



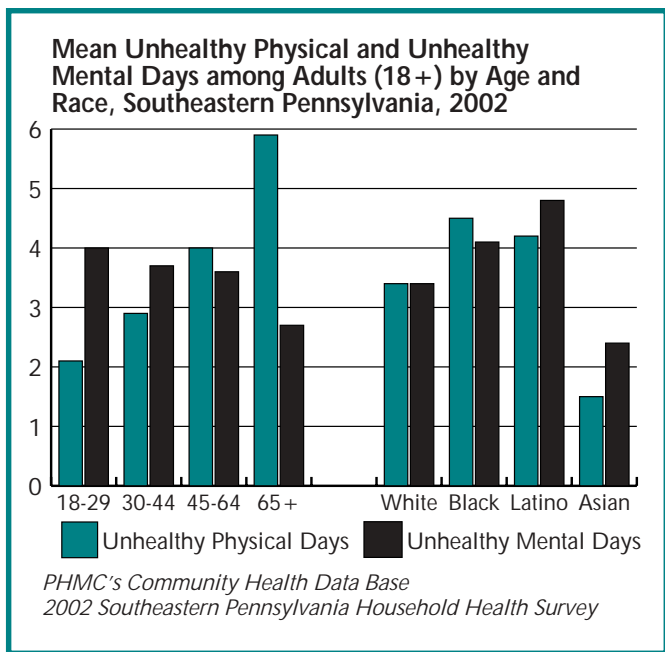
HEALTH-RELATED QUALITY OF LIFE

The public health field has seen a lot of changes in the last one hundred years. For example, average life expectancy in 1900 was just under 43.7 years, compared to 77.2 in 2000. In 1900, pneumonia was the country's leading cause of death, but in 2000, heart disease took the top spot.

Even the definition of health has changed with the times. In the first half of the 20th century, researchers largely defined health as the absence of illness or death. But when the World Health Organization formed in 1948, its constitution defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

This broader definition of health posed a unique challenge for health researchers who were commissioned to create ways to measure vague concepts such as a “healthy life” and “mental and social well-being.” It wasn't until 1993 when Centers for Disease Control (CDC) scientists began to turn these concepts into reliable and valid measurements by developing health-related quality of life measures (HRQOL).

The HRQOL is a series of questions that asks people to talk about how they feel about their health. HRQOL measures are useful in several ways. First, answers to the questions are highly predictive of other problems concerning health researchers. For example, people who report their health as poor tend to use medical services more, be unemployed, and even die earlier in life than people who report their health as very good or excellent¹. Second, researchers can use these questions to measure health-related quality of life in their own community, and compare those findings to the nation at large. Third, by using these questions, researchers can compare the burden of several different kinds of illnesses. For example, researchers can determine how arthritis compares to diabetes when it comes to disrupting a person's daily routine, or how a heart attack compares to mental illness. Finally, HRQOL scores are important tools in tracking health disparities.



The following article examines several indicators of health-related quality of life among Southeastern Pennsylvania adults (18+) using data from PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey.

Health Related Quality of Life

Southeastern Pennsylvania adults are slightly more likely to report lower levels of health-related quality of life compared to adults nationally.

- Nearly one out of five, or 557,100, Southeastern Pennsylvania adults rate their health as fair or poor (19.4%) compared to the national figure of 15.5%.²
- Southeastern Pennsylvania adults report an average of 3.6 physically unhealthy days and mentally unhealthy days out of the month. This is approximately the same as adults across the nation (3.5 and 3.4 days, respectively). One out of nine adults in Southeastern Pennsylvania experience frequent (14 or more

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Southeastern Pennsylvania Household Health Survey
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days per month) physical (11.2%) or mental (11.1%) distress.

- Adults in Southeastern Pennsylvania report an average of 2.4 days in the past month in which their usual activity was limited by poor physical or mental health, compared to a national average of 2.0 days. One out of thirteen SEPA adults (7.8%) say their daily activities are extremely limited (14+ days per month).

Population Subgroup Variations in HRQOL

Considerable disparities in health-related quality of life persist among different subgroups.

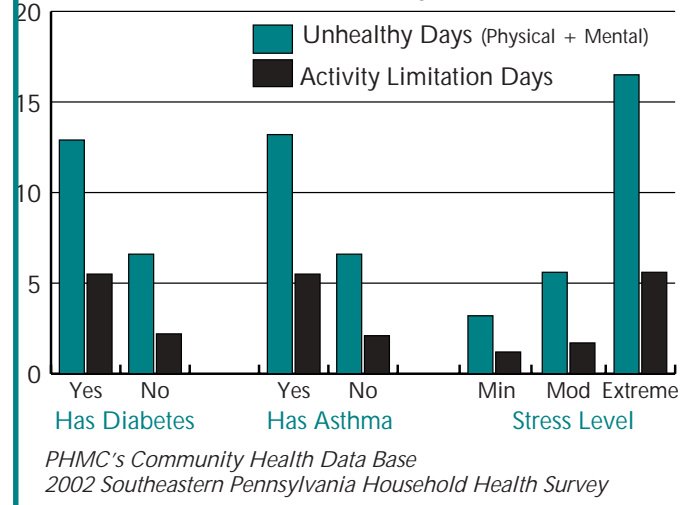
- Older adults 65 years of age and older are most likely to experience poor physical health and activity limitations (8.5 and 3.3 days, respectively). Younger adults 18-29, however, are most likely to experience mental distress (4.0 days per month).
- Women are more likely than are men to report poor physical or mental health (8.3 and 5.8 days per month, respectively) and to report having more days where their usual activities are limited (2.7 and 2.1 days, respectively).
- Black adults experience the greatest number of unhealthy physical days (4.5) compared to other racial/ethnic groups. Latinos experience the greatest number of unhealthy mental days, experiencing more unhealthy mental days (4.8) than physical days (4.2). Asian adults experience the least number of unhealthy physical and mental days (1.5 and 2.3, respectively).
- Adults living below the Federal poverty line have, on average, 9 more unhealthy days—both physical and mental—than non-poor adults. Also, poor adults have, on average, 5 more days per month when their activities are limited than do non-poor adults.

Chronic Health Conditions and HRQOL

Not surprisingly, Southeastern Pennsylvania adults with chronic health conditions report many more days of poor physical or mental health and days in which their activities are limited compared to adults without ongoing health problems.

- Adults with diabetes have, on average, five more unhealthy physical days and one more unhealthy mental day per month than those without diabetes. Diabetics are also twice as likely to report limitations to their daily activities than are non-diabetics (5.5 and 2.2 days, respectively).
- Asthma contributes significantly to poor health. Adults with asthma report twice as many unhealthy days (physical and

Mean Unhealthy and Limited Activity Days among Adults (18+) with Selected Chronic Health Conditions, Southeastern Pennsylvania, 2002



mental) per month (13.2) compared to non-asthmatics (6.6). Asthmatics are limited in their usual activities due to poor health an average of 5.5 days per month, compared to 2.1 days for non-asthmatics.

- Adults who suffer extreme stress (6.6) experience more than twice as many unhealthy physical days as those with minimal (2.4) or moderate (2.9) stress. Adults with extreme stress levels also experience more days in which their usual activities are limited compared to adults who report minimal or moderate stress levels (5.6, 1.2, and 1.7, respectively).

Health Behaviors and HRQOL

Adults who engage in healthier lifestyles are more likely to enjoy higher levels of health-related quality of life.

- Adults who smoke suffer from poorer physical and mental health and experience greater limitations in their daily activities (4.9, 6.2, and 3.8 days, respectively) than non-smokers (3.3, 2.9, and 2.1 days, respectively).
- Underweight and obese adults experience twice as many unhealthy physical days (5.4 and 5.5 days, respectively) as adults who are of normal weight (2.7). Underweight adults experience the most mental distress compared to obese and normal weight adults (5.9, 4.4, and 3.2 days, respectively).

Summary

The majority of Southeastern Pennsylvania adults enjoy good health and quality of life. At the same time, as the data suggest, adults with chronic health conditions and those with unhealthy

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PHMC, HPC TO PARTNER WITH UNIVERSITY OF PENNSYLVANIA FOR ROBERT WOOD JOHNSON CLINICAL SCHOLARS PROGRAM

PHMC and the Health Promotion Council of Southeastern Pennsylvania (HPC) recently became part of the prestigious Robert Wood Johnson Clinical Scholars Program, which has trained nearly 1,000 physicians to become researchers and agents of change in the fight to solve problems plaguing health care systems worldwide.

The program, whose alumni include National Institutes of Health (NIH) deputy director Raynard Kington, M.D., Ph.D., and former Surgeon General David Satcher, M.D., arms physicians with program development and research skills to address issues in public policy, community intervention and health services research. It recently expanded its scope to emphasize community-based research and leadership training. Four universities—the University of Pennsylvania (UPENN), the University of California—Los Angeles, the University of Michigan, and Yale University—were chosen to run the newly designed program, which enrolls its first scholars in July 2005.

This new emphasis on community-based research caused Harold Feldman, M.D., M.S.C.E., and Sandy Schwartz, M.D., co-directors of the Robert Wood Johnson Clinical Scholars Program at UPENN, to contact PHMC and HPC about partnering with the university to help train its clinical scholars. Staff from HPC and PHMC, particularly its Community Health Database project, will work with Clinical Scholars and UPENN faculty to develop a set of training objectives and a community participatory research agenda.

“PHMC and HPC’s comprehensive range of programs and services reach a diverse set of communities in Philadelphia with which the Clinical Scholars Program is committed to work,” said Clinical Scholars Program co-director Feldman. “The community partnership will involve the development of long-term, mutually beneficial relationships between the Clinical Scholars Program and PHMC and HPC.”

For more information on the Robert Wood Johnson Clinical Scholars Program at the University of Pennsylvania, go to <http://rwjcsp.stanford.edu/html/pennsylvania.html>.

Access Notes (continued from page 5)

lifestyles experience poorer physical and mental health and are more limited in daily activities. Furthermore, substantial disparities exist among population subgroups in their quality of life. Given these disparities, there is a significant need for targeted interventions and policy solutions aimed at improving the health-related quality of life of Southeastern Pennsylvania residents. For more information on HRQOL please contact Ilisa Stalberg at 215.985.6238 or Ilisa@phmc.org.

¹ Idler EL. Self-ratings of health: mortality, morbidity, and meaning. In: Schechter S, ed. Proceedings of the 1993 NCHS Conference on the Cognitive Aspects of Self-Reported Health Status. Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, NCHS, 1994:36-59. (NCHS working paper; series no. 10); Gill TM, Feinstein AR. A critical appraisal of the quality of quality-of-life measurements. *JAMA* 1994;272:619-26.

²The Healthy Days Measures used by the CDC and in PHMC’s 2002 Household Health Survey are as follows: 1) Would you say that in general your health is excellent, good, fair or poor? 2) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days, was your physical health not good? 3) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? 4) During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Unhealthy days are an estimate of the overall number of days during the previous 30 days when the respondent felt that either his or her physical or mental health was not good. To obtain this estimate, responses to questions 2 and 3 are combined to calculate a summary index of overall unhealthy days, with a logical maximum of 30 unhealthy days.

National figures are from the CDC’s 2001 Behavioral Risk Factor Surveillance System (BRFSS).

Numbers used in the above article represent means (averages), unless otherwise indicated.



PHMC's United Way Campaign

PHMC recently wrapped up another record-breaking Employee Campaign, raising over \$89,000 for the United Way of Southeastern Pennsylvania. PHMC would like to thank its employees for their generous support.