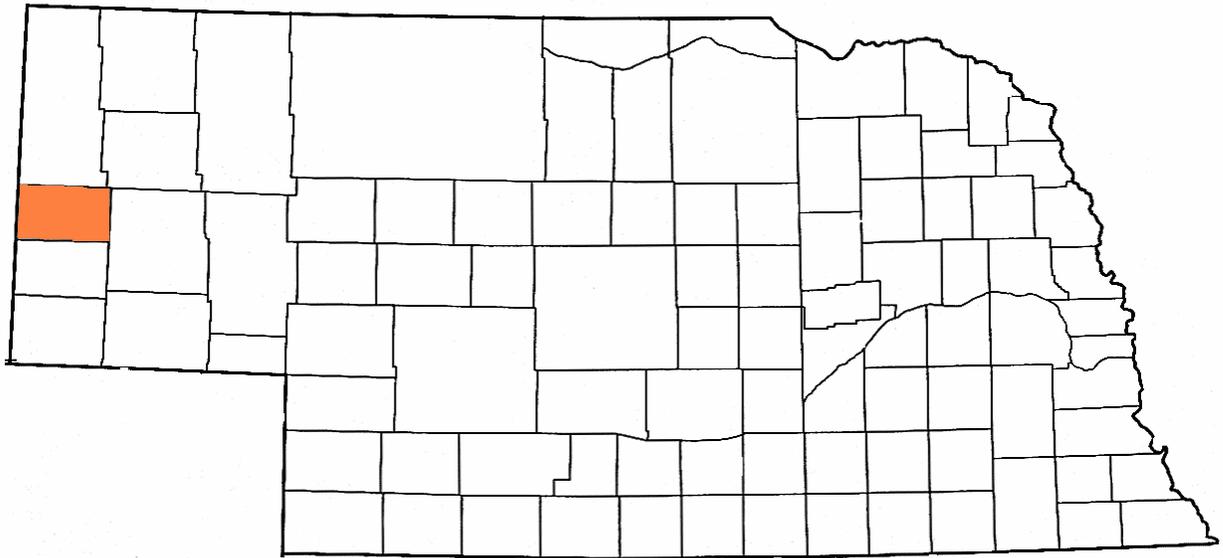


MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

FINDINGS FOR SCOTTS BLUFF COUNTY NEBRASKA



MAY 2006

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

SCOTTS BLUFF 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. Scotts Bluff County is one of these counties, as it has a rapidly growing minority population. The minority population in the county is 7,494, representing 20.3% of the total population. In the past decade, the minority population increased at a rate of 23% compared to a 2% decrease for the white-European origin population. The total population in the county increased 3%, from 36,025 in 1990 to 36,951 in the year 2000. Hispanics/Latinos account for 85% 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 Scotts Bluff 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

The findings included in this report are based on the MBRFSS conducted in Scotts Bluff County by the Nebraska Department of Health and Human Services (NHHSS) 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 Scotts Bluff County with the highest concentration of minority populations.

229 interviews were conducted, primarily 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 Scotts Bluff County.

D. SELECTED FINDINGS

Socio-demographic Characteristics of the Survey Population

- o Most survey respondents were Hispanic/Latino of primarily Mexican origin or descent. In general, respondents were of middle age (average age of 39.4 years), had an average of 11.2 years of education, experienced an unemployment rate of 63.3%, and were either married or members of an unmarried couple (48%).
- o Respondents were employed either as professionals (27.3%), agricultural workers (1.3%), or factory workers (9.7%), among others.

Health Status & Use of Health Services

- o 31.4% of respondents reported their health status as "fair/poor."
- o 51.5% of respondents had visited a doctor for a routine check up within the past year.
- o 38.4% of respondents said they had visited an eye doctor within the past year.
- o 31.4% of respondents had visited a dentist within the past year.
- o 78.1% of women had their blood pressure checked in the past year, as opposed to 58.3% of men. Among those who had their blood pressure checked, 24% had been told by a health professional that they had high blood pressure.
- o 39.3% said they had their blood cholesterol checked.
- o Of those who had their cholesterol checked, 46.7% had been told by a professional that their blood cholesterol was high.

Chronic Conditions & Use of Health Services

- o Of the survey population, 43.7% reported pain in their joints in the previous year. For 57.7% of them, the joint pain was present for 15 days or more.
- o 14% of the survey population had been told by a doctor that they had diabetes or high blood sugar.
- o Among females, 6.1% were told that they had diabetes during their pregnancy.
- o Among the respondents, 7.9% had been told by a doctor that they had asthma. Of these, more than half (64.7%) indicated that they still had the condition at the time of the survey.

Women's Health

- o Most women in the survey (78.9%) said they had a clinical breast exam some time in their lives. More than half of them (59.6%) said that they performed breast self examination every month.
- o Among women 50 years or older, 84.2% had a mammogram.
- o Most of them (81.3%) had a mammogram as part of a routine check up. 3.1% had breast problems other than cancer, and 9.4% had breast cancer.
- o Of all of the women in the survey, 94.7% had a Pap smear. Among those who had a Pap smear, 63.6% had this test within the past year.
- o Of women who had a Pap smear, 74.8% had it done as part of a routine exam, 18.7% had the test performed to check for a problem, and 6.5% indicated other reasons.
- o 21.9% of the female respondents had been pregnant within the past five years. All reported prenatal care with their most recent pregnancy, and 73.3% of these women visited a doctor or nurse within the first trimester. At the time of this survey five women, representing 4.4% of the female population, were pregnant.

Children's Health

- o 44.3% 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 at the time of the survey was 2.3.
- o 64.7% of the respondents who had children younger than five years of age (or under 40 pounds of weight) reported "always" using child protective car seats.
- o 22.8% reported that someone smoked in the house or in the car when the children were present.
- o 32.7% of the households in the survey had a child who had asthma.

- o 77.2% of the respondents reported a routine dental exam at least once per year for the household's children.
- o 4% of the respondents indicated that their children had been treated for lead poisoning.
- o Most of the respondents (89.9%) 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 the respondents, 40.2% reported that they used tobacco products.
- o Among users of tobacco products, 26.3% reported smoking everyday.
- o The daily smokers averaged 15.3 cigarettes per day. The mean age for onset of smoking was 15.8 years.
- o Among daily smokers, close to two-thirds (63.3%) reported trying to quit during the past twelve months for one day or longer.

Alcohol Consumption

- o Less than one-half of the survey population (46.3%) reported that they consumed alcohol. The percentage was higher for men (55.7%), compared to women (36.8%).
- o Among respondents who reported alcohol consumption, the average age at which they started drinking alcohol at least once a week was 17.4 years.
- o Respondents who drank alcohol reported they had driven on average 1.7 times per month after having five or more drinks.

Physical Activity/Exercise

- o Among the respondents, 54.6% said they were inactive at the time of the study. A larger percentage of women (57.9%) than men (51.3%) reported inactivity.
- o Moreover, for those who reported weekly physical activity, men (43.5%) were more likely to be engaged in these activities than women (34.2%).

Overweight & Obesity

- o The mean Body Mass Index (BMI) indicates that the survey respondents were slightly overweight. The mean BMI was 26.9. Among the survey population, 40.3% were overweight. People with BMI's between 25 and 29.9 are considered overweight.

- o Of the respondents, only 32.4% had “normal” weight.

Seatbelt Use

- o 27.2% of the respondents said they “always” wore seatbelts when driving or riding in a car or vehicle. Women (31%) were more likely to report this behavior than men (23.5%).

HIV/AIDS Knowledge

- o Most participants had some basic knowledge about HIV/AIDS and its modes of transmission. Very few (7.9%) said they were not familiar with HIV/AIDS.
- o There were, however, misunderstandings about this condition. For example, 11.4% said mosquito bites pose a high risk for contracting HIV/AIDS; others thought that kissing a person with HIV/AIDS put them at risk (10.5%).

Access to Health Care

- o The majority of those who reported having health insurance obtained it through his/her place of employment (55.1%), through a Medicaid/Medical Assistance Program (18.6%), or through Medicare (13.8%).
- o 12.1% of the respondents with no health insurance reported that there was a time within the previous 12 months when they needed to see a doctor, but could not see one because of the cost.
- o 26.6% of the respondents did not have a regular source of health care at the time of the study.
- o The doctor’s office (62.1%) and health department clinic (28.6%) were most often mentioned as sources of regular care.
- o In the past year, 81.2% of the respondents experienced an episode of illness.
- o Respondents who had been ill in the previous 12 months used the following sources of care or health advice: medical doctor, nurse or nurse practitioner, hospital emergency room, and community center.
- o Most of the respondents “disagreed” (44.5%) or “strongly disagreed” (7.4%) that their race or ethnicity served as a barrier to receiving health services in the community.
- o The problems most often mentioned in getting medical care were: long waiting times at the doctor’s office (29.7%), cost too much (26.6%), do not trust or like the doctors (16.6%), or treated differently because of race (19.7%).

Community & Workplace Concerns or Problems

- o The community issues that respondents perceived as critical or very important were employment (86.9%), education (81.7%), at risk youth (80.8%), health (79.5%), few social or recreational activities (74.6%), and crime/violence (67.3%).

Issues of concern in the workplace with the highest ranking included the following:

- o Inadequate training/supervisors, 36.4%
- o Inadequate bathroom/water breaks, 27.6%
- o Verbal abuse, 28.1%
- o Being cheated with pay, 20%

E. CONCLUSIONS & RECOMMENDATIONS

- o Scotts Bluff County experienced an overall decrease in population. In contrast, there was a growth in the minority population, particularly of Hispanic/Latino origin.
- o Of the survey population, 34.9% reported being foreign-born.
- o The survey population in Scotts Bluff County consisted of middle aged adults with an average age of 39.4.
- o The health of the survey population in Scotts Bluff County varied by gender and by specific health risk factor and/or health condition. Serious health disparities existed in reference to poor health status, low access and utilization of preventive services, and poor lifestyle practices reflected in high consumption of alcohol and tobacco, obesity, and other indicators.

Areas of Disparity

1) Lifestyle Practices

- o Poor health. The survey indicates a high prevalence of high blood cholesterol, high blood pressure, sore joints, sore joints with persistent pain, and diabetes. In addition, a high percentage of the survey population (81.2%) reported an episode of illness in the past year.
- 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 recommended.
- o Obesity. Only 32.4% of the survey population had a normal weight, based on the BMI. The rest were mostly either overweight or obese.

- o Physical Activity. 54.6% of respondents reported no physical activity in the past month. Overweight and obesity were associated with limited physical activity.
- o Seatbelt Use. Findings indicated a limited use of seatbelts while driving. Only 27.2% of the respondents reported “always” using seatbelts while driving.
- o Tobacco and Alcohol use. 40.2% of respondents reported the use of tobacco products, and 46.3% used alcohol.
- o 26.3% of respondents smoked everyday.
- o Heavy drinkers had an average of 8.6 drinks in one day, and reported that they drove after having five or more drinks an average of 1.7 times per month.

2) Health Knowledge such as HIV/AIDS

- o Health education messages on topics such as HIV/AIDS had reached the minority communities in Scotts Bluff County, evidenced by the fact that only 7.9% reported not being familiar with HIV/AIDS.

3) Use of Preventive Health Services

There is relatively low use of preventive services. In the past 12 months;

- o About one-half of the respondents (51.5%) reported visiting a doctor for a routine check up.
- o 38.4% reported seeing an eye doctor.
- o 31.4% reported seeing a dentist.
- o More than two-thirds (68.1%) had their blood pressure checked.
- o 39.3% had ever had their blood cholesterol checked.

4) Access to Care

- o 26.6% reported not having a regular source of medical care.
- o 27.1% 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 Scotts Bluff, like the State of Nebraska¹, has a rapidly growing minority population comprised increasingly of persons of Hispanic/Latino origin. According to the 2000 U.S. Census, this county had a population of 36,951 and was 79.7% white and 20.3% minority. Hispanics accounted for 85% of the total of 7,494 minority population, while African Americans, Asians, and Native Americans accounted for 1%, 3%, and 7%, respectively. Between 1990 and 2000, the county's population increased by 3%. The county's white population decreased by 2%, and the minority population increased by 23%. (Hispanics increased by 21%, African Americans increased by 71%, Asians increased by 29%, and Native Americans decreased by 4%. 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 quality 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 & Scotts Bluff County by Population Count, Percent Distribution, & by Percent Population Growth 1990-2000

Nebraska 2000				Scotts Bluff County 2000			
	Population *	%	% Growth 1990 – 2000		Population *	%	%Growth 1990 – 2000
Total	1,711,263	100.0%	8%	Total	36,951	100.0%	3%
Whites	1,494,494	87.3%	2%	Whites	29,457	79.7%	-2%
<u>Minorities</u>	220,629	11.7%	83%	<u>Minorities</u>	7,494	20.3%	23%
African Americans	68,541	4.0%	19%	African Americans	87	0.2%	71%
Hispanics *	94,425	5.5%	155%	Hispanics *	6,352	17.2%	21%
Native Americans / Alaska Natives	14,896	0.8%	15%	Native Americans/ Alaska Natives	557	1.5%	-4%
Asians / Pacific Islanders	22,767	1.3%	86%	Asians / Pacific Islanders	223	0.6%	29%
Others **	19,023	1.1%	NA	Others **	275	0.7%	NA

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

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.

** Asians include Hawaiian and Pacific Islander.

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

Table 1.2: Scotts Bluff County Minority Population, 2000			Table 1.3: Scotts Bluff County Hispanic/Latino Population, 2000		
Minority Population, 2000			Hispanics / Latinos * Population Composition, 2000		
	Nebraska	Scotts Bluff County		Nebraska	Scotts Bluff County
Minority, Total	216,769	7,494	Hispanics, Total	94,425	6,352
Percent/Non-White	100%	100%	Percent/Non-White	100%	100%
African Americans	31%	1%	Mexicans/Mexican Americans	75.2%	80.4%
Hispanics / Latinos*	44%	85%	Puerto Ricans	2.1%	-
Native Americans/ Alaska Natives	6%	7%	Cubans	0.9%	-
Asians / Pacific Islanders	10%	3%	Other Hispanics	21.8%	18.9%
Other **	9%	4%			

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 or More Races

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

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 Scotts Bluff 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 Scotts Bluff County, Nebraska in 2003. This report will summarize selected socio-demographic characteristics of the minority population (mostly Hispanics) 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 aimed at correcting them, in partnership with 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 and education 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 Scotts Bluff 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 are 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 Scotts Bluff 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.

Table 2.1: Scotts Bluff County Number of Expected & Obtained Interviews by Age Groups & Sex

Total Interviews	Expected N=210		Obtained N=229	
	Males	Females	Males	Females
Age groups				
18-20 yrs	9	9	11	9
21-29 yrs	20	20	23	24
30-39 yrs	34	30	35	29
40-61 yrs	31	33	36	40
62+	11	13	10	12
Total	105	105	115	114

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 229 interviews were completed, most of them (79.5%) in Spanish.

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 Scotts Bluff County. Therefore, findings cannot be generalized to all residents of Scotts Bluff 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 SCOTTS BLUFF COUNTY MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

This chapter provides selected results of the MBRFSS for Scotts Bluff 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; and
- i) Workplace concerns.

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

A. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

A total of 229 interviews were completed in Scotts Bluff County in the fall of 2003.

1) Gender & Age

- o About half (49.8%) of survey respondents were female.
- o Respondents' average age was 39.4 years.

2) Race/Ethnicity

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

3) Residence in the United States

- o 34.9% of the respondents were foreign born, and had lived in the U.S. an average of 27 years.
- o Only 13.9% had lived in the U.S. 10 years or less.

4) Hispanic/Latino National Origin

- o 81.2% of the respondents were Mexican, and 5.2% were Puerto Rican.

Table 3.1: Scotts Bluff County Socio-Demographic & Economic Characteristics, 2003

	<u>115</u>	<u>114</u>	<u>229</u>		Male	Female	Total
Sex (%)	50.2	49.8		Race/Ethnicity (%)	<u>115</u>	<u>114</u>	<u>229</u>
				Hispanic	100.0	100.0	100.0
Age (%)	<u>115</u>	<u>114</u>	<u>229</u>	Native American	0.0	0.0	0.0
18 to 24	17.4	17.5	17.5	Hispanic origin (%)	<u>115</u>	<u>114</u>	<u>229</u>
25 to 34	24.3	22.8	23.6	Mexican	77.4	85.1	81.2
35 to 44	33.0	21.1	27.1	Cuban	0.9	0.0	0.4
45 to 54	10.4	16.7	13.5	Puerto Rican	6.1	4.4	5.2
55 or more	14.8	21.9	18.3	Salvadorian	0.0	0.9	0.4
Mean Age	<u>38.2</u>	<u>40.7</u>	<u>39.4</u>	Guatemalan	1.7	1.8	1.7
				Other Latino / Not specified	12.2	7.9	10.0
Self Reported Race (%) (except Hispanic/Latino)				Marital Status (%)	<u>115</u>	<u>114</u>	<u>229</u>
White	0.0	0.0	0.0	Married/unmarried couple	47.0	49.2	48.0
Native American	0.0	0.0	0.0	Divorced	13.0	10.5	11.8
Other	100.0	100.0	100.0	Widowed	5.2	10.5	7.9
Multiracial	0.0	0.0	0.0	Separated	8.7	7.9	8.3
Don't know/Not sure	0.0	0.0	0.0	Never Married	26.1	21.1	23.6
Refused	0.0	0.0	0.0	Educational Attainment (%)	<u>115</u>	<u>114</u>	<u>n</u>
Place of Birth (%)	<u>115</u>	<u>114</u>	<u>229</u>	Elementary school or less	15.7	13.2	14.4
USA	64.3	65.8	65.1	Some high school	26.1	19.3	22.7
Not Born in USA	35.7	34.2	34.9	High school graduate/GED	31.3	36.8	34.1
(If Not born in USA)	<u>41</u>	<u>39</u>	<u>80</u>	Some tech. school or college	16.5	17.5	17.0
Mean years in the USA	24.5	29.6	27.0	Technical School Graduate	5.2	4.4	4.8
				College Graduate	3.5	6.1	4.8
Years in the USA (%)				Postgraduate/Prof. degree	0.9	2.6	1.7
0 to 2	9.8	2.6	6.3	Mean years of education	<u>114</u>	<u>114</u>	<u>228</u>
3 to 5	2.4	0.0	1.3		10.9	11.4	11.2
6 to 10	7.3	5.1	6.3				
11 or more	80.5	92.3	86.3				

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

5) Marital Status

- o 48% of respondents reported being married or part of an unmarried couple. Among the other respondents, 23.6% were single, 8.3% were separated, 11.8% were divorced, and 7.9% were widowed.

6) Educational Attainment

- o 34.1% reported completing high school or its equivalent.
- o 6.5% had earned a college degree or post-graduate/professional degree.

7) Employment & Type of Work in Country of Origin

- o Close to two-thirds of the respondents reported being employed (63.3%).

- o Of the 83 persons who were not employed, 28.6% were homemakers, 12.5% were students, and 51.8% were unable to work or disabled. 7.1% were retired.
- o Of the unemployed, 44.2% reported actively seeking employment.

Table 3.2: Scotts Bluff County Demographic and Economic Characteristics, 2003

	<u>115</u>	<u>114</u>	<u>229</u>		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Employed (%)							
Yes	61.7	64.9	63.3	Household with children < 18	<u>50</u>	<u>51</u>	<u>101</u>
No	38.3	34.2	36.2	% of Total	43.5	44.7	44.1
<i>(If No)</i>				...by marital status (%)	<u>50</u>	<u>51</u>	<u>101</u>
Reasons for unemployment (%)	<u>24</u>	<u>32</u>	<u>56</u>	Married	56.0	49.0	52.5
Homemaker	0.0	50.0	28.6	Divorced	16.0	11.8	13.9
Student	20.8	6.3	12.5	Widowed	0.0	5.9	3.0
Unable to work	79.2	31.3	51.8	Separated	8.0	13.7	10.9
Retired	0.0	12.5	7.1	Single	0.0	9.8	5.0
				Unmarried couple	20.0	7.8	13.9
Seeking employment (%)	<u>16</u>	<u>27</u>	<u>43</u>		<u>113</u>	<u>111</u>	<u>224</u>
Yes	62.5	33.3	44.2	Mean Annual Income	23,783	22,477	23,136
No	37.5	66.7	55.8				
Length of time unemployed (%)	<u>6</u>	<u>18</u>	<u>24</u>	Annual household income (%)			
Less than 1 month	0.0	11.1	8.3	Less than \$10,000	27.4	16.2	21.9
1 to 3 months	0.0	5.6	4.2	\$10,000 - \$24,999	32.7	54.1	43.3
4 to 6 months	0.0	0.0	0.0	\$25,000 - \$39,999	19.5	13.5	16.5
7 months to 1 year	33.3	11.1	16.7	\$40,000 or more	20.4	16.2	18.3
More than 1 year	50.0	55.6	54.2				
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 44.1% of all the respondents said there were children at home for whom they were responsible.
- o Of all the persons who reported having children at home, 52.5% were married and 13.9% were part of an unmarried couple. 5% were single.

9) Annual Income

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

- o 21.9% of the respondents earned less than \$10,000.
- o 43.3% reported earning between \$10,000 and \$24,999.
- o 16.5% earned between \$25,000 and \$39,999.
- o 18.3% 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. In the aggregate, self-reported health status reflects the well being of the community.

- o Most respondents reported their health status as "excellent/very good" (38%) or "good" (29.7%).
- o Only 31.4% of the survey population rated their health as "fair/poor."

2) Routine Check Up

- o About one-half (51.5%) of the respondents had visited a doctor for a routine check up within the past year. This was true for a higher percentage of females (60.5%) than males (42.6%).
- o 2.2% reported that they had never had a regular check up.

3) Eye Care

- o 38.4% of the respondents had visited an eye doctor within the past year, 18.8% within the past two years, and 6.6% within the past four years. 9.6% had gone over five years without an exam.

4) Dental Care

- o 31.4% of the respondents said they had seen a dentist within the past year.
- o 39.9% said they had between one to five permanent teeth removed because of tooth decay or gum disease.
- o 8.8% of the respondents had six or more teeth (but not all) removed, and 6.6% had all their teeth removed.
- o 42.1% of the survey population had never had a permanent tooth removed. This was true for a larger percentage of women (44.2%), than men (40%).

- o Among the respondents reporting hypertension, the methods most often used for controlling high blood pressure were medication (77.8%), diet (55.6%), and exercise (30.6%). 16.4% said they were not controlling their high blood pressure at the time of the study.

6) Blood Cholesterol Screening & Use of Services

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

- o 39.3% of the respondents said that they had their blood cholesterol checked at some point in their lives. This was true for a higher percentage of women (47.4%) than men (31.3%). Of those who had their cholesterol checked, 60% had it done in the past year.
- o Of those who had their cholesterol checked, 46.7% had been told by a professional that their blood cholesterol was high. This was true for a larger percentage of women (48.1%) than men (44.4%)

Table 3.4: Scotts Bluff County Preventive Health Practices, 2003

	115 Male	114 Female	229 Total		Male	Female	Total
BLOOD CHOLESTEROL				DIABETES			
<u>Has ever checked for Blood Cholesterol (%)</u>				<u>Ever told had diabetes or high blood sugar by health provider (%)</u>			
Yes	31.3	47.4	39.3	Yes	115	114	229
No	64.3	51.8	58.1	Yes (female, only during pregnancy)	-	6.1	3.1
(If Yes)				No	86.1	78.1	82.1
<u>Last time checked for Blood Cholesterol (%)</u>	<u>36</u>	<u>54</u>	<u>90</u>	(If Yes or Yes during pregnancy)	<u>14</u>	<u>24</u>	<u>38</u>
Less than 1 year (0 to 12 months)	58.3	61.1	60.0	Not controlling diabetes (%)	14.3	0.0	5.3
1-2 years (13 to 24 months)	11.1	18.5	15.6	<u>Controlling with (%)</u>	<u>12</u>	<u>24</u>	<u>36</u>
2+ years (25+ months)	30.6	20.4	24.4	(Multiple Responses Allowed)			
<u>Told had High Blood Cholesterol by health professional (%)</u>	<u>36</u>	<u>54</u>	<u>90</u>	Insulin	33.3	16.7	22.2
Yes	44.4	48.1	46.7	Oral medications	75.0	79.2	77.8
No	55.6	51.9	53.3	Exercise	41.7	25.0	30.6
				Diet	58.3	54.2	55.6
				Other	8.3	4.2	5.6
SORE JOINTS							
<u>Has had pain or swelling in joint during last year (%)</u>	<u>115</u>	<u>114</u>	<u>229</u>	<u>Last time saw a Doctor for diabetes (%)</u>	<u>14</u>	<u>25</u>	<u>39</u>
Yes	43.5	43.9	43.7	Less than 1 year (0 to 12 months)	57.1	72.0	66.7
No	56.5	54.4	55.5	1-2 years (13 to 24 months)	14.3	4.0	7.7
(If Yes)				2+ years (25+ months)	14.3	8.0	10.3
<u>Joint pain persisted for 15 days or more (%)</u>	<u>50</u>	<u>50</u>	<u>100</u>	Never	0.0	0.0	0.0
Yes	62.5	53.1	57.7				
No	37.5	46.9	42.3	ASTHMA			
				<u>Ever told has asthma (%)</u>	<u>115</u>	<u>114</u>	<u>229</u>
				Yes	8.7	7.0	7.9
				No	90.4	93.0	91.7
				(If Yes)			
				<u>Still has asthma (%)</u>	<u>9</u>	<u>8</u>	<u>17</u>
				Yes	44.4	87.5	64.7
				No	44.4	12.5	29.4

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

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 In the previous 12 months, joint pain was reported by 43.7% of the total survey respondents. Of these, 57.7% reported that those symptoms were present for 15 or more consecutive days.
- o Almost equal proportions of men and women reported having sore joints (43.5% and 43.9% respectively).

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 14% of the survey population had been told by a doctor they had diabetes or high blood sugar.
- o Of the female respondents, 6.1% were told that they had diabetes during a pregnancy.
- o Among those with diabetes, methods of controlling the disease were oral medication (77.8%), insulin (22.2%), exercise (30.6%), and special diet (55.6%).
- o Of those with diabetes, 66.7% had a diabetes check up within the past year, and 5.3% were not controlling their diabetes.

3) Asthma

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

- o 7.9% of the respondents had been told by a doctor that they had asthma, including 8.7% of men and 7% of women.
- o Of people who reported having asthma, 64.7% still had asthma at the time of the study.

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

- Of the 114 female respondents, 78.9% said they had a clinical breast exam.
- Of those who had a clinical breast exam (n=90), 68.9% had one within the past year.
- 59.6% said they practiced breast self examination every month.

2) Mammograms

- Among women over age 50, 84.2% had a mammogram. However, less than half of these women had the test in the past year.
- Among those who had a mammogram, 81.3% said they had it as part of a routine check up.

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).

- Among female respondents, almost all of them (94.7%) had a Pap smear.
- Among those who had a Pap smear, 63.6% had this exam within the past year. Three-fourths (74.8%) of women who had a Pap smear had it done as part of a routine exam, and 18.7% had the test done to check for a problem.

4) Pregnancy

- 21.9% of the respondents had been pregnant within the past five years. At the time of this survey, five women were pregnant, representing 4.4% of the survey population.
- With their most recent pregnancy, 73.3% of these women first visited a doctor or nurse during the first trimester, 3.3% did so in the fourth month, and 3.3% did so in their fifth month.
- 10% of the women who had been pregnant or were pregnant at the time of the study reported smoking during the pregnancy.

Table 3.5: Scotts Bluff County Women's Health, 2003

<u>114</u>			
<u>Has ever had a clinical breast exam</u> (%)	<u>114</u>	<i>(If Had a Pap Smear = Yes)</i>	
Yes	78.9	<u>Last time had Pap smear</u> (%)	<u>107</u>
No	21.1	Less than 1 year (0 to 12 months)	63.6
		1-2 years (13 to 24 months)	21.5
		2+ years (25+ months)	15.0
<i>(If Yes)</i>			
<u>Last time had clinical breast exam</u> (%)	<u>90</u>	<u>Reason for Pap smear</u> (%)	<u>107</u>
Less than 1 year (0 to 12 months)	68.9	Routine exam	74.8
1-2 years (13 to 24 months)	21.1	Check problem	18.7
2+ years (25+ months)	7.8	Other	6.5
<u>Performs breast self examination</u> (%)	<u>114</u>	<u>Last Pap smear in the past year</u> (%)	<u>107</u>
Yes	59.6	for women 45y. or less	77.1
No	38.6	for women 46y. or more	37.8
<u>Has ever had a mammogram (age >=50)</u> (%)	<u>38</u>	<u>Last Pap smear in the past 2+ years</u> (%)	<u>102</u>
Yes	84.2	for women 45y. or less	22.9
No	15.8	for women 46y. or more	62.2
<i>(If Yes)</i>		<u>Has been pregnant in the past 5 years</u> (%)	<u>114</u>
<u>Last time had mammogram</u> (%)	<u>32</u>	Yes	21.9
Less than 1 year (0 to 12 months)	40.6	Yes, currently pregnant	4.4
1-2 years (13 to 24 months)	28.1	No	73.7
2+ years (25+ months)	28.1		
<u>Reason for the mammogram</u> (%)	<u>32</u>	<i>(If Yes or Yes, currently pregnant)</i>	
Routine Checkup	81.3	<u>First visit to Doctor during pregnancy</u> (%)	<u>30</u>
Breast problem other than cancer	3.1	Before the 3rd month	73.3
Had breast cancer	9.4	3rd month	20.0
		4th month	3.3
		5th month	3.3
		6th month	0.0
		7th month	0.0
<u>Has ever had a Pap smear</u> (%)	<u>113</u>		
Yes	94.7	<u>Smoked during pregnancy</u> (%)	<u>30</u>
No	2.7	Yes	10.0
		No, I wasn't a smoker	73.3
		No, I quit because of my pregnancy	16.7

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

E. CHILDREN'S HEALTH

1) Age Distribution of Children in Households

- o 44.3% 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 2.3.
- o 10.9% of the households had at least one child under one year old.

- o 28.7% reported having at least one child between one and four years of age.
- o More than half (53.5%) reported having children between five and nine years of age.
- o 33.7% had children between 10 and 12 years of age.
- o 26.7% reported having children in the age range of 13 and 15 years of age.
- o 28.7% 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. In Scotts Bluff County:

- o “Always” use of child protective car seats was reported by 64.7% of the respondents who had children under five years of age (or under 40 pounds of weight).
- o A lower percentage of men reported “always” using child-protective car seats for their children (50%), compared to women (69.2%).

3) Exposure to Environmental Tobacco Smoke

- o Less than one-quarter (22.8%) of the parents reported that someone smoked in the house or in the car when the children were present. A larger proportion of males (30.6%) than females (15.7%) reported this behavior.
- o 69.3% said no smoking occurred around the children.

4) Asthma, Dental Care, & Lead Poisoning

- o Among respondents who had children living at home, 32.7% reported having a child with asthma.
- o A routine dental exam at least once per year for the household children was reported by 77.2% of the respondents.
- o 4% of survey respondents stated that their children had received treatment 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 Of the survey respondents with children, 89.9% 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.

Table 3.6: Scotts Bluff County Children’s Health, 2003

	<u>115</u>	<u>114</u>	<u>229</u>				
	Male	Female	Total		Male	Female	Total
<u>Has children with less than 18 years of age (%)</u>	<u>115</u>	<u>114</u>	<u>229</u>	<i>(If Has Children <18 = Yes)</i>			
Yes	43.5	45.1	44.3	<u>Has children with asthma (%)</u>	<u>50</u>	<u>51</u>	<u>101</u>
No	56.5	54.9	55.7	Yes	34.0	31.4	32.7
<i>(If Yes)</i>	<u>50</u>	<u>51</u>	<u>101</u>	<u>Your children visit the dentist once per year (%)</u>	<u>50</u>	<u>51</u>	<u>101</u>
<u>Mean Number of children</u>	2.3	2.4	2.3	Yes	68.0	86.3	77.2
<u>Age groups (%)</u>				<u>Had your children ever treated for lead poisoning (%)</u>	<u>50</u>	<u>51</u>	<u>101</u>
Under 1 year of age	12.0	9.8	10.9	Yes	6.0	2.0	4.0
1 to 4 years of age	22.0	35.3	28.7	<u>Complete vaccinations for your child (> 2yrs) (%)</u>	<u>49</u>	<u>50</u>	<u>99</u>
5 to 9 years of age	56.0	51.0	53.5	Four DTP shots	79.6	100.0	89.9
10 to 12 years of age	40.0	27.5	33.7	Three doses of Polio Vaccine	77.6	100.0	88.9
13 to 15 years of age	28.0	25.5	26.7	One dose of MMR	79.6	100.0	89.9
16 to 17 years of age	28.0	29.4	28.7	<i>(If Not Complete vaccinations)</i>			
<u>Uses a car or booster seat for children < 5 (%)</u>	<u>4</u>	<u>13</u>	<u>17</u>	<u>Primary reason why child did not receive immunizations (%)</u>	<u>11</u>	<u>0</u>	<u>11</u>
Always	50.0	69.2	64.7	Too expensive	0.0	0.0	0.0
Nearly always	25.0	15.4	17.6	Vaccination service not available	0.0	0.0	0.0
Sometimes	25.0	15.4	17.6	Don't know/Not sure	54.5	0.0	27.5
Seldom	0.0	0.0	0.0	Other	0.0	0.0	0.0
Never	0.0	0.0	0.0	Refused	0.0	0.0	0.0
<u>Smokes at home or car when children are present (%)</u>	<u>50</u>	<u>51</u>	<u>101</u>	No reason	0.0	0.0	0.0
Yes	30.0	15.7	22.8				
Yes, but not around the children	8.0	0.0	4.0				
No	58.0	80.4	69.3				

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

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 40.2% of respondents reported using tobacco products. This percentage was higher among males (50.4%) than females (29.8%).
- o Among this group, 26.3% said they smoked "every day," and 14% said they smoked "some days." A greater percentage of men reported either smoking "every day" or "some days" (39.1% vs 11.4%).
- o Women were more likely to report not smoking. 70.2% reported not smoking at all, compared to 49.1% of men.
- o The daily smokers averaged 15.3 cigarettes per day, and the average age they started smoking was 15.8 years.
- o 46.3% of the respondents had tried to quit during the previous twelve months for one day or longer.

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

	<u>115</u>	<u>114</u>	<u>229</u>		Male	Female	Total
	Male	Female	Total		Male	Female	Total
Uses tobacco products							
Yes	50.4	29.8	40.2	(If Consumes Alcohol = Yes)			
No	49.6	70.2	59.8	Mean number of drinking	64	42	106
				days per week	2.2	1.8	2.0
Frequency of smoking							
Every day	39.1	13.2	26.3	Mean age started drinking	58	29	87
Some days	11.4	16.7	14.0	once per week	17.4	17.3	17.4
Not at all	49.1	70.2	59.6	On a drinking day, mean	57	40	97
				number of drinks	9.8	6.9	8.6
(If Frequency of Smoking = Every day)				Mean number of days when	60	38	98
Mean number of cigarettes	44	16	60	had 5+ drinks	6.3	4.2	5.5
smoked per day	15.2	15.3	15.3	Mean number of days when	59	35	94
	45	16	61	drove after having 5+ drinks	1.7	1.7	1.7
Mean age started smoking daily	15.8	15.9	15.8				
	45	15	60				
Tried to quit smoking	62.2	66.7	63.3	Tobacco and Alcohol consumption	114	112	226
(For 1 day or longer in the past 2 months)				<i>Mutually exclusive groups</i>			
Consumes alcohol							
Yes	55.7	36.8	46.3	Both alcohol and tobacco	50.0	27.7	38.9
Yes, but not regularly	40.0	49.1	44.5	Alcohol Only	46.5	59.8	53.1
Not at all	4.3	12.3	8.3	Tobacco Only	0.9	1.8	1.3
				Neither	2.6	10.7	6.6

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

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. The findings from the Scotts Bluff County MBRFSS indicate the following:

- o 46.3% of the respondents reported alcohol consumption in the previous month. The percentage was higher for males (55.7%) than females (36.8%).
- o On occasions when they drank, respondents consumed an average of 8.6 drinks. Females reported having 6.9 drinks, and males reported having 9.8 drinks.
- o Respondents, on average, were 17.4 years old when they began having a drink at least once per week.
- o During the past year, respondents reported driving 1.7 times after having consumed at least five drinks.

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 45.5% of the respondents said they participated in physical activity, while 54.6% were inactive. A greater percentage of women (57.9%) than men (51.3%) reported being inactive.

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 The average BMI value for the study population was 26.9, meaning that the population was slightly overweight.
- o Based on the BMI, 32.4% of the respondents had a “normal” weight, with scores ranging between 18.5 and 24.9. Most of the respondents were either “overweight” (40.3%) or “obese” (25%).

5) Seatbelt Use

- o Only 27.2% of the respondents said they "always" wore seatbelts when driving or riding in a car or vehicle. A larger proportion of women than men reported "always" using seatbelts (31% and 23.5%, respectively).

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

	115 Male	114 Female	229 Total		Male	Female	Total	
Any physical activity in the past month (%)								
Yes	48.7	42.1	45.5	Obesity				
No	51.3	57.9	54.6	Body Mass Index (BMI)				
					97	79	176	
Frequency of any physical/past month (%)				Mean BMI				
Weekly	43.5	34.2	38.9		27.3	26.5	26.9	
Monthly	5.2	7.9	6.6	Categorized BMI (%)				
No Activity	51.3	57.9	54.6	Underweight	< 18.5 Kg/m ²	3.1	1.3	2.3
(If Physical Activity = Yes)	56	48	104	Normal weight	18.5 - 24.9 Kg/m ²	26.8	39.2	32.4
Mean # times activity was performed in the last month	50	39	89	Overweight	25 - 29.9 Kg/m ²	42.3	38.0	40.3
(If Frequency = Weekly)	3.0	2.6	2.8	Obesity (Class 1)	30 - 34.9 Kg/m ²	21.6	17.7	19.9
(If Frequency = Monthly)	6	9	15	Obesity (Class 2)	35 - 39.9 Kg/m ²	5.2	2.5	4.0
				Extreme Obesity (Class 3)	>= 40 Kg/m ²	1.0	1.3	1.1
Mean # minutes per exercise session				Seatbelt Use				
(If Frequency = Weekly)	47	38	85	How often do you use seatbelts (%)				
(If Frequency = Monthly)	73.1	65.1	69.5	<i>(Only for those who drive or ride in a car)</i>				
	5	9	14	Always		115	113	228
(If Frequency = Monthly)	72.0	77.2	75.4	Nearly always		23.5	31.0	27.2
				Sometimes		12.2	13.3	12.7
				Seldom		26.1	38.1	32.0
				Never		13.9	8.0	11.0
						22.6	9.7	16.2

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 37.6% of the respondents believed that HIV is the same as AIDS.
- o Few people in the survey (7.9%) reported not being familiar with HIV/AIDS.
- o The majority (81.7%) knew that a pregnant woman who has HIV could transmit the virus to her unborn baby.

- o 95.2% of the respondents believed that sharing needles through intravenous drug use poses a high risk for contracting HIV.
- o 89.1% believed that being sexually active with more than one partner and not using a condom poses a high risk.

Regarding the modes of transmission, the survey found that:

- o 10.5% believed that kissing a person with AIDS on the lips poses a high risk, including a larger percentage of men (11.3%) than women (9.6%). 24.9% of respondents were not sure.
- o 11.4% said that mosquito bites put them at risk for contracting HIV. A larger proportion of males than females believed that mosquito bites put them at risk (13% vs. 9.6%). 34.5% did not know or were not sure.
- o Using the same toilet as a person with AIDS is risky, according to 3.1% of the respondents. 70.7% said that this is not so, and 26.2% said they were not sure.

Table 3.9: Scotts Bluff County HIV/AIDS Knowledge, 2003

	<u>115</u>	<u>114</u>	<u>229</u>		Male	Female	Total
% Who thinks the HIV is the same as AIDS	40.9	34.2	37.6	Kissing a person with AIDS (on the lips) (%)	<u>115</u>	<u>114</u>	<u>229</u>
% Who are not familiar with HIV/AIDS	8.7	7.0	7.9	Yes	11.3	9.6	10.5
Knowledge of High Risk categories for contracting HIV/AIDS				(Correct Answer) No	57.4	71.9	64.6
	<u>115</u>	<u>114</u>	<u>n</u>	Don't Know/ Not sure	31.3	18.4	24.9
Pregnant woman with HIV can transmit the virus to unborn baby (%)				Refused	0.0	0.0	0.0
(Correct Answer) Yes	83.5	79.8	81.7	Mosquito bites (%)			
No	6.1	11.4	8.7	Yes	13.0	9.6	11.4
Don't Know/ Not Sure	9.6	8.8	9.2	(Correct Answer) No	51.3	57.0	54.1
Refused	0.9	0.0	0.4	Don't Know/ Not sure	35.7	33.3	34.5
Sharing needles through intravenous drug use (%)				Refused	0.0	0.0	0.0
(Correct Answer) Yes	95.7	94.7	95.2	Using the same toilet as a person with AIDS (%)			
No	0.9	0.9	0.9	Yes	3.5	2.6	3.1
Don't Know/ Not sure	3.5	4.4	3.9	(Correct Answer) No	65.2	76.3	70.7
Refused	0.0	0.0	0.0	Don't Know/ Not sure	31.3	21.1	26.2
Sexually active with more than one partner and not using condom (%)				Refused	0.0	0.0	0.0
(Correct Answer) Yes	85.2	93.0	89.1	Categorized knowledge about HIV/AIDS transmission			
No	7.0	0.9	3.9	Low knowledge	44.3	35.1	39.7
Don't Know/ Not sure	7.0	6.1	6.6	High knowledge	55.7	64.9	60.3
Refused	0.9	0.0	0.4				

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

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 27.1% of the survey population did not have any kind of health insurance (33% of men and 21.1% of women). The majority who reported having health insurance obtained it from their place of employment (55.1%).
- o Medicaid or Medical Assistance was reported by 18.6% of the respondents, and Medicare by 13.8%.

2) Medical Care Coverage of Services

- o For 64.7% of the insured survey population, their private health care plan covered 50-99% of the hospital expenses. 31.7% of the respondents who had medical insurance had 100% hospital and doctor's office coverage.
- o Respondents said that they were without health insurance because employers did not offer or stopped offering health coverage (12.9%), while others said they could not afford to pay the premiums (19.4%). 27.4% lost their job, and 12.9% became ineligible for Medicaid.
- o 12.1% of the respondents without insurance said that there was a time within the last 12 months when they needed to see a doctor but could not because of the cost.

3) Regular Source of Health Care

- o 69.9% of respondents stated that they had a particular medical doctor or source of care.
- o 75.3% of those with health insurance and 24.7% of those without coverage said they went to a doctor "in town" when they needed medical care.

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

	115 Male	114 Female	229 Total		Male	Female	Total
Has Health Insurance (%)				Hospital bills, Health Plan Covers (%)	77	90	167
Yes	67.0	78.9	72.9	100% (All)	24.7	37.8	31.7
No	33.0	21.1	27.1	50% to 99%	70.1	60.0	64.7
				1% to 49%	1.3	2.2	1.8
(If Yes)				0%	1.3	0.0	0.6
Type of Health Insurance (%)	77	90	167	Do not know/Not sure	2.6	0.0	1.2
Your employer	61.0	50.0	55.1	Doctor's Office, Health Plan Covers (%)	76	89	165
Someone else's employer	3.9	12.2	8.4	100% (All)	25.0	37.1	31.5
Indian/Alaska Native health service	0.0	0.0	0.0	50% to 99%	63.2	59.6	61.2
Medicare	14.3	13.3	13.8	1% to 49%	7.9	1.1	4.2
Medicaid or Medical Assistance	15.6	21.1	18.6	0%	1.3	1.1	1.2
A plan that you or someone else buys for you	2.6	3.3	3.0	Do not know/Not sure	2.6	1.1	1.8
The military, CHAMPUS, Tricare or the VA	1.3	0.0	0.6				
(If No)				In last year, could not see a doctor			
Reason without Health Insurance (%)	38	24	62	when needed due to costs (%)	89	93	182
Lost job or changed employer	34.2	16.7	27.4		74	86	160
Employer doesn't offer/stopped offering coverage	13.2	12.5	12.9	Has Health Insurance	83.1	92.5	87.9
Became divorced or separated	0.0	8.3	3.2		15	7	22
Couldn't afford to pay the premiums	13.2	29.2	19.4	No Health Insurance	16.9	7.5	12.1
Lost Medicaid/Medical Assistance eligibility	7.9	20.8	12.9				
Out back to part time/or became temp employee	0.0	0.0	0.0	Saw a Doctor in town, when needed (%)	90	92	182
Became ineligible because of age/left school	7.9	0.0	4.8		64	73	137
Spouse or parent lost job/changed employers	7.9	0.0	4.8	Has Health Insurance	71.1	79.3	75.3
Other	10.5	4.2	8.1		26	19	45
				No Health Insurance	28.9	20.7	24.7
				Has a particular Medical Doctor or regular			
				source of care (%)	115	114	229
				Yes	58.3	81.6	69.9
				No	37.4	15.8	26.6

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 if they believed that race or ethnicity was a barrier to receiving health services in their community.

- o 44.5% “disagreed” and 7.4% “strongly disagreed” that ethnicity or race was a barrier to receiving services. 28.4% “agreed” and 10.9% “strongly agreed” with this statement.

5) Obstacles to Obtaining Health Care

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

- o It costs too much/can't afford it, 26.6%.
- o Don't have transportation, 11.4%.

- o Long wait time to be seen at the doctor's office, 29.7%.
- o Treated differently because of race, 19.7%.
- o Long time getting appointments, 14.4%.
- o Don't trust or like doctors, 16.6%.
- o Office hours are inconvenient, 10.9%.
- o Provider does not speak their language, 15.3%.
- o Don't know where to go for help, 3.5%.
- o Providers do not understand cultural practices, 8.7%.

Table 3.11: Scotts Bluff County Barriers to Health Care, 2003

	115 Male	114 Female	229 Total		Male	Female
Source of regular Care (%)	115	114	229	<i>(If Has been sick/ill in the past 12 months = Yes)</i>		
Doctor's Office	50.9	73.5	62.1	Source of care (%)	90	96
Hospital Emergency room	0.9	0.0	0.4	<i>(Multiple Response)</i>		
Health Department or community clinic	33.3	23.9	28.6	Folk Healer/Medicine Man	33.3	20.8
Indian Health Service	0.0	0.0	0.0	Psychic/Spiritualist	12.2	3.1
Company Clinic	0.0	0.0	0.0	Medical Doctor	92.2	96.9
Have not been to a doctor	0.0	0.0	0.0	Chiropractor	33.3	14.6
Other	3.5	1.8	2.6	Pharmacist (non prescription)	28.9	46.9
				Hospital Emergency Room	40.0	41.7
Believe race or ethnicity is a barrier to receiving health services in your community (%)	115	114	229	Counselor	15.6	14.6
Strongly agree	11.3	10.5	10.9	Family/Friend/Neighbor	61.1	71.9
Agree	27.8	28.9	28.4	Nurse/Nurse Practitioner	55.6	52.1
Disagree	43.5	45.6	44.5	Church or Temple	22.2	34.4
Strongly Disagree	7.0	7.9	7.4	Community Center	46.7	35.4
Don't know/Not sure	7.0	6.1	6.6	Which one do you typically go first (%)	89	96
				<i>(Unit Selection)</i>		
Problems getting Health Care (%)	115	114	229	Folk Healer/Medicine Man	5.6	1.0
<i>(Multiple Response)</i>				Psychic/Spiritualist	0.0	0.0
It costs too much / can't afford it	28.7	24.6	26.6	Medical Doctor	49.4	59.4
Don't trust or like doctors	20.9	12.3	16.6	Chiropractor	0.0	1.0
Provider does not speak your language	16.5	14.0	15.3	Pharmacist (non prescription)	0.0	1.0
Treated differently because of your race	26.1	13.2	19.7	Hospital Emergency Room	2.2	2.1
Don't know where to go for help	3.5	3.5	3.5	Counselor	0.0	0.0
Don't have transportation	11.3	11.4	11.4	Family/Friend/Neighbor	21.3	24.0
Office hours are inconvenient	11.3	10.5	10.9	Nurse/Nurse Practitioner	1.1	1.0
Long wait time at Doctor's office	32.2	27.2	29.7	Church or Temple	2.2	3.1
Provider doesn't understand your cultural practices	10.4	7.0	8.7	Community Center	14.6	5.2
Takes too long to get appointment	14.8	14.0	14.4	Other	2.2	2.1
				No Answer	1.1	0.0
Has been sick or ill during the past 12 months (%)	115	114	229			
Yes	78.3	84.2	81.2			
No	21.7	15.8	18.8			

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

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. The findings are as follows:

- o 81.2% of the respondents reported being sick or ill during the twelve months previous to being interviewed. A larger proportion of females (84.2%) reported being ill than males (78.3%).
- o Of those who had been sick, 94.6% visited a medical doctor, 53.8% went to a nurse or nurse practitioner, 40.9% went to a hospital emergency room, and 28.5% sought help from a church or temple.

Table 3.12: Scotts Bluff County Community Problems, 2003

	<u>114</u>	<u>114</u>	<u>228</u>		<u>114</u>	<u>114</u>	<u>228</u>
	Male	Female	Total		Male	Female	Total
Perceived Degree of Concern							
Housing (%)				Employment (%)			
Not Important	2.6	2.6	2.6	Not Important	0.0	0.0	0.0
Important	28.1	22.8	25.4	Important	10.5	14.1	12.3
Critical/Very Important	50.9	67.5	59.2	Critical/Very Important	88.6	85.1	86.9
Don't know/Refused	18.4	7.0	12.7	Don't know/Refused	0.9	0.9	0.8
Health (including environment health) (%)				Crime/Violence (%)			
Not Important	0.0	2.6	1.3	Not Important	2.6	0.9	1.7
Important	20.0	11.4	15.7	Important	30.4	27.2	28.8
Critical/Very Important	73.1	85.9	79.5	Critical/Very Important	65.2	69.3	67.3
Don't know/Refused	7.0	0.0	3.5	Don't know/Refused	1.8	2.6	2.1
Social/recreational activities (%)				Minority representation in government (%)			
Not Important	0.9	4.4	2.6	Not Important	0.0	1.8	0.9
Important	22.6	18.4	20.5	Important	19.1	21.0	20.1
Critical/Very Important	74.8	74.6	74.6	Critical/Very Important	62.6	68.5	65.5
Don't know/Refused	1.8	1.7	2.1	Don't know/Refused	18.3	8.8	13.6
Education (%)				Transportation (%)			
Not Important	0.0	1.8	0.9	Not Important	5.2	4.4	4.8
Important	16.5	15.8	16.2	Important	41.7	32.4	38.1
Critical/Very Important	80.9	82.5	81.7	Critical/Very Important	51.3	62.3	56.8
Don't know/Refused	2.6	0.0	1.3	Don't know/Refused	1.9	0.9	1.3
Discrimination (%)				At risk youth (%)			
Not Important	1.7	3.5	2.6	Not Important	0.0	0.0	0.0
Important	27.9	22.8	25.3	Important	16.5	10.5	13.5
Critical/Very Important	69.6	71.9	70.7	Critical/Very Important	76.5	85.0	80.8
Don't know/Refused	0.9	1.8	1.3	Don't know/Refused	7.0	4.4	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

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. The findings are as follows:

- o Rank 1: Employment, 86.9% .
- o Rank 2: Education, 81.7%.
- o Rank 3: At risk youth, 80.8%.
- o Rank 4: Health (including environmental health), 79.5%.
- o Rank 5: Social and recreational activities, 74.6%.
- o Rank 6: Discrimination, 70.7%.
- o Rank 7: Crime and violence, 67.3%.
- o Rank 8: Minority representation in government, 65.5%.
- o Rank 9: Housing, 59.2%.
- o Rank 10: Transportation, 56.8%.

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: Inadequate training or poor supervision, 36.4%.
- o Rank 2: Verbal abuse, 28.1%.
- o Rank 3: Inadequate bathroom/water breaks, 27.6%.
- o Rank 4: Have been cheated in pay, 20%.
- o Rank 5: No easy access to drinking water, 19.5%.
- o Rank 6: Asked to take unnecessary risks, 18.6%.
- o Rank 7: Poor air quality, 17.1%.
- o Rank 8: Inadequate equipment available, 16.7%.

o Rank 9: Inadequate medical attention, 11.9%.

These experiences occurred while the respondents were employed in meatpacking plants (11%), construction jobs (8%), agriculture/field work (23.3%), non-meatpacking factories (19.6%), professional settings (21.5%), and other job settings (32.9%).

Table 3.13: Scotts Bluff County Community & Workplace Concerns, 2003

	<u>115</u> Male	<u>114</u> Female	<u>229</u> Total		Male	Female	Total
Workplace				Type of work where these experiences occurred (%)			
People who ever worked in Nebraska (%)	115	114	229	<i>(Multiple Responses Allowed)</i>	81	82	163
Ever experienced the following concerns in the workplace (%)	105	105	210	Professional	11.1	31.7	21.5
<i>(Multiple Responses Allowed)</i>				Construction	16.0	0.0	8.0
Inadequate bathroom/water breaks	33.3	21.9	27.6	Meatpacking	19.8	2.4	11.0
No easy access to drinking water	22.9	16.2	19.5	Factory (other than meatpacking)	24.7	14.6	19.6
Poor air quality	20.0	14.3	17.1	Field work (agriculture)	24.7	22.0	23.3
Inadequate equipment available	19.2	14.3	16.7	Other	23.5	42.2	32.9
Inadequate medical attention if injured	15.2	8.6	11.9	Preferred language to communicate in when discussing issues of:			
Physical abuse	1.9	5.7	3.8	School (%)	113	114	227
Inadequate training/supervisors	40.0	32.7	36.4	English	70.8	64.9	67.8
Verbal abuse	27.6	28.6	28.1	Spanish	23.9	28.1	26.0
Asked to take unnecessary risks	24.8	12.4	18.6	Spanish/English	5.3	7.0	6.2
Have been cheated in pay	23.8	16.2	20.0	Work (%)	113	114	227
Other	9.6	5.7	7.7	English	66.4	63.4	64.9
				Spanish	24.8	24.1	24.4
				Spanish/English	8.8	12.5	10.7

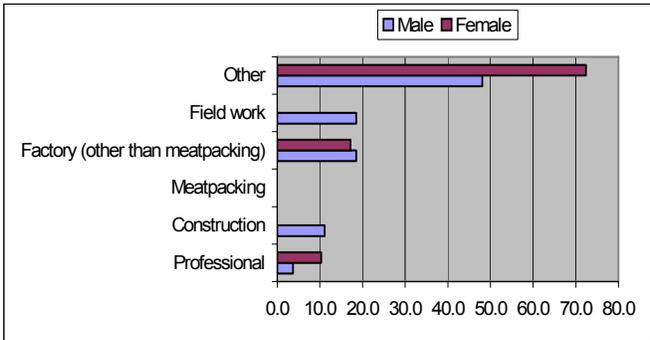
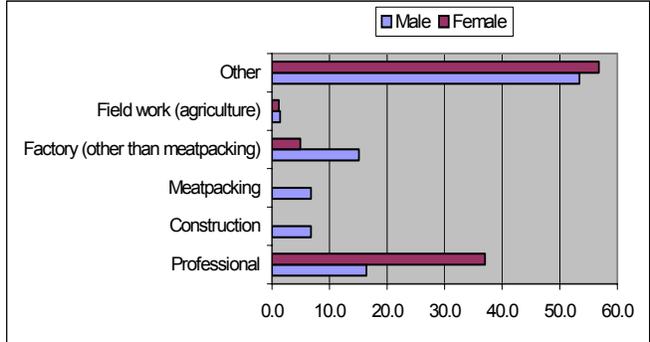
Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

J. CHAPTER SUMMARY

This chapter summarized findings based on the Scotts Bluff County MBRFSS. Specifically, this chapter includes findings about selected characteristics of the sample population, their health status, use of preventive health services, and barriers 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: Scotts Bluff County Immigrant Respondents, Current US Job, & Previous Type of Work in Country of Origin, 2003

	115	114	229
	Male	Female	Total
Born in the USA			
Yes	63.5	65.8	64.6
No	35.7	34.2	34.9
No Answer	0.9	0.0	0.4
Current Type of Work in USA (%)			
	66	61	127
Professional	16.4	37.0	27.3
Construction	6.8	0.0	3.2
Meatpacking	6.8	0.0	3.2
Factory (other than meatpacking)	15.1	4.9	9.7
Field work (agriculture)	1.4	1.2	1.3
Other	53.4	56.8	55.2
Previous Type of Work in Country of Origin (%)			
<i>(If not born in the USA)</i>	27	29	56
Professional	3.7	10.3	7.1
Construction	11.1	0.0	5.4
Meatpacking	0.0	0.0	0.0
Factory (other than meatpacking)	18.5	17.2	17.9
Field work	18.5	0.0	8.9
Other	48.1	72.4	60.7



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

CHAPTER IV: CONCLUSIONS & RECOMMENDATIONS

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

- o Scotts Bluff County experienced a growth in its minority population, particularly of Hispanics/Latinos.
- o Of the survey population, 65.1% were born in the U.S. Among the 34.9% born outside of the U.S., they reported an average of 27 years living in the U.S.
- o The survey population in Scotts Bluff County consisted of middle age adults with an average age of 39.4. This age structure may explain the prevalence of certain health conditions.
- o The health of the survey population in Scotts Bluff County varied by gender and by specific health risk factors and/or health conditions. Serious health disparities existed, as we will see below.

AREAS OF DISPARITY

Health Status

- o Poor health. The health of the population in Scotts Bluff County was poor, reflected in the prevalence of high blood cholesterol (46.7%), high blood pressure (24%), sore joints (43.7%), and diabetes (14%).
- o Episodes of Illness. A high percentage of respondents (81.2%) reported an episode of illness in the past 12 months. 94.6% of those who had an episode of illness in the past year visited a medical doctor for treatment. 26.6% reported not having a regular medical doctor or source of care.
- o Children's Health. Among the respondents with children, 32.7% of them had children with asthma.

Risk Factors for the Development of Health Conditions

- o Obesity. 65.3% of the survey population was either overweight or obese, based on BMI. The data indicates that there may be a large proportion of the population in Scotts Bluff County in need of weight-management programs.
- o Physical Activity. The majority of the survey respondents were relatively inactive. 54.6% reported no physical activity in the past month.
- o Seatbelt Use. There was limited use of seatbelts while driving. Findings indicate that only 27.2% of the respondents "always" used seatbelts while driving.
- o Tobacco Products and Alcohol Use. Tobacco and alcohol use emerged as an area of great concern in this county among the study population. 40.2% of respondents reported some use of tobacco products,

and 46.3% reported use of alcohol. The respondents who used tobacco products started at an average age of 15.8. The average age for starting the use alcohol once per week was 17.4 years.

- o HIV/AIDS Knowledge. Knowledge of HIV/AIDS information was relatively high, but many persons had misconceptions on modes of transmission, believing that kissing someone with AIDS, or mosquito bites can transmit HIV/AIDS.
- o Work Environment. Worksite comfort and safety was a major concern given employment in the meat-packing, construction, agriculture, and factory sectors.

Use of Preventive Health Services

- o Only 51.5% of the survey respondents had a routine medical check up in the last year.
- o 38.4% reported seeing an eye doctor.
- o 31.4% reported seeing a dentist.
- o 68.1% had their blood pressure checked.
- o 60% had their blood cholesterol checked.

Access to Health Care

- o The rate of uninsured in this population is 27.1%. It represented a serious financial barrier in accessing health services.
- o 26.6% did not have a regular source of medical care, and 40.9% reported using hospital emergency rooms when they became ill.
- o Most respondents (86.9%) reported that employment was a critical or very important community problem.

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 Scotts Bluff 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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NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



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