and 9 “No Improvement” by the TC. For 22 “No Benefit” judged by the GBA, 21 of them had been (over 90% of responders); at the same time 1 out of 5 doctors claimed that data on direct treatment costs are highly important whereas data on patient compliance was most often mentioned by oncologists (79%).

CONCLUSIONS: There is a relationship between spatial isolation and overall, physical, sensorial and social quality of life. Due to the broad implications on individual and community levels, this issue is worth further research.

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MULTIPLE CHRONIC CONDITIONS AND BMI: POPULATION ESTIMATES FOR HEALTH DECISION MAKING IN PUERTO RICO

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OBJECTIVES: Multiple chronic conditions (MCCs) are related to increased health care costs and decreased quality of life. Due to the broad implications of MCCs and Body Mass Index (BMI) for Health Policy, this study evaluated the relation between MCCs and BMI through population estimates, accounting for demographic characteristics and risk factors.

METHODS: Data from the cross-sectional telephone survey Behavioral Risk Factor Surveillance System, for years 2011 and 2013 (N=12,624), was used to obtain the self-reported count of chronic conditions (CCs) and BMI. This study included adults 18 years or older living in Puerto Rico with 1 to 6 diagnoses of CCs, and with BMI (kg/m2) between 20.0 and 45.99. Females that reported pregnancy at time of survey were excluded from analysis. Survey-weighed summary statistics were estimated and Poisson regression coefficients and standard errors (S.E.) calculated using generalized linear models in R.

RESULTS: The study population (n=7,830) represented approximately 1,462,598 adults (55.9%, 95% confidence interval [C.I.]: 54.7-57.0), whereas the BMI mean was 28.7 (95% C.I.: 28.3-29.1). After adjusting by age, gender, income and education level, the stratified regression model showed that the possibility of reporting more than one chronic condition increases 2.0% (S.E. = 0.16) 

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