

Healthy People 2010: The contribution of good health behaviors to the length and quality of healthy life years

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Despite improvements in prevalence of smoking and physical activity, increases in obesity have raised serious concerns among policymakers that the current generation will have poorer quality and length of life than previous generations. Healthy People 2010 examines the impact of changes in health behaviors through its first goal of increasing the quality and length of healthy life years, specifically *years of life with good health behaviors*.

The exploration of summary measures of health has contributed to an increased understanding of the inter-relatedness within the Healthy People 2010 goals and objectives. Recent work in summary measures has demonstrated that increases in healthy life expectancy varied by age and health behavior of interest (Molla et al., 2003). Younger individuals experienced gains in life expectancy through changes in life expectancy, while older age groups showed greater increases quality life years. Further, achievement of the current Healthy People 2010 objectives would significantly increase overall healthy life expectancy and decrease racial and ethnic disparities in health (Pamuk et al., 2004).

The primary objective of this paper is to explore the trends in years lived with good health behaviors and to what extent changes in single health behaviors contribute to the overall trend. It is important to both document and decompose the trends in years lived with good health behaviors as such methods increase

our understanding of impact of health behaviors to overall population differences in health and lend insight to the assessment of current Healthy People 2010 objectives.

Data and Methods

Analyses are based on the 1999-2000 and 2001-2002 mortality data from the National Vital Statistics System, and 1999-2000 and 2001-2002 health behavior data from the National Health Interview Survey. The National Health Interview Survey (NHIS) is a nationally representative annual, cross-sectional survey, which provides a “snapshot” of the US population health. Approximately 40,000 households are interviewed each year. The National Vital Statistics System (NVSS) is a complete registration of all vital events, and includes detailed data on all deaths that occur within the United States. These data systems are ideal for the study of healthy life expectancy since they contained detailed information on health behaviors and cause of death mortality.

Health Behaviors

Health behaviors included in this analysis are obesity, no leisure time physical activity, and tobacco use. Respondents are considered obese if they self-report a combined height and weight that results in a body mass index greater than or equal to 30. Respondents who report no vigorous or moderate leisure-time physical activity are coded as having no leisure-time physical activity. Individuals who report smoking at least 100 cigarettes in their lifetime and who now smoke on at least some days are considered current smokers. The prevalence of poor health behaviors is measured by a combination of these

three selected behaviors. Individuals who report any one of these three health behaviors are considered to have poor health behaviors.

Analytic Plan

First, using the Sullivan method, I examine the trends 1999-2000 years of life with good health behaviors and 2001-2002 years of life with good health behaviors. Finally, I use the Arriaga method to decompose years of life with good health behaviors and examine the contribution of each health behavior and related cause of death to changes in health expectancy.

Preliminary results

Preliminary results suggest that years of life lived with good health behaviors slightly decreased during the two study periods and the change in years of life with good health behaviors is largely driven by the increases in obesity.