2011 Vermont Adult Behavioral Risk Factor Survey Data Brief – Worksite Wellness

With over 70% of Vermont adults currently employed¹, worksites are prime settings to reach a large segment of the Vermont population and influence family members and communities. Employers with worksite health promotion programs see on average: 27% reduction in sick leave absenteeism, 26% reduction in health costs, and 32% decrease in workers' compensation and disability claims. For every dollar invested in wellness, employers can expect to see an average savings of \$5.81².

In Vermont, according to 2011 Behavioral Risk Factor Surveillance System data, about one in twenty adults employed outside the home (excludes self-employed adults) reported having poor physical health (6%) and nearly one in ten reported poor mental health (9%). On average, employed adults reported that their health kept them from doing their usual activities, including work, one day per month.

Chronic Conditions:

Chronic conditions can impact one's participation in daily activities, such as work. Employed adults with chronic conditions are more likely than those without a chronic illness to be absent from and less productive at work. In 2011, more than half (53%) of Vermont adults employed outside their home had one or more chronic conditions, while about a guarter had at least two (23%).

Obesity and depression are among the most costly chronic conditions to employers^{2,3}. Obesity also increases a person's risk of developing other chronic conditions such as hypertension, high cholesterol, type 2 diabetes, osteoarthritis and some cancers⁴. In 2011, about a quarter of employed adults were obese and an additional 36% were overweight, meaning that 60% of employed adults are either already obese or at risk for becoming so. One in five employed adults had a depressive disorder.

High cholesterol and hypertension were also reported by about a quarter of employed adults. Just fewer than one in five had arthritis, and of those adults, about a quarter (23%) said their arthritis affects whether they work, the type of work or the amount of work they do. One in ten employed Vermont adults had asthma. Among employed adults with asthma, 16% said their asthma was caused by a current or previous job and 39% said it is exacerbated by one.

Five percent or fewer said they had: diabetes (5%), a non-skin cancer (5%), skin cancer (4%), chronic obstructive pulmonary disease (3%), cardiovascular disease (4%), or chronic kidney disease (1%).

24% 24% 23% 20% 17% 10%

Obese High Cholesterol Hypertension Depressive Disorder

Obesity data is limited to adults 20 and older.

Figure 1: Prevalence of Selected Chronic Conditions Employed Vermont Adults, 2011



¹ Vermont Department of Labor

² 2012 Society of Human Resource Management (SHRM) Conference, presentation by Mark Schmit, Vice President (SHRM)

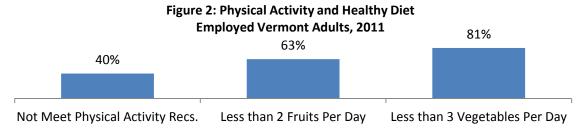
³ Pittman, D. (2012, November 6). Depression the big-ticket item for employers. Medpage Today [Online]. Retrieved November 13, 2012 from www.medpagetoday.com

⁴ http://www.cdc.gov/chronicdisease/resources/publications/aag/obesity.htm

Nutrition and Physical Activity:

A healthy diet and exercise can improve health among those with chronic conditions and lower the risk of developing one. Physically active employees cost employers 15% less in health care than inactive ones⁵.

In 2011, two in five employed Vermont adults did not meet weekly physical activity recommendations of 150 minutes of moderate activity or 75 minutes of vigorous activity. Nearly two-thirds did not eat the recommended two or more fruits per day, while four out of five did not eat three or more vegetables per day.



Tobacco Use:

Smoking has been linked to diseases such as cancer, heart disease, stroke, and chronic obstructive pulmonary disease and is the leading preventable cause of death⁵. Quitting smoking, regardless of age, leads to increased longevity and improved quality of life⁶. In 2011, less than one in five (18%) employed adults were smokers. Compared to non-smokers, employed smokers have reduced productivity and increased absenteeism⁷. Nearly a third (29%) smoked previously but successfully quit. Of current smokers, slightly more than half (55%) tried to guit in the previous year.

Cancer Screening8:

Screening for cancers can lead to early detection, better health outcomes and decreased mortality. One in ten employed women 21 and older did not meet cervical cancer screening recommendations in 2010, while 14% of employed women 50-74 did not meet breast cancer screening guidelines. More than a quarter (28%) of adults 50-75 employed outside the home did not receive the recommended colorectal cancer screening.

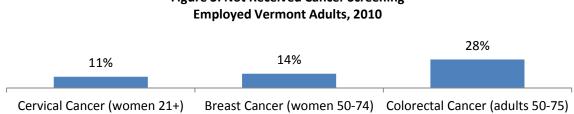


Figure 3: Not Received Cancer Screening

VDH and Worksite Wellness:

VDH has identified five priority strategies for worksites to adopt that will assist in creating environments that support healthy eating and physical activity in worksites. The five strategies are low-cost and offer populationlevel impact for worksites. They are: implement healthy food and beverage policies, go tobacco-free, provide refrigerators, microwaves, and break areas, help employees to get 30 minutes of physical activity a day, and support local food initiatives.

For more information about worksite wellness program at VDH please contact your local district office: http://healthvermont.gov/local/district/district office.aspx.

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (802-863-7663; Jessie.Hammond@state.vt.us).

⁸ Cancer screening guidelines are from the USPSTF and can be found here: http://www.uspreventiveservicestaskforce.org



⁵ Centers for Disease Control and Prevention: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

⁶ Campaign for Tobacco Free Kids: http://www.tobaccofreekids.org/research/factsheets/pdf/0246.pdf

⁷ Berman, M., Crane R., and Munur, M. Estimating the cost of a smoking employee. Tobacco Control 2013 Online First; 3 June 2013.