



Gender Differences in Health Risks Amongst Native Elderly

National Resource Center on Native American Aging
at the University of North Dakota

The following fact sheet is a result of research conducted by Charlene Tomas, McNair Scholar, under the guidance of Leander McDonald, M.A., and Richard Ludtke, Ph.D. The analysis was presented as a poster presentation at the Ronald E. McNair 11th Annual National Research Conference and Graduate Fair, Delavan, Wisconsin. The Ronald E. McNair Postbaccalaureate Achievement Program awards grants to institutions of higher education for projects designed to prepare participants for doctoral studies through involvement in research and other scholarly activities (TRIO, 2003).

Abstract

The purpose of this study is to determine if differences in health risks exist between men and women in the elderly Native American and Alaskan Native population. An elder is defined as one who is 55 years of age or older. Data (N=9,075) for analysis is derived from an ongoing national study on Native elder health and social needs, entitled: "Identifying Our Needs: A Survey of Elders." The risk factor variables for analysis include time of last alcohol use, binge drinking, smoking, body mass index, and exercise.

Introduction

A variety of factors, ranging from poor health facilities to unhealthy lifestyles, contribute to the likelihood of illnesses. This study examines gender differences in smoking, drinking, exercise, and body mass index (BMI) variables

among American Indian and Alaskan Native elders. Lack of exercise, high BMI, drinking to excess and smoking cigarettes all contribute to poor health. Studies done by Agree (1999) and Chakraverthy, Joyner, and Booth (2002) suggest that low BMIs, not smoking, and exercising help to decrease the likelihood of having a chronic illness.

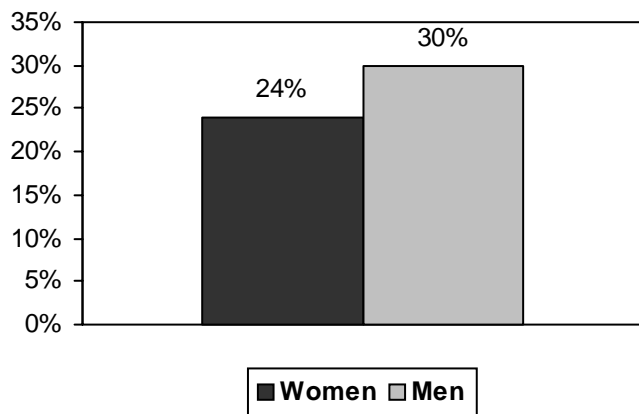
Methods

Data used in this analysis is retrieved from an ongoing research project called "Identifying Our Needs: A Survey of Elders." The project is a partnership between the tribes and the National Resource Center on Native American Aging (NRCNAA). Data is gathered by tribal community members by using face-to-face interviewing and a scannable standardized survey instrument. Once the data collection is completed, the data is sent to the NRCNAA at the Center for Rural Health, for processing. The tribal data set is then sent to the tribe to assist them with addressing short term needs and developing strategic plans to address future health problems. The aggregate data file currently consists of 9,075 participants and represents more than 100 tribes throughout the United States.

As show in Figure 1, Native elder men in the survey smoked significantly more than the Native elder women. While smoking reduction is important for all people, targeting smoking behavior for reduction or elimination is more critical for men.

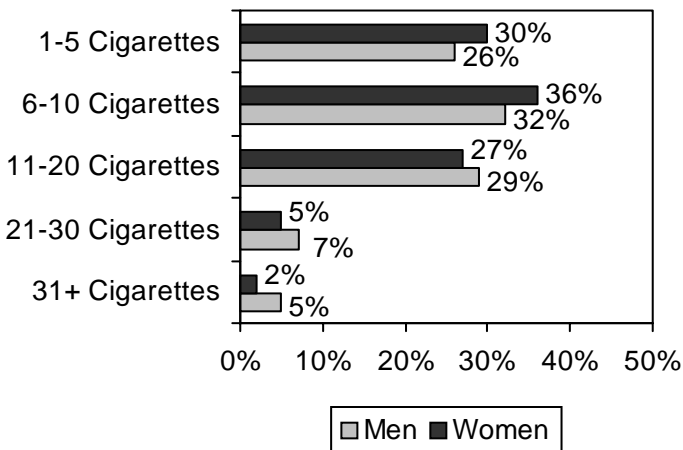


Figure 1. Gender Differences in Smoking



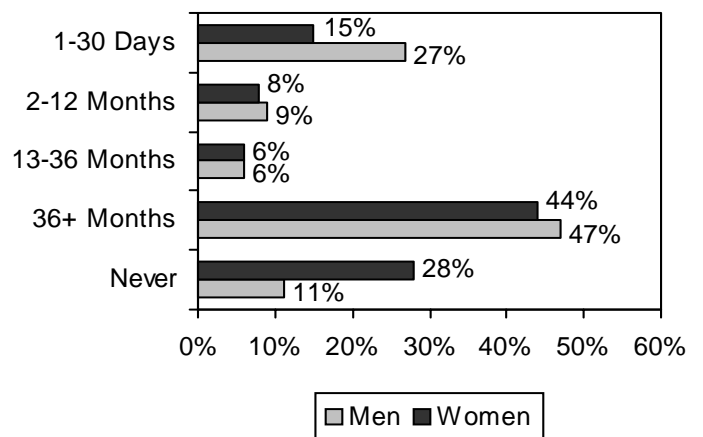
As evident in Figure 2, Native elder women's smoking is more likely to be found in the lowest two categories, while men, who are more likely to be smokers, are found to smoke more heavily in the highest categories. This reinforces the observation that men present the greatest need for control and prevention efforts with respect to smoking behavior.

Figure 2. Gender Differences in Amounts Smoked



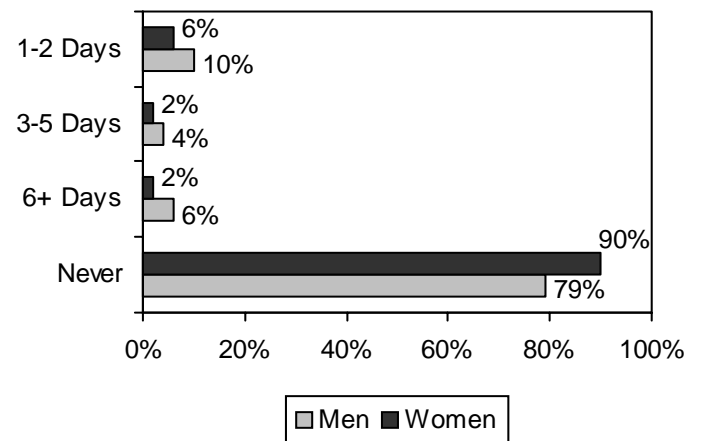
The evidence in Figure 3 suggests that Native elder men drink more than Native elder women. Women were the most likely to have been life-long abstainers, with men substantially more likely to have recently consumed alcohol. Also of note is the large proportion who have not had a drink in over three years for both genders. This is indicative of the extent of control being exerted by elders and taken as a positive sign of change related to age.

Figure 3. Time Since Last Drink by Gender



Binge drinking refers to consuming five or more drinks on the same occasion. In this question, people were asked how many days in the last 30 days they had consumed 5 or more drinks on the same occasion. As shown in Figure 4, Native elder men were more likely to binge drink, both frequently and infrequently than women. It is also important to recognize that a huge majority of the Native elder men and women do not participate in binge drinking.

Figure 4. Binge Drinking by Gender



The findings on weight using the Body Mass Index (BMI) suggest that Native elders generally have weight control needs with women more likely to fall into the category defined as obese than men, and men more likely to be classified as overweight (see Figure 5). With only about 1/4 of the elders in the low to normal range, this issue is of great importance to both genders as

many health issues such as diabetes and high blood pressure relate to weight.

Figure 5. BMI by Gender

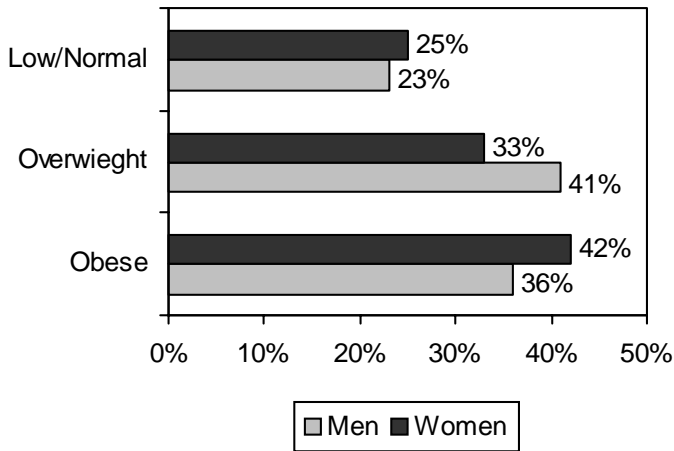


Figure 6 contains the findings on exercise. Native elder women had higher exercise rates for pow-wows, aerobics, and swimming, while men had higher exercise rates for the rest of the exercise types. Gardening and walking were highest for both sexes, and especially high for men.

Figure 6. Gender and Exercise

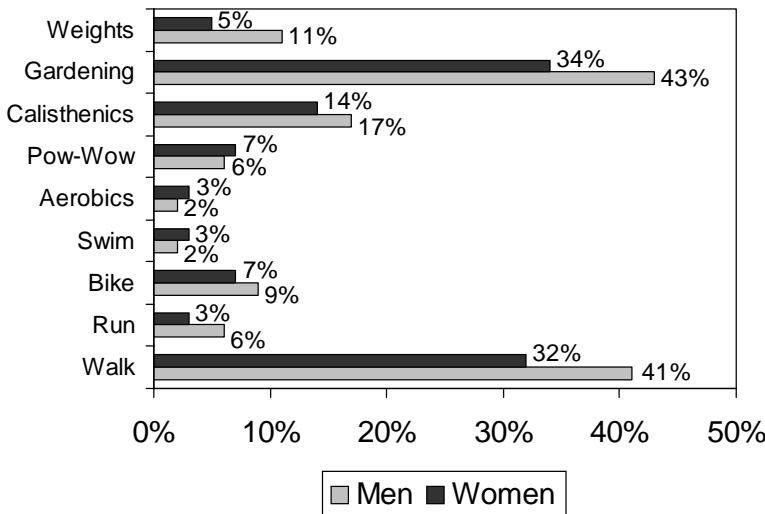
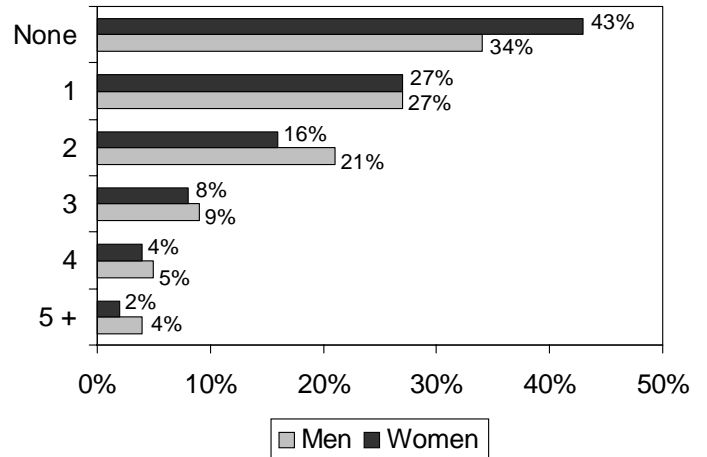


Figure 7 reinforces the view that Native elder women are less likely to exercise. Native elder men are more likely to be active in several types of exercise, while women are more likely to report no activity. Clearly, a need exists for exercise activities for all people, but the need appears greatest for women.

Figure 7. Number of Exercise Activities by Gender



Conclusion

All Native elders can all benefit from healthier lifestyles. Native men are more likely to benefit by decreasing or stopping alcohol use and smoking. Thus, although smoking and drinking prevention, cessation, and awareness programs are important for both men and women, they are more important for men. Native women are more likely to benefit from decreasing their body mass index indicating the need for health promotion activities focused on exercise and weight control. Exercise programs and awareness about decreasing body mass index are needed for women.

Overall, the need to assist the Native elder population health conditions, whether it is through prevention, cessation, or awareness programs, is crucial. The first step is for the elder to see a physician to determine if an exercise program is appropriate. If the physician gives the go ahead for exercise, then help your elder find a routine that they can adhere to. We know that adherence is the major drawback for most of us. We can help by being supportive and finding ways to exercise with our elders. It is never too early or too late to start a new healthy behavior. The challenge is to sustain it so I can get the maximum benefit.

Bibliography

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TRIO Higher Education Programs, U.S. Department of Education, 1990 K Street, NW, 7th Floor, Washington, D.C. 20006-8510

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