



AN OVERVIEW OF CHRONIC HEALTH CONDITIONS IN SOUTHEASTERN PENNSYLVANIA

HIGHLIGHTS
FROM THE
COMMUNITY
HEALTH
DATA BASE

WINTER
2002

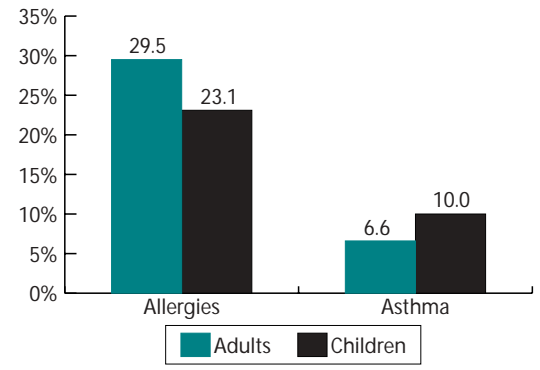
ASTHMA & ALLERGIES
DIABETES
HYPERTENSION
ARTHRITIS

During the past decade there has been a dramatic increase in the number of adults and children with chronic health conditions, both at the national and local levels. Individuals with chronic health conditions, such as allergies, asthma, diabetes, hypertension and arthritis, require ongoing health care services for the management and treatment of their conditions. Left untreated, these conditions can become more serious and can result in hospitalization or death, posing significant strains on the family and the health care system. In Southeastern Pennsylvania, nearly one out of four adults ages 18 and older (24.7%) and one out of eight children ages 0-17 (12.0%) suffers from at least one chronic health condition. These percentages represent 688,800 adults and 108,000 children in the region who have a chronic health condition.

(29.5%) and nearly one out of four children (23.1%) affected. For children, the second most commonly mentioned chronic condition is asthma, a potentially life-threatening condition, often linked with allergies. One out of ten children (10.0%) in the region suffers from asthma. Asthma, however, is less prevalent among adults; one out of fifteen adults (6.6%) in Southeastern Pennsylvania has asthma. (See Figure 1.)

(continued on page 2)

Figure 1. Allergy and Asthma Prevalence Among Adults and Children, Southeastern Pennsylvania, 2000



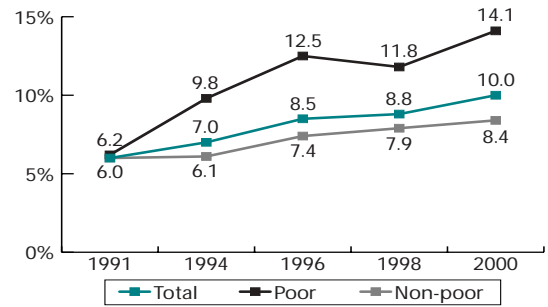
Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys, 2000

The following *AccessNotes* article explores the prevalence of selected conditions among local residents and related risk factors using data from Philadelphia Health Management Corporation's 2000 Southeastern Pennsylvania Household Health Survey.

Allergies and Asthma

Allergies are the most prevalent chronic condition among both adults and children in Southeastern Pennsylvania, with almost thirty percent of adults

Figure 2. Trends in Asthma Prevalence Among Poor and Non-poor Children, Southeastern Pennsylvania, 1991-2000



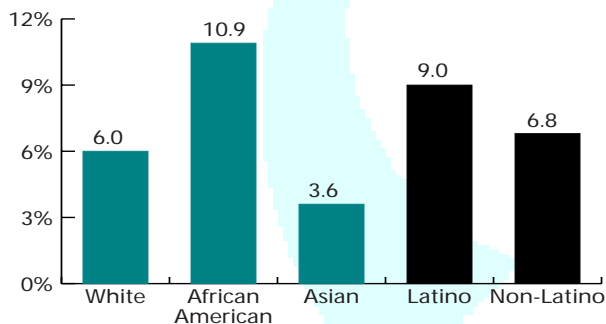
Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys, 1991-2000

Prevalence rates for certain health conditions differ dramatically based on specific socio-economic and demographic characteristics. For example, almost one out of seven Southeastern Pennsylvania children living at or below 150% of the federal poverty level has asthma (14.1%) compared to 8 percent of non-poor children who are asthmatic. Over the past ten years, this gap has increased dramatically. The percentage of poor children with asthma has increased 127% from 6.2% in 1991 to 14.1% in 2000. The percentage of non-poor children with asthma, however, has increased 40% from 6.0% in 1991 to 8.4% in 2000. (See Figure 2.) This increase in childhood asthma may be due to a number of factors, including greater awareness and more accurate diagnoses, as well as increases in environmental pollutants.

DIABETES

The increasing prevalence of diabetes among adults has also received widespread attention in recent years. In Southeastern Pennsylvania, the percentage of adults with diabetes has increased from 4.1% in 1991 to 6.9% in 2000, reflecting a 68% increase over the past decade. This represents 193,000 adults in the region who currently have diabetes. In contrast to asthma and allergies, diabetes prevalence increases with age. Among non-elderly (ages 18 to 64), 5% have diabetes; the percentage is three times greater among adults 65 and older (15%). The prevalence of diabetes also varies

Figure 3. Diabetes Prevalence Among Adults by Race and Latino Origin, Southeastern Pennsylvania, 2000



Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys, 2000

considerably by race and ethnicity. African American adults (10.9%) are nearly twice as likely as whites (6.0%) and three times as likely as Asians (3.6%) to have diabetes. Diabetes prevalence is also slightly higher among Latinos than among non-Latinos (9.0% and 6.8%, respectively). (See Figure 3.)

Many of the risk factors for diabetes are the same as those for heart disease. Specifically, more than 80% of the region's diabetics are overweight or obese,¹ and an estimated three out of five diabetics (58.7%) do not participate in regular exercise. On the other hand, diabetic adults do manage their condition by taking prescription medications prescribed by their doctors (80.8%) and changing their eating habits (15.7%). Both

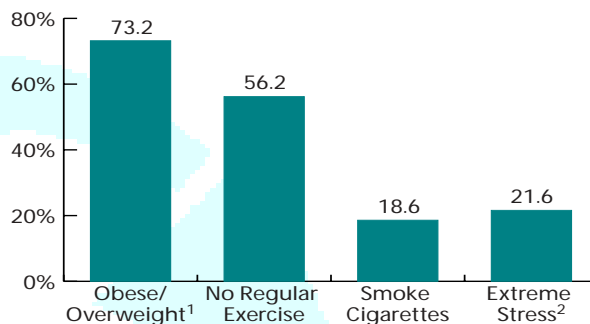
of these actions are a positive indication of patient participation in disease management.

HYPERTENSION

Since 1991, there has been a 20% increase in the percentage of Southeastern Pennsylvania adults with hypertension—from 21.9% in 1991 to 26.1% in 2000. Currently 727,400 adults in SEPA have high blood pressure. The prevalence of high blood pressure increases considerably with age. While only one out of five adults ages 18-64 has hypertension (19.8%), one out of two adults ages 65 and older has been diagnosed with the condition (51.5%).

Many lifestyle behaviors such as weight control, exercising regularly, not smoking, and reducing stress can help individuals avoid or manage heart disease. House-

Figure 4. Health Characteristics of Adults with Hypertension, Southeastern Pennsylvania, 2000



¹Obesity level is based on BMI (Body Mass Index), calculated from self-reported height and weight. A person is overweight if they score 25-29; a person who scores 30 or greater is considered obese.

²Adults were asked on a scale from 1 to 10 how much stress they experienced in the past year. Reports of 8, 9, or 10 are considered "extreme stress".

Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys, 2000

hold Health Survey data for Southeastern Pennsylvania indicate that a sizeable percentage of adults with hypertension could benefit from healthier lifestyles. For example, among adults with hypertension three out of four (73.2%) are considered overweight or obese; greater than half do not participate in regular exercise (56.2%); one-fifth smokes cigarettes (18.6%); and slightly more than one out of five experiences extreme stress (21.6%). (See Figure 4.)

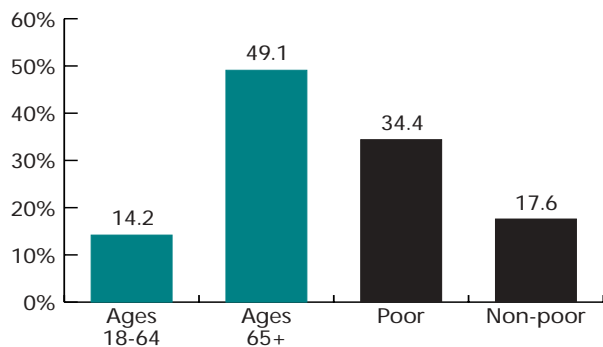
ARTHRITIS

A growing percentage of all adults have arthritis. Currently, one out of five adults (20.6%) report having arthritis, representing 573,100 adults who currently have this condition. Although the percentage of persons who report having arthritis is highest among adults 65 years of age and older (49.1%), it is important to note that, following allergies, arthritis is the second leading chronic condition reported among adults 18-64 years of age (14.2%). (See Figure 5.)

While there are more than 100 specific forms of arthritis, (see Arthritis Foundation at www.arthritis.org) there

are specific identifiable risk factors to help individuals understand the likelihood of acquiring the condition. Similar to diabetes and heart disease, one's weight, age and income level are risk factors for arthritis. In Southeastern Pennsylvania, adults living below 150% of the federal poverty level are almost twice as likely to report having arthritis (34.4%) as are the non-poor (17.6%).

Figure 5. Arthritis Prevalence Among Adults by Age and Poverty Status, Southeastern Pennsylvania, 2000



Source: PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Surveys, 2000

DISCUSSION

While the occurrence of chronic health conditions cannot always be predicted or prevented, several risk factors contributing to the onset of the chronic conditions described in this article are recurrent. These risk factors are related to diet and weight, adopting an ongoing exercise program, changing poor eating habits and participating in preventive care such as receiving needed tests and screenings. Health care providers and other organizations seeking to prevent or manage these health conditions, will need to continue to formulate creative options to help individuals make exercise, proper nutrition and regularly scheduled screenings a priority, even for the increasing segments of the population who are overscheduled and deal with many day to day stresses.

To further explore the impact of chronic conditions and their associated risk factors within specific neighborhoods and service areas, please contact **Siobhan Hawthorne** at 215-985-2527 or siobhan@phmc.org or **Ilisa Stalberg** at 215-985-6238 or ilisa@phmc.org.

The next *AccessNotes* article will further explore the connection between obesity, health and chronic illness. Look for this issue in PHMC's upcoming *Directions* newsletter. Previous articles and information about PHMC's Community Health Data Base can be found online at www.phmc.org.

HEALTH DATA RESOURCE CENTER HIGHLIGHT

The Health Promotion Council of Southeastern Pennsylvania (HPC), an affiliate organization of PHMC and a participant in the Community Health Data Base's Health Data Resource Center, has extensive experience in providing education for chronic disease management and prevention. Since 1991, HPC has operated its "Taking Control" diabetes and hypertension education program. This multi-week program has served hundreds of African Americans and Latinos in cooperation with the Philadelphia Department of Public Health, the Philadelphia Corporation for Aging and other agencies. Support has been from the Pennsylvania Department of Health and other funders. "Taking Control" takes place in health centers, senior centers and other community locations.

HPC regularly uses data from the CHDB to help define its target audiences for health promotion programs. HPC provides a wide array of nutrition education and heart disease risk reduction programs through individual and group counseling as well as programs that address exercise and diet from a preventive point of view.

In 2000, HPC became the lead agency for a Robert Wood Johnson Foundation Allies Against Asthma grant in Philadelphia. This involves a coalitional effort to reduce the impact of pediatric asthma in low income communities. Data on childhood asthma from PHMC Household Health Surveys dating back to 1991 were instrumental in securing this grant and will be used in the future to help benchmark the effectiveness of the Allies' interventions.

COMMUNITY HEALTH DATA BASE

Health Data Resource Center

The HDRC is an information service of PHMC's Community Health Data Base providing data and research for community-based nonprofits in Southeastern Pa.

The HDRC has health data and so much more! Housing statistics, child care issues, mortality, population counts and projections, income level, and many other key statistics are all a part of helping you define what is a healthy community.

Your Source for Strategic Local Data — The HDRC provides data for geographic areas as small as a ZIP Code to pinpoint the issues important to your community. Use this information in writing proposals, planning programs, identifying emerging health, social and economic trends, and measuring program outcomes.

How to Join — call 215-985-6238 and ask for a registration form or visit us online at www.phmc.org.

The HDRC is funded by the William Penn Foundation. The service is for small and medium-sized, community-based nonprofits ONLY. A small annual fee is required based on the size of the organization's annual budget.



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NEWS FROM THE COMMUNITY HEALTH DATA BASE

Pennsylvania Public Health Association (PPHA). The Community Health Data Base presented a poster at PPHA's annual meeting held this November in Philadelphia. At the meeting, the PPHA released its report, entitled "Voices from the Field," in which "Access to Quality Care" was cited as the state's number one barrier to improving health among residents.

Looking for good sources of data on the Internet? The Delaware Valley Regional Planning Commission invites you to visit their website for an overview of the big picture, including issues such as transportation, economic development, air and water quality, and land use, among others. Their website is located at www.dvrpc.org. For more suggestions on where to find informative data online, visit the Community Health Data Base's Health Data Resource Center at www.phmc.org/hdrc.

2002 Southeastern Pennsylvania Household Health Survey. Development of the new survey instrument will start in January 2002. Community Health Data Base members and Health Data Resource Center affiliates will be asked to contribute ideas and opinions. Look for your invitation to attend one of the upcoming focus group sessions.

Communities and Hospitals Working Together: Creating Interventions to Reduce Youth Violence. If you would like information about this symposium, sponsored by The Healthcare Collaborative to Prevent Youth Violence, please contact Robert Ketterlinus, Ph.D., at 215-985-2524 or robertk@phmc.org. The CHDB collects data on firearms and personal safety that can be used to help organizations plan effective programs and interventions that address issues related to community violence.

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