



Highlights
From the
Community
Health
Data Base

FALL
2003

Obesity
Internet Health
Information
Heart Disease
Colorectal Cancer

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Philadelphia
Health
Management
Corporation

The Obesity Epidemic in Southeastern Pennsylvania

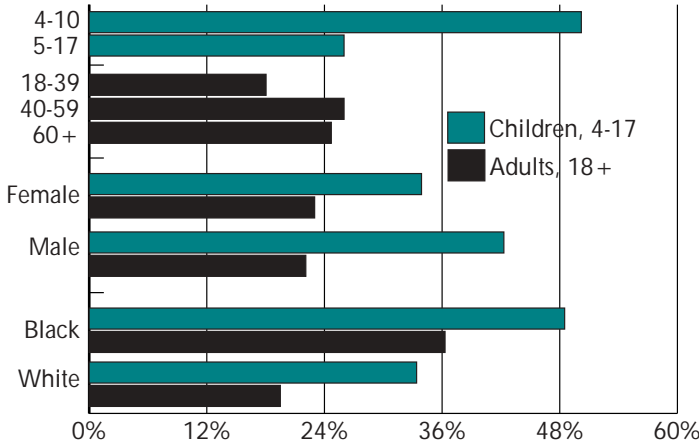
Obesity is considered a chronic, metabolic disease caused by multiple and complex acquired and inherited factors, including excessive calorie intake, decreased physical activity, and genetic influences. Obesity affects at least 39 million Americans, including more than one-quarter of all adults and about one out of five children. The number of obese Americans has consistently increased in the United States since 1960. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity is a strategy to combat obesity and seeks to engage public health leaders in addressing this growing epidemic.

Certain population groups are more at-risk for obesity, such as children, African-Americans, Latinos and low-income individuals. The impact of obesity on mortality and morbidity are substantial. Research reveals that the morbidity from obesity can be as great as that from poverty, smoking or problem drinking. Obesity increases one's risk of developing life-threatening health conditions such as high blood pressure, diabetes, heart disease, stroke, gall bladder disease and cancer of the breast, prostate and colon. The adverse health effects of obesity have created enormous added direct and indirect health care costs. In 2000, the total cost of obesity was estimated to be over \$1 billion (U.S. Department of Health and Human Services, 2001).

In Southeastern Pennsylvania, more than one out of five adults 18 years of age and older are considered obese¹ (22.6%); this percentage represents 640,100 adults. The percentage of obese adults in Southeastern Pennsylvania is 50% higher than the Healthy People 2010 objective of no more than 15% of adults considered obese. In addition, almost four out of ten children in the region are considered at-risk for obesity² (38.2%), representing 296,500 children in the region. Survey results confirm that although obesity is prevalent in all population groups, some population groups are more likely to be obese than are others. The following data from PHMC's 2002 Southeastern Pennsylvania

(continued)

Obesity among Adults¹ and Children² by Population Subgroup, Southeastern Pennsylvania, 2002



Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

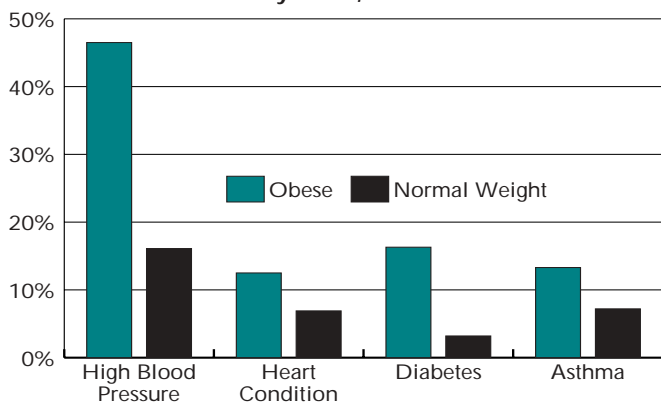
Household Health Survey examines obesity or at-risk for obesity among adults and children in the region.

- § Adults ages 40-59 are more likely to be obese (26%) compared to adults 60 years of age and older (24.7%) and adults ages 18-39 (18%). Young children (ages 10 or younger) are twice as likely to be at-risk for obesity (50.2%) compared to older children ages 11-17 (26%).
- § Black adults in Southeastern Pennsylvania are more likely to be obese (36.3%) compared to white adults (19.5%). This disparity is similar for black and white children at-risk for obesity in the region (48.5% and 33.4%, respectively).
- § One quarter (25.6%) of Latino adults are obese compared to 22.5% of non-Latino adults. Similarly, more than four out of ten Latino children are at-risk for obesity compared to non-Latino children (45.9% and 37.8%, respectively).
- § Women in Southeastern Pennsylvania are slightly more likely to be obese (23%) compared to men (22.1%). Among children, boys are more likely to be at-risk for obesity (42.3%) compared to girls (33.9%).
- § Poor adults are more likely to be obese (33.3%) compared to non-poor adults (21.3%).

Obesity is a known risk factor for numerous chronic and life-threatening health conditions such as high blood pressure, heart disease, diabetes, and certain types of cancer. Findings from PHMC's survey show that obese adults are more likely to have chronic health conditions compared to adults of normal weight. In Southeastern Pennsylvania more than one-third (38.1%) of obese adults have a chronic health condition; this percentage represents 242,900 adults. Among children, 16.8% at-risk for obesity have a chronic health condition, representing 49,900 children.

- § More than two out of five adults who are obese have high blood pressure (46.5%); this represents 297,500 Southeastern Pennsylvania adults. One-third of obese adults have high cholesterol (33.4% or 212,700 persons).

Chronic Conditions among Obese Adults¹, Ages 18+, Southeastern Pennsylvania, 2002



Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

- § Obese adults are twice as likely to have a heart condition (12.5%) compared to adults who are of normal weight (6.9%).
- § Obese adults are five times as likely to be diabetic (16.3%) compared to adults who are of normal weight (3.2%).
- § Adults who are obese are twice as likely to have asthma (13.3%) compared to adults who are of normal weight (7.2%). Children at-risk for obesity are slightly more likely to have asthma (12.5%) compared to non-obese children (10.8%).

Research has shown that healthful dietary habits, such as decreasing fat intake and increasing consumption of fruits and vegetables, combined with decreased sedentary behavior and increased physical activity help to achieve and maintain a normal body weight. Weight loss has been shown to decrease the many health risks associated with obesity.

- § Despite that physical activity is believed to be a key factor in weight loss and its maintenance, only one-quarter of obese adults exercise the minimum recommended amount of three or more days a week (23.7%). Among children at-risk for obesity, more than 33,000 children do not exercise at all in a given week and one out of five exercise only one to three times per week (20.3%).
- § More than half of obese adults have talked to their doctor about the benefits of exercise (51.8%) and nutrition (55.7%). Among children at-risk for obesity, less than one out of five have been advised by a doctor or health care professional to lose weight (18.4%).

These findings indicate that a large proportion of adults and children in Southeastern Pennsylvania are obese. Obesity is a major public health concern due to the health risks associated with it, such as higher rates of chronic conditions and life-threatening diseases. Through increased physical activity and a more healthful diet, those who are obese can achieve and maintain a more normal weight and, in turn, decrease the health risks associated with obesity. The findings underscore the need to educate the public about obesity and its role in causing illness and unnecessary deaths. PHMC's survey also underscores the importance of health providers in encouraging efforts to prevent obesity, especially among children. Also, insurers and third-party payers could ultimately reduce costs by providing comprehensive coverage for obesity treatment and prevention. For more information on obesity in Southeastern Pennsylvania, please contact **Francine Axler** at (215) 985-2521 or francine@phmc.org.

Notes

¹ Adults are considered obese if they have a Body Mass Index (BMI) of 30 or greater. BMI is calculated using the following formula: (weight/2.205)/(total height in inches)².
² At-risk for obesity for children is calculated by examining height and weight and using the following equation: (weight/2.205)/(total height in inches)²*0.00064516. BMI percentile is calculated based on the child's BMI

level and age, as defined by the Centers for Disease Control and Prevention (CDC). A percentage of 85 or higher is considered at-risk for obesity.

Getting Health Information— Is the Internet Replacing Doctors?

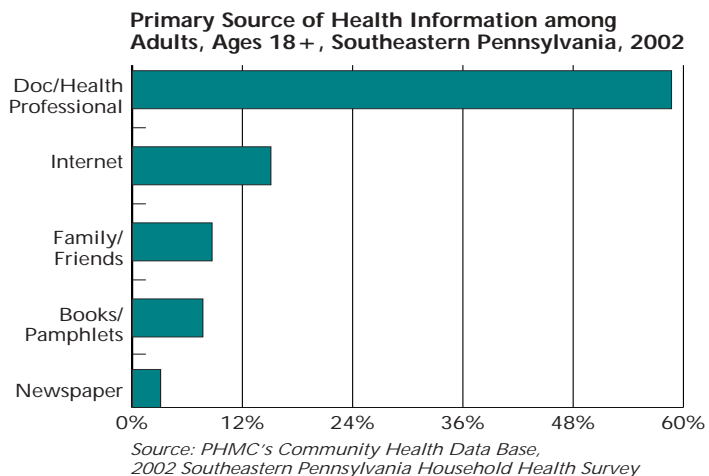
Today more Americans research health information on-line on an average day than visit health professionals. Indeed, the introduction of web technology to the health care industry has revolutionized the way doctors and patients interact, from health care professionals interfacing with colleagues and patients via e-mail to patients finding their health information and care options on-line.

Surveys from the Pew Internet and American Life Project report that 55% of the Internet user population, or fifty-two million adult Americans, have turned to the Internet for health information. The same study showed that the majority of on-line “health seekers” are looking for information on the progression, prognoses, and care options for specific diseases. Others seek nutrition and weight loss information or check report cards for hospitals, doctors, and insurers in their area. Finally, some seek support and ideas on how to cope with illness. (Fox S, Rainie L, Horrigan J, Lenhart A, Spooner T, Burke M, et al. The online health care revolution: How the web helps Americans take better care of themselves. Pew Internet and American Life Project.)

The following data on health information trends in Southeastern Pennsylvania come from Philadelphia Health Management Corporation’s 2002 Southeastern Pennsylvania Household Health Survey. The data highlight important issues in how consumers and patients get health information and the implications for patient outreach and education. It is also important to note that these issues and differences may be in part due to generational status, educational attainment and financial constraints, which must also be taken into consideration.

In Southeastern Pennsylvania, one out of seven adults, ages 18+, uses the Internet as their primary source of health information (15.1%). This percentage represents 433,100 persons who rely primarily on web-based sources for their medical needs. Over one-half of adults (58.7% or 1,678,200 persons) still rely on doctors or health care professionals as their primary source of health information. However, these health consumers may still use the Internet as a secondary source for health questions and concerns.

- § Asian and white adults are more likely to use the Internet as their primary source of health information than black adults (24.3%, 16.4% and 9.7%, respectively).
- § Men are more likely than women to prefer obtaining information about health from the Internet (16.1% and 14.3% respectively) and slightly less likely to seek



health information from a doctor or health professional (56.8% and 60.3%, respectively).

- § Younger adults 18-39 (21.1%) are most likely to use the Internet as their primary source of health information and least likely to refer to a doctor or health professional (51.4%) compared to adults 40-59 (16.1% and 57.7%) and older adults 60+ (3.9% and 72.1%).

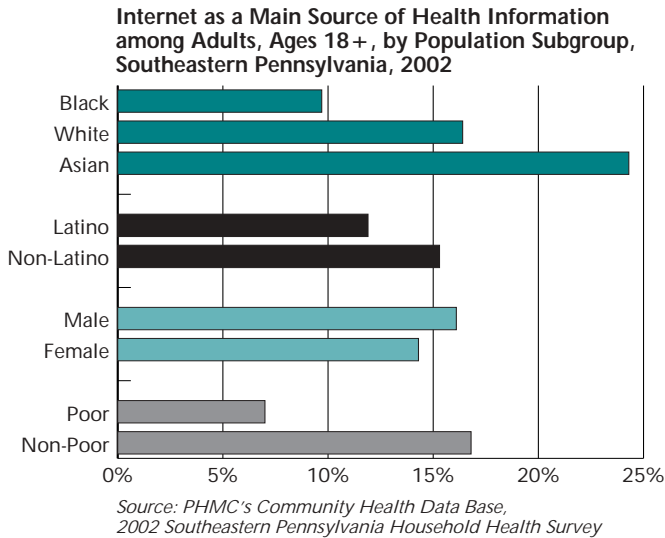
The type of health information sought by health consumers has important bearing on the way health professionals and web-based databases meet changing consumer/patient needs. In addition, differences in the interests of those who seek information from health professionals versus those who seek health information on-line offer important insight into the potential disadvantage of relying solely on the Internet for health information, as well as into how to protect Internet health consumers.

Of adults who use the Internet as their main source of health information, 35.6% look primarily for information on specific diseases and conditions, 19.7% look for information on wellness and disease prevention, 10.4% look for information about the body, and 9.7% look for information on medications. Of adults who use health professionals as their main source of health information, 21.0% primarily ask for information on specific diseases and conditions, 17.7% ask for information on wellness and disease prevention, 14.9% ask for information on the body, and 14.3% ask for information on medications.

- § When considering all health information sources, white adults are more likely than Asian and black adults to look primarily for information on wellness and disease prevention (21.3%, 17.5% and 14.4%, respectively).
- § Black adults are twice as likely as white adults to look primarily for information about the body (20.6% and 10.8%, respectively) and mental health (2.4% and 1.6%, respectively).
- § Adults living below the federal poverty line are less likely to seek information on wellness and disease

prevention compared to non-poor adults (11.2 % and 20.5%, respectively).

Not everyone has equal access to health information sources. In Southeastern Pennsylvania, poor and uninsured adults in particular have limited access to both the Internet and regular sources of health care, which are important issues to consider when discussing consumer and patient health education.



- § Poor adults are twice as likely as non-poor adults to lack access to the Internet (59.2% and 28.2%, respectively) and are half as likely to access the Internet for health information compared to non-poor adults (6.7% and 16.2%, respectively).
- § One out of seven poor adults does not have a regular source of health care from which to get health information (14.3% or 44,500 persons).
- § Uninsured adults are more than three times as likely as insured adults to not seek any health information (7.3% and 2.1%, respectively) and have limited access to the Internet compared to insured adults (36.8% and 31.1% with no Internet access, respectively).

These findings indicate that while web-based health information is not replacing all face-to-face doctor patient interactions, it is becoming an important source of fast and easily accessible health information and health support for many consumers. As patients spend less time in doctor's offices, many will continue to turn to the Internet for general health questions, in-depth information on specific conditions, and medication and treatment options. As Internet use continues to rise, the credibility and appropriate documentation of web-based health information will be an increasingly important issue for health consumers and providers and an integral part of maintaining and improving the health of Americans. For more information on sources of health information trends in Southeastern Pennsylvania, please contact **Francine Axler** at (215) 985-2521 or Francine@phmc.org.

Risk Factors and Reality: Heart Disease in Southeastern Pennsylvania

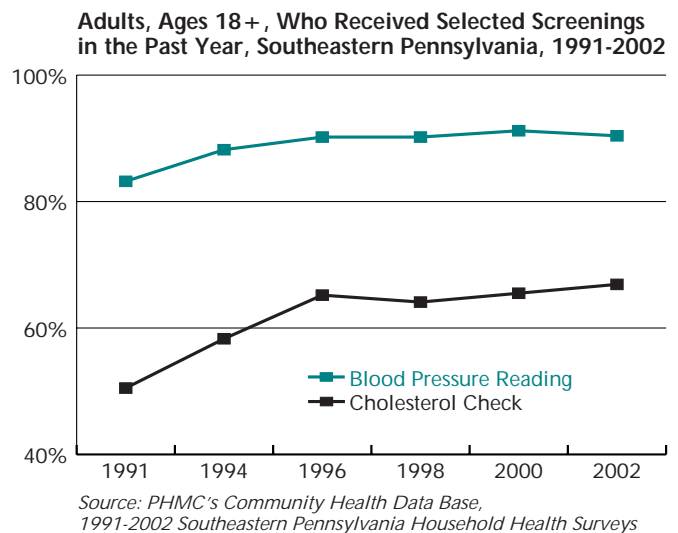
Heart disease is the number one cause of death in America and is the leading cause of long-term disability. The cost of cardiovascular disease and stroke in the United States is high for individuals, their families, and to society as a whole. In 2002, costs due to heart disease-related health expenditures, as well as lost productivity resulting from morbidity and mortality, were estimated at \$329.2 billion (American Heart Association, 2003). Fortunately, the major risk factors for heart disease, such as tobacco use, lack of physical activity, and poor diet and nutrition can be addressed through changes in lifestyles.

In Southeastern Pennsylvania in 2000, 8,045 people died of coronary heart disease (PA Dep't. of Health and Philadelphia Dep't. of Public Health, 2000). Many more adults suffer from high blood pressure, high cholesterol and other heart problems. The following data from PHMC's 2002 Southeastern Pennsylvania Household Health Survey describe the prevalence and extent of these problems among adults 18 years of age and older in the region.

High Blood Pressure

Uncontrolled high blood pressure can lead to stroke, heart attack, and heart or kidney failure. According to the American Heart Association, one in four U.S. adults has high blood pressure. However, because there are often no symptoms, many people are not aware of their condition and are doing little by way of controlling it.

- § In Southeastern Pennsylvania in 2002, nine out of ten adults report that they have had a blood pressure reading in the past year (90.4%). This is a slight increase from 83.2% in 1991.
- § More than one-quarter of adults in the region (27.8%) have been told by a health professional that they have high blood pressure, representing 801,500 adults. This



percentage is 75% greater than the 16 percent objective set forth in Healthy People 2010. Nearly nine out of ten (86.7%) are currently doing something to control their hypertension.

Adults, Ages 18+, With High Blood Pressure and Cholesterol by Population Subgroup, Southeastern Pennsylvania, 2002

		High Blood Pressure	High Cholesterol
Age	18-39	11.6%	10.4%
	40-59	28.0%	26.8%
	60+	54.3%	46.0%
Gender	Male	28.2%	26.6%
	Female	27.5%	23.6%
Race	White	26.2%	26.7%
	Black	38.3%	22.2%
	Asian	10.3%	13.2%
	Latino	20.5%	22.0%
Education	< High School	43.1%	35.4%
	> High School	26.1%	23.8%
Poverty	Poor	38.8%	26.3%
	Non-poor	26.5%	24.8%

Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

(55.6%), representing 441,900 adults who do not exercise on a regular basis.

High Cholesterol

Although cholesterol occurs naturally in all parts of the body, if too much cholesterol is present in the bloodstream the excess is deposited in the arteries. When the coronary arteries become narrowed or clogged, arteriosclerosis occurs. This limits the amount of blood that circulates easily in the body and to the heart. As a result, many individuals with arteriosclerosis suffer with heart conditions such as congestive heart failure and heart attack (National Heart, Lung and Blood Institute).

§ In 2002, two-thirds of Southeastern Pennsylvania adults had a cholesterol check in the past year (66.9%). This represents more than a 30% increase since 1991 in the percentage of adults screened for high cholesterol (50.5%).

§ One-quarter of adults (25%) have high cholesterol, representing 707,800 adults. This is 50% higher than the Healthy People 2010 objective of 17 percent. Of adults with high cholesterol, 84 percent are taking some corrective action (e.g. diet, exercise, medication) to control their condition.

§ Older adults are most likely to have high cholesterol. Forty-six percent of adults 60 years of age and older have high cholesterol compared to 10.4 percent of adults ages 18-39, and 26.8 percent of adults ages 40-59.

§ Adults with less formal education (e.g. less than a high school diploma) are much more likely than adults with a high school education to have high cholesterol (35.4% and 23.8%, respectively).

§ Twice as many adults with high cholesterol as those without high cholesterol report that they are in fair or poor health (30.6% and 15.5%, respectively).

§ Nearly one out of five adults with high cholesterol (18.4%) smoke cigarettes, representing 132,000 adults. Greater than one-half of these adults tried to quit smoking in the past year. Among adults with high cholesterol who smoke, two-thirds report being advised by their doctors in the past year to quit smoking (69.5%).

§ Three-quarters of adults with high cholesterol are obese or overweight. This represents greater than half a million adults (521,100).

§ Greater than one-half of adults with high cholesterol (54.5%) exercise less than three times a week or never, representing 389,100 adults who do not exercise on a regular basis.

Summary

As these data show, there is a large segment of Southeastern Pennsylvania residents who suffer with high blood pressure and high cholesterol and face an increased risk of

§ Greater than one-half of all adults 60 years of age and older have high blood pressure (54.3%). This is nearly twice that of adults ages 40-59 (28%) and more than four times that of adults ages 18-39 (11.6%).

§ African American adults (38.3%) are more likely than white (26.2%), Latino (20.5%), and Asian (10.3%) adults to have high blood pressure.

§ More than one-third of adults who live below the federal poverty level have high blood pressure (38.8%). This percentage is almost 50% higher compared to nonpoor adults (26.5%).

§ One-third of adults (35.4%) who have high blood pressure report that their health is fair or poor compared to 13.2 percent of adults without high blood pressure.

§ Eighteen percent of adults with high blood pressure smoke cigarettes, representing 145,500 adults. Of these adults, one-third report they did not receive any recommendation from a doctor in the past year to stop smoking (30.3%). Among adults with high blood pressure who do smoke, more than one-half have tried to quit in the past year (56.3%).

§ Three-quarters of adults with high blood pressure are obese or overweight. This represents greater than half a million adults (595,300).

§ Greater than one-half of adults with high blood pressure exercise less than three times a week or never

reduced quality of life and the potential of premature mortality. Furthermore, there are considerable disparities among subgroup populations, indicating that older adults, racial and ethnic minorities, and adults with lower incomes and less education are more at risk for developing these conditions. The data suggest, in conclusion, that there is a greater need for increased screening and monitoring rates for heart disease. In addition, it will also be important to continue to reduce risk factors by improving healthy lifestyles and through repeated messages from providers to help change behaviors. For more information about the above findings, contact **Ilisa Stalberg** at **(215) 985-6238** or **ilisa@phmc.org**.

Colorectal Cancer Screenings: Difficult to Discuss, Critical for Saving Lives

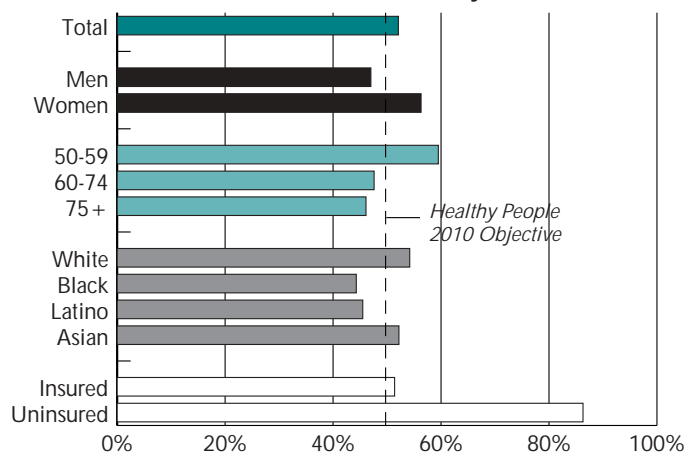
Colorectal cancer, which includes cancers of both the colon and rectum, is the second-leading cause of cancer-related deaths in the United States, after lung cancer. An estimated 135,000 new cases and 56,000 deaths from colorectal cancer are expected in the coming year (MMWR. 2003; 50:162-166). In Southeastern Pennsylvania in 2000, approximately 1,300 adults died of colorectal cancer (Department of Public Health, 2000). Many more have undiagnosed colorectal cancer, as well as other colorectal problems. Colorectal cancer, however, is one of the most treatable forms of cancer when diagnosed early. Research indicates that colon cancer screening can reduce cancer risk by as much as 90%. Advanced colorectal cancer is preventable through regular testing and through the removal of polyps (adenomas) in the colon, which may grow into cancerous tumors. Regular preventive testing, such as a yearly Fecal Occult Blood Test (FOBT), a Sigmoidoscopy and Colonoscopy are widely recommended for adults 50 years of age and older and can significantly lower the chances of being diagnosed with advanced colorectal cancer.

Although the proportion of the U.S. population reporting having undergone colorectal cancer screenings has increased slightly over the past decade, it still remains low. Various factors may contribute to the continued under-utilization of these tests, including lack of knowledge by both public and health-care providers regarding the effectiveness of screening combined with low reimbursement rates for health-care providers who perform screening tests. The following data from PHMC's 2002 Southeastern Pennsylvania Household Health Survey describe the colorectal screening utilization patterns among adults ages 50 years of age and older in the region.

Fecal Occult Blood Test

There are several types of screenings or diagnostic tests used to screen for colorectal cancer. Of these, the annual Fecal Occult Blood Test (FOBT), for persons 50 years of age and older, is noteworthy for both its low cost and noninvasive characteristics.

Adults, Ages 50+, Who Have Not Had a FOBT in the Past Year, Southeastern Pennsylvania, 2002



- § In Southeastern Pennsylvania, more than one half of adults 50+ have not had a FOBT in the past year (52.1%); this percentage represents 570,200 adults going without this important screening. Slightly more than one out of five adults 50+ have never had a FOBT (22.4%), representing 245,000 adults.
- § The percentage of adults in the region who have not had a FOBT in the past year is slightly higher than the Healthy People 2010 objective of at least 50% of adults aged 50+ receiving a FOBT within the preceding year.
- § Several of the major reasons adults give for not receiving a FOBT in the past year included the belief that they did not need it (30.1%), that it was not recommended by a doctor (27%), and the fact that they lacked the motivation (8.8%).
- § Women are more likely than men not to have received a FOBT in the past year (56.3% and 47%, respectively) despite the fact that women tend to access the healthcare system on a more regular basis.
- § Almost six out of ten adults ages 50-59 have not had a FOBT in the past year (59.5%). This is substantially higher than among older adults, including adults 60-74 (47.6%) and adults 75+ (46.1%).
- § Black adults ages 50 and older are less likely to have not had a FOBT in the past year (44.3%) compared to Latino (45.5%), Asian (52.2%), and white (54.2%) adults of comparable age.
- § Uninsured adults are much more likely not to have had a FOBT in the past year compared to insured adults. Almost nine out of ten uninsured adults have not had a FOBT in the past year (86.3%) compared to one-half of insured adults (51.4%).

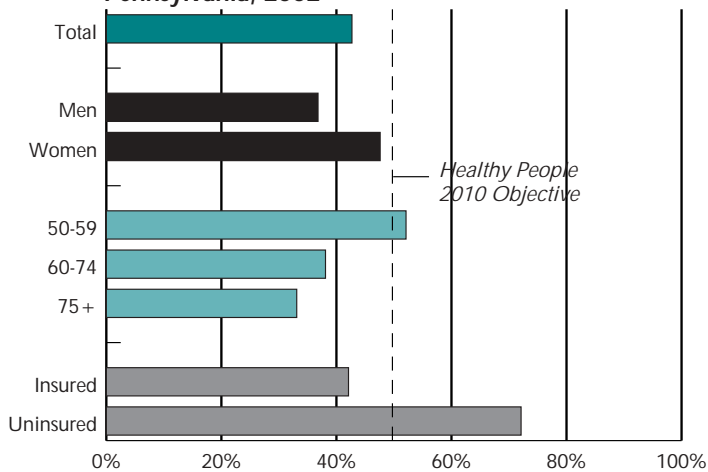
Sigmoidoscopy and Colonoscopy

Sigmoidoscopy and Colonoscopy are two additional colorectal cancer screenings that allow for an examination

of the colon, the lining of the rectum or a portion of the large bowel. These state-of-the-art technologies have profound lifesaving detection capabilities. The following highlights the utilization patterns for these important screenings.

- § Slightly more than four out of ten adults ages 50 years and older have never had a Sigmoidoscopy or Colonoscopy (42.7%). This percentage represents 473,300 adults in the region, falling short of the Healthy People 2010 objective of at least 50% of adults 50+ having ever received a Sigmoidoscopy or Colonoscopy.
- § Adults not receiving a Sigmoidoscopy or Colonoscopy cited the following main reasons for not having these tests: that it was not needed (31.4%), that their doctor never recommended it (29.4%), and a personal lack of motivation (6.8%).
- § Similar to the FOBT, women (47.6%) are more likely than men (36.8%) never to have had a Sigmoidoscopy or Colonoscopy.

Adults, Ages 50+, Who Have Not Never Had a Sigmoidoscopy or Colonoscopy, Southeastern Pennsylvania, 2002



Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

- § Adults ages 50-59 (52.1%) are more likely than adults who are older—ages 60-74 (38.1%) and adults ages 75+ (33.1%)—never to have had a Sigmoidoscopy or Colonoscopy.
- § Asian adults 50+ (55.5%) are more likely than Latino (48.3%), white (43.2%) or African American (39.6%) adults never to have had a Sigmoidoscopy or Colonoscopy.
- § Uninsured adults are one and one half times as likely as insured adults never to have had a Sigmoidoscopy or Colonoscopy (72.1% and 42.1%, respectively).
- § Adults living below the federal poverty level (45.7%) are more likely than non-poor adults (42.3%) never to have had a Sigmoidoscopy or Colonoscopy.

§ Slightly more than four out of ten adults with a regular source of care have never had a Sigmoid-oscropy or Colonoscopy (42.1%). Although this percentage is high, it is lower than for those adults who do not have a regular source of care (52.1%).

Summary

Despite their efficacy in reducing incidence and mortality from colorectal cancer, these valuable screening tests are underutilized. In addition, certain population groups are more likely not to receive these tests. Women, the uninsured, and the poor are three such groups that suggest opportunities for further outreach and health education initiatives. Efforts to address barriers and to promote the use of colorectal cancer screening could be targeted to these population subgroups at greater risk. For more information about the above findings, contact **Francine Axler at (215) 985-2521 or Francine@phmc.org.**

Note

As is true with many cancer screenings, there is some controversy regarding how often one should have colorectal cancer screenings. Currently, regular preventive colorectal cancer screenings include a Fecal Occult Blood Test (FOBT), Sigmoidoscopy and/or Colonoscopy. The FOBT is recommended for adults 50 years of age and older on an annual basis. This test can be done using a home testing kit or in a doctor's office. The recommendations for Sigmoidoscopy or Colonoscopy vary depending on the health history of the individual. A Sigmoidoscopy is generally recommended every five years or every two years for high-risk individuals. High risk is defined as someone who has colorectal disease-related symptoms, a history of colon cancer, or inflammatory bowel disease. A Colonoscopy is recommended every 10 years for a person without known risk.

2002 Southeastern Pennsylvania Household Health Survey Major Topic Areas

- | | |
|---------------------------|---|
| Health Status | Safety and Violence |
| Source of Care | Hunger |
| Utilization of Services | Health Information |
| Satisfaction with Care | Child Care and Youth Employment |
| Health Insurance | ELDERLY SUPPLEMENT (60+) |
| Obstacles to Care | Use of Aids |
| Personal Health Behaviors | Utilization of Home Health Services |
| Disease Prevention | Utilization of Social Supports & Services |
| Health Promotion | Housing & Environment |
| Doctor-patient Relations | ADL & IADL Impairments |
| Mental Health | Demographics |
| Social Capital | |

For more information about the Southeastern Pennsylvania Household Health Survey, please visit us online at www.phmc.org/chdb.

The next Household Health Survey will be conducted by the Community Health Data Base in the summer of 2004.



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PHMC is a nonprofit public health organization that is committed to improving the health of the community through outreach, education, research, planning, technical assistance, and direct services.

About the Community Health Data Base... an Information Service of Philadelphia Health Management Corporation

Since 1983, Philadelphia Health Management Corporation's (PHMC) Community Health Data Base has served the information needs of health and human service agencies in the Southeastern Pennsylvania region by providing up-to-date & reliable community-level health and social service data.

Visit our website at www.phmc.org/chdb to learn more about the research we conduct and the data we provide. Here you will find everything you need to know about the Community Health Data Base, including:

- § Additional data findings articles on public health topics ranging from flu and pneumonia prevention to social capital, chronic conditions, children's health, older adult health and social services, and more
- § An Online Data Tool for Members and Affiliates to use in locating Zipcode-specific data from the 2000 and 2002 Southeastern Pennsylvania Household Health Surveys
- § Articles, reports and connections to other reliable sources of public health research on the Internet.

You'll also learn more about the organizations that use our data and how your organization can access the Southeastern Pennsylvania Household Health Survey and benefit from participation in the Community Health Data Base.



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