PLACES: Local Data for Better Health

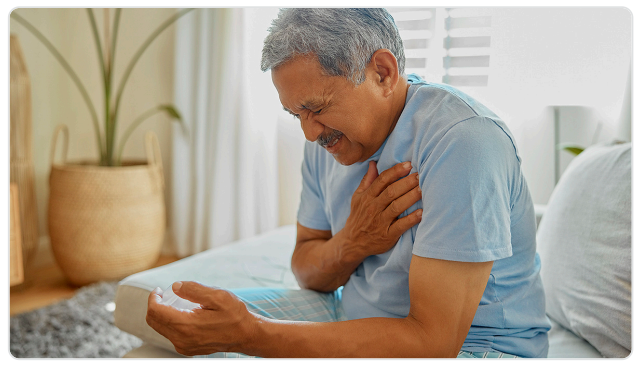
Health Status

OCTOBER 29, 2024

For Everyone

WHAT TO KNOW

The PLACES Health Status data capture the prevalence of self-reported physical and mental health. This helps provide a more comprehensive view of community health and well-being, highlighting geographic areas that may require enhanced healthcare support and resources. Data sources used include the Behavioral Risk Factor Surveillance System (BRFSS) and the American Community Survey (ACS).



Frequent mental distress among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case	Past 30 days
Definition Summary	In 2022, 15.9% of US adults reported frequent mental distress (FMD), defined as 14 or more mentally unhealthy days during the past 30 days where the person has experienced poor mental health because of stress, depression, or problems with emotions. [1] FMD estimates are higher for women than men. [1] FMD is also negatively associated with life expectancy and positively associated with behavioral and metabolic risk factors. [2] Mentally unhealthy days are one of the CDC's health-related quality of life measures (CDC HRQOL-4). FMD is used to identify individuals with more severe or persistent mental health problems in the previous month. [1] Many chronic diseases can impact general health status, including mental distress. Practicing healthy behaviors (e.g., not smoking, eating healthy, being active, and limiting drinking) can reduce the likelihood of getting a chronic disease and improve the odds of staying well, feeling good, and living longer. [3]

Notes	Although this measure is based on self-assessment, the number of days has been demonstrated to have good reliability, validity, and responsiveness.
Related Objectives or Recommendations	None

Frequent physical distress among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who reported 14 or more days, during the past 30 days, that their physical health (including physical illness and injury) was not good. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past 30 days
Summary	Physically unhealthy days, one of CDC's health-related quality of life measures (CDC HRQOL-4), is defined as a person's perceived physical health over time.[4] Physically unhealthy days asked about the number of days in the past 30 days a respondent experienced poor physical health because of physical illness or injury. Frequent physical distress (FPD), defined as 14 or more physically unhealthy days during the past 30 days, is used to identify individuals with more severe or chronic physical health problems in the previous month.[2] [5] FPD is also negatively associated with life expectancy.[2] [6] In 2022, 12.4% of US adults reported FPD with estimates higher for women than men.[5] Many chronic diseases can impact general health status, including physical distress. Practicing healthy behaviors (e.g., not smoking, eating healthy, being active, and limiting drinking) can reduce the likelihood of getting a chronic disease and improve the odds of staying well, feeling good, and living longer.[7]
Notes	None
Related Objectives or Recommendations	None

Fair or poor self-rated health status among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who report their general health status as "fair" or "poor". The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.

Measure type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Current
Summary	Health status is a measure of how people perceive their health and is considered a good global assessment of a person's well-being.[8] Furthermore, it is a predictor of important health outcomes including mortality, morbidity, and functional status.[9] Health status is also used to measure healthy life expectancy at the population level.[10] In 2023, 15.1% of adults assessed their health as fair or poor.[11] Substantial differences in the prevalence of fair or poor self-reported health status exist by age group, race, education level, urbanization level, and poverty status.[11] [12] Monitoring health status can inform individual- and population-level interventions and demonstrate improvements over time.
Notes	This measure is based on self-assessment only and does not include an objective health component.
Related Objectives or Recommendations	Healthy People 2030 objective: OHM-8. Respondent-assessed health status — in good or better health.

SOURCES AND PAGE INFO

CONTENT SOURCE:

National Center for Chronic Disease Prevention and Health Promotion

ABOUT THIS PAGE

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