36.4%) Alaska Native adults reported current smoking. This is a significantly higher proportion than Alaska White adults (18.3%) and U.S. White adults (19.0%).

• Alaska Native adult smoking rates have remained relatively stable between 1991-1995 and 2010-2014, whereas Alaska White adult current smoking rates decreased significantly.

• In 2010-2014, estimated current smoking prevalence varied widely by tribal health region, ranging from 25.9% to 50.5%.

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Appendix Table C-136

Note: U.S. Whites values are the median percentage nationwide for non-Hispanic whites for the middle of the five-year time period. Rates are age-adjusted to the 2000 U.S. standard population.
Adult Native Adult Current Smoking by Tribal Health Region, 2010-2014

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-137

26% - 32%
33% - 39%
40% - 45%
46% - 51%
Smokeless Tobacco Use

Definition
Adult smokeless tobacco use is measured as adults aged 18 years and older who currently use smokeless tobacco products including chewing tobacco, snuff, Iq’mik, or Blackbull. Smokeless tobacco causes oral cancer, esophageal cancer, and pancreatic cancer, and is also associated with heart disease, gum disease, and oral lesions.24

Objective
Reduce spit tobacco use by adults to 0.3%.
Healthy People 2020, Goal TU-1.2

Summary
- During 2010-2014, 12.8% of Alaska Native adults reported current use of smokeless tobacco, a significantly higher prevalence than the Alaska White population (3.8%).
- There has been no significant improvement in smokeless tobacco use since the 1990’s.
- In 2010-2014, smokeless tobacco use varied widely by tribal health region, ranging from 1.9% to 40.6%.

Adult Smokeless Tobacco Use, 1991-1995 to 2010-2014
Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-138
Smokeless Tobacco Use

Alaska Native Adult Smokeless Tobacco Use by Tribal Health Region, 2010-2014

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Appendix Table C-139
Definition
Adult binge drinking is measured as adults aged 18 years and older who have had 5 or more drinks (for men) or 4 or more drinks (for women) on one or more occasion in the past 30 days. Negative consequences associated with binge drinking include unintentional and intentional injuries, alcohol poisoning, sexually transmitted diseases, unintended pregnancy, liver disease, neurologic damage, and high blood pressure and other cardiovascular diseases.25

Objectives
Reduce the percentage of adults who engage in binge drinking during the past month to 24.3%.
Healthy People 2020, Goal SA-14.3
Reduce the percentage of adults who report binge drinking in the past 30 days to 20%.
Healthy Alaskans 2020, Leading Health Indicator #15

Summary
- During 2010-2014, one in five (19.8%) Alaska Native adults reported binge drinking.
- Binge drinking among Alaska Native adults appears to have decreased since 1991-1995.
- Binge drinking rates were the same for Alaska Native and Alaska White adults, but both were slightly higher than U.S. White rates.
- In 2010-2014, Alaska Native binge drinking rates varied by tribal health region, ranging from 10.7% to 29.6%.

Adult Binge Drinking, 1991-1995 to 2010-2014
Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Appendix Table C-140

Note: U.S. values are the median of the mean number of days nationwide for all races for the middle of the five-year time period. Data are age-adjusted to the 2000 U.S. standard population.
ADULT HEALTH

Binge Drinking

Alaska Native Adult Binge Drinking by Tribal Health Region, 2010-2014

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System

Appendix Table C-141
**Definition**

One method of assessing the adult diet is to measure consumption of fruits and vegetables. The amount of fruits and vegetables recommended daily varies based on age, sex, and level of physical activity. One of the key recommendations from the Dietary Guidelines for Americans, 2015-2020 is to consume a healthy eating pattern including a variety of vegetables and fruits. The data show the percentage of adults who report having eaten at least 3 servings of vegetables and at least 2 servings of fruit per day during the past month. Vegetables include green salad, potatoes (excluding french fries, fried potatoes, or potato chips), carrots, or other vegetables. Fruits include 100% fruit juice and fruit.

**Summary**

- During 2009-2013, 9.0% of Alaska Native adults reported eating at least 3 servings of vegetables and 2 servings of fruit per day, similar to Alaska White adults (12.2%).
- There has been no significant improvement in adult fruit and vegetable consumption since 1998.
- In 2005-2013, the percentage of Alaska Native adults meeting recommendations varied from 2.5% to 22.3% by tribal health region.

**Adults Meeting Fruit and Vegetable Consumption Recommendations, 1998-2013**

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-142
Diet - Fruit & Vegetable Consumption

Adults Meeting Fruit and Vegetable Consumption Recommendations, Alaska Native People by Tribal Health Region, 2005-2013

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-143
**Intimate Partner Violence**

**Definition**

*Intimate partner violence* can include physical, sexual, or psychological/emotional harm by a current or former partner or spouse. Physical injuries can range from cuts, bruises and welts, to broken bones, internal bleeding and head trauma. Emotional harm can include trauma symptoms, and can lead to poor mental health or harmful coping behaviors such as use of alcohol or drugs. Lifetime intimate partner violence is measured as adults aged 18 years and older who report that they have had a spouse or partner ever hit, slap, punch, shove, kick, choke, hurt, or threaten them.

**Summary**

- In 2012, about one in three (35.5%) Alaska Native adults reported having ever experienced intimate partner violence in their lifetime.
- Alaska Native adults experienced significantly higher prevalence of lifetime intimate partner violence than Alaska White adults during 2001-2012.
- In 2004-2012, reported lifetime intimate partner violence varied widely by tribal health region from 19.5% to 45.8%.

**Lifetime Intimate Partner Violence, 1999-2012**

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Appendix Table C-144
Intimate Partner Violence

Alaska Native Adult Lifetime Intimate Partner Violence by Tribal Health Region, 2004-2012

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System
Appendix Table C-145

- Data Suppressed
- 19% - 25%
- 26% - 34%
- 35% - 46%
Adverse Childhood Experiences

Definition

An *adverse childhood experience* (ACE) is a stressful or traumatic experience, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home. ACEs have been linked to risky health behaviors, chronic health conditions, and early death.

Summary

- During 2014-2015, 41.1% of Alaska Native adults reported living with substance abuse in the household as a child, a significantly higher prevalence than Alaska White adults (29.4%).
- During 2014-2015, 28.4% of Alaska Native adults reported 4 or more ACEs, a significantly higher prevalence than Alaska White adults (18.2%).
- During 2014-2015, physical neglect was the least commonly reported ACE among Alaska Native adults (13.9%) and did not differ significantly from Alaska White adults (10.6%).

Adverse Childhood Experiences, 2014-2015

Data Source: Alaska Division of Public Health, Behavioral Risk Factor Surveillance System

Appendix Table C-146