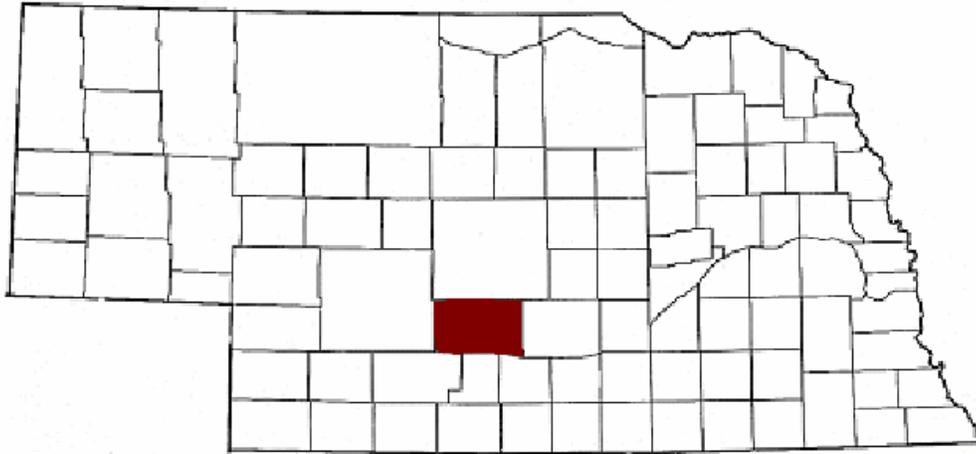


MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

FINDINGS FOR **DAWSON 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

DAWSON 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) has been conducting Minority Behavioral Risk Factor Surveillance Surveys (MBRFSS) in counties with emerging concentrations of ethnic minorities. Dawson County is one of these counties, as it has a rapidly growing minority population. The minority population in the county is 6,619, representing 27.2% of the total population. In the past decade, the minority population increased dramatically, growing at a rate of 753% compared to a 7% decrease for the white population. Hispanics/Latinos account for 93% 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 Dawson County. Findings are reported in the following areas:

- a) Lifestyle practices that represent modifiable risk factors such as tobacco, alcohol, 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 Dawson County by the Nebraska Health and Human Services System (NHHSS) in 2003. This household survey was based on a convenience sample designed to reflect the demographic characteristics of the areas within Dawson County with the highest concentration of minority populations.

A total of 211 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 Dawson County.

D. SELECTED FINDINGS

Socio-demographic Characteristics of the Survey Population

- o All survey respondents were Hispanics/Latinos. In general, respondents were young, with an average age of 34.9 years; employed (68.2%); and married or members of an unmarried couple (58.8%).

Health Status & Use of Health Services

- o Most respondents reported their health status as "excellent/very good" (43.1%) or "good" (22.7%).
- o 57.3% of respondents had visited a doctor for a routine check up within the past year.
- o 36% of respondents had visited an eye doctor within the past year.
- o 55.9% of respondents had visited a dentist within the past year.
- o 67% of women had their blood pressure checked in the past year, as opposed to 40.5% of men. Among those who had their blood pressure checked, 13.3% had been told by a health professional that they had high blood pressure.
- o 25.6% had their blood cholesterol checked.
- o Of those who reported having their blood cholesterol checked, a professional had told 35.2% that their blood cholesterol was high.

Chronic Conditions & Use of Health Services

- o Of the survey population, 23.2% reported joint pain in the past year.
- o 13.3% of the survey population had been told by a doctor they had diabetes or high blood sugar.
- o Among females, 13% were told that they had diabetes during their pregnancy.
- o Among the adult respondents, a doctor had told 5.2% that they had asthma. 70% claimed to still have the condition at the time of the survey.

Women's Health

- o Most women in the survey (79%) said they had a clinical breast exam some time in their lives. 47% said they performed breast self-examination every month. Among women 50 years or older, 66.7% had a mammogram.
- o The majority (85%) of women in the survey had a Pap smear at some time in their lives. Among those who had a Pap smear, most of the respondents (69.4%) had this exam within the previous year.
- o 42% of the female respondents had been pregnant within the past five years. All reported prenatal care with their most recent pregnancy, and 78.6% of these women visited a doctor or nurse within the first trimester. At the time of this survey, one respondent was pregnant.

Children's Health

- o 64.5% of 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 at the time of the survey was 2.5.
- o "Always" using child protective car seats was reported by 64.4% of the respondents who had children under five years of age (or under 40 pounds of weight).
- o Only 22.1% of the parents reported that someone smoked in the house or in the car when the children were present.
- o 5.1% of the households in the survey reported having a child who had asthma.
- o 73.5% reported a routine dental exam at least once per year for the household's children.
- o 2.9% of children in the survey had been treated for lead poisoning.
- o The majority of respondents (82%) who had children two years or older reported that their children had received the recommended four Diphtheria-Tetanus-Pertussis (DTP) doses, 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, 30.8% reported currently using tobacco products. The daily smokers averaged 8.6 cigarettes per day. The mean age for the onset of smoking was 15.9 years.
- o Among daily smokers, 11.5% reported trying to quit during the past twelve months for one day or longer.

Alcohol Consumption

- o 29.4% 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 16.3 years.
- o The respondents who drank alcohol reported that they had driven a monthly average of 1.6 times after having five or more drinks.

Physical Activity/Exercise

- o Among the respondents, 56.2% said they were inactive.

Overweight & Obesity

- o The mean Body Mass Index (BMI) for the total survey respondents was 28.9. Among the surveyed population, 38% were overweight. People who are overweight have BMIs of 25 to 29.9.
- o Of the respondents, only 23% had “normal” weight, according to the BMI. The rest were overweight or obese.

Seat Belt Use

- o 38.8% of the respondents said they "always" wore seat belts when driving or riding in a car or vehicle.

HIV/AIDS Knowledge

- o Most participants had some basic knowledge about HIV/AIDS and its modes of transmission. However, misunderstanding about this condition existed. For example, 19% said they were not familiar with HIV/AIDS, and 24.2% said mosquito bites pose a high risk for contracting HIV/AIDS.

Access to Health Care

- o Of the respondents, 42.4% did not have health insurance. The majority of those who reported having health insurance obtained it through his/her place of employment (76%) or through someone else's employer's health plan (15.7%).
- o 64.5% of the survey population used a particular medical doctor. The doctor's office and the health department or community clinic were most often mentioned as sources of regular care.

Community & Workplace Concerns or Problems

- o Community concerns among respondents included employment (96.7%), transportation (88.7%), education (88.1%), lack of social/recreational activities (86.1%), and health (84.3%).
- o Issues of concern in the workplace that received the highest ranking included verbal abuse (43.5%), inadequate bathroom/water break (34.3%), inadequate training/supervisors (27.6%), poor air quality (21.8%), no easy access to drinking water (16.5%), inadequate equipment (15.3%), and inadequate medical attention when injured (14.2%).

E. CONCLUSIONS & RECOMMENDATIONS

The health of the minority population in Dawson County varied by gender and by specific health risk factor and/or health condition. The survey population in Dawson County consisted of young adults with an average age of 34.9. This age structure may explain why the prevalence of certain health conditions was relatively low. Results of respondents' self-perceived health status indicate that they viewed their health overall as "very good" or "good," which reinforces this statement.

Areas of Disparity

Health Problems & Use of Health Services

- o 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 that is recommended.
- o Of the respondents, 13.3% reported having diabetes, which was more than twice the rate of 5.8% estimated for the overall county population (CDC, 2003).

Risk Factors for the Development of Health Problems

- o Obesity. Only 23% were in the normal weight category.
- o Physical Activity. 41% of the respondents said that they participated in weekly physical activity, and 56.2% were inactive.

- o Seat Belt Use. The findings indicate that only 38.8% of the respondents were using seat belts “always” while driving, and 64.4% “always” used child-safety seats for their children under five years of age, as is recommended.

Access to Health Care

- o The rate of uninsured was extremely high, representing a serious financial barrier to accessing health services. Of the respondents, 42.2% reported not having health insurance.

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 Dawson, 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 24,365 and was 72.5% White and 27.5% minority. Hispanics accounted for 92% of the total 6,702 minority population, while African Americans, Asians, and Native Americans accounted for 1%, 2%, and 2% respectively. Between 1990 and 2000, the county's population increased by 22%, largely due to the increase of the minority population. While the county's white population decreased by 7%, the minority population increased by 753%. (Hispanics increased by 832%, African Americans by 407%, Asians by 300%, and Native Americans by 152%). While little is known about the health conditions of the county's minority groups, ongoing demographic changes in the area will continue to pose a challenge to the county's health services. There is a need for more qualified data on the diverse minority groups 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.

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 & Dawson County by Population Count, Percent Distribution, & by Percent Population Growth 1990 – 2000

Nebraska 2000				Dawson County 2000			
	Population *	%	% Growth 1990 – 2000		Population *	%	%Growth 1990 – 2000
Total	1,711,263	100.0%	8.4%	Total	24,365	100.0%	22.2%
Whites	1,494,494	87.3%	2.4%	Whites	17,663	72.5%	-7.4%
<u>Minorities</u>	216,769	12.7%	121.6%	<u>Minorities</u>	6,702	27.5%	753%
African Americans	68,541	4.0%	19.4%	African Americans	76	0.3%	406.6%
Hispanics *	94,425	5.5%	155.4%	Hispanics *	6,178	25.4%	831.8%
Native Americans/ Eskimos	14,896	0.9%	20%	Native Americans/ Eskimos	164	0.7%	152.3%
Asians/Pacific Islanders **	22,767	1.3%	83.3%	Asians / Pacific Islanders **	164	0.7%	300%
Other ***	19,023	1.1%	NA	Other ***	120	0.5%	NA

Sources:

- U.S. Census, 1990 P010. HISPANIC ORIGIN BY RACE – Universe: Persons.
Data Set: 1990 Summary Tape File 1 (STF 1) – 100-Percent data.
- U.S. Census, 2000 Table P8. Hispanic or Latino by Race [17] – Universe: Total population.
Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent data.

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

** Asians includes: Hawaiian and Pacific Islander.

*** Other includes: Other Races (1990 and 2000), plus Two or More Races (2000).

Table 1.2: Dawson County Minority Population, 2000			Table 1.3: Dawson County Hispanic / Latino * Population Composition, 2000		
	Nebraska	Dawson County		Nebraska	Dawson County
Minority, Total	216,769	1,495	Hispanic, Total	94,425	6,178
Percent/Non-White	100%	100%	Percent/Non-White	100%	100%
African Americans	31%	1.1%	Mexican/Mexican American	75.2%	76.9%
Hispanics *	44%	92.2%	Puerto Rican	2.1%	--
Native Americans/ Eskimos	6%	2.4%	Cuban	0.9%	--
Asians **	10%	2.4%	Other Hispanics	21.8%	21.8%
Other ***	9%	1.8%			
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			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		

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

** Asians include: Hawaiian and Pacific Islander

*** Others include: Other Races and Two (2) or More Races

-- No information available for Puerto Rican and Cuban population in Dawson County. Values are lower than threshold (100) on Summary File 2

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

** Asians include: Hawaiian and Pacific Islander.

*** Other includes: Other Races and Two or More Races

NHHSS, in partnership with the Nebraska Minority Public Health Association and other key leaders, have 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 Dawson 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 Dawson County, Nebraska in 2003. This report will summarize selected socio-demographic characteristics of the minority population, primarily Hispanic/Latino, 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 Dawson 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 NDHHS 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 Seat belt 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 who were familiar with the Hispanic/Latino community and 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 Dawson 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.

E. 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 211 interviews were completed. Interviews were conducted in Spanish for most of the survey respondents.

F. 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.

G. 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 Dawson County. Therefore, findings cannot be generalized to all residents of Dawson 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 DAWSON COUNTY MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

This chapter provides selected results of the MBRFSS for Dawson 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

A total of 211 interviews were completed in Dawson County.

1) Gender & Age

- o 47.4% of survey respondents were female.
- o Respondents' average age was 34.9 years.

2) Race

- o With respect to self-perceived race, 21.8% classified themselves in the "other" category, 68.7% identified themselves as "white-Hispanic," 7.1% considered themselves "multiracial," and another 1.4% said they didn't know their race. The question on race may have been confusing to respondents, since some had the tendency to tie ethnicity with skin color and did not conform to the categories provided.

3) Residence in the United States

- o Foreign-born respondents had been in the United States an average of 12.2 years. 14.2% reported living in the U.S. between three and five years. 53% had lived in the U.S. over 11 years.

4) Hispanic/Latino National Origin

- o The predominant Hispanic ethnic group was Mexican (69.2%), followed by Guatemalans (15.2%), Salvadorians (11.4%), Cubans (1.4%), and Puerto Ricans (0.9%).
- o About 1.9% either reported a different Hispanic/Latino national origin, or did not specify one.

5) Marital Status

- o 58.8% of respondents reported being married or being part of an unmarried couple, 2.9% were single, 7.4% separated, and 2.2% widowed.

6) Educational Attainment

- o 52.4% of respondents had less than an 8th grade education.
- o 17.1% reported completing high school or its equivalent.

Table 3.1: Dawson County Study Socio-Demographic & Economic Characteristics, 2003

	<u>111</u>	<u>100</u>	<u>211</u>		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Sex (%)	52.6	47.4		Race/Ethnicity (%)	<u>111</u>	<u>100</u>	<u>211</u>
				Hispanic	100.0	100.0	100.0
Age (%)	<u>111</u>	<u>100</u>	<u>211</u>	Native American	0.0	0.0	0.0
18 to 24	18.9	21.0	19.9				
25 to 34	36.0	33.0	34.6	Hispanic origin (%)	<u>111</u>	<u>100</u>	<u>211</u>
35 to 44	30.6	27.0	28.9	Mexican	71.2	67.0	69.2
45 to 54	8.1	8.0	8.1	Cuban	0.0	3.0	1.4
55 or more	6.3	11.0	8.5	Puerto Rican	1.8	0.0	0.9
	<u>111</u>	<u>100</u>	<u>211</u>	Salvadorian	9.0	14.0	11.4
Mean Age	34.5	35.3	34.9	Guatemalan	17.1	13.0	15.2
				Other Latino / Not specified	0.9	3.0	1.9
Self Reported Race (%)	<u>111</u>	<u>100</u>	<u>211</u>				
(except Hispanic/Latino)				Marital Status (%)	<u>68</u>	<u>68</u>	<u>136</u>
White	69.4	68.0	68.7	Married/unmarried couple	55.9	61.8	58.8
Native American	0.0	1.0	0.5	Divorced	0.0	5.9	2.9
Other	21.6	22.0	21.8	Widowed	1.5	2.9	2.2
Multiracial	7.2	7.0	7.1	Separated	5.9	8.8	7.4
Don't know/Not sure	0.9	2.0	1.4	Never Married	1.5	4.4	2.9
Refused	0.9	0.0	0.5				
				Educational Attainment (%)	<u>111</u>	<u>99</u>	<u>210</u>
Place of Birth (%)	<u>111</u>	<u>100</u>	<u>211</u>	Elementary school or less	60.4	43.4	52.4
USA	9.9	17.0	13.3	Some high school	14.4	20.2	17.1
Not Born in USA	90.1	83.0	86.7	High school graduate/GED	15.3	19.2	17.1
				Some tech. school or college	6.3	8.1	7.1
(If Not born in USA)	<u>100</u>	<u>83</u>	<u>183</u>	Technical School Graduate	0.9	1.0	1.0
Mean years in the USA	12.6	11.7	12.2	College Graduate	0.9	3.0	1.9
				Postgraduate/Prof. degree	0.9	2.0	1.4
Years in the USA (%)					<u>110</u>	<u>96</u>	<u>206</u>
0 to 2	10.0	7.2	8.7	Mean years of education	8.2	9.2	8.7
3 to 5	12.0	16.9	14.2				
6 to 10	20.0	28.9	24.0				
11 or more	58.0	47.0	53.0				

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

7) Employment & Type of Work in Country of Origin

Respondents were asked about their employment status and work experience in their country of origin. These were their responses:

- o The majority of the respondents reported being employed (68.2%).
- o Of the 66 persons who were not employed, 71.4% were homemakers, 5.4% were students, and 19.6% were unable to work.
- o Of the unemployed, 27.8% reported actively seeking employment.
- o 86.7% of the survey respondents were born outside of the U.S.
- o Of those born outside of the U.S., 30.5% were employed in “fieldwork” in their country of origin, but only 3.6% said were now employed in that type of work in Dawson County. 36.4% of the immigrant respondents worked in the county’s meatpacking industry at the time of the survey.

Table 3.2: Dawson County Demographic & Economic Characteristics, 2003

	<u>111</u>	<u>100</u>	<u>211</u>		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Employed (%)							
Yes	82.0	53.0	68.2	Household with children < 18	<u>111</u>	<u>100</u>	<u>211</u>
No	17.1	47.0	31.3	% of Total	61.3	68.0	64.5
<i>(If No)</i>				...by marital status (%)	<u>68</u>	<u>68</u>	<u>136</u>
Reasons for unemployment (%)	<u>12</u>	<u>44</u>	<u>56</u>	Married	55.9	61.8	58.8
Homemaker	8.3	88.6	71.4	Divorced	0.0	5.9	2.9
Student	8.3	4.5	5.4	Widowed	1.5	2.9	2.2
Unable to work	83.3	2.3	19.6	Separated	5.9	8.8	7.4
Retired	0.0	4.5	3.6	Single	1.5	4.4	2.9
Seeking employment (%)	<u>10</u>	<u>45</u>	<u>55</u>				
Yes	60.0	20.5	27.8		<u>106</u>	<u>91</u>	<u>197</u>
No	40.0	79.5	72.2	Mean Annual Income	28,160	25,027	26,713
Length of time unemployed (%)	<u>4</u>	<u>34</u>	<u>38</u>	Annual household income (%)			
Less than 1 month	0.0	2.9	2.6	Less than \$10,000	6.6	15.4	10.7
1 to 3 months	25.0	0.0	2.6	\$10,000 - \$24,999	38.7	42.9	40.6
4 to 6 months	0.0	5.9	5.3	\$25,000 - \$39,999	34.9	24.2	29.9
7 months to 1 year	0.0	0.0	0.0	\$40,000 or more	19.8	17.6	18.8
More than 1 year	50.0	58.8	57.9				
Refused	0.0	0.0	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

8) Household Composition

- o 64.5% of the respondents said there were children in the home for whom they were responsible.
- o Of all the persons who reported having children at home, 58.8% were married, 2.9% were single, and 7.4% were separated.

9) Annual Income

The annual household income (from all sources before taxes) was as follows:

- o 10.7% of the respondents said they earned less than \$10,000.
- o 40.6% reported earning between \$10,000 and \$24,999.
- o 29.9% earned between \$25,000 and \$39,999.
- o 18.8% 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" (43.1%) or "good" (22.7%).
- o Only 34.2% of the survey population rated their health as "fair/poor."

2) Routine Check Up

- o Over half (57.3%) of the respondents had visited a doctor for a routine check up within the past year, including 63% of women and 52.3% of men.

3) Eye Care

- o 36% of the respondents had visited an eye doctor within the past year; 17.5% within the past two.

4) Dental Care

- o Of the respondents, 55.9% said they had seen a dentist within the past year.
- o 42.1% said they had between one and five permanent teeth removed because of tooth decay or gum disease.
- o 16.7% of the respondents had six or more teeth (but not all) removed, and 2.4% had all of their teeth removed.
- o 38.8% of the survey population had never had a permanent tooth removed. This was true for a greater percentage of men (43.6%) than women (33.3%).

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

	<u>111</u>	<u>100</u>	<u>211</u>		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Self-Reported Health Status (%)				HYPERTENSION			
Excellent/Very Good	37.8	49.0	43.1	Last time checked for	111	100	211
Good	19.8	26.0	22.7	High Blood Pressure (%)			
Fair/Poor	42.3	25.0	34.2	Less than 1 year (0 to 12 months)	40.5	67.0	53.1
				1-2 years (13 to 24 months)	16.2	16.0	16.1
Time since last visit to Medical Doctor for a routine checkup (%)				2+ years (25+ months)	29.7	12.0	21.3
Less than 1 year (0 to 12 months)	52.3	63.0	57.3	Never	13.6	5.0	9.5
1-2 years (13 to 24 months)	23.4	22.0	22.7	Ever told had High Blood Pressure (%)	111	100	211
2+ years (25+ months)	21.6	14.0	18.0	Yes	14.4	12.0	13.3
Never	0.0	0.0	0.0	No	77.5	82.0	79.6
Time since last visit to Eye Doctor (%)				(If Yes)			
Less than 1 year (0 to 12 months)	36.0	36.0	36.0	Number of times was told Blood Pressure was high (%)	16	12	28
1-2 years (13 to 24 months)	17.1	18.0	17.5	Only Once	12.5	25.0	17.9
2+ years (25+ months)	31.5	17.0	24.6	More than once	87.5	75.0	82.1
Never	1.8	1.0	1.4	Controlling High Blood Pressure (%)	16	12	28
Time since last visit to the Dentist (%)				Yes	87.5	83.3	85.7
Less than 1 year (0 to 12 months)	60.4	51.0	55.9	No	6.3	8.3	7.1
1-2 years (13 to 24 months)	14.4	23.0	18.5	(If Yes)			
2+ years (25+ months)	22.5	25.0	23.7	Controlling with (%)	17	21	38
Never	0.0	0.0	0.0	(Multiple Responses Allowed)			
Number of permanent teeth have been removed due decay or gum disease (%)	110	99	209	Medication	58.1	28.6	42.1
1 to 5	34.5	50.5	42.1	Exercise	17.6	14.3	15.8
6 or more but not all	20.0	13.1	16.7	Diet	23.5	42.9	34.2
All 32	1.8	3.0	2.4	Other	0.0	19.0	10.5
None (teeth not removed by dentist)	43.6	33.3	38.8				
Don't Know/Refused	0.0	0.0	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

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 53.1% of the respondents had their blood pressure checked by a doctor, nurse, or other health professional within the past year, including 67% of women and 40.5% of men.
- o Among those who had their blood pressure checked, 13.3% had been told by a health professional that they had high blood pressure.
- o Of those told they had hypertension, 17.9% had been told only once that their blood pressure was high, and 82.1% had been told more than once.
- o Among the respondents reporting hypertension, the methods most often used for controlling high blood pressure were medication (42.1%) and diet (34.2%).

6) Blood Cholesterol Screening & Use of Services

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

- o 25.6% of the respondents said they had their blood cholesterol checked. This includes 20.7% of men and 31% of women. Of these, 75.9% had their cholesterol checked in the past year. 11.1% had it checked two or more years ago.
- o Of those who had their cholesterol checked, a professional had told 35.2% that their blood cholesterol was high.

C. CHRONIC CONDITIONS & USE OF HEALTH SERVICES

This section reports the 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 Joint pain was experienced by 23.2% of the total survey respondents in the 12 months prior to the study. Of these, 79.6% reported these symptoms as being present for 15 or more consecutive days.
- o A greater percentage of men than women reported sore joints (28.8% vs. 17%), and constant pain 15 or more days (90.6% as opposed to 58.8%).

Table 3.4: Dawson County Preventive Health Practices, 2003

	<u>111</u>	<u>100</u>	<u>211</u>				
	Male	Female	Total		Male	Female	Total
BLOOD CHOLESTEROL				DIABETES			
Has ever checked for				Ever told had diabetes or high blood			
Blood Cholesterol (%)				sugar by health provider (%)			
Yes	20.7	31.0	25.6	Yes	15.3	11.0	13.3
No	77.5	68.0	73.0	Yes (female, only during pregnancy)	–	13.0	6.2
				No	83.8	74.0	79.1
<i>(If Yes)</i>				<i>(If Yes or Yes during pregnancy)</i>			
Last time checked for				Not controlling diabetes (%)			
Blood Cholesterol (%)				Controlling with (%)			
Less than 1 year (0 to 12 months)	23	31	54	<i>(Multiple Responses Allowed)</i>			
1-2 years (13 to 24 months)	82.6	71.0	75.9	Insulin	25.3	14.3	23.7
2+ years (25+ months)	8.7	16.1	13.0	Oral medications	58.1	28.6	42.1
				Exercise	17.6	14.3	15.8
Told had High Blood Cholesterol				Diet			
by health professional (%)				Other			
Yes	23	31	54	Other	0.0	19.0	10.5
No	47.8	25.8	35.2	Last time saw a Doctor for			
				diabetes (%)			
SORE JOINTS				Less than 1 year (0 to 12 months)			
Has had pain or swelling in				1-2 years (13 to 24 months)			
joint during last year (%)				2+ years (25+ months)			
Yes	111	100	211	Never			
No	28.8	17.0	23.2	0.0	0.0	0.0	
				ASTHMA			
<i>(If Yes)</i>				Ever told has asthma (%)			
Joint pain persisted for				Yes			
15 days or more (%)				No			
Yes	32	17	49	Yes	111	100	211
No	90.6	58.8	79.6	No	5.4	5.0	5.2
				<i>(If Yes)</i>			
Still has asthma (%)				Yes			
Yes	5	5	10	Yes	80.0	60.0	70.0
No	9.4	41.2	20.4	No	20.0	20.0	20.0

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

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, retina, kidney, feet, and skin (CDC, 2003). This survey assessed diabetes prevalence and self-management:

- o 13.3% of the survey population had been told by a doctor they had diabetes or high blood sugar (men 15.3%, women 11%).
- o Of the female respondents, 13% were told that they had diabetes during their pregnancy.
- o Among those with diabetes, methods of control were oral medication (42.1%), insulin (23.7%), diet (34.2%), and exercise (15.8%).
- o Of those with diabetes, 73.2% had a diabetes check up within the past year.

3) Asthma

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

- o 5.2% 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 smears, pregnancy status, and smoking during pregnancy.

1) Breast Examination

- o Of the 100 female respondents, 79% said they had a clinical breast exam in the past year.
- o Of those who had a clinical breast exam, 78.5% had one within the past year.
- o 47% said that they practiced breast self-examination every month.

2) Mammograms

- o Among women over the age of 50, 66.7% 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, the majority (85%) had a Pap smear.
- o Among those who had a Pap smear, 69.4% had this exam within the past year. 85.9% of women who had a Pap smear had it done as part of a routine exam, and 10.6% had the test done to check for a problem.

4) Pregnancy

Hispanic/Latino women are characterized as having high fertility rates. In Nebraska, Hispanics/Latinos accounted for almost 10% of births, but represent only about 4% of the female population (NHHSS, 2001).

The findings regarding pregnancy-related issues are as follows:

- o 42% of the respondents had been pregnant within the previous five years. At the time of this survey, one respondent was pregnant.
- o 78.6% of these women first visited a doctor or nurse before the first trimester, 14.3% did so in their third or fourth month, and 7.2% did so in their fifth or sixth month.

Table 3.5: Dawson County Women's Health, 2003

100			
Has ever had a clinical breast exam (%)	100	<i>(If Had a Pap Smear = Yes)</i>	
Yes	79.0	Last time had Pap smear (%)	85
No	21.0	Less than 1 year (0 to 12 months)	69.4
		1-2 years (13 to 24 months)	17.6
<i>(If Yes)</i>		2+ years (25+ months)	12.9
Last time had clinical breast exam (%)	79	Reason for Pap smear (%)	85
Less than 1 year (0 to 12 months)	78.5	Routine exam	85.9
1-2 years (13 to 24 months)	13.9	Check problem	10.6
2+ years (25+ months)	7.6	Other	3.5
Performs breast self examination (%)	100	Last Pap smear in the past year (%)	85
Yes	47.0	for women 45y. or less	18.1
No	53.0	for women 46y. or more	15.4
Has ever had a mammogram (age >=50) (%)	15	Last Pap smear in the 2 years (%)	85
Yes	66.7	for women 45y. or less	18.1
No	33.3	for women 46y. or more	15.4
<i>(If Yes)</i>		Has been pregnant in the past 5 years (%)	100
Last time had mammogram (%)	10	Yes	42.0
Less than 1 year (0 to 12 months)	50.0	Yes, currently pregnant	1.0
1-2 years (13 to 24 months)	30.0	No	57.0
2+ years (25+ months)	20.0		
Reason for the mammogram (%)	10	<i>(If Yes or Yes, currently pregnant)</i>	
Routine Checkup	90.0	First visit to Doctor during pregnancy (%)	42
Breast problem other than cancer	10.0	Before the 3rd month	78.6
Had breast cancer	0.0	3rd month	11.9
		4th month	2.4
Has ever had a Pap smear (%)	100	5th month	4.8
Yes	85.0	6th month	2.4
No	15.0	7th month	0.0
		Smoked during pregnancy (%)	42
		Yes	0.0
		No, I wasn't a smoker	88.1
		No, I quit because of my pregnancy	11.9

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

E. CHILDREN'S HEALTH

1) Age Distribution of Children in Households

64.5% 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 16.2% of the households had at least one child under one year old.
- o 41.2% reported having at least one child between one and four years of age.
- o 56.6% of the households reported having children between five and nine years of age.

- o 41.2% had children between 10-12 years of age.
- o 32.4% reported having children in the age range of 13-15 years.
- o 26.5% 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 64.4% of the respondents who had children under five years of age (or under 40 pounds of weight) “always” used child-protective car seats.
- o A greater percentage of women in the survey “always” used child protective car seats for their children (68.8%), compared to men (62.1%).

Table 3.6: Dawson County Children’s Health, 2003

	<u>111</u>	<u>100</u>	<u>211</u>				
	Male	Female	Total		Male	Female	Total
Has children with less than 18 years of age (%)	111	100	211	(If Has Children <18 = Yes)			
Yes	61.3	68.0	64.5	Has children with asthma (%)	68	68	136
No	38.7	32.0	35.5	Yes	1.5	8.8	5.1
(If Yes)	68	68	136	Your children visit the dentist once per year (%)	68	68	136
Mean Number of children	2.4	2.7	2.5	Yes	79.4	64.6	73.5
Age groups (%)				Had your children ever treated for lead poisoning (%)	68	68	136
Under 1 year of age	19.1	13.2	16.2	Yes	2.9	2.9	2.9
1 to 4 years of age	39.7	42.6	41.2	Complete vaccinations for your child (> 2yrs) (%)	67	66	133
5 to 9 years of age	51.5	61.8	56.6	Four DTP shots	65.7	98.5	82.0
10 to 12 years of age	39.7	42.6	41.2	Three doses of Polio Vaccine	65.7	98.5	82.0
13 to 15 years of age	32.4	32.4	32.4	One dose of MMR	65.7	98.5	82.0
16 to 17 years of age	27.9	25.0	26.5	(If Not Complete vaccinations)			
Uses a car or booster seat for children < 5 (%)	29	16	45	Primary reason why child did not receive immunizations (%)	23	1	24
Always	62.1	68.8	64.4	Too expensive	0.0	0.0	0.0
Nearly always	34.5	31.3	33.3	Vaccination service not available	4.3	0.0	4.2
Sometimes	3.4	0.0	2.2	Don't know/Not sure	43.5	0.0	37.5
Seldom	0.0	0.0	0.0	Other	43.5	100.0	45.8
Never	0.0	0.0	0.0	Refused	0.0	0.0	0.0
Smokes at home or car when children are present (%)	68	68	136	No reason	0.0	0.0	0.0
Yes	35.3	8.8	22.1				
Yes, but not around the children	1.5	4.4	2.9				
No	63.2	86.8	75.0				

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

3) Exposure to Environmental Tobacco Smoke

- o 22.1% of the parents reported that someone smoked in the house or in the car when the children were present. A greater proportion of male respondents (35.3%) than females (8.8%) reported this behavior.
- o 75% said no smoking occurred around the children.

4) Asthma, Dental Care, & Lead Poisoning

- o Among respondents who had children living at home, 5.1% reported having a child with asthma.
- o A routine dental exam at least once per year for the household children was reported by 73.5% of the respondents.
- o 2.9% of survey respondents stated that their children had been treated for lead poisoning.

5) Vaccinations

Vaccinations are important for the prevention of a series 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 survey respondents with children (82%) reported that their children had received the recommended four Diphtheria-Tetanus-Pertussis (DTP) doses, three doses of polio vaccine, and one dose of Measles-Mumps-Rubella (MMR) vaccine.

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 30.8% of respondents reported that they used tobacco products. This percentage was higher among males (51.4%) than females (8%).
- o Among tobacco users, about 12.3% said they smoked "everyday," and 18.5% said they smoked "some days." Men were more likely to report either smoking "everyday" (18.9%) or "some days" (32.4%) than women (5% and 3%, respectively).
- o Women were more likely to report no smoking behavior. 92% reported not smoking at all, compared to 48.6% of men.

- o The daily smokers averaged 8.6 cigarettes per day, and the average age at which they started smoking was 15.9.
- o 11.5% of the respondents had tried to quit during the past twelve months for one day or longer.

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

	<u>111</u>	<u>100</u>	<u>211</u>				
	Male	Female	Total		Male	Female	Total
<u>Uses tobacco products</u>							
Yes	51.4	8.0	30.8	<i>(If Consumes Alcohol = Yes)</i>			
No	48.6	92.0	69.2	<u>Mean number of drinking</u>	<u>57</u>	<u>5</u>	<u>62</u>
				<u>days per week</u>	2.3	2.0	2.3
<u>Frequency of smoking</u>							
Every day	18.9	5.0	12.3	<u>Mean age started drinking</u>	<u>53</u>	<u>5</u>	<u>58</u>
Some days	32.4	3.0	18.5	<u>once per week</u>	16.3	16.2	16.3
Not at all	48.6	92.0	69.2	<u>On a drinking day, mean</u>	<u>53</u>	<u>5</u>	<u>58</u>
				<u>number of drinks</u>	7.5	3.2	7.2
<i>(If Frequency of Smoking = Every day)</i>				<u>Mean number of days when</u>	<u>52</u>	<u>4</u>	<u>56</u>
<u>Mean number of cigarettes</u>	<u>21</u>	<u>5</u>	<u>26</u>	<u>had 5+ drinks</u>	2.7	1.8	2.6
<u>smoked per day</u>	9.8	3.8	8.6				
	<u>19</u>	<u>5</u>	<u>24</u>	<u>Mean number of days when</u>	<u>54</u>	<u>4</u>	<u>58</u>
<u>Mean age started</u>	15.5	17.6	15.9	<u>drove after having 5+ drinks</u>	1.7	0.5	1.6
<u>smoking daily</u>							
<u>Tried to quit smoking</u>	<u>21</u>	<u>5</u>	<u>26</u>				
<i>(For 1 day or longer in the past 2 months)</i>	9.5	20.0	11.5	<u>Tobacco and Alcohol</u>	<u>110</u>	<u>100</u>	<u>210</u>
				<u>consumption</u>			
<u>Consumes alcohol</u>							
Yes	<u>111</u>	<u>100</u>	<u>211</u>	<i>Mutually exclusive groups</i>			
Yes, but not regularly	51.4	5.0	29.4	Both alcohol and tobacco	36.4	5.0	21.4
Not at all	14.4	55.0	33.6	Alcohol Only	30.0	55.0	41.9
	33.3	40.0	36.5	Tobacco Only	15.5	3.0	9.5
				Neither	18.2	37.0	27.1

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 29.4% of the respondents reported alcohol consumption in the past month. The percentage was considerably higher for males (51.4%) compared to females (5%).
- o On occasions when they drank, respondents consumed, on average, 7.2 drinks. Females reported drinking 3.2 drinks while males reported having 7.5 drinks.

- o Respondents were, on average, 16.3 years old when they began having a drink at least once per week.
- o During the past year, respondents reported driving 1.6 times after having consumed at least five drinks. Males reported this behavior more frequently, 1.7 times compared to 0.5 reported by 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 43.9% of the respondents said that they participated in physical activity, while 56.2% were inactive. A greater percentage of men (61.3%) than women (50.5%) reported being inactive.

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

	<u>111</u> Male	<u>100</u> Female	<u>211</u> Total		Male	Female	Total
Any physical activity in the past month (%)							
Yes	38.7	49.5	43.9				
No	61.3	50.5	56.2				
Frequency of any physical/past month (%)							
Weekly	36.0	46.5	41.0				
Monthly	2.7	3.0	2.9				
No Activity	61.3	50.5	56.2				
<i>(If Physical Activity = Yes)</i>	<u>43</u>	<u>50</u>	<u>93</u>				
Mean # times activity was performed in the last month	<u>40</u>	<u>46</u>	<u>86</u>				
<i>(If Frequency = Weekly)</i>	3.1	3.5	3.3				
<i>(If Frequency = Monthly)</i>	<u>3</u>	<u>3</u>	<u>6</u>				
<i>(If Frequency = Monthly)</i>	2.7	2.7	2.7				
Mean # minutes per exercise session	<u>40</u>	<u>46</u>	<u>86</u>				
<i>(If Frequency = Weekly)</i>	97.6	65.8	80.6				
<i>(If Frequency = Monthly)</i>	<u>3</u>	<u>3</u>	<u>6</u>				
<i>(If Frequency = Monthly)</i>	100.0	70.0	85.0				
				Obesity			
				Body Mass Index (BMI)	<u>102</u>	<u>98</u>	<u>200</u>
				Mean BMI	29.1	28.7	28.9
				Underweight < 18.5 Kg/m ²	0.0	0.0	0.0
				Normal weight 18.5 - 24.9 Kg/m ²	16.7	29.6	23.0
				Overweight 25 - 29.9 Kg/m ²	43.1	32.7	38.0
				Obesity (Class 1) 30 - 34.9 Kg/m ²	29.4	24.5	27.0
				Obesity (Class 2) 35 - 39.9 Kg/m ²	9.8	9.2	9.5
				Obesity (Class 3) >= 40 Kg/m ²	1.0	4.1	2.5
				Seatbelt Use			
				How often do you use seat belts	<u>103</u>	<u>93</u>	<u>196</u>
				Always	21.4	58.1	38.8
				Nearly always	44.7	26.9	36.2
				Sometimes	15.5	14.0	14.8
				Seldom	12.6	1.1	7.1
				Never	4.9	0.0	2.6
				Never Drives	1.0	0.0	0.5

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

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, 23% 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) Seat Belt Use

- o Only 38.8% of the respondents said they "always" wore seat belts when driving or riding in a car or vehicle. A smaller percentage of men than women reported using seat belts "always" (21.4% and 58.1%, respectively).

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, particularly African Americans and Hispanics/Latinos. The results of the questions on HIV/AIDS knowledge are as follows:

- o 55.9% of the respondents believed that HIV is the same as AIDS.
- o Few people in the survey (19%) reported not being familiar with HIV/AIDS.

The specific knowledge regarding risk factors are as follows:

- o The majority (69.7%) knew that a pregnant woman who had HIV could transmit the virus to her unborn baby. 80% of women knew of this mode of transmission, compared to 60.4% of men.
- o 74.9% of the respondents believed that sharing needles through intravenous drug use poses a high risk for contracting HIV.
- o 74.4% believed that being sexually active with more than one partner and not using a condom poses a risk.

Regarding modes of transmission of HIV/AIDS, the survey found that:

- o 20.4% believed that kissing a person with AIDS on the lips poses a high risk. A smaller proportion of men than women agreed with this statement (13.5% vs. 28%). Overall, 23.7% said they were not sure, including 12% of women and 34.2% of men.
- o 24.2% said that mosquito bites put them at risk for contracting HIV. A smaller percentage of men (14.4%) than women (35%) believed that mosquito bites put them at risk. 25.1% did not know or were not sure.

- o Using the same toilet as a person with AIDS is risky, according to 13.7% of the respondents, while 61.6% said that this is not so, and 24.2% said they were not sure.

Table 3.9: Dawson County HIV/AIDS Knowledge, 2003

	<u>111</u>	<u>100</u>	<u>211</u>		Male	Female	Total
	Male	Female	Total		<u>111</u>	<u>100</u>	<u>211</u>
% Who thinks the HIV is the same as AIDS	48.6	64.0	55.9	Kissing a person with AIDS (on the lips) (%)			
% Who are not familiar with HIV/AIDS	26.1	11.0	19.0	Yes	13.5	28.0	20.4
Knowledge of High Risk categories for contracting HIV/AIDS				(Correct) No	51.4	60.0	55.5
Pregnant woman with HIV can transmit the virus to unborn baby (%)				Don't Know/ Not sure	34.2	12.0	23.7
(Correct) Yes	60.4	80.0	69.7	Refused	0.9	0.0	0.5
No	3.6	5.0	4.3	Mosquito bites (%)			
Don't Know/ Not Sure	35.1	15.0	25.6	Yes	14.4	35.0	24.2
Refused	0.9	0.0	0.5	(Correct) No	50.5	50.0	50.2
Sharing needles through intravenous drug use (%)				Don't Know/ Not sure	34.2	15.0	25.1
(Correct) Yes	64.0	87.0	74.9	Refused	0.9	0.0	0.5
No	0.9	1.0	0.9	Using the same toilet as a person with AIDS (%)			
Don't Know/ Not sure	34.2	12.0	23.7	Yes	11.7	16.0	13.7
Refused	0.9	0.0	0.5	(Correct) No	52.3	72.0	61.6
Sexually active with more than one partner and not using condom (%)				Don't Know/ Not sure	35.1	12.0	24.2
(Correct) Yes	64.9	85.0	74.4	Refused	0.9	0.0	0.5
No	0.9	2.0	1.4	Categorized knowledge about HIV/AIDS transmission			
Don't Know/ Not sure	33.3	13.0	23.7	Low knowledge	52.2	41.0	46.9
Refused	0.9	0.0	0.5	High knowledge	47.7	59.0	53.1

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

G. ACCESS & USE OF HEALTH SERVICES

This section reports on the access and use of health services. This section first describes findings concerning health insurance coverage, medical care insecurity (lack of insurance), the extent of medical insurance coverage, and whether respondents had a regular source of health care. A discussion of findings regarding help-seeking behaviors and barriers to health care follows.

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 42.2% of the survey population did not have any kind of insurance.
- o The majority who reported having health insurance obtained it through their place of employment (76%) or through someone else's employer's health plan (15.7%).

2) Medical Care Coverage of Services

- o For 59.5% of the insured, their private health care plan covered 50-99% of the hospital expenses. 5% of the respondents who had medical insurance had 100% hospital and doctor's office coverage.
- o Several respondents said they were without health insurance because employers did not offer or stopped offering health coverage (21.8%), while others said they could not afford to pay the premiums (20.7%).

3) Regular Source of Health Care

- o 64.5% of respondents stated that they had a particular medical doctor they usually saw. A larger proportion of women (75%) reported having a regular doctor compared to men (55%).
- o 60.2% said they went to a doctor "in town" when they needed medical care.
- o Common sources of health care included doctor's office (55.2%) and health department or community clinic (37.4%). A larger percentage of women used a doctor's office (71%), while men were more likely to use the local health department or other community clinic (54.1%).
- o Only 0.9% reported going to or depending on hospital emergency rooms.

4) Race/Ethnicity as a Health Care Barrier

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

- o 9% "strongly agreed" and 28% "agreed" that ethnicity or race was a barrier to receiving services. 28% "disagreed," and 8.5% "strongly disagreed."

5) Obstacles to Obtaining Health Care

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

- o Don't have transportation, 59.7%.
- o It cost too much/can't afford it, 48.3%.
- o Long wait time to be seen at the doctor's office, 38.9%.
- o Office hours are inconvenient, 40.3%.
- o Provider does not speak their language, 32.7%.

- o Treated differently because of race, 17.5%.
- o Long time getting appointments, 24.6%.
- o Providers do not understand cultural practices, 25.1%.
- o Don't trust or like doctors, 38.9%.
- o Don't know where to go for help, 39.8%.

For working Hispanic/Latinos, such as those in this sample, transportation, wait times, and inconvenient hours were major concerns. Language barriers were also a concern in this group. Costs, particularly out-of-pocket expenses, were viewed as a critical barrier for the uninsured and underinsured. This correlates with the rates of medical insecurity.

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

	111	100	211		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Has Health Insurance (%)				Hospital bills, Health	65	56	121
Yes	58.6	56.0	57.3	Plan Covers (%)			
No	41.4	43.0	42.2	100 % (All)	0.0	10.7	5.0
				50% to 99%	49.2	71.4	59.5
				1% to 49%	44.6	10.7	28.9
				0%	0.0	0.0	0.0
(If Yes)				Do not know/Not sure	6.2	5.4	5.8
Type of Health Insurance (%)	65	56	121	Doctor's Office, Health	65	56	121
Your employer	96.9	51.8	76.0	Plan Covers (%)			
Someone else's employer	1.5	32.1	15.7	100 % (All)	0.0	10.7	5.0
Indian/Alaska Native health service	0.0	0.0	0.0	50% to 99%	43.1	66.1	53.7
Medicare	0.0	3.6	1.7	1% to 49%	50.8	14.3	33.9
Medicaid or Medical Assistance	0.0	10.7	5.0	0%	0.0	0.0	0.0
A plan that you or someone else buys for you	1.5	0.0	0.8	Do not know/Not sure	6.2	8.9	7.4
The military, CHAMPUS, Tricare or the VA	0.0	0.0	0.0				
				In last year, could not			
(If No)				see a doctor when needed	80	81	161
Reason without Health Insurance (%)	46	43	89	due to costs (%)	59	55	114
Lost job or changed employer	11.1	11.9	11.5				
Employer doesn't offer/stopped offering coverage	31.1	11.9	21.8	Has Health Insurance	73.8	67.9	70.8
Became divorced or separated	0.0	2.4	1.1	No Health Insurance	26.3	32.1	29.2
Couldn't afford to pay the premiums	28.9	11.9	20.7				
Lost Medicaid/Medical Assistance eligibility	0.0	4.8	2.3	Saw a Doctor in town,	90	71	161
Cut back to part time/or became temp employee	0.0	0.0	0.0	when needed (%)	54	43	97
Became ineligible because of age/left school	0.0	0.0	0.0	Has Health Insurance	60.0	60.6	60.2
Spouse or parent lost job/changed employers	0.0	7.1	3.4	No Health Insurance	40.0	39.4	39.8
Other	28.9	45.2	36.8				
				Has a particular Medical			
				Doctor or regular			
				source of care (%)	111	100	211
				Yes	55.0	75.0	64.5
				No	44.1	23.0	34.1

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) Help Seeking Behaviors

The survey asked respondents to report places and persons from whom they had sought help with their medical problems during the last twelve months. 63.5% of the respondents reported being sick or ill during the twelve months prior to being interviewed. Those who had been sick utilized the following resources:

- o 92.5% visited a medical doctor.
- o 32.1% sought the help of family member, friend, or neighbor.
- o 15.7% went to a hospital emergency room.
- o 23.9% sought help from a church or temple.
- o 29.1% went to a folk healer, *curandero*, or medicine man.
- o 16.4% went to a nurse or nurse practitioner.

Table 3.11: Dawson County Barriers to Health Care, 2003

	<u>111</u>	<u>100</u>	<u>211</u>		Male	Female	Total
	Male	Female	Total				
Source of regular Care (%)	111	100	211	(If Has been sick/ill in the past 12 months = Yes)			
Doctor's Office	40.5	71.0	55.0	Source of care (%)	54	54	108
Hospital Emergency room	0.0	2.0	0.9	(Multiple Response)			
Health Department or community clinic	54.1	19.0	37.4	Folk Healer/Medicine Man	41.3	11.1	29.1
Indian Health Service	0.0	0.0	0.0	Psychic/Spiritualist	0.0	1.9	0.7
Company Clinic	0.0	0.0	0.0	Medical Doctor	92.5	92.6	92.5
				Chiropractor	8.8	9.3	9.0
Believe race or ethnicity is				Pharmacist (non prescription)	7.5	18.5	11.9
a barrier to receiving health	111	100	211	Hospital Emergency Room	8.8	25.9	15.7
services in your community (%)				Counselor	3.8	7.4	5.2
Strongly agree	13.5	4.0	9.0	Family/Friend/Neighbor	36.3	25.9	32.1
Agree	19.8	37.0	28.0	Nurse/Nurse Practitioner	13.8	20.4	16.4
Disagree	18.9	38.0	28.0	Church or Temple	28.8	16.7	23.9
Strongly Disagree	11.7	5.0	8.5	Community Center	0.0	0.0	0.0
Don't know/Not sure	36.0	16.0	26.5				
				Which one do you	79	54	133
Problems getting Health Care (%)	111	100	211	typically go first (%)			
(Multiple Response)				(Unit Selection)			
It costs too much / can't afford it	52.3	44.0	48.3	Folk Healer/Medicine Man	17.7	0.0	10.5
Don't trust or like doctors	28.8	50.0	38.9	Psychic/Spiritualist	0.0	0.0	0.0
Provider does not speak your language	38.7	26.0	32.7	Medical Doctor	69.6	81.5	74.4
Treated differently because of your race	18.9	16.0	17.5	Chiropractor	0.0	0.0	0.0
Don't know where to go for help	36.0	44.0	39.8	Pharmacist (non prescription)	1.3	1.9	1.5
Don't have transportation	59.5	60.0	59.7	Hospital Emergency Room	0.0	1.9	0.8
Office hours are inconvenient	31.5	50.0	40.3	Counselor	0.0	0.0	0.0
Long wait time at Doctor's office	41.4	36.0	38.9	Family/Friend/Neighbor	3.8	7.4	5.3
Provider doesn't understand your cultural practices	20.7	30.0	25.1	Nurse/Nurse Practitioner	0.0	1.9	0.8
Takes too long to get appointment	26.1	23.0	24.6	Church or Temple	6.3	1.9	4.5
				Community Center	0.0	0.0	0.0
Has been sick or ill during	111	100	211				
the past 12 months (%)							
Yes	72.1	54.0	63.5				
No	27.9	46.0	36.5				

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

H. COMMUNITY PROBLEMS

Respondents were asked to rate ten different issues based on their level of importance in their community on 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, 96.7%.
- o Rank 2: Transportation, 88.7%.
- o Rank 3: Education, 88.1%.
- o Rank 4: Social and recreational activities, 86.2%.
- o Rank 5: Health (including environmental health), 84.3%.
- o Rank 6: Minority representation in government, 79.7%.
- o Rank 7: Discrimination, 78.6%.
- o Rank 8: At risk youth, 72.6%.
- o Rank 9: Housing, 72.1%.
- o Rank 10: Crime and violence, 68.3%.

I. WORKPLACE HEALTH CONCERNS/HUMAN RIGHTS

Work can affect an individual's physical and mental health, therefore 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 of the respondents who worked in Nebraska; and following are issues mentioned, ranked according to importance.

- o Rank 1: Verbal Abuse, 43.5%.
- o Rank 2: Inadequate bathroom/water breaks, 34.3%.
- o Rank 3: Asked to take unnecessary risks, 29.8%.
- o Rank 4: Inadequate training or poor supervision, 27.6%.
- o Rank 5: Poor air quality, 21.8%.
- o Rank 6a: No easy access to drinking water, 16.5%.
- o Rank 6b: Have been cheated in pay, 15.3%.
- o Rank 7: Inadequate equipment available, 15.3%.
- o Rank 8: Inadequate medical attention, 14.2%.

Respondents had these experiences while employed in meatpacking plants (51.7%), construction jobs (10.3%), fieldwork (4.8%), non-meatpacking factories (4.8%), professional settings (5.5%), and other job settings (23.3%).

Table 3.12: Dawson County Community Problems, 2003

	<u>111</u>	<u>100</u>	<u>211</u>		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Perceived Degree of Concern							
	<u>111</u>	<u>100</u>	<u>211</u>		<u>111</u>	<u>100</u>	<u>211</u>
Housing (%)				Employment (%)			
Not Important	7.2	6.0	6.6	Not Important	0.0	0.0	0.0
Important	14.4	27.0	20.4	Important	2.7	2.0	2.3
Critical/Very Important	77.5	66.0	72.1	Critical/Very Important	96.4	97.0	96.7
Don't know/Refused	0.9	1.0	1.0	Don't know/Refused	0.9	1.0	0.9
Health (including environment health) (%)				Crime/Violence (%)			
Not Important	0.0	3.0	1.4	Not Important	3.6	8.0	5.7
Important	10.8	16.0	13.3	Important	18.9	32.0	25.1
Critical/Very Important	88.3	80.0	84.3	Critical/Very Important	76.6	59.0	68.3
Don't know/Refused	0.9	1.0	0.9	Don't know/Refused	0.9	1.0	0.9
Social/recreational activities (%)				Minority representation in government (%)			
Not Important	0.9	1.0	0.9	Not Important	0.9	15.0	7.6
Important	7.2	16.0	11.4	Important	3.6	21.0	11.9
Critical/Very Important	91.0	81.0	86.2	Critical/Very Important	94.6	63.0	79.7
Don't know/Refused	0.9	2.0	1.4	Don't know/Refused	0.9	1.0	0.9
Education (%)				Transportation (%)			
Not Important	0.0	1.0	0.5	Not Important	0.9	2.0	1.4
Important	9.0	11.0	10.0	Important	10.8	8.0	9.5
Critical/Very Important	90.1	86.0	88.1	Critical/Very Important	87.4	90.0	88.7
Don't know/Refused	0.9	2.0	1.4	Don't know/Refused	0.9	0.0	0.5
Discrimination (%)				At risk youth (%)			
Not Important	1.8	4.0	2.8	Not Important	1.8	8.0	4.7
Important	8.1	29.0	18.0	Important	10.8	33.0	21.4
Critical/Very Important	89.2	67.0	78.6	Critical/Very Important	86.5	57.0	72.6
Don't know/Refused	0.9	0.0	0.5	Don't know/Refused	0.9	2.0	1.4

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

Table 3.13: Dawson County Community & Workplace Concerns, 2003

	<u>111</u>	<u>100</u>	<u>211</u>				
	Male	Female	Total		Male	Female	Total
Workplace				Type of work where these			
People who ever worked	111	100	211	experiences occurred (%)	95	50	145
in Nebraska (%)	93.7	66.0	80.6	<i>(Multiple Responses Allowed)</i>			
				Professional	4.2	8.0	5.5
				Construction	15.8	0.0	10.3
				Meatpacking	49.5	56.0	51.7
Ever experienced the				Factory (other than meatpacking)	5.3	4.0	4.8
following concerns in	103	66	169	Field work (agriculture)	7.4	0.0	4.8
the workplace (%)				Other	17.9	33.3	23.3
<i>(Multiple Responses Allowed)</i>							
Inadequate bathroom/water breaks	32.0	37.9	34.3				
No easy access to drinking water	20.2	10.6	16.5	Preferred language to communicate in			
Poor air quality	27.9	12.1	21.8	when discussing issues of:			
Inadequate equipment available	15.4	15.2	15.3				
Inadequate medical attention if injured	18.4	7.6	14.2	School (%)	109	100	209
Physical abuse	3.8	1.5	2.9	English	7.3	15.0	11.0
Inadequate training/supervisors	31.7	21.2	27.6	Spanish	84.4	77.0	80.9
Verbal abuse	51.0	31.8	43.5	Spanish/English	8.3	8.0	8.1
Asked to take unnecessary risks	16.3	9.1	29.8				
Have been cheated in pay	20.2	7.6	15.3	Work (%)	109	100	209
Other	1.0	3.0	1.8	English	9.2	16.0	12.4
				Spanish	81.7	75.0	78.5
				Spanish/English	9.2	9.0	9.1

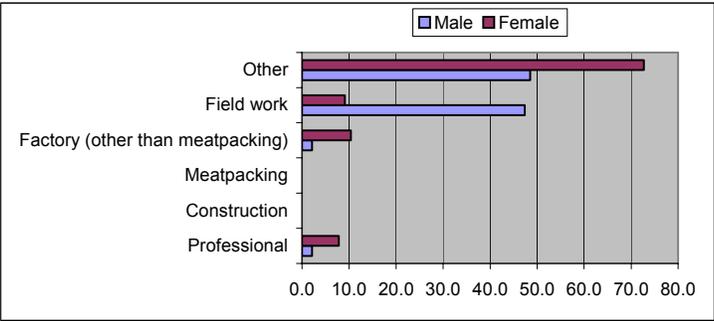
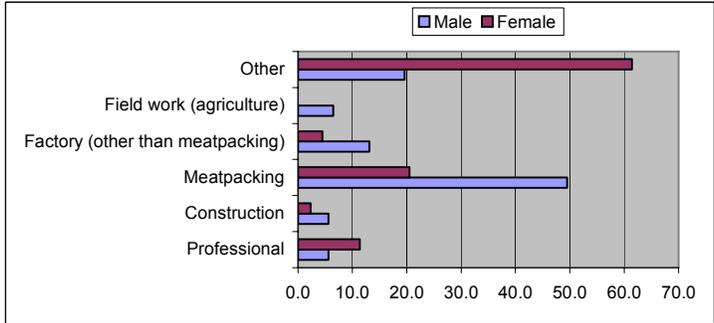
Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
 University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

J. CHAPTER SUMMARY

This chapter summarized findings based on the Dawson 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 their work environment.

Table 3.14: Dawson County Immigrant Respondents, Current US Job, & Previous Type of Work in Country of Origin, 2003

	<u>111</u>	<u>100</u>	<u>211</u>
	Male	Female	Total
Born in the USA			
Yes	9.9	17.0	13.3
No	90.1	83.0	86.7
No Answer	0.0	0.0	0.0
Current Type of Work in USA (%)			
	107	88	195
Professional	5.6	11.4	8.2
Construction	5.6	2.3	4.1
Meatpacking	49.5	20.5	36.4
Factory (other than meatpacking)	13.1	4.5	9.2
Field work (agriculture)	6.5	0.0	3.6
Other	19.6	61.4	38.5
Previous Type of Work in Country of Origin (%)			
<i>(If not born in the USA)</i>	60	51	111
Professional	2.1	7.8	4.6
Construction	0.0	0.0	0.0
Meatpacking	0.0	0.0	0.0
Factory (other than meatpacking)	2.1	10.4	5.7
Field work	47.4	9.1	30.5
Other	48.5	72.7	59.2



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

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 In 2003, the health of the Hispanics in Dawson County varied by age and gender and by specific health risk factors and/or health conditions.
- o Due to the young age of the survey population in Dawson County, the prevalence of certain health conditions was relatively low. Likewise, most participants' self-perceived health status was "good" or "very good."

AREAS OF DISPARITY

Health Promotion, Health Condition, & Use of Health Services

- o Due to financial, linguistic, cultural, and institutional barriers; respondents in our 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 they should, compared to other groups (CDC, 2003).
- o 13.3% of the population had diabetes, which was higher than the overall population of the U.S. (5.8%) (CDC, 2003).

Risk Factors for the Development of Health Conditions

- o Obesity. The data reflected a large number of persons with obesity. Only 23% of survey respondents had a "normal" weight.
- o Physical Activity. Overweight and obesity have a direct correlation with the population that reported having limited physical activity. Furthermore, recreational and social behaviors that promote physical activity were ranked low among community concerns in the survey.
- o Knowledge of HIV/AIDS. HIV/AIDS information was available, but many persons still had misconceptions about the modes of transmission.
- o Work environment. Worksite safety was a major concern given the high rate of employment of Hispanics/Latinos in the meatpacking, construction, and factory sectors. Many immigrant workers were laboring in hostile working environments.

- o Seat belt use. The findings indicate that many respondents, particularly males, did not use seatbelts “always” while driving, as required.

Access to Health Care

- o The rate of uninsured in this population was high (42.2%), and was higher than the rate of uninsured for Hispanics/Latinos nationwide. It represented a serious financial barrier in accessing health services.
- o Compared to other areas, a significant number did not have a regular health care provider. However, 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 Dawson 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.

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