



Health-Related Quality of Life: Unhealthy Days A Data Short Take

Health Economics Program

April | 2023

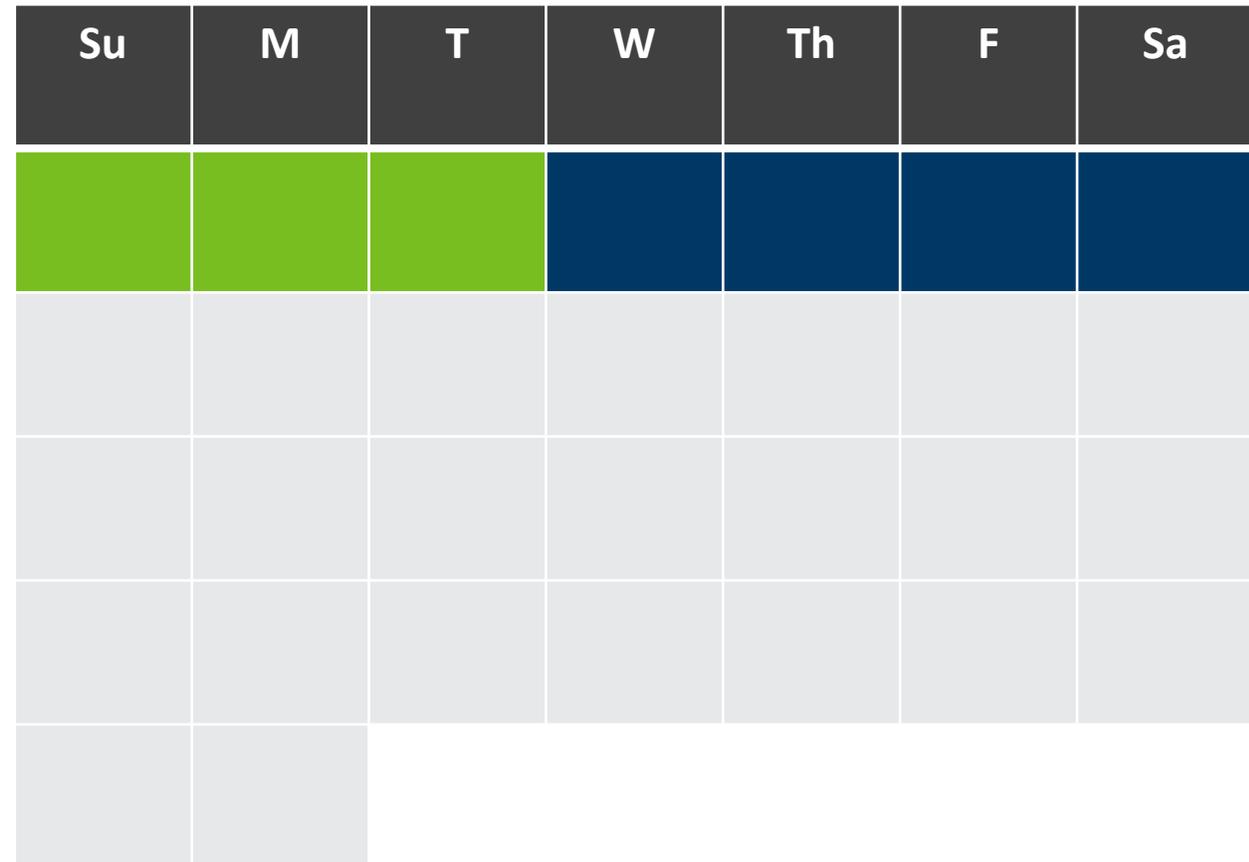
Healthy Days: One Way to Measure the Quality of Life

- CDC Healthy Days Measure – comprises two questions:
 - **Physically Unhealthy Days:** 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?
 - **Mentally Unhealthy Days:** 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?
 - Reported only for ages 5 and up.
- Frequent mental distress Measure: 14 or more mentally unhealthy health days in a month.
 - Reported only for ages 5 and up.
- Chronic illness: survey respondent report they had one or more health conditions that have lasted for a year or more or are expected to last for a year or more.
 - Includes physical health conditions (such as asthma, cancer, diabetes, heart disease), a behavioral health or mental health condition, or a developmental disability.

Statewide Quality of Life Measures: 2021

- Average mentally unhealthy days – **4.3**
- Average physically unhealthy days – **3.3**
- **12.6%** of Minnesotans reported frequent mental distress.
 - The frequent mental distress measure (14 or more mentally unhealthy days in a month) has a strong relationship with clinically diagnosed mental disorders.¹
- **41.2%** of Minnesotans reported having a chronic illness.
 - Chronic illness and attributed health care spending is expected to continue rising.²

● Physically unhealthy days ● Mentally unhealthy days



Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. Chronic illness is defined as currently having a health condition that lasted for a year or more or is expected to last for a year or more

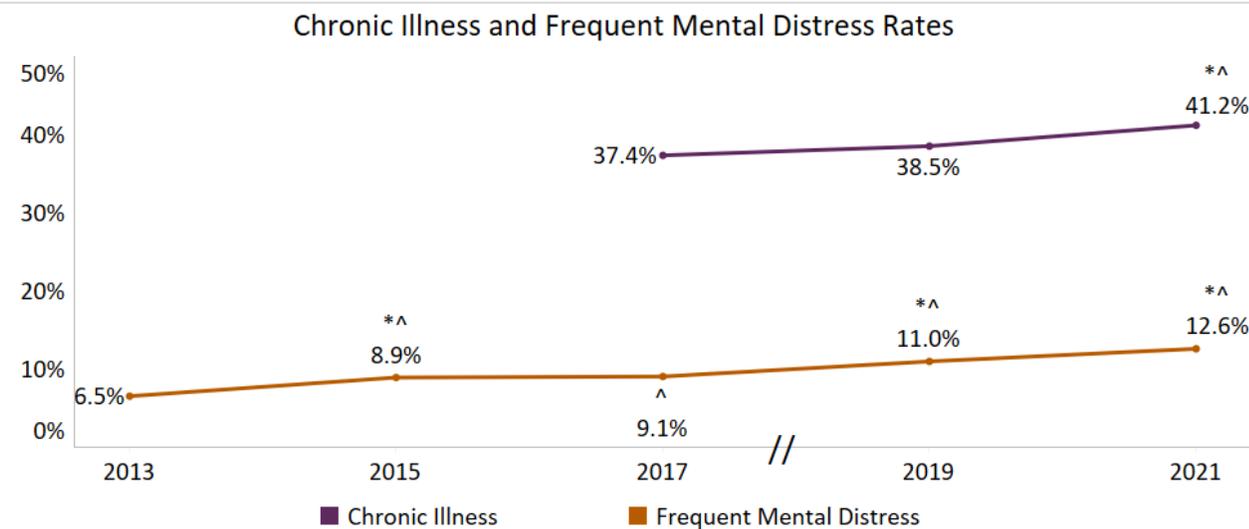
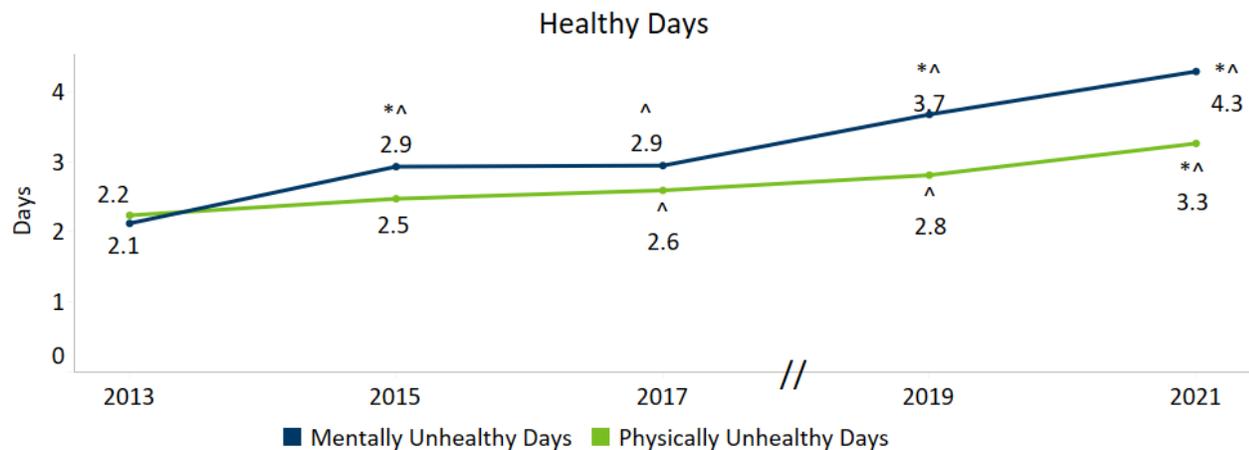
Source: Minnesota Health Access Surveys, 2015 to 2021;

1. https://www.americashealthrankings.org/explore/annual/measure/mental_distress

2. <https://www.health.state.mn.us/data/apcd/docs/chroniccond2016rpt.pdf>

Statewide Quality of Life Measures: 2013 to 2021

- Unhealthy days, frequent mental distress, and chronic illness increased significantly from the first year of data collection to 2021:
 - Mentally unhealthy days – 104.8% increase
 - Physically unhealthy days – 50.0% increase
 - Chronic illness – 10.2% increase (2017-2021)
 - Frequent mental distress – 93.8% increase



^ Indicates statistically significant difference at the 95% level from first year of data collection..

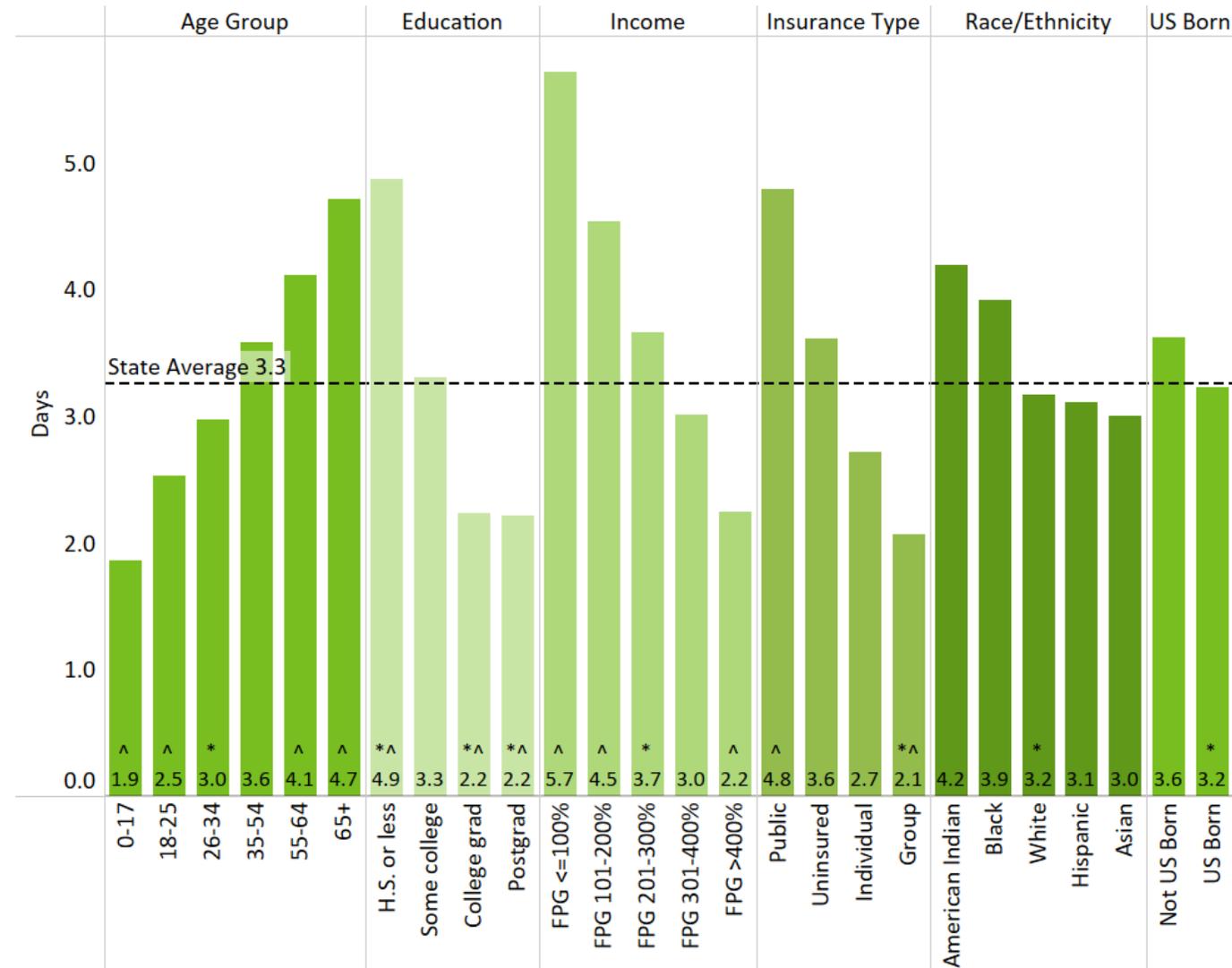
* Indicates statistically significant difference at the 95% level from the previous year.

Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. Frequent mental distress defined as 14 or more mental health days in a month. Chronic illness is defined as currently having a health condition that lasted for a year or more or is expected to last for a year or more. Chronic illness questions were not asked on MNHA until 2017. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

Source: Minnesota Health Access Surveys, 2013 to 2021

Average Number of *Physically* Unhealthy Days, 2021

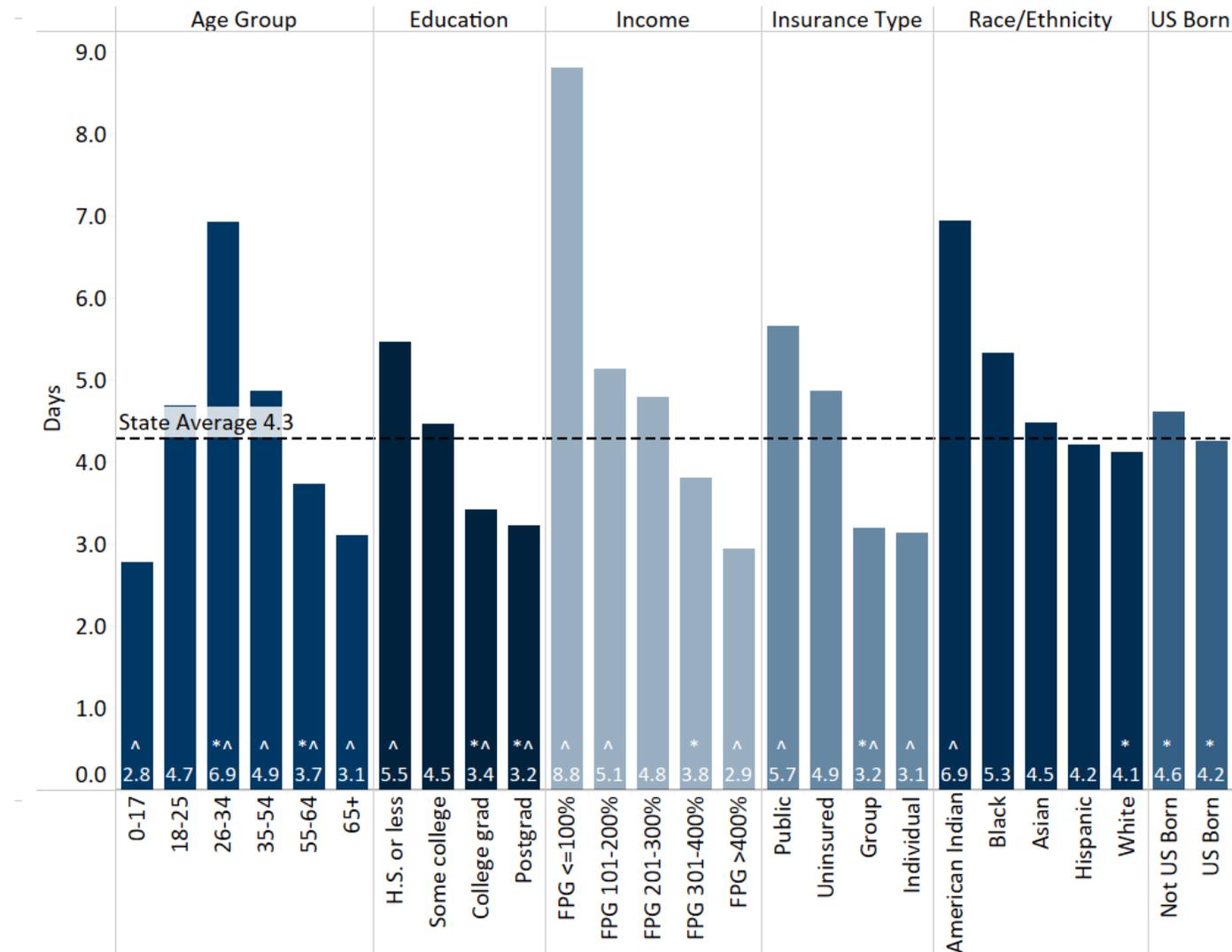
- Populations that experience significantly higher physically unhealthy days:
 - People with high school education or less
 - Individuals at or below 200% of the federal poverty guidelines (FPG)
 - Minnesotans with public health coverage
 - Minnesotans 55 and older
- **Definition:** Physically unhealthy days represent the number of days during the previous 30 days that a respondent's physical health was not good.
 - Includes illness and injury



* Indicates statistically significant difference at the 95% level from the previous year.
 ^ Indicates statistically significant difference at the 95% level from the state average.
 Source: Minnesota Health Access Survey, 2021

Average Number of *Mentally* Unhealthy Days, 2021

- Populations that experience significantly higher mentally unhealthy days:
 - People with high school education or less
 - Individuals at or below 200% of the federal poverty guidelines
 - Minnesotans with public coverage
 - Minnesotans between the ages of 26-54
 - American Indians
- **Definition:** Mentally unhealthy days represent the number of days during the previous 30 days that a respondent's mental health was not good.
 - Includes stress, depression, and problems with emotions



* Indicates statistically significant difference at the 95% level from the previous year shown.

^ Indicates statistically significant difference at the 95% level from the state average.

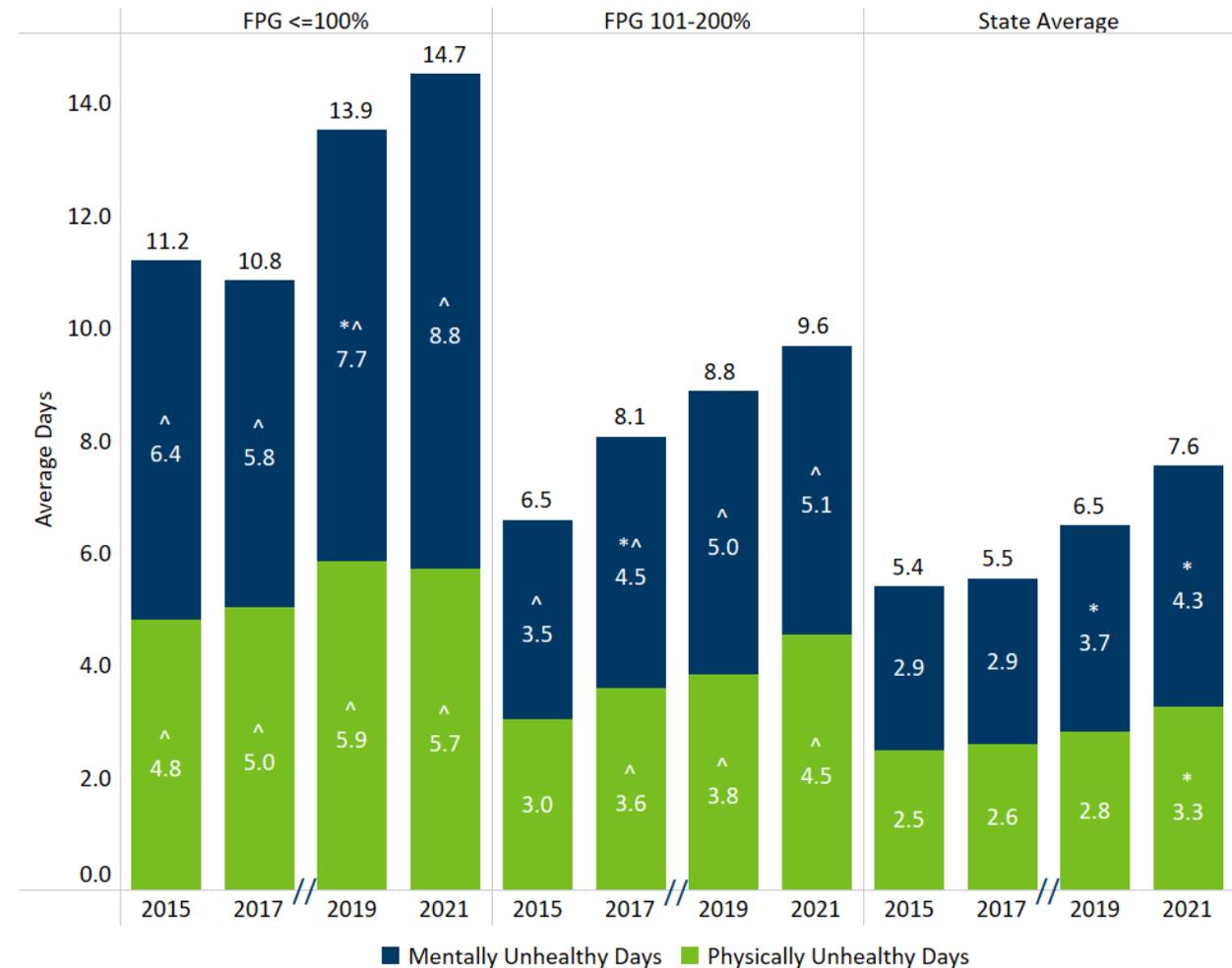
Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older.

Source: Minnesota Health Access Survey, 2021

A Closer Look at Some Populations Experiencing Greater Number of Unhealthy Days

Unhealthy Days: Lower Income Minnesotans

- Minnesotans living at or below 100% FPG:
 - Report almost twice as many unhealthy days as the state average.
 - 29.9% reported experiencing frequent mental distress.
 - 53.4% reported experiencing chronic illness.
- Minnesotans living at or below 200% FPG have also consistently reported higher number of mentally and physically unhealthy days than statewide.
- Adults with lower incomes face challenges paying for health care and other necessities, potentially affecting the higher rates of unhealthy days¹.



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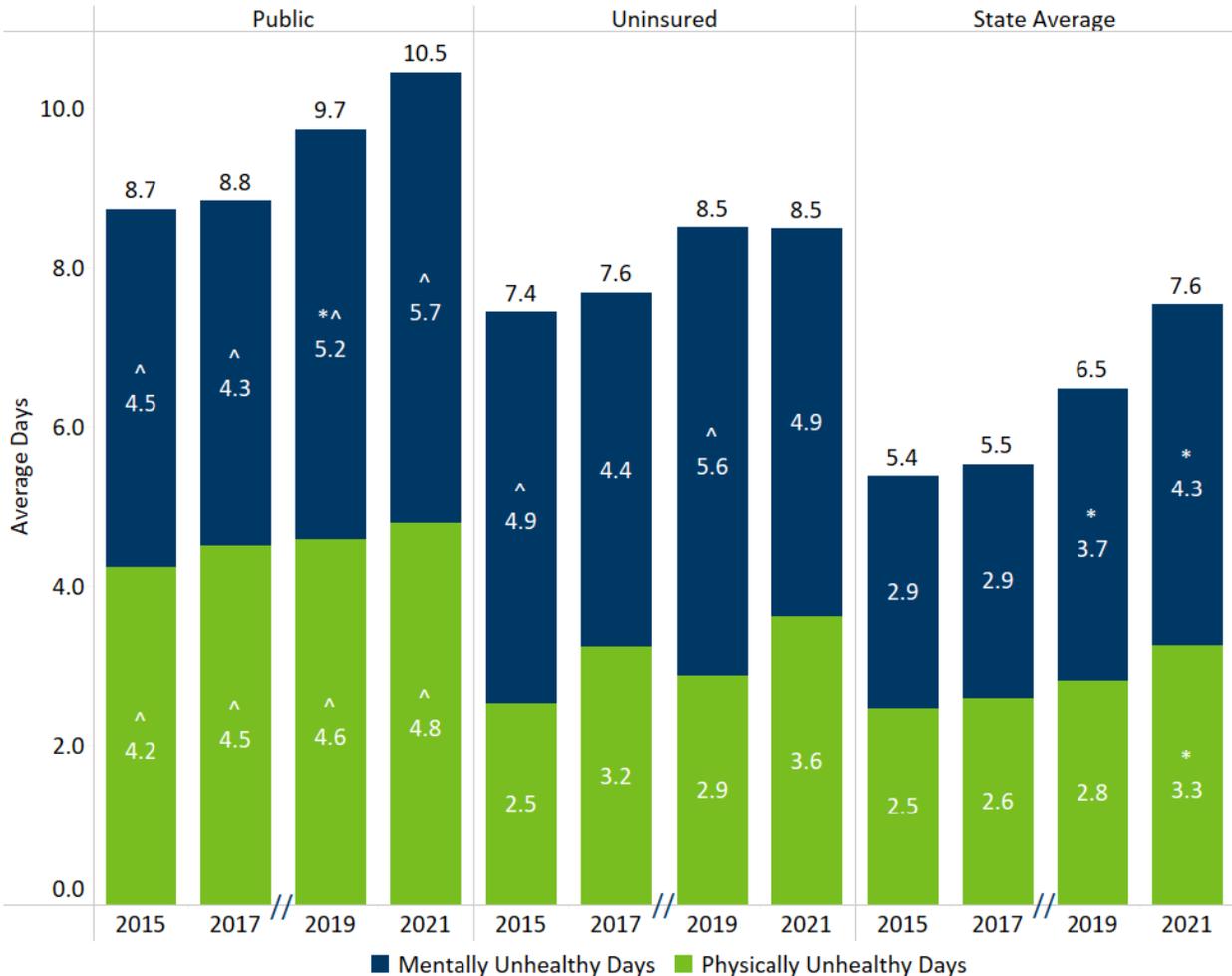
Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

Source: Minnesota Health Access Surveys, 2015 to 2021

1. <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>

Unhealthy Days: Public Coverage & Uninsured

- Uninsured Minnesotans and those with public coverage experience significantly higher unhealthy days. They also report higher rates of:
 - **Frequent Mental Distress:** 18.1% for public coverage and 14.5% for uninsured (12.6% statewide).
 - **Chronic Illness:** 55.3% for public coverage and 23.4% for uninsured (41.2% statewide).
- People without health insurance face major barriers to accessing health care.
- Enrollment in public coverage in Minnesota has been steadily increasing.
 - Economic and legislative changes in response to the pandemic led to increased eligibility during this period.
 - Employment and life changes, plus the pandemic itself, may have contributed to increases in mentally and physically unhealthy days.



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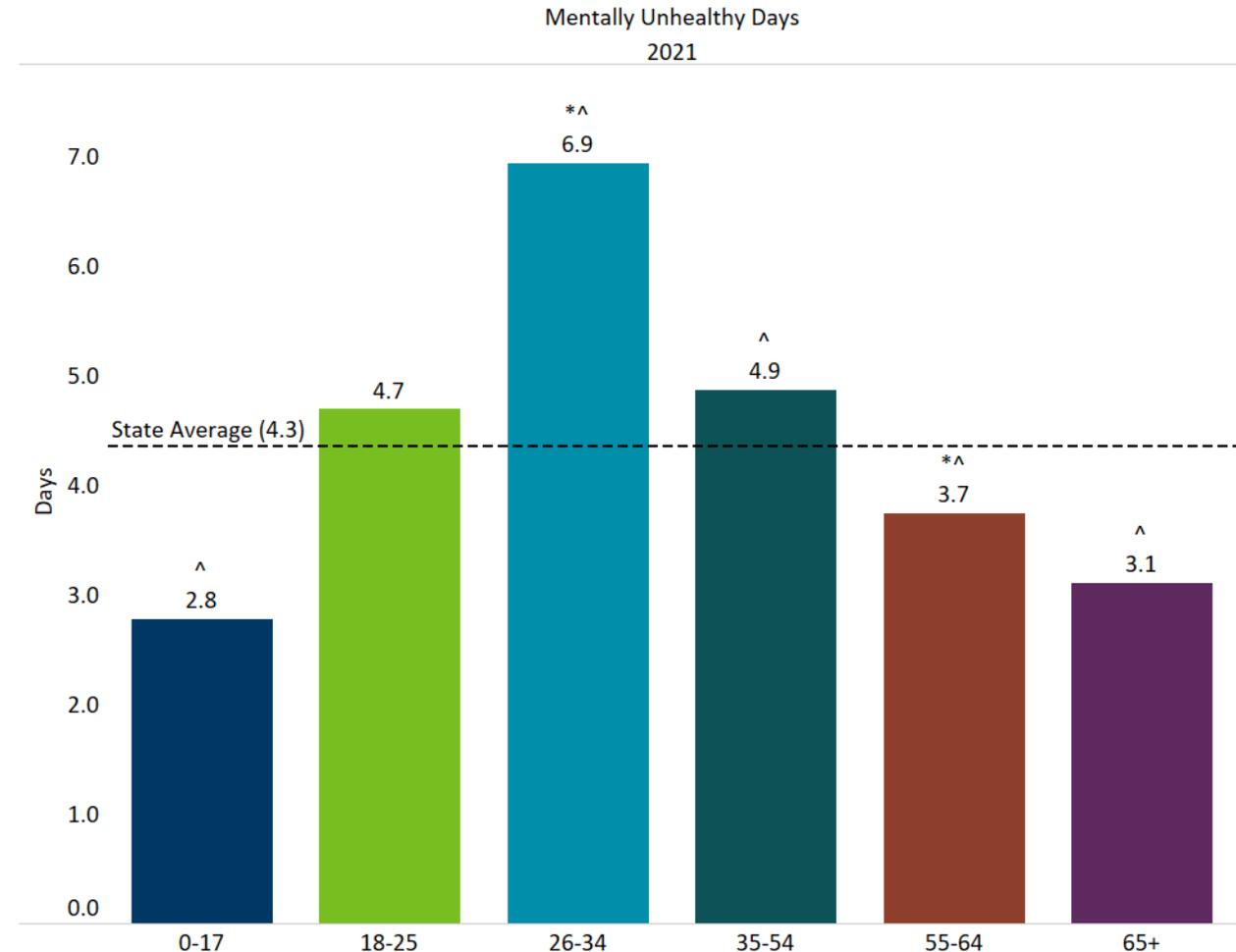
^ Indicates statistically significant difference at the 95% level from the state average.

Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

Source: Minnesota Health Access Surveys, 2015 to 2021

Mentally Unhealthy Days: Minnesotans, Ages 26 to 34

- Mentally unhealthy days increased across all age groups from 2019-2021, but the 26 to 34 age group reported significantly higher changes, increasing from 4.3 to 6.9 days.
 - This age group also reported a decrease in employment between 2019 and 2021, from 85.6% employed to 79.9% employed.
 - Unemployment has a negative impact on mental or physical health outcomes. Inversely, poor mental or physical health can affect employment. Statewide, respondents who were not employed reported 5.9 mentally unhealthy days, significantly higher than the 3.5 days reported by employed Minnesotans.
- 20.9% of the 26 to 34 age group reported frequent mental distress, 1.6 times more than the state average (12.6%)



* Indicates statistically significant difference at the 95% level from the previous year (2019).

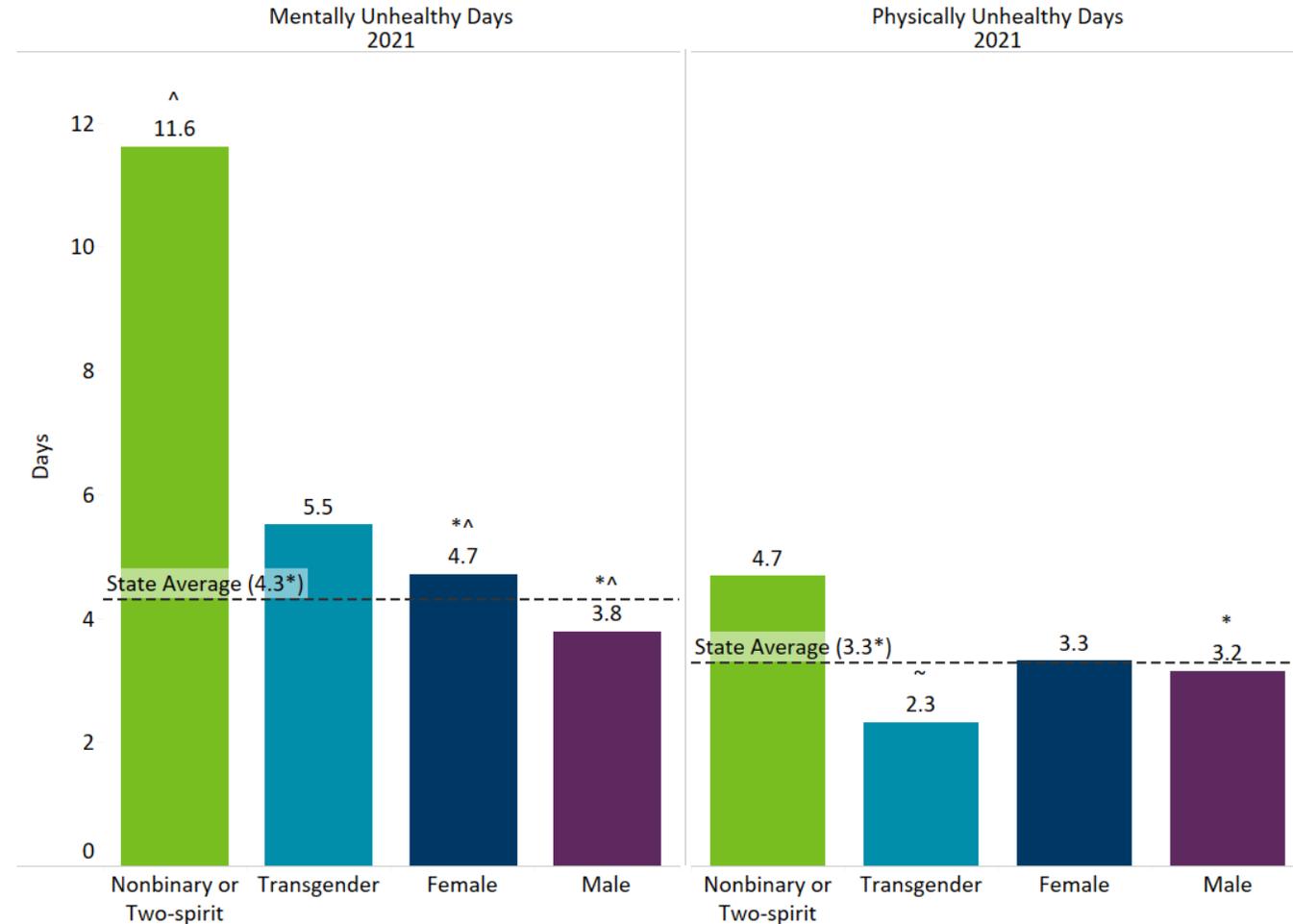
^ Indicates statistically significant difference at the 95% level from the state average.

Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. Frequent mental distress defined as 14 or more mental health days in a month.

Source: Minnesota Health Access Surveys, 2019 to 2021

Unhealthy Days: Gender

- Individuals who identify as nonbinary or two-spirit experience higher unhealthy days:
 - Frequent Mental Distress remains high:** 35.7%[^] reported frequent mental distress – over 2.5 times more than the state average (12.6%*).
 - Chronic Illness remains high:** 76.5% reported chronic illness – 1.8 times more than the state average (41.2%*).
- Findings from this study and other research indicates that nonbinary people have worse mental and physical health outcomes.
 - Similar findings were not found for transgender people in this study; however, this does not mean that these issues are not prevalent in transgender communities.
 - Nonbinary and transgender people face stigmatization, marginalization, and gender illiteracy which may lead to negative health outcomes.



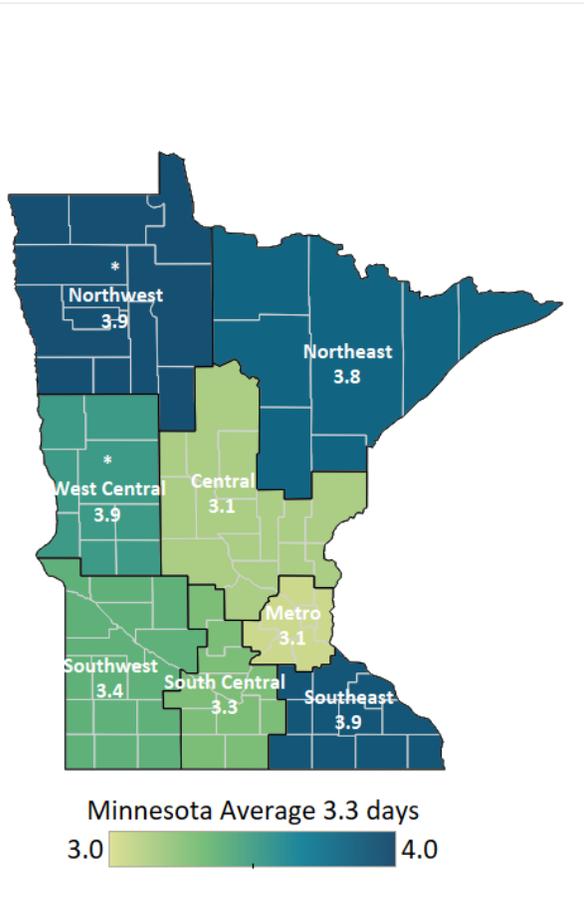
* Indicates statistically significant difference at the 95% level from the previous year shown; ^ Indicates statistically significant difference at the 95% level from the state average; ~ Indicates unstable estimate due to a high relative standard error (over 30%).

Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. Frequent mental distress defined as 14 or more mental health days in a month. Additional gender identities were included in the 2021 MNHA.

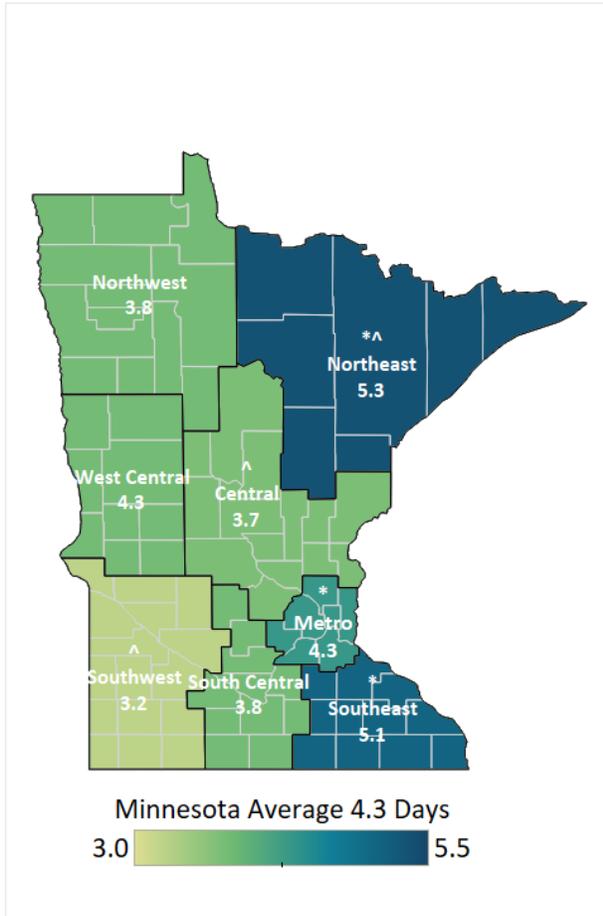
Source: Minnesota Health Access Surveys, 2019 to 2021

Quality of Life Measures, SCHSAC Regions (2021)

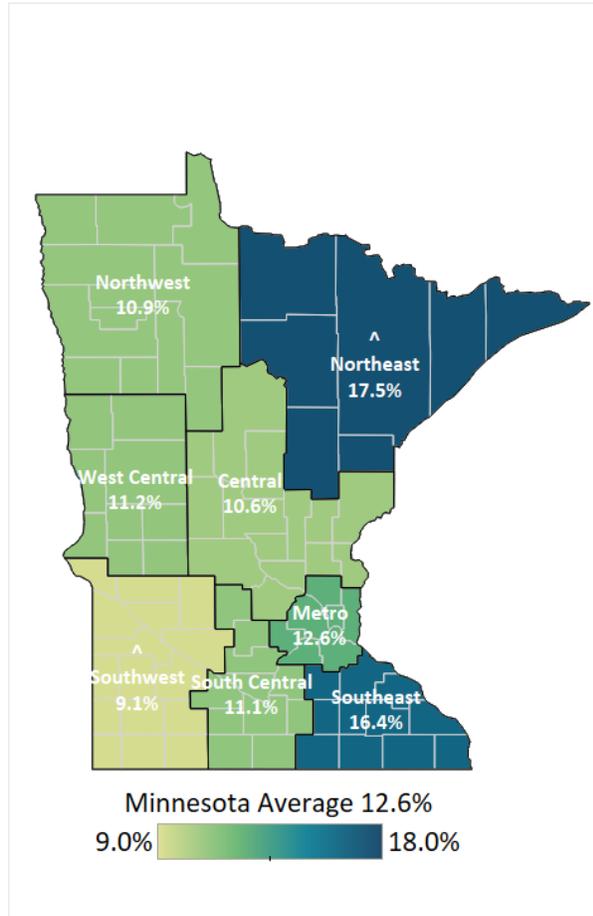
Physically Unhealthy Days



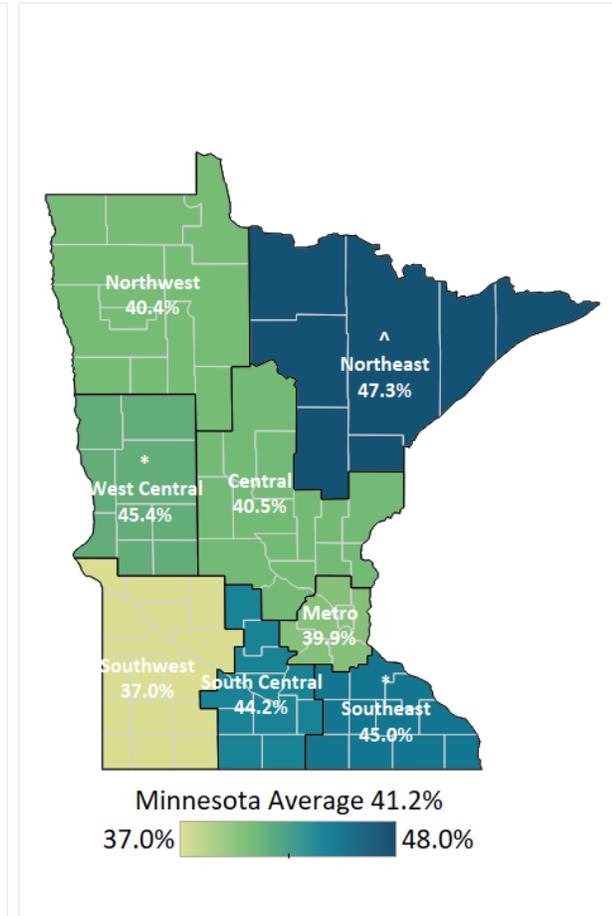
Mentally Unhealthy Days



Frequent Mental Distress



Chronic Illness



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^ Indicates statistically significant difference at the 95% level from the state average.

Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. Regions determined by [State Community Health Services Advisory Committee](#) (SCHSAC); SCHSAC advises the health commissioner and provides guidance on the development, maintenance, financing, and evaluation of community health services in Minnesota.

Source: Minnesota Health Access Surveys, 2019 to 2021

RUCA Region (2019 to 2021)

Significant Changes by RUCA Region

Small Rural Town

- ✓ Frequent mental distress decreased from 16.5% to 11.0%
- ✓ Mentally unhealthy days decreased from 4.7 to 3.6 days
- ▲ Physically unhealthy days increased from 2.8 to 3.7 days

Large Rural Cities and Towns

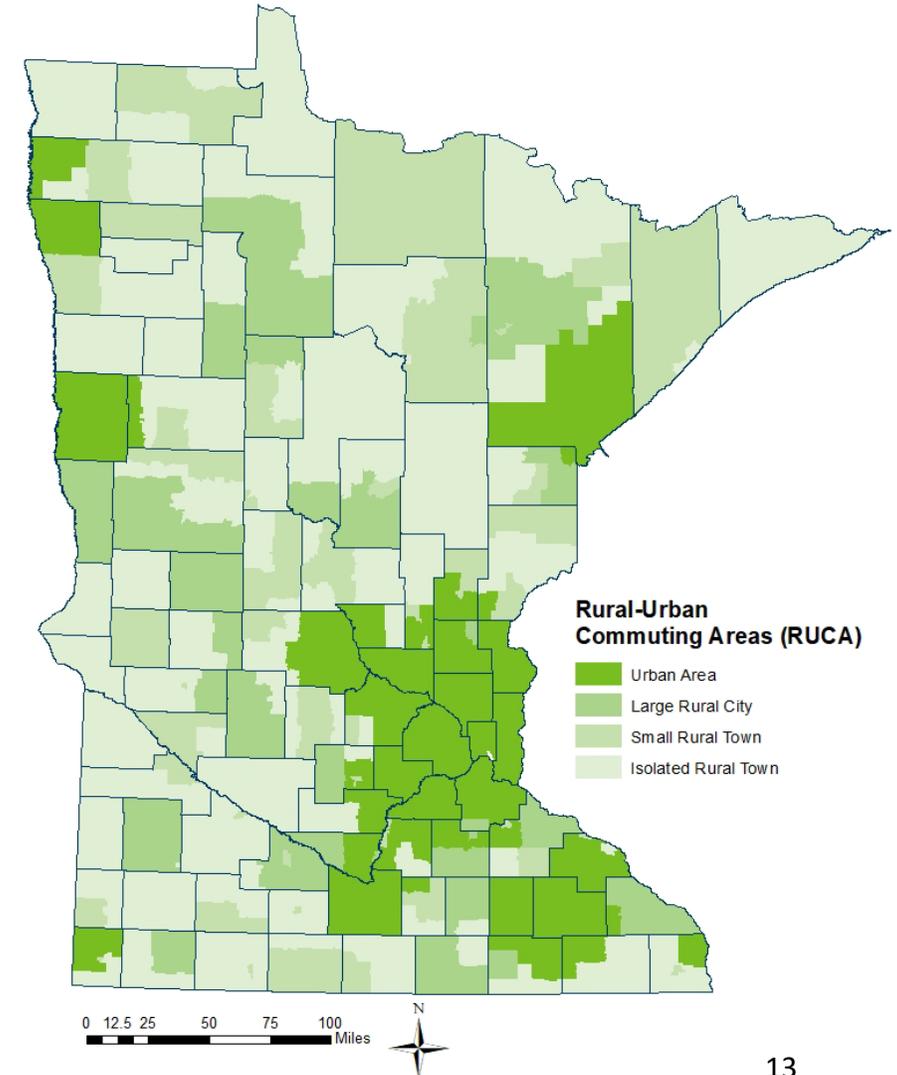
- ▲ Mentally unhealthy days increased from 3.3 to 4.5 days
- ▲ Physically unhealthy days increased from 2.8 to 3.7
- ▲ Chronic illness increased from 36.6% to 42.4%

Urban Areas

- ▲ Frequent mental distress increased from 10.8% to 12.7%
- ▲ Mentally unhealthy days increased from 3.7 to 4.4
- ▲ Physically unhealthy days increased from 2.7 to 3.2
- ▲ Chronic illness increased from 38.6% to 40.9%

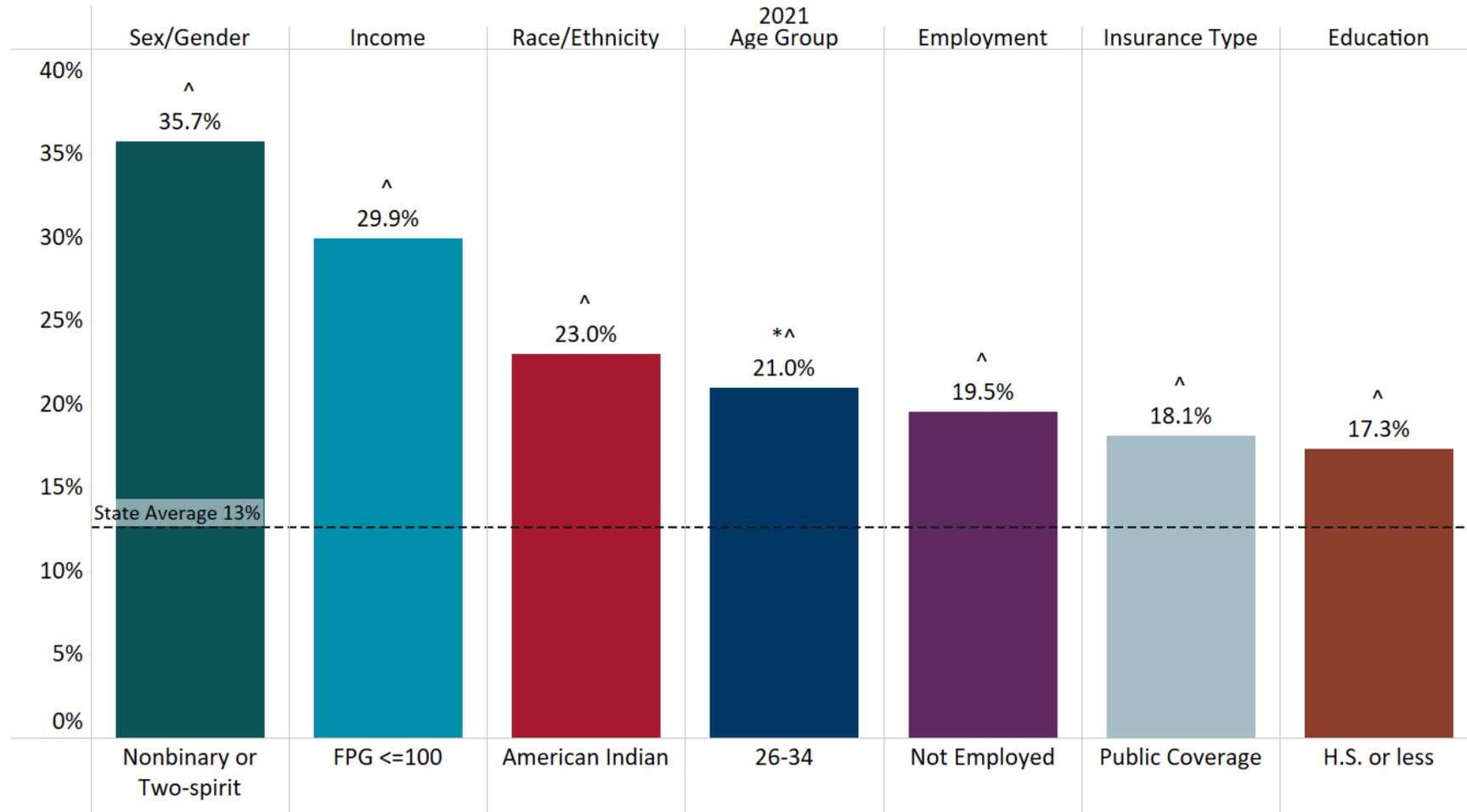
Note: Mentally unhealthy days and frequent mental distress reported for ages 5 and older. Frequent mental distress defined as 14 or more mental health days in a month. Only significant changes from previous year reported for RUCA regions. Isolated rural towns had no significant changes from previous year.

Source: Minnesota Health Access Surveys, 2019 to 2021



Populations at High Risk: Frequent Mental Distress

- Frequent Mental Distress (FMD) is defined as 14 or more mental health days in a month.
 - High risk populations reported significantly higher rates of FMD than the state average.
 - Populations reported are the highest within each demographic category explored.
- The United States FMD rate is estimated to be 13.2% for adults.¹



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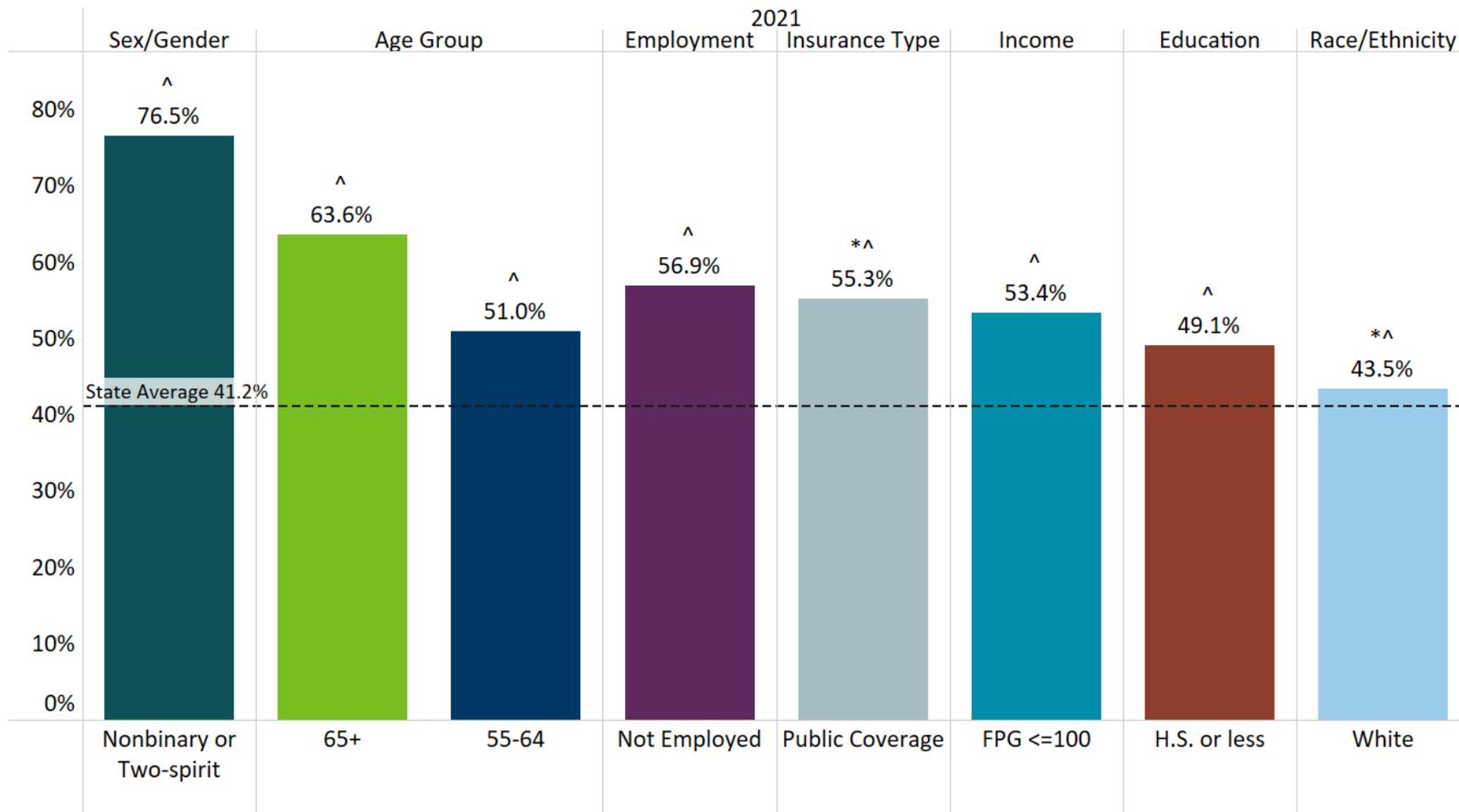
Note: Frequent mental distress reported for ages 5 and older.

Source: Minnesota Health Access Survey, 2021; America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2022

1. https://www.americashealthrankings.org/explore/annual/measure/mental_distress

Populations at High Risk: Chronic Illness

- Chronic illness is defined as currently having a health condition that lasted for a year or more or is expected to last for a year or more.
 - At risk populations reported significantly higher rates of chronic illness than the state average.
 - Populations reported are the highest within each demographic category explored
- National Health Interview Survey (NHIS) data shows that 51.8% of United States adults have at least one chronic condition.¹



* Indicates statistically significant difference at the 95% level from the previous year.

^ Indicates statistically significant difference at the 95% level from the state average.

Note: Includes physical health conditions (such as asthma, cancer, diabetes, heart disease), a behavioral health or mental health condition, or a developmental disability.

Source: Minnesota Health Access Survey, 2021

1. https://www.cdc.gov/pcd/issues/2020/20_0130.htm#:~:text=What%20is%20added%20by%20this,those%20living%20in%20rural%20areas.

- Income, education, age, employment, race and ethnicity, and gender have impacts on an individual's mental and physical health, as well as their broader quality of life. The steady, but consistent, increases in unhealthy days show that more work is necessary in finding solutions to help improve the lives of all Minnesotans.
- Next steps:
 - Future work could examine employment characteristics, region, chronic conditions, health care use, financial burden, influence, and the degree of causality these factors have on unhealthy days.
 - Mental health is a public health concern. Steps must be taken towards destigmatizing mental health issues, directing people towards resources that can help them, and financing an infrastructure able to respond to patients' needs.

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

Contact & More Information

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HEP Home Page: www.health.state.mn.us/health/economics

Minnesota Health Access Survey: www.health.state.mn.us/data/economics/hasurvey/