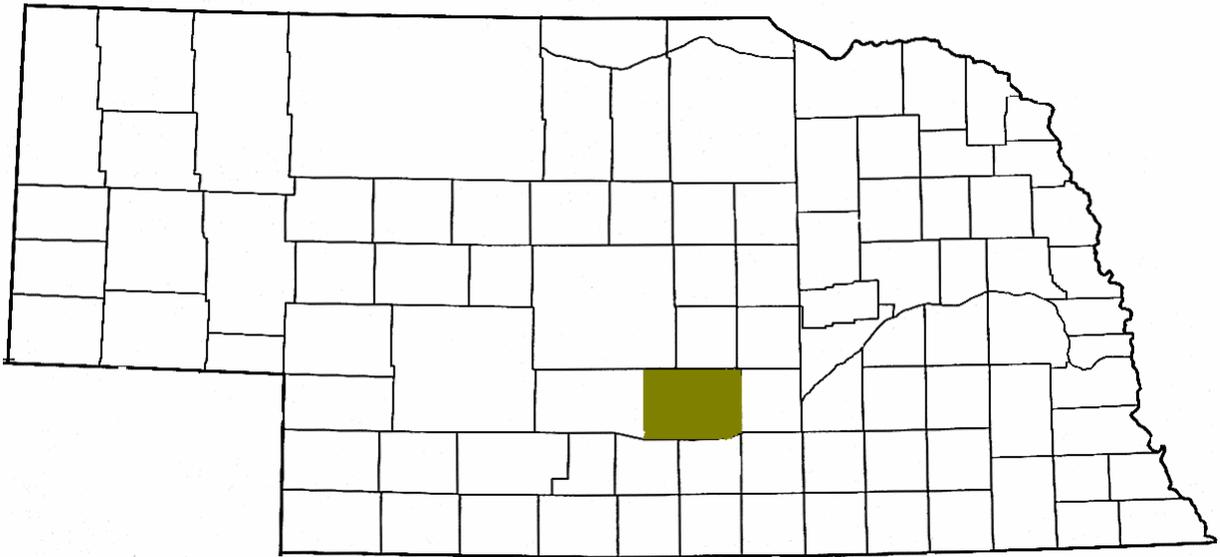


MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

FINDINGS FOR **BUFFALO COUNTY** NEBRASKA



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NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

BUFFALO COUNTY, NEBRASKA

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EXECUTIVE SUMMARY

A. BACKGROUND

The elimination of health disparities, a key goal of *Nebraska Healthy People 2010*, offers a significant challenge and a unique opportunity to address the unequal burden of disease and death in Nebraska. Health disparities are the result of differential risk factor exposure and unequal access to health services experienced by various racial and ethnic groups, in addition to gaps in income and education. To address this situation, the Nebraska Health and Human Services System (NHHSS) conducts Minority Behavioral Risk Factor Surveillance Surveys (MBRFSS) in counties with emerging concentrations of ethnic minorities. Buffalo County is one of these counties, as it has a rapidly growing minority population. The minority population in the county in 2000 was 2,946, representing 7% of the total population. In the past decade, the minority population increased dramatically, growing at a rate of 102% compared to a 9% increase for the white population. Hispanics/Latinos account for 67% of the county's minority population (U.S. Bureau of the Census 1990, 2000).

B. PURPOSE

The main purpose of this report is to summarize findings of the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS) for Buffalo County. Findings are reported in the following areas:

- a) Lifestyle practices that represent modifiable risk factors such as tobacco use, alcohol use, physical activity, and weight;
- b) Health conditions such as diabetes, hypertension, and asthma;
- c) Use of preventive health services; and
- d) Access to health care, among other health issues.

The data will assist in identifying areas of health disparities so necessary strategies can be developed to correct them.

C. METHOD

This report is based on the MBRFSS conducted in Buffalo County by the Nebraska Health and Human Services System during the summer and fall of 2003. This household survey was based on a convenience sample designed to reflect the demographic characteristics of the areas within Buffalo County with the highest concentration of minority populations.

One hundred thirty-three interviews were completed among persons of Hispanic/Latino origin. The Midwest Latino Health Research, Training, and Policy Center at the University of Illinois at Chicago, under contract agreement with NHHSS; engaged in data entry, analysis, and interpretation of health data collected for Sheridan County.

D. SELECTED FINDINGS

Socio-Demographic Characteristics of the Survey Population

- o All survey respondents were Hispanic/Latino. Respondents' average age was 36.1 years. They were generally employed (62.4%) and married or members of an unmarried couple (75.9%).
- o Most respondents were employed in low-income jobs.

Health Status & Use of Health Services

- o Most respondents reported their health status as excellent/very good (26.3%) or good (39.8%).
- o 50.4% of the respondents had visited a doctor for a routine check up within the previous year.
- o 24.2% of respondents said they had visited an eye doctor within the previous year.
- o 34.6% of respondents had visited a dentist within the previous year.
- o 77% of women had their blood pressure checked in the previous year, as did 40.3% of men.
- o Among those who had their blood pressure checked, 16.5% had been told by a health professional that they had high blood pressure.
- o 33.8% had their blood cholesterol checked.

Chronic Conditions & Use of Health Services

- o 27.1% of the survey population reported pain in their joints in the past year.
- o 5.3% of the survey population had been told by a doctor they had diabetes or high blood sugar.
- o Among all respondents, 1.5% had been told by a doctor that they had asthma.

Women's Health

- o Most women in the survey (78.7%) had a clinical breast exam at some time in their lives. 57.4% performed breast self examination every month.
- o Among women 50 years or older, 72.7% had a mammogram.

- o 86.9% of women in the survey had a Pap smear at some time in their lives.
- o 37.7% of all female respondents had been pregnant within the previous five years. All reported prenatal care with their most recent pregnancy, and 84% visited a doctor or nurse within the first trimester. At the time of the survey, 3.3% of respondents were pregnant.

Children's Health

- o 55.3% of the respondents reported having children under the age of 18 living in their household for which they were responsible. The mean number of children at the time of the survey was 2.5.
- o Among respondents with children under five years of age (or under 40 pounds of weight), 81.3% reported always using child-protective car seats.
- o 6.9% of the respondents with children reported that someone smoked in the house or in the car when the children were present.
- o 9.6% of the households in the survey reported having a child who had asthma.
- o 74% reported a routine dental exam at least once per year for the household's children.
- o 1.4% reported that their children had been treated for lead poisoning.
- o The majority of respondents (94.4%) who had children two years or older reported that their children had received the recommended four Diphtheria-Tetanus-Pertussis (DTP) doses. 95.8% had received three doses of polio vaccine and one dose of Measles-Mumps-Rubella (MMR) vaccine.

Risk Behaviors for Chronic Conditions

Tobacco Use

- o Of all respondents, 27.8% reported currently using tobacco products. The daily smokers averaged 10.2 cigarettes per day. The mean age for the onset of smoking was 15.1 years.

Alcohol Consumption

- o 37.6% of the respondents reported alcohol consumption.
- o Among respondents who reported alcohol consumption, the average age at which they started drinking alcohol at least once a week was 18.3 years.
- o Respondents who drank alcohol reported that they had driven, on average, one time per month after having five or more drinks.

Physical Activity/Exercise

- o 51.1% of respondents said they were inactive.

Overweight & Obesity

- o The mean Body Mass Index (BMI) indicated that the survey respondents, on average, were slightly overweight. The mean BMI was 29.2.
- o Among the surveyed population, only 17.2% had a normal weight, according to the BMI.
- o All of the other respondents were either overweight (43.8%) or obese (39.1%).

Seatbelt Use

- o 41.7% of the respondents said they always wore seatbelts when driving or riding in a car or vehicle.

HIV/AIDS Knowledge

- o Regarding HIV/AIDS, 36.1% of the males and 62.3% of the females had low knowledge scores.
- o 27.1% said that mosquito bites pose a high risk for contracting HIV/AIDS.

Access to Health Care

- o Lack of health insurance was one of the problems experienced by respondents in Buffalo County. 48.6% did not have health insurance at the time of this survey. 47.4% of those who had health insurance obtained it through his/her place of employment, or through someone else's employer (14%).
- o 48.6% of the uninsured respondents reported that there was a time within the last 12 months when they needed to see a doctor, but could not see one because of the cost.
- o 45.1% of the survey population used a particular medical doctor. The doctor's office and the health department or community clinic were the most often mentioned sources of regular care.
- o In addition to financial barriers to accessing the health care system, respondents mentioned a series of institutional and cultural barriers to obtaining health care.

Community & Workplace Concerns or Problems

- o Issues of concern in the community with the highest ranking included employment (88.5%), health (75.4%), and education (65.7%).
- o In the workplace, inadequate bathroom/water breaks, verbal abuse, and poor air quality were rated as the most pressing concerns.

E. CONCLUSIONS & RECOMMENDATIONS

- o The health of the minority population in Buffalo County varied by specific health risk factor and/or health condition.

- o Due to the youthfulness of the minority population in Buffalo County, the prevalence of certain health conditions was relatively low. Most respondents perceived their health status as either very good or good.

Areas of Disparity

1) Lifestyle Practices

Due to financial, linguistic, cultural, and institutional barriers, respondents in the survey generally were not accessing the health care system for the use of preventive services (e.g., physical exam, dental and eye care, etc.), or for the treatment of illnesses or chronic conditions, to the degree recommended.

- o Obesity. Over 80% of the respondents were overweight or obese, based on the BMI.
- o Physical Activity. 51.1% of respondents were not physically active in the month prior to the survey.
- o Seatbelt Use. Findings indicate that only 41.7% of the respondents always used seatbelts while driving, and 81.3% always used child safety seats for their children under five.

2) Access to Health Care

- o The number of uninsured persons was high, representing a financial barrier in accessing health services. Of the respondents, 48.6% did not have health insurance.
- o In addition to financial barriers, respondents reported a host of cultural, linguistic, and systemic barriers and racism in accessing health services, which may also explain the relatively low use of these services.

RECOMMENDATIONS

- o Mass screening programs for the early detection of health problems.
- o Develop partnerships with community based health and human services organizations to implement wellness programs.
- o Reinforce preventive measures that discourage the use of alcohol and tobacco.
- o Increase community knowledge and awareness about the importance of using car seatbelts.
- o The Nebraska Health and Human Services System should work with other government agencies and the private sector to address workplace issues.

CHAPTER I: INTRODUCTION

A. BACKGROUND

The county of Buffalo, like the state of Nebraska¹, has a rapidly growing minority population comprised increasingly by persons of Hispanic/Latino origin. According to the 2000 U.S. Census, the county had a population of 42,259, and was 93% white and 7% minority. Hispanics/Latinos accounted for 67% of the total 2,946 minority population; while African Americans, Asians, and Native Americans accounted for 8%, 10%, and 4% respectively. Between 1990 and 2000, the county's population increased by 13%, and this was partly due to the increase of the minority population. While the county's white population increased by 9%, the minority population increased by 102%. (Hispanics increased by 93%, African Americans by 42%, Asians by 89%, and Native Americans by 19%). While little is known about the health condition of the county's minority groups, ongoing demographic changes in the area will continue to pose a challenge to the county's health services. In order for the Nebraska Health and Human Services System (NHHSS) to achieve the established goal for year 2010 set by the U.S. Surgeon General of zero health disparities between minorities and the white non-Hispanic population, there is a need for more and better data on the diverse minority groups.

During the past fifteen years, NHHSS has conducted Behavioral Risk Factor Surveillance Surveys (BRFSS) to assess the health status of the Nebraska population. Due to the relatively small number of minorities in proportion to the total state population, BRFSS has not been useful in assessing the health status of its minority populations (NHHSS, August 2001). As a result, in 1992, NHHSS created the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS). Preliminary survey results documented the inequalities in the health status of racial and ethnic minorities and have led to new community initiatives to improve the health and quality of life of Nebraska's minority population.

¹ According to the 2000 U.S. Census, the state of Nebraska had a population of 1,711,263 and was 87.3% white and 12.7% minority. Hispanics accounted for 44% of the total 216,769 minority population; and African Americans, Asians, and Native Americans accounted for 31%, 10%, and 6% respectively. Between 1990 and 2000, the state's population increased by 8%. This was due, in part, to the increase of the minority population. While the state's white population increased by 2%, the minority population increased by 83% (Hispanics increased by 155%, African Americans by 19%, Asians by 86%, and Native Americans by 15%).

Table 1.1: Racial & Ethnic Population Composition of Nebraska & Buffalo County by Population Count, Percent Distribution, & by Percent Population Growth 1990 – 2000

	Nebraska 2000			Buffalo County 2000			
	Population *	%	% Growth 1990 – 2000	Population *	%	% Growth 1990 – 2000	
Total	1,711,263	100.0%	8%	Total	42,259	100.0%	13%
Whites	1,494,494	87.3%	2%	Whites	39,313	93.0%	9%
<u>Minorities</u>	220,629	11.7%	83%	<u>Minorities</u>	2,946	7.0%	102%
African Americans	68,541	4.0%	19%	African Americans	229	0.5%	42%
Hispanics *	94,425	5.5%	155%	Hispanics *	1,970	4.7%	93%
Native Americans / Alaska Natives	14,896	0.8%	15%	Native Americans / Alaska Natives	120	0.3%	19%
Asians / Pacific Islanders	22,767	1.3%	86%	Asians / Pacific Islanders	295	0.7%	89%
Others **	19,023	1.1%	NA	Others **	332	0.8%	NA

Source: U.S. Census, 1990, 2000.

* Totals for all racial groups exclude Hispanics. Hispanics may be of any race.

** Others include: Other Races (1990 and 2000), plus Two or More Races (2000)

Table 1.2: Buffalo County Minority Population, 2000

	Minority Population, 2000	
	Nebraska	Buffalo County
Minority, Total	216,769	2,946
Percent/Non-White	100%	100%
African Americans	31%	8%
Hispanics / Latinos*	44%	67%
Native Americans / Alaska Natives	6%	4%
Asians / Pacific Islanders	10%	10%
Other **	9%	11%

Source: U.S. Census, 2000.

Table P8. Hispanic or Latino by Race [17] – Universe: Total Population
Data Set: Census 2000 Summary File 1 (SF1) 100-Percent Data

* Totals for all racial groups exclude Hispanics. Hispanics may be of any race.

** Others include: Other Races and Two or More Races

Table 1.3: Buffalo County Hispanic/Latino Population, 2000

	Hispanics / Latinos * Population Composition, 2000	
	Nebraska	Buffalo County
Hispanics, Total	94,425	1,970
Percent/Non-White	100%	100%
Mexicans/Mexican Americans	75.2%	76.5%
Puerto Ricans	2.1%	1.7%
Cubans	0.9%	0.5%
Other Hispanics	21.8%	21.3%

Source: U.S. Census, 2000

Table PCT1. Total population [1] – Universe Total population
Racial or Ethnic Grouping: Hispanic or Latino (of any race);
Mexican; Puerto Rican; Cuban; Other Hispanic or Latino
Data Set: Census 2000 Summary File 2 (SF2) 100-Percent Data

NHHSS, in partnership with the Nebraska Minority Public Health Association and other key leaders, has produced reports summarizing findings related to MBRFSS based on surveys conducted in selected counties. In April 2001, NHHSS prepared a summary report, *Health Status of Racial and Ethnic Minorities in Nebraska*, as well as a series of fact sheets in 2003 on specific health conditions (e.g., heart disease) confronting racial and ethnic minorities. These reports have brought to public attention the health status of racial and ethnic minorities and the sense of urgency that exists to addressing their needs.

This report for Buffalo County is one of seven new MBRFSS reports that have been prepared based on data collected in selected Nebraska counties during 2002-2003.

B. PURPOSE OF THE REPORT

The purpose of this report is to summarize selected findings of the MBRFSS conducted in Buffalo County, Nebraska in 2003. This report will summarize selected socio-demographic characteristics of the minority population, primarily Hispanic, in this target geographic area based on a convenience sample, and will provide findings on:

- o Health status indicators,
- o Preventive health practices,
- o Prevalence of chronic conditions,
- o Women's health,
- o Children's health,
- o Personal health habits or lifestyle practices,
- o Access and use of health services, and
- o Community concerns.

The ultimate goal of this report is to document specific areas of health disparities. To develop and implement the necessary strategies, based on best practices, requires correcting them via a partnership between the public and private sectors, not only in the area of health and human services; but with the active participation of the business, housing, employment, education, and transportation sectors.

CHAPTER II: METHODOLOGY

The Midwest Latino Health, Research, Training, and Policy Center at the University of Illinois at Chicago, under contract agreement with NHHSS, conducted the Nebraska Minority Behavioral Risk Factor Surveillance Survey in seven counties, including Buffalo County; and engaged in data collection, analysis, and interpretation. This chapter briefly describes the survey design, the process followed in accessing the community, sampling and data collection, and the limitations of the survey.

A. SURVEY DESIGN

The survey questionnaire was developed by NHHSS building upon other instruments, specifically those from the Behavioral Risk Factor Surveillance Survey System of the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The survey included questions on the following topics:

- o Seatbelt use
- o Exercise
- o Tobacco use
- o Alcohol consumption
- o Women's health
- o Children's issues (e.g., safety seat use)
- o HIV/AIDS knowledge
- o Preventive health practices
- o Health conditions (diabetes, arthritis, asthma)
- o Health care communications
- o Types of practitioners utilized
- o Health care coverage
- o Barriers to health care
- o Community concerns
- o Demographics

This version of the survey has been used for several years in the State of Nebraska for the general population and racial and ethnic minorities in selected counties.

B. COMMUNITY ENTRY

Contacts were made with community agencies to explain the purpose of the survey of the MBRFSS and to obtain their support and participation. Community interviewers, individuals who were familiar with the Hispanic/Latino community and who were well trusted in the community, were recruited and trained. Face-to-face interviews were conducted during the summer and fall of 2003.

C. ELIGIBILITY

Non-institutionalized persons 18 years and older were eligible to participate in the survey. The survey targeted persons who self-identified as Hispanic/Latino. Respondents were not paid for participating.

D. SAMPLING

The survey used a stratified convenience field sample designed to reflect the demographic characteristics of the areas within Buffalo County with the highest concentration of racial and ethnic minorities. Convenience sampling was chosen because these minority populations live primarily in small, urbanized areas through the county. Face-to-face interviews were conducted. Respondents were stratified by town-city, with quotas by gender and age group, based on Census 2000 data for that county or urbanized area.

E. RECRUITMENT & SELECTION OF RESPONDENTS

Subjects were recruited using multiple methods:

- 1) Congregate points or events were used such as churches, grocery stores, community service organizations, health fairs, community festivals, and sport clubs. Once a person was contacted, they were interviewed onsite (if there was time and privacy) or by appointment at a safe location.
- 2) Door-to door canvassing was used to identify subjects in areas with small clusters of population.

Every individual or household that was contacted was also screened. Once an eligible person was identified, their cooperation was solicited. First, the interviewer introduced him or herself and explained the purpose of the survey and its usefulness. Second, they determined the eligibility of the person based on the quota. When approaching a household, an interviewer may have found more than one person who met the eligibility criteria. The person who most recently celebrated a birthday was selected. Once eligibility was determined, consent to participate in the study was secured. The interviewer read the *Consent to Participate in an Interview* form in the preferred language and had the respondent sign it. The interviewer countersigned the form and began the interview.

F. DATA COLLECTION & EDITING

Local bilingual interviewers were recruited and trained by a team from the University of Illinois at Chicago Midwest Latino Health Research, Training, and Policy Center on the purpose of the survey, the sampling procedure to be followed, and on the content of the questionnaire. A local field coordinator supervised and

monitored the quality of data collection and arranged to pick up surveys regularly. A total of 133 interviews were completed. Interviews were conducted in Spanish for most of the survey respondents.

G. DATA ANALYSIS

The *Statistical Package for Social Sciences* (SPSS) was used for the development of the database and for data analysis. Frequency distributions were used for data cleaning, and cross-tabulations were conducted for data analysis and used for descriptive purposes.

H. STUDY LIMITATIONS

Limitations may include, but are not limited to; data interviewer errors, survey errors, and the use of convenience sampling. The data collection targeted only Hispanics/Latinos living in Buffalo County. Therefore, findings cannot be generalized to all residents of Buffalo County. The data collected is based on a quota-based convenience sample; therefore, the certainty of the findings, and the level of extrapolation that can be made based on such findings is more limited than if the survey had been conducted using a probability sampling design. Furthermore, MBRFSS contained some questions translated into Spanish that may have different meanings than those intended in the original questions.

CHAPTER III: SELECTED FINDINGS FROM THE BUFFALO COUNTY MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

This chapter provides selected results of the MBRFSS for Buffalo County. It includes:

- a) The respondent's demographic characteristics;
- b) Health status, including chronic conditions and use of preventive health services;
- c) Women's health;
- d) Children's health;
- e) Behavioral risk factors;
- f) HIV/AIDS knowledge;
- g) Access to health care;
- h) Community concerns;
- i) Workplace concerns.

Most of the findings were analyzed and presented in tables by gender.

A. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

133 interviews were completed in Buffalo County.

1) Gender & Age

- o 61 of surveyed respondents were female.
- o The average age of respondents was 36.1 years.

2) Race/Ethnicity

- o All respondents in this county identified themselves as Hispanic/Latino.

3) Residence in the United States

- o Immigrant respondents reported living an average of 11.8 years in the United States.
- o 28% reported living in the U.S. five years or less, and 40.4% had lived in the U.S. over 11 years.

4) Hispanic/Latino National Origin

- o The predominant Hispanic ethnic group was Mexican (79.7%), followed by Guatemalan (6.8%), Salvadorian (5.3%), Cuban (1.5%), and Puerto Rican (0.8%).
- o 6% either reported a different Hispanic/Latino national origin or did not specify one.

5) Marital Status

- o 75.9% of the respondents reported being married or a member of an unmarried couple, 15.8% were never married, 2.3% were separated, 3% were divorced, and 3% were widowed.

6) Educational Attainment

- o 42.9% of respondents had less than an 8th grade education.
- o 12.8% reported completing high school or its equivalent.
- o Few (5.3%) people completed a post-graduate/professional degree.

Table 3.1: Buffalo County Socio-Demographic and Economic Characteristics, 2003

	<u>72</u>	<u>61</u>	<u>133</u>				
	Male	Female	Total		Male	Female	Total
Sex (%)	54.1	45.9		Race/Ethnicity (%)	<u>72</u>	<u>61</u>	<u>133</u>
				Hispanic	100.0	100.0	100.0
Age (%)	<u>72</u>	<u>61</u>	<u>133</u>	Native American	0.0	0.0	0.0
18 to 24	22.2	13.1	18.0	Hispanic origin (%)	<u>72</u>	<u>61</u>	<u>133</u>
25 to 34	30.6	41.0	35.3	Mexican	81.9	77.0	79.7
35 to 44	29.2	23.0	26.3	Cuban	1.4	1.6	1.5
45 to 54	9.7	9.8	9.8	Puerto Rican	1.4	0.0	0.8
55 or more	8.3	13.1	10.5	Salvadorian	5.6	4.9	5.3
Mean Age	<u>72</u>	<u>61</u>	<u>133</u>	Guatemalan	4.2	9.8	6.8
	35.3	37.0	36.1	Other Latino / Not specified	5.6	6.6	6.0
Self Reported Race (%) (except Hispanic/Latino)	<u>0</u>	<u>0</u>	<u>0</u>	Marital Status (%)	<u>72</u>	<u>61</u>	<u>133</u>
White	--	--	--	Married/unmarried couple	77.8	73.8	75.9
Native American	--	--	--	Divorced	2.8	3.3	3.0
Other	--	--	--	Widowed	0.0	6.6	3.0
Multiracial	--	--	--	Separated	1.4	3.3	2.3
Don't know/Not sure	--	--	--	Never Married	18.1	13.1	15.8
Refused	--	--	--	Educational Attainment (%)	<u>72</u>	<u>61</u>	<u>133</u>
Place of Birth (%)	<u>72</u>	<u>61</u>	<u>133</u>	Elementary school or less	34.7	52.5	42.9
USA	16.7	11.5	14.3	Some high school	34.7	24.6	30.1
Not Born in USA	83.3	88.5	85.7	High school graduate/GED	15.3	9.8	12.8
(If Not born in USA)	<u>60</u>	<u>54</u>	<u>114</u>	Some tech. school or college	6.9	1.6	4.5
Mean years in the USA	12.4	11.2	11.8	Technical School Graduate	1.4	0.0	0.8
Years in the USA (%)				College Graduate	1.4	1.6	1.5
0 to 2	10.0	11.1	10.5	Postgraduate/Prof. degree	5.6	4.9	5.3
3 to 5	18.3	16.7	17.5	Mean years of education	9.7	8.6	9.2
6 to 10	26.7	37.0	31.6				
11 or more	45.0	35.2	40.4				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

7) Employment & Type of Work in Country of Origin

- o The majority of the respondents reported being employed (62.4%).
- o Of the 49 persons who were not employed, 47 provided a reason for unemployment. 63.8% were homemakers, 14.9% were students, and 21.3% were unable to work.
- o Of the unemployed, 26.3% reported actively seeking employment.

- o 85.7% of the survey respondents were born outside the U.S.
- o Of those born outside of the U.S., 25.2% were employed in fieldwork in their country of origin, but only 2.3% said they were employed in that type of work in Buffalo County. At the time of the study, most of the immigrant respondents worked in the county's meatpacking industry (23.8%), or in construction (10.8%).

Table 3.2: Buffalo County Demographic and Economic Characteristics, 2003

	<u>72</u> Male	<u>61</u> Female	<u>133</u> Total		Male	Female	Total
Employed (%)							
Yes	81.9	39.3	62.4	Household with children < 18	<u>72</u>	<u>61</u>	<u>133</u>
No	18.1	59.0	36.8	% of Total	48.6	62.3	54.9
<i>(If No)</i>				...by marital status (%)	<u>35</u>	<u>38</u>	<u>73</u>
Reasons for unemployment (%)	<u>10</u>	<u>37</u>	<u>47</u>	Married	88.6	76.3	82.2
Homemaker	10.0	78.4	63.8	Divorced	0	2.6	1.4
Student	40.0	8.1	14.9	Widowed	0.0	0.0	0.0
Unable to work	50.0	13.5	21.3	Separated	0.0	0.0	0.0
Retired	0.0	0.0	0.0	Single	0.0	5.3	2.7
				Unmarried couple	11.4	15.8	13.7
Seeking employment (%)	<u>7</u>	<u>31</u>	<u>38</u>		<u>69</u>	<u>55</u>	<u>124</u>
Yes	57.1	19.4	26.3	Mean Annual Income	23,406	20,909	22,298
No	42.9	80.6	73.7				
Length of time unemployed (%)	<u>7</u>	<u>29</u>	<u>36</u>	Annual household income (%)			
Less than 1 month	14.3	0.0	2.8	Less than \$10,000	4.3	23.6	12.9
1 to 3 months	0.0	3.4	2.8	\$10,000 - \$24,999	63.8	50.9	58.1
4 to 6 months	14.3	0.0	2.8	\$25,000 - \$39,999	18.8	12.7	16.1
7 months to 1 year	0.0	13.8	11.1	\$40,000 or more	13.0	12.7	12.9
More than 1 year	71.4	75.9	75.0				
Refused	0.0	6.9	5.6				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

8) Household Composition

- o 54.9% of the respondents said they had children at home for whom they were responsible.
- o Of those who reported having children at home, 82.2% were married, 13.7% were part of an unmarried couple, and 2.7% were single.

9) Annual Income

The average annual income for respondents was \$22,298. The annual household income (from all sources before taxes) was as follows:

- o 12.9% of the respondents earned less than \$10,000.
- o 58.1% reported earning between \$10,000 and \$24,999.
- o 16.1% earned between \$25,000 and \$39,000.
- o 12.9% earned more than \$40,000.

B. HEALTH STATUS & USE OF PREVENTIVE HEALTH SERVICES

Regular annual preventive care is considered essential for the early detection and treatment of chronic diseases. The MBRFSS included a number of questions related to preventive health services. They included perceived health status, percentage and frequency of preventive routine physical examinations, percentage and frequency of eye and dental examinations, blood pressure and cholesterol screening, and use of services. The findings on these health status indicators are described below.

1) Perceived Health Status

Generally, self-reported health status is a strong indicator of a person's health status. Results reflect age and the presence or absence of chronic diseases and disability. Taken together, self-reported health status reflects the well-being of the community.

- o Most respondents reported their health status as "excellent/very good" (26.3%) or "good" (39.8%).
- o 33.1% of the survey population rated their health as "fair/poor."

Table 3.3: Buffalo County Health Status & Use of Health Services, 2003

	<u>72</u>	<u>61</u>	<u>133</u>		Male	Female	Total
Self-Reported Health Status (%)				HYPERTENSION/HIGH BLOOD PRESSURE			
Excellent/Very Good	31.9	19.7	26.3	Last time checked for	<u>72</u>	<u>61</u>	<u>133</u>
Good	36.1	44.3	39.8	High Blood Pressure (%)			
Fair/Poor	31.9	34.4	33.1	Less than 1 year (0 to 12 months)	40.3	77.0	57.1
				1-2 years (13 to 24 months)	19.4	13.1	16.5
				2+ years (25+ months)	22.2	6.6	15.0
				Never	0.0	0.0	0.0
Time since last visit to Medical Doctor for a routine checkup (%)				Ever told had High Blood Pressure (%)	<u>72</u>	<u>61</u>	<u>133</u>
Less than 1 year (0 to 12 months)	33.3	70.5	50.4	Yes	8.3	26.2	16.5
1-2 years (13 to 24 months)	37.5	18.0	28.6	No	84.7	68.9	77.4
2+ years (25+ months)	25.0	9.8	18.0				
Never	0.0	0.0	0.0	(If Yes)			
Time since last visit to Eye Doctor (%)				Number of times was told			
Less than 1 year (0 to 12 months)	15.5	34.4	24.2	Blood Pressure was high (%)	<u>6</u>	<u>16</u>	<u>22</u>
1-2 years (13 to 24 months)	15.5	31.1	22.7	Only Once	0.0	56.3	40.9
2+ years (25+ months)	1.5	19.7	27.3	More than once	100.0	43.8	59.1
Never	5.6	0.0	3.0				
Time since last visit to the Dentist (%)				Controlling High Blood Pressure (%)	<u>6</u>	<u>16</u>	<u>22</u>
Less than 1 year (0 to 12 months)	31.9	37.7	34.6	Yes	66.7	93.8	86.4
1-2 years (13 to 24 months)	16.7	26.2	21.1	No	33.3	6.3	13.6
2+ years (25+ months)	37.5	27.9	33.1				
Never	0.0	0.0	0.0	(If Yes)			
Number of permanent teeth have been removed due to decay or gum disease (%)				Controlling with (%)	<u>4</u>	<u>15</u>	<u>19</u>
1 to 5	<u>70</u>	<u>60</u>	<u>130</u>	(Multiple Responses Allowed)			
6 or more but not all	41.4	40.0	40.8	Medication	75.0	41.2	47.6
All 32	4.3	13.3	8.5	Exercise	0.0	0.0	0.0
None (teeth not removed by dentist)	0.0	5.0	2.3	Diet	0.0	17.6	14.3
Don't Know/Refused	50.0	41.7	46.2	Other	25.0	41.2	38.1
	4.3	0.0	2.3				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

2) Routine Check Up

- o 50.4% of the respondents had visited a doctor for a routine check up within the past year. This included a higher percentage of females (70.5%) than males (33.3%).

3) Eye Care

- o 24.2% of the respondents had visited an eye doctor within the past year.
- o 3% had never had an eye exam.

4) Dental Care

- o Of the respondents, 34.6% said that they had seen a dentist within the past year.
- o 40.8% said they had up to five permanent teeth removed because of tooth decay or gum disease.
- o 8.5% of the respondents had six or more teeth (but not all) removed, and 2.3% had all of their teeth removed.
- o 46.2% of the survey population had never had a permanent tooth removed, including 50% of men and 41.7% of women.

5) Blood Pressure Screening & Use of Services

Hypertension (high blood pressure) is a risk factor associated with heart disease, stroke, kidney disease, and diabetes.

- o 57.1% of the respondents had their blood pressure checked by a doctor, nurse, or other health professional within the past year. A larger percentage of women (77%) than men (40.3%) had their blood pressure checked in the past year.
- o 16.5% had their blood pressure checked 13-24 months before the survey.
- o Among those who had their blood pressure checked, 16.5% had been told by a health professional that they had high blood pressure.
- o Of those told they had high blood pressure, 40.9% had been told only once that their blood pressure was high, and 59.1% had been told more than once.
- o Among the respondents reporting hypertension, the method most often used for controlling high blood pressure was medication (47.6%).

6) Blood Cholesterol Screening & Use of Services

High blood cholesterol is a risk factor for heart disease, stroke, and other circulatory problems.

- o 33.8% of the respondents had their blood cholesterol checked. This included a higher percentage of women (37.7%) than men (30.6%). Of these, 63.6% had their cholesterol checked in the past year.

- o Of those who had their cholesterol checked, 31.1% had been told by a health care professional that their blood cholesterol was high.

Table 3.4: Buffalo County Preventive Health Practices, 2003

	72	61	133		Male	Female	Total
	Male	Female	Total		Male	Female	Total
BLOOD CHOLESTEROL				DIABETES			
Has ever checked for Blood Cholesterol (%)				Ever told had diabetes or high blood sugar by health provider (%)			
Yes	30.6	37.7	33.8	Yes	4.2	6.6	5.3
No	66.7	62.3	64.7	Yes (female, only during pregnancy)	--	9.8	4.5
(If Yes)				No	90.3	83.6	87.2
Last time checked for Blood Cholesterol (%)				(If Yes or Yes during pregnancy)			
Less than 1 year (0 to 12 months)	52.4	73.9	63.6	Not controlling diabetes (%)	0.0	0.0	0.0
1-2 years (13 to 24 months)	23.8	21.7	22.7	Controlling with (%)			
2+ years (25+ months)	23.8	4.3	13.6	<i>(Multiple Responses Allowed)</i>			
Told had High Blood Cholesterol by health professional (%)				Insulin			
Yes	45.5	17.4	31.1	Oral medications	66.7	60.0	61.5
No	50.0	82.6	66.7	Exercise	0.0	0.0	0.0
SORE JOINTS				Diet			
Has had pain or swelling in joint during last year (%)				Other			
Yes	30.6	23.0	27.1	Insulin	100.0	0.0	23.1
No	69.4	77.0	72.9	Oral medications	66.7	60.0	61.5
(If Yes)				Exercise	0.0	0.0	0.0
Joint pain persisted for 15 days or more (%)				Diet			
Yes	50.0	42.9	47.2	Other	0.0	40.0	30.8
No	50.0	57.1	52.8	Last time saw a Doctor for diabetes (%)			
				Less than 1 year (0 to 12 months)			
				1-2 years (13 to 24 months)			
				2+ years (25+ months)			
				Never			
				ASTHMA			
				Ever told has asthma (%)			
				Yes			
				No			
				Still has asthma (%)			
				Yes			
				No			

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

C. CHRONIC CONDITIONS & USE OF HEALTH SERVICES

This section reports findings on the prevalence of three common chronic and disabling conditions: joint pain, diabetes, and asthma.

1) Joint Pain

Arthritis is a chronic condition, characterized by pain, aching, and stiffness or swelling in or around a joint.

- o During the previous 12 months, joint pain was reported by 27.1% of the total survey respondents. Of these, 47.2% reported these symptoms were present for 15 or more consecutive days.
- o A greater proportion of men than women reported sore joints (30.6% vs. 23%) and constant pain for 15 or more days (50% vs. 42.9%).

2) Diabetes

Diabetes is a chronic condition characterized by high levels of blood sugar. Gestational diabetes is the result of hormonal changes during pregnancy. It generally disappears after pregnancy, but can result in the development of diabetes within 5 to 10 years if diabetes risk factors are not reduced. Diabetes affects most organs and the circulatory system; resulting in complications to the heart, retinas, kidneys, feet, and skin (CDC, 2003). This survey assessed diabetes prevalence and self-management.

- o 5.3% of the survey population had been told by a doctor they had diabetes or high blood sugar (men 4.2%, women 6.6%).
- o Among female respondents, 9.8% were told that they had diabetes during their pregnancy.
- o Among those with diabetes, methods of control were oral medication (61.5%), insulin (23.1%), and special diet (15.4%).
- o Of those with diabetes, 76.9% had a diabetes check up within the past year.

3) Asthma

Asthma is a chronic respiratory disorder which tends to develop in childhood.

- o 1.5% of the respondents had been told by a doctor that they had asthma.

D. WOMEN'S HEALTH

This section summarizes the findings corresponding to women's health practices. They include clinical breast examination, use of mammography, Pap smear, pregnancy status, and smoking during pregnancy.

1) Breast Examination

- o Of the 61 female respondents, 78.7% had a clinical breast exam.
- o Of those who had a clinical breast exam, 79.2% had one within the past year.
- o 57.4% said they practiced breast self examination every month.

2) Mammograms

- o Among women over age 50, 72.7% had a mammogram.

3) Pap Smear

Pap smears are used for the early detection of cervical cancer, for which Hispanic/Latino women have higher rates and poorer outcomes compared to other racial and ethnic groups (American Cancer Society, 2003).

- o Among female respondents, 86.9% had a Pap smear.

- o Among those who had a Pap smear, 83% had it within the previous year. 88.7% of women who had a Pap smear had it done as part of a routine exam, and 9.4% had the test done to check for a problem.

Table 3.5: Buffalo County Women's Health 2003

	61		61
Has ever had a clinical breast exam (%)	61	<i>(If Had a Pap Smear = Yes)</i>	
Yes	78.7	Last time had Pap smear (%)	53
No	21.3	Less than 1 year (0 to 12 months)	83.0
		1-2 years (13 to 24 months)	11.3
		2+ years (25+ months)	3.8
<i>(If Yes)</i>		Reason for Pap smear (%)	53
Last time had clinical breast exam (%)	48	Routine exam	88.7
Less than 1 year (0 to 12 months)	79.2	Check problem	9.4
1-2 years (13 to 24 months)	14.6	Other	1.9
2+ years (25+ months)	6.3		
Performs breast self examination (%)	61	Last Pap smear in the past year (%)	44
Yes	57.4	for women 45y. or less	83.3
No	42.6	for women 46y. or more	81.8
Has ever had a mammogram (age >=50) (%)	11	Last Pap smear in the past 2+ years (%)	8
Yes	72.7	for women 45y. or less	14.3
No	27.3	for women 46y. or more	18.2
<i>(If Yes)</i>		Has been pregnant in the past 5 years (%)	61
Last time had mammogram (%)	8	Yes	37.7
Less than 1 year (0 to 12 months)	87.5	Yes, currently pregnant	3.3
1-2 years (13 to 24 months)	12.5	No	59.0
2+ years (25+ months)	0.0		
Reason for the mammogram (%)	8	<i>(If Yes or Yes, currently pregnant)</i>	
Routine Checkup	87.5	First visit to Doctor during pregnancy (%)	25
Breast problem other than cancer	0.0	Before the 3rd month	84.0
Had breast cancer	12.5	3rd month	12.0
		4th month	0.0
		5th month	0.0
Has ever had a Pap smear (%)	61	6th month	4.0
Yes	86.9	7th month	0.0
No	13.1		
		Smoked during pregnancy (%)	25
		Yes	4.0
		No, I wasn't a smoker	96.0
		No, I quit because of my pregnancy	0.0

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

4) Pregnancy

- o 37.7% of the respondents had been pregnant within the previous five years. At the time of this survey, 3.3% of the respondents were pregnant.
- o With their most recent pregnancy, 84% first visited a doctor or nurse during the first trimester, 12% did so in their third or fourth month, and 4% did so by their sixth or seventh month.

E. CHILDREN'S HEALTH

1) Age Distribution of Children in Households

55.3% of the respondents reported having children under the age of 18 living in their home for which they were the primary caretakers. The mean number of children in the home was 2.5.

- o 15.1% of the households had at least one child under one year old.
- o 49.3% had at least one child between one and four years of age.
- o 53.4% of the households had children between five and nine years of age.
- o 39.7% had children between 10-12 years of age.
- o 34.2% had children in the age range of 13-15 years.
- o 8.2% had children between 16 and 17 years of age.

2) Protective Car Seats

For injury prevention in motor vehicle crashes, Nebraska law requires the use of protective car seats for children.

- o 81.3% of respondents reported always using child-protective car seats for their children under five years old (or under 40 pounds of weight).
- o Both men and women reported always using child-protective car seats for their children (80% and 82.4% respectively).

3) Exposure to Environmental Tobacco Smoke

- o 6.9% of the parents reported that someone smoked in the house or in the car when the children were present. Only male respondents (14.3%) reported this behavior.
- o 91.7% said that no smoking occurred around the children.

4) Asthma, Dental Care, & Lead Poisoning

- o Among respondents who had children living at home, 9.6% reported having a child with asthma.
- o A routine dental exam at least once per year for the household children was reported by 74% of the respondents.
- o 1.4% of survey respondents stated that their children had been treated for lead poisoning.

5) Vaccinations

Vaccinations are important for the prevention of life-threatening or disabling infections, particularly among younger children. The survey findings related to the vaccination status of children two years of age or older were as follows.

- o Almost all of the survey respondents with children (94.4%) reported that their children had received the recommended four Diphtheria-Tetanus-Pertussis (DTP) doses.
- o 95.8% of the respondents with children stated that their children had received three doses of polio vaccine and one dose of Measles-Mumps-Rubella (MMR) vaccine.

Table 3.6: Buffalo County Children Issues Health Practices 2003

	<u>72</u> Male	<u>61</u> Female	<u>133</u> Total		Male	Female	Total
<u>Has children with less than 18 years of age (%)</u>	<u>72</u>	<u>61</u>	<u>133</u>	<i>(If Has Children <18 = Yes)</i>			
Yes	48.6	63.3	55.3	<u>Has children with asthma (%)</u>	<u>35</u>	<u>38</u>	<u>73</u>
No	51.4	36.7	44.7	Yes	0.0	18.4	9.6
<i>(If Yes)</i>	<u>35</u>	<u>38</u>	<u>73</u>	<u>Your children visit the dentist once per year (%)</u>	<u>35</u>	<u>38</u>	<u>73</u>
<u>Mean Number of children</u>	2.7	2.3	2.5	Yes	65.7	81.6	74.0
<u>Age groups (%)</u>				<u>Have your children ever treated for lead poisoning (%)</u>	<u>35</u>	<u>38</u>	<u>73</u>
Under 1 year of age	14.3	15.8	15.1	Yes	0.0	2.6	1.4
1 to 4 years of age	51.4	47.4	49.3	<u>Complete vaccinations for your child (> 2yrs) (%)</u>	<u>34</u>	<u>37</u>	<u>71</u>
5 to 9 years of age	60.0	47.4	53.4	Four DTP shots	94.1	94.6	94.4
10 to 12 years of age	42.9	36.8	39.7	Three doses of Polio Vaccine	94.6	97.1	95.8
13 to 15 years of age	34.3	34.2	34.2	One dose of MMR	94.6	97.1	95.8
16 to 17 years of age	11.4	5.3	8.2	<i>(If Not Complete vaccinations)</i>			
<u>Uses a car or booster seat for children < 5 (%)</u>	<u>15</u>	<u>17</u>	<u>32</u>	<u>Primary reason why child did not receive immunizations (%)</u>	<u>2</u>	<u>3</u>	<u>5</u>
Always	80.0	82.4	81.3	Too expensive	0.0	33.3	20.0
Nearly always	6.7	17.6	12.5	Vaccination service not available	0.0	33.3	20.0
Sometimes	0.0	0.0	0.0	Don't know/Not sure	0.0	33.3	20.0
Seldom	6.7	0.0	3.1	Other	50.0	0.0	20.0
Never	6.7	0.0	3.1	Refused	0.0	0.0	0.0
<u>Smokes at home or in car when children are present (%)</u>	<u>35</u>	<u>37</u>	<u>72</u>	No reason	50.0	0.0	20.0
Yes	14.3	0.0	6.9				
Yes, but not around the children	0.0	0.0	0.0				
No	82.9	100.0	91.7				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

F. BEHAVIORAL RISK FACTORS FOR CHRONIC DISEASE

This section summarizes data on risk factors that are major preventable contributors to chronic diseases and their complications.

1) Tobacco Use

Tobacco smoking is a major preventable risk factor for cancer, heart disease, lung disease, and circulatory complications.

- o 27.8% of respondents reported currently using tobacco products. This percentage was higher among males (41.7%) than females (11.5%).
- o Among tobacco users, 12.8% said they smoked every day, and 15% said they smoked some days. A greater percentage of men (20.8%) reported smoking everyday than women (3.3%).
- o 88.5% of the women reported not smoking at all compared to 58.3% for men.
- o Daily smokers averaged 10.2 cigarettes per day.
- o The average age of initiation to smoking reported by daily smokers was 15.1 years.
- o 5.9% of the respondents had tried to quit for one day or longer during the past twelve months.

Table 3.7: Buffalo County Use of Tobacco & Alcohol Consumption, 2003

	<u>72</u>	<u>61</u>	<u>133</u>				
	Male	Female	Total		Male	Female	Total
Uses tobacco products							
Yes	41.7	11.5	27.8	(If Consumes Alcohol = Yes)			
No	58.3	88.5	72.2	<u>Mean number of drinking days per week</u>	<u>42</u>	<u>8</u>	<u>50</u>
					1.4	1.4	1.4
Frequency of smoking							
Every day	20.8	3.3	12.8	<u>Mean age started drinking once per week</u>	<u>39</u>	<u>7</u>	<u>46</u>
Some days	20.8	8.2	15.0		17.7	21.4	18.3
Not at all	58.3	88.5	72.2	<u>On a drinking day, mean number of drinks</u>	<u>41</u>	<u>8</u>	<u>49</u>
					5.8	3.0	5.3
<i>(If Frequency of Smoking = Every day)</i>							
<u>Mean number of cigarettes smoked per day</u>	<u>15</u>	<u>2</u>	<u>17</u>	<u>Mean number of days when had 5+ drinks</u>	<u>42</u>	<u>8</u>	<u>50</u>
	11.0	4.0	10.2		1.6	1.1	1.6
	<u>15</u>	<u>2</u>	<u>17</u>	<u>Mean number of days when drove after having 5+ drinks</u>	<u>40</u>	<u>8</u>	<u>48</u>
<u>Mean age started smoking daily</u>	15.1	15.5	15.1		1.1	0.1	1.0
				Tobacco and Alcohol consumption			
<u>Tried to quit smoking</u>	<u>15</u>	<u>2</u>	<u>17</u>	<i>Mutually exclusive groups (*)</i>			
(For 1 day or longer in the past 2 months)	6.7	0.0	5.9	Both alcohol and tobacco	38.6	4.9	22.9
				Alcohol Only	54.3	36.1	45.8
Consumes alcohol							
Yes	<u>72</u>	<u>61</u>	<u>133</u>	Tobacco Only	4.3	6.6	5.3
Yes, but not regularly	58.3	13.1	37.6	Neither	2.9	52.5	26.0
Yes, but not regularly	31.9	27.9	30.1				
Not at all	6.9	59.0	30.8				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

2) Alcohol Consumption

Excessive and/or inappropriate alcohol consumption may lead to short term behavioral problems such as alcohol-related motor vehicle crash injuries, interpersonal violence, alcohol poisoning, and alcohol addiction; with many economic, family, and social consequences. In the long term, it leads to cirrhosis of the liver, heart damage, and dementia.

- o 37.6% of the respondents reported alcohol consumption in the month prior to the study. The percentage was considerably higher for males (58.3%) compared to females (13.1%).

- o On occasions when they drank, respondents consumed an average of 5.3 drinks. Females reported drinking 3 drinks and males reported having 5.8 drinks.
- o Respondents were, on average, 18.3 years old when they began having a drink at least once per week.
- o During the past year, respondents reported driving 1 time after having consumed at least five drinks. Males reported this behavior more frequently, 1.1 times compared to 0.1 reported for females.

3) Exercise

Exercise is defined as any physical activity (any movement that burns calories) that follows a planned schedule and format. It must be intentional and regular. Standards now call for at least 150 minutes per week of exercise (30 minutes per day). The survey respondents were asked whether "during the past month, they participated in any physical activities like running, calisthenics, golf, gardening, sports, dancing, or walking for exercise." The results were as follows:

- o 48.9% of the respondents said they participated in weekly physical activity, and 51.1% were inactive. A greater percentage of women (54.1%) than men (48.6%) reported being inactive.

Table 3.8: Buffalo County Risk Factors: Exercise, Obesity, & Seatbelt Use, 2003

	72	61	133		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Any physical activity in the past month (%)				Obesity			
Yes	51.4	45.9	48.9	Body Mass Index (BMI)	71	57	128
No	48.6	54.1	51.1	Mean BMI	28.7	29.9	29.2
Frequency of any physical activity/past month (%)				Categorized BMI (%)			
Weekly	47.1	41.0	44.3	Underweight	< 18.5 Kg/m ²	0.0	0.0
Monthly	4.3	4.9	4.6	Normal weight	18.5 - 24.9 Kg/m ²	19.7	14.0
No Activity	48.6	54.1	51.1	Overweight	25 - 29.9 Kg/m ²	45.1	42.1
<i>(If Physical Activity = Yes)</i>	<u>37</u>	<u>28</u>	<u>65</u>	Obesity (Class 1)	30 - 34.9 Kg/m ²	25.4	35.1
Mean # times activity was performed in the last month	<u>34</u>	<u>25</u>	<u>59</u>	Obesity (Class 2)	35 - 39.9 Kg/m ²	9.9	0.0
(If Frequency = Weekly)	3.0	3.3	3.1	Extreme Obesity (Class 3)	>= 40 Kg/m ²	0.0	8.8
(If Frequency = Monthly)	<u>3</u>	<u>3</u>	<u>6</u>	Seatbelt Use			
	4.7	4.0	4.3	How often do you use seat belts (%)	69	58	127
Mean # minutes per exercise session				<i>(Only for those who drive or ride in a car)</i>			
(If Frequency = Weekly)	<u>33</u>	<u>25</u>	<u>58</u>	Always	34.8	50.0	41.7
(If Frequency = Monthly)	81.3	70.4	76.6	Nearly always	26.1	13.8	20.5
	<u>3</u>	<u>3</u>	<u>6</u>	Sometimes	29.0	22.4	26.0
(If Frequency = Monthly)	36.7	76.7	56.7	Seldom	5.8	8.6	7.1
				Never	4.3	5.2	4.7

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

4) Obesity

Obesity is a major risk factor for chronic diseases such as heart disease, stroke, and diabetes, among others. In the survey, respondents were asked to report their weight and height. As a result, a Body Mass Index (BMI) was estimated (weight in kilo/height in meters²).

- o Based on the BMI, 17.2% of the respondents had a normal weight with scores ranging between 18.5 and 24.9. The rest of the respondents were either overweight or obese.

5) Seatbelt Use

- o 41.7% of the respondents said they always wore seatbelts when driving or riding in a car or vehicle. A smaller percentage of men than women reported always using seatbelts (34.8% and 50%, respectively).

Table 3.9: Buffalo County HIV/AIDS Knowledge, 2003

	72 Male	61 Female	133 Total		72 Male	61 Female	133 Total
% Who thinks the HIV is the same as AIDS	73.6	68.9	71.4	Kissing a person with AIDS (on the lips) (%)			
% Who are not familiar with HIV/AIDS	8.3	6.6	7.5	(Correct Answer) Yes	31.9	37.7	354.6
Knowledge of High Risk categories for contracting HIV/AIDS	72	61	133	(Correct Answer) No	56.9	37.7	48.1
Pregnant woman with HIV can transmit the virus to unborn baby (%)				Don't Know/ Not sure	11.1	24.6	17.3
(Correct Answer) Yes	83.3	77.0	80.5	Refused	0.0	0.0	0.0
(Correct Answer) No	8.3	1.6	5.3	Mosquito bites (%)			
(Correct Answer) Don't Know/ Not Sure	8.3	21.3	14.3	(Correct Answer) Yes	33.3	19.7	27.1
(Correct Answer) Refused	0.0	0.0	0.0	(Correct Answer) No	52.8	52.5	52.6
Sharing needles through intravenous drug use (%)				(Correct Answer) Don't Know/ Not sure	13.9	27.9	20.3
(Correct Answer) Yes	93.1	80.3	87.2	(Correct Answer) Refused	0.0	0.0	0.0
(Correct Answer) No	0.0	0.0	0.0	Using the same toilet as a person with AIDS (%)			
(Correct Answer) Don't Know/ Not sure	6.9	19.7	12.8	(Correct Answer) Yes	13.9	31.1	21.8
(Correct Answer) Refused	0.0	0.0	0.0	(Correct Answer) No	75.0	42.6	60.2
Sexually active with more than one partner and not using condom (%)				(Correct Answer) Don't Know/ Not sure	11.1	26.2	18.0
(Correct Answer) Yes	88.9	78.7	84.2	(Correct Answer) Refused	0.0	0.0	0.0
(Correct Answer) No	2.8	3.3	3.0	Categorized knowledge about HIV/AIDS transmission			
(Correct Answer) Don't Know/ Not sure	8.3	18.0	12.8	Low knowledge	36.1	62.3	48.1
(Correct Answer) Refused	0.0	0.0	0.0	High knowledge	70.8	54.1	63.2

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

6) HIV/AIDS Knowledge

Knowledge about HIV infection is the first step to protecting oneself from acquiring HIV/AIDS, a condition that represents a leading cause of death for ethnic minorities.

- o 71.4% of the respondents believed that HIV is the same as AIDS.
- o Few people in the survey (7.5%) reported not being familiar with HIV/AIDS.

- o 80.5% knew that a pregnant woman who has HIV can transmit the virus to her unborn baby. 83.3% of men knew of this mode of transmission, as did 77% of women.
- o 87.2% of the respondents believed that sharing needles through intravenous drug use poses a high risk for contracting HIV.
- o 84.2% believed that being sexually active with more than one partner and not using a condom poses a high risk.
- o 34.6% believed that kissing a person with AIDS on the lips poses a high risk. Fewer men than women agreed with this statement (31.9% vs. 37.7%).
- o 27.1% said that mosquito bites put them at risk for contracting HIV. More males than females believed that mosquito bites put them at risk (33.3% vs. 19.7%). 20.3% did not know or were not sure.
- o Using the same toilet as a person with AIDS is risky, according to 21.8% of the respondents, while 60.2% said that this is not so, and 18% said they were not sure.

G. ACCESS & USE OF HEALTH SERVICES

This section reports on the access and use of health services. We examine health insurance coverage, medical care insecurity (lack of insurance), the extent of medical insurance coverage, and whether respondents have a regular source of health care. We then discuss help-seeking behaviors and barriers to health care.

1) Health Insurance

Lack of health insurance is a major financial barrier to health care. Health insurance coverage is related to a number of factors including respondents' employment status and immigration status. Lack of health insurance results in higher out-of-pocket costs, and lower use of health services for prevention or for an episode of illness.

- o 48.6% of the survey population did not have any kind of insurance.
- o Most of those with insurance obtained it through their place of employment (47.4%) or through Medicaid (21.1%).

2) Medical Care Coverage of Services

- o For 38.6% of the insured, their private health care plan covered 50-99% of the hospital expenses. 21.1% of the respondents who had medical insurance had 100% hospital coverage, and 24.6% had 100% doctor's office coverage.

- o Respondents said they were without health insurance because they could not afford to pay the premiums (34.2%), or they lost their job or changed employers (11.8%).
- o 48.6% of the respondents without health insurance said that there was a time within the previous 12 months when they needed to see a doctor, but could not because of the cost.

3) Regular Source of Health Care

- o 45.1% of respondents stated that they had a particular medical doctor they usually saw. A larger percentage of females (57.4%) reported having a regular doctor than males (34.7%). More insured persons had a regular doctor (53.6%) than uninsured persons (46.4%).
- o When respondents visited a medical doctor, 38.3% went to the doctor's office, and 36.8% went to the health department or community clinic.
- o Only 3% reported going to or depending on hospital emergency rooms.

Table 3.10: Buffalo County Health Care Coverage & Access to Health Care, 2003

	63	48	111		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Has Health Insurance (%)				Hospital bills, Health Plan Covers (%)	30	27	57
Yes	47.6	56.3	51.4	100 % (All)	13.3	29.6	21.1
No	52.4	43.8	48.6	50% to 99%	53.3	22.2	38.6
				1% to 49%	10.0	14.8	12.3
<i>(If Yes)</i>				0%	3.3	0.0	1.8
Type of Health Insurance (%)	30	27	57	Do not know/Not sure	20.0	33.3	26.3
Your employer	73.3	18.5	47.4	Doctor's Office, Health Plan Covers (%)	72	61	133
Someone else's employer	6.7	22.2	14.0	100 % (All)	13.3	37.0	24.6
Indian/Alaska Native Health Service	0.0	0.0	0.0	50% to 99%	70.0	25.9	49.1
Medicare	6.7	11.1	8.8	1% to 49%	10.0	11.1	10.5
Medicaid or Medical Assistance	10.0	33.3	21.1	0%	0.0	0.0	0.0
A plan that you or someone else buys for you	3.3	11.1	7.0	Do not know/Not sure	6.7	25.9	15.8
The military, CHAMPUS, Tricare, or the VA	0.0	0.0	0.0				
<i>(If No)</i>				In last year, could not see a doctor when needed due to costs (%)	63	48	111
Reason without Health Insurance (%)	42	34	76	Has Health Insurance	47.6	56.3	51.4
Lost job or changed employer	14.3	8.8	11.8	No Health Insurance	52.4	43.8	48.6
Employer doesn't offer/stopped offering coverage	11.9	2.9	7.9				
Became divorced or separated	0.0	0.0	0.0	Saw a Doctor in town, when needed (%)	34	35	69
Couldn't afford to pay the premiums	26.2	44.1	34.2	Has Health Insurance	55.9	51.4	53.6
Lost Medicaid/Medical Assistance eligibility	4.8	11.8	7.9	No Health Insurance	44.1	48.6	46.4
Cut back to part time/or became temp employee	7.1	0.0	3.9				
Became ineligible because of age/left school	0.0	0.0	0.0	Has a particular Medical Doctor or regular source of care (%)	72	61	133
Spouse or parent lost job/changed employers	0.0	5.9	2.6	Yes	34.7	57.4	45.1
Other	28.6	26.5	27.6	No	62.5	41.0	52.6

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

4) Race/Ethnicity as a Health Care Barrier

Respondents were asked specifically if they believe race or ethnicity is a barrier to receiving health services in their community. Findings indicate that:

- o 10.5% strongly agreed and 25.6% agreed that ethnicity or race is a barrier to receiving services.
- o 37.6% disagreed and 4.5% strongly disagreed.

Table 3.11: Buffalo County Barriers to Health Care, 2003

	72	61	133		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Source of regular Care (%)	72	59	131	<i>(If Has been sick/ill in the past 12 months = Yes)</i>			
Doctor's Office	36.1	41.0	38.3	Source of care (%)	31	36	67
Hospital Emergency room	4.2	1.6	3.0	<i>(Multiple Response)</i>			
Health Department or community clinic	34.7	39.3	36.8	Folk Healer/Medicine Man	3.2	0.0	1.5
Indian Health Service	0.0	0.0	0.0	Psychic/Spiritualist	0.0	0.0	0.0
Company Clinic	2.8	1.6	2.3	Medical Doctor	83.9	88.9	86.6
Have not been to a doctor	18.1	9.8	14.3	Chiropractor	32.0	5.6	4.5
Other	4.2	33.0	3.8	Pharmacist (non prescription)	16.1	5.6	10.4
				Hospital Emergency Room	12.9	22.2	17.9
Believe race or ethnicity is a barrier to receiving health services in your community (%)	72	61	133	Counselor	6.5	0.0	3.0
Strongly agree	15.3	4.9	10.5	Family/Friend/Neighbor	45.2	22.2	32.8
Agree	26.4	24.6	25.6	Nurse/Nurse Practitioner	22.6	19.4	20.9
Disagree	37.5	37.7	37.6	Church or Temple	9.7	19.4	14.9
Strongly Disagree	5.6	3.3	4.5	Community Center	6.5	2.8	4.5
Don't know/Not sure	15.3	27.9	21.1				
				Which one do you typically go first (%)	31	36	67
Problems getting Health Care (%)	72	61	133	<i>(Unit Selection)</i>			
<i>(Multiple Response)</i>				Folk Healer/Medicine Man	0.0	0.0	0.0
It costs too much / can't afford it	36.1	31.1	33.8	Psychic/Spiritualist	0.0	0.0	0.0
Don't trust or like doctors	9.7	9.8	9.8	Medical Doctor	51.2	80.5	65.5
Provider does not speak your language	40.3	34.4	37.6	Chiropractor	2.3	0.0	1.2
Treated differently because of your race	13.9	10.2	13.5	Pharmacist (non prescription)	0.0	0.0	0.0
Don't know where to go for help	18.1	8.0	13.5	Hospital Emergency Room	0.0	0.0	0.0
Don't have transportation	19.4	29.5	24.1	Counselor	0.0	0.0	0.0
Office hours are inconvenient	15.7	21.3	18.3	Family/Friend/Neighbor	25.6	12.2	19.0
Long wait time at Doctor's office	36.1	41.0	38.3	Nurse/Nurse Practitioner	0.0	0.0	0.0
Provider doesn't understand your cultural practices	1.4	3.3	2.3	Church or Temple	2.3	4.9	3.6
Takes too long to get appointment	6.9	9.8	8.3	Community Center	0.0	0.0	0.0
				Other	0	0	0
Has been sick or ill during the past 12 months (%)	72	61	133	No Answer	18.6	2.4	10.7
Yes	43.1	59.0	50.4				
No	56.9	41.0	49.6				

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

5) Obstacles to Obtaining Health Care

Respondents considered the following factors significant problems to obtaining health care.

- o Long wait time at the doctor's office, 38.3%.
- o Provider does not speak their language, 37.6%.
- o It costs too much/can't afford it, 33.8%.
- o Don't have transportation, 24.1%.
- o Office hours are inconvenient, 18.3%.

- o Treated differently because of race, 13.5%.
- o Don't know where to go for help, 13.5%.
- o Don't trust or like doctors, 9.8%.
- o Long time getting appointments, 8.3%.
- o Providers do not understand cultural practices, 2.3%.

6) Help Seeking Behaviors

The survey asked respondents to report places and persons from whom they had sought help for their medical problems during the last twelve months. 50.4% of the respondents reported being sick or ill during the previous twelve months. A greater proportion of females (59%) reported being ill than males (43.1%).

Those who had been sick utilized the following resources:

- o 86.6% visited a medical doctor.
- o 32.8% sought the help of family member, friend, or neighbor.
- o 20.9% went to a nurse or nurse practitioner.
- o 17.9% went to a hospital emergency room.
- o 14.9% had sought help from a church or temple.
- o 10.4% sought help from a pharmacist.
- o 4.5% sought help from a chiropractor.
- o 4.5% sought help from a community center.
- o 3% sought help from a counselor.
- o 1.5% went to a folk healer, *curandero*, or medicine man.

H. COMMUNITY PROBLEMS

Respondents were asked to rate 10 different issues based on their level of importance in their community using a scale from one to five where one is not important and five is critical. They reported the following issues as critical.

- o Rank 1: Employment, 88.5%.
- o Rank 2: Health (including environmental health), 75.4%.
- o Rank 3: Education, 65.7%.
- o Rank 4: Minority representation in government, 61.8%.
- o Rank 5: Transportation, 61.1%.
- o Rank 6: Housing, 57.2%.

- o Rank 7: Discrimination, 51.9%.
- o Rank 8: Social and recreational activities, 51.2%.
- o Rank 9: At risk youth, 44.6%.
- o Rank 10: Crime and violence, 35.9%.

Table 3.12: Buffalo County Community Problems, 2003

	<u>70</u>	<u>61</u>	<u>131</u>		<u>72</u>	<u>61</u>	<u>133</u>
	Male	Female	Total		Male	Female	Total
Perceived Degree of Concern							
Housing (%)				Employment (%)			
Not Important	10.0	1.6	6.1	Not Important	4.3	1.6	3.1
Important	31.5	37.7	34.3	Important	8.6	6.5	7.7
Critical/Very Important	57.1	57.4	57.2	Critical/Very Important	87.1	90.2	88.5
Don't know/Refused	1.4	3.2	2.3	Don't know/Refused	0.0	1.6	0.8
Health (including environment health) (%)				Crime/Violence (%)			
Not Important	1.4	1.6	1.5	Not Important	11.4	1.6	6.9
Important	17.4	23.0	20.0	Important	52.9	57.3	55.0
Critical/Very Important	79.7	70.5	75.4	Critical/Very Important	34.3	37.7	35.9
Don't know/Refused	1.4	4.9	3.1	Don't know/Refused	1.4	3.3	2.3
Social/recreational activities (%)				Minority representation in government (%)			
Not Important	2.9	8.2	5.3	Not Important	2.9	4.9	3.9
Important	41.4	44.2	42.7	Important	28.6	37.7	33.2
Critical/Very Important	55.7	45.9	51.2	Critical/Very Important	67.2	55.7	61.8
Don't know/Refused	0.0	1.6	0.8	Don't know/Refused	1.4	1.6	1.5
Education (%)				Transportation (%)			
Not Important	10.0	1.6	6.1	Not Important	11.4	6.6	9.2
Important	30.0	22.9	26.7	Important	35.7	21.3	29.0
Critical/Very Important	60.0	72.1	65.7	Critical/Very Important	51.4	72.1	61.1
Don't know/Refused	0.0	3.3	1.5	Don't know/Refused	1.4	0.0	0.8
Discrimination (%)				At risk youth (%)			
Not Important	4.3	1.6	3.1	Not Important	1.4	1.6	1.5
Important	37.2	49.2	42.7	Important	49.2	49.2	49.3
Critical/Very Important	58.5	44.2	51.9	Critical/Very Important	42.0	47.6	44.6
Don't know/Refused	0.0	4.9	2.3	Don't know/Refused	7.2	1.6	4.6

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

I. WORKPLACE HEALTH CONCERNS/HUMAN RIGHTS

Work can affect an individual's physical and mental health. Respondents were asked to answer two questions related to health issues at work. They were first asked whether they had ever experienced poor working conditions in Nebraska. The second question asked them to identify the type of work they were doing when they experienced these poor working conditions. Their responses were ranked based on frequency among the respondents who worked in Nebraska. The following are issues mentioned, ranked according to importance.

- o Rank 1: Inadequate bathroom/water breaks, 33.7%.
- o Rank 2: Verbal abuse, 25.7%.
- o Rank 3: Poor air quality, 23.8%.
- o Rank 4: Inadequate medical attention, 20.8%.
- o Rank 5: Inadequate training or poor supervision, 16.8%.
- o Rank 6: No easy access to drinking water, 13.9%.
- o Rank 7: Have been cheated in pay, 12.9%.
- o Rank 8: Inadequate equipment available, 8.9%.
- o Rank 9: Asked to take unnecessary risks and physical abuse, 5.9%.

These experiences occurred while the respondents were employed in meatpacking plants (28.2%), construction jobs (20%), non-meatpacking factories (17.6%), fieldwork (5.9%), professional settings (4.7%), and other job settings (36%).

Table 3.13: Buffalo County Community & Workplace Concerns, 2003

Workplace						
	72 Male	61 Female	133 Total	Male	Female	Total
People who ever worked in Nebraska (%)	93.1	55.7	75.9			
Ever experienced the following concerns in the workplace (%) <i>(Multiple Responses Allowed)</i>	67	34	101			
Inadequate bathroom/water breaks	32.8	35.3	33.7			
No easy access to drinking water	10.4	20.6	13.9			
Poor air quality	23.9	23.5	23.8			
Inadequate equipment available	10.4	5.9	8.9			
Inadequate medical attention if injured	17.9	26.5	20.8			
Physical abuse	7.5	2.9	5.9			
Inadequate training/supervisors	16.4	17.6	16.8			
Verbal abuse	28.4	20.6	25.7			
Asked to take unnecessary risks	6.0	5.9	5.9			
Have been cheated in pay	16.4	5.9	12.9			
Other	3.0	3.0	3.0			
				Preferred language to communicate in when discussing issues of:		
				School (%)		
				68	57	125
				10.3	14.0	12.0
				73.5	77.2	75.2
				16.2	8.8	12.8
				Work (%)		
				72	57	129
				11.1	15.8	13.2
				75.0	71.9	73.6
				13.9	12.3	13.2
				Type of work where these experiences occurred (%) <i>(Multiple Responses Allowed)</i>		
				56	29	85
				3.6	6.9	4.7
				28.6	3.4	20.0
				26.8	31.0	28.2
				19.6	13.8	17.6
				3.6	10.3	5.9
				29.8	48.3	36.0

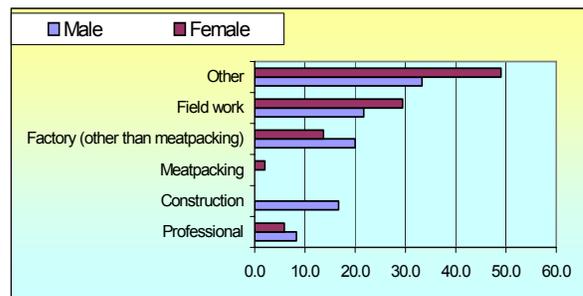
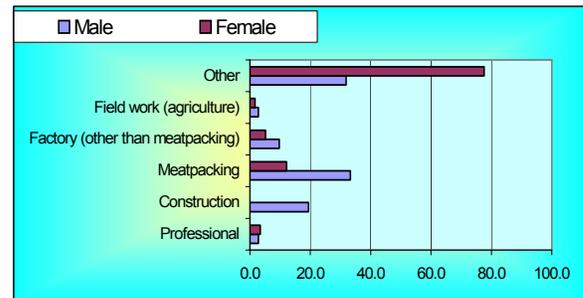
Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

J. CHAPTER SUMMARY

This chapter summarized our findings based on the Buffalo County MBRFSS. Specifically, this chapter includes findings about selected characteristics of the sample population, their health status, use of preventive health services, and barriers to accessing the health and medical care system. Finally, the chapter summarized the findings about respondents' concerns regarding community issues and work environment.

Table 3.14: Buffalo County Immigrant Respondents, Current U.S. Job, & Previous Type of Work in Country of Origin, 2003

	<u>72</u>	<u>61</u>	<u>133</u>
	Male	Female	Total
Born in the USA			
Yes	16.7	11.5	14.3
No	83.3	88.5	85.7
No Answer	0.0	0.0	0.0
Current Type of Work in USA (%)			
	<u>72</u>	<u>58</u>	<u>130</u>
Professional	2.8	3.4	3.1
Construction	19.4	0.0	10.8
Meatpacking	33.3	12.1	23.8
Factory (other than meatpacking)	9.7	5.2	7.7
Field work (agriculture)	2.8	1.7	2.3
Other	31.9	77.6	52.3
Previous Type of Work in country of Origin (%)			
<i>If not born in the USA</i>	<u>60</u>	<u>51</u>	<u>111</u>
Professional	8.3	5.9	7.2
Construction	16.7	0.0	9.0
Meatpacking	0.0	2.0	0.9
Factory (other than meatpacking)	20.0	13.7	17.1
Field work (agriculture)	21.7	29.4	25.2
Other	33.3	49.0	40.5



Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago - Midwest Latino Health Research, Training and Policy Center, 2004

CHAPTER IV: CONCLUSIONS & RECOMMENDATIONS

[Note: Caution is needed in the interpretation of the prevalence data as the study population included persons 18 years of age and over, and utilized a stratified sampling methodology.]

- o The health of the Hispanics in Buffalo County varied by age and gender and by specific health risk factors and/or health conditions.
- o Due to the young age of the minority population in Buffalo County, the prevalence of certain health conditions was relatively low.

AREAS OF DISPARITY

Health Promotion, Health Conditions, & the Use of Health Services

- o Due to financial, linguistic, cultural, and institutional barriers; respondents in this survey generally were not accessing the health care system for the use of preventive services (e.g., physical exam, dental and eye care, etc.) or for the treatment of illnesses or chronic conditions to the recommended degree, compared to other groups (CDC, 2003).

Risk Factors for the Development of Health Conditions

- o Obesity. Data indicates that there was a large proportion of the Hispanic population in Buffalo County in need of weight management programs. More than half of the survey respondents were overweight or obese. A similar number of respondents were not involved in regular exercise routines.
- o Basic Knowledge of HIV Transmission. Even though most of the people indicated some knowledge about HIV/AIDS, there was still some confusion among them about modes of transmission.
- o Work Environment. Worksite comfort and safety was a major concern for Hispanics/Latinos employed in the meatpacking, construction, and factory sectors. Also in these settings, some workers reported experiencing verbal abuse.
- o Seatbelt Use. Driving without seatbelts, especially among males, seems to be a problem that needs to be addressed.

Access to Health Care

The percentage of people without insurance in this population was 48.6%, which is higher than the 35% nationwide rate for uninsured Hispanics/Latinos. This represents a serious financial barrier in accessing health services. The lack of health insurance is due to a number of factors including employment status, recent unemployment episodes, and perhaps the inability of spouses to add coverage for their family

members. Additionally, compared to other areas, a significant number did not have a regular health care provider or a regular source of health care. Rates of emergency room use for primary or urgent care were low.

RECOMMENDATIONS

- o To reduce health disparities, it is important to improve the general levels of education and income, ensure a better distribution of resources and services, and develop mechanisms for preventive care, particularly for young and middle age adults. For this to happen, public and private sector representatives of health and human service agencies must work closely with other key organizations such as the departments of education, housing, economic development, and the environment. These partners are in a position to develop a comprehensive approach to eliminate health disparities and improve the general well-being and quality of life for all in Nebraska.
- o Mass screening programs for the early detection of health problems including diabetes, hypertension, high cholesterol, and other health conditions are needed. More outreach efforts using trained community health workers are needed to address the high percentage of the population reporting that they had not been screened for these conditions for many years. Screening activities must be linked to follow up services.
- o There is a need to develop partnerships with community based health and human service organizations; which include faith communities, labor unions, and businesses. These partnerships need to implement wellness programs that stress personal responsibility in changing lifestyle practices, in addition to developing a comprehensive approach to produce system changes. NHHSS needs to obtain the cooperation of institutions and organizations including the business sector to work in a coordinated effort to produce the necessary changes that impact community norms and values regarding healthy eating, physical activity, and other health-related behaviors. Programs also have to be family oriented, with active participation of community residents, and with appropriate language and culturally appropriate educational materials.
- o There is a need to reinforce preventive measures that discourage the use of alcohol and tobacco. In Buffalo County, alcohol and tobacco use tends to begin in late adolescence. There is a need to expand current efforts with more financial resources that include massive campaigns with ethnic media to prevent the initiation and encourage the cessation of tobacco and alcohol use and abuse among young

people. This effort must be combined with law enforcement activities to eliminate the selling of alcohol and tobacco to minors.

- o Efforts are needed to increase community knowledge and awareness about the importance of using car seatbelts for respondents and their families, and to adhere to laws concerning child safety seats for children under five years of age. Multilingual, low literacy approaches integrating workplace, community, home, and transportation would be appropriate. Part of this campaign should be to educate the community about issues of drinking and driving.
- o The Nebraska Health and Human Services System needs to work closely with other government agencies (e.g., environmental health, civil rights, and others) and the business sector regarding the safety issues reported in the workplace.

REFERENCES

American Cancer Society. (2003). *Cancer Facts and Charts, 2003*. Atlanta, GA: American Cancer Society, Inc.

Centers for Disease Control and Prevention. (2003). *Diabetes: Disabling, Deadly, and on the Rise*. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion.

Doty, M.M., & Ives, B.L. (2003). *Quality of Health Care for Hispanic Populations: Findings from the Commonwealth Fund 2001 Health Care Quality Survey*. New York, NY: The Commonwealth Fund.

Molina-Aguirre M., & Pond A-N.S. (2003). *Latino Access to Primary and Preventive Health Services: Barriers, Needs, and Policy Implications*. New York: Mailman School of Public Health, Columbia University (Funded by the Robert Wood Johnson Foundation).

Nebraska Health and Human Services System. (2001). *Health Status of Racial and Ethnic Minorities*. Lincoln, NE: Office of Minority Health and Human Services.

U.S. Bureau of Census, 2000.

U.S. Bureau of Census, 1990.

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