



Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators by Industry and Occupation in Maryland

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Background

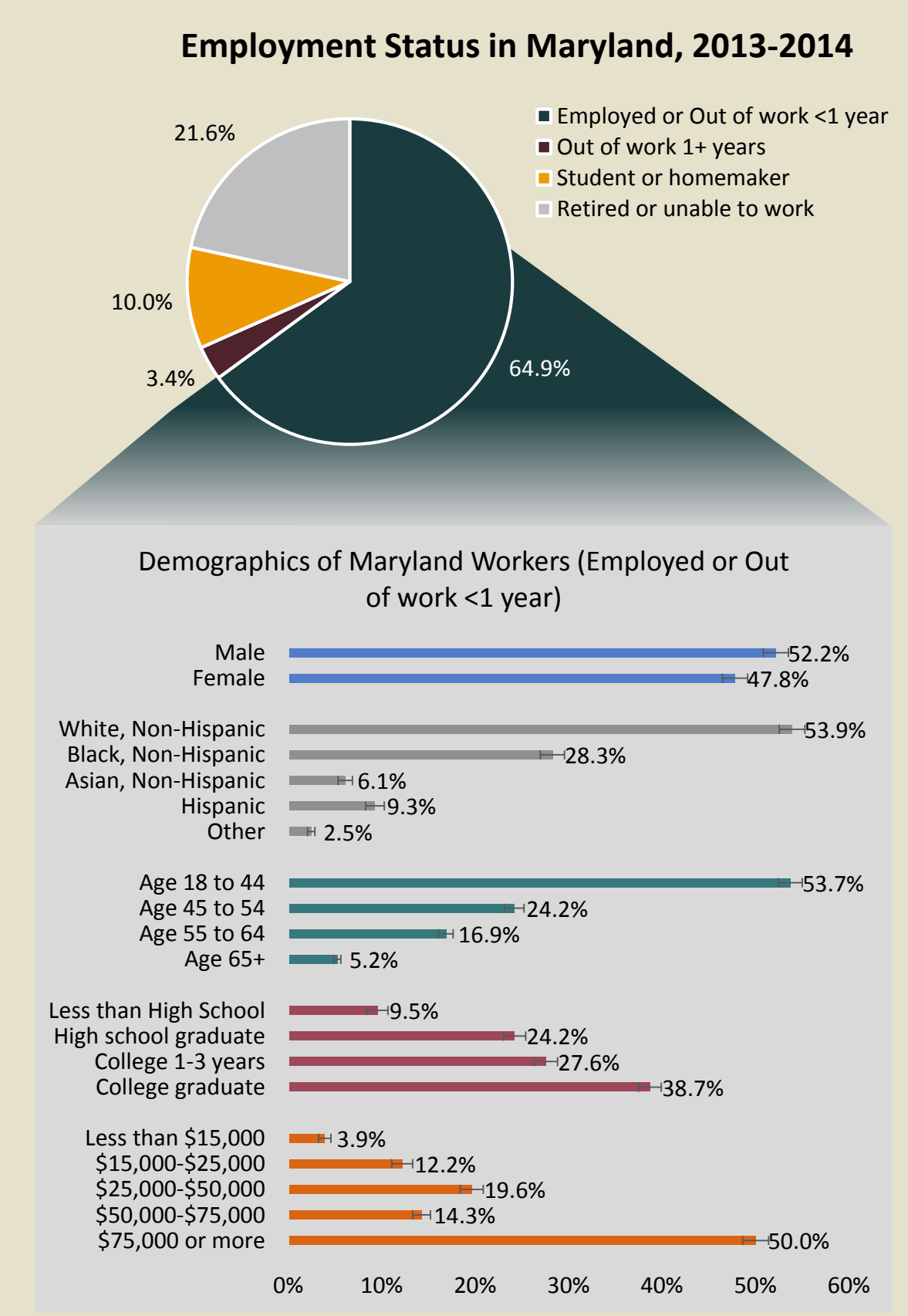
The Behavioral Risk Factor Surveillance System (BRFSS) is a national survey that collects data on health-related risk behaviors, chronic health conditions, and the use of preventive services. During the 2013 and 2014 survey years, Maryland BRFSS collected industry and occupation data, providing insight into health outcomes and health behaviors of approximately three million Maryland workers. This analysis examines 22 health indicators by occupation, industry, and sociodemographic variables.

Methods

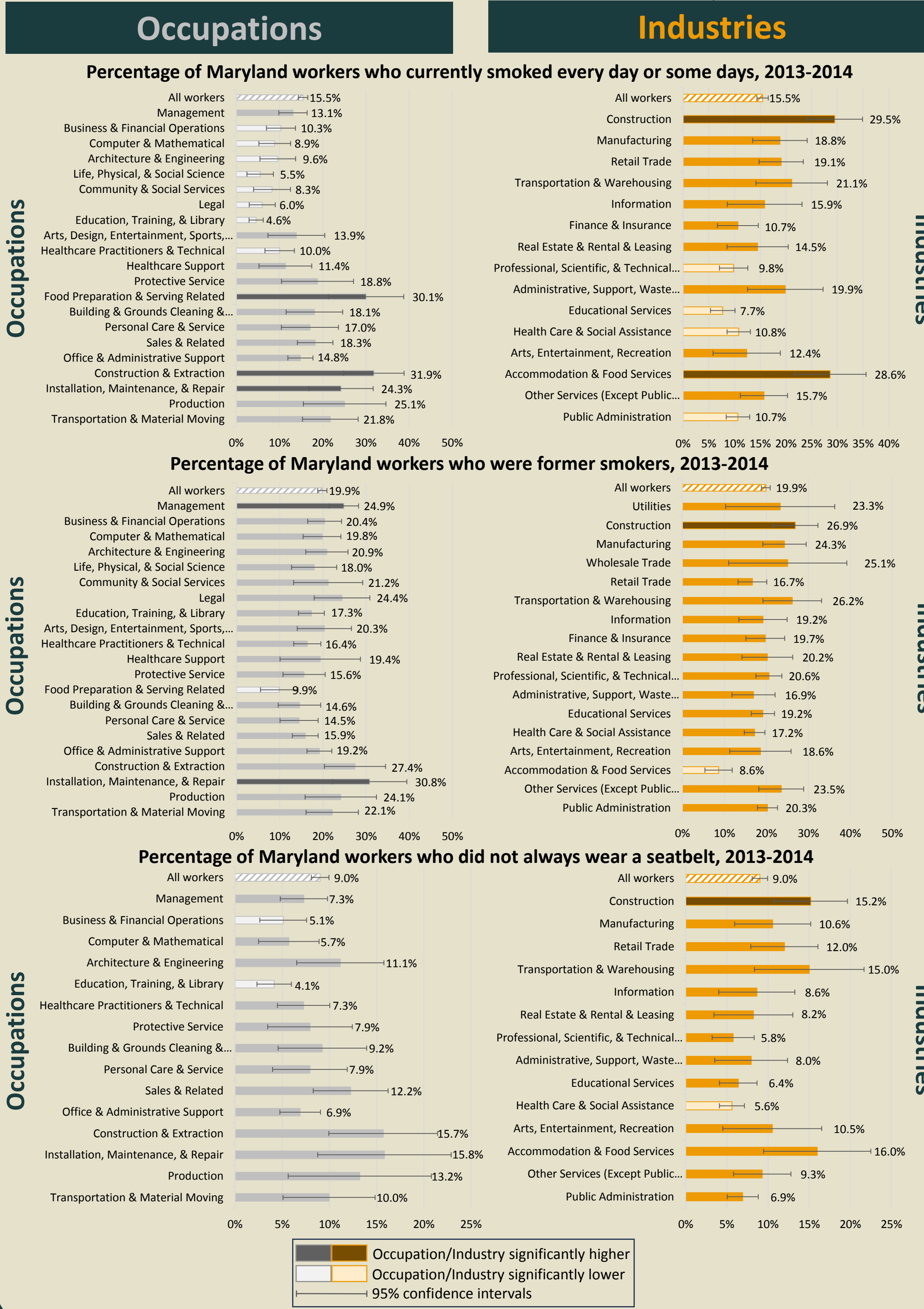
Maryland BRFSS survey respondents who were employed or out of work for less than one year were asked their occupation and industry. Occupations and industries were grouped into 21 North American Industrial Classification System (NAICS) industry categories and 22 Standard Occupation Classification (SOC) occupation categories. Analyses were conducted using the SURVEYFREQ procedure in SAS. Percentages are weighted, unadjusted, bivariate prevalence estimates.

Results

In 2013 and 2014, 64.9% of Maryland adults were employed or out of work for less than one year. Workers were: 52.2% male, 53.7% ages 18 to 44, 53.9% White non-Hispanic, 28.3% Black non-Hispanic, 9.3% Hispanic, and 6.1% Asian non-Hispanic, 38.7% college graduates, and 50.0% household income ≥ \$75,000. Workers most commonly reported hypertension (27.0%), arthritis (17.3%), and depressive disorders (13.6%). (Data not presented.)



Health behaviors (displayed below) included current and former smoking (15.5% and 19.9%), not always wearing seatbelts (9.0%), binge drinking (18.0%), no leisure time physical activity (20.2%), and inadequate sleep (40.8%). Most respondents reported having health care coverage (88.7%), getting a routine checkup in the past year (71.4%), and having a dental visit in the past year (72.1%), while 11.5% reported a time in the past 12 months when they needed to see a doctor, but could not because of cost. (Data not presented.)



Conclusions

Health indicators differed by occupations and industries. Analysis of these data in conjunction with sociodemographic variables could provide opportunities for targeted outreach and public health actions in Maryland communities. Medical professionals should consider collecting occupational history to better inform patient care.

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