General Worksite Wellness – Data Brief (4 of 4) 2014 Vermont Behavioral Risk Factor Surveillance System (BRFSS)

Background

Workplace health promotion programs that create a culture of health provide a positive influence on employees with positive financial outcomes for employers in the form of reduced healthcare utilization, absenteeism, and productivity.¹ Preventive health care is used to prevent disease or detect illness early when treatment is likely to be most effective.²

This brief describes the correlation between occupation and general health, utilization of preventative services, and primary insurance coverage among Vermont's workforce. It is part of a series of data briefs looking at relationships between occupation and various aspects of health. These data briefs can be found on the Vermont Department of Health website: http://healthvermont.gov/research/brfss/reports.aspx#briefs.

General Perception of Health

Two-thirds (68%) of employed adults rated their overall health as excellent or very good, over a quarter rated their health as good (26%), and 6% rated their health fair or poor. On average, employed adults

reported their health kept them from their usual activities one day per month. Five percent of employed adults reported having poor physical health³ and 8% reported poor mental health.³

Employed adults in three occupations had a significantly lower perception of their health



being excellent or very good: those working in Building and Grounds Cleaning and Maintenance (57%); Transportation and Material Moving (56%); and Installation Maintenance and Repair (55%). Those employed in Management (76%); Education, Training, and Library (79%); and Healthcare Practitioners and Technical (77%) occupations had a significantly higher perception of their health being excellent or very good compared to all employed adults.

Preventive Health Care Utilization

Over a third of employed Vermont adults (37%) did not receive an annual medical exam in 2014. Having no annual medical exam was more likely among Construction and Extraction (50%) and less likely among adults working in Office and Administrative Support (29%). Fifteen percent of the adult workforce delayed needed medical care; the most common reason given was that they could not get an appointment (42%). Cost of care prevented 9% of employed adults from seeing a doctor when they needed to. This was significantly higher among those in Sales and Related occupations (14%).

Half (49%) of employed adults in 2014 had not been screened for high blood sugar in the last 3 years. In 2013, nearly a quarter (23%) of employed adults had not been screened for high cholesterol in the last 5 years. Of employed women 21-65, 12% did not meet cervical cancer screening guidelines and 21% of women 50-74 did not recieve breast cancer screening. Nearly a third (30%) of employed adults 50-75 did not receive proper colorectal cancer screening. Cancer screening⁴ did not vary across occupations.



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Not having been screened for high blood sugar in the last 3 years was more likely among adults employed in Food Preparation and Serving (68%) while those in Healthcare Practitioner and Technical occupations were less likely to not have been screened (35%) when compared to all employed adults (49%).

Over a quarter (26%) of employed Vermont adults in 2014 did not receive dental care in the past year. In 2012, the most common reason for employed adults not getting annual dental care was cost (46%). Not receiving annual dental care was significantly more likely among those working in Construction and Extraction (45%); Building and Grounds Cleaning and Maintenance (43%); Transportation and Material Moving (42%) and; Installation, Maintenance, and Repair (43%), when compared to all employed adults.



Rate of No Annual Dental Care Among Employed Vermont Adults By Occupation, BRFSS 2014

* For 16 of the 23 categories of occupations, there were no significant differences in the rate of annual dental care compared to the statewide rate. Therefore, these occupations are not shown.

Primary Health Insurance Coverage

In 2014, the majority of employed Vermont adults had private health insurance through their employer or that they purchased themselves (77%). One in nine (11%) were on Medicaid and smaller proportions of employed adults were on Medicare (7%), other public insurance (e.g. TRICARE, Indian Health Services) (2%), and other insurance types (2%). Less than 1% of the adult workforce had no health insurance. In 2012, 62% of employed Vermont adults had dental insurance.

Medicaid as primary insurance was significantly higher than the state average for employed adults among those working in Sales and Related (15%); Building and Grounds Cleaning and Maintenance (18%); Food Preparation and Serving (23%); Personal Care and Service (23%); and Healthcare Support (24%) occupations. Adults in Healthcare Practitioner and Technical (87%); Business and Financial Operations (88%) and Architecture and Engineering (94%) occupations were significantly more likely to be covered through private insurance than the state average.

Vermont Worksite Wellness – Six Core Outcomes for a Healthy Worksite	
① Promote Healthy Food Choices	④ Become a Breastfeeding Friendly Workplace
② Go Tobacco-free	⑤ Promote Preventive Care
③ Help Employees Get 30 Minutes of Physical Activity	⑥ Support the Emotional Wellbeing of Employees

These outcomes offer population-level impact on health. For low-cost strategies to support each outcome, visit <u>http://www.healthvermont.gov/wellness/physical-activity-nutrition/worksite</u>.

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¹ Goetzel RZ, et al. Do workplace health promotion (wellness) programs work? J Occup Environ Med. 2014;56(9):927-934.

² CDC. (2015, May 8). CDC Prevention Checklist. Accessed May 2, 2016. From <u>http://www.cdc.gov/prevention/</u>.

³ Defined as 14 or more poor physical health and 14 or more poor mental health days in the last month, respectively.

⁴ Cancer Screening guidelines are from the USPSTF and ca be found at <u>http://www.uspreventiveservicetaskforce.org</u>.