Border Report: A Status Report on the Health of People in El Paso County, Texas; Dona Ana County, New Mexico December 2005

How Healthy Are We?

Center for Border Health Research

2005 BRFSS
A Status Report on the Health of People in El Paso County, Texas and Doña Ana County, New Mexico.

INTRODUCTION

Improving the health of people in the Paso del Norte (PdN) region begins with an understanding of the population's health status and underlying causes of these conditions. This report presents selected health information on this community. The information is based on the 2005 Behavioral Risk Factor Surveillance System (BRFSS), a telephone-based survey of randomly-selected adults. The survey gathered information about many health conditions and personal behaviors that affect health across the United States.\(^1\) A special emphasis was placed on gathering additional information from El Paso and Doña Ana Counties, so that valid, precise results could be generated for these areas.

HEALTH CARE INSURANCE

Having health care insurance is an important factor in an individual's ability to seek and receive timely and continuous health care. A variety of research studies have shown that people who lack medical insurance "receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care."\(^2\) As a result, the overall mortality rate among the uninsured is 10-15% higher than for those who have health care insurance.\(^2\)

In the United States, Texas has the highest proportion of residents without health insurance (28.5%); New Mexico is third worst (21.9%).\(^3\) The situation in El Paso County is even more severe with almost 40% of adults lacking any health insurance. Similarly, Doña Ana has a higher proportion of uninsured than New Mexico as a whole, with almost 30% lacking health insurance. The high rate of uninsured in this region reflects the high rates among Hispanics; over 45% of Hispanics are uninsured as compared to less than 15% of non-Hispanics.

Since individuals without health care coverage are less likely to see a health care practitioner, residents in the region are less likely to be diagnosed for certain conditions. As a result, the number of people estimated in this report having a given condition may be less than the actual number.
II. HEALTH BEHAVIORS

A. Healthy Eating

Fruits and vegetables contain essential vitamins, minerals, and fiber that help protect against chronic diseases. Compared with people who consume few fruits or vegetables, those who eat more generous amounts are likely to have reduced risk of stroke and certain cancers. The 2005 Dietary Guidelines for Americans recommend that each individual consume 2 1/2 to 6 1/2 cups (5 to 13 servings) of fruits and vegetables daily. Several programs offer a simpler serving measurement called the 1/4 plate model. In this model, individuals are taught to divide a standard 8” plate into four equal parts. Each part holds one serving of different foods.

Fewer than one in four Americans (23%) have the recommended minimum five servings of fruits and vegetables each day, and even fewer people in the PdN region meet this recommendation (18%). Hispanics are less likely than non-Hispanics to eat five or more servings of fruits and vegetables daily (16% vs. 22%).

B. Physical Activity

Regular physical activity has many health benefits. It substantially reduces the risk of dying of coronary heart disease, the nation’s leading cause of death. Exercise also decreases the risk for stroke, colon cancer, diabetes, high blood pressure, and helps to control weight. Regular physical activity contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; and reduces symptoms of anxiety and depression.

Physical activity need not be strenuous to be beneficial; health agencies recommend that everyone participate in 30 minutes of moderate physical activity, such as brisk walking, five or more times each week.

Across the nation, as well as in Texas, New Mexico, and the PdN region, less than half of the population meets the recommended level of leisure time physical activity. In both counties, Hispanics were less likely than non-Hispanics to report the recommended level of physical activity. Overall about 70% of people in the PdN region reported having some leisure time physical activity.

In 2003, the American Pediatric Medical Association and Prevention magazine, ranked El Paso as one of the 12 best cities for walking in the United States. The ranking was based upon 20 different factors including “crime, mass transit, air quality, and the number of historic sites, museums, and gyms each city has.”
PREVENTIVE CARE

A. Cholesterol Check

Cholesterol is a waxy, fat-like substance that is needed for the body to function normally. The body makes enough cholesterol for its needs. When there is too much cholesterol, due to diet and the rate at which the cholesterol is processed, it is deposited in arteries including those of the heart. This can begin to block the arteries and reduce blood flow to the heart. Over 100 million Americans have cholesterol levels above the recommended level; 38 million have very high levels and are considered high risk for heart disease. Lowering cholesterol can reduce the risk of developing or dying from heart disease, having a nonfatal heart attack, and needing heart bypass surgery or angioplasty.

Although symptoms of heart disease may not show up until middle-age, recent studies indicate that heart disease actually begins developing in childhood. Many health experts agree that aggressive heart disease prevention should target children.

Health care professionals recommend that everyone 20 years of age and older have their cholesterol levels checked at least every five years. Overall, fewer PdN residents had ever had their cholesterol checked (about 59.4%) than those in their respective states (about 70%), or in the nation as a whole (77.3%). While more than half of residents of the PdN region reported having had their cholesterol checked in the last five years, Hispanic residents were more than twice as likely as non-Hispanics (45% vs. 22%) to never having had their cholesterol tested. In all geographic areas studied, about one-third of those tested had been told that they had high cholesterol. The problem may well be worse in this region due to the high number of people who lack health care coverage.

C. Alcohol Consumption

Excessive alcohol use is a major health problem in the U.S. One of the main indicators of excessive alcohol use is binge drinking, that is, having five or more drinks on a single occasion. Binge drinking, in particular, is associated with many health problems, including serious unintentional injuries (e.g., car accidents, drownings, and falls), intentional violent acts (e.g., assault, sexual assault, and domestic violence), cardiovascular disease, unintended pregnancy and sexually transmitted diseases, and children born with Fetal Alcohol Syndrome.

In the U.S., one out of every seven adults (14%) reported having had five or more drinks on a single occasion within the previous 30 days. Both counties in the PdN region, as well as Texas, had similar rates. In New Mexico, only one in ten residents reported binge drinking. In all geographic areas studied, about 5% of the population is classified as a ‘heavy drinker,’ that is, consuming more than two drinks per day for a man and more than one drink per day for a woman.
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B. High Blood Pressure

High blood pressure (Hypertension) and high cholesterol are the main risk factors leading to heart attacks and strokes, the number one and number three causes of death in the U.S. Together these two health problems are responsible for over 40% of all deaths annually.

Blood pressure readings are measured in millimeters of mercury (mmHg) and usually given as 2 numbers, such as 110 over 70 which is written as 110/70. The top number is the systolic blood pressure reading, the maximum pressure exerted when the heart contracts. The bottom number is the diastolic blood pressure reading, the pressure in the arteries when the heart is at rest. According to the Centers for Disease Control and Prevention (CDC), a 12- to 13-point reduction in systolic blood pressure can reduce heart attacks by 21%, strokes by 37%, and total cardiovascular deaths by 25%.

More than one in four residents of Doña Ana County and one in five residents of El Paso County reported being told by their doctor that they have high blood pressure. In both areas, non-Hispanics were much more likely than Hispanics to have been diagnosed with high blood pressure (32% vs. 19%). As with cholesterol testing, the problem may be worse in this region due to the high number of people who lack health care coverage.

IV. CHRONIC DISEASES

A. Health Status

A person’s health and how well they feel is an important indicator of their quality of life. Other quality of life indicators include jobs, housing, schools, neighborhood, culture, values, and spirituality.

Respondents were asked to rate their own health. A much higher proportion of El Paso County residents feel that their health is ‘fair’ or ‘poor’ than the nation as a whole (24% vs. 15%). In all geographic areas, Hispanics were much more likely to report ‘fair’ or ‘poor’ health than non-Hispanics; in El Paso, the difference between Hispanics and non-Hispanics was striking (27% vs. 12%).

Self Perception of General Health was “Fair” or “Poor”

Self Perception of General Health Status by Ethnicity
B. Overweight and Obesity

During the past 20 years there has been a striking increase in the number of adults who are obese or overweight. Whether a person is 'Obese' or 'Overweight' is based on their weight and height. The increases in the number of obese or overweight people are of great concern because of increased risk of many serious diseases, particularly high blood pressure, coronary heart disease, stroke, and diabetes. In 2005, almost one-fourth of the U.S. population was obese and another 37% were considered overweight; less than 40% of the population was at a healthy weight. Texas fares similarly as 27% of the residents are considered obese. While proportionally fewer El Paso County residents are obese (21.8%), a higher proportion of Hispanics are obese as compared to non-Hispanics (22.6% vs. 18.7%). The problem among Hispanics is worse in Texas overall, where almost a third are considered obese.

C. Diabetes

Diabetes is one of the most serious health problems facing the nation and is the sixth leading cause of death. Diabetes can lead to serious vision problems and even blindness, nerve and circulatory problems particularly in the feet, kidney disease, gum disease, and increase the risk of a heart attack or stroke. Researchers estimate that the overall costs attributed to diabetes in the U.S. exceeds $130 billion dollars per year. This includes direct health care costs as well as indirect costs such as lost wages.

In the U.S., about 7% of adults reported having been diagnosed with diabetes; in Doña Ana County, almost 10% of adult residents reported having diabetes. Hispanics in the PdN region are more likely to have been diagnosed with diabetes than non-Hispanics. Like other health conditions which are diagnosed by a health care practitioner, the actual prevalence of diabetes may be higher, because many residents do not have health care coverage and are less likely to see health care professionals.

Of those respondents who had been diagnosed, about 60% had taken a class about how to manage their diabetes.
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D. Asthma

Asthma can be a debilitating disease, causing serious difficulty breathing. The prevalence of asthma among adults has increased from about 3% in 1980 to 7% in 2004. A slightly lower proportion of PdN residents overall, report having ever been diagnosed with asthma as compared to the U.S. (10% vs. 12%). Non-Hispanics in this region, as well as across the nation, are much more likely to have been diagnosed with asthma than Hispanics (17% vs. 8%). As with some of the other chronic diseases reported here, the true burden of this disease may be underestimated as those lacking health insurance are less likely to have had asthma diagnosed.

E. Arthritis

In the U.S., arthritis is the main cause of disability among adults. "Arthritis" refers to many different conditions that affect joints and/or the tissues around joints. A lower proportion of PdN residents reported having been told by a medical professional that they have arthritis than the rest of the nation (about 21% vs. 27%). Proportionally fewer Hispanics in the PdN region reported having been diagnosed with arthritis than non-Hispanics (18% vs. 27%). The difference between Hispanics and non-Hispanics is even greater in the U.S. with non-Hispanics twice as likely to have arthritis (14% vs. 28%).

SURVEY SAMPLE CHARACTERISTICS

As with most surveys, the cross section of people who were interviewed is not representative of the whole population. The results presented above have been adjusted to help correct for this. Women comprised 61% of the sample in El Paso and 65% in Doña Ana, in part because they were more likely to be at home when the interviewer called. Seventy-three percent of the respondents in El Paso County, and just over half (51%) of those in Doña Ana County, identified themselves as Hispanic. One-third of those interviewed in El Paso and about a quarter of those interviewed in Doña Ana County chose to be interviewed in Spanish.

In general, there were nearly equal numbers of respondents in all age categories, except for the 18-24 age group which was under-represented. Annual household income levels were about the same in the two counties with more than 40% making less than $25,000 per year. Less than a quarter of the sample had annual household incomes greater than $50,000. The profile of education was nearly the same in the two counties with just over 20% not having completed high school. A higher proportion of those interviewed from Doña Ana (33%) had graduated from college, compared to the respondents from El Paso County (24%).
The Behavioral Risk Factor Surveillance System (BRFSS) is the largest telephone health survey in the world. It was created in the early 1980s by the Centers for Disease Control and Prevention (CDC) to collect comparable data at the state level about preventable health conditions. BRFSS has since emerged as one of the few systems available to track behavioral risk factors, health practices, and prevalence rates associated with leading chronic diseases. BRFSS telephone surveys provide data that policy makers and public health professionals rely on to identify major health risks, design interventions, set goals, and measure progress toward those goals. BRFSS data, for example, are used to track a number of Healthy People 2010 objectives at the national, state, and local levels.

The 2005 Paso del Norte Border Report was produced using data from the local BRFSS conducted in El Paso County, Texas and Doña Ana County, New Mexico. BRFSS data were gathered from random digit dialed telephone interviews with area residents through a survey process that strictly adhered to CDC methods and standards for quality assurance. The Computer Assisted Telephone Interviewing (CATI) system was used by the data collection contractor. The sample includes responses from non-institutionalized individuals over the age of 18. The final sample size was 1418 for both counties; 653 samples were collected in El Paso County and 765 samples were collected in Doña Ana County. The data were collected January 2005 through December 2005. Because the methods of these local area BRFSS projects adhere to CDC standards, survey results are generally accepted by public health professionals and can be compared to BRFSS data collected from the nation, state, and other communities.

Credits:
The Center for Border Health Research, with funding from the Paso del Norte Health Foundation, is pleased to present the results of this important study on the region’s health. The Border Report is produced and distributed whenever relevant data are ready for release and is intended to serve as an information source for program planners, grant writers, researchers, and policy makers at the national, state, and local levels.

A special thanks to Jim VanDerslice, PhD for the invaluable statistical consultation provided to this project.

The Center for Border Health Research promotes and supports health research in the Paso del Norte region of far west Texas, southern New Mexico, and northern Chihuahua, Mexico. The Center’s mission is to ensure a sound, well-defined research agenda and enhance efforts to pursue that agenda leading to improvements in the health status of the Paso del Norte community.

Suggested Citation:

1. The figures for Texas, New Mexico, and the United States were taken from the CDC website, www.cdc.gov/brfss. The U.S. figures include each of the states and Washington, D.C., and are the medians of all values from all the states. Accessed October 16, 2006.
5. Statistics provided for the nation as a whole are median values for all the states and Washington, D.C.; see the Centers for Disease and Control BRFSS website, www.cdc.gov/brfss.

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