



HIGHLIGHTS
FROM THE
COMMUNITY
HEALTH
DATA BASE

SUMMER
2002

FOCUS ON
Functional Status of Older Adults
2002 Southeastern Pennsylvania
Household Health Survey

An Overview of the Physical Functioning among Older Adults in Southeastern Pennsylvania

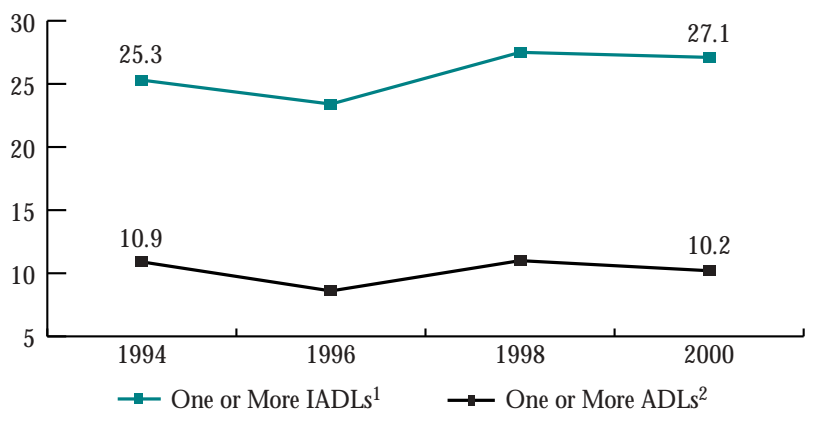
Limitations in daily physical functioning are a severe problem for many older adults. A sizable percentage of older adults need assistance with at least one Activity of Daily Living (ADL)¹ or personal self-care activity. An even larger percentage of older adults need assistance with at least one Instrumental Activity of Daily Living (IADL)². Because of these limitations in physical functioning, many older adults need help from friends or family. In addition, some older adults receive formal in-home care services provided by an agency or hired by them to help them with their needs.

In this issue of *AccessNotes*, we explore the prevalence of both IADL and ADL limitations in the older adult population (ages 65+) in the Southeastern Pennsylvania region. Data presented are from PHMC's 2000 Southeastern Pennsylvania Household Health Survey, as well as results from prior surveys.

Many older adults 65 years of age and older in Southeastern Pennsylvania have one or more IADL limitations. More than one-quarter of older adults in the region have one or more IADL limitations (27.1%); this percentage represents an estimated 142,500 older adults. The percentage of Southeastern Pennsylvania older adults who have one or more IADL limitations has increased slightly from 25.3 % in 1994 to 27.1% in 2000 (Figure 1). The percentage of residents with IADL limitations varies among population subgroup (Figure 2).

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Figure 1. Functional Status of Older Adults (65+), Southeastern Pennsylvania, 1994-2000



Source: PHMC's Community Health Data Base, Southeastern Pennsylvania Household Health Surveys, 1994-2000

¹Instrumental Activities of Daily Living (IADL) include using the telephone, getting transportation to places out of walking distance, shopping, preparing meals, housework, taking medications, and handling money.

² Poverty level is defined as below or above 150% of the Federal Poverty Level. Poverty level is calculated based on family size and household income. For example, a family of four with an annual income of \$16,700 in 1999 was defined as living in poverty.

Behind the Scenes of PHMC's Community Health Data Base Southeastern Pennsylvania Household Health Survey

To many of us, the survey process is like a “whodunit” novel; who, what, where, when and how! We recognize the usefulness of survey data, but do not fully understand how information is collected. The following is an overview of the process that Community Health Data Base staff go through when developing and fielding the Southeastern Pennsylvania Household Health Survey.

The **first step** in the survey process is to conduct focus group discussions with users of the Community Health Data Base to gain a clearer understanding of their data needs. **Second**, the information obtained through these group discussions is combined with an extensive literature review. Through the literature review, staff examine other surveys and identify emerging issues in public health. This allows the CHDB staff to include new survey questions and topic areas, many of which have been tested in other settings. As a follow-up to the literature review, staff contact other health professionals to get input about emerging public health issues, different measurement scales, and the wording of questions.

Third, staff develop a draft instrument that includes adding & deleting questions, refining previously asked questions, and checking “skip patterns” within the Survey. Meanwhile, a “Request for Proposals” is sent out to potential survey research firms to field the Survey. Once a survey vendor is selected a computer program, called a CATI screen, is created to field the Survey.

Fourth, CHDB staff, in concert with the survey research firm, assist with training of interviewers. The survey is then pre-tested on a sample of respondents. At this point, modifications are made and new questions are tested.

Fifth, after the pretest interviews are complete, the actual fielding of the Survey begins. For the first three weeks that the Survey is in the field, CHDB staff listen to live interviews. This ensures that the questions are being asked correctly, the responses are being coded accurately and that the interviewers are properly trained and monitored.

Sixth, once the data have been collected on over 13,000 residents in Southeastern Pennsylvania, an initial cleaning of the data is conducted, checking for any inconsistencies. The survey research firm recontacts 10% of interviews to check for inconsistencies in responses. After the data are delivered to PHMC, staff spend the next month cleaning the frequencies. This process involves checking each question by looking at the sample size, missing cases, and actual responses. Staff also check skip patterns and examine unusual response patterns. As a final check, CHDB staff run a series of cross tabulations with the data. To make the data files

easy to use, staff recode certain questions and develop the documentation to support the use of the data.

WHAT'S NEW IN PHMC'S 2002 SEPA HOUSEHOLD HEALTH SURVEY

■ **Healthy Days Scale**

Scale examining health status, number of days of poor physical health, of poor mental health, and in which respondent did not participate in usual activities due to poor physical and/or mental health

■ **Doctor-patient Relations**

Information regarding advice from doctor to quit smoking, on nutrition and exercise

■ **Nutrition & Hunger**

Number of servings of fruits and vegetables; use of emergency food services

■ **Preventive Health Screenings**

The use of screenings for osteoporosis and colon cancer. Plus, reasons for why they have not received these important health screenings

■ **Mental Health**

Diagnosed mental health problem among adults and children and whether adult or child is receiving treatment for a mental health problem

■ **Social Capital**

A selection of community involvement indicators

■ **Health Information**

Information regarding how individuals obtain information about their health

■ **Children**

Learning disability; participation in physical activity; obesity among children (BMI); ED use for asthma, child care issues by age cohort (0-5, 6-12, 13-17)

■ **Teens**

Teen smoking; after-school care for children ages 6-12 and 13-17; youth employment; youth violence

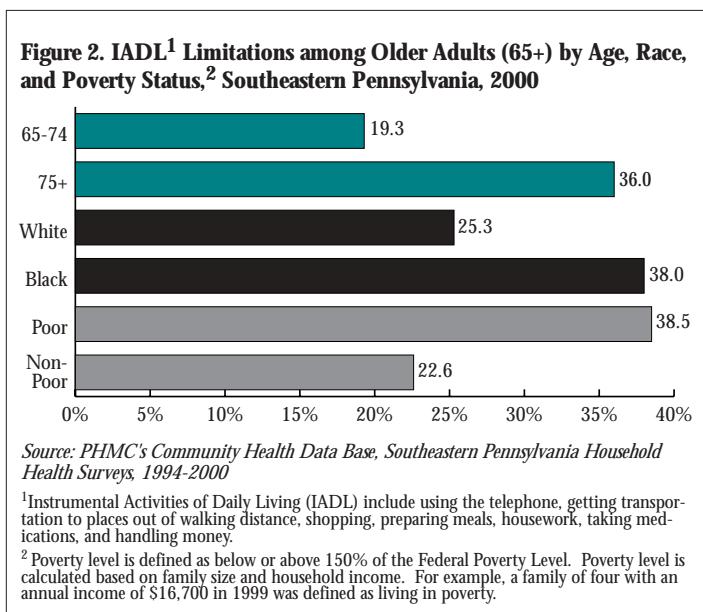
In the last step of the survey process, the Southeastern Pennsylvania Household Health Survey data are made available to CHDB member and affiliate organizations for their use. As you can see, conducting the Southeastern Pennsylvania Household Health Survey is a labor-intensive endeavor. However, we believe that the end product—the release and validity of information about the health and health care in the region—is worth the effort. If you have any questions about the survey development process or how to obtain access to the data, please feel free to contact **Francine Axler, Senior Research Associate at (215) 985-2521 or francine@phmc.org.■**

- Older adults 65-74 years of age are less likely to have an IADL limitation (19.3%) than are older adults 75 years of age and older (36.0%). These percentages represent 54,600 and 88,000 individuals, respectively.
- Black older adults are more likely to have IADL limitations compared to white older adults; thirty-eight percent of black older adults and 25.3% of white older adults have an IADL limitation.
- Older adults who are poor³ are more likely to have an IADL limitation (38.5%) compared to non-poor older adults (22.6%).

Many older adults have ADL limitations that can severely impact their mobility and health. Slightly more than one out of ten Southeastern Pennsylvania older adults have one or more ADL limitations (10.2%), representing an estimated 54,100 individuals. The percentage of older adults who have one or more ADL limitations has remained relatively stable from 10.9% in 1994 to 10.2% in 2000 (Figure 1). The prevalence of ADL limitations also varies dramatically among population subgroups (Figure 3).

- Older adults 65-74 years of age are less likely to have an ADL limitation (6.7%) than are adults 75 years of age and older (14.2%). The percentages represent 19,100 and 35,000 individuals, respectively.
- Women are nearly twice as likely as are men to have an ADL limitation (12.7% and 6.6%, respectively).
- Poor older adults are also twice as likely to have an ADL limitation compared to the non-poor (16.2% and 7.9%, respectively).

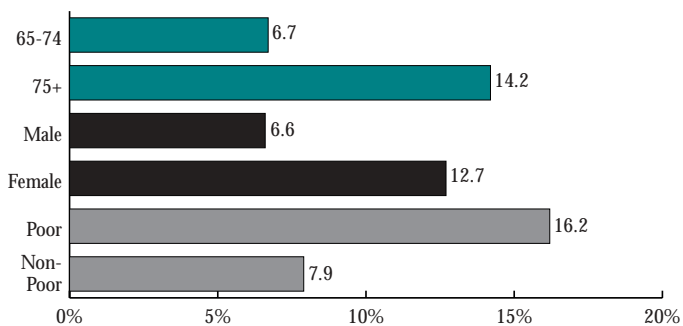
The inability of older adults with ADL or IADL limitations to perform certain activities independently may necessitate the use of formal home services, in addition to any informal care they may receive. This is especially true for older adults who may be socially isolated and are not receiving informal



care from friends and family.

- Six percent of older adults (31,700 persons) received formal home care services⁴ in the past year to assist them with their limitations.
- The likelihood of receiving formal home services care increases with one's age. Older adults 75 years of age and older are more likely to have received formal care (7.6%) than those 65-74 years of age (4.6%).

Figure 3. ADL¹ Limitations among Older Adults (65+) by Age, Gender, and Poverty Status,² Southeastern Pennsylvania, 2000



Source: PHMC's Community Health Data Base, Southeastern Pennsylvania Household Health Surveys, 1994-2000

¹Instrumental Activities of Daily Living (IADL) include using the telephone, getting transportation to places out of walking distance, shopping, preparing meals, housework, taking medications, and handling money.

² Poverty level is defined as below or above 150% of the Federal Poverty Level. Poverty level is calculated based on family size and household income. For example, a family of four with an annual income of \$16,700 in 1999 was defined as living in poverty.

Limitations in ADLs and IADLs, affect the lives of many Southeastern Pennsylvania adults 65 years of age and older. The findings show that functional limitations are not, however, evenly distributed among various subpopulations. Both in this region and nationally, older adults who are 75 years of age and older, women, black, or poor are more likely to be functionally limited than are younger older adults, men, those who are white, or the non-poor. For more information on IADL and ADL limitations among older adults in Southeastern Pennsylvania, please contact **Katie Von Badins at (215) 985-2538 or kathryn@phmc.org** or **Francine Axler at (215) 985-2521 or francine@phmc.org**.

¹ Activities of Daily Living (ADL) are personal self-care activities including eating, dressing, walking, getting in or out of bed, grooming, and bathing.

² Instrumental Activities of Daily Living (IADL) include using the telephone, getting transportation to places out of walking distance, shopping, preparing meals, housework, taking medications, and handling money.

³ Poverty level is defined as below or above 150% of the Federal Poverty Level. Poverty level is calculated based on family size and household income. For example, a family of four with an annual income of \$16,700 in 1999 was defined as living in poverty.

⁴ Older adults were asked the following question regarding their use of formal care services: "In the past year did anyone provide services in your home, such as medical injections, changing bandages, helping with grooming, cooking or shopping? This could be someone from an agency or someone you hired."



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SPREAD THE WORD...

PHMC'S 2002 SOUTHEASTERN PENNSYLVANIA HOUSEHOLD HEALTH SURVEY UNDERWAY THIS SUMMER!

Is your telephone ringing? If so, stop reading and answer the phone! It could be PHMC calling, and you do not want to miss an opportunity to participate in the 2002 Southeastern Pennsylvania Household Health Survey, the region's largest and most comprehensive survey of health experiences, behaviors, and needs. The Survey about adults and children in the region living in SEPA will be in the field from June through September. During that time, information will be collected on approximately 10,000 randomly selected households of Bucks, Chester, Delaware, Montgomery and Philadelphia counties.

The Southeastern Pennsylvania Household Health Survey is the central feature of PHMC's Community Health Data Base. An organization may access information from the Survey, as well as other health and demographic information, by becoming a member or affiliate of the Community Health Data Base. Hospitals, managed care organizations, health departments, social service agencies, community-based nonprofit organizations and others use the Community Health Data Base to plan and evaluate programs, market services, assess needs, and develop new products. For more information, contact the Community Health Data Base at (215) 985-2548.

Philadelphia Health
Management Corporation
260 South Broad Street
Philadelphia, PA 19102-5085

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