Socioeconomic Disparities in Health Behaviors of Insured Workers

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Background

- Approx. 111 million Americans (60% working age adults) are employed and have health insurance
- Too few Americans engage in recommended healthy behaviors
- Disparities in preventive care related to race, ethnicity, and socioeconomic status (SES) remain prevalent in the U.S.*



Research Gap

- Lack of data on the health behaviors of insured workers
- Little is know about the nature of disparities in health behaviors among insured workers



Workplace as Setting for Health Promotion

- A potentially ideal location
- Site for reaching a large proportion of adult population
- Access to social support exists here
- Employers are economically motivated



Objectives

- Estimate the prevalence of unhealthy behaviors of insured workers
- Determine whether disparities in health behaviors based on demographic factors exist among insured workers



Design & Sampling

- Cross-sectional analysis
- Data from 2004 & 2005 Behavioral Risk Factor Surveillance System
- Participants were BRFSS respondents who were employed and insured adults aged 18 – 64 years.
- n=139,738 in 2004; n=159,755 in 2005



Dependent Variables

Clinical Preventive Services

Lifestyle-related Risks

Cholesterol

Binge drinking

Colon cancer

Heavy drinking

Flu shot

F&V consumption

Mammogram

Physical activity

Pap test

Smoking



Independent Variables

Socioeconomic

Access to health care

Age

Cost-as-a-barrier-tohealthcare

Sex

No personal doctor

Race / ethnicity

Income

Education

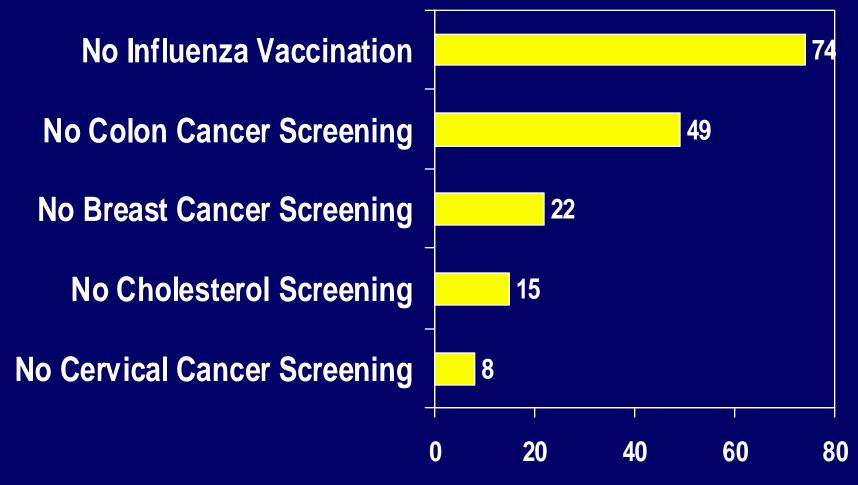


Analysis

- Health behaviors described using means and freq.
- Multivariate logistic regression to assess independent effects of:
 - Income level
 - Education level
 - Race / ethnicity
 - Sex
 - Cost-as-a-barrier-to-healthcare
 - No personal doctor
- Controlled for age and all of above factors
- 2005 data used for all behaviors except breast, cervical and colon cancer screening

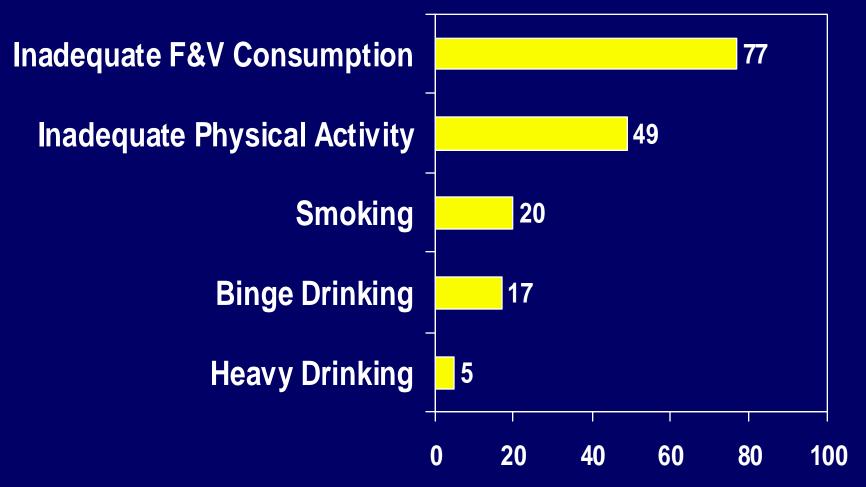


Receipt of Clinical Preventive Services





Unhealthy Lifestyle-related Behaviors



Percentage of Sample



Associations Between Receipt of Clin. Prev. Svcs and SES Variables (Adj. ORs)

No						
	No Breast	Cervical	No	No Colon		
	Cancer	Cancer	Cholesterol	Cancer	No Influenza	
	Screening	Screening	Screening	Screening	Vaccination	
Income (in \$1,000's)						
<15	1.62	2.62	3.16	1.50	0.80	
15-24	1.72	1.96	1.71	1.33	0.89	
25-49	1.28	1.25	1.51	1.24	1.03	
>50	1.00	1.00	1.00	1.00	1.00	
Education (in years)						
< 12	1.36	1.45	2.01	1.42	1.61	
12	1.25	1.96	1.70	1.42	1.30	
13-15	1.25	1.49	1.24	1.26	1.24	



Associations Between Lifestyle-related Risks and SES Variables (Adj. ORs)

	Binge Drinking	Heavy Drinking	Inadequate Fruit & Vegetable Consumption	Inadequate Physical Activity	Smoking
Income (in \$1,000's)					
<15	0.71	0.82	1.03	1.17	1.45
15-24	0.83	0.82	1.05	1.31	1.50
25-49	0.90	0.98	1.14	1.19	1.43
>50	1.00	1.00	1.00	1.00	1.00
Education (in years)					
<12	1.18	1.37	1.75	1.49	4.14
12	1.27	1.30	1.79	1.20	2.88
13-15	1.18	1.12	1.37	1.11	2.19
>15	1.00	1.00	1.00	1.00	1.00



Associations Between Receipt of Clin. Prev. Svcs and Access Variables (Adj. ORs)

		No			
	No Breast Cancer	Cancer	No Cholesterol Screening	No Colon Cancer	No Influenza Vaccination
Cost	ocieening	ocreening	ocreening	oci ee iiiig	Vaccination
Prevented doc visit	1.56	1.300	1.30	1.16	1.28
Did not prevent doc visit	1.00	1.00	1.00	1.00	1.00
Personal Doctor					
No doctor	3.27	2.90	3.82	3.25	2.25
Have doctor	1.00	1.00	1.00	1.00	1.00



Associations Between Lifestyle-related Risks and Access Variables (Adj. ORs)

	In ade quate					
	Binge Drinking	Heavy Drinking	Fruit & Vegetable Consumption	Inadequate Physical Activity	Smoking	
Cost						
Prevented doc visit	1.09	1.09	0.99	0.99	1.41	
Did not prevent doc visit	1.00	1.00	1.00	1.00	1.00	
Personal Doctor						
No doctor	1.20	1.32	1.18	1.00	1.31	
Have doctor	1.00	1.00	1.00	1.00	1.00	



Summary

- Large proportion of working, insured adults are not meeting recommendations for health behaviors.
- There are significant disparities related to income, education, and access to health care.



Discussion

- Employed and insured population has much room for improvement on health behaviors
- Employers uniquely positioned to influence these behaviors
- Employers consider education and income disparities
- Low prevalence of several recommended health behaviors poses serious threat to health & productivity of nation's workforce

