

# The realities of geography

By Cindy Demmert  
MPH Intern

Alaska Natives are disproportionately represented in the State's morbidity (sickness) and mortality (death) statistics. Although the health status of Natives has improved from its initial deplorable state at the time the Indian Health Service assumed responsibility for the health and medical care of Alaska Natives, health indicators verify that morbidity and mortality rates must be greatly reduced to reach the levels of other Alaskans and the U.S. population in general.

Decreasing Native mortality rates and improving the general health status of Native people is a challenge, due partly to the difficulty of delivering services in such vast, sparsely populated areas. Traditionally, Alaska Natives live in rural villages which are literally, as well as psychologically, isolated from major urban areas.

The village lifestyle is characterized by low socio-economic levels, few employment opportunities, poor sanitation and water supplies, as well as an ancient and rich cultural tradition, strong and energetic extended families, and a traditional subsistence economy. The housing conditions of Alaska Natives, while improved through recent HUD projects, still indicate a much higher per capita occupancy of home dwellings than among non-

Natives.

Alaska Natives are a people in transition between two polarized cultures. The stress of the newer lifestyle is evidenced through high mortality and morbidity rates. But, geography and isolation only partially explain the negative statistics. *Alaska Natives could do much themselves to improve their own health.* A tremendous share of Native health problems relate to individuals making decisions about their own lives. Exercise, diet, alcohol use, tobacco use, sexual behavior, parental and family life, unsafe vehicular activity (planes, cars, motorcycles, boats, etc.) figure prominently in the major causes of death and illness.

Mortality rates among Alaska Natives are especially dramatic and often show a relationship to features of lifestyle:

1. Alaska Natives comprise only 16% of the State's population but 28% of the State's mortality (death).
2. Accidents are the leading cause of Native mortality. The Native mortality rate for accidents is three times the rate for non-Natives.
3. Heart disease and hypertension are the second leading cause of mortality. Native mortality rates for heart disease and hypertension are 1½ times that of non-Native mortality.
4. While Alaska Native infant mortality has been dramatic-

ally reduced from the high levels of the 1950s and 1960s through improved IHS prenatal and OB practices, Alaska Native infant mortality still remains several percentage points higher than that of non-Natives. (Native range 18 to 32 p/1,000; non-Native range 10 to 12 p/1,000.)

5. Overall mortality rates for Alaska Native men are twice that of Alaska Native women, which probably reflects the dangers of subsistence lifestyles.

Also, mortality rates for Natives aged 15-34 account for nearly 1/3 of all Native mortality in all age groups.

Morbidity data (illness) also reflects and supports trends seen in the mortality rates. Hospital data, discharge and inpatient days, show accidents, alcohol abuse, and heart disease to be the leading health problems for Alaska Natives.

Accidents are the leading cause of hospitalization in IHS facilities. Discharges of accident patients have increased 33.5% since FY 1980 and show a 79.4% increase for the two-year period between FY 1979 and 1981.

Discharges for alcohol abuse show an increase of 50.9% over last year; however, discharges have increased only 12.7% in the two-year period, FY 1979 to 1981.

Discharges for malignant neoplasms (cancer) have increased by 71.3% since FY 1979. (There are increased

smoking rates among Natives, as well as a more sedentary lifestyle, as people drive more and walk and exercise less.)

The inpatient days required to treat accidents increased by 25.2% since last year, and have increased by 47.3% since FY 1979. Accidents maintain the lead in causes ranked by inpatient days.

Five IHS facilities reported accidents as the leading cause of inpatient days, one facility reported deliveries as the leading cause, and one facility reported alcohol abuse as the leading cause.

Accidents are also the leading cause of first visits to IHS facilities and upper respiratory problems follow as a close second. The number of first visits for accidents has increased by 16.1% since FY 1980 and 21.7% since FY 1979.

Accidents also lead the causes of total visits, with an increase of 32.3% since last year, and an increase of 47.1% since FY 1979.

Total visits for both family planning and immunizations have more than doubled since FY 1979.

A 1980-81 examination of Anchorage paramedics runs also indicates a high Native ratio of emergency events (accidents, cardiovascular). Natives accounted for 34% of all ambulance runs from the airport to Anchorage medical facilities, compared to an actual 16% of the total population statewide.

It is important to recognize that a large share of the health problems afflicting Alaska Native are potentially preventable. This includes most accidents, cancers related to smoking and industrial contaminants, heart disease and hypertension, alcoholism, homicide and suicide.

The pie chart provides a graphic display of the "areas of choice" that lie within the decision-making power of each Alaska Native person. The chart indicates that 30% of all deaths are accidental; a total of 28% are heart, hypertension and cancer (of which a substantial portion are thought to be preventable); and a total of 9% for suicide, homicide and alcoholism, all of which are theoretically preventable.

It is worth mentioning again that alcohol abuse is a significant factor in accidents, suicide and homicide, and smoking and poor diet have much to do with the heart, hypertension and cancer categories.

What this means, essentially, is that people are engaged in life ways that put them in jeopardy . . . either to become ill or injured . . . or dead! They show up at the hospital or clinic hoping to be made whole again, when it is often within their own personal power to avoid that visit to a medical facility in the first place, simply by changing a life pattern. Or, they simply end up as a mortality statistic, one that didn't have to happen.