

Serious Psychological Distress and Associated Health Conditions and Risks Among Rhode Island Adults in 2007



Rhode Island Department of Health, August 2008
Center for Health Data and Analysis

Introduction

The following provides information for Rhode Islanders ages 18 and older on rates of serious psychological distress (SPD) within demographic subgroups, as well as data on health status, health conditions and health risks for adults with and without SPD. Data are from RI's 2007 Behavioral Risk Factor Surveillance System (BRFSS).

About the BRFSS: The BRFSS is a telephone survey administered in all 50 states and 4 U.S. territories with funding and specifications from the Centers for Disease Control and Prevention (CDC). The BRFSS monitors health risks that contribute to the leading causes of disease and death among adults 18 and older in the United States. RI has participated since 1984.

Rhode Island's BRFSS: From January - December 2007, 4,499 random-digit dialed telephone interviews were conducted with non-institutionalized RI adults. A professional survey firm under contract to the RI Department of Health conducted the interviews.

Definition of Serious Psychological Distress: A SPD score was calculated based on a respondent's answers to 6 questions about feelings in the prior month. Specifically, respondents were asked how often they felt Nervous; Hopeless; Restless/fidgety; Depressed; Worthless; or that "Everything is an effort". A score of ≥ 13 indicated SPD.

Interpreting Results: Some groups that may be at risk of SPD are not included in the BRFSS (e.g. the homeless, nursing home residents). Thus these rates may under-estimate the true prevalence of SPD. Also, although this report shows a strong association between SPD and many health-risks, causality cannot be determined. That is, although people with SPD may be more likely to begin smoking than those without, the SPD might not be the cause.

Reading statistics: This report presents bar graphs showing percentages and 95% confidence intervals (CI). As percentages from survey data are estimates, the 95% CI indicates the range of values within which the "true" value lies 95% of the time. When two groups have a 95% CI that overlap, it indicates that the "true" values are likely to be similar in both groups. If the 95% CI's do not overlap, it indicates that there is a statistically significant difference between the two groups.

Acknowledgements: The RI BRFSS is funded in part by the Chronic Disease Prevention and Health Promotion Programs Cooperative Agreement #U58/CCU122791 from the Centers for Disease Control and Prevention.

Further information: Go to <http://www.health.ri.gov/chic/statistics/brfss.php>, <http://www.cdc.gov/brfss>, or contact the Center for Health Data and Analysis, RI Department of Health (401-222-2550).

Report prepared by: JE Hesser PhD, Y Jiang PhD (RI Dept of Health), and RW Tremper MBA, NL Wood PhD (RI Dept of MHRH).

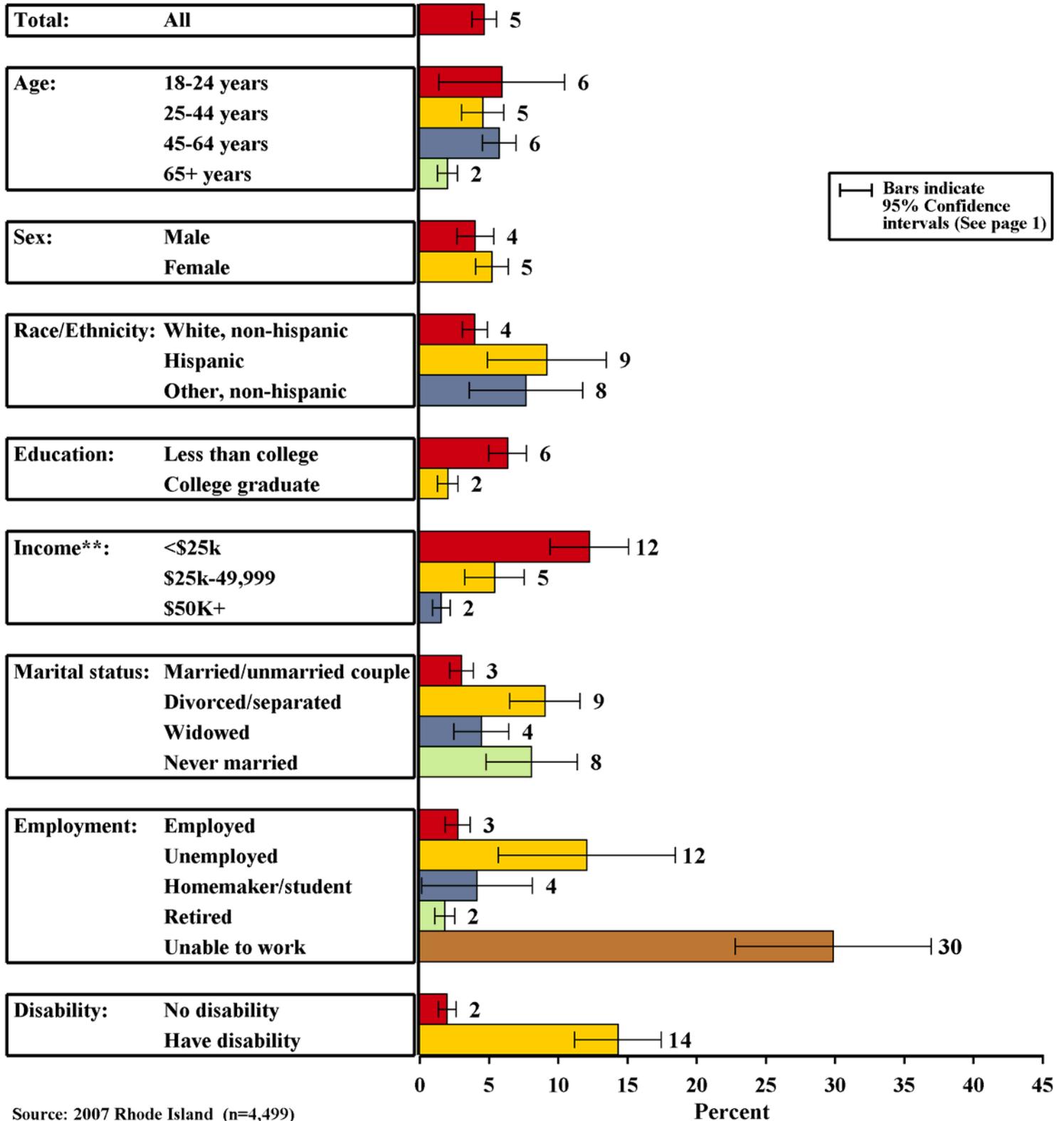
Highlights

- ❖ Five of every 100 adults in Rhode Island, or about 33,600 persons, currently experience serious psychological distress (SPD). (Fig. 1)
- ❖ SPD rates are higher among those who are Hispanic and non-White non-Hispanic; are without a college degree; have annual household incomes less than \$25,000; are divorced or separated; are unemployed or unable to work; or have a disability. (Fig. 1)
- ❖ 19% of persons with SPD lack health coverage, compared with 9% of persons without SPD, while 27% of those with SPD could not see a physician due to cost. (Fig 2)
- ❖ Only 54% of persons with SPD are receiving medicine or treatment from a health provider for a mental condition or emotional problem. (Fig. 2)
- ❖ 64% of persons with SPD say they do not get the social and emotional support they need; 30% are caregivers for a family member or friend. (Fig 2)
- ❖ 63% of those without SPD believe that people care about people with mental illness vs 34% of those with SPD. (Fig 2)
- ❖ Persons with SPD have significantly higher rates than others for every health condition assessed including obesity, diabetes, asthma, arthritis, high blood pressure, high cholesterol, and history of heart attack. (Fig. 3).

Implications

Certain demographic subgroups are at increased risk for SPD, and persons with SPD are at increased risk for a number of health conditions and risky health behaviors. The fact that these persons also have less access to health care than others, and that only about half are receiving treatment for a mental or emotional condition potentially points towards underlying issues of both identification of the problem and access to adequate and appropriate care.

Figure 1
SPD* Among Rhode Island Adults
(Ages 18 and older) within demographic subgroups -- 2007

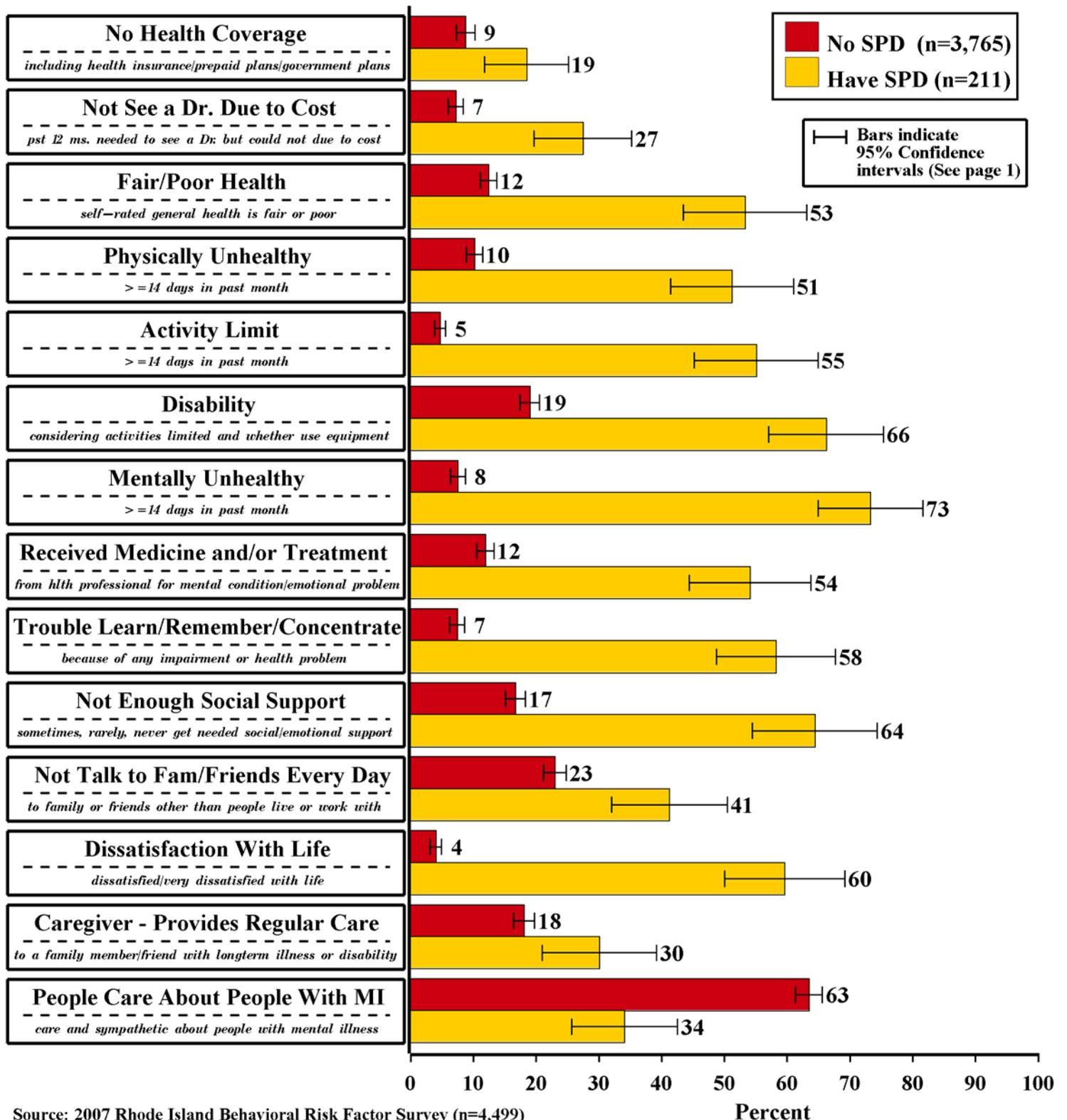


Source: 2007 Rhode Island (n=4,499)

* SPD: Respondent with a score of ≥ 13 is considered to have serious psychological distress

** Annual household

Figure 2
Health Risks Among Rhode Island Adults
(Ages 18 and older) with/without SPD* -- 2007

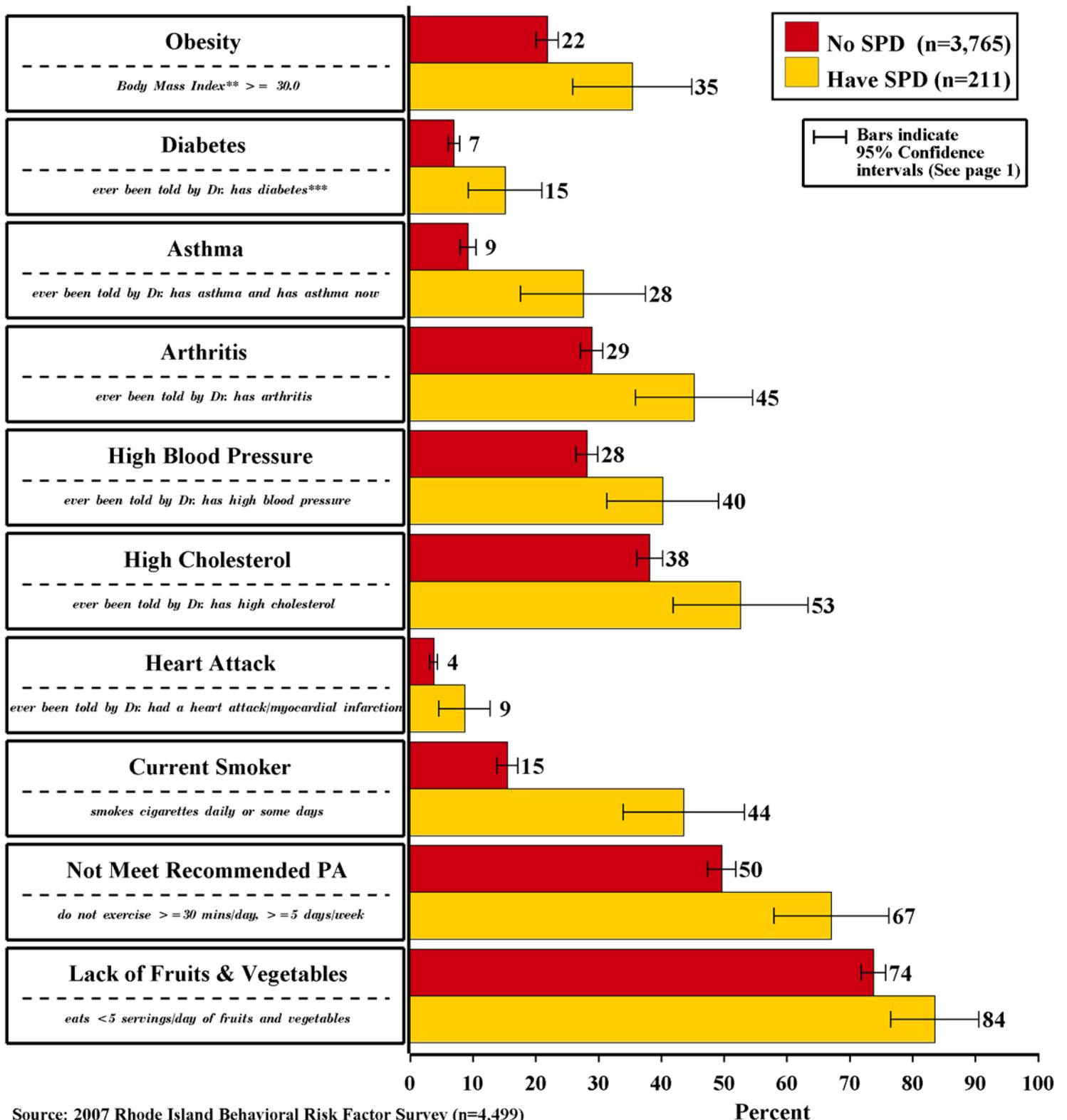


Source: 2007 Rhode Island Behavioral Risk Factor Survey (n=4,499)

* SPD: Respondent with a score of ≥ 13 is considered to have serious psychological distress

Figure 3

Health Risks Among Rhode Island Adults (Ages 18 and older) with/without SPD* -- 2007



Source: 2007 Rhode Island Behavioral Risk Factor Survey (n=4,499)

* SPD: Respondent with a score of >=13 is considered to have serious psychological distress

** Body Mass Index = weight in kilograms / (height in meters)²

*** Diabetes: Adults who have ever been told by a health professional they have diabetes, other than during pregnancy