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Factors Associated with Self-Reported Health Status Among Colorado Adults, 2005

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Introduction

The field of public health in the United States has seen many changes in the past 100 years. For example, the leading causes of death in 1900 were infectious diseases like pneumonia, influenza, and tuberculosis, and life expectancy was 49.2 years. By 2000, the leading causes of death had changed from infectious diseases to chronic diseases such as cancer, heart disease, and diabetes. Furthermore, life expectancy has increased to 76.9 years.

As time has passed, the definition of health has also changed. In the first half of the 20th century, health was defined as the absence of illness or death. In 1946, the World Health Organization defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Healthy People 2010, the comprehensive health promotion and disease prevention agenda for the nation, has two overarching goals:

- Increase quality and years of healthy life; and
- Eliminate health disparities.

This broader definition of health is difficult to measure. However, since 1993, the Colorado Behavioral Risk Factor Surveillance System (BRFSS) has collected data on health-related quality of life. Health-related quality of life indicators are important tools in tracking progress toward these goals.

Methods

The Colorado Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing statewide telephone health survey of Colorado adults ages 18 years and older. Interviews with 5,979 respondents were completed in 2005. All households with telephones have a chance of being selected to participate in the survey, with individual survey respondents being randomly selected from each successfully contacted household.

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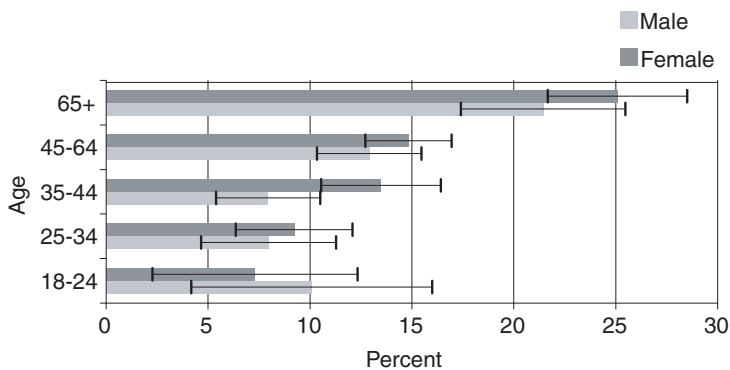
Results

Since 1993, BRFSS has collected data on self-reported health status. Specifically, respondents are asked to classify their health status as excellent, very good, good, fair, or poor. More adults in Colorado reported excellent to good health than the lesser categories of fair to poor health. The percentage of people reporting fair to poor health in 1993 was 11.1 percent. In 2005, 12.7 percent of people reported fair to poor health, although the change is not statistically significant. However, fair to poor self-reported health status varies by several factors.

Age and Gender

The percentage of adults reporting fair to poor health increased between ages 45-64 and 65+, then declined in each younger group. Women reported fair to poor health more often than men in all age groups except 18-24. With the exception that 35-44 year-old women reported fair or poor health more often than men, gender differences were not statistically significant in any age group.

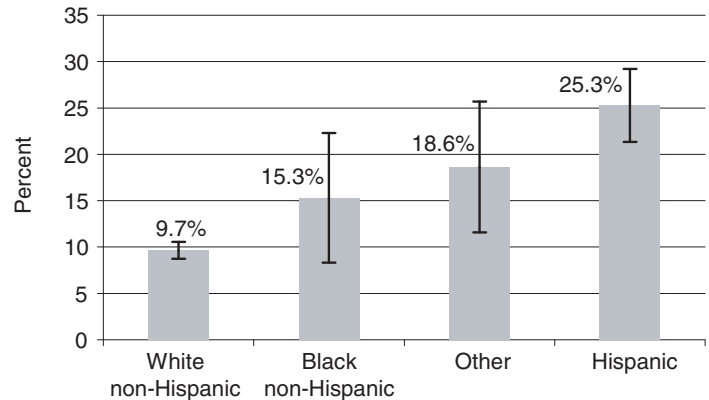
Figure 1. Self-reported fair or poor health status by age and gender (including 95% confidence intervals), Colorado BRFSS, 2005



Race/Ethnicity*

Fewer than 10 percent of White non-Hispanics reported that they have fair to poor health. A significantly higher proportion of White Hispanic respondents (25.3%) reported fair to poor health, more than two and one-half times the White non-Hispanic rate. Approximately 15 percent of Black non-Hispanic respondents reported fair to poor health, although they were not statistically different than the other groups.

Figure 2. Self-reported fair or poor health status by race and ethnicity (including 95% confidence intervals), Colorado BRFSS, 2005

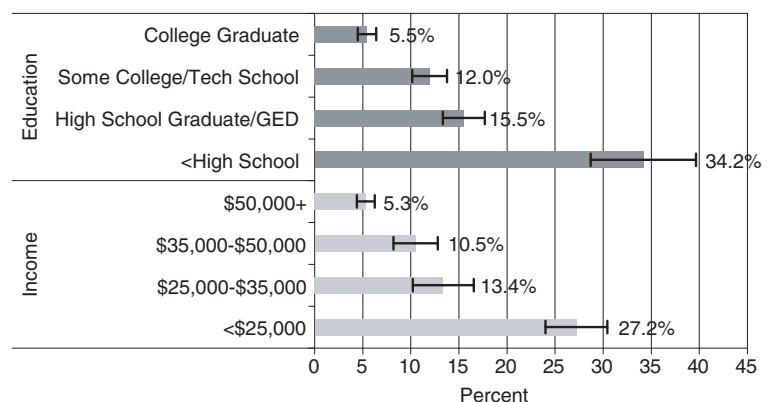


Education and Income

Adults with less than a high school education reported fair to poor health much more often than high school graduates, those with some college or technical school, or college graduates. These differences were statistically significant.

Adults with annual household incomes less than \$25,000 reported fair to poor health much more often than those with moderate income between \$25,000-\$34,999 and \$35,000-\$50,000 or higher incomes over \$50,000. These differences were statistically significant.

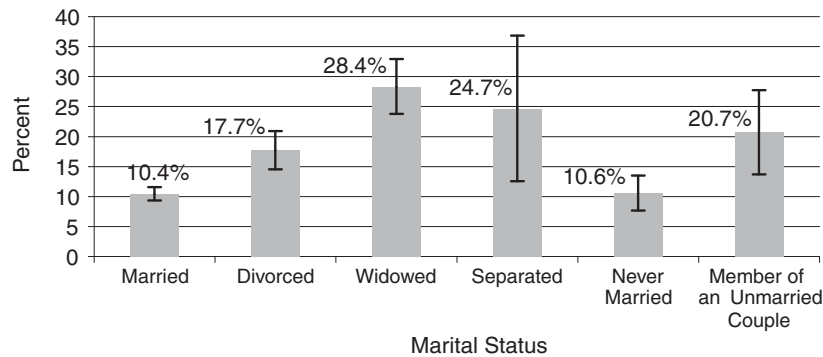
Figure 3. Self-reported fair or poor health status by education and income (including 95% confidence intervals), Colorado BRFSS, 2005



Marital Status

Married people and never-married people reported fair to poor health much less often than those who were divorced, widowed, separated, or a member of an unmarried couple. These differences were statistically significant except when comparing never-married to separated people.

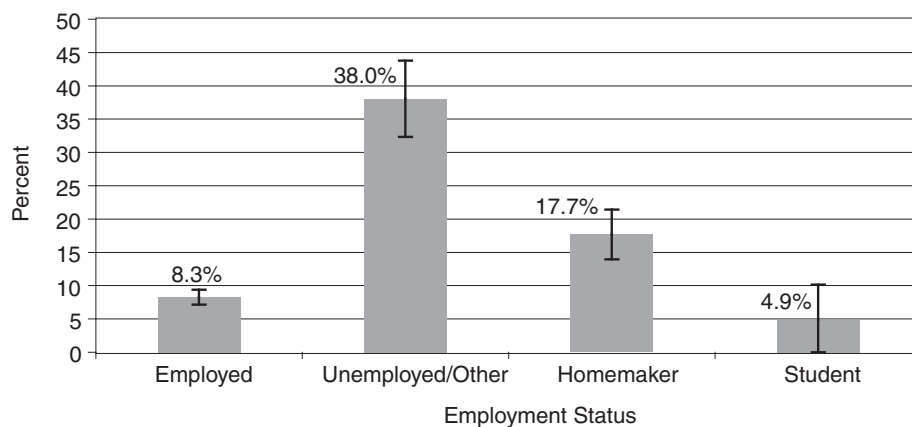
Figure 4. Self-reported fair or poor health status by marital status (including 95% confidence intervals), Colorado BRFSS, 2005



Employment Status

Adults who are unemployed reported fair to poor health much more often than those who were employed, homemakers, or college students. These differences were statistically significant.

Figure 5. Self-reported fair or poor health status by employment status (including 95% confidence intervals), Colorado BRFSS, 2005

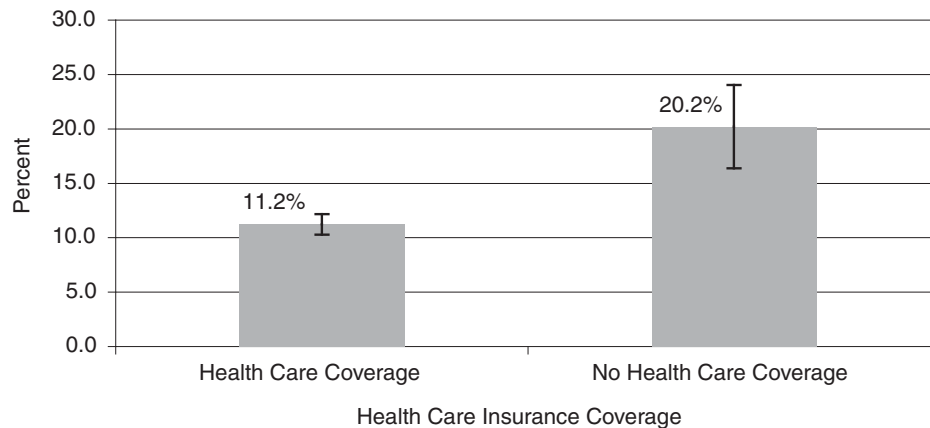


Health Care Coverage

People with no health care coverage reported fair to poor health much more often than those with health insurance.

This difference was statistically significant.

Figure 6. Self-reported fair to poor health by health care coverage (including 95% confidence intervals), Colorado BRFSS, 2005

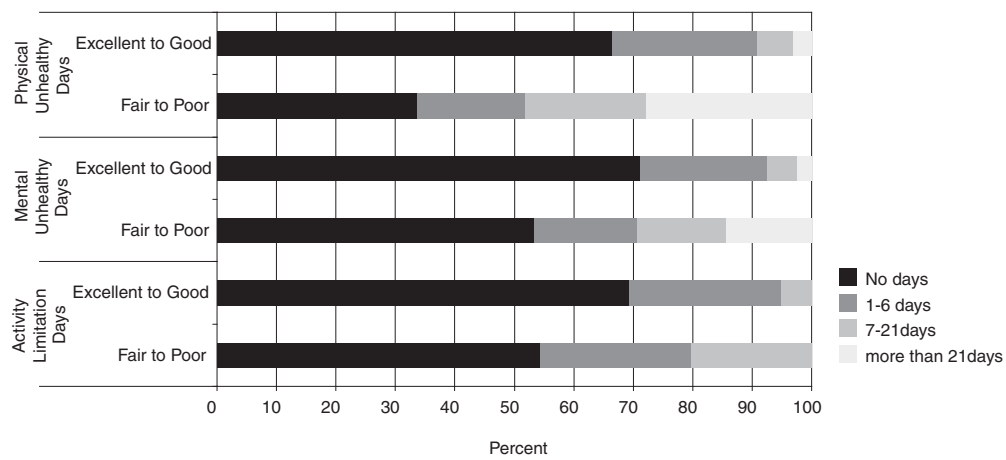


Reported Days of Poor Health

Survey respondents were also asked to state the number of days in the past 30 days when their physical and mental health were not good. More respondents with excellent to good health reported no days of physically unhealthy days compared to adults with fair to poor health (66.4% and 33.7%). Approximately 18-24 percent of all respondents had 1-6 physically unhealthy days. Overall, adults with excellent to good health reported fewer physically unhealthy days compared to adults with fair to poor health (7-21, days 6.1% and 20.4%; more than 21 days, 3.1% and 27.7%, respectively). Adults with excellent to good health also reported fewer mentally unhealthy days compared to adults with fair to poor health (no days 71.1% and 53.3%; 1-6 days 17.4% and 21.5%; 7-21 days 5.0% and 14.9%, respectively). The biggest difference was for those reporting more than 21 mentally unhealthy days. Over 27 percent of respondents with fair to poor health also reported they had more than 21 mentally unhealthy days, whereas only 2.4 percent of adults with excellent to good health reported the same.

Survey respondents were also asked to state the number of days they had to limit their activities due to poor health. More adults with excellent to good health reported no days when they had to limit their activities due to poor health compared to adults with fair to poor health (68.6% and 54.3%). Equal proportions (25%) of adults with excellent to good health and adults with fair to poor health reported that they had to limit their activities for 1-6 days due to poor health. Approximately 20 percent of adults with fair to poor health reported that they had to limit their activities for more than one week in the past 30 days due to poor health. This was statistically higher than adults with excellent to good health, with only 6.3 percent reporting limited activities for more than a week due to poor health.

Figure 7. Self-reported health by unhealthy days and activity limitations, Colorado BRFSS, 2005



Summary

The majority of Coloradans enjoy excellent or good health. However, as these data suggest, adults with lower educational levels, lower socioeconomic status, and those who are Hispanic experience poorer health. Also, as demonstrated in the literature, there is an association between employment status and poor health. This is evident in unemployed Colorado adults, who are more than four times as likely as those who are employed to report fair or poor health. The data in this report also illustrate positive associations between self-reported fair or poor health and increased number of days of poor physical and mental health and activity limitations.

