

Wainwright Health Profile

This village health profile provides a brief summary of the results of the 2010 NSB Census. The intent of this profile is to provide individual communities with information on some basic health measures at the village-level to guide community health promotion and planning efforts.

Please refer to the 2010 Census NSB Health Profile section for further discussion of each health question and an overview of the census health module results for the NSB. Also, please refer to the *NSB Baseline Community Health Analysis* report for expanded discussions of each of the health topics addressed below as well as many more aspects of community health.

At the village-level, some of the small percentages are based on very small numbers of responses, making the estimates less reliable: cells based on fewer than five responses are not reported. NSB and Alaska estimates are provided for general reference only, and comparisons should be made with caution, as results are not adjusted for differences in the age composition of the populations. In addition, state and national survey methods may vary considerably from that used in the 2010 NSB Census.

Adults

Table A.33

	Wainwright Household Heads	NSB Household Heads	All Wainwright Adults*	All NSB Adults*	Alaska Adults
General Health					
Very good or excellent general health	38%	44%	35%	46%	56% ¹
Fair to poor general health	25%	20%	21%	16%	13% ¹³
Chronic Health Problems					
Ever told by a health professional have:					
Thyroid problems	4%	6%	4%	4%	9% (U.S.) ³
Diabetes	4%	7%	4%	6%	6% (Alaska) ¹ 9% (U.S.) ⁴
High blood pressure	23%	28%	14%	20%	25% (Alaska) ⁵ 24% (U.S.) ⁴
High cholesterol	15%	19%	10%	13%	38% (Alaska) ⁵
Heart disease	7%	7%	5%	5%	12% (U.S.) ⁴
In the past 12 months, experienced:					
Daily pain or arthritis that limits activities or requires prescription pain medicine	27%	29%	21%	21%	(see ref) ⁶
Frequent (three or more) or chronic ear infections	6%	5%	4%	4%	N/A
Chronic breathing problems (such as asthma, emphysema, or a cough that won't go away)	16%	13%	10%	8%	(see ref) ⁷
Health Insurance					
Have health insurance, including IHS eligibility	99%	97%			83% ¹
Have health insurance, other than IHS eligibility	59%	64%			
Smoking					
Smoke tobacco (in any form)	53%	50%	55%	49%	22% ¹
Of those who smoke:					
Smoke one or more packs per day	23%	25%			
Are interested in quitting	61%	71%			
Have tried to quit in the last 12 months	59%	62%			
Permit smoking in the house	21%	33%			
Support a tobacco tax to fund tobacco prevention or cessation programs	35%	53%			

Table A.33

	Wainwright Household Heads	NSB Household Heads	All Wainwright Adults*	All NSB Adults*	Alaska Adults
Overweight and Obesity					
Overweight (BMI 25–29.9 kg/m ²)	36%	33%			37% ¹
Obese (BMI 30 kg/m ² or higher)	41%	39%			28% ¹
Physical Activity					
Never get 30 minutes of moderate exercise in a day	11%	16%			9% ⁵
Get at least 30 minutes of moderate exercise 5 days per week or more	59%	44%			47% ⁵
Sugar-Sweetened Beverages (SSBs)					
On average, drink no soda or other SSBs per day	19%	26%			53% ¹⁰
On average, drink two or more sodas or other SSBs per day	57%	45%			30% ¹⁰
Food Security					
Times last year when household found it difficult to get the foods they needed to eat healthy meals	46%	35%			
If yes, because not able to get enough subsistence foods to eat healthy meals	36%	43%			
If yes, because not able to get enough store foods to eat healthy meals	95%	90%			
Percent with household members who at times did not have enough to eat	30%	19%			(4–11%) ¹²
Safety: Helmet Use					
Wear a helmet when riding a snowmachine or four-wheeler (of household heads who ride on snowmachines or 4-wheelers)	**	18%			(57%) ¹¹
Drugs and Alcohol					
In the past 12 months, felt a household member had been hurt by drugs or alcohol	15%	24%			
In the past 12 months, thought the health of their community had been hurt by drugs or alcohol					
Often	51%	57%			
Sometimes	38%	35%			

*Includes both household head (survey respondent) and all other household members, as reported by the household head.

**Cell count less than five.

- A majority of Wainwright adults reported or were reported to be in at least good general health. Looking at both all adults and Iñupiat only, those living in Wainwright were less likely to report very good or excellent health, and more likely to report fair or poor health than were adults in other North Slope communities overall.
- The prevalence of chronic health problems among Wainwright household heads and other adults was similar to that in other North Slope communities. Only the prevalence of high blood pressure among Wainwright adults was significantly lower than in other North Slope communities overall.
- Smoking rates were high among household heads and other adults in Wainwright, similar to other North Slope communities overall. About three in five smokers reported wanting to quit, and only one in five allow smoking in their houses. Only 35% support a tobacco tax to fund prevention programs.
- The prevalence of being overweight and obese was high among Wainwright household heads, similar to other North Slope communities overall.
- Almost three in five Wainwright household heads reported getting 30 minutes of moderate physical activity at least 5 days a week, a significantly higher proportion than in the other North Slope communities overall.

- Consumption of sodas and other sugared beverages was high among Wainwright household heads. Comparing all household heads, consumption was higher in Wainwright than in the North Slope communities overall, but looking at Iñupiat household heads only, this difference was not statistically significant.
- Food insecurity was common in Wainwright, with 30% of household heads reporting that at times last year a household member did not have enough to eat. Looking at Iñupiat only, this proportion was significantly higher than in the other North Slope villages overall. Of the 46% of Wainwright household heads reporting difficulty getting foods for healthy meals, about one-third stated that this was because they couldn't get enough subsistence foods, whereas almost all reported difficulty getting enough store foods for healthy meals.
- Helmet use was very low among Wainwright household heads, similar to other North Slope villages.
- A large majority of household heads in Wainwright did not believe that a member of their household had been hurt by alcohol or drugs in the last year. The proportion of Iñupiat household heads in Wainwright who thought that a member of their household had been hurt by alcohol or drugs was significantly lower than that among Iñupiat household heads in other North Slope villages overall. Still, almost nine in ten Wainwright household heads thought that the health of their community had been hurt by alcohol or drugs in the last year.

Children (0–17 years)

Table A.34

	Wainwright Children	NSB Children	Alaska Children
General Health			
Very good or excellent general health	54%	63%	89% ²
Chronic Health Problems			
In the past 12 months, experienced:			
Frequent (three or more) or chronic ear infections	17%	19%	5% ²
Chronic breathing problems (such as asthma, emphysema, or a cough that won't go away)	**	5%	6% (current asthma) ²
Teen Tobacco Smoking (ages 14–18 years)*			
Smoke tobacco (in any form)	31%	16%	Not comparable

As reported by the household head. All the other chronic health problems had a prevalence of less than 1% among children in the NSB and were not analyzed or reported by individual village.

*Based on other NSB surveys, this value likely significantly underestimates the prevalence of smoking among children and teens as it is not comparable to anonymous self-administered surveys used to estimate teen smoking rates statewide and nationally. According to the 2005 YRBS survey, NSB high school students were about twice as likely to smoke as Alaskan high school students overall.

**Cell count less than five.

- The majority of children in Wainwright were reported by the household head to have at least good general health. The proportion reported to have very good to excellent health was significantly lower than in the other North Slope communities overall and lower than statewide estimates. Looking at Iñupiat children only, reported general health status in Wainwright was similar to that among Iñupiat children in other North Slope communities overall.
- The reported prevalence of breathing problems such as asthma or chronic cough was low among Wainwright children.
- Reported tobacco smoking among teens (ages 14–18 years) in Wainwright was significantly more common than among teens in other North Slope communities overall. This difference remained significant when comparing Iñupiat teens only.

Technical Notes

For a full discussion of the methods used in this census, please refer to the forthcoming 2010 NSB Economic Profile and Census Report.

All health questions were asked as they pertained to the household heads themselves, and for a smaller number of questions, the household head was also asked to serve as a proxy, answering the questions as they pertained to the other members of the household. The quality of this “proxy data” depends, of course, on how much the household head knows about the health of other household members. With the addition of the new health section, the census team also included an “informed consent,” to be signed by all survey respondents and survey takers, outlining the voluntary basis of participation, the right to refuse to answer any questions, the sensitive nature of some of the questions, and any possible risks or harms associated with participation, such as emotional distress. Participants were also informed that neither their names nor any other identifying information would be attached to any of their responses when results were released.

The length of the existing census questionnaire precluded including questions on many health-related topics despite the acknowledged paucity of local data. Many questions were taken from existing, validated survey questionnaires and facilitate comparisons with state or national estimates, whereas other questions were customized to answer specific questions relevant to NSB communities, even when external benchmarks may not be available. Some topics were thought not to be appropriate for the NSB census. For example, while recognizing the importance of mental health and the relative lack of local data in this area, the census team ultimately decided not to include questions about mental and/or emotional problems for a variety of reasons, including the complex nature of mental health symptoms and diagnoses, lack of training in this area among the census takers, and the inability to guarantee complete privacy within all areas where the surveys took place. Other important health topics—for example cancer, infectious diseases, and suicide—were not included, as these topics are better examined through other types of studies and through the use of existing data sources such as disease registries and state databases. None of these omissions should in any way be interpreted as stigmatizing or de-emphasizing the importance of any particular disease or health issue.

The goal of this census was to survey as many households in the community as possible. It is not possible to reach all households, however, and thus the percentages reported below are only estimates of the “true” percentage. Overall, 71% of NSB households participated in the census, based on the total estimated number of households from Borough records. The total number of households surveyed, the estimated number of households in the community, and the total number of persons for which data, including health data, were collected is shown.

Community	Household Head sample size (Number of households participating in survey)	Total estimated number of households in community	Total number of persons on which health data were collected
Anaktuvuk Pass	80	102	288
Atqasuk	61	68	231
Barrow	943	1449	3122
Kaktovik	68	83	234
Nuiqsut	103	125	375
Point Hope	165	209	636
Point Lay	50	69	185
Wainwright	134	166	464
North Slope Borough	1604	2271	5535

Using a statistical calculation, a range can be determined within which there is 95% confidence of the true percentage that exists—called the “95% confidence interval.” These ranges vary, depending on the size of the population, the percentage of households surveyed, and the percentage of respondents in each response category—for example, the proportion of respondents answering “yes” or “no” to a question about a history of diabetes. The maximum 95% confidence intervals (assuming 50% of respondents in

each response category) are as follows for each of the NSB communities. The more unequal the proportions in each response category, the narrower the range will be.

	95% confidence interval
Anaktuvuk Pass	± 5.2%
Atkasuk	± 4.1%
Barrow	± 1.9%
Kaktovik	± 5.2%
Nuiqsut	± 4.2%
Point Hope	± 3.6%
Point Lay	± 7.5%
Wainwright	± 3.8%
North Slope Borough	± 1.4%

Appendix A Endnotes

1. Alaska Behavioral Risk Factor Surveillance System, 2008.
2. National Survey of Children's Health, 2007. Accessed online at <http://www.nschdata.org/Content/#>.
3. U.S. estimate self-reported lifetime prevalence of any thyroid disorder, from U.S. National Health and Nutrition Examination Survey pooled data 1999–2000, 2003–04, 2005–06. Melzer, D., et al.: Association between Serum Perfluorooctanoic Acid (PFOA) and thyroid disease in the U.S. NHANES. *Environmental Health Perspectives*, Vol. 118, No. 5, May 2010.
4. Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2009. Series 10: Data from the National Health Interview Survey, No. 249. http://www.cdc.gov/nchs/data/series/sr_10/sr10_249.pdf. This is a door-to-door household survey conducted annually in the U.S.
5. Alaska Behavioral Risk Factor Surveillance System, 2007.
6. In the U.S. in 2008, 22% of adults reported a diagnosis of arthritis, gout, lupus, or fibromyalgia and 27% had chronic joint symptoms. An additional 14% had experienced migraines, 14% neck pain, and 27% back pain in the 3 months prior to the survey. Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2008. Series 10: No 242. In Alaska, 23% of adults surveyed reported doctor-diagnosed arthritis. Of these, 40% report limitations of activity. An additional 19% of adults report chronic joint symptoms possible consistent with arthritis. State of Alaska Department of Health and Social Services: *Arthritis in Alaska* fact sheet.
7. Approximately 8% of the non-institutionalized U.S. adult population reports a current diagnosis of asthma and 2% report a current diagnosis of emphysema. Summary of Health Statistics for Adults: National Health Interview Survey, 2008. Based on 2004 BRFSS data, an estimated 8% of Alaskan adults have a current diagnosis of asthma. State of Alaska Department of Health and Social Services: *Asthma in Alaska, 2006 Report*. In a 2007 survey, 6.4% of Alaskan children were estimated to currently have asthma, compared to 9% nationwide. National Children's Health Survey, 2007.
8. *Asthma in Alaska 2007 Report: A Report on the Burden of Asthma in Alaska*. Mary Ellen Gordian and Brian Saylor. Institute for Circumpolar Health Studies, University of Anchorage. Accessed online at http://www.ichs.uaa.alaska.edu/research/reports/asthma_burden_2007.pdf
9. Alaska Youth Risk Behavior Survey (YRBS): <http://www.hss.state.ak.us/dph/chronic/school/YRBSresults.htm>. NSB-specific data from 2005 survey was provided courtesy of the NSB School District. Weighted state-level data are not available from the 2005 survey, so the 2007 survey was used for statewide estimates.
10. State of Alaska Department of Health and Social Services: *Obesity Facts: Sugar-sweetened beverages in Alaska*, based on Alaska BRFSS, 2009.
11. Refers to snowmachine helmet rates only, includes both urban (81% use) and rural populations (47% use). Section in Injury prevention and Emergency Medical Services, Division of Public health, Alaska Department of Health and Social Services, 2006. Helmet Observation Study. Juneau, AK.
12. Statewide food insecurity data are not comparable to NSB census data, in part, because national/state questions did not ask about subsistence food security or take into account lack of availability of foods in local stores. For reference, 10.8% of Alaska household surveyed were found to have some level of food insecurity, and 4.4% were found to have "very low food security," with disrupted eating patterns or reduced food intake. Estimates were higher for rural Alaska (20% of households food insecure). Alaska Division of Public Health *Chronicles* Vol. 1, Issue 4, August 2008: Food Insecurity in Alaska.
13. Alaska BRFSS, 2005–2007.