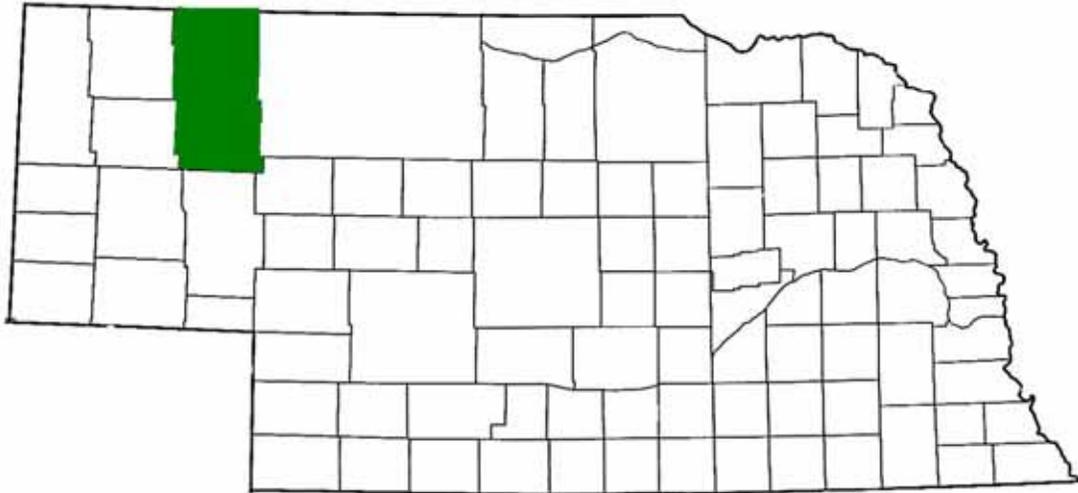


# MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

## FINDINGS FOR SHERIDAN COUNTY NEBRASKA



MAY 2006

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

## SHERIDAN COUNTY, NEBRASKA

Joann Schaefer, MD, Chief Medical Officer  
Director, Regulation & Licensure  
Nebraska Department of Health & Human Services

Jacquelyn Miller, DDS, Deputy Director  
Health Services

Raponzil Drake, DMin, Administrator  
Office of Minority Health

Project Consultants:  
University of Illinois at Chicago  
Midwest Latino Health Research, Training, & Policy Center

A special thank you goes to the HHSS staff who edited this report

Nebraska Health & Human Services System  
Regulation & Licensure  
Office of Minority Health  
301 Centennial Mall South  
P.O. Box 95007  
Lincoln, NE 68509-5007  
402-471-0152

[www.hhss.ne.gov/minorityhealth](http://www.hhss.ne.gov/minorityhealth)  
[minority.health@hhss.ne.gov](mailto:minority.health@hhss.ne.gov)

# TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>Executive Summary</b> .....  | <b>i</b>  |
| A. Background .....   | i         |
| B. Purpose .....  | i         |
| C. Method .....   | i         |
| D. Selected Findings .....  | ii        |
| Socio-Demographic Characteristics of the Survey Population .....            | ii        |
| Health Status and Use of Health Services .....                              | ii        |
| Chronic Conditions and Use of Health Services .....                         | iii       |
| Women’s Health .....  | iii       |
| Children’s Health .....   | iii       |
| Risk Behaviors for Chronic Conditions .....                                 | iv        |
| Community and Workplace Concerns or Problems .....                          | v         |
| E. Conclusions and Recommendations .....                                    | vi        |
| <b>Chapter I: Introduction</b> .....  | <b>1</b>  |
| A. Background .....   | 1         |
| B. Purpose of the Report .....  | 2         |
| <b>Chapter II: Methodology</b> .....  | <b>3</b>  |
| A. Survey Design .....  | 3         |
| B. Community Entry .....  | 3         |
| C. Eligibility .....  | 4         |
| D. Sampling .....   | 4         |
| E. Recruitment and Selection of Survey Respondents .....                    | 4         |
| F. Data Collection and Editing .....  | 5         |
| G. Data Analysis .....  | 5         |
| H. Study Limitations .....  | 5         |
| <b>Chapter III: Selected Findings from the Sheridan County MBRFSS</b> ..... | <b>6</b>  |
| A. Demographic Characteristics of Respondents .....                         | 6         |
| B. Health Status and Use of Preventive Health Services .....                | 9         |
| C. Chronic Conditions and Use of Preventive Health Services .....           | 12        |
| D. Women’s Health .....   | 13        |
| E. Children’s Health .....  | 14        |
| F. Behavioral Risk Factors for Chronic Disease .....                        | 16        |
| G. Access and Use of Health Services .....                                  | 20        |
| H. Community Problems .....   | 23        |
| I. Workplace Health Concerns/Human Rights .....                             | 24        |
| J. Chapter Summary .....  | 24        |
| <b>Chapter IV: Conclusions and Recommendations</b> .....                    | <b>26</b> |
| Disparities in Health Status .....  | 26        |
| Disparities in Health Promotion and Lifestyle Practices .....               | 26        |
| Disparities in Use of Preventive Health Services .....                      | 27        |
| Disparities in Access to Health Care .....                                  | 27        |
| Community and Workplace Concerns .....                                      | 27        |
| Recommendations .....   | 28        |
| <b>References</b> .....   | <b>30</b> |

# 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. Sheridan County is one of these counties, as it has a rapidly growing minority population. The total county population in the year 2000 was 6,198. 768 were members of racial and ethnic minorities, and represented 12.4% of the total county population. In the past decade, the minority population increased at a rate of 32%, and the white population decreased by 12%. The total population in the county decreased from 6,750 in 1990 to 6,198 in 2000. Native Americans/Eskimos are the largest minority group in Sheridan County. There were a total of 554 Native Americans/Eskimos in 2000, representing 72% of the county's minority population. Hispanics/Latinos followed with a total of 91 persons, representing 11.8% of the total minority population (U. S. Bureau of the Census, 1990, 2000).

## B. PURPOSE

The purpose of this report is to summarize findings of the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS) for Sheridan 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 strategies can be developed to correct them.

## C. METHOD

This report is based on the MBRFSS conducted in Sheridan County by the Nebraska Health and Human Services System during the summer and fall of 2003. This household survey was based on a convenience

sample designed to reflect the demographic characteristics of the areas within Sheridan County with the highest concentration of minority populations.

A total of 66 interviews were conducted among Native Americans. The Midwest Latino Health Research, Training, and Policy Center at the University of Illinois at Chicago engaged in data entry, analysis, and interpretation of health data collected for Sheridan County.

## D. SELECTED FINDINGS

### Socio-demographic Characteristics of the Survey Population

- o All of the survey respondents were Native Americans 18 years of age and older. In general, respondents were older, with an average age of 39.2 years; possessed an average of 11.8 years of education (although 30.3% had less than a high school degree); experienced an unemployment rate of 72.7%; were either married or a part of an unmarried couple (49.2%); and had an average annual household income of \$11,885.
- o 27.3% of the respondents were employed, primarily in industries such as meatpacking, construction, and agricultural work.

### Health Status & Use of Health Services

- o The majority of the population listed their health status as "excellent/very good" (19.7%) or "good" (43.9%). Another 36.4% reported their health as "fair/poor."
- o 66.7% of respondents had visited a doctor for a routine check up within the past year.
- o 31.4% of the respondents said they had visited an eye doctor within the past year.
- o 37.9% of the respondents had visited a dentist within the past year.
- o Half of the population (51.5%) had lost one to five teeth due to decay or gum disease. Another 6.1% reported more than five (but not all) teeth removed, and 7.6% had all of them removed.
- o 81.8% of the total sample population had their blood pressure checked in the past 12 months.
- o Among those who had their blood pressure checked, 22.7% had been told by a health professional that they had high blood pressure.
- o 42.4% reported that they had their blood cholesterol checked at some time in their lives.
- o 59.3% reported having their cholesterol checked in the past 12 months.
- o Of those who had their cholesterol checked, 28.6% had been told by a professional that their blood cholesterol was high.

## Chronic Conditions & Use of Health Services

- o 53% of the survey population reported pain, aching, stiffness, and swelling in or around their joints in the past year. Of this group, 32.4% stated that the pain persisted for 15 or more days.
- o 18.2% of the survey population had been told by a doctor that they had diabetes or high blood sugar. Of this group, 92.9% of them had seen their doctors for diabetes care in the past 12 months, and reported some form of diabetes control through either medication, physical activity, or diet.
- o Among females, 6.3% were told that they had diabetes during a pregnancy.
- o 10.6% had been told by a doctor that they had asthma. Of people with asthma, more than half (57.1%) indicated still having the condition at the time of the survey.

## Women's Health

- o Most women in the survey (93.8%) said they had a clinical breast exam at some time in their lives.
- o Almost all of them (81.3%) said they performed breast self examination every month.
- o Among women 50 years or older, all reported having had a mammogram.
- o All of the 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 (62.5%) had this exam within the past year.
- o Of women who had a Pap smear, 87.5% had it done as part of a routine exam. 12.5% had the test performed to check for a problem.
- o 43.8% of the female respondents reported that they or someone in the household had been pregnant within the previous five years. All reported prenatal care with their most recent pregnancy, and 71.4% of these women visited a doctor or nurse within the first trimester.
- o At the time of this survey, none of the respondents were pregnant.

## Children's Health

- o 48.5% 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 per household was 2.9.
- o 72.7% of the total respondents who had children less than five years of age (or under 40 pounds of weight) reported "always" using child protective car seats or booster seats.
- o 19.4% of the parents reported that someone smoked in the house or in the car when the children were present.
- o Of the total respondents who reported having children under the age of 18, 31.3% reported having a child with asthma.

- o 75% of the respondents with children reported that these children had a routine dental exam at least once per year.
- o Two parents in the study, representing 6.3%, indicated that their children had been treated for lead poisoning.
- o All the respondents 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 43.9% of respondents reported some use of tobacco products. Of those who reported using tobacco products, 25.8% reported using them on a daily basis, and another 18.2% reported infrequent use.
- o The daily smokers averaged 9.1 cigarettes per day. The mean age for onset of smoking was 18.2 years.
- o Among daily smokers, 52.9% reported trying to quit during the previous twelve months for one or more days.

### **Alcohol Consumption**

- o 47% reported regular alcohol consumption. They reported drinking an average of 2.3 times per week.
- o Among respondents who reported alcohol consumption, the age at which they started drinking alcohol at least once a week was 18 years.
- o Among those who reported consuming alcohol in the previous month, there were 6.7 times in the past month in which they consumed more than five drinks in one occasion.

### **Physical Activity/Exercise**

- o Among all respondents, 15.2% said they were physically inactive at the time of the study.
- o 81.8% of the total respondents reported weekly physical activity.

### **Overweight & Obesity**

- o The Body Mass Index (BMI) indicates that the survey respondents, on average, were slightly overweight. The mean BMI was 27. People who are overweight have BMI's of 25 to 29.9.
- o The data on the specific weight distribution for study respondents indicate that 37.5% had a "normal weight." The rest were mostly overweight (31.3%) or obese (28.2%).

### **Seatbelt Use**

- o 36.4% of the respondents said they "always" wore seatbelts 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, 69.7% believed that HIV and AIDS are the same thing.
- o Respondents had a number of misunderstandings about the modes of transmission of this condition. For example, 21.9% said mosquito bites and another 21.9% said that kissing someone with AIDS poses a high risk for contracting HIV/AIDS.

### **Access to Health Care**

- o Of the respondents, 9.1% did not have health insurance at the time of the study.
- o Among respondents with health insurance, most were covered under government-sponsored programs such as the Indian Health Service (50%) and Medicaid/Medical Assistance (35%).
- o 63.3% said they had health insurance plans that covered 100% of hospital bills in case of illness, and 33.3% said their's covered between 50% and 99% of medical bills.
- o The top reason for not having health insurance was "cannot afford to pay premium."
- o 90.9% of respondents had health insurance, but 64.6% did not have a regular source of health care.
- o Among those with a regular source of health care, the doctor's office (36.4%) and the Indian Health Service (53%) were most often mentioned as sources of regular care.
- o 89.4% of the study population experienced an episode of illness in the 12 months prior to the study.
- o Respondents who fell sick in the previous year reported using multiple sources of care or advice that included medical doctor (94.9%), pharmacist (64.4%), hospital emergency room (50%), and nurse or nurse practitioner (44.1%).
- o The majority of respondents "disagreed" (59.1%) or "strongly disagreed" (6.1%) that their race or ethnicity served as a barrier to receiving health services in the community.

### **Community & Workplace Concerns or Problems**

- o Community concerns rated "very important/critical" among respondents include employment (81.8%), at risk youth (71.3%), education (66.7%), minority representation in local government (63.6%), transportation (62.1%), housing (62.1%), few social or recreational activities (62.1%), and crime/violence (51.5%).
- o Issues of concern in the workplace include having been cheated with pay (27%), poor air quality (27%), verbal abuse (16.2%), and inadequate bathroom/water breaks (13.5%).
- o Most respondents (89.4%) preferred speaking English when communicating about issues relating to work and education as opposed to a Native American language (6.1%) or Lakota (4.5%).

## E. CONCLUSIONS & RECOMMENDATIONS

The health of the survey population in Sheridan County varied by gender and by specific health risk factor and/or health condition. Serious health disparities exist, as indicated.

### Areas of Disparity

#### 1) Health Problems & the Use of Health Services

- o Poor health. The health of the minority population in Sheridan County was poor, as reflected in the prevalence of high blood cholesterol (28.6%), high blood pressure (22.7%), and sore joints (53%).
- o Due to 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.

#### 2) Lifestyle Practices

- o Obesity. 37.5% of the survey population had normal weight based on the BMI. The majority of the rest were in either the overweight or obese categories
- o Physical Activity. 15.2% reported no physical activity in the previous month. On the other hand, 81.8% reported some sort of weekly physical activity.
- o Seatbelt use. The findings indicate that 36.4% of the respondents were using seatbelts “always” while driving, and 72.7% were “always” using child safety seats for their children under 5 years of age.
- o Tobacco products and Alcohol use. 43.9% of respondents reported using tobacco products, and 47% consumed alcohol on a regular basis.

#### 3) Use of Preventive Health Services

- o In the previous 12 months, 66.7% of respondents reported visiting a doctor for a routine check up, 31.4% reported seeing an eye doctor, 37.9% reported seeing a dentist, and 81.8% had their blood pressure checked.

#### 4) Access to Health Care

- o 64.6% reported not having a regular source of medical care or a medical doctor to go to for preventive care.

## 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 Sheridan, like the state of Nebraska<sup>1</sup>, 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 6,198; of which 88% were white and 12% were minority. Hispanics accounted for 13.2% of the total 699 minority population while Asians and Native Americans accounted for 1% and 82%, respectively<sup>2</sup>. Between 1990 and 2000, the county's population decreased by 8%. The county's white population decreased by 12%, and the minority population increased by 13%. (Hispanics increased by 34%, African Americans increased by 67%, Asians decreased by 44%, and Native Americans increased by 9%). While little is known about the health condition of the county's minority groups, ongoing demographic changes in the area will continue to pose a challenge to the county's health services. In order for the Nebraska Health and Human Services System (NHHSS) to achieve the established goal for year 2010 set by the U.S. Surgeon General of zero health disparities between minorities and the white non-Hispanic population, there is a need for more and better data on the diverse minority groups.

**Table 1.1: Racial & Ethnic Population Composition of Nebraska & Sheridan County by Population Count, Percent Distribution, & by Percent Population Growth 1990-2000**

|                              | Nebraska 2000 |       |                    | Sheridan County 2000         |             |       |                    |
|------------------------------|---------------|-------|--------------------|------------------------------|-------------|-------|--------------------|
|                              | Population*   | %     | % Growth 1990-2000 |                              | Population* | %     | % Growth 1990-2000 |
| Total                        | 1,711,263     | 100%  | 8.4%               | Total                        | 6,198       | 100%  | -8%                |
| Whites                       | 1,494,494     | 87.3% | 2.4%               | Whites                       | 5,461       | 88.0% | -12%               |
| Minority                     | 216,769       | 12.7% | 121.6%             | Minority                     | 699         | 12.0% | 13%                |
| African Americans            | 68,541        | 4.0%  | 19.4%              | African Americans            | 5           | 0.7%  | 67%                |
| Hispanics*                   | 94,425        | 5.5%  | 155.4%             | Hispanics*                   | 91          | 13.2% | 34%                |
| Native Americans/<br>Eskimos | 14,896        | 0.9%  | 20.0%              | Native Americans/<br>Eskimos | 572         | 81.8% | 9%                 |
| Asians**                     | 22,767        | 1.3%  | 83.3%              | Asians**                     | 9           | 1.3%  | -44%               |
| Other***                     | 19,023        | 1.1%  | NA                 | Other***                     | 22          | 3.1%  | 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)

<sup>1</sup> 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%).

<sup>2</sup> The increase/decrease in the minority population should not be viewed as an absolute percentage since we are operating with very small numbers. The 67% increase in the African American population is from 3 persons in 1990 to 5 persons in 2000.

During the past 15 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.

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 Sheridan County is one of seven new MBRFSS reports that have been prepared based on data collected in select 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 Sheridan County, Nebraska in 2003. This report will summarize select socio-demographic characteristics of the minority population, primarily Native American, in this target geographic area based on a convenience sample, and provides 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 practice
- o Access and use of health services
- 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 partnerships 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 Sheridan 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 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, individuals who were familiar with the Native American community and who were well trusted in the community, were recruited and trained. Face-to-face interviews were conducted during the summer and fall of 2003.

## C. ELIGIBILITY

Non-institutionalized persons 18 years and older were eligible to participate in the survey. The survey targeted persons who self-identified as Native American. 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 Sheridan 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: Sheridan County Number of Expected & Obtained Interviews by Age Group & Sex**

| Total Interviews | Expected<br>N=75 |           | Obtained<br>N=66 |           |
|------------------|------------------|-----------|------------------|-----------|
|                  | Males            | Females   | Males            | Females   |
| Age groups       |                  |           |                  |           |
| 18-20 yrs        | 3                | 4         | 3                | 4         |
| 21-29 yrs        | 12               | 10        | 10               | 6         |
| 30-39 yrs        | 9                | 8         | 8                | 7         |
| 40-61 yrs        | 11               | 12        | 11               | 11        |
| 62+              | 2                | 4         | 2                | 4         |
| <b>Total</b>     | <b>37</b>        | <b>38</b> | <b>34</b>        | <b>32</b> |

## 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 Latino Research Center. Training included explanation and discussion of: a) the purpose of the survey, b) the sampling procedure to be followed, c) content of the questionnaire, d) interviewing skills, and e) role-playing (interviewing each other to increase familiarity with the survey). A local regional field coordinator supervised and monitored the quality of data collection and arranged to pick up surveys regularly. 66 interviews were completed, all of them in English.

## 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 Native Americans living in Sheridan County. Therefore, findings cannot be generalized to all residents of Sheridan County, nor to all racial and ethnic minorities, or to all Native Americans. The data collected is based on a quota-based convenience sample; therefore, the certainty of the findings and the level of extrapolations that can be made based on such findings is more limited than if the survey had been conducted using a probability sampling design. MBRFSS contained some questions that were difficult to analyze or to interpret. Therefore, caution is needed in the interpretation of the findings.

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

This chapter provides selected results of the MBRFSS for Sheridan 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

66 interviews were completed in Sheridan County.

### 1) Gender & Age

- o 48.5% of survey respondents were female.
- o Respondents' average age was 39.2 years.

### 2) Race

- o Every respondent self-identified as Native American.

### 3) Residence in the United States

- o All of the respondents were born in the U.S.

### 4) Hispanic/Latino National Origin

- o The only person belonging to the Hispanic ethnic group was Mexican, representing only 1.5% of the survey population.

## 5) Marital Status

- o 49.2% of respondents reported being married or a part of an unmarried couple, 29.2% were single or had never been married, 4.6% were separated, 4.6% were divorced, and 10.8% were widowed.

## 6) Educational Attainment

- o 69.7% of respondents had 12 years of school or less.
- o A small fraction (1.5%) reported a post-graduate/professional degree.

## 7) Employment & Type of Work in Country of Origin

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

- o Few respondents reported being employed (27.3%)
- o Of the 48 persons who were not employed, (72.7% of the survey population) 37.9% were homemakers, 3.4% were students, 41.4% were unable to work or disabled, and 17.2% were retired.
- o Of the unemployed, 63.3% reported actively seeking employment.

**Table 3.1: Sheridan County Study Socio-demographic & Economic Characteristics, 2003**

|                               | <u>34</u> | <u>32</u> | <u>66</u> |                                   | Male      | Female    | Total     |
|-------------------------------|-----------|-----------|-----------|-----------------------------------|-----------|-----------|-----------|
|                               | Male      | Female    | Total     |                                   | Male      | Female    | Total     |
| <b>Sex (%)</b>                | 51.5      | 48.5      |           | <b>Race/Ethnicity (%)</b>         | <u>33</u> | <u>32</u> | <u>65</u> |
|                               |           |           |           | Hispanic                          | 2.9       | 0.0       | 1.5       |
| <b>Age (%)</b>                | <u>34</u> | <u>32</u> | <u>66</u> | Native American                   | 97.1      | 100.0     | 98.5      |
| 18 to 24                      | 14.7      | 15.6      | 15.2      |                                   |           |           |           |
| 25 to 34                      | 35.3      | 21.9      | 28.8      | <b>Hispanic origin (%)</b>        | <u>34</u> | <u>32</u> | <u>66</u> |
| 35 to 44                      | 17.6      | 28.1      | 22.7      | Mexican                           | 2.9       | --        | 1.5       |
| 45 to 54                      | 26.5      | 18.8      | 22.7      | Cuban                             | 0.0       | --        | 0.0       |
| 55 or more                    | 5.9       | 15.6      | 10.6      | Puerto Rican                      | 0.0       | --        | 0.0       |
|                               |           |           |           | Salvadorian                       | 0.0       | --        | 0.0       |
| <b>Mean Age</b>               | <u>34</u> | <u>32</u> | <u>66</u> | Guatemalan                        | 0.0       | --        | 0.0       |
|                               | 38.1      | 40.4      | 39.2      | Other Latino / Not specified      | 0.0       | --        | 0.0       |
| <b>Self Reported Race (%)</b> | <u>33</u> | <u>32</u> | <u>65</u> |                                   |           |           |           |
| (except Hispanic/Latino)      |           |           |           | <b>Marital Status (%)</b>         | <u>33</u> | <u>32</u> | <u>65</u> |
| White                         | 0.0       | 0.0       | 0.0       | Married/unmarried couple          | 51.5      | 46.9      | 49.2      |
| Native American               | 100.0     | 100.0     | 100.0     | Divorced                          | 6.1       | 3.1       | 4.6       |
| Other                         | 0.0       | 0.0       | 0.0       | Widowed                           | 3.0       | 18.8      | 10.8      |
| Multiracial                   | 0.0       | 0.0       | 0.0       | Separated                         | 6.1       | 3.1       | 4.6       |
| Don't know/Not sure           | 0.0       | 0.0       | 0.0       | Never Married                     | 33.3      | 25.0      | 29.2      |
| Refused                       | 0.0       | 0.0       | 0.0       |                                   |           |           |           |
| <b>Place of Birth (%)</b>     | <u>33</u> | <u>32</u> | <u>65</u> | <b>Educational Attainment (%)</b> | <u>34</u> | <u>32</u> | <u>66</u> |
| USA                           | 100.0     | 100.0     | 100.0     | Elementary school or less         | 5.9       | 3.1       | 4.5       |
| Not Born in USA               | 0.0       | 0.0       | 0.0       | Some high school                  | 17.6      | 34.4      | 25.8      |
|                               |           |           |           | High school graduate/GED          | 44.1      | 34.4      | 39.4      |
| (If Not born in USA)          | <u>0</u>  | <u>0</u>  | <u>0</u>  | Some tech. school or college      | 14.7      | 21.9      | 18.2      |
| <b>Mean years in the USA</b>  | --        | --        | --        | Technical School Graduate         | 8.8       | 0.0       | 4.5       |
| <b>Years in the USA (%)</b>   |           |           |           | College Graduate                  | 8.8       | 3.1       | 6.1       |
| 0 to 2                        | --        | --        | --        | Postgraduate/Prof. degree         | 0.0       | 3.1       | 1.5       |
| 3 to 5                        | --        | --        | --        |                                   |           |           |           |
| 6 to 10                       | --        | --        | --        | <b>Mean years of education</b>    | <u>34</u> | <u>32</u> | <u>66</u> |
| 11 or more                    | --        | --        | --        |                                   | 11.9      | 11.7      | 11.8      |

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

## 8) Household Composition

- o 48.5% of all respondents said that they had children at home for which they were responsible.
- o Of the respondents with children, 34.4% were married, 28.1% were part of an unmarried couple, and 15.6% were single.

## 9) Annual Income

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

- o 62.3% of respondents earned less than \$10,000.
- o 26.2% earned between \$10,000 and \$24,999.
- o 4.9% earned between \$25,000 and \$39,999.
- o 6.6% earned more than \$40,000.

**Table 3.2: Sheridan County Demographic & Economic Characteristics, 2003**

|                                      | <u>34</u><br>Male | <u>32</u><br>Female | <u>66</u><br>Total |  | Male      | Female    | Total     |
|--------------------------------------|-------------------|---------------------|--------------------|--|-----------|-----------|-----------|
| <b>Employed (%)</b>                  |                   |                     |                    |  |           |           |           |
| Yes                                  | 26.5              | 28.1                | 27.3               | <b>Household with children &lt; 18</b> | <u>13</u> | <u>19</u> | <u>32</u> |
| No                                   | 73.5              | 71.9                | 72.7               | % of Total                             | 38.2      | 59.4      | 48.5      |
| <i>(If No)</i>                       |                   |                     |                    | ...by marital status (%)               | <u>13</u> | <u>19</u> | <u>32</u> |
| <b>Reasons for unemployment (%)</b>  | <u>11</u>         | <u>18</u>           | <u>29</u>          | Married                                | 46.2      | 26.3      | 34.4      |
| Homemaker                            | 0.0               | 61.1                | 37.9               | Divorced                               | 15.4      | 5.3       | 9.4       |
| Student                              | 0.0               | 5.6                 | 3.4                | Widowed                                | 0.0       | 5.3       | 3.1       |
| Unable to work                       | 81.8              | 16.7                | 41.4               | Separated                              | 7.7       | 5.3       | 6.3       |
| Retired                              | 18.2              | 16.7                | 17.2               | Single                                 | 7.7       | 21.1      | 15.6      |
|                                      |                   |                     |                    | Unmarried couple                       | 23.1      | 31.6      | 28.1      |
| <b>Seeking employment (%)</b>        | <u>14</u>         | <u>23</u>           | <u>37</u>          |  | <u>32</u> | <u>29</u> | <u>61</u> |
| Yes                                  | 92.9              | 37.5                | 63.3               | <b>Mean Annual Income</b>              | 12,183    | 10,862    | 11,885    |
| No                                   | 7.1               | 62.5                | 36.7               |  |           |           |           |
| <b>Length of time unemployed (%)</b> | <u>1</u>          | <u>10</u>           | <u>11</u>          | <b>Annual household income (%)</b>     |           |           |           |
| Less than 1 month                    | 0.0               | 0.0                 | 0.0                | Less than \$10,000                     | 65.6      | 58.6      | 62.3      |
| 1 to 3 months                        | 0.0               | 0.0                 | 0.0                | \$10,000 - \$24,999                    | 18.8      | 34.5      | 26.2      |
| 4 to 6 months                        | 0.0               | 0.0                 | 0.0                | \$25,000 - \$39,999                    | 9.4       | 0.0       | 4.9       |
| 7 months to 1 year                   | 0.0               | 10.0                | 9.1                | \$40,000 or more                       | 6.3       | 6.9       | 6.6       |
| More than 1 year                     | 0.0               | 30.0                | 27.3               |  |           |           |           |
| 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

## 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 being "excellent/very good" (19.7%) or "good" (43.9%).
- o 36.4% of the survey population rated their health "fair/poor."

### 2) Routine Check Up

- o 66.7% 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 (75%) than males (58.8%).

### 3) Eye Care

- o 31.4% had visited an eye doctor within the past year.

### 4) Dental Care

- o 37.9% said they had seen a dentist within the past year.
- o 51.5% said they had between one and five permanent teeth removed because of tooth decay or gum disease.
- o 6.1% of the respondents had six or more teeth (but not all) removed, and 7.6% had all of their teeth removed.
- o 34.8% of the survey respondents had never had a permanent tooth removed. This was true for a smaller proportion of women (31.3%) than men (38.2%).

### 5) Blood Pressure Screening & Use of Services

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

- o 81.8% of the respondents had their blood pressure checked by a doctor, nurse, or other health professional within the past year. A greater percentage of women (90.6%) had their blood pressure checked in the past year than men (73.5%).
- o Among those who had their blood pressure checked, 22.7% had been told by a health professional that they had high blood pressure.

- o Of those told they had high blood pressure, 53.3% had been told only once that their blood pressure was high, and 46.7% had been told more than once.
- o Among the respondents reporting hypertension, the methods most often used for controlling high blood pressure were medication (30.8%), diet (84.6%), and exercise (69.2%).

## 6) Blood Cholesterol Screening & Use of Services

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

- o 42.4% of the respondents said they had their blood cholesterol checked, including 40.6% of women and 44.1% of men. Of these, 59.3% reported having had their cholesterol checked in the past year.
- o Of those who reported having their cholesterol checked, 28.6% had been told by a health care professional that their blood cholesterol was high.

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

|  | 32   | 32     | 66    |   | Male      | Female    | Total     |
|--|------|--------|-------|---|-----------|-----------|-----------|
|  | Male | Female | Total |   | Male      | Female    | Total     |
| <b>Self-Reported Health Status (%)</b>   |      |        |       | <b>HYPERTENSION/HIGH BLOOD PRESSURE</b>                     |           |           |           |
| Excellent/Very Good  | 8.8  | 31.3   | 19.7  | <u>Last time checked for High Blood Pressure (%)</u>        | <u>34</u> | <u>32</u> | <u>66</u> |
| Good   | 50.0 | 37.5   | 43.9  | Less than 1 year (0 to 12 months)                           | 73.5      | 90.6      | 81.8      |
| Fair/Poor  | 41.2 | 31.3   | 36.4  | 1-2 years (13 to 24 months)                                 | 26.5      | 6.3       | 16.7      |
|  |      |        |       | 2+ years (25+ months)                                       | 0.0       | 3.1       | 1.5       |
|  |      |        |       | Never   | 0.0       | 0.0       | 0.0       |
| <b>Time since last visit to Medical Doctor for a routine checkup (%)</b>           |      |        |       | <u>Ever told had High Blood Pressure (%)</u>                | <u>34</u> | <u>32</u> | <u>66</u> |
| Less than 1 year (0 to 12 months)  | 58.8 | 75.0   | 66.7  | Yes   | 26.5      | 18.8      | 22.7      |
| 1-2 years (13 to 24 months)  | 32.4 | 18.8   | 25.8  | No  | 73.5      | 81.3      | 77.3      |
| 2+ years (25+ months)  | 5.9  | 6.3    | 6.1   |   |           |           |           |
| Never  | 2.9  | 0.0    | 1.5   | (If Yes)  |           |           |           |
| <b>Time since last visit to Eye Doctor (%)</b>                                     |      |        |       | <u>Number of times was told Blood Pressure was high (%)</u> | <u>9</u>  | <u>6</u>  | <u>15</u> |
| Less than 1 year (0 to 12 months)  | 41.2 | 40.6   | 31.4  | Only Once   | 77.8      | 16.7      | 53.3      |
| 1-2 years (13 to 24 months)  | 26.5 | 20.2   | 16.6  | More than once  | 22.2      | 83.3      | 46.7      |
| 2+ years (25+ months)  | 32.4 | 33.3   | 45.0  |   |           |           |           |
| Never  | 0.0  | 0.0    | 0.0   | <u>Controlling High Blood Pressure (%)</u>                  | <u>9</u>  | <u>6</u>  | <u>15</u> |
| <b>Time since last visit to the Dentist (%)</b>                                    |      |        |       | Yes   | 100.0     | 100.0     | 100.0     |
| Less than 1 year (0 to 12 months)  | 41.2 | 34.4   | 37.9  | No  | 0.0       | 0.0       | 0.0       |
| 1-2 years (13 to 24 months)  | 26.5 | 37.5   | 31.8  |   |           |           |           |
| 2+ years (25+ months)  | 26.5 | 28.1   | 27.3  | (If Yes)  |           |           |           |
| Never  | 0.0  | 0.0    | 0.0   | <u>Controlling with (%)</u>                                 | <u>6</u>  | <u>7</u>  | <u>13</u> |
| <b>Number of permanent teeth have been removed due to decay or gum disease (%)</b> |      |        |       | (Multiple Responses Allowed)                                |           |           |           |
| 1 to 5   | 47.1 | 56.3   | 51.5  | Medication  | 33.3      | 28.6      | 30.8      |
| 6 or more but not all  | 5.9  | 6.3    | 6.1   | Exercise  | 66.7      | 71.4      | 69.2      |
| All 32   | 8.8  | 6.3    | 7.6   | Diet  | 83.3      | 85.7      | 84.6      |
| None (teeth not removed by dentist)  | 38.2 | 31.3   | 34.8  | Other   | 0.0       | 0.0       | 0.0       |
| 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

## C. CHRONIC CONDITIONS & USE OF HEALTH SERVICES

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

### 1) Joint Pain

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

- o During the previous 12 months, joint pain was experienced by 53% of the total survey respondents. Of these, 32.4% reported that those symptoms were present for 15 or more consecutive days.
- o A greater proportion of men (55.9%) than women (50%) reported sore joints.

**Table 3.4: Sheridan County Preventive Health Practices, 2003**

|   | 34<br>Male | 32<br>Female | 66<br>Total |  | Male     | Female   | Total     |
|---|------------|--------------|-------------|--|----------|----------|-----------|
| <b>BLOOD CHOLESTEROL</b>  |            |              |             | <b>DIABETES</b>  |          |          |           |
| <b>Has ever checked for Blood Cholesterol (%)</b>                 |            |              |             | <b>Ever told had diabetes or high blood sugar by health provider (%)</b> |          |          |           |
| Yes   | 44.1       | 40.6         | 42.4        | Yes  | 34       | 32       | 66        |
| No  | 52.9       | 50.0         | 51.5        | Yes (female, only during pregnancy)                                      | --       | 6.3      | 3.0       |
| (If Yes)  |            |              |             | No   | 82.4     | 75.0     | 78.8      |
| <b>Last time checked for Blood Cholesterol (%)</b>                | <b>14</b>  | <b>13</b>    | <b>27</b>   | (If Yes or Yes during pregnancy)   | <b>7</b> | <b>8</b> | <b>15</b> |
| Less than 1 year (0 to 12 months)                                 | 57.1       | 61.5         | 59.3        | Not controlling diabetes (%)   | 0.0      | 0.0      | 0.0       |
| 1-2 years (13 to 24 months)                                       | 35.7       | 23.1         | 29.6        | <b>Controlling with (%)</b>  | <b>6</b> | <b>7</b> | <b>13</b> |
| 2+ years (25+ months)   | 7.1        | 15.4         | 11.1        | (Multiple Responses Allowed)   |          |          |           |
| <b>Told had High Blood Cholesterol by health professional (%)</b> | <b>15</b>  | <b>13</b>    | <b>28</b>   | Insulin  | 50.0     | 14.3     | 30.8      |
| Yes   | 26.7       | 30.8         | 28.6        | Oral medications   | 33.3     | 28.6     | 30.8      |
| No  | 66.7       | 69.2         | 67.9        | Exercise   | 66.7     | 71.4     | 69.2      |
|   |            |              |             | Diet   | 83.3     | 85.7     | 84.6      |
|   |            |              |             | Other  | 0.0      | 0.0      | 0.0       |
| <b>SORE JOINTS</b>  |            |              |             | <b>Last time saw a Doctor for diabetes (%)</b>                           |          |          |           |
| <b>Has had pain or swelling in joint during last year (%)</b>     |            |              |             | Less than 1 year (0 to 12 months)  |          |          |           |
| Yes   | 55.9       | 50.0         | 53.0        | 1-2 years (13 to 24 months)  | 0.0      | 0.0      | 0.0       |
| No  | 44.1       | 50.0         | 47.0        | 2+ years (25+ months)  | 0.0      | 12.5     | 7.1       |
| (If Yes)  |            |              |             | Never  | 0.0      | 0.0      | 0.0       |
| <b>Joint pain persisted for 15 days or more (%)</b>               | <b>19</b>  | <b>16</b>    | <b>35</b>   | <b>ASTHMA</b>  |          |          |           |
| Yes   | 26.3       | 40.0         | 32.4        | <b>Ever told has asthma (%)</b>  |          |          |           |
| No  | 73.7       | 60.0         | 67.6        | Yes  | 34       | 32       | 66        |
|   |            |              |             | No   | 91.2     | 84.4     | 87.9      |
|   |            |              |             | (If Yes)   |          |          |           |
|   |            |              |             | <b>Still has asthma (%)</b>  | <b>3</b> | <b>4</b> | <b>7</b>  |
|   |            |              |             | Yes  | 0.0      | 100.0    | 57.1      |
|   |            |              |             | No   | 100.0    | 0.0      | 42.9      |

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

### 2) Diabetes

Diabetes is a chronic condition characterized by high levels of blood sugar. Gestational diabetes is the result of hormonal changes during pregnancy. It generally disappears after pregnancy, but can result in the development of diabetes within 5 to 10 years if diabetes risk factors are not reduced. Diabetes affects most

organs and the circulatory system; resulting in complications to the heart, retinas, kidneys, feet, and skin (CDC, 2003). This survey assessed diabetes prevalence and self-management.

- o 18.2% of the survey population had been told by a doctor they had diabetes or high blood sugar.
- o Of the female respondents, 6.3% were told that they had diabetes during a pregnancy.
- o Methods of control of diabetes were oral medication (30.8%), insulin (30.8%), exercise (69.2%), and special diet (84.6%).
- o Of those with diabetes, 92.9% had a diabetes check up within the previous year.

### **3) Asthma**

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

- o 10.6% 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 93.8% of the 32 female respondents said they had a clinical breast exam by the time of the survey.
- o Of those who had a clinical breast exam (n=30), 70% had one within the past year.
- o 81.3% said that they performed breast self examination every month.

### **2) Mammogram**

- o All of the female respondents over the age of 50 had a mammogram.

### **3) Pap Smear**

- o All of the female respondents had a Pap smear.
- o Among those who had a Pap smear, 62.5% had this exam within the past year. 87.5% of women who had a Pap smear had it done as part of a routine exam; 12.5% had the test done to check for a problem.

### **4) Pregnancy**

- o 43.8% of the respondents had been pregnant within the five years prior to the study. At the time of this survey, no respondents were pregnant.
- o With their most recent pregnancy, 71.4% of these women first visited a doctor or nurse within the first trimester, 14.3% did so in their third month, and 7.1% did so in the fourth month.

**Table 3.5: Sheridan County Women's Health, 2003**

|   |  | <u>32</u> |   |           |
|---|--|-----------|---|-----------|
| <b>Has ever had a clinical breast exam (%)</b>    |  | <u>32</u> | <i>(If Had a Pap Smear = Yes)</i>                 |           |
| Yes   |  | 93.8      | <b>Last time had Pap smear (%)</b>                | <u>32</u> |
| No  |  | 6.3       | Less than 1 year (0 to 12 months)                 | 62.5      |
| <i>(If Yes)</i>                                   |  |           | 1-2 years (13 to 24 months)                       | 21.9      |
| <b>Last time had clinical breast exam (%)</b>     |  | <u>30</u> | 2+ years (25+ months)                             | 15.6      |
| Less than 1 year (0 to 12 months)                 |  | 70.0      | <b>Reason for Pap smear (%)</b>                   | <u>14</u> |
| 1-2 years (13 to 24 months)                       |  | 20.0      | Routine exam                                      | 87.5      |
| 2+ years (25+ months)                             |  | 10.0      | Check problem                                     | 12.5      |
| <b>Performs breast self examination (%)</b>       |  | <u>32</u> | Other   | 0.0       |
| Yes   |  | 81.3      | <b>Last Pap smear in the past year (%)</b>        | <u>20</u> |
| No  |  | 18.8      | for women 45y. or less                            | 81.0      |
| <b>Has ever had a mammogram (age &gt;=50) (%)</b> |  | <u>6</u>  | for women 46y. or more                            | 27.3      |
| Yes   |  | 100.0     | <b>Last Pap smear in the past 2+ years (%)</b>    | <u>12</u> |
| No  |  | 0.0       | for women 45y. or less                            | 19.0      |
| <i>(If Yes)</i>                                   |  |           | for women 46y. or more                            | 72.7      |
| <b>Last time had mammogram (%)</b>                |  | <u>6</u>  | <b>Has been pregnant in the past 5 years (%)</b>  | <u>32</u> |
| Less than 1 year (0 to 12 months)                 |  | 0.0       | Yes   | 43.8      |
| 1-2 years (13 to 24 months)                       |  | 50.0      | Yes, currently pregnant                           | 0.0       |
| 2+ years (25+ months)                             |  | 50.0      | No  | 56.3      |
| <b>Reason for the mammogram (%)</b>               |  | <u>6</u>  | <i>(If Yes or Yes, currently pregnant)</i>        |           |
| Routine Checkup                                   |  | 100.0     | <b>First visit to Doctor during pregnancy (%)</b> | <u>14</u> |
| Breast problem other than cancer                  |  | 0.0       | Before the 3rd month                              | 71.4      |
| Had breast cancer                                 |  | 0.0       | 3rd month   | 14.3      |
| <b>Has ever had a Pap smear (%)</b>               |  | <u>32</u> | 4th month   | 7.1       |
| Yes   |  | 100.0     | 5th month   | 7.1       |
| No  |  | 0.0       | 6th month   | 0.0       |
|   |  |           | 7th month   | 0.0       |
|   |  |           | <b>Smoked during pregnancy (%)</b>                | <u>14</u> |
|   |  |           | Yes   | 21.4      |
|   |  |           | No, I wasn't a smoker                             | 64.3      |
|   |  |           | No, I quit because of my pregnancy                | 14.3      |

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

## E. CHILDREN'S HEALTH

### 1) Age Distribution of Children in Households

- o 48.5% 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 2.9.
- o Of all the persons who said they had children at home, 34.4% were married, 28.1% were part of an unmarried couple, 9.4% were divorced, and 15.6% were single.
- o Of the number of households, 13.6% had at least one child under one year old.
- o 21.2% had at least one child between one and four years of age.
- o 28.8% of the households had children between five and nine years of age.
- o 19.7% had children between 10-12 years of age.
- o 12.1% had children in the age range of 13-15 years.
- o 10.6% had children between 16 and 17 years of age.

## 2) Protective Car Seats

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

- o “Always” use of child protective car seats was reported by 72.7% of the respondents who had children less than five years of age (or under 40 pounds of weight), including a smaller percentage of men (66.7%), than women (75%).

## 3) Exposure to Environmental Tobacco Smoke

- o 19.4% of the parents reported that someone smoked in the house or in the car when the children were present. A greater proportion of women (21.1%) than men (16.7%) reported this behavior.
- o 80.6% said no smoking occurred around the children.

**Table 3.6: Sheridan County Children Health, 2003**

|  | <u>34</u><br>Male | <u>32</u><br>Female | <u>66</u><br>Total |  | Male      | Female    | Total     |
|--|-------------------|---------------------|--------------------|--|-----------|-----------|-----------|
| <b><u>Has children with less than 18 years of age (%)</u></b>        |                   |                     |                    |  |           |           |           |
| Yes  | 34                | 32                  | 66                 | <i>(If Has Children &lt;18 = Yes)</i>                                    |           |           |           |
| No   | 61.8              | 40.6                | 51.5               | <b><u>Has children with asthma (%)</u></b>                               | <u>13</u> | <u>19</u> | <u>32</u> |
|  |                   |                     |                    | Yes  | 23.1      | 36.8      | 31.3      |
|  |                   |                     |                    |  |           |           |           |
| <i>(If Yes)</i>  | <u>13</u>         | <u>19</u>           | <u>32</u>          | <b><u>Your children visit the dentist once per year (%)</u></b>          | <u>13</u> | <u>19</u> | <u>32</u> |
| <b><u>Mean Number of children</u></b>                                | 2.3               | 3.3                 | 2.9                | Yes  | 76.9      | 73.7      | 75.0      |
|  |                   |                     |                    |  |           |           |           |
| <b><u>Age groups (%)</u></b>   |                   |                     |                    | <b><u>Have your children ever treated for lead poisoning (%)</u></b>     | <u>13</u> | <u>19</u> | <u>32</u> |
| Under 1 year of age  | 5.9               | 21.9                | 13.6               | Yes  | 7.7       | 5.3       | 6.3       |
| 1 to 4 years of age  | 14.7              | 28.1                | 21.2               |  |           |           |           |
| 5 to 9 years of age  | 23.5              | 34.4                | 28.8               | <b><u>Complete vaccinations for your child (&gt; 2yrs) (%)</u></b>       | <u>12</u> | <u>17</u> | <u>29</u> |
| 10 to 12 years of age  | 11.8              | 28.1                | 19.7               | Four DTP shots   | 100.0     | 100.0     | 100.0     |
| 13 to 15 years of age  | 5.9               | 18.8                | 12.1               | Three doses of Polio Vaccine   | 100.0     | 100.0     | 100.0     |
| 16 to 17 years of age  | 2.9               | 18.8                | 10.6               | One dose of MMR  | 100.0     | 100.0     | 100.0     |
|  |                   |                     |                    |  |           |           |           |
| <b><u>Uses a car or booster seat for children &lt; 5 (%)</u></b>     | <u>3</u>          | <u>8</u>            | <u>11</u>          | <i>(If Not Complete vaccinations)</i>                                    |           |           |           |
| Always   | 66.7              | 75.0                | 72.7               | <b><u>Primary reason why child did not receive immunizations (%)</u></b> | <u>0</u>  | <u>0</u>  | <u>0</u>  |
| Nearly always  | 0.0               | 12.5                | 9.1                | Too expensive  | 0.0       | 0.0       | 0.0       |
| Sometimes  | 33.3              | 12.5                | 18.2               | Vaccination service not available  | 0.0       | 0.0       | 0.0       |
| Seldom   | 0.0               | 0.0                 | 0.0                | Don't know/Not sure  | 0.0       | 0.0       | 0.0       |
| Never  | 0.0               | 0.0                 | 0.0                | Other  | 0.0       | 0.0       | 0.0       |
|  |                   |                     |                    | Refused  | 0.0       | 0.0       | 0.0       |
| <b><u>Smokes at home or in car when children are present (%)</u></b> | <u>12</u>         | <u>19</u>           | <u>31</u>          | No reason  | 0.0       | 0.0       | 0.0       |
| Yes  | 16.7              | 21.1                | 19.4               |  |           |           |           |
| Yes, but not around the children                                     | 8.3               | 0.0                 | 3.2                |  |           |           |           |
| No   | 75.0              | 78.9                | 77.4               |  |           |           |           |

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

## 4) Asthma, Dental Care, & Lead Poisoning

- o Among respondents who had children living at home, 31.3% reported having a child with asthma.

- o A routine dental exam at least once per year for the household children was reported by 75% of the respondents.
- o 6.3% of survey respondents stated that their children had been treated for lead poisoning.

### 5) Vaccinations

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

- o All survey respondents with children 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 such as heart disease, cancer, diabetes, and liver disease, or their complications; as well as for hypertension and elevated cholesterol.

### 1) Tobacco Use

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

- o 43.9% of respondents reported currently using tobacco products. This percentage was lower among males (35.3%) than females (53.1%).
- o Among tobacco users, 25.8% said they smoked "every day," and 18.2% said they smoked "some days."
- o Smokers smoked an average of 9.1 cigarettes per day and started at an average age of 18.2 years.
- o 52.9% of the respondents had tried to quit during the previous twelve months for one day or longer.

### 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 Sheridan County Behavioral Risk Factor Surveillance Survey indicate the following:

- o 47% of the respondents reported alcohol consumption in the previous month. The percentage was higher for males (55.9%) than females (37.5%).
- o On occasions when they drank respondents consumed, on average, 6.7 drinks. Females reported drinking 6 drinks while males reported having 7.2 drinks.
- o Respondents were, on average, 18 years old when they began having a drink at least once per week.
- o During the previous year, respondents reported driving 1.2 times after consuming at least five drinks. Males reported this behavior more frequently, 1.9 times compared to 0.1 reported by females.

**Table 3.7: Sheridan County Tobacco Use & Alcohol Consumption, 2003**

|  | <u>34</u> | <u>32</u> | <u>66</u> |   |           |           |           |
|--|-----------|-----------|-----------|---|-----------|-----------|-----------|
|  | Male      | Female    | Total     |   | Male      | Female    | Total     |
| <b><u>Uses tobacco products</u></b>                    |           |           |           |   |           |           |           |
| Yes  | 35.3      | 53.1      | 43.9      | (If Consumes Alcohol = Yes)   |           |           |           |
| No   | 64.7      | 46.9      | 56.1      | <b><u>Mean number of drinking days per week</u></b>                 | <u>19</u> | <u>12</u> | <u>31</u> |
|  |           |           |           |   | 2.4       | 2.1       | 2.3       |
| <b><u>Frequency of smoking</u></b>                     |           |           |           |   |           |           |           |
| Every day  | 26.5      | 25.0      | 25.8      | <b><u>Mean age started drinking once per week</u></b>               | <u>18</u> | <u>11</u> | <u>29</u> |
| Some days  | 8.8       | 28.1      | 18.2      |   | 17.6      | 18.7      | 18.0      |
| Not at all   | 61.8      | 46.9      | 54.5      | <b><u>On a drinking day, mean number of drinks</u></b>              | <u>19</u> | <u>12</u> | <u>31</u> |
|  |           |           |           |   | 7.2       | 6.0       | 6.7       |
| (If Frequency of Smoking = Every day)                  |           |           |           | <b><u>Mean number of days when had 5+ drinks</u></b>                | <u>17</u> | <u>11</u> | <u>28</u> |
| <b><u>Mean number of cigarettes smoked per day</u></b> | <u>9</u>  | <u>8</u>  | <u>17</u> |   | 7.2       | 6.0       | 6.7       |
|  | 9.7       | 8.4       | 9.1       | <b><u>Mean number of days when drove after having 5+ drinks</u></b> | <u>18</u> | <u>12</u> | <u>30</u> |
|  |           |           |           |   | 1.9       | 0.1       | 1.2       |
| <b><u>Mean age started smoking daily</u></b>           | <u>9</u>  | <u>8</u>  | <u>17</u> |   |           |           |           |
|  | 16.4      | 20.3      | 18.2      | <b><u>Tobacco and Alcohol consumption</u></b>                       | <u>33</u> | <u>32</u> | <u>65</u> |
|  |           |           |           | Mutually exclusive groups (*)                                       | 36.4      | 50.0      | 43.1      |
| <b><u>Tried to quit smoking</u></b>                    | <u>9</u>  | <u>8</u>  | <u>17</u> | Both alcohol and tobacco  | 63.6      | 37.5      | 50.8      |
| (For 1 day or longer in the past 2 months)             | 44.4      | 62.5      | 52.9      | Alcohol Only  | 0.0       | 3.1       | 1.5       |
|  |           |           |           | Tobacco Only  | 0.0       | 9.4       | 4.6       |
| <b><u>Consumes alcohol</u></b>                         | <u>34</u> | <u>32</u> | <u>66</u> | Neither   |           |           |           |
| Yes  | 55.9      | 37.5      | 47.0      |   |           |           |           |
| Yes, but not regularly                                 | 41.2      | 50.0      | 45.5      |   |           |           |           |
| Not at all   | 0.0       | 12.5      | 6.1       |   |           |           |           |

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

### 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 84.8% of the respondents said that they participated in physical activity, and 15.2% were inactive. A greater percentage of women (15.6%) than men (14.7%) 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 meters<sup>2</sup>).

- o Based on the BMI, 37.5% of the respondents had a normal weight with scores ranging between 18.5 and 24.9. Most of the rest of the respondents were either overweight or obese.

#### 5) Seatbelt Use

- o 36.4% of the respondents said they "always" wore seatbelts when driving or riding in a car or vehicle. A greater proportion of women than men reported using seatbelts "always" (40.6% and 32.4%, respectively).

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

|  | <u>34</u><br>Male | <u>32</u><br>Female | <u>66</u><br>Total |  | Male      | Female    | Total     |
|--|-------------------|---------------------|--------------------|--|-----------|-----------|-----------|
| <b>Any physical activity in the past month (%)</b>           |                   |                     |                    | <b>Obesity</b>                                     |           |           |           |
| Yes  | 85.3              | 84.4                | 84.8               | <b>Body Mass Index (BMI)</b>                       | <u>34</u> | <u>30</u> | <u>64</u> |
| No   | 14.7              | 15.6                | 15.2               | <b>Mean BMI</b>                                    | 28.0      | 25.9      | 27.0      |
| <b>Frequency of any physical activity/past month (%)</b>     |                   |                     |                    | <b>Categorized BMI (%)</b>                         |           |           |           |
| Weekly   | 85.3              | 78.1                | 81.8               | Underweight < 18.5 Kg/m <sup>2</sup>               | 0.0       | 6.7       | 3.1       |
| Monthly  | 0.0               | 6.3                 | 3.0                | Normal weight 18.5 - 24.9 Kg/m <sup>2</sup>        | 38.2      | 36.7      | 37.5      |
| No Activity  | 14.7              | 15.6                | 15.2               | Overweight 25 - 29.9 Kg/m <sup>2</sup>             | 26.5      | 36.7      | 31.3      |
| <i>(If Physical Activity = Yes)</i>                          | <u>29</u>         | <u>27</u>           | <u>56</u>          | Obesity (Class 1) 30 - 34.9 Kg/m <sup>2</sup>      | 26.5      | 16.7      | 21.9      |
| <b>Mean # times activity was performed in the last month</b> |                   |                     |                    | Obesity (Class 2) 35 - 39.9 Kg/m <sup>2</sup>      | 5.9       | 3.3       | 4.7       |
| <i>(If Frequency = Weekly)</i>                               | <u>29</u>         | <u>25</u>           | <u>54</u>          | Extreme Obesity (Class 3) >= 40 Kg/m <sup>2</sup>  | 2.9       | 0.0       | 1.6       |
| <i>(If Frequency = Monthly)</i>                              | <u>0</u>          | <u>2</u>            | <u>2</u>           | <b>Seatbelt Use</b>                                |           |           |           |
|  | --                | 10.5                | 10.5               | <b>How often do you use seat belts (%)</b>         | <u>34</u> | <u>32</u> | <u>66</u> |
| <b>Mean # minutes per exercise session</b>                   |                   |                     |                    | <i>(Only for those who drive or ride in a car)</i> |           |           |           |
| <i>(If Frequency = Weekly)</i>                               | 69.0              | 62.2                | 65.8               | Always   | 32.4      | 40.6      | 36.4      |
| <i>(If Frequency = Monthly)</i>                              | --                | 32.5                | 32.5               | Nearly always                                      | 26.5      | 15.6      | 21.2      |
|  |                   |                     |                    | Sometimes  | 29.4      | 25.0      | 27.3      |
|  |                   |                     |                    | Seldom   | 8.8       | 12.5      | 10.6      |
|  |                   |                     |                    | Never  | 2.9       | 6.3       | 4.5       |

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

#### 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 69.7% of respondents believed that HIV is the same as AIDS.
- o Few people in the survey (1.5%) reported not being familiar with HIV/AIDS.

The specific knowledge regarding risk factors are as follows:

- o 92.4% of respondents knew that a pregnant woman who had HIV could transmit the virus to her unborn baby. 93.8% of women knew of this mode of transmission, compared to 91.2% of men.
- o 97% of the respondents believed that sharing needles through intravenous drug use poses a high risk for contracting HIV.
- o 97% believed that being sexually active with more than one partner and not using a condom poses a high risk.

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

- o 28.8% believed that kissing a person with AIDS on the lips poses a high risk. A greater proportion of men than women agree with this statement (32.4% vs. 25%).
- o 28.8% said that mosquito bites put them at risk for contracting HIV, including 35.3% of men and 21.9% of women. 16.7% did not know or were not sure.
- o Using the same toilet as a person with AIDS is risky, according to 15.2% of the respondents, while 71.2% said that this is not so, and 13.6% said they were not sure.

**Table 3.9: Sheridan County HIV/AIDS Knowledge, 2003**

|  | <u>34</u><br>Male | <u>32</u><br>Female | <u>66</u><br>Total |  | Male      | Female    | Total     |
|--|-------------------|---------------------|--------------------|--|-----------|-----------|-----------|
| <b>% Who thinks the HIV is the same as AIDS</b>                            | 64.7              | 75.0                | 69.7               | <b>Kissing a person with AIDS (on the lips) (%)</b>      | <u>34</u> | <u>32</u> | <u>66</u> |
| <b>% Who are not familiar with HIV/AIDS</b>                                | 2.9               | 0.0                 | 1.5                | (Correct Answer) Yes                                     | 32.4      | 25.0      | 28.8      |
| <b>Knowledge of High Risk categories for contracting HIV/AIDS</b>          |                   |                     |                    | No   | 61.8      | 53.1      | 57.6      |
|  | <u>34</u>         | <u>32</u>           | <u>66</u>          | Don't Know/ Not sure                                     | 5.9       | 21.9      | 13.6      |
| <b>Pregnant woman with HIV can transmit the virus to unborn baby (%)</b>   |                   |                     |                    | Refused  | 0.0       | 0.0       | 0.0       |
| (Correct Answer) Yes   | 91.2              | 93.8                | 92.4               | <b>Mosquito bites (%)</b>                                |           |           |           |
| No   | 5.9               | 0.0                 | 3.0                | (Correct Answer) Yes                                     | 35.3      | 21.9      | 28.8      |
| Don't Know/ Not Sure   | 2.9               | 6.3                 | 4.5                | No   | 50.0      | 59.4      | 54.5      |
| Refused  | 0.0               | 0.0                 | 0.0                | Don't Know/ Not sure                                     | 14.7      | 18.8      | 16.7      |
| <b>Sharing needles through intravenous drug use (%)</b>                    |                   |                     |                    | Refused  | 0.0       | 0.0       | 0.0       |
| (Correct Answer) Yes   | 94.1              | 100.0               | 97.0               | <b>Using the same toilet as a person with AIDS (%)</b>   |           |           |           |
| No   | 5.9               | 0.0                 | 3.0                | (Correct Answer) Yes                                     | 8.8       | 21.9      | 15.2      |
| Don't Know/ Not sure   | 0.0               | 0.0                 | 0.0                | No   | 82.4      | 59.4      | 71.2      |
| Refused  | 0.0               | 0.0                 | 0.0                | Don't Know/ Not sure                                     | 8.8       | 18.8      | 13.6      |
| <b>Sexually active with more than one partner and not using condom (%)</b> |                   |                     |                    | Refused  | 0.0       | 0.0       | 0.0       |
| (Correct Answer) Yes   | 94.1              | 100.0               | 97.0               | <b>Categorized knowledge about HIV/AIDS transmission</b> |           |           |           |
| No   | 5.9               | 0.0                 | 3.0                | Low knowledge  | 35.3      | 40.6      | 37.9      |
| Don't Know/ Not sure   | 0.0               | 0.0                 | 0.0                | High knowledge   | 67.7      | 59.4      | 62.1      |
| 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

## G. ACCESS & USE OF HEALTH SERVICES

This section reports on the access and use of health services including 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. Help-seeking behaviors and barriers to health care are also discussed.

### 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 9.1% of the survey respondents did not have any kind of health insurance.
- o The majority who reported health insurance were covered by Indian Health Service (50%), followed by Medicaid or Medical Assistance (35%). 5% reported obtaining their health insurance through their place of employment.

### 2) Medical Care Coverage of Services

- o For 33.3% of the insured, their private health care plan covered 50-99% of the hospital expenses. 63.3% of the respondents who had medical insurance had 100% coverage of hospital expenses.
- o Reasons for not having health insurance included loss of job or change of employer (16.7%), inability to pay the premiums (33.3%), or becoming ineligible for Medicaid (16.7%).
- o 8.2% of those without health insurance said that there was a time within the previous 12 months when they needed to see a doctor but could not because of the cost.

### 3) Regular Source of Health Care

- o 35.4% of respondents stated that they had a particular medical doctor.
- o 92.6% of those with health insurance said they went to a doctor "in town" when they needed medical care.
- o When respondents needed medical care, 36.4% went to the doctor's office and 53% went to the Indian Health Service.
- o 3% reported going to or depending on hospital emergency rooms.

#### 4) Race/Ethnicity as a Health Care Barrier

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

- o 59.1% “disagreed” and 6.1% “strongly disagreed” that ethnicity or race was a barrier to receiving services. 22.7% “agreed,” and 6.1% “strongly agreed.”

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

|  | 34<br>Male | 32<br>Female | 66<br>Total |  | Male      | Female    | Total     |
|--|------------|--------------|-------------|--|-----------|-----------|-----------|
| <b>Has Health Insurance (%)</b>                  |            |              |             | <b>Hospital bills, Health Plan Covers (%)</b>                            | <b>30</b> | <b>30</b> | <b>60</b> |
| Yes  | 88.2       | 93.8         | 90.9        | 100 % (All)  | 73.3      | 53.3      | 63.3      |
| No   | 11.8       | 6.2          | 9.1         | 50% to 99%   | 23.3      | 43.3      | 33.3      |
|  |            |              |             | 1% to 49%  | 3.3       | 0.0       | 1.7       |
| (If Yes)   |            |              |             | 0%   | 0.0       | 3.3       | 1.7       |
|  |            |              |             | Do not know/Not sure   | 0.0       | 0.0       | 0.0       |
| <b>Type of Health Insurance (%)</b>              | <b>30</b>  | <b>30</b>    | <b>60</b>   | <b>Doctor's Office, Health Plan Covers (%)</b>                           | <b>30</b> | <b>29</b> | <b>59</b> |
| Your employer                                    | 3.3        | 6.7          | 5.0         | 100 % (All)  | 73.3      | 51.7      | 62.7      |
| Someone else's employer                          | 0.0        | 0.0          | 0.0         | 50% to 99%   | 16.7      | 41.4      | 28.8      |
| Indian/Alaska Native Health Service              | 63.3       | 36.7         | 50.0        | 1% to 49%  | 0.0       | 0.0       | 0.0       |
| Medicare   | 3.3        | 6.7          | 5.0         | 0%   | 10.0      | 6.9       | 8.5       |
| Medicaid or Medical Assistance                   | 20.0       | 50.0         | 35.0        | Do not know/Not sure   | 0.0       | 0.0       | 0.0       |
| A plan that you or someone else buys for you     | 0.0        | 0.0          | 0.0         |  |           |           |           |
| The military, CHAMPUS, Tricare, or the VA        | 10.0       | 0.0          | 5.0         |  |           |           |           |
| (If No)  |            |              |             | <b>In last year, could not see a doctor when needed due to costs (%)</b> | <b>26</b> | <b>23</b> | <b>49</b> |
| <b>Reason without Health Insurance (%)</b>       | <b>4</b>   | <b>2</b>     | <b>6</b>    | Has Health Insurance   | 88.5      | 95.7      | 91.8      |
| Lost job or changed employer                     | 25.0       | 0.0          | 16.7        | No Health Insurance  | 11.5      | 4.3       | 8.2       |
| Employer doesn't offer/stopped offering coverage | 0.0        | 0.0          | 0.0         |  |           |           |           |
| Became divorced or separated                     | 0.0        | 0.0          | 0.0         | <b>Saw a Doctor in town, when needed (%)</b>                             | <b>9</b>  | <b>18</b> | <b>27</b> |
| Couldn't afford to pay the premiums              | 25.0       | 50.0         | 33.3        | Has Health Insurance   | 88.9      | 94.4      | 92.6      |
| Lost Medicaid/Medical Assistance eligibility     | 0.0        | 50.0         | 16.7        | No Health Insurance  | 11.1      | 5.6       | 7.4       |
| Cut back to part time/or became temp employee    | 25.0       | 0.0          | 16.7        |  |           |           |           |
| Became ineligible because of age/left school     | 0.0        | 0.0          | 0.0         | <b>Has a particular Medical Doctor or regular source of care (%)</b>     | <b>33</b> | <b>32</b> | <b>65</b> |
| Spouse or parent lost job/changed employers      | 0.0        | 0.0          | 0.0         | Yes  | 30.3      | 40.6      | 35.4      |
| Other  | 25.0       | 0.0          | 16.7        | No   | 69.7      | 59.4      | 64.6      |

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

#### 5) Obstacles to Obtaining Health Care

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

- o It costs too much/can't afford it (53%).
- o Don't have transportation (47%).
- o Long wait time at the doctor's office (25.8%).
- o Treated differently because of race (13.6%).
- o Long time getting appointments (13.6%).
- o Don't trust or like doctors (10.6%).

- o Office hours are inconvenient (9.1%).
- o Provider does not speak their language (6.1%).
- o Providers do not understand cultural practices (4.5%).

## 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 previous 12 months. 89.4% of the respondents reported being sick or ill during the previous 12 months. A larger percentage of females (90.6%) reported being ill than males (88.2%).

Those who had been sick utilized the following resources:

- o 94.9% visited a medical doctor.
- o 50% went to a hospital emergency room.
- o 44.1% went to a nurse or nurse practitioner.
- o 37.3% sought the help of family member, friend, or neighbor.
- o 22% went to a folk healer, *curandero*, or medicine man.
- o 3.4% sought help from a church.

**Table 3.11: Sheridan County Barriers to Health Care, 2003**

|  | 34        | 32        | 66        |   | Male      | Female    | Total     |
|--|-----------|-----------|-----------|---|-----------|-----------|-----------|
|  | Male      | Female    | Total     |   |           |           |           |
| <b>Source of regular Care (%)</b>  | <b>34</b> | <b>32</b> | <b>66</b> | <i>(If Has been sick/ill in the past 12 months = Yes)</i> |           |           |           |
| Doctor's Office  | 20.6      | 53.1      | 36.4      | <b>Source of care (%)</b>                                 | <b>30</b> | <b>29</b> | <b>59</b> |
| Hospital Emergency room  | 2.9       | 3.1       | 3.0       | <i>(Multiple Response)</i>                                |           |           |           |
| Health Department or community clinic  | 0.0       | 3.1       | 1.5       | Folk Healer/Medicine Man                                  | 26.7      | 17.2      | 22.0      |
| Indian Health Service  | 64.7      | 40.6      | 53.0      | Psychic/Spiritualist                                      | 3.3       | 3.4       | 3.4       |
| Company Clinic   | 0.0       | 0.0       | 0.0       | Medical Doctor  | 93.3      | 96.6      | 94.9      |
| Have not been to a doctor  | 0.0       | 0.0       | 0.0       | Chiropractor  | 3.3       | 24.1      | 13.6      |
| Other  | 11.8      | 0.0       | 6.1       | Pharmacist (non prescription)                             | 56.7      | 72.4      | 64.4      |
|  |           |           |           | Hospital Emergency Room                                   | 46.7      | 53.6      | 50.0      |
| <b>Believe race or ethnicity is a barrier to receiving health services in your community (%)</b> | <b>34</b> | <b>32</b> | <b>66</b> | Counselor   | 10.0      | 20.7      | 15.3      |
| Strongly agree   | 8.8       | 3.1       | 6.1       | Family/Friend/Neighbor                                    | 33.3      | 41.4      | 37.3      |
| Agree  | 23.5      | 21.9      | 22.7      | Nurse/Nurse Practitioner                                  | 33.3      | 55.2      | 44.1      |
| Disagree   | 61.8      | 56.3      | 59.1      | Church or Temple  | 3.3       | 3.4       | 3.4       |
| Strongly Disagree  | 0.0       | 12.5      | 6.1       | Community Center  | 6.7       | 3.4       | 5.1       |
| Don't know/Not sure  | 5.9       | 6.3       | 6.1       |   |           |           |           |
|  |           |           |           | <b>Which one do you typically go first (%)</b>            | <b>30</b> | <b>29</b> | <b>59</b> |
| <b>Problems getting Health Care (%)</b>  | <b>34</b> | <b>32</b> | <b>66</b> | <i>(Unit Selection)</i>                                   |           |           |           |
| <i>(Multiple Response)</i>   |           |           |           | Folk Healer/Medicine Man                                  | 6.7       | 0.0       | 3.4       |
| It costs too much / can't afford it  | 52.9      | 53.1      | 53.0      | Psychic/Spiritualist                                      | 0.0       | 0.0       | 0.0       |
| Don't trust or like doctors  | 11.8      | 9.4       | 10.6      | Medical Doctor  | 73.3      | 86.2      | 79.7      |
| Provider does not speak your language  | 8.8       | 3.1       | 6.1       | Chiropractor  | 0.0       | 0.0       | 0.0       |
| Treated differently because of your race   | 11.8      | 15.6      | 13.6      | Pharmacist (non prescription)                             | 0.0       | 0.0       | 0.0       |
| Don't know where to go for help  | 5.9       | 6.3       | 6.1       | Hospital Emergency Room                                   | 6.7       | 10.3      | 8.5       |
| Don't have transportation  | 41.2      | 53.1      | 47.0      | Counselor   | 0.0       | 0.0       | 0.0       |
| Office hours are inconvenient  | 8.8       | 9.4       | 9.1       | Family/Friend/Neighbor                                    | 10.0      | 10.3      | 5.1       |
| Long wait time at Doctor's office  | 32.4      | 18.8      | 25.8      | Nurse/Nurse Practitioner                                  | 0.0       | 0.0       | 0.0       |
| Provider doesn't understand your cultural practices  | 8.8       | 0.0       | 4.5       | Church or Temple  | 0.0       | 0.0       | 0.0       |
| Takes too long to get appointment  | 11.8      | 15.6      | 13.6      | Community Center  | 0.0       | 0.0       | 0.0       |
|  |           |           |           | Other   | 3.3       | 3.4       | 3.4       |
| <b>Has been sick or ill during the past 12 months (%)</b>  | <b>34</b> | <b>32</b> | <b>66</b> | No Answer   | 0.0       | 0.0       | 0.0       |
| Yes  | 88.2      | 90.6      | 89.4      |   |           |           |           |
| No   | 11.8      | 9.4       | 10.6      |   |           |           |           |

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

- o Rank 1: Employment, 81.8%.
- o Rank 2: At risk youth, 71.3%.
- o Rank 3: Education, 66.7%.
- o Rank 4: Minority representation in government, 63.6%.
- o Rank 5: Housing, 62.1%.
- o Rank 6: Transportation, 62.1%.
- o Rank 7: Social and recreational activities, 62.1%.
- o Rank 8: Crime and violence, 51.5%.
- o Rank 9: Discrimination, 46.9%.
- o Rank 10: Health (including environmental health), 35.3%.

**Table 3.12: Sheridan County Community Problems, 2003**

|  | <u>34</u><br>Male | <u>32</u><br>Female | <u>66</u><br>Total |  | Male      | Female    | Total     |
|--|-------------------|---------------------|--------------------|--|-----------|-----------|-----------|
| <b>Perceived Degree of Concern</b>               |                   |                     |                    |  |           |           |           |
| <b>Housing (%)</b>                               |                   |                     |                    | <b>Employment (%)</b>                            | <u>34</u> | <u>32</u> | <u>66</u> |
| Not Important                                    | 14.7              | 15.6                | 15.2               | Not Important                                    | 5.9       | 0.0       | 3.0       |
| Important  | 35.3              | 9.4                 | 22.7               | Important  | 14.7      | 12.5      | 13.6      |
| Critical/Very Important                          | 50.0              | 75.1                | 62.1               | Critical/Very Important                          | 79.4      | 84.4      | 81.8      |
| Don't know/Refused                               | 0.0               | 0.0                 | 0.0                | Don't know/Refused                               | 0.0       | 3.1       | 1.5       |
| <b>Health (including environment health) (%)</b> |                   |                     |                    | <b>Crime/Violence (%)</b>                        |           |           |           |
| Not Important                                    | 15.2              | 15.6                | 15.4               | Not Important                                    | 11.8      | 12.5      | 12.1      |
| Important  | 60.6              | 34.4                | 47.7               | Important  | 50.0      | 18.8      | 34.8      |
| Critical/Very Important                          | 24.3              | 46.9                | 35.3               | Critical/Very Important                          | 38.3      | 65.6      | 51.5      |
| Don't know/Refused                               | 0.0               | 3.1                 | 1.5                | Don't know/Refused                               | 0.0       | 3.1       | 1.5       |
| <b>Social/recreational activities (%)</b>        |                   |                     |                    | <b>Minority representation in government (%)</b> |           |           |           |
| Not Important                                    | 8.8               | 9.4                 | 9.1                | Not Important                                    | 5.9       | 6.3       | 6.1       |
| Important  | 29.4              | 28.1                | 28.8               | Important  | 32.3      | 18.8      | 25.8      |
| Critical/Very Important                          | 61.8              | 62.6                | 62.1               | Critical/Very Important                          | 53.0      | 75.0      | 63.6      |
| Don't know/Refused                               | 0.0               | 0.0                 | 0.0                | Don't know/Refused                               | 8.8       | 0.0       | 4.5       |
| <b>Education (%)</b>                             |                   |                     |                    | <b>Transportation (%)</b>                        |           |           |           |
| Not Important                                    | 8.8               | 9.4                 | 9.1                | Not Important                                    | 8.8       | 3.1       | 6.1       |
| Important  | 17.7              | 28.1                | 22.7               | Important  | 32.3      | 28.1      | 30.3      |
| Critical/Very Important                          | 70.6              | 62.5                | 66.7               | Critical/Very Important                          | 58.9      | 65.7      | 62.1      |
| Don't know/Refused                               | 2.9               | 0.0                 | 1.5                | Don't know/Refused                               | 0.0       | 3.1       | 1.5       |
| <b>Discrimination (%)</b>                        |                   |                     |                    | <b>At risk youth (%)</b>                         |           |           |           |
| Not Important                                    | 17.6              | 6.3                 | 12.1               | Not Important                                    | 5.9       | 6.3       | 6.1       |
| Important  | 41.2              | 37.6                | 39.4               | Important  | 29.4      | 12.5      | 21.2      |
| Critical/Very Important                          | 41.2              | 53.1                | 46.9               | Critical/Very Important                          | 64.8      | 78.2      | 71.3      |
| Don't know/Refused                               | 0.0               | 3.1                 | 1.5                | Don't know/Refused                               | 0.0       | 3.1       | 1.5       |

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

## I. WORKPLACE HEALTH CONCERNS/HUMAN RIGHTS

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

- o Rank 1: Inadequate training or poor supervision, 29.7%.
- o Rank 2: Have been cheated in pay, 27%.
- o Rank 3: Poor air quality, 27%.
- o Rank 4: Inadequate equipment available, 24.3%.
- o Rank 5: Asked to take unnecessary risks, 21.6%.
- o Rank 6: Verbal abuse, 16.2%.
- o Rank 7: Inadequate medical attention, 16.2%.
- o Rank 8: Inadequate bathroom/water breaks, 13.5%.
- o Rank 9: No easy access to drinking water, 8.1%.
- o Rank 10: Physical abuse, 8.1%

These experiences occurred while respondents were employed in meatpacking plants (25%), construction jobs (20.8%), fieldwork (16.7%), non-meatpacking factories (8.3%), professional settings (4.2%), and other job settings (66.7%).

## J. CHAPTER SUMMARY

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

**Table 3.13: Sheridan County Community & Workplace Concerns, 2003**

|  | <u>34</u><br>Male | <u>32</u><br>Female | <u>66</u><br>Total |   | Male      | Female    | Total     |
|--|-------------------|---------------------|--------------------|---|-----------|-----------|-----------|
| <b>Workplace</b>   |                   |                     |                    | <b>Preferred language to communicate in when discussing issues of:</b>                          |           |           |           |
| <b>People who ever worked in Nebraska (%)</b>  | <u>32</u><br>58.8 | <u>32</u><br>53.1   | <u>66</u><br>56.1  | <b>School (%)</b>   | <u>34</u> | <u>32</u> | <u>66</u> |
| <b>Ever experienced the following concerns in the workplace (%)</b><br><i>(Multiple Responses Allowed)</i> | <u>20</u>         | <u>17</u>           | <u>37</u>          | English   | 79.4      | 100.0     | 89.4      |
| Inadequate bathroom/water breaks   | 15.0              | 11.8                | 13.5               | Spanish   | 0.0       | 0.0       | 0.0       |
| No easy access to drinking water   | 15.0              | 0.0                 | 8.1                | Spanish/English   | 0.0       | 0.0       | 0.0       |
| Poor air quality   | 25.0              | 29.4                | 27.0               | English/Native American   | 11.8      | 0.0       | 6.1       |
| Inadequate equipment available   | 20.0              | 29.4                | 24.3               | Lakota  | 8.8       | 0.0       | 4.5       |
| Inadequate medical attention if injured  | 10.0              | 23.5                | 16.2               | <b>Work (%)</b>   | <u>34</u> | <u>32</u> | <u>66</u> |
| Physical abuse   | 10.0              | 5.9                 | 8.1                | English   | 79.4      | 100       | 89.4      |
| Inadequate training/supervisors  | 25.0              | 35.3                | 29.7               | Spanish   | 0.0       | 0.0       | 0.0       |
| Verbal abuse   | 15.0              | 17.6                | 16.2               | Spanish/English   | 0.0       | 0.0       | 0.0       |
| Asked to take unnecessary risks  | 25.0              | 17.6                | 21.6               | English/Native American   | 11.8      | 0.0       | 6.1       |
| Have been cheated in pay   | 35.0              | 17.6                | 27.0               | Lakota  | 8.8       | 0.0       | 4.5       |
| Other  | 5.0               | 5.9                 | 5.4                | <b>Type of work where these experiences occurred (%)</b><br><i>(Multiple Responses Allowed)</i> | <u>13</u> | <u>11</u> | <u>24</u> |
|  |                   |                     |                    | Professional  | 7.7       | 0         | 4.2       |
|  |                   |                     |                    | Construction  | 23.1      | 18.2      | 20.8      |
|  |                   |                     |                    | Meatpacking   | 38.5      | 9.1       | 25.0      |
|  |                   |                     |                    | Factory (other than meatpacking)  | 7.7       | 9.1       | 8.3       |
|  |                   |                     |                    | Field work (agriculture)  | 23.1      | 9.1       | 16.7      |
|  |                   |                     |                    | Other   | 46.2      | 90.9      | 66.7      |

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

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

|  | <u>34</u><br>Male | <u>32</u><br>Female | <u>66</u><br>Total |  |
|--|-------------------|---------------------|--------------------|--|
| <b>Born in the USA</b>                 |                   |                     |                    |  |
| Yes                                    | 100.0             | 100.0               | 100.0              |  |
| No                                     | 0.0               | 0.0                 | 0.0                |  |
| No Answer                              | 0.0               | 0.0                 | 0.0                |  |
| <b>Current Type of Work in USA (%)</b> |                   |                     |                    |  |
| Professional                           | 0.0               | 0.0                 | 0.0                |  |
| Construction                           | 0.0               | 0.0                 | 0.0                |  |
| Meatpacking                            | 0.0               | 0.0                 | 0.0                |  |
| Factory (other than meatpacking)       | 0.0               | 0.0                 | 0.0                |  |
| Field work (agriculture)               | 0.0               | 0.0                 | 0.0                |  |
| Other                                  | 100.0             | 100.0               | 100.0              |  |

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

## 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 Sheridan County experienced a slight growth in its minority population, particularly of those of Native American origin.
- o The survey population in Sheridan County consisted of middle aged adults with an average age of 39.2 years. This age structure may explain the prevalence of certain health conditions.
- 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.

### AREAS OF DISPARITY

#### Health Status

- o Poor health. The health of the population in Sheridan County was poor, as reflected in the prevalence of high blood cholesterol (28.6%), high blood pressure (22.7%), sore joints (53%), and diabetes (18.2%). 89.4% of the population reported an episode of illness in the previous year.
- o 94.9% of those who had an episode of illness in the previous year visited a medical doctor for treatment. 64.6% reported not having a regular medical doctor or any other source of care.
- o Among respondents with children, 31.3% of them had children with asthma.

#### Health Promotion & Lifestyle Practices

- o Obesity. 31.3% of the survey population were classified as overweight, and 38.2% were obese based on their BMI scores. The data indicated that there may be a large proportion of the population in Sheridan County in need of weight management programs.
- o Physical Activity. The survey population seems to have been relatively active. Only 15.2% reported no physical activity in the past month, whereas 81.8% reported some sort of weekly physical activity.
- o Seatbelt use. There was limited use of seatbelts while driving. The findings indicate that only 36.4% of the respondents were “always” using seatbelts while driving. Driving without seatbelts seems to be a problem that must be addressed.

- o Tobacco products and Alcohol use. 43.9% of respondents reported the use of tobacco products, and 47% consumed alcohol. For those who only smoked, the rate was higher for women (53.1%) than for men (35.3%). The respondents who used tobacco products reported starting at an average age of 18.2 years. The mean beginning drinking age was 18 years.
- o Basic knowledge of HIV transmission. Knowledge about HIV/AIDS was high, but many people still had misconceptions about modes of transmission, such as believing that kissing or mosquito bites can transmit HIV/AIDS.

### Use of Preventive Health Services

Use of preventive health services vary by type of service. In the past year:

- o 66.7% reported visiting a doctor for a routine check up.
- o 31.4% reported seeing an eye doctor.
- o 37.9% reported seeing a dentist.
- o 81.8% had their blood pressure checked.
- o 42.4% had their blood cholesterol checked.

### Access to Health Care

- o The rate of uninsured in this population was 9.1%. Even though this percentage is low, it represents a financial barrier to accessing health services.
- o 62.1% of the respondents reported that transportation was a critical or very important community problem. Transportation also appeared to be a problem in accessing health services, as 47% reported not being able to go to the doctor due to lack of transportation.
- o Respondents reported a host of cultural, linguistic, and systemic barriers in accessing health services that can also explain the relatively low use of certain types of preventive health services.

### Community & Workplace Concerns

- o 81.8% reported that employment was a critical or very important community problem. Given the extremely high unemployment rate of 72.7%, it is understandable that this may be the issue most people are concerned about.
- o At risk youth was the second major cause of concern for adults in Sheridan County. 71.3% indicated that this was a critical or very important issue.
- o A series of problems was also reported in the workplace. They included having been cheated in pay, poor air quality, and inadequate training.

## 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. In Sheridan County, the Indian Health Service must play a critical role in helping close the access to care gap. 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 Sheridan County, alcohol and tobacco use tends to begin in late adolescence. There is a need to expand current efforts with more financial resources that include massive campaigns with ethnic media to prevent the initiation and encourage the cessation of tobacco and alcohol use and abuse among young people. This effort must be combined with law enforcement activities to eliminate the selling of alcohol and tobacco to minors.

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

## REFERENCES

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

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

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

U.S. Bureau of Census, 2000.

U.S. Bureau of Census, 1990.

# NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



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

AA/EOE/ADA