

Tribe Name (N=) Comparison Data to Aggregate Tribal Data and National Data

Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	National^A Data (55 and over)
General Health Status				
1. Would you say your health in general is excellent, very good, good, fair, or poor?	Excellent	%		13.9% ¹
	Very good	%		27.8% ¹
	Good	%		31.9% ¹
	Fair	%		17.3% ¹
	Poor	%		8.5% ¹
2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?	None	%		81.5% ²
	1 time	%		11.8% ²
	2 times	%		3.9% ²
	3 or more times	%		2.7% ²
3. Has the doctor ever told you that you had any of the following diseases? (Please mark all that apply)	A. Arthritis?	%		48.2% ²
	B. Congestive heart failure?	%		8.2% ²
	C. Stroke?	%		6.6% ¹
	D. Asthma?	%		12.1% ¹
	E. Cataracts?	%		40.2% ¹
	F. High blood pressure?	%		56.7% ²
	G. Osteoporosis?	%		4.6% ⁴
	H. Depression?	%		16.2% ¹
	I. Diabetes?	%		16.8% ¹
	- I1. Do you take oral medication?	%		74.1% ¹
	- I2. Do you take insulin?	%		25.6% ¹
	- I3. Are you on dialysis?	%		Not Available
	- I4. (For women) Was this only during pregnancy?	%		0.4% ¹
	J. Prostate cancer?	%		7.9% ¹
	K. Colon/Rectal cancer?	%		1.9% ²
	L. Lung cancer?	%		0.7% ²
M. Breast cancer?	%		2.7% ²	
N. Cervical cancer?	%		0.3% ²	
O. Other cancer?	%		8.6% ²	
4. How many falls, if any, have you had in the past year?	None	%		82.9% ^{1B}
	1 – 4	%		10.6% ^{1B}
	5 – 8	%		3.4% ^{1B}
	9 – 12	%		1.2% ^{1B}
	More than 12	%		1.4% ^{1B}
Activities of Daily Living				
5. Because of a health or physical problem that lasted more than 3 months, did you have any difficulty . . .	A. Bathing or showering?	%		36.8% ⁵
	B. Dressing?	%		15.8% ⁵
	C. Eating?	%		8.1% ⁵
	D. Getting in or out of bed?	%		22.1% ⁵
	E. Walking?	%		33.7% ⁵
	F. Using the toilet, including getting to the toilet?	%		22.8% ⁵

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Instrumental Activities of Daily Living				
6. Because of a health or physical problem that lasted longer than 3 months, did you have any difficulty . . .	A. Preparing your own meals?	%		19.7% ⁵
	B. Shopping for personal items (such as toilet items or medicines)?	%		34.8% ⁵
	C. Managing your money (such as keeping track of expenses or paying bills)?	%		17.9% ⁵
	D. Using the telephone?	%		9.6% ⁵
	E. Doing heavy housework (like scrubbing floors, or washing windows)?	%		51.6% ⁵
	F. Doing light housework (like doing dishes, straightening up or light clean up)?	%		17.0% ⁵
	G. Getting outside?	%		44.2% ⁵
Measure of Long Term Care Need				
The responses to questions 5 and 6 (activities of daily living) were combined to create a measure for long-term care need.	Little or none	%		44.9% ⁵
	Moderate	%		21.5% ⁵
	Moderately severe	%		9.2% ⁵
	Severe	%		24.5% ⁵
Vision, Hearing & Dental				
7. Do you have total blindness in one or both eyes?	Yes, one eye	%		2.7% ⁶
	Yes, both eyes	%		0.3% ⁶
	No	%		97.0% ⁶
8. Do you use eyeglasses or contact lenses?	Yes	%		89.0% ⁵
	No	%		11.0% ⁵
9. Do you have trouble seeing with one or both eyes (even when wearing glasses or contact lenses)?	Yes, one or both eyes	%		27.0% ²
	No	%		72.8% ²
10. Have you seen an optometrist (eye doctor) in the past year?	Yes	%		70.1% ¹
	No	%		29.2% ¹
11. Do you now have total deafness in one or both ears?	Yes, one ear	%		4.0% ⁶
	Yes, both ears	%		<1.0% ⁶
	No	%		96.0% ⁶
12. Do you use a hearing aid?	Yes	%		10.0% ²
	No	%		90.0% ²
13. Do you have trouble hearing (even when wearing your hearing aid)?	Yes	%		23.0% ⁶
	No	%		77.0% ⁶
14. Have you had a hearing test in the past year?	Yes	%		13.9% ²
	No	%		86.1% ²

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Vision, Hearing & Dental (cont.)				
15. What type of dental care do you need now?	Teeth filled or replaced (for example, fillings, crowns, and/or bridges)	%		20.0% ⁶
	Teeth pulled	%		11.0% ⁶
	Gum treatment	%		4.0% ⁶
	Denture work (new dentures)	%		16.0% ⁶
	Relief of pain	%		1.0% ⁶
	Work to improve appearance (for example, braces or bonding)	%		3.0% ⁶
	Other	%		<1.0% ⁶
	None	%		59.0% ⁶
16. Have you seen a dentist or dental hygienist in the past year?	Yes	%		65.5% ¹
	No	%		34.5% ¹
Screening				
17. About how long has it been since you last visited a doctor/health care provider for a routine check-up?	Never had a check-up	%		0.8% ¹
	Within the past year	%		79.0% ¹
	Within the past 2 years	%		9.1% ¹
	Within the past 3 years	%		Not Available
	Within the past 5 years	%		4.7% ¹
	5 or more years ago	%		5.0% ¹
18. How long has it been since you had your stool tested for blood using a home kit?	Never had this test	%		51.2% ¹
	Within the past year	%		17.8% ¹
	Within the past 2 years	%		9.1% ¹
	Within the past 3 years	%		Not Available
	Within the past 5 years	%		10.9% ¹
	5 or more years ago	%		9.6% ¹
19. How long has it been since you had your last mammogram? (For women only)	Never had this test	%		5.8% ¹
	Within the past year	%		63.5% ¹
	Within the past 2 years	%		14.6% ¹
	Within the past 3 years	%		5.3% ¹
	Within the past 5 years	%		3.8% ¹
	5 or more years ago	%		6.0% ¹
20. How long has it been since you had your last Pap smear? (For women only)	Never had this test	%		5.0% ¹
	Within the past year	%		42.6% ¹
	Within the past 2 years	%		15.8% ¹
	Within the past 3 years	%		7.9% ¹
	Within the past 5 years	%		6.8% ¹
	5 or more years ago	%		19.5% ¹
21. How long has it been since you had your last PSA, prostate-specific antigen test, a blood test used to check MEN for prostate cancer? (For men only)	Never had this test	%		18.5% ¹
	Within the past year	%		59.8% ¹
	Within the past 2 years	%		11.0% ¹
	Within the past 3 years	%		4.0% ¹
	Within the past 5 years	%		2.8% ¹
	5 or more years ago	%		2.7% ¹

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Health Care Access				
22. What type of health care coverage do you have? (Please mark all that apply)	Medicare	%		70.5% ²
	Medicaid	%		8.4% ²
	Private insurance: Health/Medical	%		52.0% ²
	Private insurance: Long-term care	%		
	Veteran's administration	%		5.7% ⁷
	Indian Health Service	%		8.5% ⁷
	Alaska Native Health Organization	%		Not Available
	Indian Health/Tribal Insurance	%		Not Available
	Other	%		6.1% ⁷
23. Do you have one person you think of as your personal doctor or health care provider?	Yes, only one	%		81.8% ¹
	More than one	%		10.0% ¹
	No	%		7.9% ¹
	Don't know/Not Sure	%		0.2% ¹
24. When you are sick or need professional advice about your health, to which one of the following places do you usually go? (Please mark all that apply)	A doctor's office	%		75.0% ²
	A clinic	%		18.9% ²
	A hospital outpatient department	%		3.7% ²
	A hospital emergency room	%		1.3% ²
	Urgent care center	%		Not Available
	Community Health Aide (CHA/CHR)	%		Not Available
	Traditional healer	%		Not Available
	No usual place	%		Not Available
	Other	%		Not Available
25. Have any of the following kept you from medical care in the past 12 months? (Please mark all that apply)	Cost	%		46.0% ³
	Distance	%		2.8% ³
	Office wasn't open when I could get there	%		6.7% ³
	Too long a wait for appointment	%		13.8% ³
	Too long a wait in waiting room	%		3.5% ³
	No child care	%		0.1% ³
	No transportation	%		0.6% ³
	No access for people with disabilities	%		24.8% ³
	No one spoke my language	%		1.4% ³
Other	%		0.2% ³	
Tobacco & Alcohol Usage				
26. Do you smoke cigarettes now?	Yes, everyday	%		19.5% ¹
	Yes, some days (ceremonial/social)	%		5.9% ¹
	No	%		74.5% ¹
27. How many cigarettes do you smoke a day?	1-5 cigarettes/day	%		12.6% ²
	6-10 cigarettes/day	%		21.6% ²
	11-20 cigarettes/day	%		50.1% ²
	21-30 cigarettes/day	%		8.3% ²
	31 or more per day	%		7.4% ²

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Tobacco & Alcohol Usage (cont.)				
28. Do you use chewing tobacco or snuff?	Yes	%		17.0% ^{3C}
	No	%		83.0% ^{3C}
29. How many containers of snuff or chewing tobacco per week do you use?	1 container or less	%		44.0% ⁶
	2 containers	%		19.0% ⁶
	3 or more containers	%		37.0% ⁶
30. How long has it been since you last drank an alcoholic beverage?	Within the past 30 days	%		49.5% ⁸
	More than 30 days ago but within the past 12 months	%		14.6% ⁸
	More than 12 months ago but within the past 3 years	%		5.8% ⁸
	More than 3 years ago	%		29.7% ⁸
	I have never had an alcoholic drink in my life	%		0.4% ⁸
31. During the past 30 days, on how many days did you have five or more drinks on the same occasion?	None	%		85.0% ¹
	1 or 2 days	%		7.3% ¹
	3 to 5 days	%		3.0% ¹
	6 or more days	%		2.0% ¹
Weight & Nutrition				
32. How tall are you without shoes?	Responses to these questions were used to determine Body Mass Index (BMI).			
33. How much do you weigh today?				
Body Mass Index (BMI) Categories	Neither overweight nor obese	%		33.8% ¹
	Overweight	%		37.3% ¹
	Obese	%		24.6% ¹
34. Are you presently trying to lose or gain weight?	Yes, trying to lose weight	%		40.7% ³
	Yes, trying to gain weight	%		Not Available
	No	%		Not Available
35. Please mark all that apply to your nutritional health.	I have an illness or condition that made me change the kind and/or amount of food I eat.	%		Not Available
	I eat fewer than 2 meals per day.	%		
	I eat few fruits or vegetables or milk products.	%		
	I have 3 or more drinks of beer, liquor, or wine almost every day.	%		
	I have tooth or mouth problems that make it hard for me to eat.	%		
	I don't always have enough money to buy the food I need.	%		
	I eat alone most of the time.	%		
	I take 3 or more different prescribed or OTC drugs a day.	%		
	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	%		
	I am not always physically able to shop, cook and/or feed myself.	%		

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Weight & Nutrition (cont.)				
36. Over the past 30 days, what vigorous exercises did you do? (Please mark all that apply)	Aerobics	%		0.7% ⁴
	Bicycling or bicycling on a stationary bike	%		2.2% ⁴
	Gardening	%		1.1% ⁴
	Jogging	%		0.5% ⁴
	Running	%		0.9% ⁴
	Walking	%		4.8% ⁴
	Swimming	%		0.2% ⁴
	Weight lifting	%		0.6% ⁴
	Yard work	%		2.8% ⁴
Traditional dancing (Pow-wow, Hula)	%		1.6% ⁴	
Social Support/Housing				
37. How often do you attend traditional ceremonies?	0 times per month	%		
	1-2 times per month	%		
	3-4 times per month	%		
	5-8 times per month	%		
	9 or more times per month	%		
38. How often do you attend church or religious services?	0 times per month	%		
	1-2 times per month	%		
	3-4 times per month	%		
	5-8 times per month	%		
	9 or more times per month	%		
39. How often do you attend meetings, clubs, or organizations that you belong to (besides tradition ceremonies or religious meetings)?	0 times per month	%		
	1-2 times per month	%		
	3-4 times per month	%		
	5-8 times per month	%		
	9 or more times per month	%		
40. How long have you lived at your present address?	Less than 10 years	%		35.3% ⁶
	10-20 years	%		21.8% ⁶
	Over 20 years	%		42.9% ⁶
41. What type of housing do you presently have?	Single family residence	%		82.5% ²
	An apartment	%		16.3% ²
	Sleeping room/boarding house	%		Not Available
	Retirement home	%		Not Available
	A health facility	%		Not Available
	Homeless	%		Not Available
	Other	%		Not Available
42. Are you living with family members, non-family members, or alone?	With family members	%		Not Available
	With non-family members	%		Not Available
	With both family and non-family members	%		Not Available
	Alone	%		Not Available

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Social Support/Housing (cont.)						
43. How many (including yourself) live in your household?	Enter number in household	Avg. =		Avg. =		Avg. = 1.76 ³
44. Do you have a family member who provides care for you?	Yes	%				Not Available
	No	%				
45. Do you take care of grandchildren?	Yes	%				1.9% ⁹
	No	%				98.1% ⁹
		Now Using	Would Use	Now Using	Would Use	
46. Are you now using, or if at some point you became unable to meet your own needs, would you be willing to use the following services? (Please mark all that apply)	Adult day care	%	%			Not Available
	Caregiver program	%	%			
	Case management	%	%			
	Elder abuse prevention programs	%	%			
	Emergency response systems	%	%			
	Employment services	%	%			
	Financial assistance	%	%			
	Home health services	%	%			
	Home repair	%	%			
	Home modification	%	%			
	Information and referral/assistance	%	%			
	Legal assistance	%	%			
	Home delivered meals	%	%			
	Congregate meals	%	%			
	Personal care	%	%			
	Respite care	%	%			
	Assisted living	%	%			
	Retirement communities	%	%			
	Nursing facilities	%	%			
	Government assisted housing	%	%			
Shared housing	%	%				
Senior center programs	%	%				
Telephone reassurance	%	%				
Transportation	%	%				
Volunteer services	%	%				
47. Have you been employed full or part-time during the past 12 months?	Full-time	%				32.4% ¹
	Part-time	%				
	No	%				67.2% ¹

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Demographics				
48. Gender	Male	%		37.3% ¹
	Female	%		62.7% ¹
49. Age	55 to 59 years	%		23.3% ¹
	60 to 69 years	%		36.1% ¹
	70 to 79 years	%		26.2% ¹
	80 and over	%		14.3% ¹
50. Current marital status	Married or living with partner	%		52.4% ¹
	Single, never married	%		5.0% ¹
	Divorced or separated	%		16.6% ¹
	Widowed	%		25.8% ¹
51. What is your personal annual income?	Under \$5,000	%		5.7% ¹
	\$5,000 - \$6,999	%		
	\$7,000 - \$9,999	%		
	\$10,000 - \$14,999	%		7.3% ¹
	\$15,000 - \$19,999	%		8.1% ¹
	\$20,000 - \$24,999	%		9.7% ¹
	\$25,000 - \$34,999	%		12.3% ¹
	\$35,000 - \$49,999	%		13.2% ¹
	\$50,000 or more	%		25.5% ¹
52. What is the highest grade or year of school you completed?	Never attended/kindergarten only	%		0.2% ¹
	Elementary 1 2 3 4 5 6 7 8	%		5.5% ¹
	High School 9 10 11 12	%		40.8% ¹
	College 1 2 3 4 5 +	%		53.1% ¹
	Graduate School	%		
	Refused	%		0.3% ¹
53. What zip code and county/borough do you currently reside?	Enter zip code and county			
54. Are you American Indian, Alaska Native, Native Hawaiian, or other?	American Indian	%		5.2% ¹
	Alaska Native	%		
	Native Hawaiian	%		4.5% ¹
	Other	%		Not Available
55. Do you reside on/in a reservation, trust land, Alaska village or Hawaiian homeland?	Yes	%		Not Available
	No	%		
56. If yes, how long have you lived on/in a reservation, trust land, Alaska village or Hawaiian homeland?	Less than 5 years	%		Not Available
	More than 5 years	%		
57. Are you an enrolled member of a federally recognized tribe?	Yes	%		Not Available
	No	%		
58. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?	Yes	%		22.5% ¹
	No	%		77.2% ¹

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Social Functioning				
59. During the past month, how much of the time were you a happy person?	All of the time	%		Not Available
	Most of the time	%		
	A good bit of the time	%		
	Some of the time	%		
	A little of the time	%		
	None of the time	%		
60. How much of the time, during the past month, have you felt calm and peaceful?	All of the time	%		Not Available
	Most of the time	%		
	A good bit of the time	%		
	Some of the time	%		
	A little of the time	%		
	None of the time	%		
61. How much of the time, during the past month, have you been a very nervous person?	All of the time	%		4.8% ^{1D}
	Most of the time	%		0.7% ^{1D}
	A good bit of the time	%		3.4% ^{1D}
	Some of the time	%		5.0% ^{1D}
	A little of the time	%		28.0% ^{1D}
	None of the time	%		55.6% ^{1D}
62. How much of the time, during the past month, have you felt downhearted and blue?	All of the time	%		3.3% ^{1E}
	Most of the time	%		0.6% ^{1E}
	A good bit of the time	%		2.9% ^{1E}
	Some of the time	%		3.4% ^{1E}
	A little of the time	%		21.5% ^{1E}
	None of the time	%		65.8% ^{1E}
63. How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?	All of the time	%		Not Available
	Most of the time	%		
	A good bit of the time	%		
	Some of the time	%		
	A little of the time	%		
	None of the time	%		
64. We would like to ask the extent to which you feel you can personally influence things by what you do or say. How much influence do you feel over your life in general?	Almost no influence	%		Not Available
	Little influence	%		
	Some influence	%		
	A lot of influence	%		
	Total influence	%		
65. Do you have a lot of pride in your American Indian, Alaska Native or Native Hawaiian ethnic group?	All of the time	%		Not Available
	Most of the time	%		
	A good bit of the time	%		
	Some of the time	%		
	A little of the time	%		
	None of the time	%		
66. Do you participate in cultural practices that include traditional food, music and customs?	All of the time	%		Not Available
	Most of the time	%		
	A good bit of the time	%		
	Some of the time	%		
	A little of the time	%		
	None of the time	%		

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Social Functioning (cont.)				
67. Do family or friends every help you out in the following ways:				
a. When you are sick?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
b. Shop or run errands for you?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
c. Give you gifts?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
d. Help you out with money?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
e. Fix things around your house?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
f. Keep house for you or help do household chores?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
g. Give advice on business or financial matters?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
h. Provide companionship to you?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
i. Listen to your problems?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		
j. Provide transportation for you?	Never/Hardly ever	%		Not Available
	Sometimes	%		
	All/Most of the time	%		

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9. 2000 U.S. Census Bureau; Census of Population and Housing. United States Department of Commerce, U.S. Census Bureau, 4700 Silver Hill Road, Washington DC, 20233-0001

NOTES

- A. For some items, percentages may not sum to 100% due to respondents who chose “I don’t know” or refused to respond.
- B. Used item “In the past 3 months, how many times have you fallen?” and fit percentages to ranges based upon multiplying by 4 to determine falls per year.
- C. Averaged two items: “Do you now use snuff” and “Do you now use chewing tobacco?”
- D. Used item “During the past 30 days, for about how many days have you felt worried, tense, or anxious?” and translated number of days into categories.
- E. Used item “During the past 30 days, for about how many days have you felt sad, blue, or depressed?” and translated number of days into categories.