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RESPONSES TO A SELF-ADMINISTERED QUESTIONNAIRE AND THEIR RELATIONSHIP TO LUNG FUNCTION AND RADIOGRAPHIC PNEUMOCONIOSIS AMONG US COAL MINERS. *M Wang, L Beeckman-Wagner, A Wolfe, E Petsonk (National Institute for Occupational Safety and Health [NIOSH], Division of Respiratory Disease Studies, Morgantown, WV 26505)

Rationale: Respiratory symptom questionnaires (RSQ) are often used in assessing the health of individuals exposed to respiratory hazards. Methods: To investigate the validity of items from a self-administered standardized RSQ, we studied RSQ responses and results of spirometry and chest x-ray films (CXR) among 3376 underground coal miners who had participated in the NIOSH Enhanced Coal Workers' Health Surveillance Program from September 2005 to November 2007. Spirometry was conducted and interpreted in accordance with American Thoracic Society/European Respiratory Society guidelines. CXR were classified for coal workers' pneumoconiosis (CWP) using the International Labour Office system. For each symptom item, individuals who responded 'Yes' were compared to those who said 'No', assessing differences in mean spirometry values, the proportion of abnormal spirometry and CWP, using t-test and Chi-square statistics, respectively. Prevalence ratio regression analysis was performed to investigate associations, controlling for age, smoking, and body mass index. Results: Cough, phlegm, wheeze, shortness of breath (SoB), attacks of SoB with wheezing (SoBWZ), chest tightness (ChT), and doctor-confirmed emphysema (Em) were highly associated ($p < 0.0001$) with reduced lung function, increased proportion of abnormal spirometry and CWP. Model results indicated that abnormal spirometry was highly associated with cough, phlegm, wheeze, SoB, SoBWZ, ChT, and doctor-confirmed chronic bronchitis; while CWP was related to cough, SoB, SoBWZ, ChT, and Em. Em was 2 and 3 times more likely in participants with abnormal spirometry ($p = 0.0016$) and CWP ($p < 0.0001$), respectively. Conclusion: Self-reported respiratory symptoms and illnesses are highly associated with spirometry abnormalities and radiographic CWP. These standardized RSQ items are valid for medical screening and research. Funded By: NIOSH

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"WHEN THE DATA DOES NOT MATCH THE STORY:" DO TRAUMA HISTORIES AND ADDICTION ISSUES CHARACTERIZE POOR CERVICAL SCREENING UPTAKE AMONG MANITOBA INDIGENOUS WOMEN (CANADA)? *B Elias, M Hall, S Hong, E Kliewer, A Woods (University of Manitoba, Winnipeg, MB, Canada R3E 3P4)

At a national HPV disease secretariat planning and strategy workshop, several Indigenous women commented that HPV surveillance often excludes Indigenous women with trauma histories and addiction issues as they are less likely to have had a recent pap test. This observation was investigated using the Manitoba First Nations Regional Longitudinal Health Survey (2002). Bivariate and multivariate analyses were conducted using items from this survey for 1707 women, 18 years and older. Predictors of having had a pap smear within the last 3 years included socio-demographic characteristics (age, single parent; high school completion), trauma histories (physical, emotional and/or sexual abuse; suicidality, personal and/or intergenerational exposure to a residential school) and behavioral risk factors. Significant predictors at the bivariate level were age, education, abuse history, suicidality history, binge drinking, illegal drug use, and polysubstance use. Using logistic regression, the significant ($p \leq 0.05$) independent predictors were age 18-34: adjusted odds ratio (AOR)=3.51 (95% CI 2.24-5.49), age 35-49: AOR=2.54 (CI 1.67-3.84), suicidality history: AOR=1.82 (CI 1.20-2.77), and high school completion: AOR=1.52 (CI 1.01-2.28). While the stories presented at the workshop were plausible, quantitative analysis confirmed that women under 50 with high school or equivalent education were more likely to engage screening. Surprisingly, women with a history of suicidality were more likely to have been screened, which suggests that having a challenging past is not always a barrier, as thought by these women and contrary to what the literature suggests.

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RACIAL/ETHNIC DIFFERENCES IN MAMMOGRAPHY USE AND THEIR ASSOCIATION TO DEMOGRAPHIC, SOCIOECONOMIC AND LIFESTYLE FACTORS. *B Pettersen, K Oda, S Knutsen, S Montgomery, (Department of Epidemiology and Biostatistics, Loma Linda University, Loma Linda, CA 92354)

Mammography, despite some acknowledged limitations, is considered an important screening method for early detection of breast cancer. We investigated racial/ethnic differences in self-reported mammography within the last 2 years in a population of 55 670 women 40+ years. The Adventist Health Study -2. Both Blacks and Hispanics were more likely than Whites to have had mammography: Odds Ratio (OR) 1.42 (95% confidence interval (CI): 1.34-1.51) and 1.27 (95%CI: 1.12-1.44), respectively. Education and personal income up to 75K were positively associated with mammography in the last 2 years, with ORs increasing from 1.06 to 1.55 and 1.18 to 2.07, respectively [p(trend)test for both < 0.001]. Vegetarians were less likely to have had mammography: vegans: OR=0.29 (95%CI:0.27-0.34) and semivegetarians: OR=0.90 (95%CI:0.83-0.98). Older women were more likely to have had a mammogram: OR=1.65 and 2.09 for ages 50-59 and 70-79, respectively [p(trend)test < 0.001], while unmarried women were less likely (OR=0.70). Prior cancer and family cancer history were associated with more mammography, OR=1.53 and 1.19, respectively. In this low risk population with focus on healthy lifestyle, we found that individual screening behaviors varied significantly. While lower screening rates by income and education were not surprising, it is often assumed that Whites are more likely to screen and that those with a general prevention orientation would also be more likely to screen. We did not find this to be the case. Health professionals serving women need to understand their patients' preventive profiles especially as adherence to such recommendations may be different than expected.

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CHARACTERIZING ADDICTION BEHAVIORS OF RESIDENTIAL SCHOOL SURVIVORS AMONG MANITOBA (CANADA) INDIGENOUS POPULATIONS. *B Elias, M Hall, S Hong, A Woods, J Mignone, J Sareen (University of Manitoba, Winnipeg, MB, Canada R3E 3P4)

Potential predictors of addiction behaviors among residential school survivors (RSS) was investigated using data from the Manitoba First Nations Regional Longitudinal Adult Health Survey (RHS) (subsample $n = 611$). Addiction behaviors included smoking, binge drinking, illegal drug use, and polysubstance use (2 or more of smoking, drinking, and/or illegal drug use). Covariates included age, gender, marital status (partner/no partner), multigenerational residential school exposure (parents/grandparents who also attended residential school), emotional, physical, and/or sexual abuse history, suicidality history, high school completion/equivalent, and employment. Bivariate and logistic regression analyses ($p \leq 0.05$) identified potential predictors of addiction behaviors among RSS. Age < 50 was a significant independent predictor of all addiction behaviors. Most significant was the risk for binge drinking among those age 28-39: adjusted odds ratio (AOR)=5.76 (95% CI 2.59-12.84) and also illegal drug use: AOR=4.88 (CI 2.33-10.23). Males were at greatest risk for binge drinking: AOR=2.59 (CI 1.19-5.64), and polysubstance use: AOR=2.17 (CI 1.09-4.30). Not having a partner also predicted binge drinking: AOR=2.31 (CI 1.18-4.51), and suicidality history also predicted illegal drug use: AOR=2.82 (CI 1.49-5.35). In summary, younger males were particularly at risk for binge drinking and polysubstance use. The risk of illegal drug use was higher for those with a history of suicide, and especially so for those age 28-39. Not having a partner increased the risk of binge drinking, especially for younger males.