

Adult Workforce Health Summary

2015 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

Executive Summary

- With over 60% of Vermont adults employed, worksites are a prime setting to reach a large segment of the Vermont population and influence families and communities. Through worksites, wellness education can reach a minimum of 280,000 adult Vermonters. Including over 190,000 families with at least one child in the home.
- Vermont's adult workforce tends to be similar to the overall Vermont population in relation to many indicators of health status, health access, chronic disease, chronic condition, risk behavior, preventive behavior, oral health, and cancer screening. However, there are circumstances where employed adults differ from the overall Vermont adult population.
 - Employed adults are significantly less likely to have poor health status indicators (perceptions of overall health) than Vermont adults overall.
 - They are significantly less likely to have a disability, defined as having any limitation due to physical, emotional, or mental problems, or a medical problem requiring the use of special equipment, than Vermont adults overall.
 - Chronic diseases including diabetes, cardiovascular disease (CVD), skin and non-skin cancers, and chronic obstructive pulmonary disorder (COPD) occur at a lower rate among employed adults.
 - Binge drinking was significantly higher among employed adults.
 - Employed adults reported seeking routine annual medical care significantly less than adults overall.
 - Having had any teeth extracted is significantly less likely among employed adults than adults overall.
 - Having dental insurance is significantly more likely among employed adults.
- Variation in reported health indicators was seen between employed Vermont adults overall and certain occupations:
 - Adults working in management occupations are significantly more likely to report having ever had any form of cancer.
 - Construction and extraction workers were more likely to not have a personal doctor, binge drink, use smokeless tobacco, rarely/never wear a seatbelt, and not receive routine medical or dental care.
 - Food preparation and service workers were more likely to not have a personal doctor or health coverage, not engage in leisure time physical activity, smoke, and less likely to be screened for high blood sugar.
 - Those working in transportation and material moving were more likely to be obese, have diabetes, chronic kidney disease, not engage in leisure time physical activity and use smokeless tobacco.
 - Adults working in healthcare support occupations are more likely to report having a depressive disorder, asthma, and prediabetes.

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Employment Status of Vermont Adults

Over three in five (62%) Vermont adults are employed. About half are employed for wages (51%) and eleven percent are self-employed. Almost two in ten adults are retired (18%).

- Vermont adults were more likely than U.S. adults to be employed for wages (62% vs. 48%) or self-employed (11% vs. 9%).
- Vermont's rate of retired adults is similar to the U.S. rate of 18%.

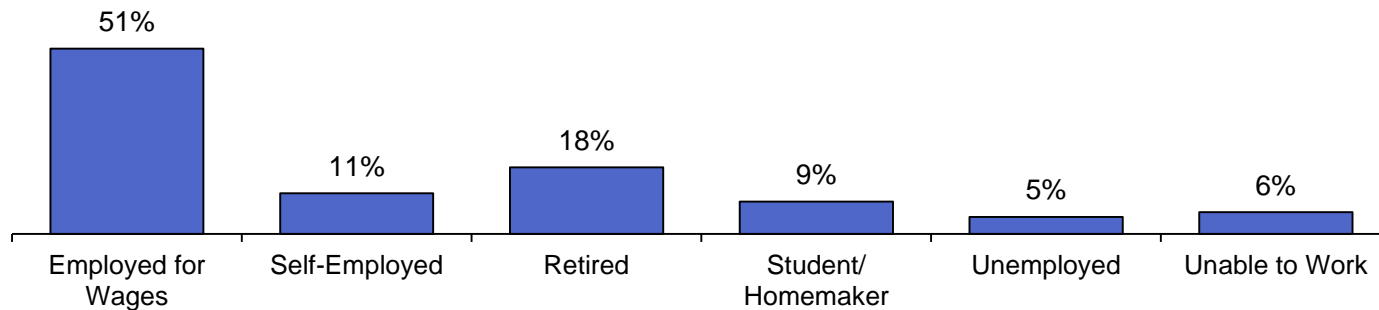
One in eleven adult Vermonters were students or homemakers (9%).

- Fewer Vermont adults were students or homemakers compared to the thirteen percent of U.S. adults who were students or homemakers.

Five percent of Vermont adults were unemployed and six percent were unable to work.

- Significantly fewer Vermont adults were unable to work compared to the seven percent of U.S. adults who were unable to work in 2015. Vermont adults were less likely to be unemployed than U.S. adults overall (6%).

Employment Status of All Vermont Adults



Demographics of Vermont's Adult Workforce

The next few pages describe the demographic makeup of Vermont's adult workforce in 2015.

More than half (52%) of Vermont's adult workforce are male. One in eight employed adults are 18-24 (12%). Over a third (38%) of employed adults are 25-44, and more than four in ten (43%) are 45-64. Less than one in ten are 65 or older (7%).

- All differences by age group are statistically significant.

Almost two in five employed adults have a college degree or higher (38%).

- Significantly more employed adults had a college degree or higher than any other education level.
- Employed Vermont adults were significantly more likely to have a college degree when compared to all Vermont adults (38% vs. 32%).

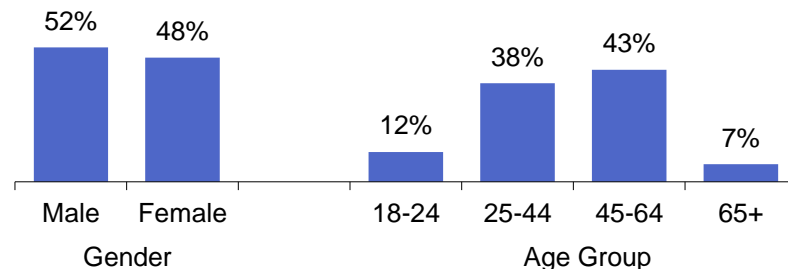
About two in five employed adults live in a home making \$75,000 or more annually.

- 13% of employed adults live in a household making less than \$25,000 a year.

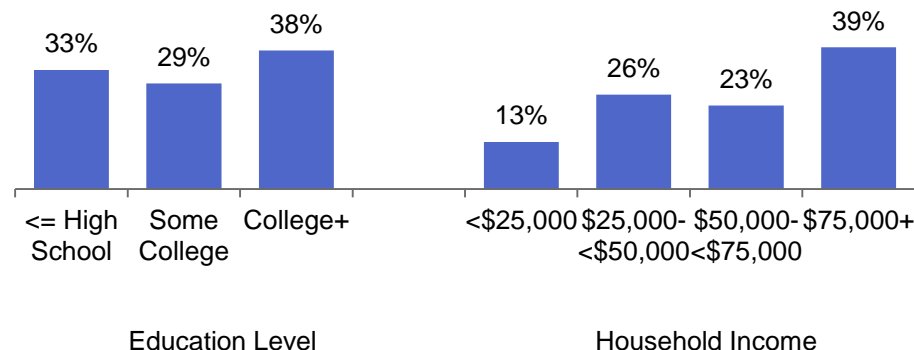
Fifteen percent of employed adults live at a low socioeconomic status (SES) while about two in five (39%) live at a high SES and almost half of employed adults (45%) live at a middle SES. All differences by SES were statistically significant.

Six percent of employed Vermont adults report being a racial or ethnic minority. This is similar to the six percent among Vermont adults overall.

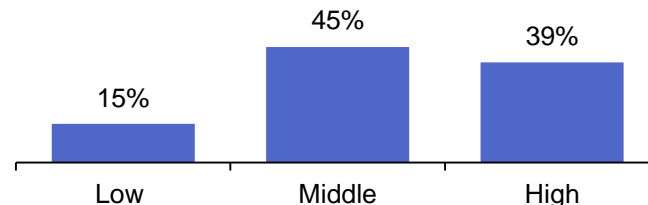
Employed Adults by Gender and Age



Employed Adults by Education and Income



Employed Adults by Socioeconomic Status



Demographics of Vermont's Adult Workforce

Almost six in ten (57%) employed adults are married. About a quarter have never married (21%), while fourteen percent are divorced. Seven percent are part of an unmarried couple and two percent are widowed.

- Employed adults are significantly more likely to be married than Vermont adults overall (57% vs. 53%).

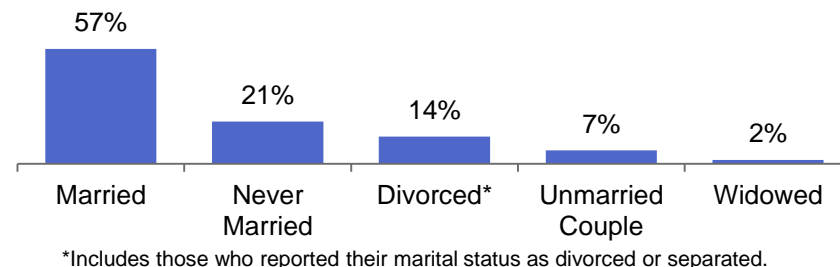
Over two in five employed adults live in households with two people (42%), while about one in five live both in households with three and four people. Around one in seven live alone (13%) and almost one in ten live in households of five or more people (9%).

- Employed adults are significantly less likely than Vermont adults overall to live in households of one person (13% vs. 19%).
- Compared to all Vermont adults, significantly more employed adults lived in households of three (19% vs. 15%) or four (18% vs. 13%).

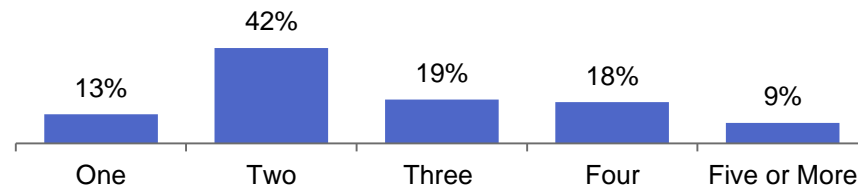
About two in five (38%) of employed adults indicated that they have a child under the age of 18 years old at home.

- Significantly fewer employed adults reported living in households without children when compared to Vermont adults overall (62% vs. 70%).
 - The Vermont rate of employed adults with no children in the household was significantly lower than the 56% of employed U.S. adults who said the same. Though Vermont is an older state, the rate of having no children in the household was higher across all age groups when compared to employed U.S. adults.
- Employed adults reported having one and two children in the home at higher rates than Vermont adults overall (17% vs. 9% and 15% vs. 6%, respectively).

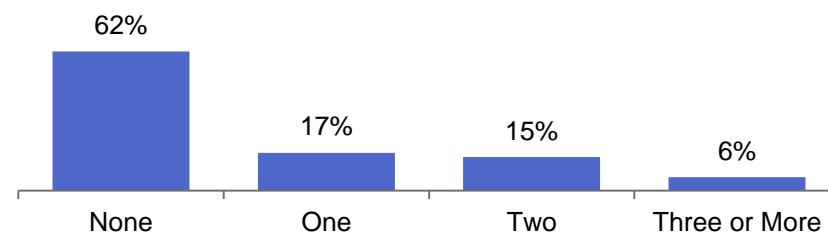
Employed Adults by Marital Status



Employed Adults by People in Household



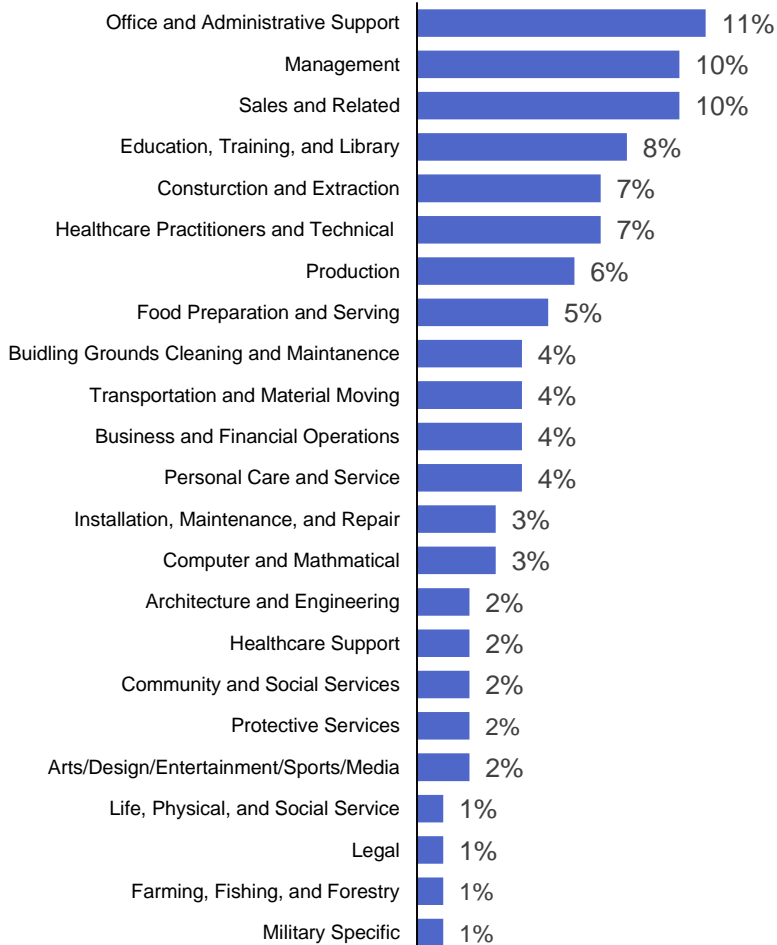
Employed Adults by Children in Household



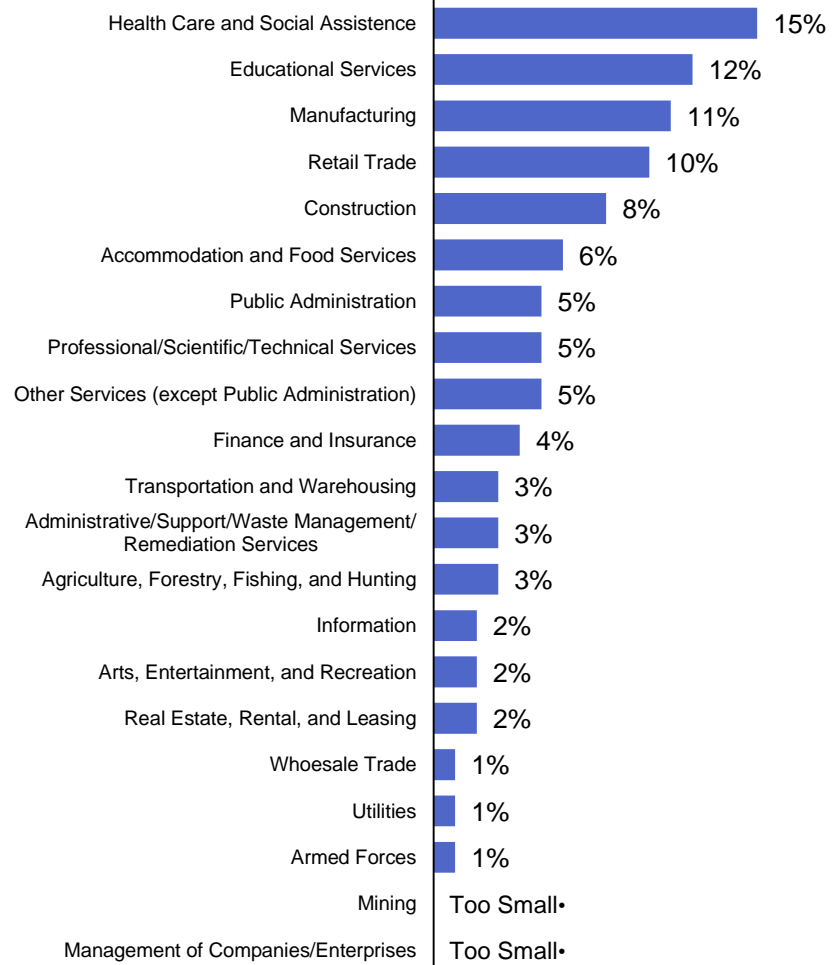
Industry and Occupation of Vermont's Adult Workforce

About one in six (15%) Vermont adults were employed in the Health Care and Social Assistance industry, 12% in Educational Services, and 11% in Manufacturing industries. Vermont adults were most likely to be employed in occupations related to Office and Administrative Support (11%), Management (10%), or Sales and Related occupations (10%). Occupation refers to specific job functions performed while industry refers to the economic sector of employment. health summaries by occupation can be found in Appendix B.

Occupation of Employed Vermont Adults



Employed Vermont Adults by Business/Industry Employed In



Health Status Indicators

In 2015, one in sixteen employed adults reported their general health is fair or poor. One in sixteen reported having poor physical health in the last month, while over one in twelve said they had poor mental health.

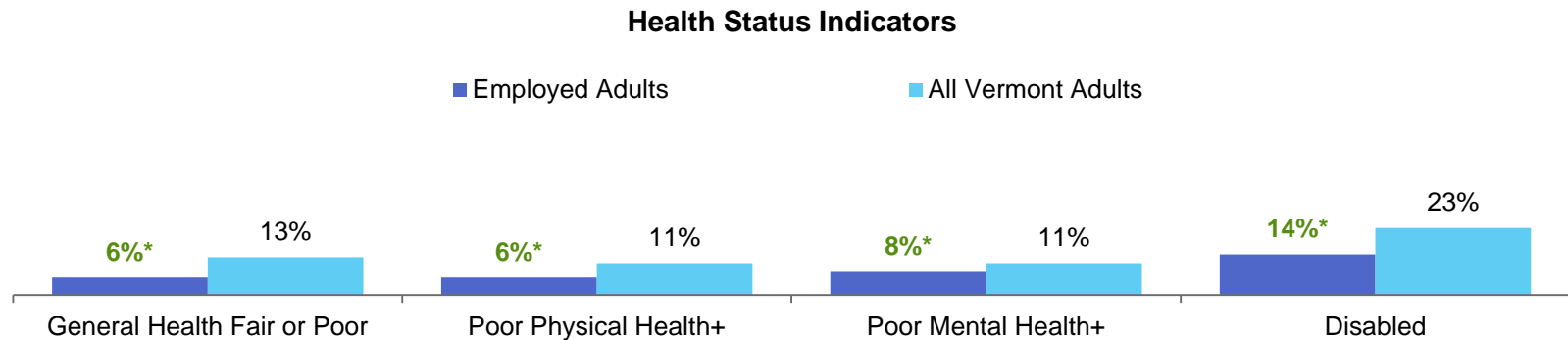
- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

Employed adults are significantly less likely than Vermont adults overall to report fair or poor general health (6% vs. 13%), poor physical health (6% vs. 11%), or poor mental health (8% vs. 11%).

14% of employed adults reported having a disability, significantly fewer than Vermont adults overall (23%).

Among employed adults, reported disability has dropped significantly since 2011. All other health status indicators have not changed significantly since 2011. See Appendix A for results over time.

On average, employed adults reported that their health kept them from their usual activities one day per month.



*Denotes statistically significant differences between groups.
+Defined as 14+ poor physical or mental days in the last month.

Throughout the report:

Green rates denote a statistically **better** rate than the comparison group.

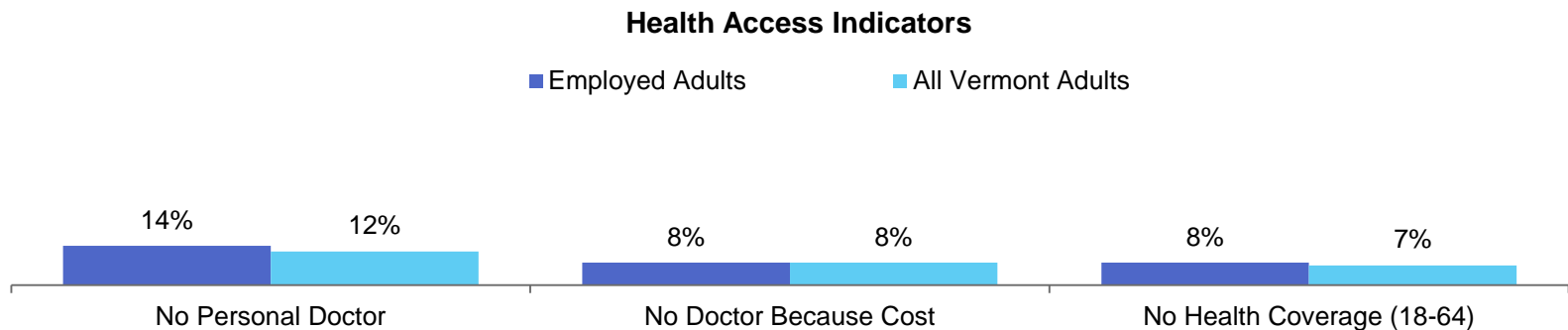
Red rates denote a statistically **worse** rate than the comparison group.

Health Access Indicators

In 2015, about one in seven employed adults said they do not have a personal doctor for health care. Fewer, one in twelve, said they needed care in the last year but did not seek it due to the cost. Among employed adults ages 18-64, eight percent said they do not have health coverage.

Additionally, among employed adults, not seeking needed medical care due to cost and not having health coverage have both decreased significantly since 2011. There were no significant changes in employed adults who did not have a personal doctor since 2011. See Appendix A for results over time. Questions about dental insurance were only asked in 2012, as a result, no trend data is available.

Fifteen percent of employed adults delayed medical care for any reason. The most common reason given among those delaying care was that they could not get an appointment (42%) (data not shown).

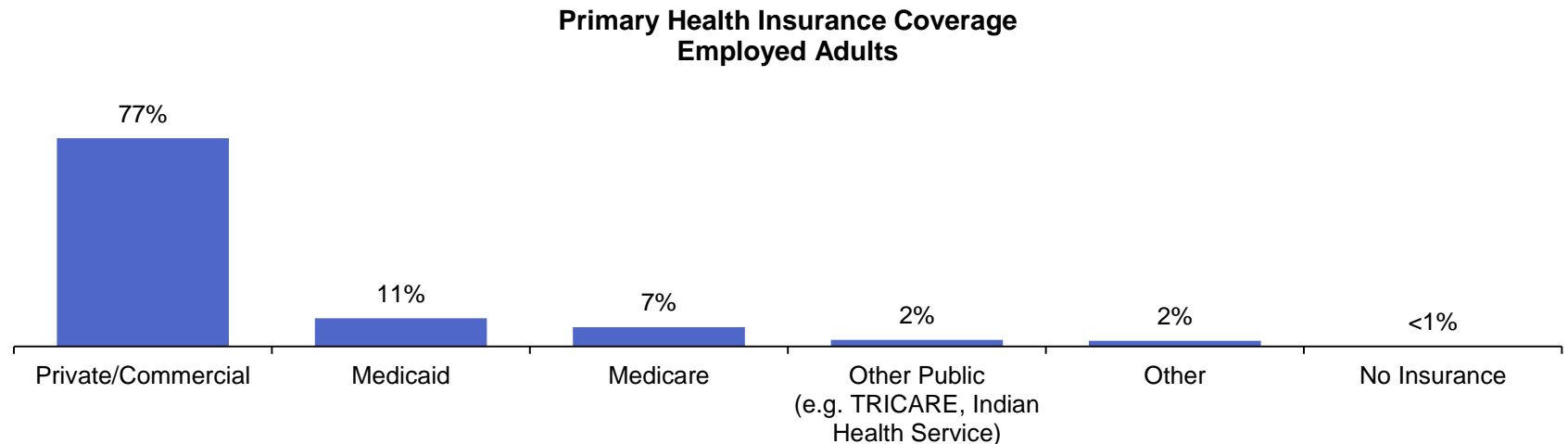


*Denotes statistically significant differences between groups.

Health Access Indicators

Over three quarters (77%) of employed Vermont adults had private/commercial health insurance through their employer or that they purchased themselves as their primary health plan. Eleven percent were on Medicaid and seven percent were on Medicare. Smaller proportions of employed adults had other public insurance (e.g. TRICARE or Indian Health Service) as their primary coverage (2%) or some other type of insurance (2%).

Less than one percent of employed adults had no insurance coverage.

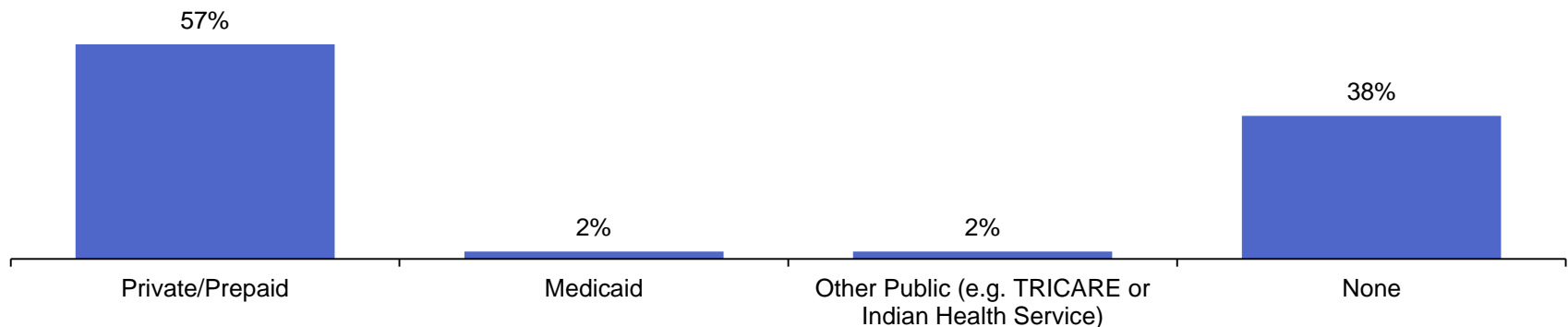


Health Access Indicators

Over half of employed Vermont adults had a private or prepaid dental insurance plan, significantly higher than all Vermont adults. Significantly fewer employed adults were on a Medicaid dental plan when compared to Vermont adults overall (2% vs. 6%). Over a third (34%) of employed adults did not have any dental plan, significantly lower than the 44% of all Vermont adults who said the same.

- There were no statistically significant differences in other public insurance between employed adults (2%) and Vermont adults overall (3%).

**Type of Dental Insurance
Employed Adults**



Chronic Diseases

Employed Vermont adults reported statistically lower rates of depression, arthritis, diabetes, non-skin and skin cancers, cardiovascular disease (CVD), and chronic obstructive pulmonary disorder (COPD), when compared with Vermont adults overall.

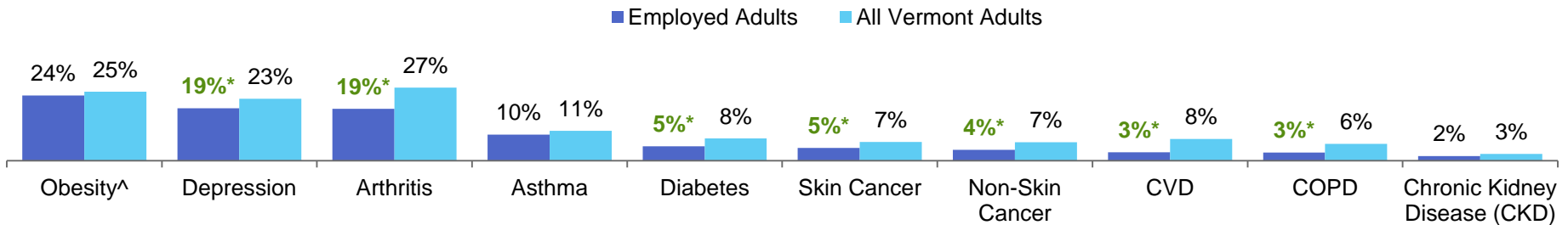
- Almost two in ten (19%) employed adults reported having a depressive disorder; 23% of Vermont adults said the same.
- Almost two in ten (19%) employed adults reported having arthritis; over a quarter (27%) of Vermont adults said the same.
- One in twenty (5%) employed adults had been diagnosed with diabetes; 8% of Vermont adults said the same.
- Five percent of employed adults reported having skin cancer and four percent reported having non-skin cancer; compared to 7% for each among Vermont adults.
- Less than one in twenty (3%) employed adults reported having CVD; 8% of Vermont adults said the same.
- Three percent of employed adults reported having COPD; 6% of Vermont adults said the same.

The prevalence of chronic conditions among employed adults may largely be explained by age differences. Chronic disease prevalence have not changed significantly since 2011. See Appendix A for trend results.

About a quarter (24%) of employed adults with arthritis said it affected their ability to work, significantly lower than the 31% of all Vermont adults who said the same.

One in seven (14%) employed adults said that their asthma was caused by a current or previous job and a little over half (53%) reported that their asthma was exacerbated by one. This is similar to the 24% and 65% of all Vermont adults who said the same.

Prevalence of Selected Chronic Diseases



*Denotes statistically significant differences between groups.

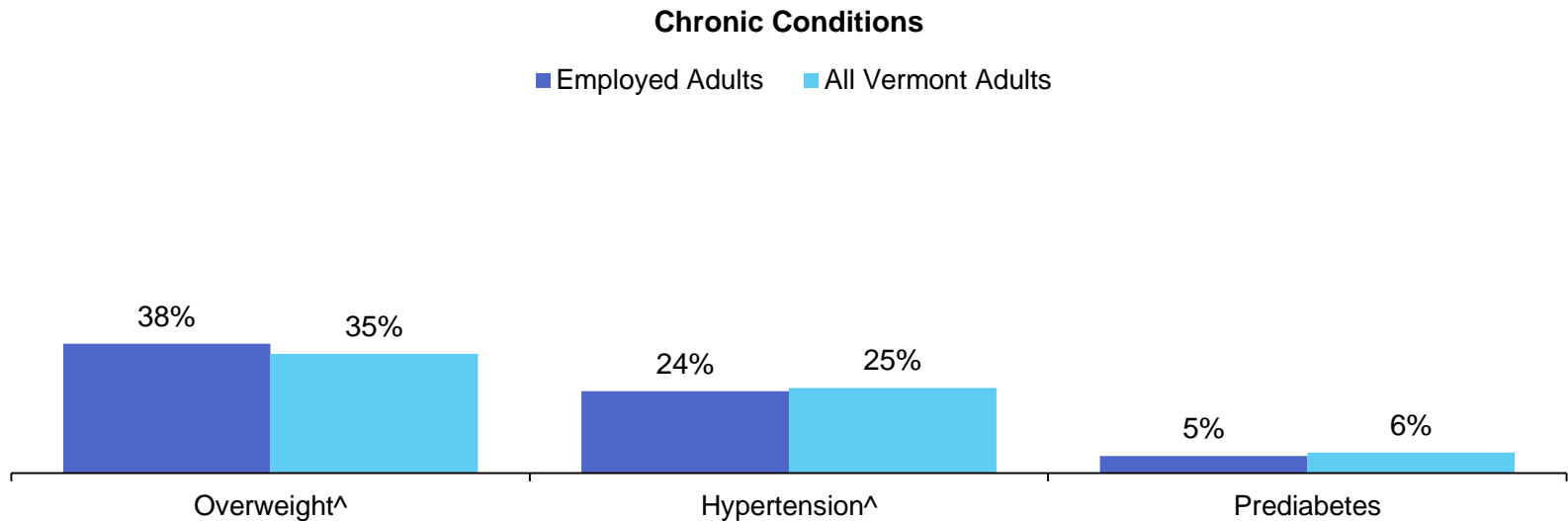
[^]Data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Green rates denote a statistically **better** rate than the comparison group.

Chronic Conditions

In 2015, 38% employed Vermont adults reported being overweight and 24% reported being diagnosed with hypertension. One in twenty (5%) employed adults in 2014 was diagnosed with prediabetes. Prediabetes is a very underdiagnosed condition, about 90% of adults who have prediabetes are unaware of the diagnosis. As a result the reported prevalence of prediabetes is likely an underestimate of the true burden of the condition.

The prevalence of chronic conditions among employed adults has not changed significantly since 2011. See Appendix A for trend results.



[^]Data are age-adjusted to the U.S. 2000 population. Overweight data are additionally limited to adults 20 and older.

Risk Behaviors

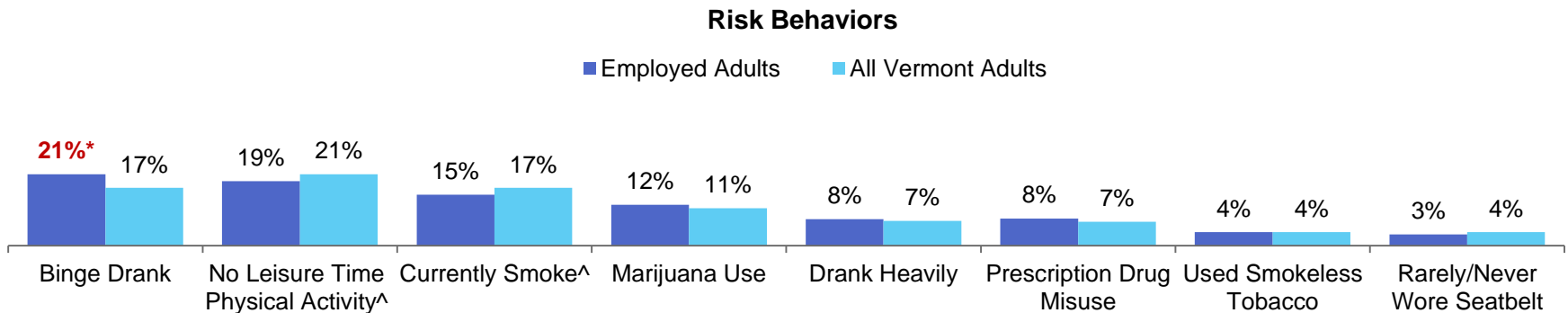
In 2015, 15% of employed adults said they currently smoke, similar to the 17% among all Vermont adults.

- Of employed smokers, 58% tried to quit smoking at least once during the previous year. This is similar to the 57% reported among all Vermont adult smokers.

Almost a quarter (21%) of employed adults binge drank, significantly higher than the 17% reported among all Vermont adults.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

The prevalence of all other risk behaviors has not changed significantly since 2011. See Appendix A for trend results.



*Denotes statistically significant differences between groups.

^Data are age-adjusted to the U.S. 2000 standard population

Red rates denote a statistically worse rate than the comparison group.

Preventive Care – Physical Activity & Nutrition

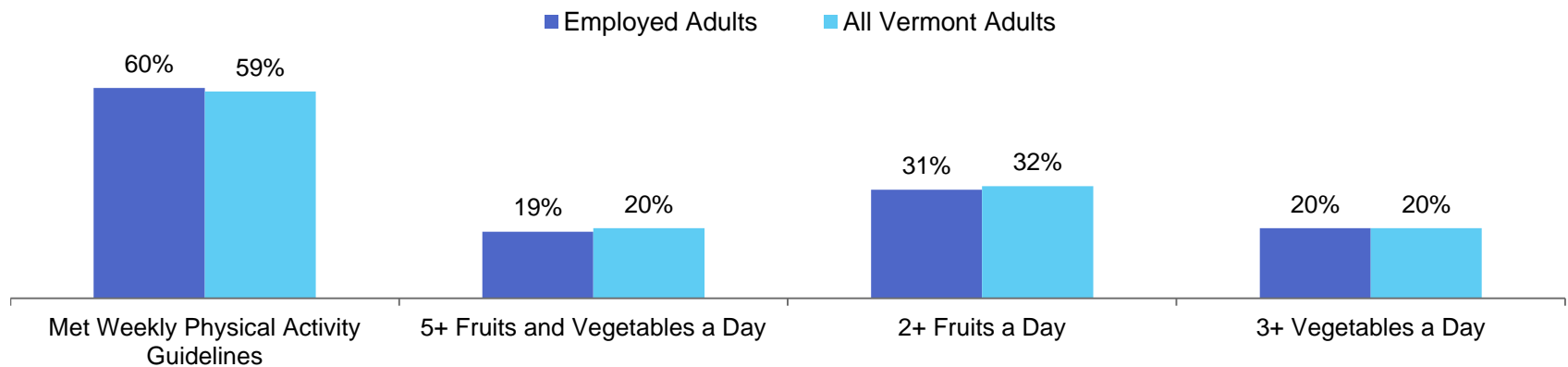
In 2015, 60% of employed adults met weekly aerobic physical activity guidelines.¹

About one in twenty (19%) employed adults reported eating five or more fruits and vegetables per day.

About, three in ten (31%) ate two or more fruits a day and 20% reported eating three or more vegetables a day.

Consumption of five or more fruits and/or vegetables and two or more fruits a day has decreased significantly since 2011 among employed adults. There are no statistically significant differences in the consumption of three or more vegetables per day since 2011. See Appendix A for trend results.

Physical Activity and Fruit and Vegetable Consumption[^]



[^]All data are age-adjusted to the U.S. 2000 standard population.

¹ For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

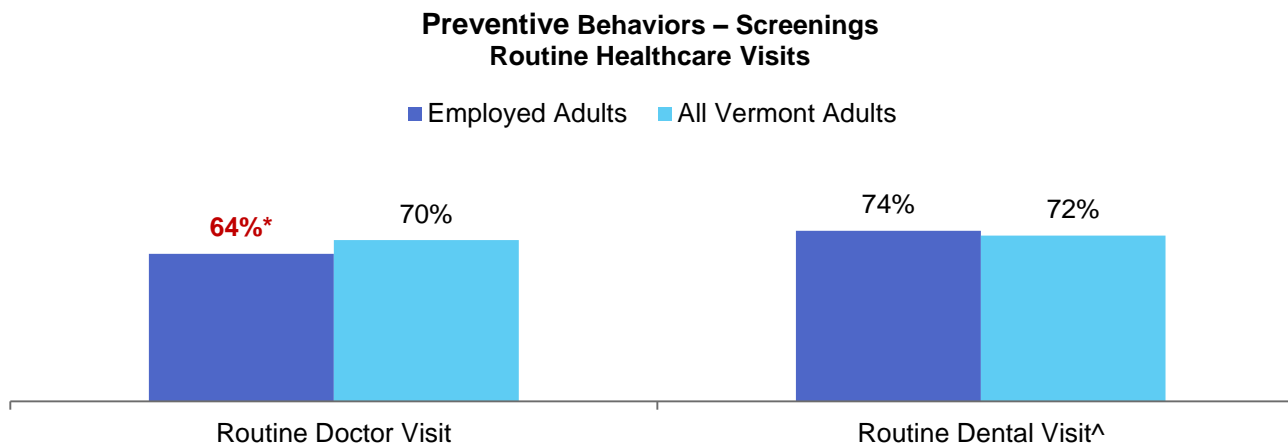
Preventive Care – Screenings

Less than two-thirds (64%) of employed adults said they saw their doctor for a routine visit in the previous year. This is significantly lower than the 70% reported among all Vermont adults.

About three-quarters (74%) of employed adults said they saw their dentist for any reason in the last year.

- Among the 26% of employed adults who did not seek routine dental care in the last year, the most common reason given was cost (46%). This is similar to the 42% of all Vermont adults who said the same.

Employed adults going to a routine doctor visit has not changed significantly since 2011 and those seeking routine dental care remains statistically unchanged since 2012. See Appendix A for results over time.



*Denotes statistically significant differences between groups.

^Data are age-adjusted to the U.S. 2000 population.

Red rates denote a statistically **worse** rate than the comparison group.

Preventive Care – Screenings

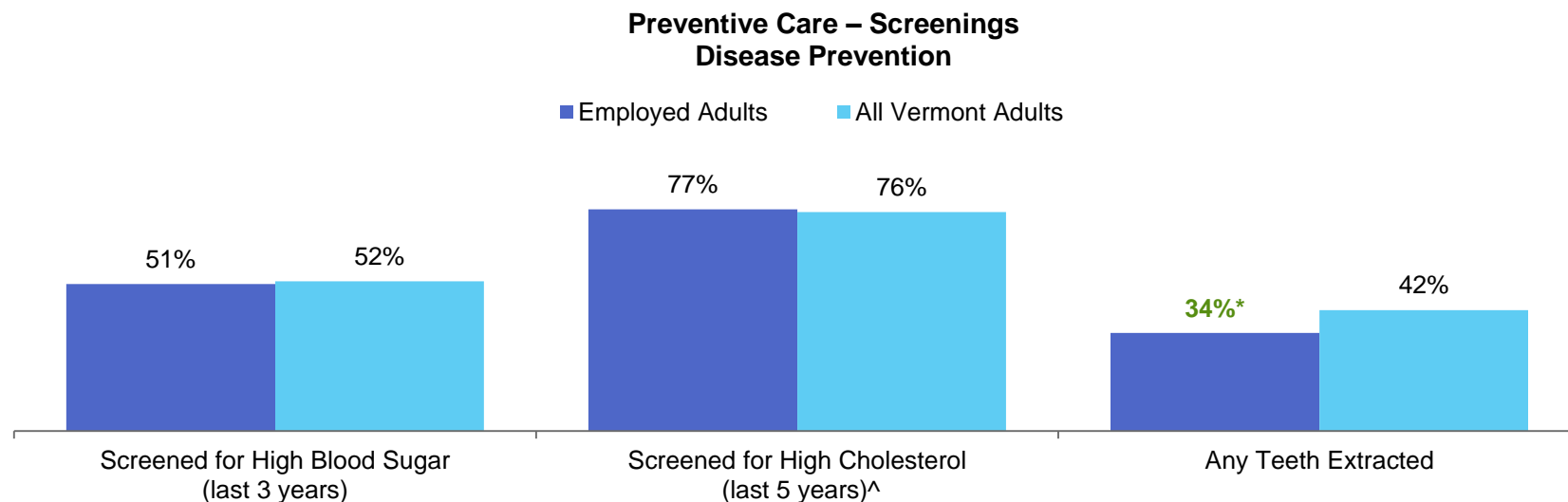
About half (51%) of employed adults were screened for high blood sugar in the last three years.

Over three-quarters (77%) of employed adults said they were screened for high cholesterol in the last five years.

Employed adults are significantly less likely than Vermont adults to report having at least one tooth extracted (34% vs. 42%).

Employed adults seeking routine dental care and having teeth extracted remains statistically unchanged since 2012.

See Appendix A for trend results.



*Denotes statistically significant differences between groups.

[^]Data are age-adjusted to the U.S. 2000 standard population.

Green rates denote a statistically **better** rate than the comparison group.

Preventive Care – Cancer Screening

In 2014, eight in ten (79%) employed women ages 50-74 reported meeting breast cancer screening recommendations.

- The breast cancer screening recommendation is a mammogram every two years.

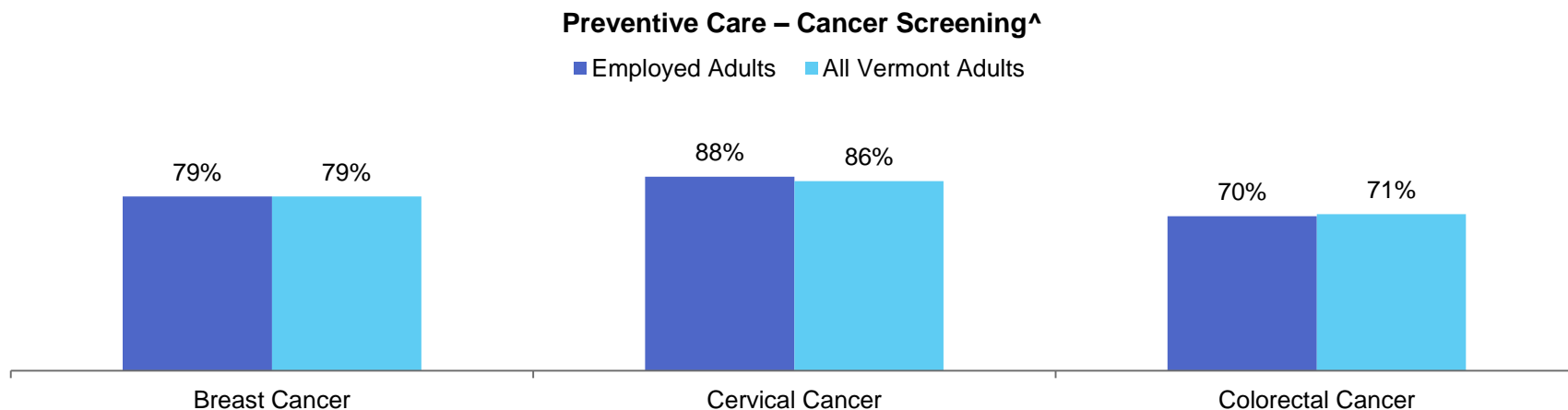
Eighty-eight percent of employed women 21-65 met cervical cancer screening recommendations

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among employed adults 50 to 75, 70% met colorectal cancer screening recommendations.

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Cancer screening among employed adults remains unchanged since 2012. See Appendix A for trend results.



[^]Data are age-adjusted to the U.S. 2000 population.

Appendix A: Employed Vermont Adults Trend Results (2011-2015)

Health Indicator	2011	2012	2013	2014	2015	Significant Change 2011 to 2015
Health Status Indicators						
Fair or Poor General Health	7%	7%	7%	6%	6%	No
Poor Physical Health	7%	6%	5%	5%	6%	No
Poor Mental Health	9%	9%	7%	8%	8%	No
Disabled	18%	13%	15%	14%	14%	Yes
Health Access Indicators						
No Personal Doctor	14%	14%	16%	15%	14%	No
No Doctor Because of Cost	11%	10%	10%	9%	8%	Yes
No Health Plan (ages 18-64)	11%	12%	11%	9%	8%	Yes
Chronic Diseases						
Arthritis	18%	20%	20%	19%	19%	No
Depression	19%	19%	20%	18%	19%	No
Obesity (ages 20+)^	24%	21%	24%	23%	24%	No
Asthma	10%	10%	9%	10%	10%	No
Diabetes	5%	4%	5%	5%	5%	No
Non-Skin Cancer	5%	4%	5%	5%	4%	No
Cardiovascular Disease (CVD)	4%	3%	4%	3%	3%	No
Skin Cancer	4%	4%	4%	4%	5%	No
Chronic Obstructive Pulmonary Disease (COPD)	3%	3%	3%	3%	3%	No
Chronic Kidney Disease (CKD)	1%	1%	1%	1%	2%	No

Appendix A: Employed Vermont Adults Trend Results (2011-2015)

Health Indicator	2011	2012	2013	2014	2015	Significant Change 2011 to 2015
Chronic Conditions						
Overweight (ages 20+)^	34%	37%	37%	36%	38%	No
Hypertension^	23%	--	25%	--	24%	No
Prediabetes	--	4%	4%	5%	--	No
Risk Behaviors						
Smoking^	18%	16%	16%	16%	15%	No
Binge Drinking	20%	23%	20%	20%	21%	No
Smokeless Tobacco Use	3%	4%	3%	4%	4%	No
Heavy Drinking	10%	9%	8%	10%	8%	No
Rarely or Never use Seatbelt	5%	3%	4%	4%	3%	No
Marijuana Use	10%	9%	7%	--	12%	No
Prescription Drug Misuse	10%	8%	6%	--	8%	No

^Data are age-adjusted to the 2000 U.S. population

Appendix A: Employed Vermont Adults Trend Results (2011-2015)

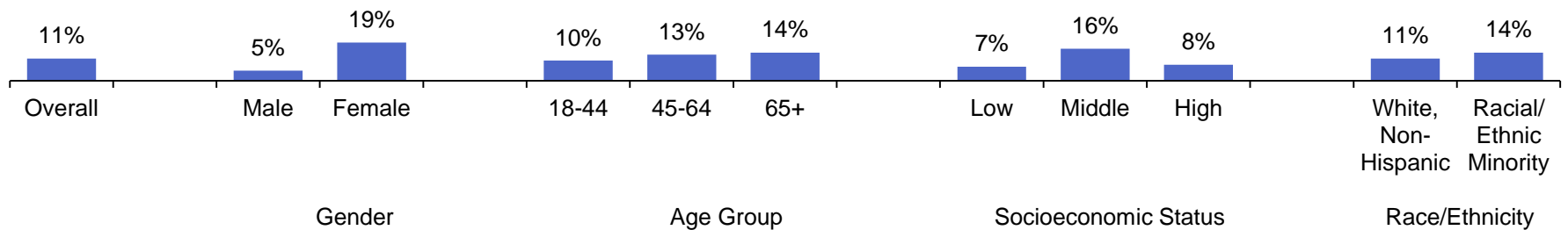
Health Indicator	2011	2012	2013	2014	2015	Significant Change 2011 to 2015
Preventative Care – Physical Activity & Nutrition						
Met Aerobic Physical Activity Recommendations^	60%	--	58%	--	60%	No
Ate 5+ Fruits and/or Vegetables per day^	24%	--	20%	--	19%	Yes
Ate 2+ Fruits per day^	38%	--	33%	--	31%	Yes
Ate 3+ Vegetables per day^	19%	--	18%	--	20%	No
Preventive Care - Screenings						
Routine Doctor Visit, in Last year	62%	61%	62%	63%	64%	No
Routine Dental Visit, in Last year^	--	72%	--	74%	--	No
Checked for High Blood Sugar (last 3 Yrs)	--	50%	--	51%	--	No
Checked for High Cholesterol (last 5 Yrs)^	76%	--	77%	--	77%	No
Any Teeth Extracted	--	36%	--	34%	--	No
Colorectal Cancer Screening^	--	72%	--	70%	--	No
Breast Cancer Screening^	--	83%	--	79%	--	No
Cervical Cancer Screening^	--	89%	--	88%	--	No

^Data are age-adjusted to the 2000 U.S. population

Appendix B: Occupations – Office and Administrative Support Workers

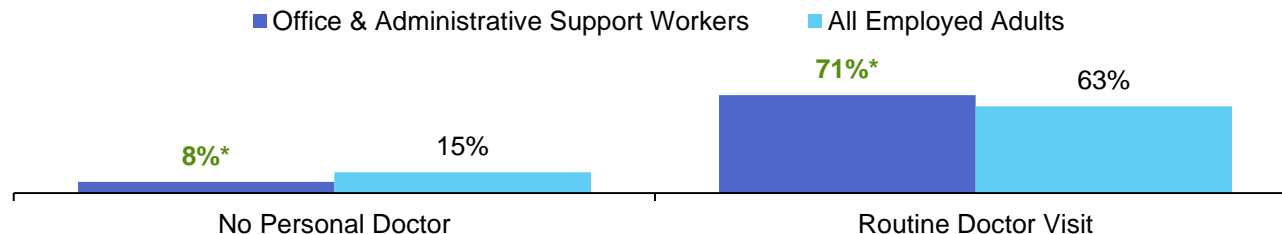
One in nine (11%) employed Vermont adults worked in office and administrative support occupations (about 33,400 Vermont adults). A higher rate of women than men held these jobs. Office and administrative support workers were significantly more likely to live at a middle socioeconomic status than a low or high one.

Percent of Employed Adults Working in Office and Administrative Support Occupations



Office and administrative support workers were significantly less likely to not have a personal doctor than employed adults overall. They were also significantly more likely to see their doctor for a routine visit when compared to employed Vermont adults overall.

Health Access Indicators



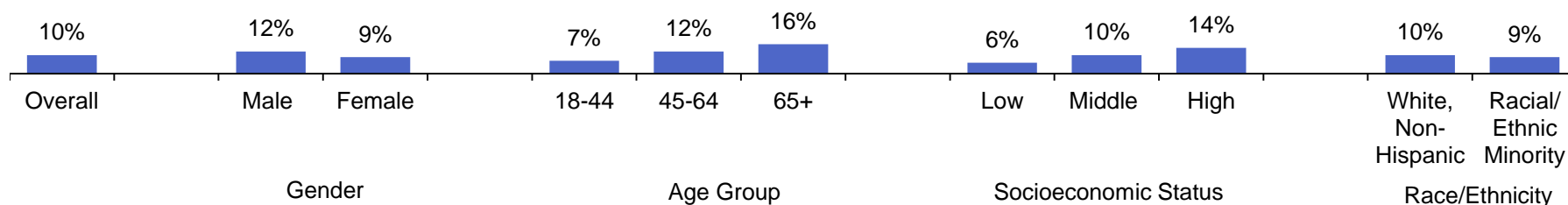
Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

*Notes statistically significant differences between groups. **Green** rates denote a statistically **better** rate than the comparison group.

Appendix B: Occupations – Management Occupations

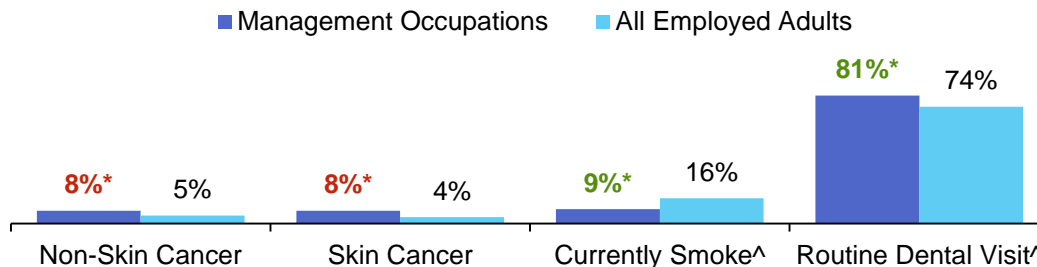
One in ten (10%) employed Vermont adults worked in management occupations (about 30,000 Vermont adults). A lower rate of adults 18-44 held these jobs than those 45 and older. Adults working in management occupations were significantly more likely to live at a high socioeconomic status than a low one.

Percent of Employed Adults Working in Management Occupations



Employed Vermont adults working in management occupations were significantly more likely to ever have had cancer and to have seen their dentist for any reason in the last year than employed adults overall. They were also significantly less likely to smoke than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

*Notes statistically significant differences between groups.

[^]Data are age-adjusted to the U.S. 2000 population.

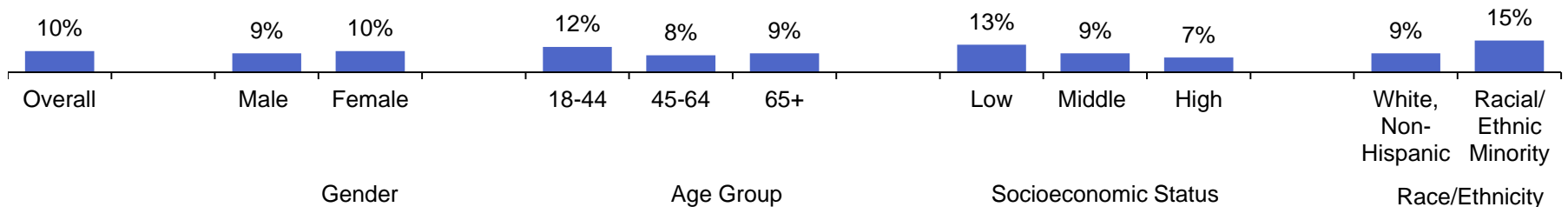
Green rates denote a statistically **better** rate than the comparison group.

Red rates denote a statistically **worse** rate than the comparison group.

Appendix B: Occupations – Sales and Related Occupations

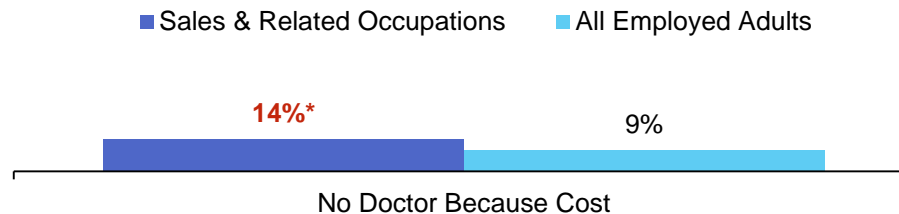
One in ten (10%) employed Vermont adults worked in sales and related occupations (about 27,800 Vermont adults). A higher rate of adults 18-44 held these jobs than those 45-64. There was a higher rate of adults working in sales and related occupations living at a low socioeconomic status than a high one.

Percent of Employed Adults Working in Sales and Related Occupations



Employed Vermont adults working in sales and related occupations were significantly more likely to not see a doctor when they need to because of cost than employed Vermont adults overall.

Selected Health or Behavior Measures



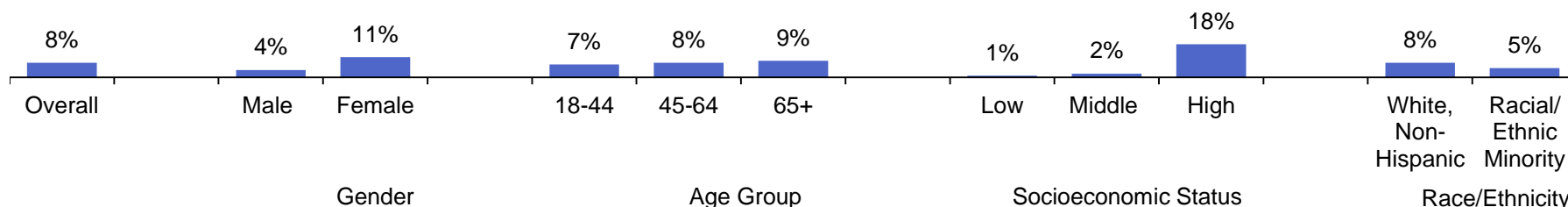
Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

*Denotes statistically significant differences between groups. **Red** rates denote a statistically **worse** rate than the comparison group.

Appendix B: Occupations – Education, Training, and Library Occupations

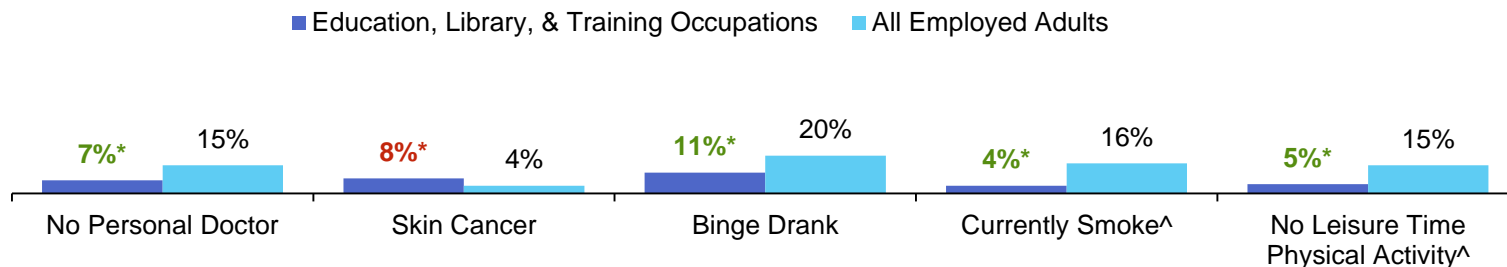
One in twelve (8%) employed Vermont adults worked in education, training, and library occupations (about 22,100 Vermont adults). There was a higher rate of women than men holding these occupations. A higher rate of adults working in education, training, and library occupations were living at a high socioeconomic status than a low or middle one.

Percent of Adults Working in Education, Library, and Training Occupations



Employed Vermont adults working in education, library, and training occupations were significantly less likely to not have a personal doctor, binge drink, smoke, or not engage in any leisure time physical activity when compared to employed adults overall. They were significantly more likely to have ever had skin cancer than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

**Notes statistically significant difference between groups.*

[^]Data are age-adjusted to the U.S. 2000 population.

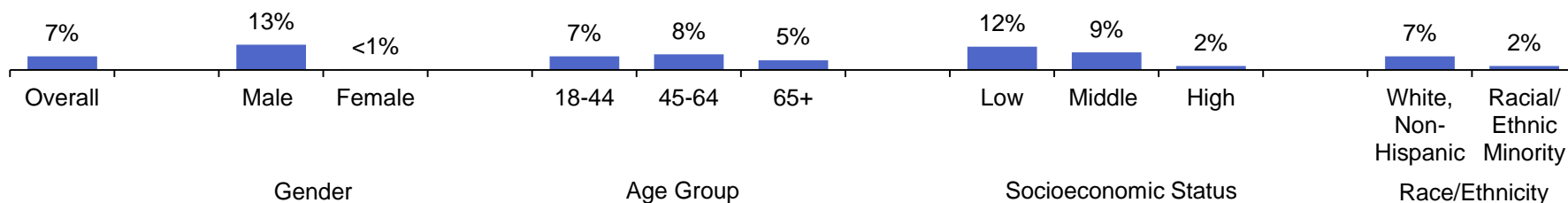
Green rates denote a statistically **better** rate than the comparison group.

Red rates denote a statistically **worse** rate than the comparison group.

Appendix B: Occupations – Construction and Extraction Occupations

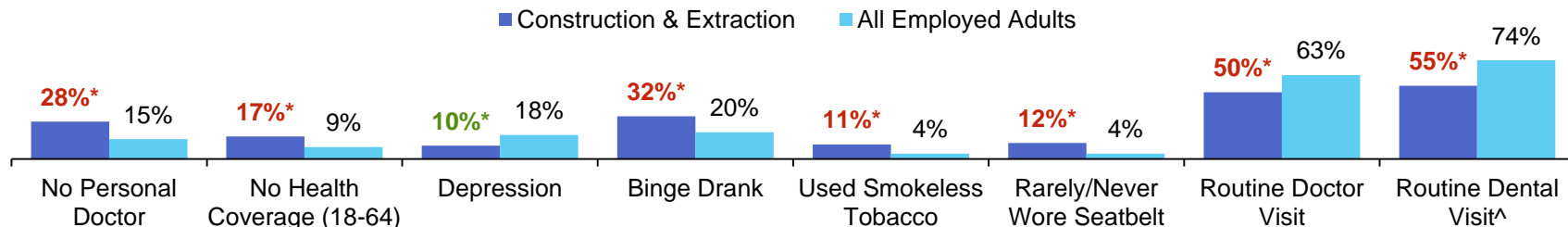
One in fourteen (7%) employed Vermont adults worked in construction and extraction occupations (about 20,300 Vermont adults). A higher rate of men than women held these occupations. There was a higher rate of adults working in construction and extraction living at a low or middle socioeconomic status than a high one. Those who held these occupations were more likely to be white, non-Hispanic than a racial/ethnic minority.

Percent of Adults Working in Construction & Extraction Occupations



Employed Vermont adults working in construction and extraction were significantly more likely to not have a personal doctor, not have health coverage, binge drink, use smokeless tobacco, or rarely or never wear a seatbelt when compared to employed adults overall. They were significantly less likely to have a depressive disorder or see their doctor or dentist for a routine visit than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

*Notes statistically significant differences between groups.

[^]Data are age-adjusted to the U.S. 2000 population.

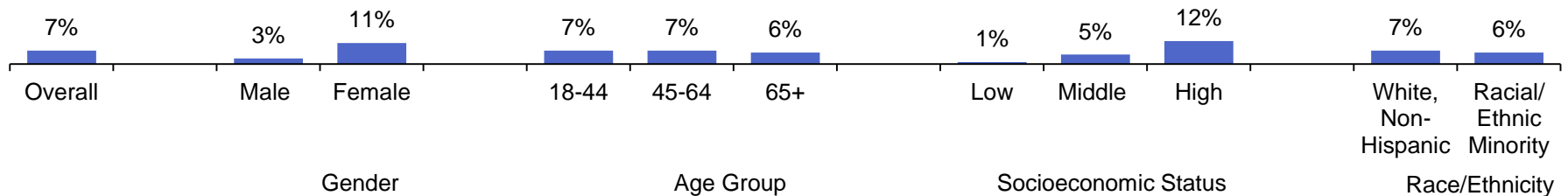
Green rates denote a statistically better rate than the comparison group.

Red rates denote a statistically worse rate than the comparison group.

Appendix B: Occupations – Healthcare Practitioner & Technical Occupations

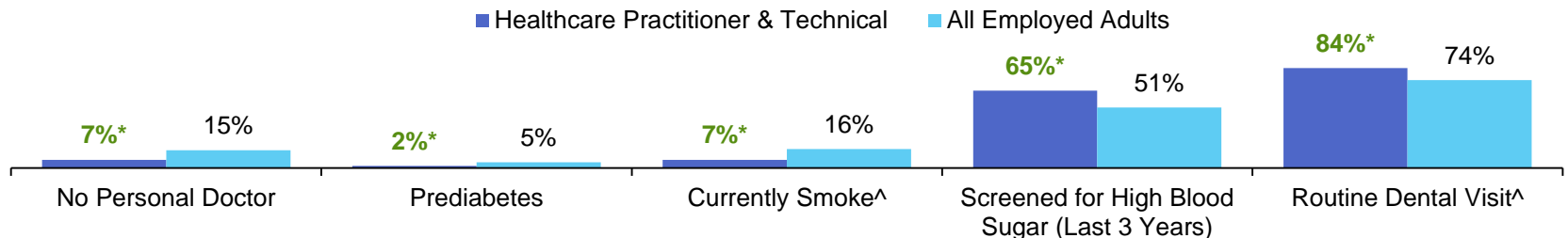
One in fourteen (7%) employed Vermont adults worked in healthcare and technical occupations (about 20,000 Vermont adults). A higher rate of women than men held these jobs. The proportion of adults working in healthcare practitioner and technical occupations significantly increased with increasing socioeconomic status. All differences by socioeconomic status were statistically significant.

Percent of Adults Working in Healthcare Practitioner & Technical Occupations



Employed Vermont adults working in healthcare practitioner and technical occupations were significantly less likely to not have a personal doctor, have prediabetes, or smoke compared to employed adults overall. They were significantly more likely to have been screened for high blood sugar in the last three years and see a dentist for any reason during the last year than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

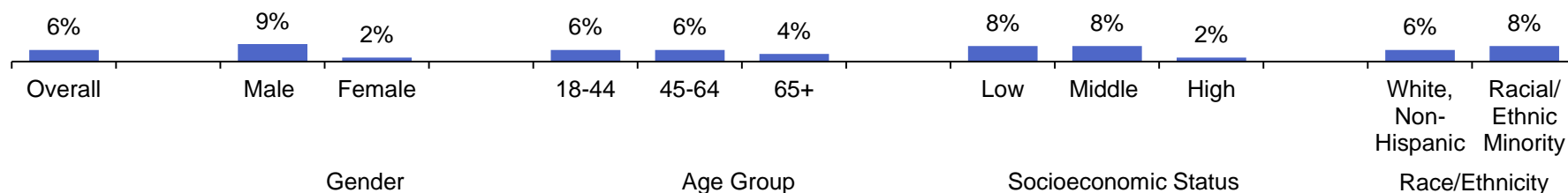
**Notes statistically significant differences between groups.*

[^]Data are age-adjusted to the U.S. 2000 population. Green rates denote a statistically better rate than the comparison group.

Appendix B: Occupations – Production Occupations

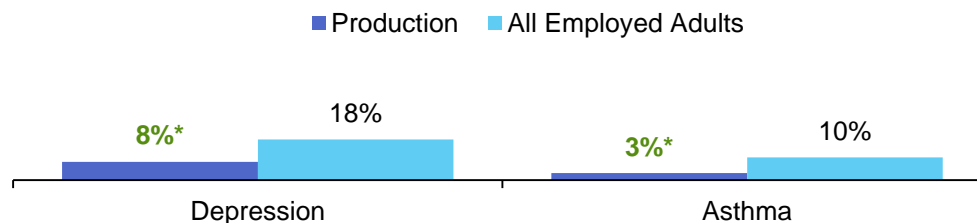
One in sixteen (6%) employed Vermont adults worked in production occupations (about 17,300 Vermont adults). This included those working in or creating products related to textiles, metal, woodwork, printing, food processing, plastic and rubber, and power plant operations/power generation. A higher rate of men than women held these jobs. There was a higher rate of adults working in production occupations living at a low or middle socioeconomic status than a high one.

Percent of Employed Adults Working in Production Occupations



Employed Vermont adults working in production occupations were significantly less likely to not have a depressive disorder or asthma than employed adults overall.

Selected Health or Behavior Measures



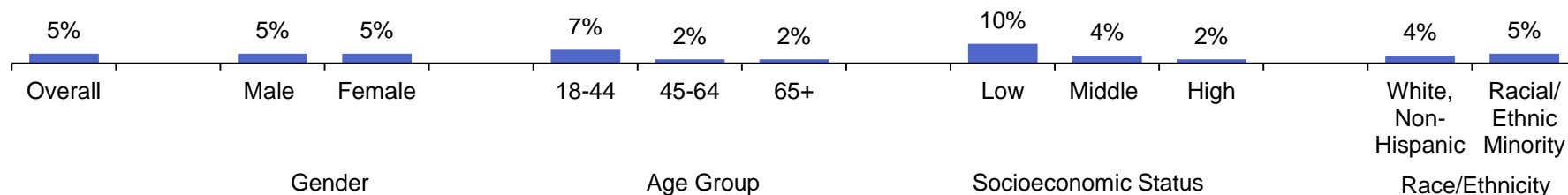
Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

**Notes statistically significant differences between groups. Green rates denote a statistically better rate than the comparison group.*

Appendix B: Occupations – Food Preparation & Serving Occupations

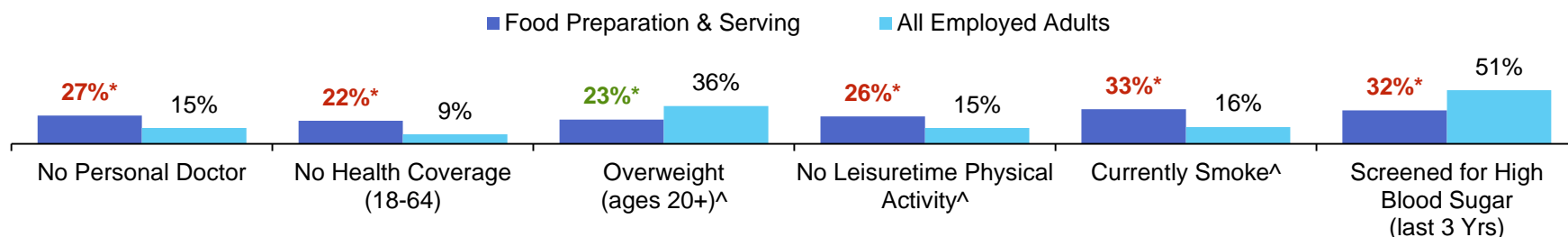
One in twenty (5%) employed Vermont adults worked in food preparation and serving occupations (about 13,100 Vermont adults). A higher rate of adults 18-44 held these jobs than those 45 and older. Adults working in food preparation and serving had a higher rate of living at a low or middle socioeconomic status than a high one.

Percent of Employed Adults Working in Food Preparation & Serving Occupations



Employed Vermont adults working in food preparation and serving occupations were significantly more likely to not have a personal doctor, not have health coverage, be overweight, or screened for high blood sugar in the last three years than employed adults overall. Adults working in these jobs also were more likely to engage in no leisure time physical activity and smoke than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

**Notes statistically significant differences between groups.*

^Data are age-adjusted to the U.S. 2000 population.

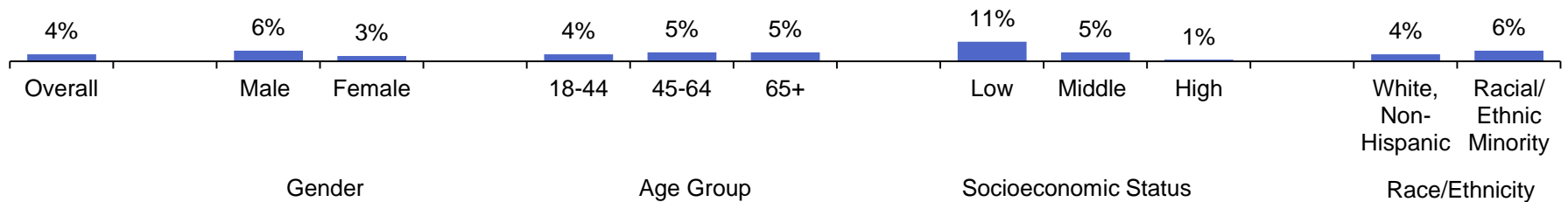
Green rates denote a statistically **better** rate than the comparison group.

Red rates denote a statistically **worse** rate than the comparison group.

Appendix B: Occupations – Building & Grounds Cleaning and Maintenance Occupations

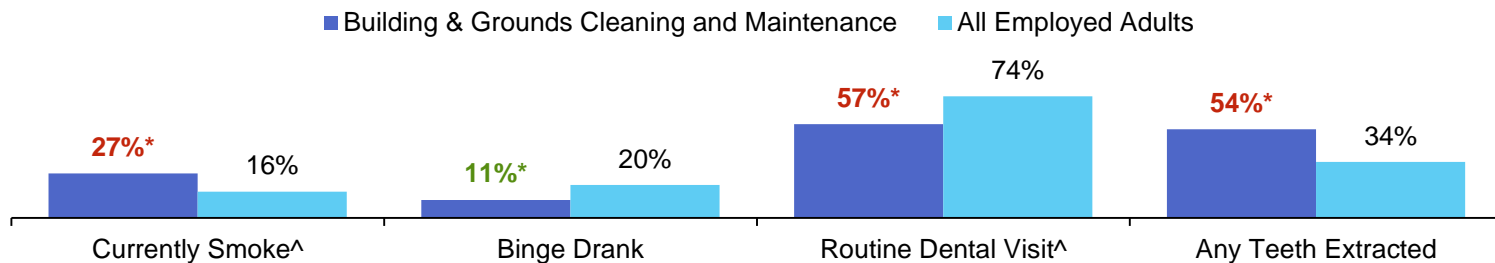
Less than one in twenty (4%) employed Vermont adults worked in building and grounds cleaning and maintenance occupations (about 13,000 Vermont adults). Men had a higher rate than women of holding these jobs. The proportion of adults working in building and grounds cleaning and maintenance decreased significantly with increasing socioeconomic status. All difference by socioeconomic status were statistically significant.

Percent of Employed Adults Working in Building & Grounds Cleaning and Maintenance Occupations



Employed Vermont adults working in building and grounds cleaning and maintenance occupations were significantly more likely to smoke or have at least one tooth extracted than employed adults overall. Adults working in these jobs also were less likely to binge drink or see a dentist for any reason in the past year than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

*Notes statistically significant differences between groups.

[^]Data are age-adjusted to the U.S. 2000 population.

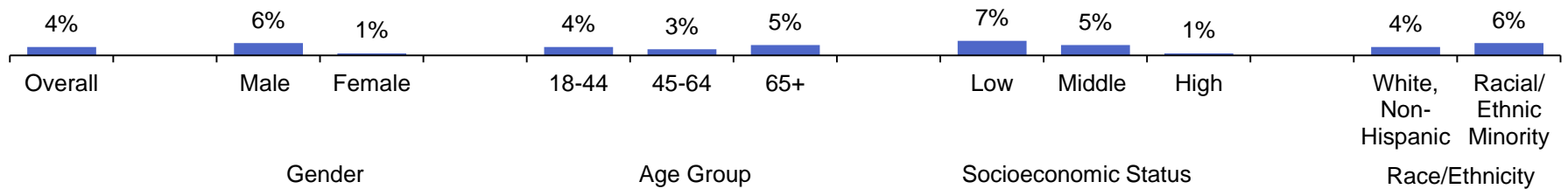
Green rates denote a statistically better rate than the comparison group.

Red rates denote a statistically worse rate than the comparison group.

Appendix B: Occupations – Transportation and Material Moving

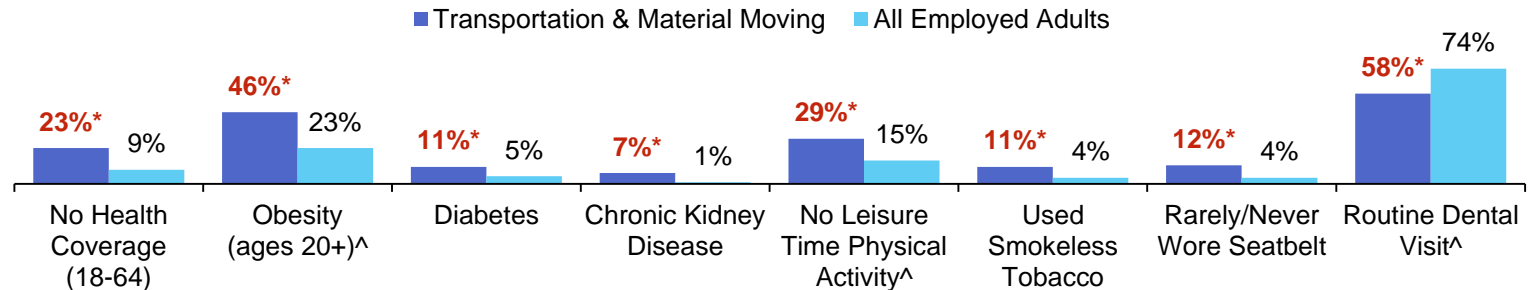
Less than one in twenty (4%) employed Vermont adults worked in transportation and material moving occupations (about 11,100 Vermont adults). A higher rate of men than women held these jobs. There was a higher rate of adults working in transportation and material moving were significantly living at a low or middle socioeconomic status than a high one.

Percent of Employed Adults Working in Transportation and Material Moving Occupations



Employed Vermont adults working in transportation and material moving occupations were significantly more likely to not have health coverage, be obese, have diabetes, have chronic kidney disease, not engage in any leisure time physical activity, use smokeless tobacco, and rarely or never wear a seatbelt than employed adults overall. Adults working in these jobs also were less likely to see a dentist for any reason in the past year than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

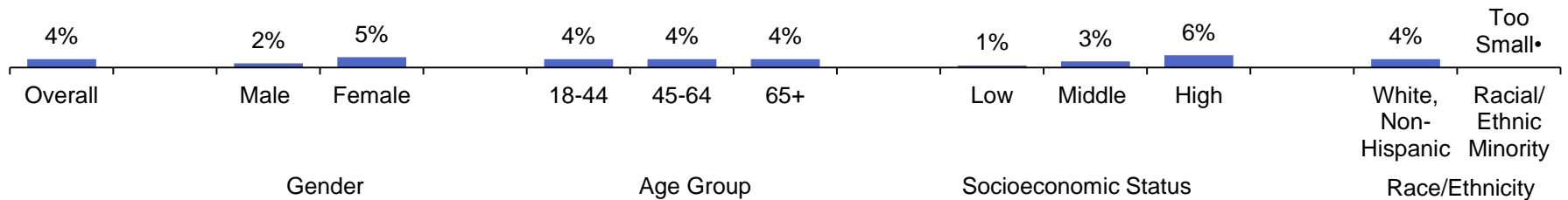
**Notes statistically significant differences between groups. Red rates denote a statistically worse rate than the comparison group.*

^Data for obesity, physical activity, and dental visits are age-adjusted to the U.S. 2000 population.

Appendix B: Occupations – Business & Financial Operations Occupations

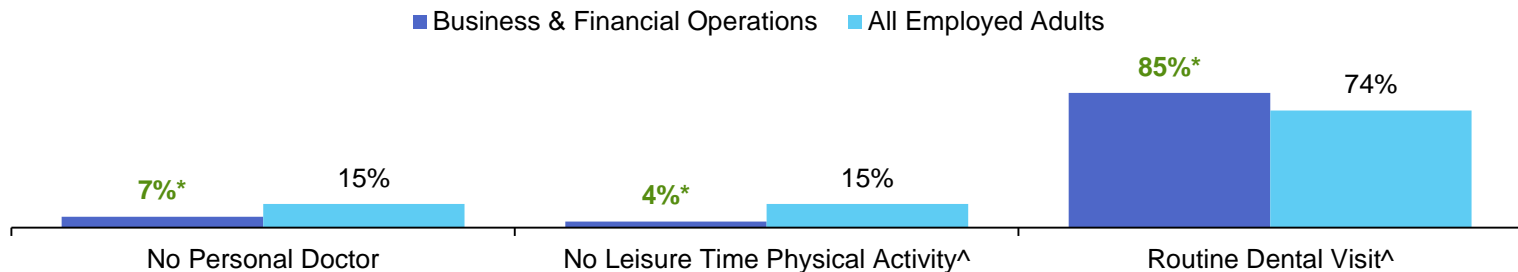
Less than one in twenty (4%) employed Vermont adults worked in business and financial operations occupations (about 10,600 Vermont adults). A higher rate of women than men held these jobs. There was a higher rate of adults working in business and financial operations that were living at a high socioeconomic status than a low one.

Percent of Employed Adults Working in Business and Financial Operations Occupations



Employed Vermont adults working in business and financial operations occupations were significantly less likely to not have a personal doctor, and not engage in any leisure time physical activity than employed adults overall. Adults working in these jobs also were more likely to see a dentist for any reason in the past year than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

•Sample size is too small to report.

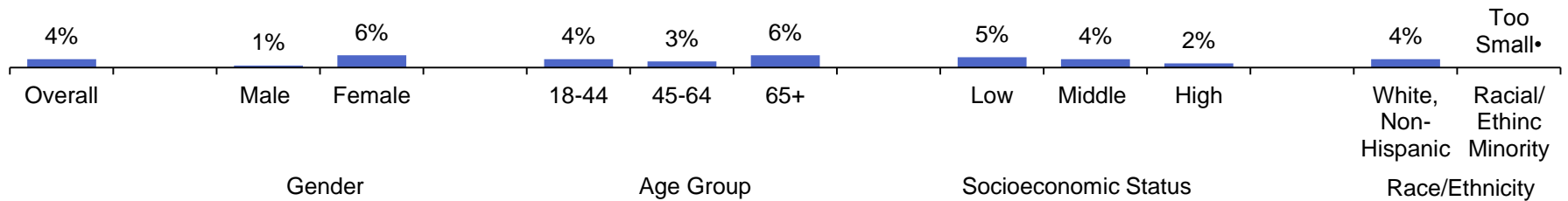
**Notes statistically significant differences between groups. Green rates denote a statistically better rate than the comparison group.*

[^]Data are age-adjusted to the U.S. 2000 population.

Appendix B: Occupations – Personal Care & Service; and Computer & Mathematical Occupations

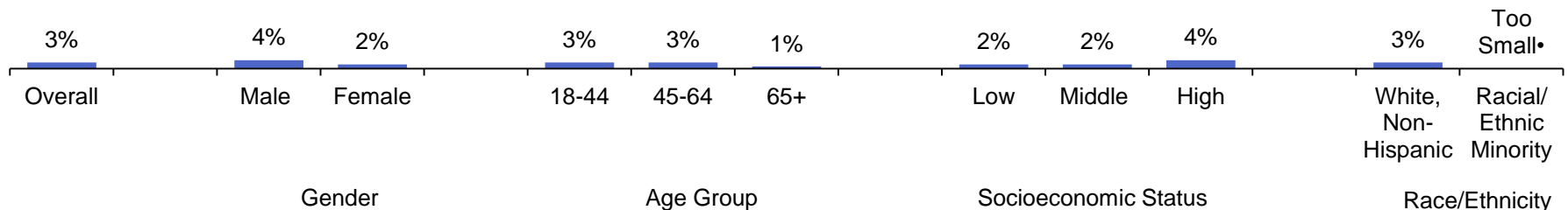
Less than one in twenty (4%) employed Vermont adults worked in personal care and service occupations. A higher rate of women than men held these jobs (about 10,200 Vermont adults). There was a higher rate of adults working in personal care and service occupations that were living at a low or middle socioeconomic status than a high one.

Percent of Employed Adults Working in Personal Care & Service Occupations^a



About one in thirty (3%) employed Vermont adults worked in computer and mathematical occupations (about 7,800 Vermont adults). A higher rate of men than women held these jobs.

Percent of Adults Working in Computer & Mathematical Occupations^a



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

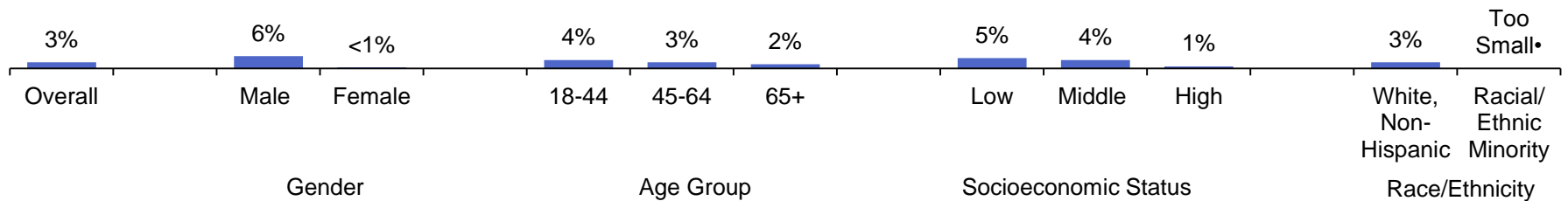
^a*No statistically significant differences in health or behavior measures exist between Personal Care & Service; Computer & Mathematical Occupations and employed adults overall.*

**Sample size is too small to report.*

Appendix B: Occupations – Installation, Maintenance, & Repair Occupations

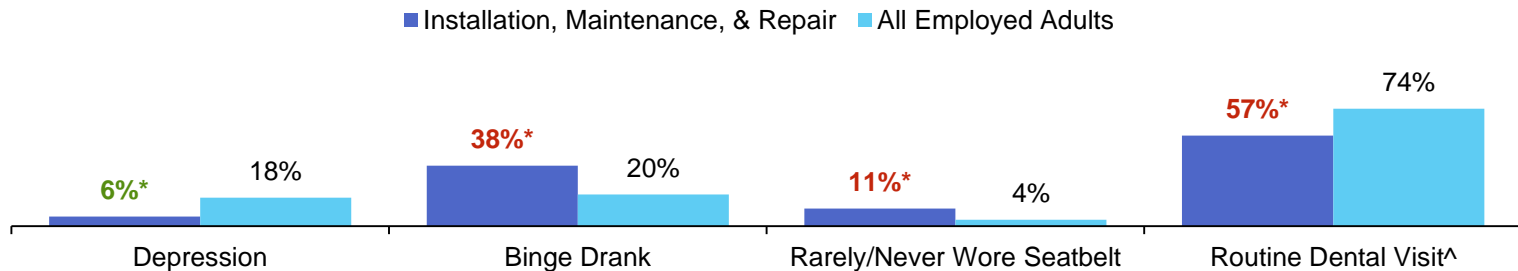
About one in thirty (3%) employed Vermont adults worked in installation, maintenance, and repair occupations (about 9,000 Vermont adults). A higher rate of men than women held these jobs. There was a higher rate of adults working in installation, maintenance, and repair were significantly that were living at a low or middle socioeconomic status than a high one.

Percent of Employed Adults Working in Installation, Maintenance, & Repair Occupations



Employed Vermont adults working in installation, maintenance, and repair occupations were significantly less likely to have a depressive disorder or visit a dentist for any reason in the last year than employed adults overall. Adults working in these jobs also were more likely to binge drink and rarely or never wore a seatbelt than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

*Sample size is too small to report.

*Notes statistically significant differences between groups.

[^]Data are age-adjusted to the U.S. 2000 population.

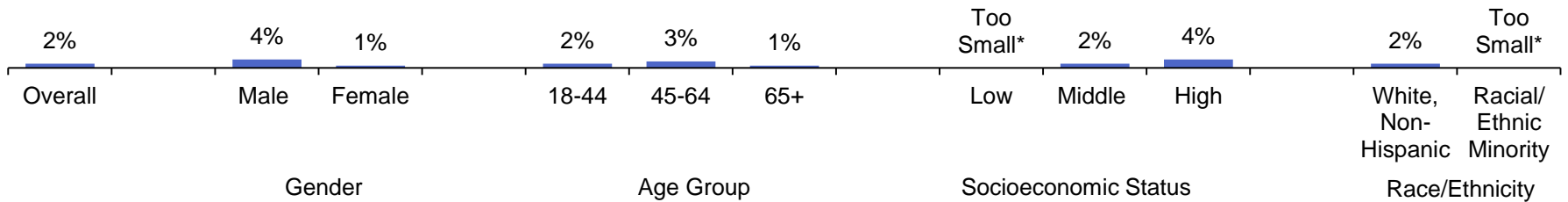
Green rates denote a statistically better rate than the comparison group.

Red rates denote a statistically worse rate than the comparison group.

Appendix B: Occupations – Architecture & Engineering Occupations

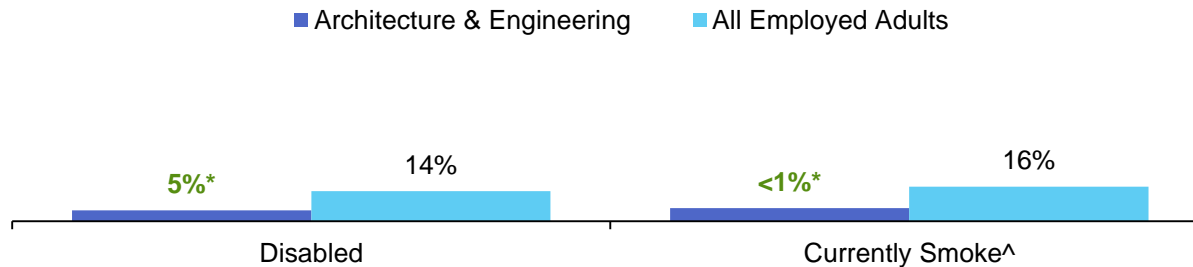
One in fifty (2%) employed Vermont adults worked in architecture and engineering occupations (about 7,100 Vermont adults). A higher rate of men than women held these jobs. There was a higher rate of adults working in architecture and engineering that were living at a high socioeconomic status than a middle one.

Percent of Adults Working in Architecture & Engineering Occupations



Employed Vermont adults working in architecture and engineering occupations were less likely to have a disability or smoke than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

**Sample size is too small to report.*

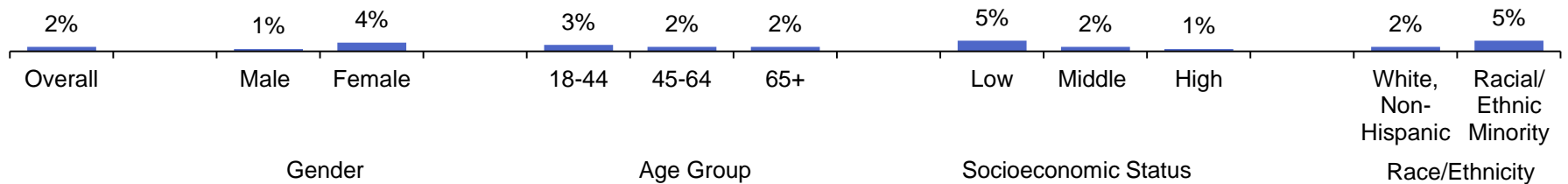
**Notes statistically significant differences between groups. Green rates denote a statistically better rate than the comparison group.*

[^]Data are age-adjusted to the U.S. 2000 population.

Appendix B: Occupations – Healthcare Support Occupations

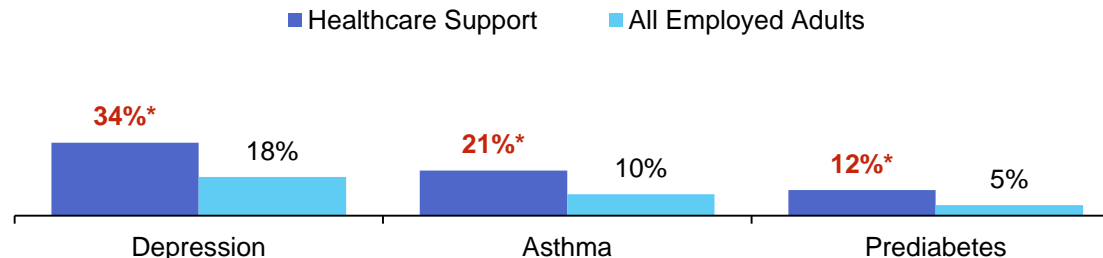
One in fifty (2%) employed Vermont adults worked in healthcare support occupations (about 7,000 Vermont adults). This included individuals working as nursing, psychiatric, or home health aides, occupational/physical therapists or their aides, massage therapists, or dental assistants. A higher rate of women than men held these jobs. There was a higher rate of adults working in healthcare support that were living at a low socioeconomic status than a high one.

Percent of Employed Adults Working in Healthcare Support Occupations



Employed Vermont adults who worked in healthcare support occupations were significantly more likely to have a depressive disorder, asthma, and prediabetes than employed adults overall.

Selected Health or Behavior Measures



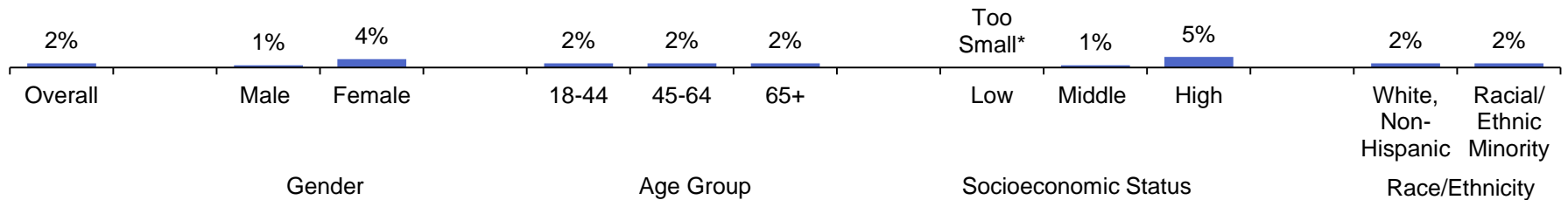
Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

**Notes statistically significant differences between groups. Red rates denote a statistically worse rate than the comparison group.*

Appendix B: Occupations – Community & Social Services; and Legal Occupations

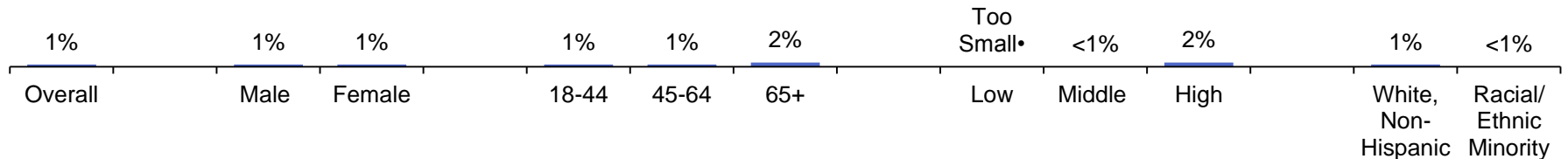
One in fifty (2%) employed Vermont adults worked in community and social services occupations (about 6,800 Vermont adults). A higher rate of women than men held these jobs. There was a higher rate of adults working in community and social services that were living at a high socioeconomic status than a middle one.

Percent of Employed Adults Working in Community & Social Services Occupations^a



One out of a hundred (1%) employed Vermont adults worked in legal occupations (about 3,400 Vermont adults). A higher rate of adults with these jobs were living at a high socioeconomic status than a middle one.

Percent of Adults Working in Legal Occupations^a



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

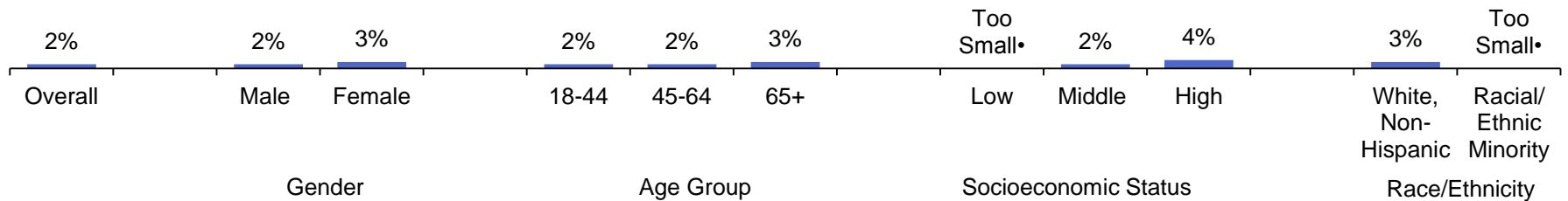
**Sample size is too small to report.*

^aNo statistically significant differences in health or behavior measures exist between community & social service occupations; legal occupations and employed adults overall.

Appendix B: Occupations – Art, Design, Entertainment, Sports, & Media Occupations

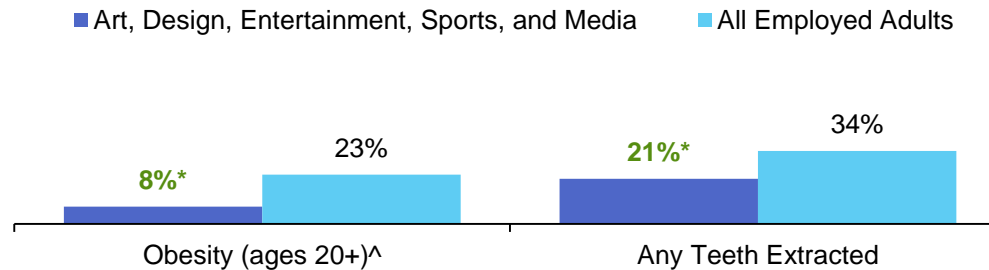
One in fifty (2%) employed Vermont adults worked in art, design, entertainment, sports, and media occupations (about 7,200 Vermont adults). There was a higher rate of adults working in in these jobs that were living at a high socioeconomic status than a middle one.

Percent of Adults Working in Art, Design, Entertainment, Sports, and Media Occupations



Employed Vermont adults working in art, design, entertainment, sports, and media occupations were less likely to be obese or report having at least one tooth extracted than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

**Sample size is too small to report.*

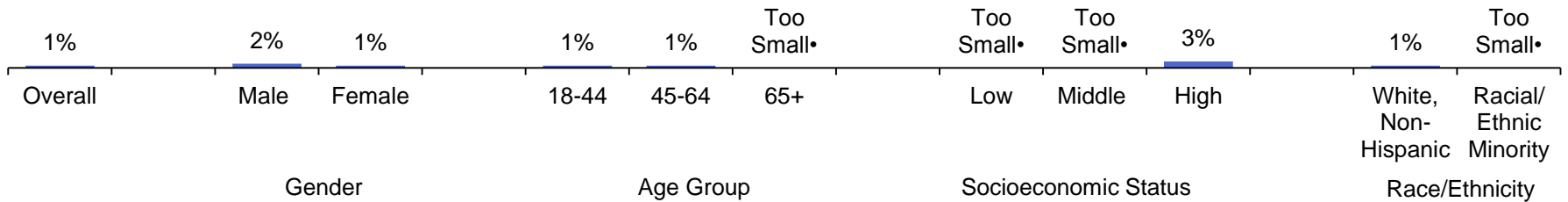
**Notes statistically significant differences between groups. Green rates denote a statistically better rate than the comparison group.*

^Data are age-adjusted to the U.S. 2000 population.

Appendix B: Occupations – Life, Physical, & Social Service Occupations

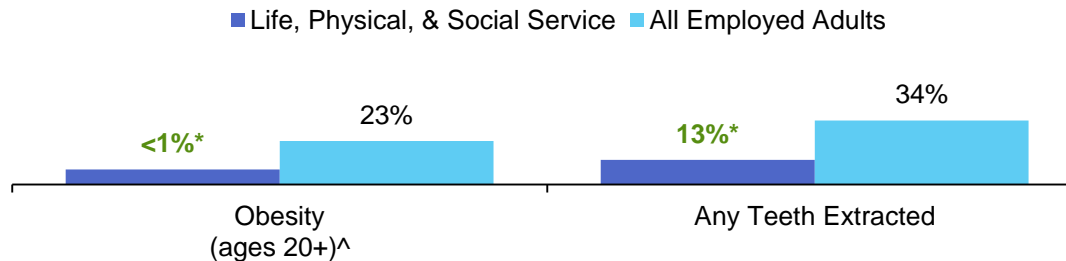
One in a hundred (1%) employed Vermont adults worked in life, physical, and social service occupations (about 4,000 Vermont adults). There were no statistically significant differences among demographic categories for adults working in life, physical, and social service occupations.

Percent of Employed Adults Working in Live, Physical, & Social Service Occupations



Employed Vermont adults working in life, physical, and social service occupations were less likely to be obese or have at least one tooth extracted than employed adults overall.

Selected Health or Behavior Measures



Note: Data on marijuana use, prescription drug misuse, fruit/vegetable consumption, meeting physical activity recommendations, cholesterol screening, and hypertension are not available by occupation.

**Sample size is too small to report.*

**Notes statistically significant differences between groups. Green rates denote a statistically better rate than the comparison group.*

[^]Data are age-adjusted to the U.S. 2000 population.

Additional Information

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A report summarizing the 2015 statewide results from the Vermont BRFSS can be found on the VDH website:

http://www.healthvermont.gov/sites/default/files/documents/2016/12/summary_bfss_2015.pdf

For questions about the BRFSS or for BRFSS data, contact the BRFSS Coordinator

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For information and resources on Worksite Wellness visit

<http://www.healthvermont.gov/wellness/physical-activity-nutrition/worksite>

Or, contact

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