

Days of Poor Physical and Mental Health Results from the 2012 Indiana BRFSS

Many health conditions are not reportable; hence, prevalence data must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys created by the Centers for Disease Control and Prevention (CDC) in 1984 to gather information on the health of adults ages 18 years and older. The BRFSS is an annual random digit-dial telephone survey conducted through a cooperative agreement with the CDC, and all states and the District of Columbia participate.

State health departments conduct the BRFSS surveys continuously through the year using a standardized core questionnaire and optional modules. More than 475,000 interviews were completed via landline and cell phone in 2012. The BRFSS is the sole source of state-level health risk factors, behaviors and prevalence of certain chronic conditions.

The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Respondents have the tendency to underreport behaviors that may be considered socially unacceptable, such as smoking and driving after drinking alcohol. Conversely, respondents may overreport behaviors that are desirable, such as physical activity.

Background

Mental and physical well-being are part of a person's overall health status. The core questionnaire asks about the number of days in the past month the respondent's physical and mental health was not good:

- 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?
- 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?

Respondents report 0-30 days for each of the questions. For this newsletter, the days from each question were summed to provide a range of days (missing and "don't know/not sure" responses were excluded). If the total was more than 30, the number was kept at 30 to indicate every day. The mean days of poor mental and physical health was also calculated.

Results

Information for this newsletter was obtained from the 2012 Indiana BRFSS survey. The differences reported below are statistically significant ($p < 0.05$) unless otherwise noted.

Overall, males were more likely than females to report no days of poor physical health in the past month (65.4% vs 57.6%, respectively). The percentage of respondents reporting no days of poor physical health increased with increasing income and education levels. There were no differences among age groups.

The prevalence of having 30 days of poor physical health increased with age (3.9% for respondents ages 18-24 years vs. 10.4% for respondents ages 65 years and older) and decreased with increasing income level (16.0% for those with household income of less than \$15,000 vs. 1.9% for those with household income of \$75,000 or more). There were no differences among race/ethnicity or sex.

Overall, males were more likely than females to report no days of poor mental health in the past month (66.8% vs. 56.3% respectively). The percentage of respondents reporting no days of poor mental health increased with increasing age, education and household income levels.

Respondents ages 65 years and older were less likely than those ages 45-54 and 55-64 to have 30 days of poor mental health (3.9% vs. 9.4% and 6.9% respectively). There were no differences among race/ethnicity or sex.

Respondents were asked if they were limited in any way in any activities because of physical, mental or emotional problems. Respondents with and without activity limitations due to health problems resulted in the largest difference in having one day or less poor physical and mental health and having 30 days of poor physical and mental health (Figure 1).

The overall mean number of days of poor physical and mental health was 8.5 days, with females having a mean almost three days higher than males (9.9 vs. 7.0, respectively). Respondents were asked about behaviors and select chronic conditions, and the mean increased for many of these conditions (Figure 2). Respondents having chronic obstructive pulmonary disease, emphysema or chronic bronchitis had the highest mean days of poor physical and mental health.

Figure 1

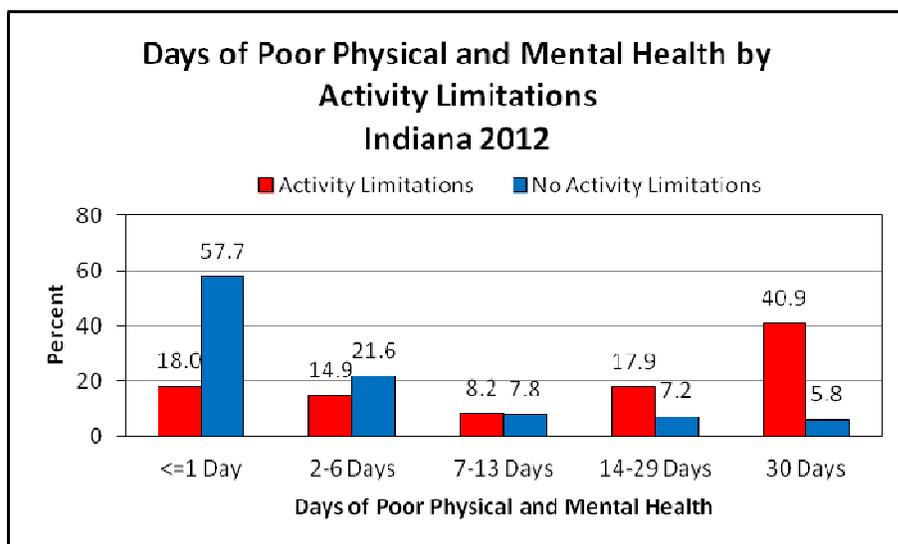
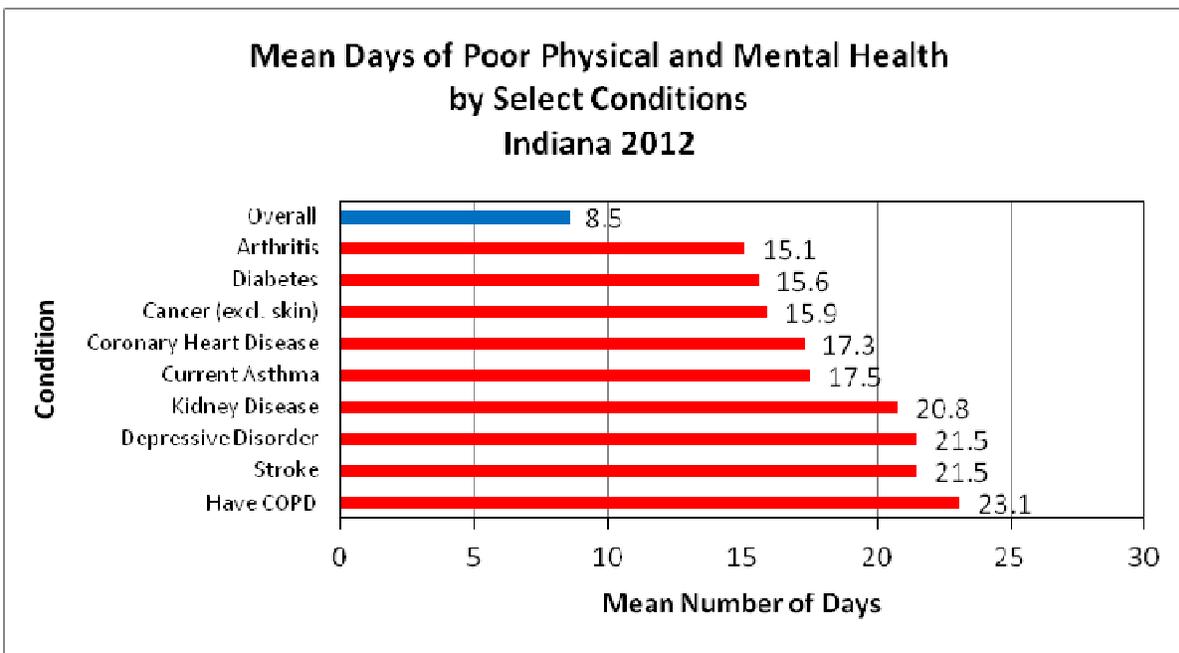


Figure 2



The difference in the mean days of poor physical and mental health between those respondents with and without certain conditions ranged from 7.9 days for cancer (excluding skin) to 16.2 days for a depressive disorder (Table 1).

Table 1

Current smokers had a mean of 12.5 days compared to 7.2 days for non-smokers while adults considered obese based on their body mass index (calculated from self-reported height and weight) had a mean of 10.7 days compared to 7.7 days for those with a healthy weight. Smoking and obesity are risk factors for many of the chronic conditions in Table 1.

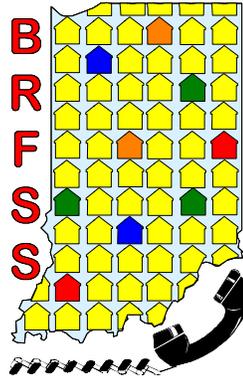
Condition	Mean Days		Difference
	Have Condition	Do Not Have Condition	
COPD	23.1	7.3	15.8
Stroke	21.5	8.0	13.5
Depressive Disorder	21.5	5.3	16.2
Kidney Disease	20.8	8.1	12.7
Current Asthma	17.5	7.5	10.0
Coronary Heart Disease	17.3	7.9	9.4
Cancer (excl. skin)	15.9	8.0	7.9
Diabetes	15.6	7.6	8.0
Arthritis	15.1	6.0	9.1
Overall	8.5	--	--

For information and resources available for managing chronic health conditions, please visit the ISDH Division of Chronic Disease Prevention and Control at www.in.gov/isdh/24725.htm.





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