

Changes in self-reported health status by demographic groups, BRFSS 2011-2017

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Background

- Self-reported health status is a subjective measurement of how individuals perceive their health in general, and is a useful measure of population health
- Those with a high self-reported health status have lower rates of mortality from all causes than those with a low self-reported health status
- A study published in 2017 using Behavioral Risk Factor Surveillance System (BRFSS) data found that the prevalence of low self-reported health status increased by 12.9% from 1995 to 2012

Objectives

- Identify changes in high health status (HHS) among adults across 22 subpopulations of gender, age, race/ethnicity, urbanicity, education, and income among adults
- Determine if disparities within subpopulations have changed over the six-year period

Methods

- High health status (HHS) was defined as the percentage of adults reporting very good or excellent health
- 2011-2017 Behavioral Risk Factor Surveillance System data was used
- National means and percent change for each subpopulation were calculated
- Statistical significance was determined based on non-overlapping confidence intervals
- Adults <25 years were excluded from education and income subpopulations; all other categories were adults aged 18+

Results

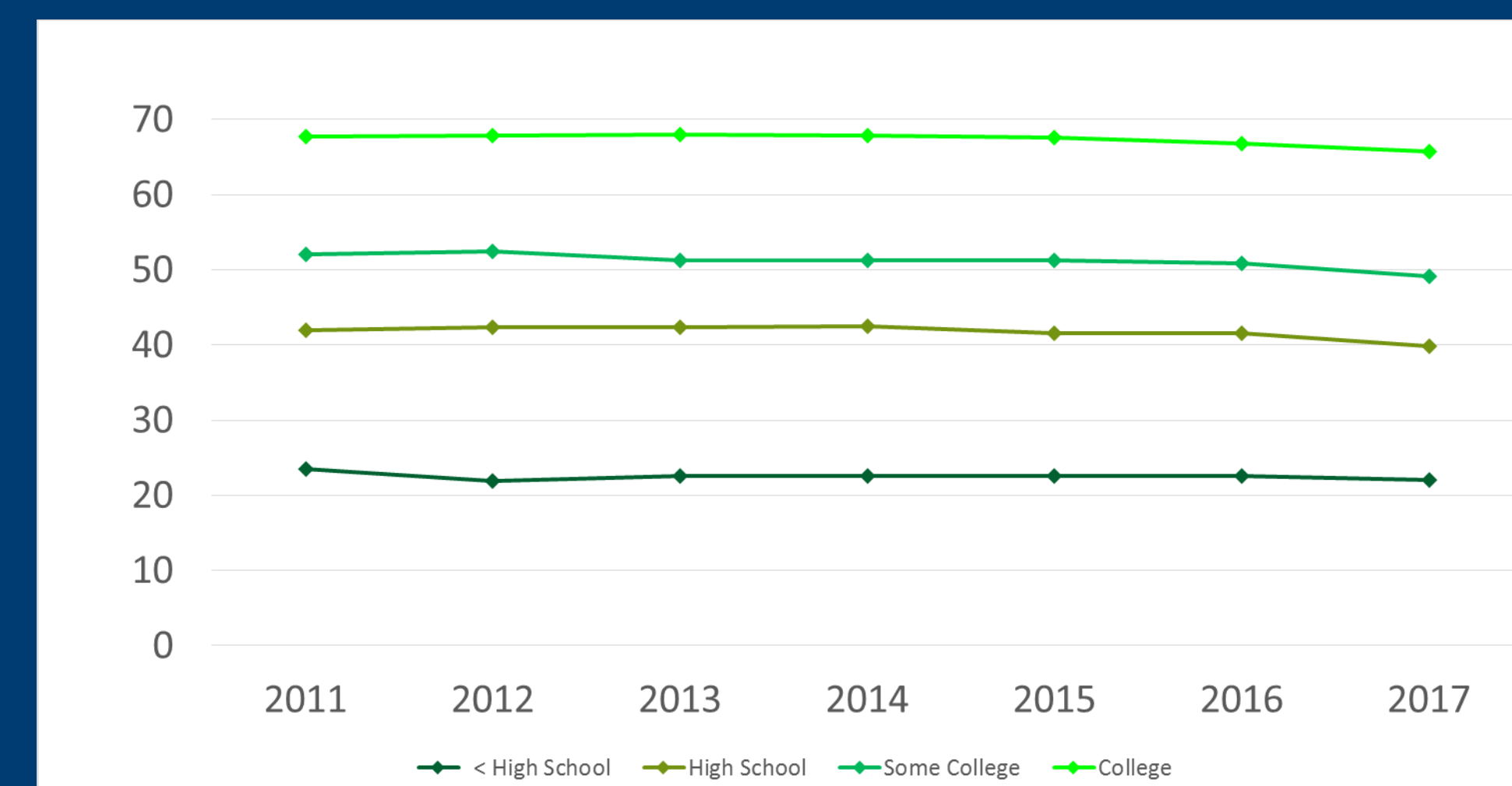
Changes From 2011 to 2017

- Nationally, high health status declined from 52.2% to 50.6%
- HHS **declined** significantly in 15 of 22 subpopulations:
 - The largest declines were among rural adults (-10.4%) from 46.2% to 41.4%, followed by adults with an income of \$25-\$49,000 which declined 8.5% from 47.1% to 43.1%
- One subpopulation increased significantly: HHS increased 7.6% from 38.4% to 41.3% among adults aged 65+
- Out of 6 race groups, only whites had a significant change (-2.4%) from 55.0% in 2011 to 53.7% in 2017
- The greatest average change was among urbanicity groups

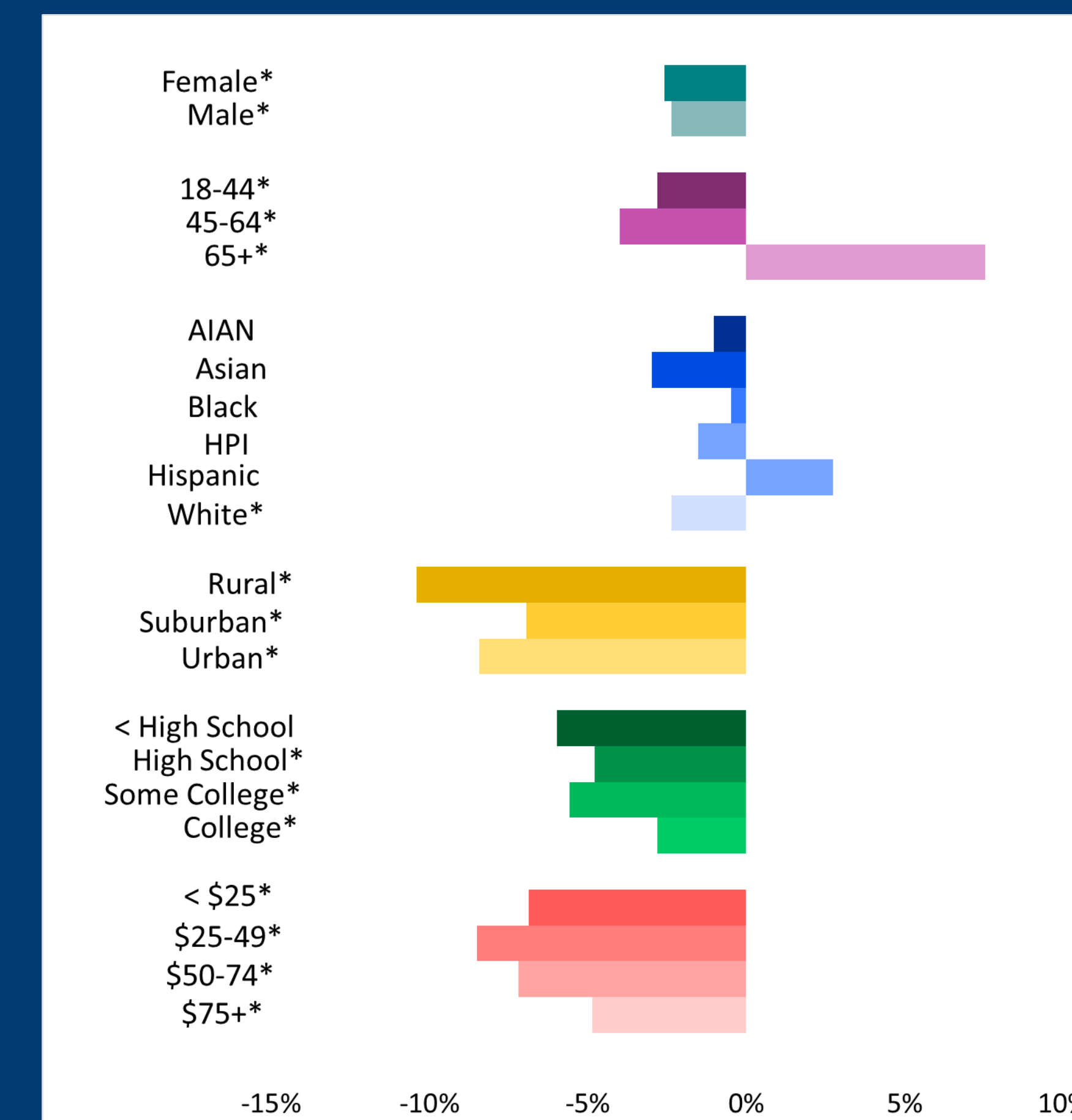
Disparities

- Disparities in HHS were consistent across subpopulations during the six-year period, with the exception of age which decreased from 1.5 to 1.3 times greater among those aged 18-44, compared with those aged 65+
- The largest disparities were among education groups, followed by income groups
 - HHS was 2.9 times greater among college graduates, compared with those with less than a high school education in both 2011 and 2017, ranging from 22.1% to 65.3%

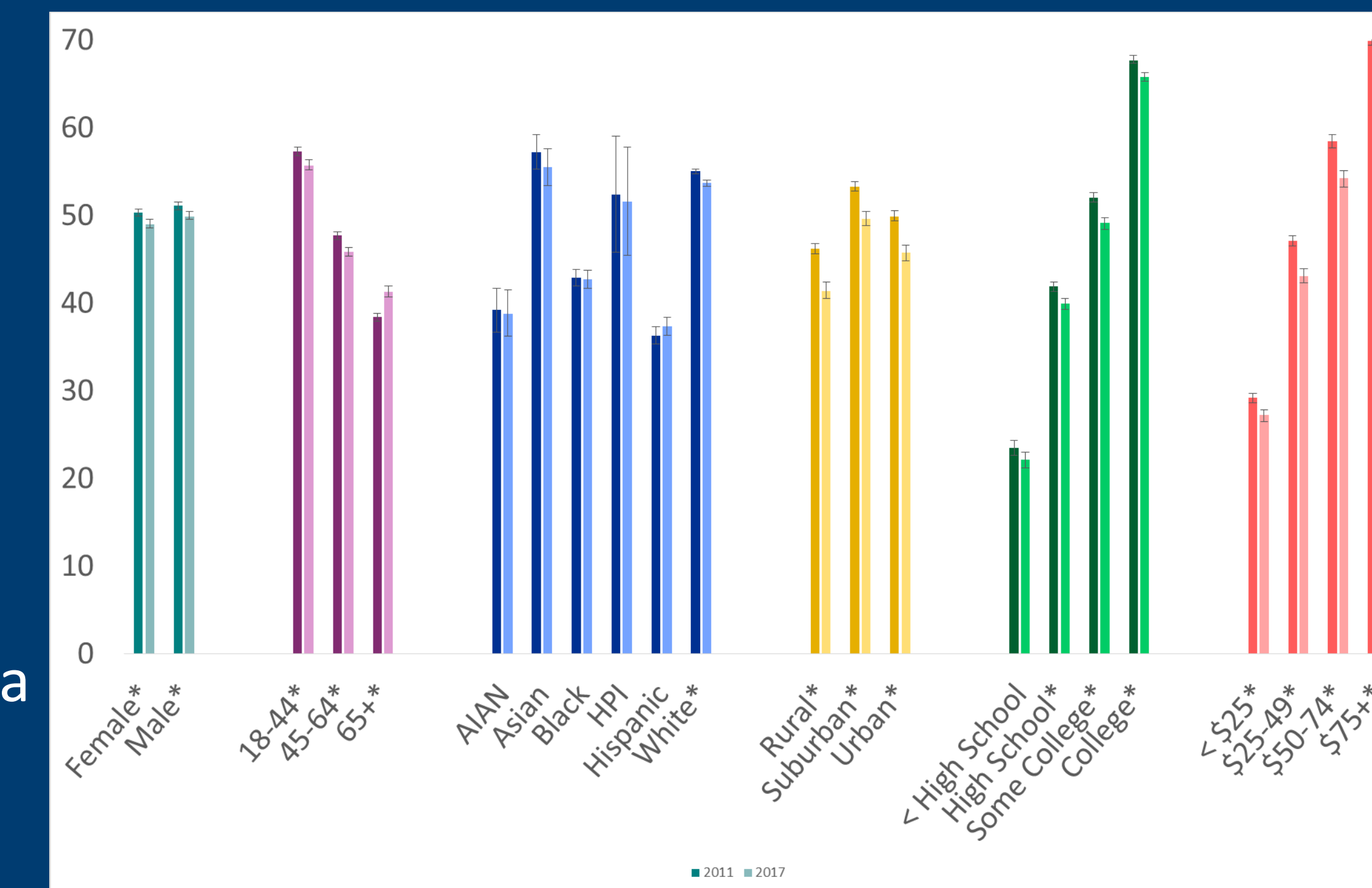
Trend in HHS by education



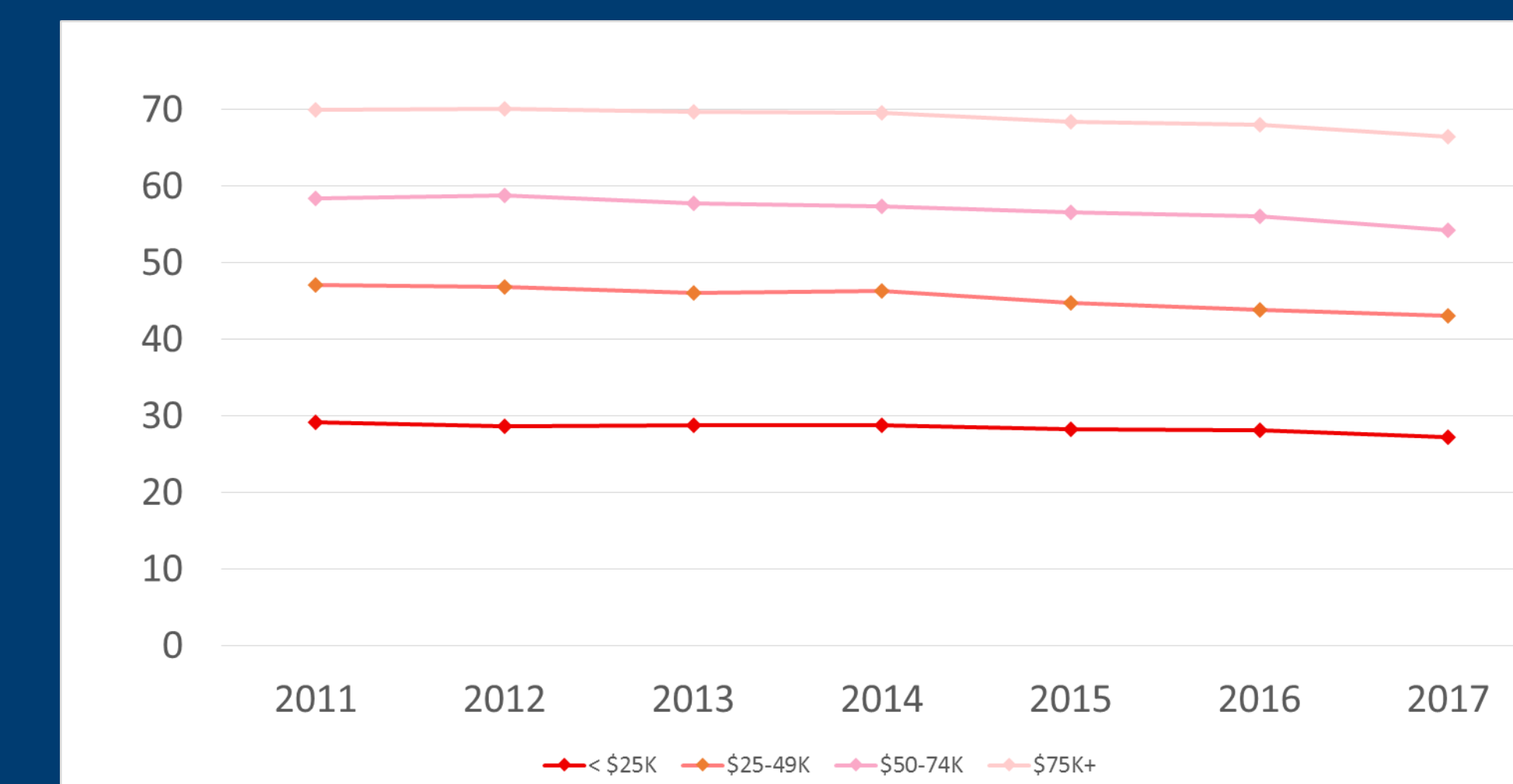
Percent change in HHS by subpopulation, 2011-2017



HHS in 2011 and 2017 by subpopulation



Trend in HHS by income



Conclusions

- Consistent with previous research, high health status continues to decline affecting most subpopulations
- Disparities within subpopulations have largely remained constant across time
- Education is the subpopulation with the greatest disparity
- Although seniors aged 65+ experienced an increase in HHS, they have relatively low HHS compared with other age groups
- There is a need for increased efforts to improve health status in rural areas and to address the disparity in health status by education
- The increase in HHS among adults aged 65+ may be due to the growing number of younger seniors as the baby boomer generation ages. Younger seniors tend to be healthier than older seniors.

Limitations

- Estimates are not age-adjusted despite age being correlated with health status
- National estimates are calculated using state-level weights and may not accurately represent national demographics
- Urbanicity excludes cellphone respondents; limiting the comparability between 2011 and 2017 as the number of cellphone-only households has increased

Acknowledgments

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Disclosure

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