



COMMUNITY HEALTH DATA BASE

An Information Service of Public Health Management Corporation

Data findings

EMPLOYEE HEALTH IN SOUTHEASTERN PENNSYLVANIA

May 2012

In recognition of Employee Health and Fitness Month, this month’s article focuses on the health of Southeastern Pennsylvania’s workforce. One objective of the Healthy People 2020 initiative aims to improve employee wellness by “[increasing] the proportion of worksites that offer nutrition or weight management classes or counseling” (1). Although employee health and fitness largely focuses on diet, weight status, and personal health behaviors, this article also looks at differences between employment groups, particularly part-time and full-time workers. Differences between these groups related to the utilization of health care and cost barriers are also addressed.

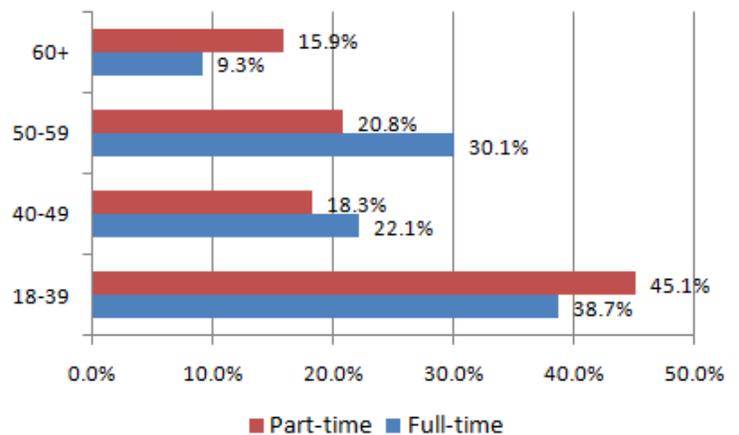
This article highlights data from the Community Health Data Base’s 2010 Southeastern Pennsylvania (SEPA) Household Health Survey by examining demographic characteristics of the region’s adult workforce (18+ years of age) and also looks at disparities between full- and part-time workers across the region. This survey is a random digit dial telephone survey of over 10,000 households in the five-county SEPA region of Bucks, Chester, Delaware, Montgomery and Philadelphia Counties.

Southeastern Pennsylvania’s Workforce

The composition of the two employment group differs across demographic and socioeconomic characteristics:

- Part-time workers are more likely to be 18-39 year olds or workers 60 years or older while full-time workers are more likely to be between 40 and 59 years of age (Table 1).
- Males make up a slight majority of full-time workers (54.0%), while women make up two-thirds (67.0%) of part-time workers.
- Part-time workers are also more likely to be single (31.1%) compared to full-time workers (21.5%).
- Approximately sixteen percent of all workers live below 200% of the Federal Poverty Level (FPL).

Figure 1: Age of Working Adults (18+) by Employment Status



Source: PHMC’s Community Health Data Base 2010 Southeastern PA Household Health Survey

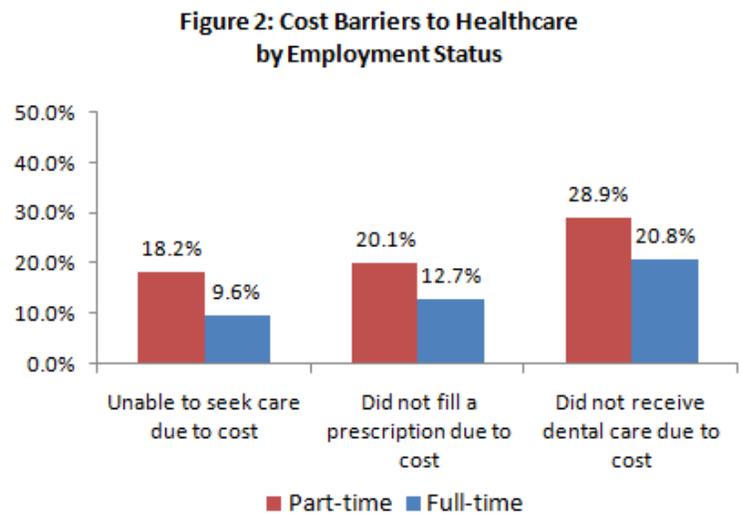


- While 11.7% of full-time workers live below 200% of the FPL, more than 2.5 times as many part-time workers (32.0%) live below 200% of the FPL (2).

Health Care Utilization and Cost Barriers

Differences are found between part-time and full-time workers related to issues of access and barriers to health care:

- Approximately 146,400 (8.3%) employees do not have medical insurance. More than twice as many part-time workers do not have medical insurance than full-time workers (15.5% versus 6.5%, respectively).
 - Additionally, 9.0% percent of part-time workers have been uninsured at some point in the year prior to the survey compared to 5.4% of full-time workers.
- Nearly one-fifth (18.2%) of part-time workers have been sick but unable to seek care due to cost, while this was the case for 9.6% of full-time workers.
- Similarly, two in ten part-time workers (20.1%) did not fill a prescription due to cost compared to 12.7% of full-time workers.
- Nearly three in ten (28.9%) part-time workers did not receive dental care due to cost compared to 20.8% of full-time workers. (Table 2)



Source: PHMC's Community Health Data Base
2010 Southeastern PA Household Health Survey

Health Disparities between Employment Groups

In addition to issues surrounding access to health, some differences are found in health indicators between the two employment groups:

- Almost 112,000 employees (6.4%) report having a physical, mental, or emotional disability or condition lasting at least six months.
- Approximately 330,000 employees (18.9%) currently smoke in Southeastern Pennsylvania with little difference in the rate of smoking between the two employment groups.
- Full-time workers are more likely to be overweight or obese (63.2%) compared to 51.9% of part-time workers (3).
- Two-thirds of part-time workers (66.8%) exercise at least three days a week compared to 62.5% of full-time workers.
- Approximately one in six (15.2%) part-time workers has been diagnosed with a mental health condition compared to about one-tenth of full-time workers.

Conclusion

Discrepancies between part-time and full-time workers exist across many health indicators. Part-time workers are more likely to be uninsured; be sick but unable to seek care due to cost; not fill a prescription due to cost; and not seek dental care due to cost. In addition, part-time workers are more likely to have been diagnosed with a mental health condition than full-time workers. However, full-time workers are less likely to exercise at least three days a week and more likely to be overweight or obese than part-time workers.

The Centers for Disease Control and Prevention encourage the development of workplace health programs that involve a “comprehensive set of strategies...to meet the health and safety needs of all employees” (4). Given the findings of this article, employers should aim to implement programs that ensure workers have access to services to maintain and improve their health and well-being.

Please visit the National Association for Health and Fitness’ website for more information on Employee Health & Fitness Month (<http://www.physicalfitness.org/nehf.php>).

For more information about the findings presented in this article, please contact Nayan Ramirez at nramirez@phmc.org.

To read more about our previous data findings, please visit our website at www.CHDBdata.org/datafindings.asp.

Notes:

- 1) U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29>.
- 2) Poverty level is calculated based on family size and income. For example, a family of four with an annual income of less than \$47,400 in 2011 was considered living below 200% of the Federal Poverty Level.
- 3) Weight status is calculated using respondents’ height and weight to obtain a BMI score. Overweight is defined as a score between 25 and 29, while obese is defined as having a score of 30 or greater on the BMI scale.
- 4) National Center for Chronic Disease Prevention and Health Promotion. Division of Population Health. Atlanta, GA. Available at <http://www.cdc.gov/workplacehealthpromotion/model/index.html>.

