## PREVENTING CHRONIC DISEASE

PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

VOLUME 1: NO. 2 APRIL 2004

SPECIAL TOPICS IN PUBLIC HEALTH
ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
18TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

## Chronic Disease Risk Factors by Ethnicity and Border Residence in Arizona: 10 Years of Behavioral Risk Factor Surveillance System Data

MC McGorray, MA Veazie

Suggested citation for this article: McGorray MC, Veazie MA. Chronic disease risk factors by ethnicity and border residence in Arizona: 10 Years of Behavioral Risk Factor Surveillance System data [abstract]. Prev Chronic Dis [serial online] 2004 Apr [date cited]. Available from: URL: http://www.cdc.gov/pcd/issues/2004/apr/ 03\_0034m.htm.

## PEER REVIEWED

We estimated chronic disease risk factor prevalence by border county residence and Hispanic ethnicity along the U.S.-Mexico border. Hispanics living along the U.S.-Mexico border suffer from high rates of chronic diseases. Ongoing surveillance of chronic disease risk factors in this population is lacking.

We combined 10 years of Arizona Behavioral Risk Factor Surveillance System (BRFSS) data (1992–2001). The prevalence of selected risk factors was calculated for Hispanics and non-Hispanics by border county residence. After adjusting for the effects of survey design, age, and sex, we estimated the interaction between Hispanic ethnicity and residence for each risk factor in counties with cities on the border. We also mapped statewide telephone coverage among Hispanics by census tract.

Of the 20,409 respondents, 3.1% were border Hispanics, 12.3% were non-border Hispanics, 6.6% were border non-Hispanics, and 78.1% were non-border non-Hispanics. When border Hispanics are compared with non-border non-Hispanics, the age- and sex-adjusted odds ratios were 2.85 (95% Confidence Interval [CI] = 1.92, 4.23) for diabetes; 0.33 (CI = 0.25, 0.44) for self-reported good or excel-

lent health; 1.48 (CI = 1.11, 1.98) for obesity; 0.52 (CI = 0.42, 0.64) for recommended physical activity; and 0.48 (CI = 0.38, 0.60) for current smoking.

Arizona Hispanics (represented by BRFSS survey participants) suffer from a higher prevalence of chronic disease risk factors than non-Hispanics, regardless of whether they live on the border. Results document the need to oversample on the border and to address the issue of low telephone coverage.

Corresponding Author: Matt McGorray, MS, Senior Research Specialist, Southwest Center for Community Health Promotion, Arizona College of Public Health, Epi-Biostats, 1145 N Campbell Ave, PO Box 210228, Tucson, AZ 85721-0228. Telephone: 520-318-7270. E-mail: mcgorray@u.arizona.edu.

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the U.S. Department of Health and Human Services, the Public Health Service, Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named above.