

# UTAH BRFSS BRIEF

Behavioral Risk Factor Surveillance System

Utah Department of Health

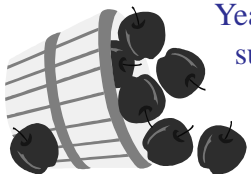
July 2002

## YEARS OF HEALTHY LIFE IN UTAH



A major overarching goal of the national *Healthy People 2010* initiative is to increase quality and years of *healthy life*, not simply life expectancy. This report combines information about life expectancy and health status to calculate years of healthy life for the population of Utah.

The increase in life expectancy in the United States during the 20th century has been a remarkable achievement. The average expectation of life at birth for the total U.S. population increased from 47 years in 1900 to 77 years in 1998 with most of the increase coming in the first half of the century.



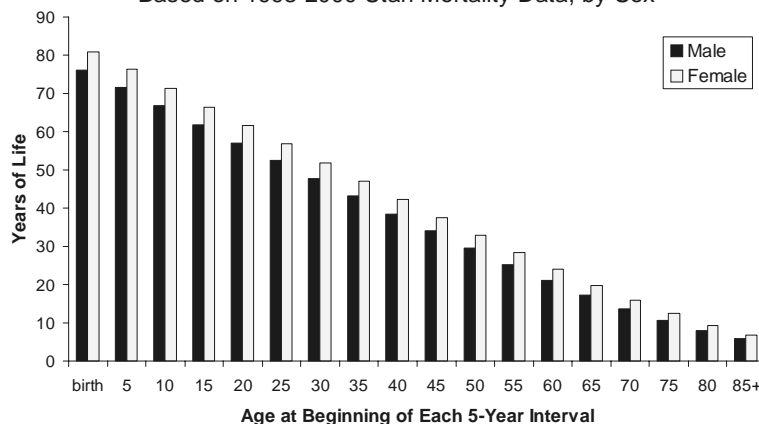
Years of Healthy Life (YHL) is a summary measure of health that incorporates two sets of measures. The first set estimates life expectancy using age-specific death (*mortality*) data in “life table” calculations. The second set describes illness (*morbidity*) expressed by health-related quality of life (HRQOL) measures.

HRQOL is more subjective than life expectancy and, therefore, can be more difficult to measure. For this report, four questions from Utah’s Behavioral Risk Factor Surveillance System (BRFSS) were examined individually to estimate HRQOL for Utah adults. These questions measure perceived health, physical health, mental health and activity limitation.

*Healthy People 2010* is a national health promotion and disease prevention initiative with an established set of health objectives for the Nation to achieve over the first decade of the new century. [www.health.gov/healthypeople](http://www.health.gov/healthypeople)

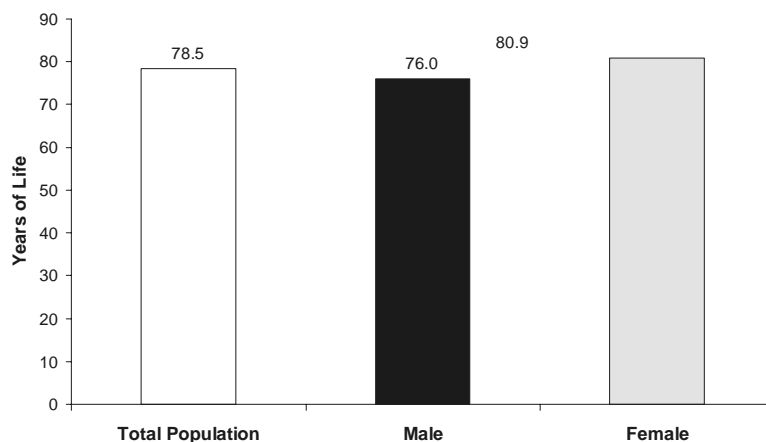
## LIFE EXPECTANCY

Figure 1: Years of Life Remaining at Beginning of Age Interval for Utah Residents Based on 1993-2000 Utah Mortality Data, by Sex



- Years of life remaining (life expectancy) at the beginning of each age interval was calculated using Utah mortality data for the years 1993-2000. Life expectancy is greater for women at all ages (Figure 1).

Figure 2: Life Expectancy at Birth Based on 1993-2000 Utah Mortality Data, by Sex



- In Utah, the average overall life expectancy at birth is 78.5 years. For women, life expectancy at birth is 81 years, and for men it is 76 years. (Figure 2).

**Four BRFSS questions were used to assess HRQOL:**

**1) Perceived Health Status:** Would you say that in general your health is: Excellent, Very Good, Good, Fair or Poor?

**2) Physical Health Status:** 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?

**3) Mental Health Status:** 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?

**4) Activity Limitation:** 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?

These questions were used to estimate the proportion of persons in each age group who were in good health, as follows. Item 1: the percentage responding “Good,” “Very Good,” or “Excellent.” Items 2, 3, and 4: the mean proportion of days in the previous 30 with good physical or mental health or without activity limitations (e.g., 28 out of 30 days = 93.3%). The proportions were then used in the “life table” computations to determine healthy years of life remaining (refer to Molla, et al., 2001 for the detailed life table methodology).

- The average percentage of years of remaining life with **good, very good or excellent perceived health** generally decreases with increasing age. For example, from Figure 1, a 20 year old woman can expect to live 62 more years; 85% of those years (52 years) will be with good, very good or excellent health. Whereas, a 60 year old woman has 24 years of life remaining, with 74% (18 years) in good, very good or excellent perceived health (Figure 3).
- The average percentage of years of remaining life with **good physical health** follows a pattern similar to perceived health status but with a greater difference between men and women (Figure 4).
- The average percentage of years of remaining life with **good mental health** increases with increasing age. Men experience a greater proportion of years in good mental health than women (Figure 5).



**YEARS OF HEALTHY LIFE**

Figure 3: Average Percentage of Years of Remaining Life With Good, Very Good or Excellent Perceived Health Based on 1993-2000 Utah Mortality and BRFSS Data

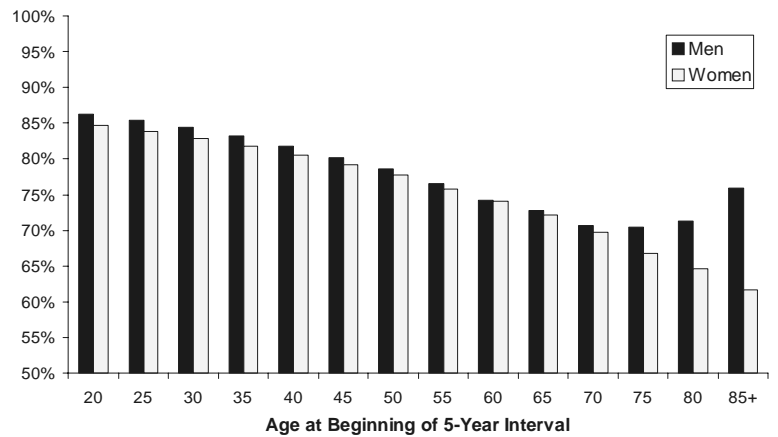


Figure 4: Average Percentage of Years of Remaining Life With Good Physical Health Based on 1993-2000 Utah Mortality and BRFSS Data

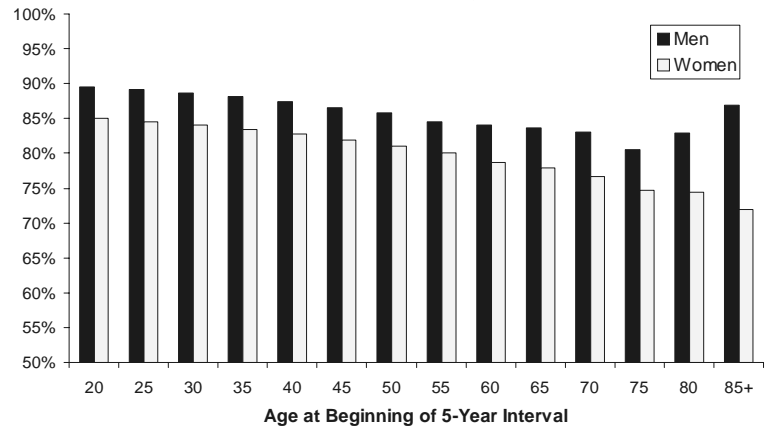
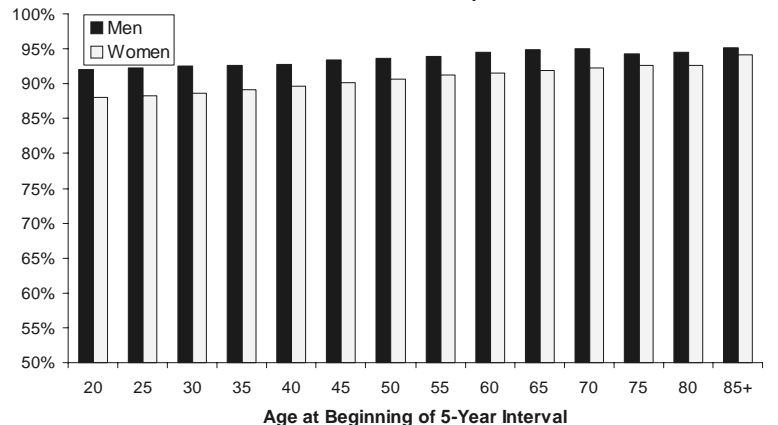


Figure 5: Average Percentage of Years of Remaining Life With Good Mental Health Based on 1993-2000 Utah Mortality and BRFSS Data



- The average percentage of years of remaining life **without activity limitation** decreases with increasing age. For this measure, the percentages are very similar for men and women in the younger age groups, but men are more likely to have a limitation after age 30 (Figure 6).

The BRFSS interviews adults ages 18 years and older. Therefore, in order to estimate healthy life expectancy at birth, the proportion in a healthy state from the BRFSS for ages 18-24 was used to estimate health status in the youngest age groups. This method likely resulted in a slight underestimate of years of healthy life.

- Females born in Utah can expect to live 81 years on average with approximately 70 of those years in good perceived health, good physical health and good mental health, respectively and 73 years without activity limitations.
- Males born in Utah can expect to live 76 years on average with approximately 67 of those years in good perceived health and 69 years in good physical health, good mental health and without activity limitations, respectively.

Now that people are living longer, it is important to look at ways that those added years can be lived in good health. Exercise, healthy diet and weight, stress management, not smoking, moderate use of alcohol, and injury prevention habits such as wearing seat belts and bicycle helmets all contribute to a healthy life span.

**References:**

1. Molla MT, Wagener DK, Madans JH. Summary Measures of Population Health: Methods for Calculating Healthy Life Expectancy. *Healthy People 2010 Statistical Notes*; August 2001, Number 21, Nation Center for Health Statistics.
2. Buescher P, Gizlice Z. *Healthy Life Expectancy in North Carolina, 1996-2000*. North Carolina Public Health, SCHS Studies, Special report series by the State Center for Health Statistics, No. 129, January 2002.
3. Klementiev A. *Measuring Years of Healthy Life: Washington State Adults 1993-2000*; Presented at the 19th Annual BRFSS Conference, Atlanta GA, March 2002.

Figure 6: Average Percentage of Years of Remaining Life With No Activity Limitation Based on 1993-2000 Utah Mortality and BRFSS Data

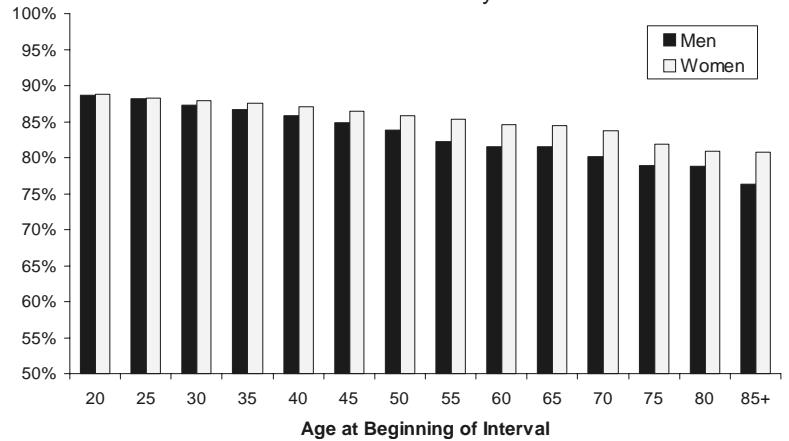


Figure 7: Utah Women, Average Expected Years of Healthy and Unhealthy Life at Birth, Based on 1993-2000 Utah Mortality and BRFSS Data

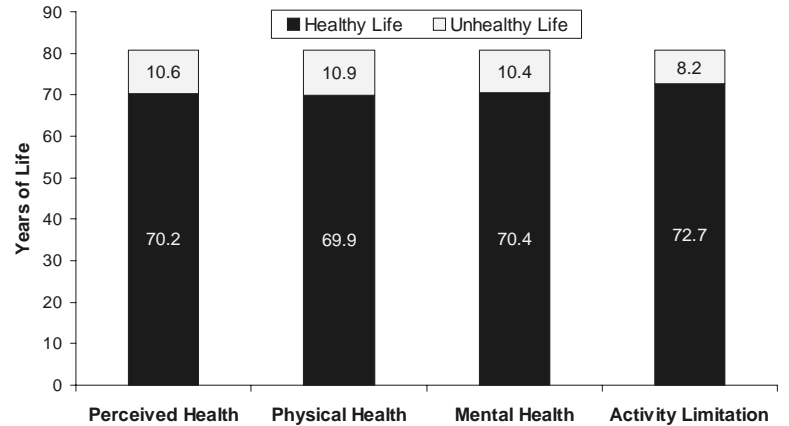
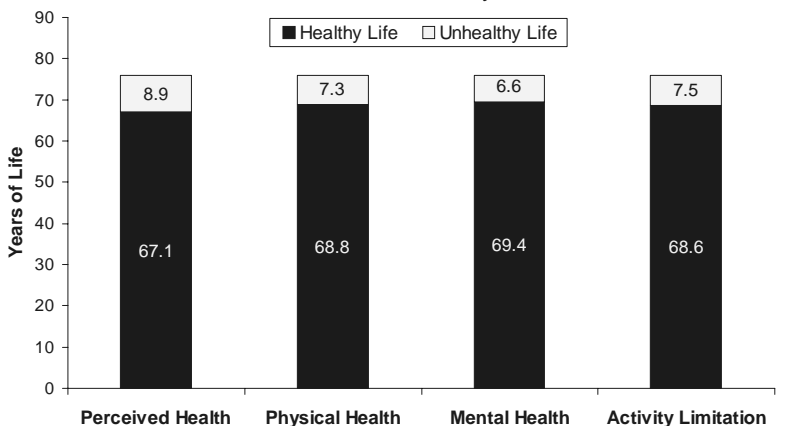


Figure 8: Utah Men, Average Expected Years of Healthy and Unhealthy Life at Birth, Based on 1993-2000 Utah Mortality and BRFSS Data





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RETURN SERVICE REQUESTED

The Utah Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing effort by the Utah Department of Health in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) to assess the prevalence of and trends in health-related behaviors in the non-institutionalized Utah adult population aged 18 years and older. The survey is supported in part by funds from Cooperative Agreement No. U58/CCU800572 from the CDC. Data are collected monthly from a random telephone sample of adults living in households with telephones. Utah has participated in the BRFSS continuously since 1984.

The BRFSS questionnaire is modified each year by the CDC in collaboration with participating state agencies. The questionnaire has three parts. The first part is a core set of questions that is asked by all states. The second part consists of a series of topical modules developed by the CDC. States have the option of adding modules as they wish. Utah has used several of the CDC modules. The final part of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in Utah to maximize the survey's ability to address the needs of Utah's health programs.

Participants in the Utah BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, tobacco and alcohol consumption, health services utilization and basic demographic information. Participation in the BRFSS is completely anonymous and voluntary. Prior to analysis, BRFSS data are weighted so the findings can be generalized to the Utah adult population. **The Utah Department of Health would like to thank the citizens of Utah who have participated in this survey.**

For more information about the Utah BRFSS, contact the Utah BRFSS Coordinator at the Utah Department of Health at (801) 538-6434.

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