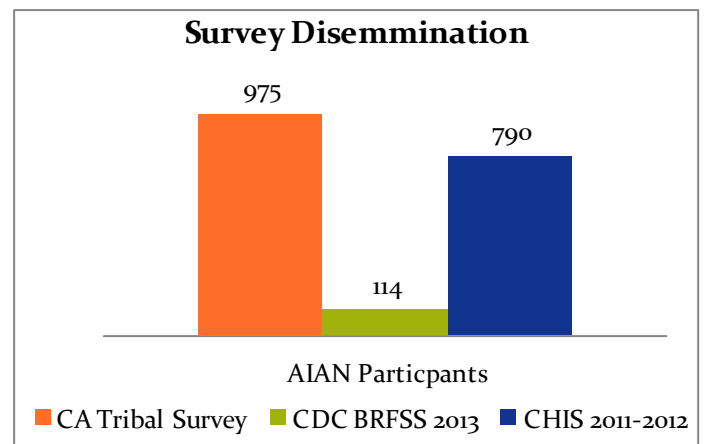


Background

In 2012-2013, the California Tribal Epidemiology Center (CTEC), part of CRIHB's Research and Planning Department, attended 13 events throughout California Indian Country and collected 975 surveys as part of a project designed to better understand health issues among American Indians and Alaska Natives (AIANs). This survey, which collected information about preventative health practices and risk behaviors linked to chronic disease, injuries, and preventable infectious disease, is titled the California Tribal Behavioral Risk Factor Community Survey (CA Tribal Survey) project.

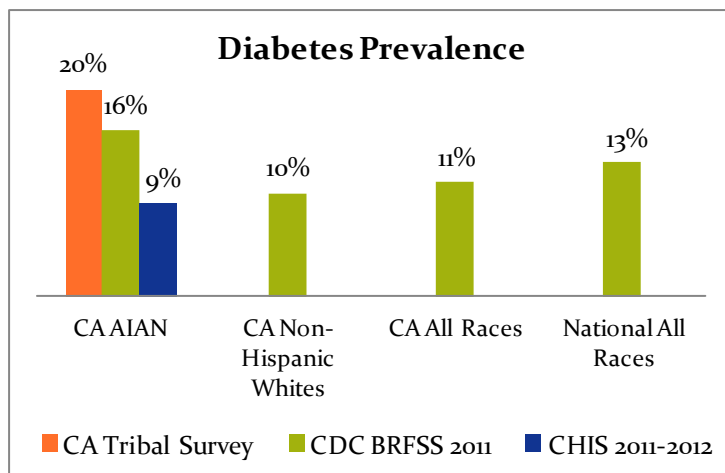
Compared to other statewide surveys in California, the CRIHB Research and Planning Department appears to have had more success in gathering health information from the AIAN population.

The California Health Interview Survey (CHIS), a population-based health survey of California, surveyed over 40,000 adults in 2011-2012 but only 790 were AIANs (1.8%).¹ In the California State Behavioral Risk Factor Surveillance System (BRFSS) survey, a health behavior survey funded annually by the Centers for Disease Control and Prevention and conducted by states, gathered 11,214 surveys in which only 114 AIANs were surveyed (1.0%).²



Diabetes

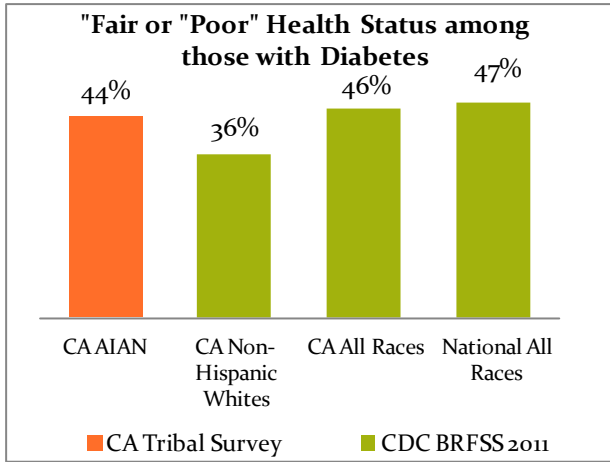
Diabetes continues to be a health topic of concern for AIANs throughout the country.



Among the participants who answered the question, “[Have you] Ever been told that you have diabetes?” 20% (n=184) reported “Yes”. This is approximately twice the rate of the CHIS AIAN sample and California Non-Hispanic Whites. It is also higher when compared to the California State BRFSS AIAN sample and all races combined in California and nationally.³

Diabetes & Health Status

Among those with diabetes in the CA Tribal Survey, 44% (n = 79) reported having “fair” or “poor” health status.



This is lower when compared to all races combined in California and nationally, but is higher than California Non-Hispanic Whites.³ In the CA Tribal Survey, those with diabetes were about 2.5 times more likely to report having a “fair” or “poor” health status when compared to those without diabetes. In comparison, the general population who reported having been told that they’ve had diabetes were 3 times more likely to report having a “fair” or “poor” health status than those without diabetes.⁴

When all other factors were adjusted for, persons with high school education and more than high school education had significantly lower odds (0.3 and 0.4 respectively) of having diabetes and reporting “fair” or “poor” health status (table).

Table: Association between having self-rated fair or poor health among those with diabetes by certain selected characteristics.

Characteristic	Odds Ratio	(95% CI)
Age Group (yrs)		
18-44*	---	---
45-64	1.0	(0.4-2.3)
65-74	1.7	(0.5-5.5)
≥75†	---	---
Sex		
Male*	---	---
Female	1.7	(0.8-3.4)
Educational Level		
Less Than High School*	---	---
High School+‡	0.3	(0.1-0.9)
More than high school+‡	0.4	(0.1-1.0)
Health Insurance Coverage		
No*	---	---
Yes	1.4	(0.6-3.2)
Body Mass Index		
Normal*	---	---
Overweight	1.1	(0.2-5.0)
Obese	1.4	(0.3-5.7)

*Reference Group † Statistically Unstable ‡ Statistically Significant

DIABETES

References

1. CHIS 2011-2012 Adult Public Use File. California Health Interview Survey. Los Angeles, CA: UCLA Center for Health Policy Research, 2013
2. California BRFSS 2013: California Department of Public Health.
3. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
4. Self-rated fair or poor health among adults with diabetes--United States, 1996-2005. MMWR Morb Mortal Wkly Rep 2006; 55:1224-1227