

Consumer Health Related Quality of Life of Life (HRQOL)

Presentation at the 2003 National Conference on Mental Health Statistics
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A Center for Disease Control (CDC) survey monitors population health-related quality of life (HRQOL) with measures on days in the past month of poor physical health and mental health. "... the HRQOL measures provide information about the association between mental and physical health, ..., and disease and disability... This information will assist ... in measuring and assessing changes in ... two of the 25 Community Profile Indicators recommended by the Institute of Medicine..."¹ (Refer to attachment A.)

While very limited, one CDC population analysis found individuals with "*Depression, anxiety, or other emotional problems*" had almost 3 times as many unhealthy physical health days, and over 6 times the unhealthy mental health days as the total adult population. The combined "unhealthy days" were higher for "emotional problems" than any other "Cause of activity limitation". (Ibid.)(Refer to Attachment B.)

		Unhealthy Days	
		Physical	Mental
	#		
CDC Population Survey			
Total adult population	13,244	3.2	2.8
Cancer	44	8.2	12.6
Depression, anxiety, or other emotional problem	44	9.4	17.5
Wyoming Consumer Survey			
Total	479	7.8	11.2
Individuals with SPMI	169	10.3	13.3

The Wyoming Mental Health Division included HRQOL measures in the FY2003 consumer survey. Consumers in Wyoming reported over twice the unhealthy physical days and four times the unhealthy mental days as the total adult population. (Refer to Attachment C. for more on the Wyoming Consumer Survey.) Note the potential bias due to difference in methods of administration: telephone v mail. Even with a bias into, findings appear to substantiate the relatively poor health of consumers. This in turn validates a need for services.

A finding from the Wyoming Consumer Survey was interesting. The subgroup of consumers with serious and persistent mental illness indicated relatively more unhealthy days than other individuals. This also might be expected and provides some validation that the categorization system in Wyoming has meaning.

¹ Center for Disease Control. Quality of Life and Activity Limitation -- Eight States, 1995. MMWR Weekly, February 27, 1998 / 47(07); 134-140

A significant relationship was found in the Wyoming consumer survey between unhealthy days and MHSIP domain scores, particularly for individuals with SPMI. The highest correlations were found with the outcome domain ($r = 0.30$ and $r = 0.47$ for unhealthy physical and mental days respectively).

Wyoming BRFSS findings show relationships between unhealthy mental days, lifestyle behaviors, and health conditions. Individuals in the general adult population with 14 or more unhealthy mental days (termed Frequent Mental Distress or FMD) indicated twice the rate of cigarette smoking as other adults (41% v 20%); and considerably less physical activity (46% v 57%). Individuals with FMD reported higher rates of obesity than others (25% v 19%); more limited activities (29% v 5%); and poorer physical health (33% v 9%).² (Refer to the attached two pages on Frequent Mental Distress.)

HRQOL Utility in the Consumer Survey

- **Substantiate the poor health of consumers and thus need for mental health services**
- **Compare consumer health with other health conditions**
- **Identify other health interventions needed such as reducing cigarette smoking and increasing physical activity**

The relationship between unhealthy mental days, lifestyle behaviors, and health conditions directs us toward potential health interventions for people with FMD. It is not a large step to recognize a need for the same interventions in mental health settings. The call is for interventions to reduce cigarette smoking and increase physical activity.

The Western States Decision Support Group discussed the BRFSS survey at the August 2002 meeting³. The discussion leads to recommendations including:

- strengthening BRFSS surveys to assess mental illness (perhaps adding a sub-scale), and
- including the four HRQOL items as a module in the MHSIP consumer survey.

HRQOL data may be used to substantiate the need for mental health services for consumers; potentially compare consumer health with other health conditions; and identify health interventions needed such as reducing cigarette smoking and increasing physical activity.

² Wyoming 2001 BRFSS Report. Published by the Preventive Health and Safety Division. Menlo Futa, Wyoming BRFSS Coordinator. Frequent Mental Distress (FMD) was defined as “Respondents reporting their mental health, including stress, depression and problems with emotions, was not good 14 or more days in the past 30 days.

³ The MHSIP user group for the west. Go to <http://www.wiche.edu/MentalHealth/WSDSG/> for Minutes.

Attachment A.

How the CDC measures population HRQOL

CDC uses a set of questions called the "Healthy Days Measures." These questions include the following:

Would you say that in general your health is

Excellent, Very good, Good, Fair or Poor

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?

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Origins and Use of CDC HRQOL Measures and Data

Since 1993, the four core Healthy Days measures have been part of the state based BRFSS's full sample. Also starting in 2000, the Healthy Days Measures were added to the examination component of the National Health and Nutrition Examination Survey (NHANES). The demonstrated value of these measures and the continuous accumulation of public domain data have resulted in support from the CDC Disability, Women's Health, and Arthritis Programs. The HRQOL measures and data have also been used for research or program planning by CDC's Cardiovascular Health and HIV/AIDS Programs as well as by the Public Health Foundation, the Foundation for Accountability, and several other government and academic programs.

In recent years, several organizations have found these Healthy Days measures useful at the national level for (1) identifying health disparities, (2) tracking population trends, and (3) building broad coalitions around a measure of population health compatible with the World Health Organization's definition of health. "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." - World Health Organization, 1948

One of the greatest anticipated uses of the BRFSS Healthy Days measures and data is at the state and local levels for tracking overall progress on achieving the two major goals of Healthy People 2010: to increase quality and years of healthy life; and to eliminate health disparities

<http://www.cdc.gov/hrqol/methods.htm>

Also see

Measuring Healthy Days: Population Assessment of Health-Related Quality of Life.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health, Atlanta, Georgia. November 2000

<http://www.cdc.gov/nccdphp/hrqol/pdfs/mhd>.

Attachment B.

<http://www.cdc.gov/hrqol/methods.htm>

MMWR Weekly, February 27, 1998 / 47(07); 134-140

Health-Related Quality of Life and Activity Limitation -- Eight States, 1995

TABLE 2. Health-related quality-of-life measures, by cause of activity limitation * -- eight states, Behavioral Risk Factor

Surveillance System, 1995

Cause of activity limitation	No. &	Mean no. of days +							
		Physical health not good	Mental health not good	Usual activity limited @	Pain	Depression	Anxiety	Sleeplessness	Very healthy and full of energy
Arthritis or rheumatism	416	9.9	3.4	4.9	13.7	5.1	7.2	8.9	10.7
Back or neck problem	477	10.4	6.4	7.8	13.7	7.8	9.6	12.4	10.5
Fractures, bone or joint injury	239	9.2	5.1	5.6	12.4	5.9	8.9	9.9	13.9
Walking problem	187	8.6	3.5	5.3	10.9	4.5	7.5	6.4	13.2
Lung or breathing problem	188	13.6	5.6	7.8	5.9	6.9	9.5	9.4	9.6
Hearing problem	23	2.8	3.5	1.2	2.3	3.6	7.5	10.6	13.6
Eye or vision problem	82	7.8	5.0	2.7	3.7	5.6	6.0	6.8	18.2
Heart problem	223	11.7	4.1	7.1	7.5	5.7	8.1	9.4	10.2
Stroke	47	14.5	3.8	8.0	11.2	10.5	11.4	7.4	8.3
Hypertension									
or high blood pressure	31	10.1	5.2	8.7	8.4	7.6	7.5	6.9	9.8
Diabetes	73	15.0	5.1	7.3	8.6	8.7	8.7	9.3	8.1
Cancer	44	18.3	8.2	12.6	8.9	7.6	10.1	11.3	8.1
Depression, anxiety, or other emotional problem	44	9.4	17.5	12.2	7.8	22.1	23.1	16.7	4.0
Other impairment or problem	413	10.9	7.1	7.7	9.7	7.2	10.3	10.2	11.7

* Main causes of reported limitation were classified into these 14 categories by BRFSS interviewers.

+ During the 30 days preceding the survey.

& Includes data from Delaware, Indiana, Kansas, Mississippi, Missouri, New Mexico, North Carolina, and Tennessee. Weighted to account for different

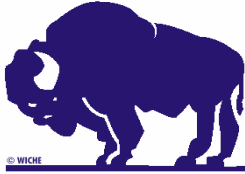
probabilities of selection and to adjust for the age, sex, and racial distribution of the population in each state (4). Persons for whom data were missing

were excluded from the analysis.

@ A value of 0 days was imputed for all respondents who reported no days when their physical or mental health was not good.

Attachment C.

WYOMING



Mental Health Statistics
Improvement Program

Adult Consumers Evaluate Mental Health Services FY 2003 Health Related Quality of Life

This document provides a general statewide overview of statewide findings and specifics on Health Related Quality of Life (HRQOL) information from the FY2003 survey. The full report is available on the web site of the Wyoming Division of Mental Health (<http://mentalhealth.state.wy.us/>).

Consumers have evaluated mental health services in Wyoming for four years. The Wyoming Mental Health Division contracts with UPLIFT (a family-based organization) to manage the project and with WICHE to provide technical consultation. All 15 Community Mental Health Centers participate. Findings are used to assess the quality, cultural competency, and outcome of services.

FY 2003 Statewide findings show that consumers evaluated services very positively overall and in all five domains. Overall eighty-four percent (84%) of consumers were positive in their evaluation. As would be expected the domain of general satisfaction was highest (87% of consumers satisfied) while the domains of treatment participation and outcomes were lowest (72% and 68% of consumers positive respectively). Finding differences between domains speaks to the strength of the MHSIP instrument and the ability of consumers to evaluate domains separately.

The statewide results range from very good to excellent when compared to the results of similar surveys from 10 states in the report MHSIP Consumer Surveys, 2000 (Judy Hall, 2001). These results are slightly less positive than was the case last year however we will see the method of administration accounts for the difference. Last year excluded people no longer receiving services in the survey and this year included them.

Subgroups were compared to understand factors that may be associated with consumer ratings. Consumer still receiving services were significantly more positive than those not. No reliable significant differences were found between consumers classified as having a SPMI and those not so classified.

Health-related Quality of Life (HRQOL) Scale

A scale developed by the national Center for Disease Control measures the effects of disorders, disabilities, and diseases in different populations. The health-related quality of life (HRQOL) can help identify subgroups with poor health and guide policies to improve health

(<http://www.cdc.gov/hrqol>). Two items ask respondents to rate the number of days in the last month that their *physical* health was not good, and make the same rating for *mental* health.

This table shows unhealthy days reported in the Wyoming adult consumer mail survey this year. Individuals with SPMI had considerably more unhealthy days than non-target individuals. That finding is important because it indicates there is meaning in the designation of individuals with SPMI. .

The table also shows unhealthy days for the household population in Wyoming. The Behavioral Risk Factor Surveillance System (BRFSS) is an

ongoing, state-based, random-digit-dialed telephone survey of noninstitutionalized adults. Consumers reported more than twice the unhealthy physical days and three times the mental days of all Wyoming adults.⁵

The 2001 BRFSS Report conducted by the Wyoming Department of Health used the question on unhealthy mental days in another way.⁶ The Report has a section on Frequent Mental Distress (FMD) defined as 14 or more unhealthy mental days. 8.4% of Wyoming adults reported FMD in 2001. (For comparison with the consumer survey, 14.5% of consumers reported FMD.) 41% of people with FMD reported cigarette smoking, compared with 20% for those with no FMD). About 29% of Wyoming adults with FMD report their activities limited 8 or more of the past 30 days compared to 5% of those without FMD. One third (33%) of Wyoming adults with FMD reported their physical health was not good 8 or more of the past 30 days compared with 9% of those without FMD.

The inclusion of the CDC's 4-item Health Related Quality of Life (HRQOL) scale appears to be a useful addition to the survey. Individuals with SPMI had considerably more unhealthy days than non-target individuals. Consumers reported more than twice the unhealthy physical days and three times the unhealthy mental days of all Wyoming adults. The scale is useful in showing the relative health of mental health consumers compared with people with other health conditions as well as with the general population.

Wyoming		Unhealthy Days (mean)	
Consumer Mail Survey	#	Physical	Mental
Non-target	238	6.2	10.0
Individuals with SPMI	169	10.3	13.3
Total		7.6	10.8
BRFSS⁴ (general adult population)			
2001	3,039	3.1	3.1

Health Related Quality of Life (HRQOL)

- **Consumers reported many more unhealthy days than the adult population in Wyoming**
- **Consumers with SPMI reported more unhealthy days than other consumers**

⁴ CDC Web-report on HRQOL, 12/20/2002 <http://apps.nccd.cdc.gov/HRQOL/TrentV.asp>

⁵ The author is comfortable making the comparisons even with the differences in distribution methods. MHSIP experience with mail surveys has been more negative than phone surveys. Note this comparison combines Consumer Mail Survey groups.

⁶ Wyoming 2001 BRFSS Report (Behavioral Risk Factor Surveillance System). Wyoming Department of Health, January 2003. Brent D. Sherard, M.D. Interim Director