



REPORTERS GUIDE TO THE 2004 SOUTHEASTERN PENNSYLVANIA HOUSEHOLD HEALTH SURVEY

December 30, 2004

Members of the News Media,

I am pleased to announce the release of initial findings from the 2004 Household Health Survey, a major telephone survey that examines the health of more than 13,000 residents in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

The survey, part of the Philadelphia Health Management Corporation's Community Health Data Base Project, provides primary data on a broad range of health topics such as health status, access to care, utilization of services, personal health behaviors, health screening information, health insurance status, women's health, child health, and older adult health and social support needs.

PHMC's Household Health Survey has been conducted 9 times since 1983, which allows researchers and the news media to assess how the health of Southeastern Pennsylvania has changed over time. Data from the survey are available at the census tract, ZIP code, county and regional level.

Please find enclosed an overview of initial findings from the survey. If you need additional information, please do not hesitate to contact me at 215.985.2521 or francine@phmc.org.

Sincerely,

Francine Axler
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Fact Sheet: The 2004 Household Health Survey

- Who:** The 2004 Household Health Survey is conducted by the Philadelphia Health Management Corporation (PHMC), a nonprofit public health agency committed to improving the health of the community through outreach, education, research, planning, technical assistance, and direct services. The 2004 Household Health Survey is part of PHMC's Community Health Data Base Project, which collects and disseminates data on local residents and serves as a planning resource for health and social service providers.
- What:** The 2004 Southeastern Pennsylvania Household Health Survey, a random digit dial telephone survey of 10,000 households in the region, is the largest local health survey in the country. It has been conducted nine times since 1983: in 1983, 1987, 1991, 1994, 1996, 1998, 2000, 2002, and 2004. The survey targets key information about health status, personal health behaviors, and access to and utilization of area health services. These data are available at the census tract, ZIP code, county and regional level.
- Where:** Residents in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties take part in the survey.
- Why:** Data from PHMC's Southeastern Pennsylvania Household Health Surveys are vital tools to help the local and regional news media quantify the extent of health problems in the area, assess changes over time, and place local health issues in national context.
- How:** The Southeastern Pennsylvania Household Health Survey is supported by the Pew Charitable Trusts, The William Penn Foundation, the United Way of Southeastern Pennsylvania, and health and human service providers in the region.

For more information on the Philadelphia Health Management Corporation (PHMC), go to www.phmc.org.

For more information on PHMC's Community Health Data Base Project, go to www.phmc.org/chdb/



Chronic Conditions in Southeastern Pennsylvania

Overview

In 2004, 20.9% of SEPA adults 18-64—more than half a million—reported having a chronic condition such as asthma, diabetes, high blood pressure & cholesterol, heart disease, cancer, or allergies.

Adults with Chronic Conditions by County

Bucks County: 22.9%

Philadelphia: 22.6%

Delaware: 20.1%

Chester: 18.3%

Montgomery: 18.1%

Chronic Conditions and Age

Chronic conditions increase with age: 31.5% of adults ages 45-64 report having a chronic condition, compared to 15.2% of adults ages 30-44 and 10.2% of adults ages 18-29.

Chronic Conditions and Race/Ethnicity

23.1% of Latino adults report having a chronic condition, compared to 22.4% of black adults, 21.2% of white adults and 6.0% of Asian adults.

Chronic Conditions and Poverty

Adults living in poverty are more likely than non-poor to have a chronic condition (32.8% vs. 20.2%).



Asthma in SEPA: Adults

Overview

In 2004, 12.8% of adults 18-64 in SEPA reporting having been diagnosed with asthma at some point during their lives.

Adults with Asthma By County:

Philadelphia: 14.2%
Delaware: 13.8%
Montgomery: 12.7%
Bucks: 10.6%
Chester: 10.3%

Adults with Asthma by Race/Ethnicity

In SEPA, 15.7% of Black adults have been diagnosed with asthma, compared to 14.8% of Latino adults, 12.1% of white adults, and 7.2% of Asian adults.

Adults with Asthma by Poverty Status

Living in poverty increases asthma risk: 22.5% of adults living in poverty have been diagnosed with asthma, vs. 12.2% of non-poor adults.

Asthma in SEPA: Children

Overview

In 2004, 17.7% of children ages 0-17 in SEPA reporting having been diagnosed with asthma at some point during their lives.

Children With Asthma By County:

Philadelphia: 22.0%
Delaware: 16.6%
Montgomery: 15.0%
Chester: 14.4%
Bucks: 14.3%

Children with Asthma by Race/Ethnicity

24.4% of black children 0-17 have had asthma, compared to 23.7% of Latino children, 14.5% of white children, and 10.1% of Asian children.

Children with Asthma by Poverty Status

27.3% of children living in poverty have been diagnosed with asthma, compared to 16.4% of non-poor children.



Diabetes in SEPA: Adults 18-64

Overview

In 2004, 6.3% of adults 18-64 in SEPA reported having been diagnosed with diabetes at some point in their lives.

Adults 18-64 with Diabetes by County, 2004

Philadelphia: 8.6%
Bucks: 5.5%
Delaware: 5.4%
Chester: 4.9%
Montgomery: 4.0%

Adults 18-64 with Diabetes, by Race/Ethnicity, 2004

In SEPA, 12.4% of Latinos have been diagnosed with diabetes, vs. 10.1% of Black adults, 5.0% of white adults, and 2.6% of Asian adults.

Adults 18-64 with Diabetes by Poverty Status, 2004

Living in poverty increases diabetes risk: 13.6% of adults living in poverty have been diagnosed with diabetes compared to 5.9% of non-poor adults.

Diabetes in SEPA: Seniors 65+

Overview

In 2004, 18.8 % of seniors 65+ in SEPA reported having been diagnosed with diabetes at some point in their lives.

Seniors 65+ with Diabetes by County, 2004

Delaware: 20.6%
Philadelphia: 20.5%
Montgomery: 17.3%
Bucks: 16.6%
Chester: 15.7%

Seniors 64+ with Diabetes, by Race/Ethnicity, 2004

In SEPA, 31.1% of Black seniors have been diagnosed with diabetes, compared to 16.0% of white seniors.

Seniors 65+ with Diabetes by Poverty Status, 2004

30.3% of seniors living in poverty have been diagnosed with diabetes, compared to 18.3% of seniors who are not living in poverty.

Diabetes in SEPA: Adolescents 12-17

Overview

In 2004, 1.6% of adolescents 12-17—an estimated 5,400 people—been diagnosed with diabetes at some point in their lives.



Stroke in SEPA: Seniors 65+

Overview

In 2004, 8.3% of seniors in SEPA reported having had a stroke.

Stroke in SEPA by County, 2004:

Bucks County: 11.4%

Philadelphia: 9.9%

Delaware: 7.5%

Chester: 6.7%

Montgomery: 4.6%

Stroke and Gender

9.6 % of seniors who are male have had a stroke, compared to 7.4% of elderly women.

Stroke and Race/Ethnicity

17.9% of Latino seniors report that they have had a stroke, compared to 10.4% of black seniors, 7.7% of white seniors and 4.8% of Asian seniors.

Stroke and Poverty Status

23.2% of seniors living in poverty have had a stroke, compared to 7.6% of seniors who are not poor.



Disability in SEPA: Adults 18-64

Overview

In 2004, 12.2 % of adults 18-64 in SEPA reported having a physical or sensory disability.

Disability in Adults 18-64 by County, 2004

Philadelphia: 15.2%
Delaware County: 11.7%
Bucks County: 11.2%
Montgomery County: 9.7%
Chester County: 8.8%

Disability in Adults 18-64 by Race/Ethnicity, 2004

17.0% of black adults ages 18-64 reported having a sensory or physical disability, compared to 15.5% of Latino adults, 11.0% of white adults and 3.3% of Asian adults.

Disability in Adults 18-64 by Poverty Status, 2004

Adults living in poverty are nearly three times as likely to report having a disability than non-poor adults (31.8% vs. 11.0%)

Disability in SEPA: Seniors 65+

Overview

In 2004, 34.1 % of seniors 65+ in SEPA reported having a physical or sensory disability.

Disability in Seniors 65+ by County, 2004

Philadelphia: 38.2%
Delaware County: 31.3%
Bucks County: 32.1%
Montgomery County: 30.0%
Chester County: 34.8%

Disability in Seniors 65+ by Race/Ethnicity, 2004

59.9% of Latino seniors 65+ report having a physical or sensory disability, compared to 37.0% of black seniors, 33.2% of white seniors, and 27.0% of Asian seniors.

Disability in Seniors 65+ by Poverty Status

53.1% of seniors living in poverty report having a disability, compared to 33.2% of seniors who are not poor.



Access to Care in SEPA: Uninsured Adults 18-64, 2004

Overview

In 2004, 9% of adults 18-64 in Southeastern Pennsylvania—approximately 218,100—were uninsured, compared to 8.9 % in 2002 and 6.9% in 2000.

Uninsured Adults 18-64, by County, 2004

Philadelphia: 14.4%

Bucks: 7.0%

Montgomery: 5.6%

Delaware: 5.2%

Chester: 5.1 %

Uninsured Adults 18-64 and Race/Ethnicity

While 6.1% of white adults are uninsured, 20% of Latino adults, 17.0 percent of Asian adults and 14.5 percent of black adults are uninsured.

Uninsured Adults 18-64 and Poverty Status

Adults who live in poverty are nearly three times as likely to be uninsured than adults who are not poor (21.8% vs. 8.3%).

Access to Care in SEPA: Uninsured Children 0-17, 2004

Overview

In 2004, 4.7% of children ages 0-17 in Southeastern Pennsylvania—approximately 44,200—were uninsured, compared to 3.9 % in 2002 and 2.7 % in 2000.

Uninsured Children 0-17, by County, 2004

Philadelphia: 7.0%

Bucks: 5.6%

Montgomery: 3.7%

Chester: 1.7%

Delaware: 1.1%

Uninsured Children and Poverty Status

Children living in poverty are twice as likely to be uninsured than children who are not living in poverty (9.6% vs. 4.0%).



Access to Care in SEPA: Prescription Drug Coverage for Adults 18-64, 2004

Overview:

10.7 % of adults 18-64 in Southeastern Pennsylvania—approximately 234,000—have no prescription drug coverage, compared to 9.7 % in 2002 and 9.5 % in 2000.

Lack of Prescription Drug Coverage for Adults 18-64 by County, 2004

Philadelphia: 13.3 %
Delaware: 11.1%
Chester: 9.1 %
Montgomery: 8.9%
Bucks: 8.0%

Lack of Prescription Drug Coverage Among Adults 18-64 and Race/Ethnicity

18.9% of Asian adults had no prescription drug coverage in 2004, compared to 14.1% of black adults, 14.0% of Latino adults, and 9.0% of white adults.

Lack of Prescription Drug Coverage Among Adults 18-64 and Poverty Status

Adults living in poverty are twice as likely to lack prescription drug coverage than non-poor adults (21.8% vs. 10.1%)

Access to Care in SEPA: Prescription Drug Coverage for Seniors 65+, 2004

Overview

24.5 % of seniors in SEPA—approximately 130,000—have no prescription drug coverage, compared to 24.7 % in 2002 and 18.8% in 2000.

Seniors 65+ Without Prescription Drug Coverage, by County, 2004

Chester: 26.9%
Montgomery: 25.7%
Delaware: 25.2%
Philadelphia: 23.7%
Bucks: 23.0%

Seniors 65+ Without Prescription Drug Coverage, by Race/Ethnicity, 2004

25.9% of Latino seniors lack drug coverage in SEPA, compared to 25.2% of black seniors, 24.5% of white seniors, and 14.3% of Asian seniors.

Seniors 65+ Without Prescription Drug Coverage, by Poverty Status, 2004

25.1% of seniors who are poor lack drug coverage, compared to 24.4% of seniors who are not poor.



Preventive Care in SEPA

Flu Shots

In 2004, 27.4% of seniors ages 65+ did not receive a flu shot in the past year, compared to 23.8% in 2002 and 24.9% in 2000.

Mammograms

In 2004, 35.4% of women 40+ failed to receive a mammogram in the past year, compared to 32.9% in 2002 and 31.4% in 2000.

Breast Exams

In 2004, 27.3% of women 18+ failed to receive a breast exam in the past year, compared to 24.2% in 2002 and 20.6% in 2000.

PAP Smears

In 2004, 33.0% of women 18+ failed to receive a PAP smear in the past year, compared to 30.3% in 2002 and 27.3% in 2000.

Prostate Screenings

In 2004, 36.5% of men ages 50+ failed to receive a prostate screening in the past year, compared to 30.2% in 2002 and 26.0% in 2000.

Blood Pressure Checks

In 2004, 14.3% of men ages 18+ failed to get their blood pressure checked in the past year, compared to 12.4% in 2002 and 11.7% in 2000.



Overweight and Obesity in SEPA: Adults 18-64

Overview

57.1 % of adults 18-64 in SEPA are either overweight or obese, compared to 58.0% in 2002 and 56.9% in 2000.

Overweight and Obesity in SEPA Adults 18-64, by County, 2004

Philadelphia: 59.2%

Bucks: 57.7%

Delaware: 56.2%

Montgomery: 55.7%

Chester: 52.9%

Overweight and Obesity in SEPA Adults 18-64, by Race/Ethnicity, 2004

67.6% of black adults 18-64 in SEPA are overweight or obese, compared to 62.1% of Latino adults, 55.6% of white adults, and 30.4% of Asian adults.

Overweight and Obesity in SEPA Adults 18-64, by Poverty Status, 2004

59.3% of adults living in poverty in SEPA are overweight or obese, compared to 57.0% of non-poor adults.

The Health Professional's Role, 2004

Only 34% of overweight or obese adults 18-64 were advised by a health professional to lose weight in the past year.

Children 2-17 at Risk for Obesity* in SEPA: 2004

Overview

42.9% of children ages 2-17 were at risk for obesity in 2004, compared to 38.2% in 2002.

Children 2-17 at Risk for Obesity, by County, 2004

Philadelphia: 51.3%

Chester: 40.0

Montgomery: 39.2%

Bucks: 36.3%

Delaware: 36.3%

Children 2-17 at Risk for Obesity, by Race/Ethnicity, 2004

56.3% of Latino children are at risk for obesity, compared to 49.4% of black children, 38.9% of white children, and 38.1% of Asian children.

Children 2-17 at Risk for Obesity, by Poverty Status, 2004

52.1% of children living in poverty are at risk for obesity, compared to 41.7% of non-poor children.

At Risk for Obesity in children is defined as 85% or higher on an age-specific Body Mass Index Scale.



Adolescents Ages 12-17 At Risk for Obesity* in SEPA: 2004

Overview

In 2004, 28.8% of adolescents ages 12-17 in SEPA were at risk for obesity, compared to 24.4% in 2002.

Adolescents 12-17 At Risk for Obesity, by County, 2004

Philadelphia: 34.9%
Montgomery: 27.9%
Bucks: 27.7%
Chester: 25.1%
Delaware: 18.9%

Adolescents 12-17 At Risk for Obesity, by Race/Ethnicity, 2004

44.1% of Latino adolescents were at risk for obesity in 2004, compared to 35.3% of black adolescents, 25.3% of white adolescents, and 20.9% of Asian adolescents.

Adolescents 12-17 At Risk for Obesity, by Poverty Status, 2004

34.8% of adolescents living in poverty were at risk for obesity in 2004, compared with 28.0% of non-poor adolescents.

The Health Professional's Role

In 2004, only 23.2% of adolescents at risk for obesity were advised by a health professional to lose weight in the past year, compared to 28.9% in 2002.

At Risk for Obesity in children is defined as 85% or higher on an age-specific Body Mass Index Scale.



Nutrition in SEPA: Adults 18-64 Fruit/Vegetable Intake, 2004

Overview

A majority of adults 18-64 (51.4%) eat two or fewer servings of fruits/vegetables per day, compared to 51.3% in 2002

Adults 18-64 Fruit/Vegetable Intake, by County, 2004

Philadelphia: 59.9% of Philadelphia adults 18-64 ate two or fewer servings of fruits/vegetables per day;

Delaware: 51.1% of Delaware County adults 18-64 ate two or fewer servings of fruits/vegetables per day;

Bucks: 46.5% of Bucks County adults 18-64 ate two or fewer servings of fruits/vegetables per day.

Montgomery: 45.5% of Montgomery County adults 18-64 ate two or fewer servings of fruits/vegetables per day.

Chester: 41.8% of adults 18-64 ate two or fewer servings of fruits/vegetables per day.

Adults 18-64 Fruit/Vegetable Intake, by Race/Ethnicity, 2004

65.3% of Latino adults 18-64 ate two or fewer servings of fruits/vegetables per day compared to 63.4% of black adults 18-64, 53.6% of Asian adults 18-64, and 47.0% of white adults 18-64.

Adults 18-64 Fruit/Vegetable Intake, by Poverty Status, 2004

62.1% of adults 18-64 living in poverty in SEPA ate two or fewer servings of fruits/vegetables per day compared to 50.8% of non-poor adults 18-64.

Nutrition in SEPA: Adults 18-64 and Fast Food Intake, 2004

Overview

One in ten adults ages 18-64—approximately 243,000—ate fast food 3 or more times per week in 2004

Fast Food Intake by Adults 18-64, County Breakdown

Philadelphia: 12.4%

Delaware: 11.4%

Bucks: 8.0 %

Montgomery: 8.0%

Chester: 7.6%

Adults 18-64 Fast Food Intake, by Race/Ethnicity

17.5% of black adults ages 18-64 ate fast food 3 or more times per week, followed by 12.4% of Latino adults, 10.6% of Asian adults, and 7.8% of white adults.

Adults 18-64 Fast Food Intake, by Poverty Status

Adults living in poverty were twice as likely to eat fast food 3 or more times per week than non-poor adults (19.2% vs. 9.5%)



Nutrition in SEPA: Fruit/Vegetable Intake by Adolescents Ages 12-17

Overview

A majority of adolescents ages 12-17 (52.3%) ate two or fewer servings of vegetables per day.

Fruit/Vegetable Intake of Adolescents 12-17, by County, 2004

Philadelphia: 58.7% of adolescents ate two or fewer servings of fruits/vegetables per day.

Montgomery: 54.8% of adolescents ate two or fewer servings of fruits/vegetables per day.

Delaware: 52.0% of adolescents ate two or fewer servings of fruits/vegetables per day.

Chester: 44.8% of adolescents ate two or fewer servings of fruits/vegetables per day.

Bucks: 43.3% of adolescents ate two or fewer servings of fruits/vegetables per day.

Fruit/Vegetable Intake of Adolescents 12-17, by Race/Ethnicity, 2004

59.6% of Latino adolescents eat two or fewer servings of fruits/vegetables per day, compared to 56.3% of Asian adolescents, 52.0% of white adolescents, and 51.9% of black adolescents.

Fruit/Vegetable Intake of Adolescents 12-17, by Poverty Status, 2004

50.3% of poor adolescents and 52.7% of non-poor adolescents report having less than two servings of fruits/vegetables per day.

Nutrition in SEPA: Fast Food Intake by Adolescents Ages 12-17

Overview

Nearly one in five (19.5%) adolescents in SEPA ages 12-17 ate fast food 3 or more times per week in 2004.

Fast Food Intake by Adolescents 12-17, County Breakdown, 2004

Philadelphia: 23.5%

Delaware County: 22.4%

Chester County: 20.1%

Montgomery County: 16.6%

Bucks County: 11.9%

Fast Food Intake by Adolescents 12-17, by Race/Ethnicity, 2004

28.3% of black adolescents ate fast food 3 or more times per week in 2004, compared to 22.0% of Asian adolescents, 16.4% of white adolescents, and 14.7% of Latino adolescents.

Fast Food Intake by Adolescents 12-17, by Poverty Status, 2004

27.5% of adolescents living in poverty ate fast food 3 or more times per week in 2004, compared to 18.6% of non-poor adolescents.



Exercise by Adults Ages 18-64 in SEPA, 2004

Overview

45.1% of adults ages 18-64 in SEPA exercised fewer than 3 times per week in 2004, compared to 49.8% in 2002 and 50.3% in 2000.

Exercise by Adults 18-64, by County, 2004

Bucks: 46.3% of adults exercise less than 3 times per week

Philadelphia: 46.0% of adults exercise less than 3 times per week

Delaware: 46.0% of adults in Delaware County exercise less than 3 times per week

Montgomery: 45.9% of adults exercise less than 3 times per week

Chester: 38% of adults exercise less than 3 times per week

Exercise by Adults 18-64, by Race/Ethnicity, 2004

54.9% of Asian adults exercised less than 3 times per week in 2004, compared to 51.9% of Latino adults, 47.0% of black adults, and 43.7% of white adults.

Exercise by Adults 18-64, by Poverty Status, 2004

48.5% of adults living in poverty exercised less than 3 times per week in 2004, compared to 44.9% of non-poor adults.

Exercise by Adolescents Ages 12-17 in SEPA

Overview

19.4% of adolescents ages 12-17 exercised less than 3 times per week in 2004

Exercise by Adolescents 12-17 in SEPA, County Breakdown, 2004

Philadelphia: 23.9%

Delaware: 18.1%

Bucks: 17.5%

Montgomery: 16.8%

Chester: 14.6%

Exercise by Adolescents 12-17 in SEPA, by Race/Ethnicity, 2004

39.4% of Asian adolescents exercise less than 3x/week

28.2% of Latino adolescents exercise less than 3x/week

22.9% of black adolescents exercise less than 3X/week

16.4% of white adolescents exercise less than 3X/week

Exercise by Adolescents 12-17 in SEPA, by Poverty Status, 2004

On average, adolescents living in poverty exercise less than non-poor adolescents (27.9% exercise less than 3X/week vs. 18.2%)



Exercise in SEPA: Children Ages 3-17

Overview

In 2004, 14.1% of children ages 3-17 in SEPA engaged in physical activity less than 3X/week.

Exercise by Children 3-17, County Breakdown, 2004

Philadelphia: 17.5% of children engaged in physical activity less than 3X/week
Bucks: 12.9% of children engaged in physical activity less than 3X/week
Montgomery: 12.4% of children engaged in physical activity less than 3X/week
Delaware: 12.4% of children engaged in physical activity less than 3X/week
Chester: 10.2% of children engaged in physical activity less than 3X/week

Exercise by Children 3-17, by Race/Ethnicity, 2004

28.4% of Asian children 3-17 exercised less than 3x/week
25.8% of Latino children 3-17 exercised less than 3x/week
16.1% of black children 3-17 exercised less than 3X/week
10.8% of white children 3-17 exercised less than 3X/week

Exercise by Children 3-17, by Poverty Status, 2004

On average, children living in poverty exercised less than non-poor children (21.9% of children living in poverty exercised less than 3X/week vs. 13.0%)



2004 Southeastern Pennsylvania Household Health Survey Major Topic Areas

Health Status

- Self-reported health
- Healthy Days Measures
- Chronic Health Conditions: asthma, diabetes, high blood pressure, cholesterol, cancer
- Use of prescription medicines of asthma
- Diabetes testing (A one C)/ control measures
- Hypertension and high cholesterol control
- Sensory disability: blindness, deafness or severe vision impairment
- Physical disability that impairs mobility
- Disability preventing work
- Learning disability for children

Access to Care

- Regular Source of Care
- Setting of Regular Care
- Length of time since most recent medical visit
- Number of overnight stays in the hospital, past year
- Transportation barriers to healthcare
- Language barrier to healthcare
- Failure to seek healthcare, fill a prescription, receive dental care, or eat due to cost

Health Insurance

- Current source(s) of health coverage, name of insurer
- Coverage for prescription drugs, dental care
- Medicare approved drug discount card
- Respondents w/o health insurance during past year; length of time; ability to get care
- Medical Assistance coverage; if terminated, why? Awareness
- What is the primary reason for lack of coverage
- Visited E.R. due to lack of health insurance

Disease Prevention

- Dental visit
- Eye examination
- Blood pressure reading
- Cholesterol check
- Test for HIV/AIDS
- Pap smear
- Clinical breast exam
- Mammogram (40+)
- Osteoporosis screening (45+)
- Prostate (45+)
- Flu, pneumonia vaccine (60+)
- Blood stool test: Colonoscopy/ Sigmoidoscopy (50+)
- Was child required to get additional shots for school?
- Adult risky behavior: drugs/sex



Personal Health Behaviors

- Smoking status, frequency
- Smoking quit method, duration of cessation
- Advised by a doctor to quit smoking
- Exposure to cigarette smoke in household or car
- Use of other tobacco products
- Alcohol consumption
- Obesity (BMI calculation)
- Advised by doctor to lose weight
- Talked to health professional about nutrition
- Talked to health professional about exercise
- Exercise frequency
- Number of servings fruits/vegetables
- Access to fruits/vegetables, groceries in neighborhood
- Fast food consumption
- Use of public recreation facilities

Mental Health

- Diagnosed mental health condition
- Receiving treatment for mental health
- Needed mental health treatment but could not afford it
- Older adult depression scale
- Level of stress in past year
- Use of professional mental health services

Elderly Supplement (60+)

- Use of aids and prosthetic devices
- Home health services and caregiving
- IADL Impairments (e.g. using phone, shopping, walking, meal prep, cleaning, handling \$\$, etc.)
- ADL Impairments (e.g. bathing, grooming, eating, etc.)
- Need and frequency of informal help with IADL/ADL
- Use of formal in-home care and payment
- Social supports & services: contact with friends and relatives, familiarity, use, and need for activities at senior center, food programs, transportation, PACE/prescription drug assistance, senior helpline)
- Housing and environment

Safety and Violence

- Firearms in the home
- Firearms kept in a locked place/trigger lock; kept loaded
- Personal safety (feeling of safety in community)
- Respondents encountering physical violence
- Intimate partner violence
- Did violence result in need for medical attention
- Frequency and extent of physical injuries
- Was child involved in an accident requiring medical attention

Social Capital

- Involvement in local groups and organizations
- Volunteered (new)
- Overall rating of community as place to live
- Willingness of community to help neighbors
- Neighbors have worked together
- Community improvement
- Sense of belonging to the community
- Feelings of trust in the community
- How long in the neighborhood



**For more information, go to www.phmc.org/chdb/
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