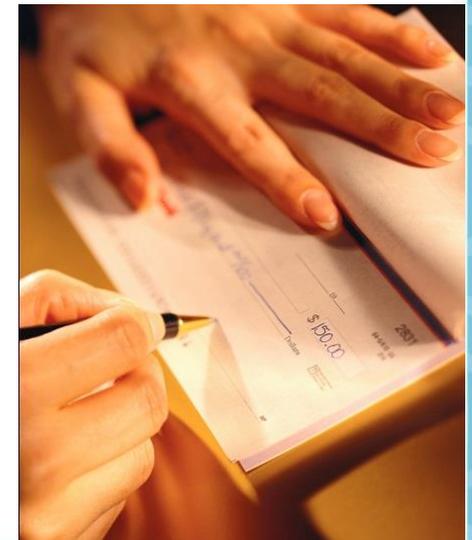
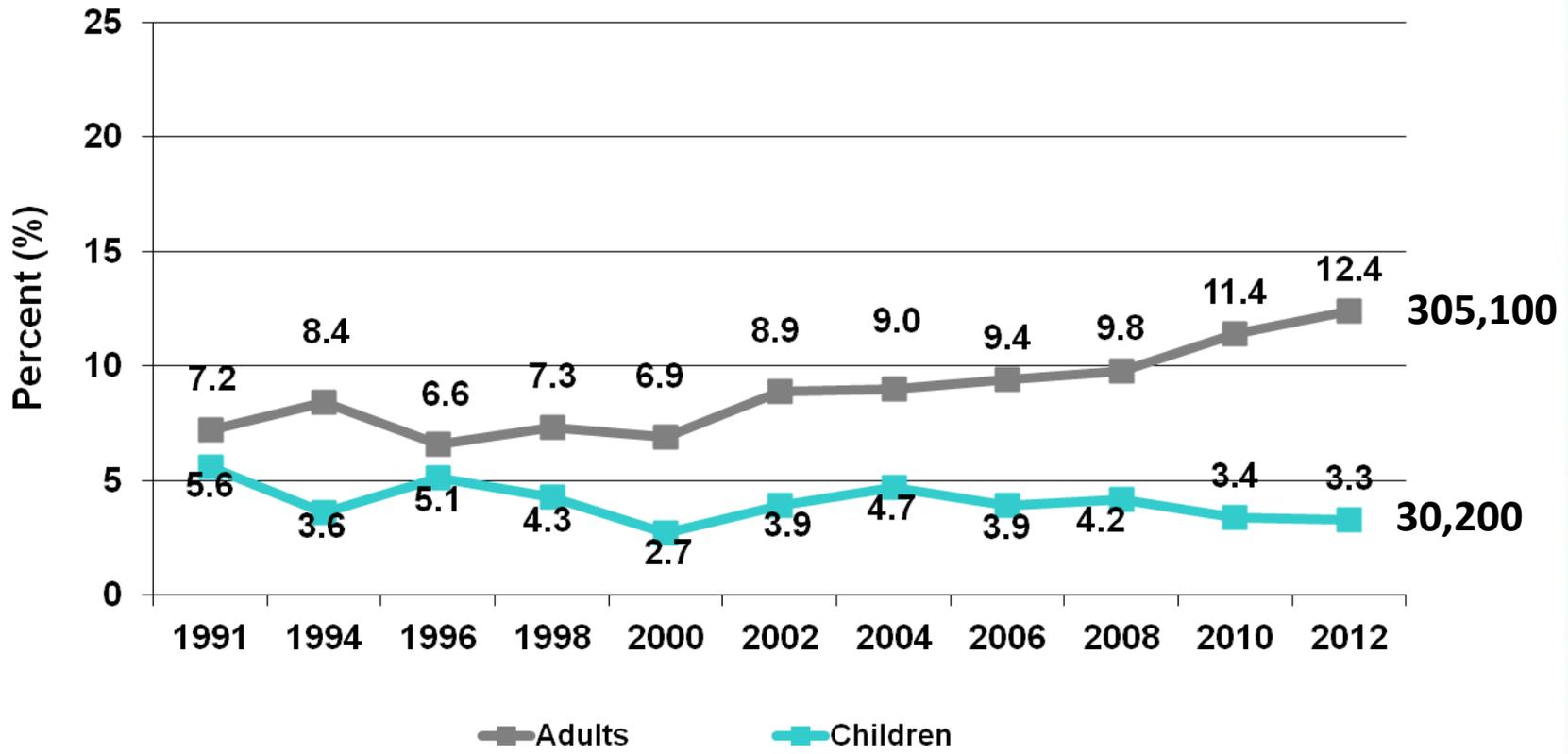


# Health Insurance

- Current source(s) of health coverage
- Among insured:
  - Name of insurer
  - Uninsured at any point in past year
- Among uninsured:
  - Length of time without health insurance
  - Primary reason for lack of coverage
  - Visited ER due to lack of health insurance
- Coverage for prescription drugs; dental care



# Uninsured Adults (18-64) and Children (0-17), Southeastern Pennsylvania, 1991-2012



Source: PHMC's Community Health Data Base, 1991-2012 Southeastern Pennsylvania Household Health Surveys.



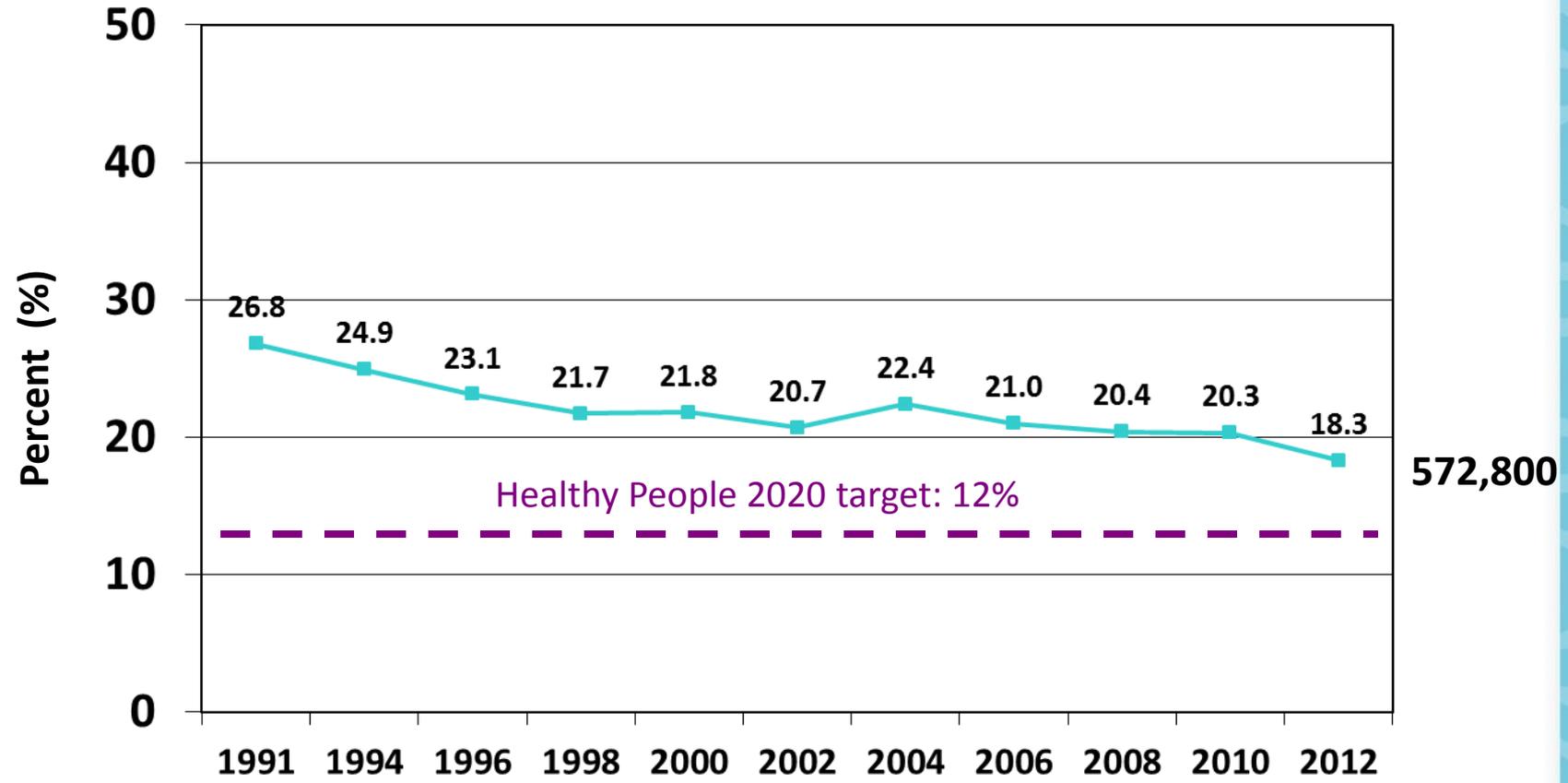
# Personal Health Behaviors



- Smoking status, frequency
- Smoking quit method & duration of cessation
- Exposure to second hand smoke
- Use of other tobacco products
- Substance Abuse
- Medication labeling
- Number of servings of fruits & vegetables
- Fast food consumption
- Exercise frequency
- Problem gambling behavior
- Screen time (Computer/TV)



# Cigarette Smoking among Adults (18+ yrs), SEPA, 1991-2012

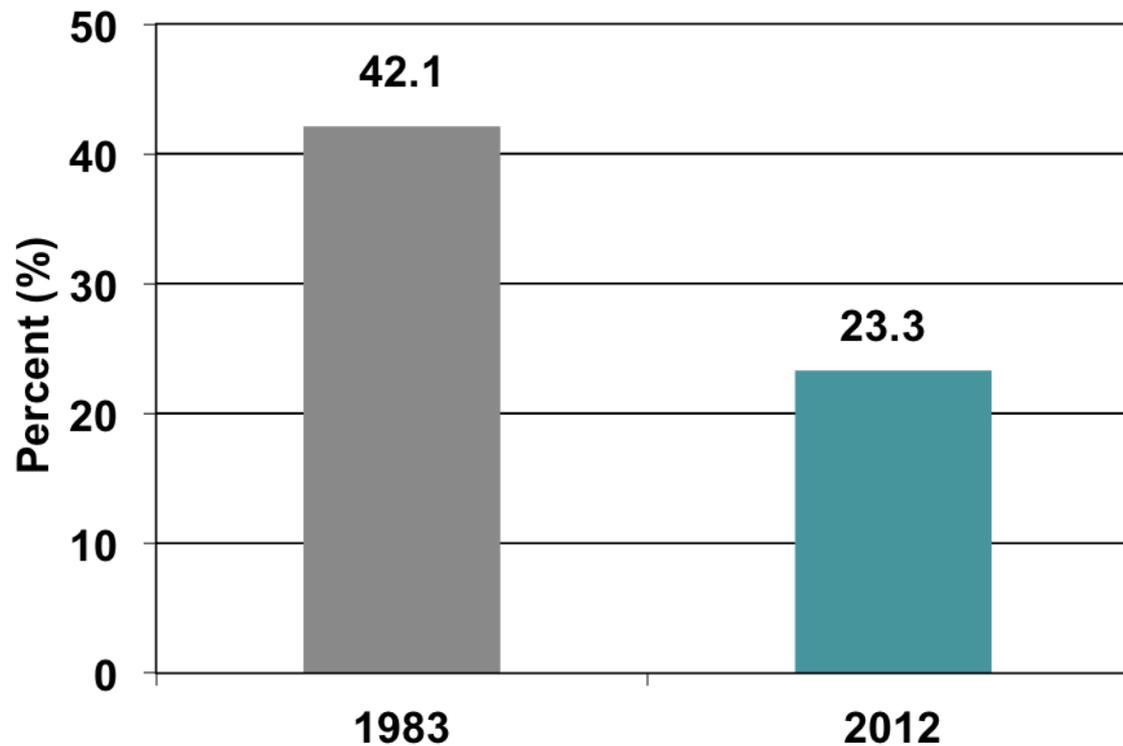


Note: Beginning with the 2004 survey, the wording of the smoking question was changed slightly. Instead of asking respondents if they currently smoke, as was asked in previous survey years, respondents were asked if they smoke every day, some days or not at all.



# Flashback! **Philadelphia** then & now...

## Cigarette Smoking Among Philadelphia Adults (18+), 1983 and 2012



NOTE: Beginning with the 2004 survey, the wording of the smoking question was changed slightly. Instead of asking respondents if they currently smoke, as was asked in previous survey years, respondents were asked if they smoke every day, some days or not at all.



# Mental & Behavioral Health & Environment

## Mental & Behavioral Health

- Diagnosed mental health condition
- Receiving treatment for mental health condition
- Level of stress in past year
- In recovery from alcohol or other drug addiction
- Friend/family in recovery
- Attitudes about recovery

## Food Access, Housing, & Neighborhood

- Safety
- Access to fresh produce
- Access to outdoor space or park
- Cut or skipped meal due to cost
- Use of neighborhood recreational facilities
- Housing costs
- Rent or own home

# Social Capital

- Involvement in local groups & organizations
- Neighbors have worked together
- Community improvement
- Sense of belonging to community
- Feelings of trust in community



Can where you live have an impact on your physical or mental health? For more than a decade, health researchers in the US<sup>1,2</sup> and other countries<sup>3,4</sup> have been examining the concept of social capital or the relationship between community connectedness and health outcomes. Over the years, health researchers have documented associations between low social capital and negative health outcomes such as self-reported fair or poor health<sup>5,6</sup> and higher mortality rates.<sup>7</sup>

which, as noted, is strongly correlated with negative health outcomes and other health disparities.<sup>8</sup> This Brief presents information from PHMC's 2010 Household Health Survey on social capital among adults 18 years of age and older residing in the five-county SEPA region of Berks, Chester, Delaware, Montgomery, and Philadelphia Counties.

Since 2002, PHMC's Southeastern Pennsylvania (SEPA) Household Health Survey has included questions allowing us to look at social capital of the communities in which people live. Most recently the 2010 SEPA Household Health Survey included five variables, based on questions successfully utilized in prior studies, measuring social capital: 1) number of groups the respondent currently participates in; 2) respondent's perception as to whether neighbors are willing to help each other; 3) respondent's perception as to whether neighbors ever worked together to improve their community; 4) respondent's feeling of belonging to the neighborhood; and 5) respondent's perception as to whether people in the neighborhood can be trusted.

A social capital index, with scores ranging from 1 to 10, was created by recoding these five variables so each item could have a maximum score of two. An individual with a combined index score of 1-4 was deemed as having "low" social capital, a score of 5-7 as "medium" social capital, and a score of 8-10 as "high" social capital.<sup>9</sup>

The purpose of this Brief is to increase the understanding of the relationship between social capital and demographic and socio-economic characteristics across communities as well as between social capital and health in the SEPA region. In particular, this Brief focuses on adults with low social capital,

## SOCIAL CAPITAL AND DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

In Southeastern Pennsylvania (SEPA), one-quarter of adults (24.8%) have low social capital or do not feel connected to their neighbors and do not participate in community activities; this percentage represents approximately 632,000 adults in the region. Over one-half of SEPA adults (55.8% or approximately 1,425,000 adults) feel only somewhat connected to their neighbors and may or may not participate in community activities. Nearly one-third of adults in the region (19.4% or approximately 497,000 adults) have high social capital or feel very connected to their neighbors and support their community through various civic efforts (Figure 1). Data from the 2002 SEPA Household Health Survey show a similar pattern, where 26.2% of adults had low social capital, 54.1% had medium social capital, and 19.6% had high social capital.<sup>10</sup>

Levels of social capital in SEPA vary by demographic and socio-economic sub-groups. Young adults are the most likely age group to have low social capital. Two in five young adults 18-29 years (40.3%) have low social capital, compared with adults 30-44 years (25.9%), adults 45-59 years (23.5%), and adults 60 years and older (18.8%) (Figure 2). We observed a similar pattern in 2002, where social capital increased with increasing age group.