

New York State Worker Health Chartbook

Findings from the New York Behavioral Risk Factor
Surveillance System, 2013-2016

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BUREAU OF OCCUPATIONAL HEALTH AND INJURY PREVENTION
New York State Department of Health

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Introduction

More than 9.6 million people make up the civilian labor force in New York State (NYS) and over 95% of them were employed in 2016. Employment is fundamental to health in many ways, for example, through providing income and benefits, increasing social and psychological capital and reducing the negative health impacts of economic hardship¹. Yet, negative working conditions can be detrimental to health.

Nearly 200 New Yorkers die every year because of a work-related injury and more than 3,000 individuals are injured at work severely enough to require hospitalization annually². Another 100,000 New Yorkers are treated and released from an emergency department each year due to work-related injuries².

Healthcare access is associated with employment. Two-thirds of all those under age 65, amounting to 151.7 million Americans, currently get their health care coverage through an employer³. Adults who lack health insurance are more likely to lack a usual source of medical care, such as a primary care provider, and are more likely to skip or delay routine medical care due to costs, leading to poor physical and mental health, as well as increased risk for serious and disabling health conditions⁴, particularly among the vulnerable workforce (low-wage workers, immigrant workers etc.).

Health behavior and outcomes are associated with employment. Specific features of certain jobs may affect health more than others. For instance, sedentary and shift work has been linked to obesity – a chronic disease risk factor⁵. Underemployment and low job control may also have consequences for the mental and physical health of workers.

To explore potential relationships between health characteristics and work, and illuminate uneven patterning of these characteristics among NYS employed adults, questions about occupation and industry were added to the Behavioral Risk Factor Surveillance System (BRFSS). In this chartbook, we present findings from the 2013 to 2016 New York BRFSS surveys on fifteen key health indicators. The results will be helpful in targeting health promotion and health protection interventions for workers in NYS.

Occupation and Industry

Occupation describes the kind of activities or tasks a person is paid to perform (i.e., job title), whereas industry consists of a group of establishments primarily involved in rendering similar services or processing similar products. Employed adults that perform similar tasks belong in the same occupation regardless of whether they are in the same industry. Information on both occupation and industry is important to accurately characterize work.

Methods

The BRFSS is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention (CDC) and administered by the NYS Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older. The landline telephone portion of the survey has been conducted in New York since 1985 and a cell phone component was added in 2011.

BRFSS questions are grouped into three categories: 1) core modules that are included every year, 2) optional modules that may be included at the state's discretion, and 3) state added questions designed to address specific health concerns. The occupation and industry module has been a part of the NYS BRFSS

since 2013. The findings in this report are based on data collected in both the landline and cell phone surveys from 2013 to 2016. Employment status is a core question that categorizes respondents into two groups: 1) employed (currently employed, self-employed or out of work for less than one year) and 2) unemployed (out of work for at least one year, homemakers, students, retired or unable to work). Respondents who reported being employed were asked to list their workplace occupation and industry (See Box 1).

The difference between two percentages are considered to be statistically significant if the p-value was less than 0.05. Estimates are not presented in the charts if the underlying sample size is less than 50 respondents or if a ratio of standard error to the estimate itself exceeds 30%. Standard error of the estimate is a measure of its variability. Larger standard errors yield wider confidence intervals and less reliable estimates.

Box 1. BRFSS questions

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)
2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

Industry & Occupation Coding

Open ended responses from survey participants were coded by CDC’s National Institute for Occupational Safety and Health (NIOSH) using the automated NIOSH Industry and Occupation Computerized Coding System as well as trained coding staff. Occupation responses were each assigned a 4-digit 2002 Census Occupation Code (COC); industry responses were each assigned a 4-digit 2002 Census Industry Code (CIC). Overall, 24,630 respondents (59.3%) reported having been employed within the last year. Of these, 23,710 (96.3%) were assigned an occupation code and included in the occupation analyses and 23,128 (93.9%) were assigned an industry code and included in the industry analyses.

Health Indicators

The fifteen health indicators included in this chartbook fall into three broad categories: health access, health outcomes, and health behaviors. Figures present the prevalence estimates of these 15 health indicators by occupation and industry groups among NYS employed adults. The ‘All Employed Adults’ bar in each figure represents the estimated prevalence for all employed respondents with an occupation or industry code, respectively, who answered the question about the corresponding health indicator. Bars in the figures are shaded to represent statistical significance. Where the prevalence of an indicator was significantly higher among adults employed in a particular occupation or industry than among all employed adults, the bar for that occupation or industry is shaded darker; where the prevalence was significantly lower, the bar is shaded lighter.

Demographic Characteristics

Table 1 shows the distribution of sociodemographic characteristics for this population of employed adults. The majority were males, less than 45 years old, white non-Hispanic, with annual household income greater than \$50,000. Thirty-eight percent of employed adults were college graduates (Figure 1) and 50% were married (Figure 2)

Table 1. Characteristics of Employed Adults, NYS BRFSS 2013 – 2016.

	% (95% CI)
Sex	
Male	53.8 (52.6 – 55.1)
Female	46.2 (44.9 – 47.4)
Age	
18-24	11.1 (10.1 – 12.2)
25-44	44.4 (43.2 – 45.7)
45-64	38.8 (37.7 – 40.0)
65+	5.6 (5.1 – 6.0)
Race/Ethnicity	
White, non-Hispanic	56.0 (54.7 – 57.2)
Black, non-Hispanic	13.3 (12.5 – 14.2)
Asian	7.9 (7.1 – 8.7)
Hispanic	16.9 (15.9 – 17.9)
Other/Unknown	3.0 (2.5 – 3.5)
Income	
<\$25,000	18.9 (17.8 – 19.9)
\$25,000-\$49,999	18.2 (17.2 – 19.2)
\$50,000 and greater	49.4 (48.1 – 50.6)
Missing	13.6 (12.7 – 14.4)
Disability Status	
Disabled	10.4 (9.6 – 11.2)
Not disabled	89.1 (88.3 – 89.9)

Figure 1. Education Level among Employed Adults, NYS BRFSS 2013-2016

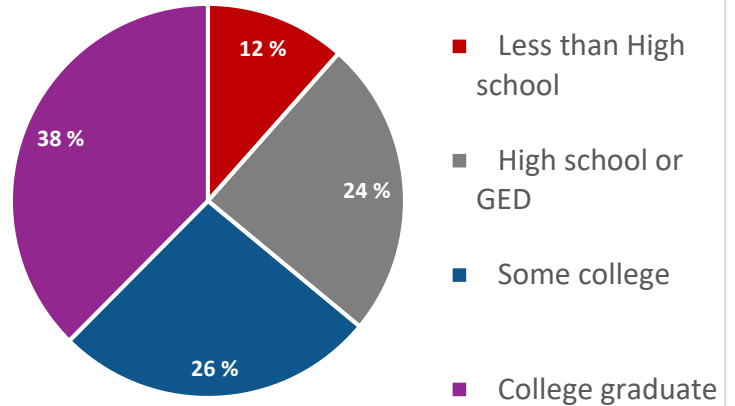
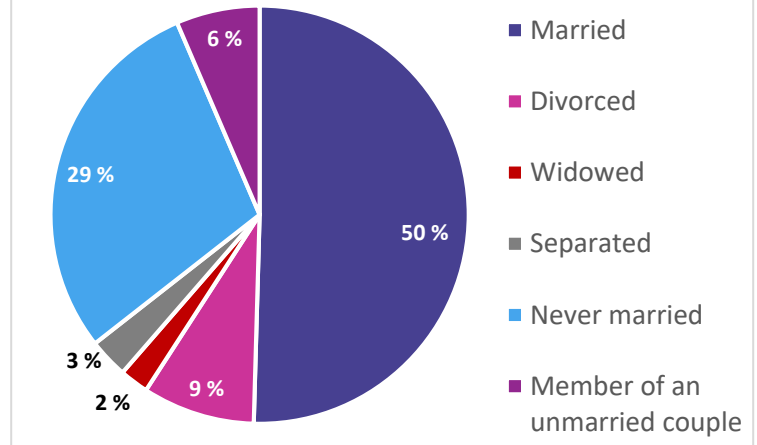


Figure 2. Marital Status of Employed Adults, NYS BRFSS 2013-2016



Health Access Indicators

Healthcare Coverage

Respondents were asked “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?”

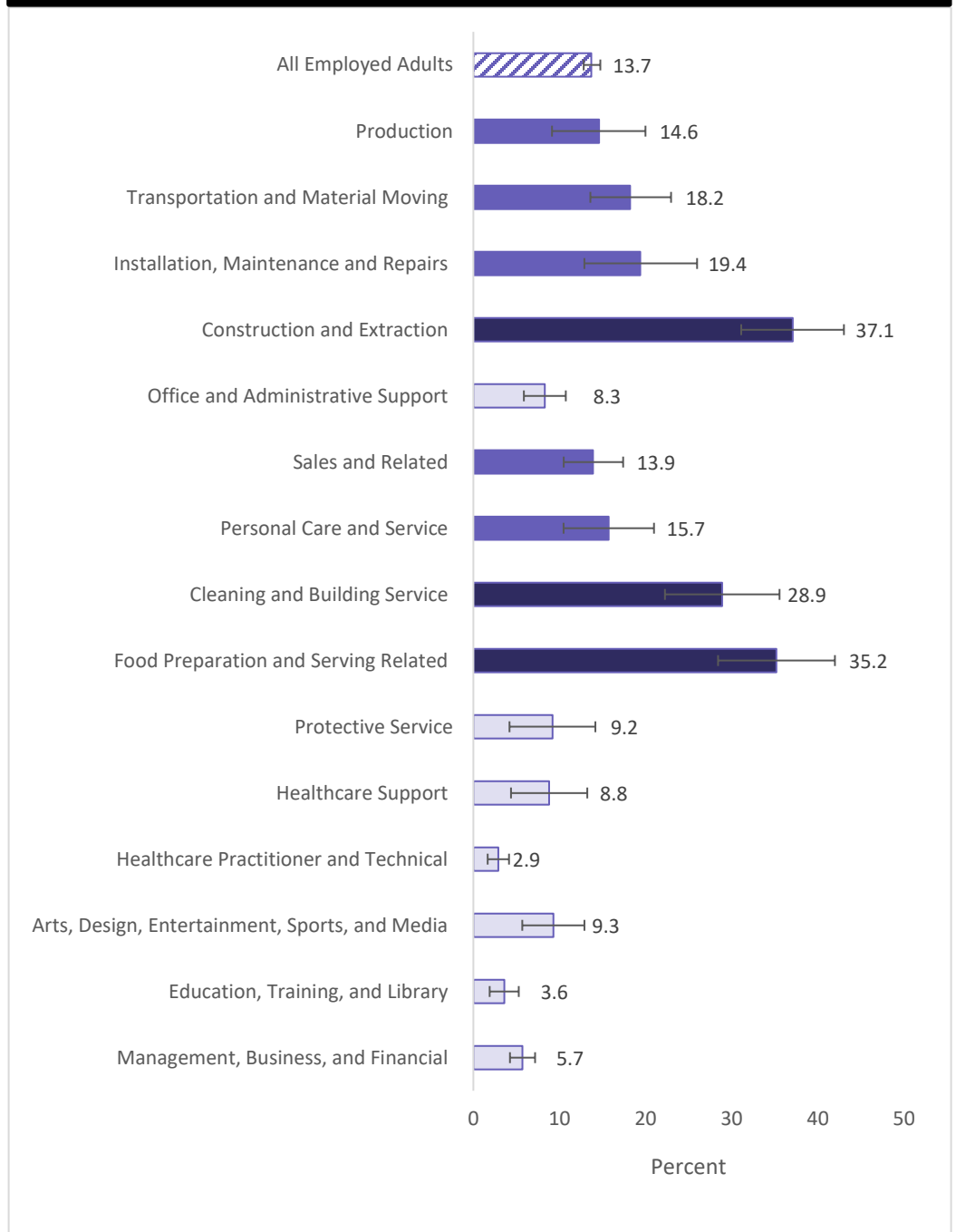
Compared to all employed adults, the percentage of those without health insurance was significantly higher in the following occupations:

- Construction and Extraction
- Cleaning and Building service
- Food Preparation and Serving

And significantly lower in:

- Office and Administrative Support
- Protective Service
- Healthcare Support
- Healthcare Practitioner and Technical
- Arts, Entertainment, Sports, Media
- Education, Training and Library
- Management, Business and Financial

Figure 3. Lack of health insurance among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Computer and Mathematical; Life, Physical, and Social Science Occupations & Community and Social Services Occupations; Architecture and Engineering; Legal; Farming, Fishing and Forestry

Compared to all employed adults, the percentage of those without health insurance was significantly higher in the following industries:

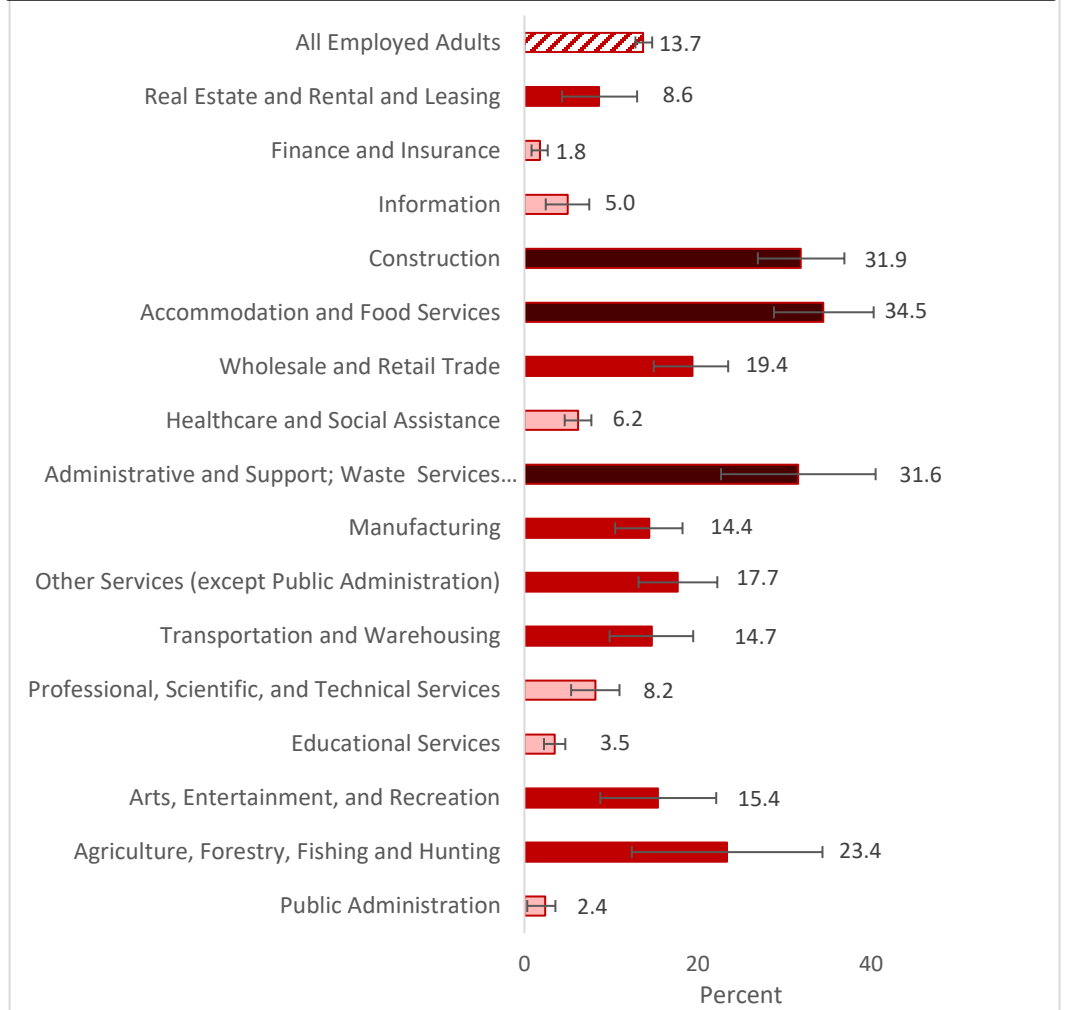
- Construction
- Accommodation and Food Services
- Administrative and Support; Waste Services and Remediation

And significantly lower in:

- Finance and Insurance
- Information
- Healthcare and Social Assistance
- Professional, Scientific and Technical
- Educational Services
- Public Administration

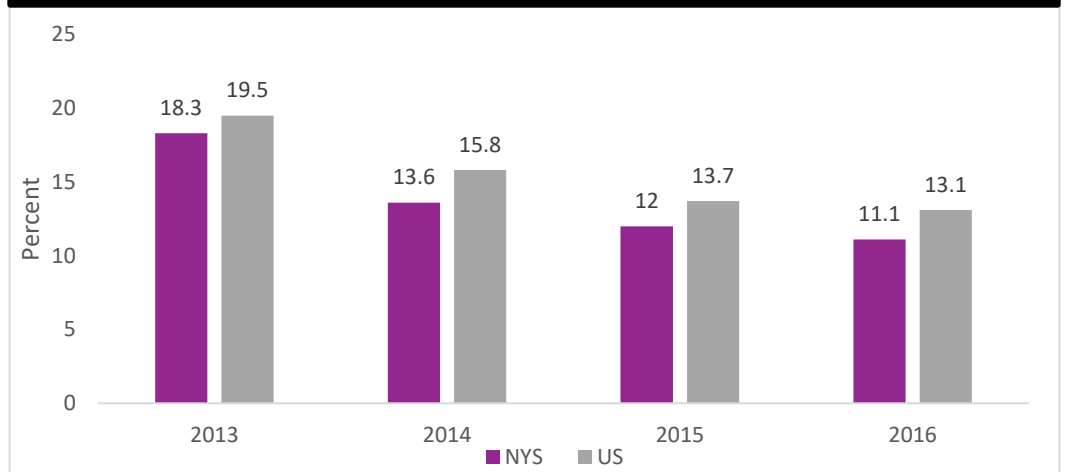
Lack of health insurance among employed adults is higher in the US than in NYS, although both rates have steadily declined during 2013 to 2016.

Figure 4. Lack of health insurance among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises

Figure 5. Lack of health insurance among employed adults, NYS and United States, BRFSS 2013-2016



Healthcare Access – Personal Doctor

Respondents were asked “Do you have one person you think of as your personal doctor or health care provider?” If ‘No’ they were asked “Is there more than one or is there no person who you think of as your personal doctor or health care provider? “. Results are shown for those who responded ‘No’.

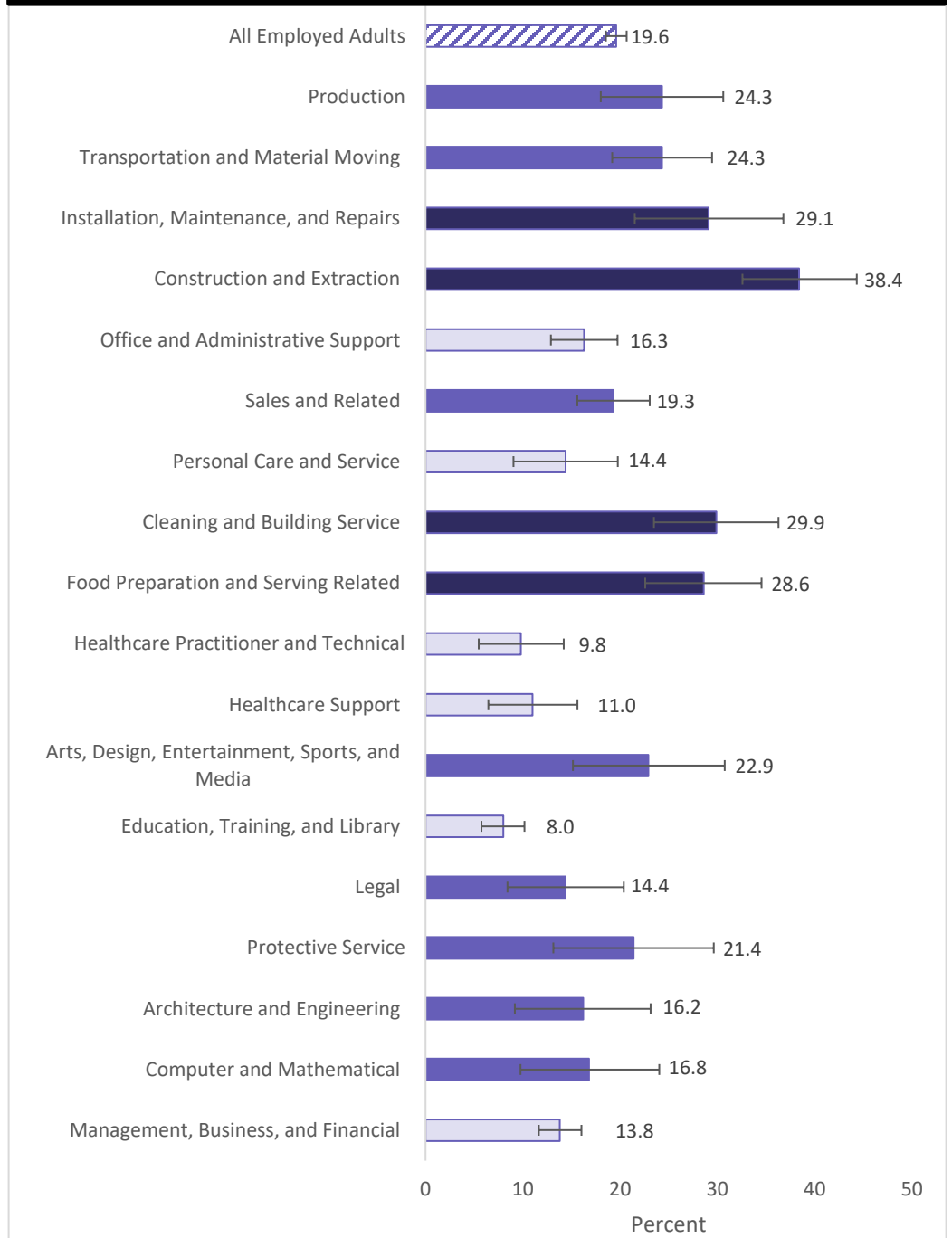
Compared to all employed adults, the percentage of those without a personal healthcare provider was significantly higher in the following occupations:

- Installation, Maintenance and Repairs
- Construction and Extraction
- Cleaning and Building Service
- Food Preparation and Serving

And significantly lower in:

- Office and Administrative Support
- Personal Care and Service
- Healthcare practitioner and Technical
- Healthcare Support
- Education, Training and Library
- Management, Business and Financial

Figure 6. Lack of a personal healthcare provider among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Life, Physical, and Social Science Occupations & Community and Social Services Occupations; Farming, Fishing and Forestry

Compared to all employed adults, the percentage of those without a personal healthcare provider was significantly higher in the following industries:

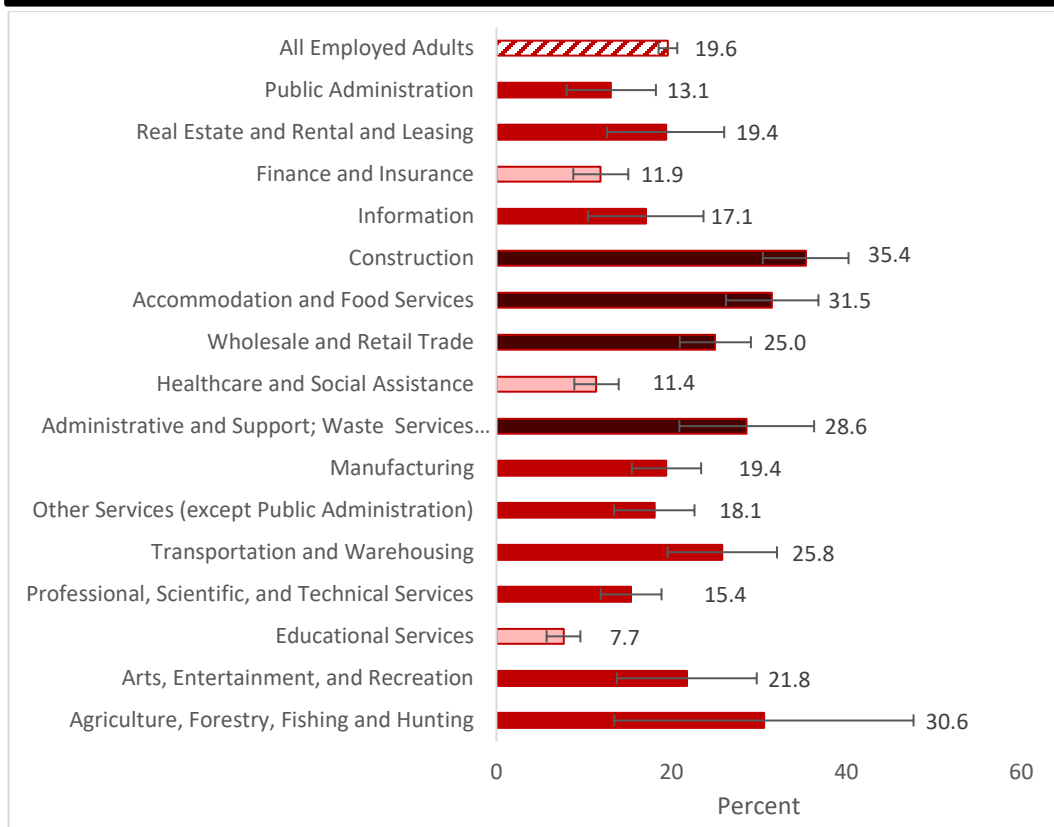
- Construction
- Accommodation and Food Services
- Wholesale and Retail Trade
- Administrative and Support; Waste Services and Remediation

And significantly lower in:

- Finance and Insurance
- Healthcare and Social Assistance
- Educational Services

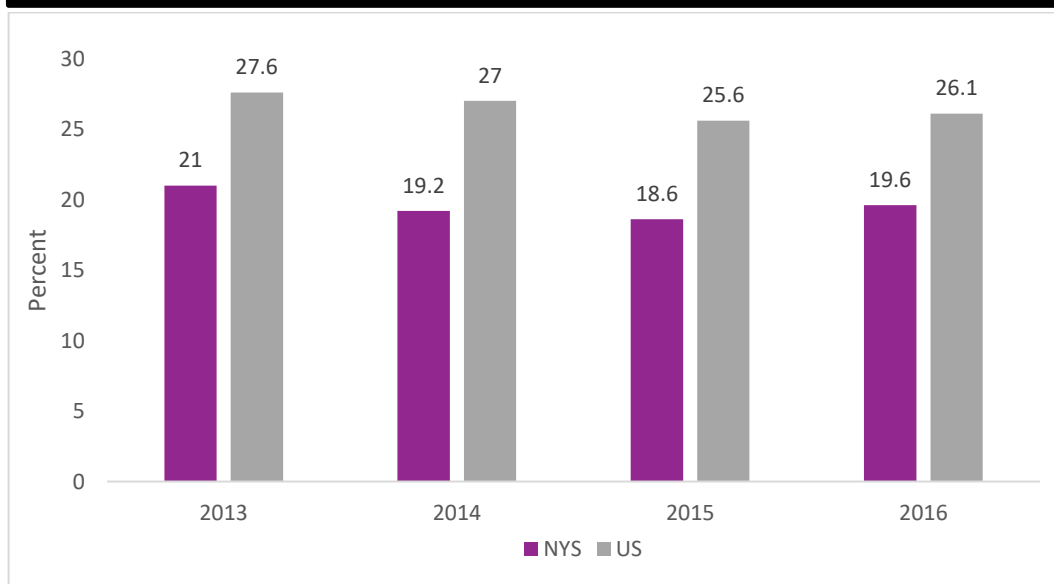
The percentage of employed adults without a personal healthcare provider was higher in the US than in NYS during 2013 to 2016. In NYS, percentage remained constant during the four-year period.

Figure 7. Lack of a personal healthcare provider among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises

Figure 8. Lack of a personal healthcare provider among employed adults, NYS and United States, BRFSS 2013-2016



Healthcare Access – Cost Barrier

All respondents were asked whether there was any time in the past year when they were unable to see a doctor due to cost.

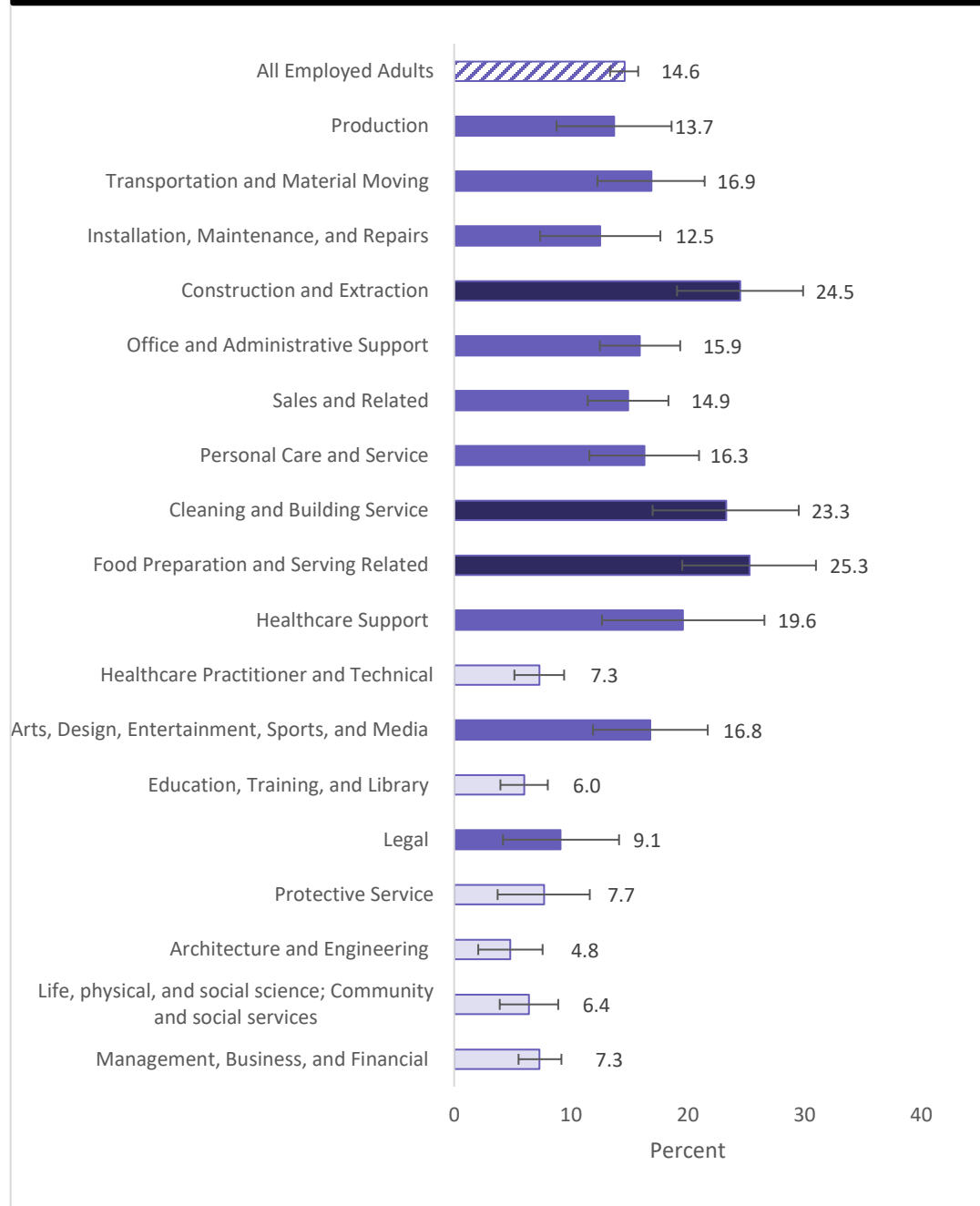
Compared to all employed adults, the percentage of those identifying cost as a barrier to seeing a doctor was significantly higher in the following occupations:

- Construction and Extraction
- Cleaning and Building Service
- Food Preparation and Serving

And significantly lower in:

- Healthcare Practitioner and Technical
- Education, Training and Library
- Protective Service
- Architecture and Engineering
- Life, Physical, Social Sciences; Community and Social Services
- Management, Business and Financial

Figure 9. Cost as a barrier to seeing a doctor among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Computer and Mathematical; Farming, Fishing and Forestry.

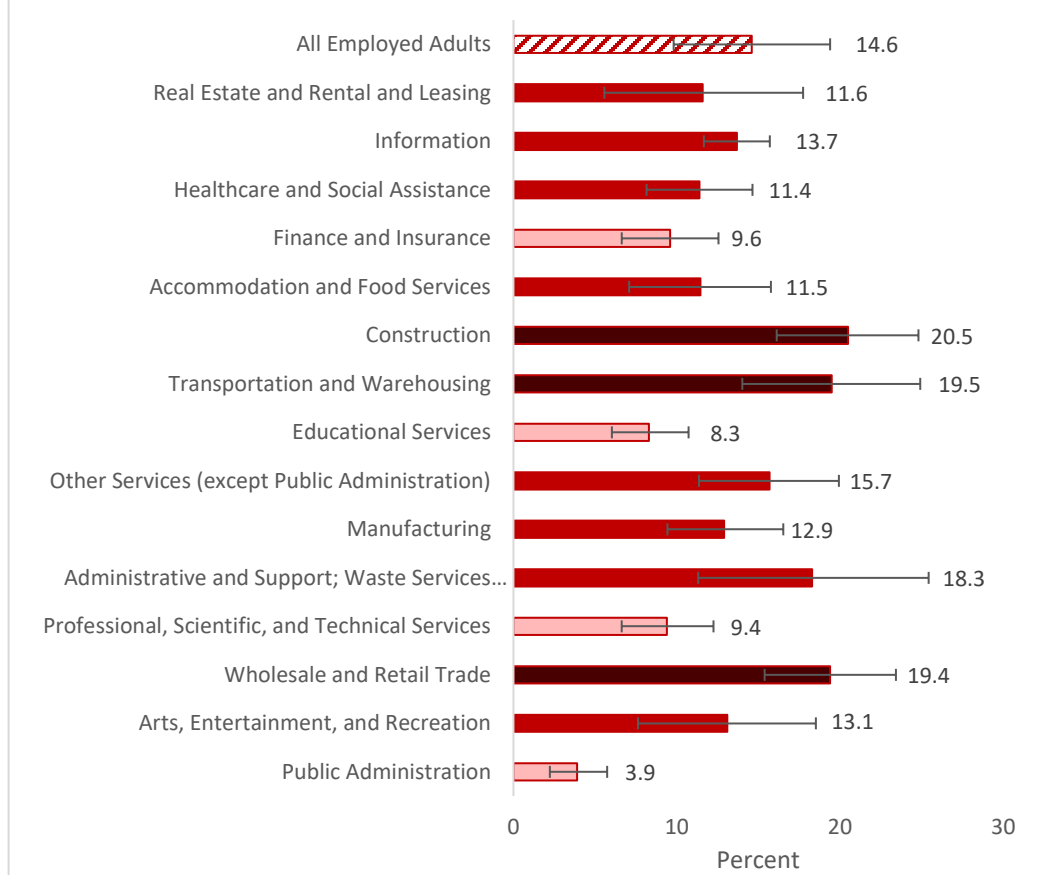
Compared to all employed adults, the percentage of those reporting cost as a barrier to seeing a doctor was significantly higher in the following industries:

- Construction
- Transportation and Warehousing
- Wholesale and Retail

And significantly lower in:

- Finance and Insurance
- Educational Services
- Professional, Scientific and Technical Services
- Public Administration

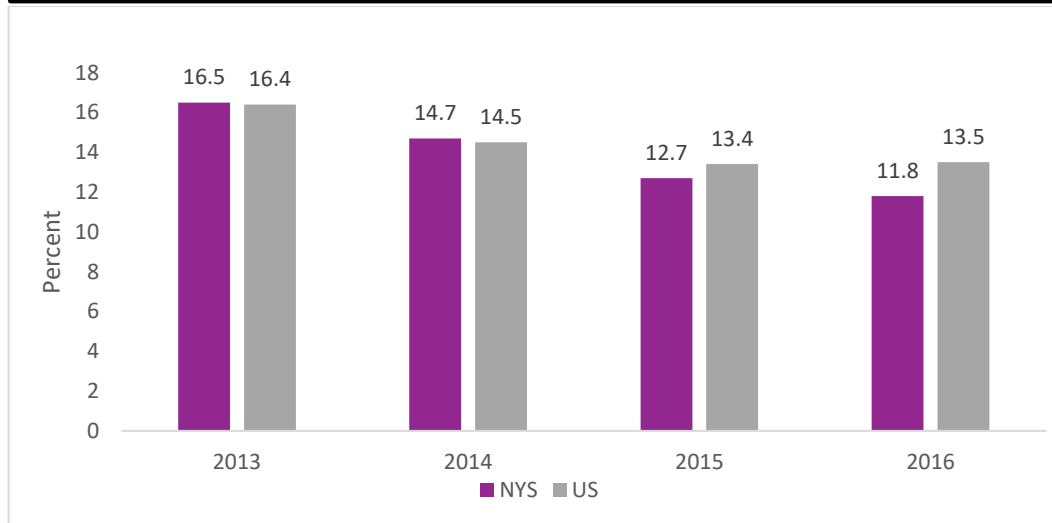
Figure 10. Cost as a barrier to seeing a doctor among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Agriculture, Forestry, Fishing and Hunting

The percentage of employed adults identifying cost as a barrier to seeing a doctor healthcare was comparable in NYS and the US, and has steadily declined in both NY and the US since 2013.

Figure 11. Cost as a barrier to seeing a doctor among employed adults, NYS and United States, BRFSS 2013-2016



Healthcare Access – Routine Check-up

Respondents were asked how long it had been since they last visited a doctor for a routine check-up. Results are shown for those who reported no routine check-up in the past year.

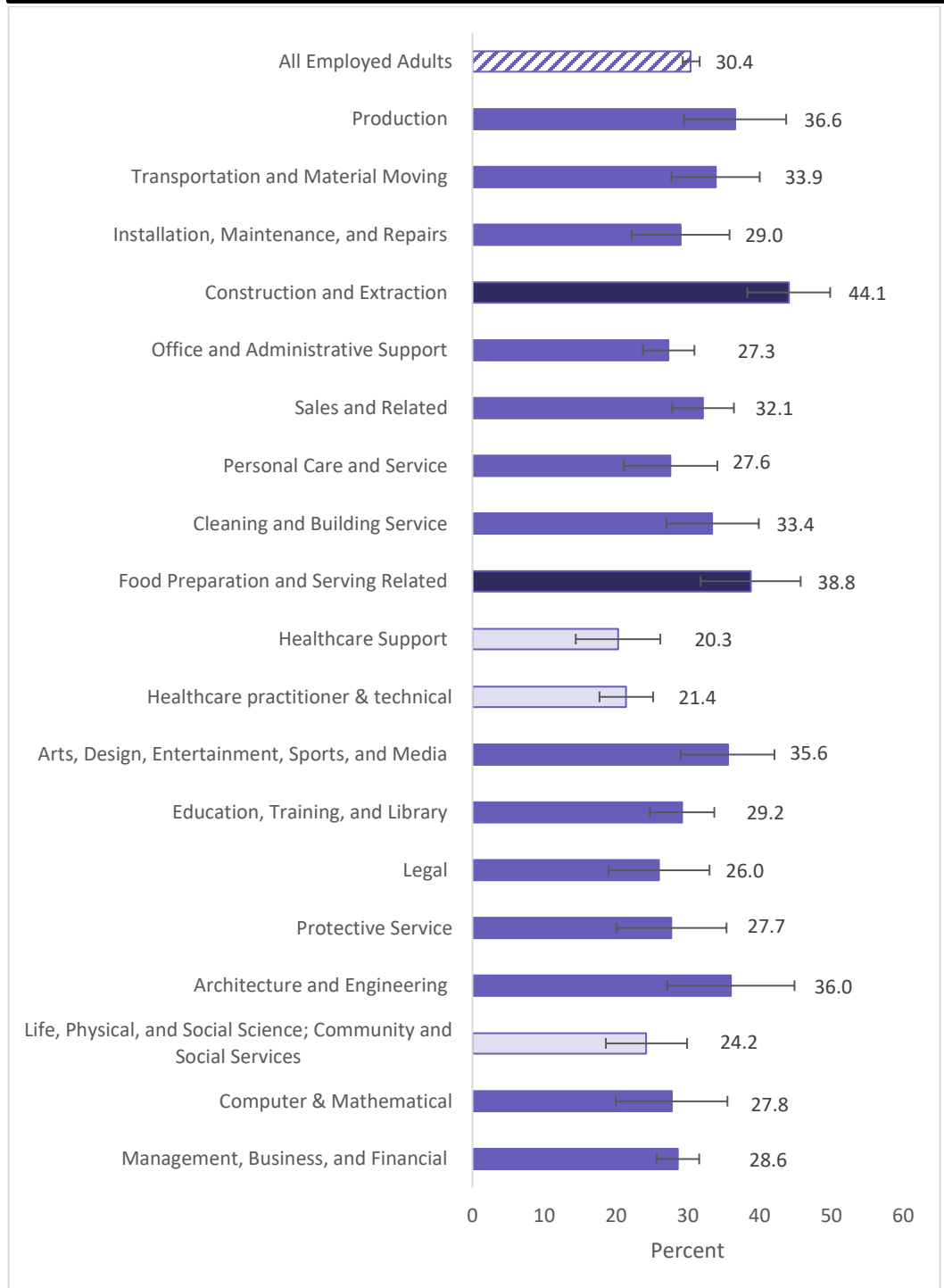
Compared to all employed adults, the percentage of those reporting no routine check-up in the past year was significantly higher in the following occupations:

- Construction and Extraction
- Food Preparation and Serving Related

And significantly lower in:

- Healthcare Support
- Healthcare Practitioner and Technical
- Life, Physical and Social Science; Community and Social Services

Figure 12. No routine check-up in the past year among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Farming, Fishing and Forestry.

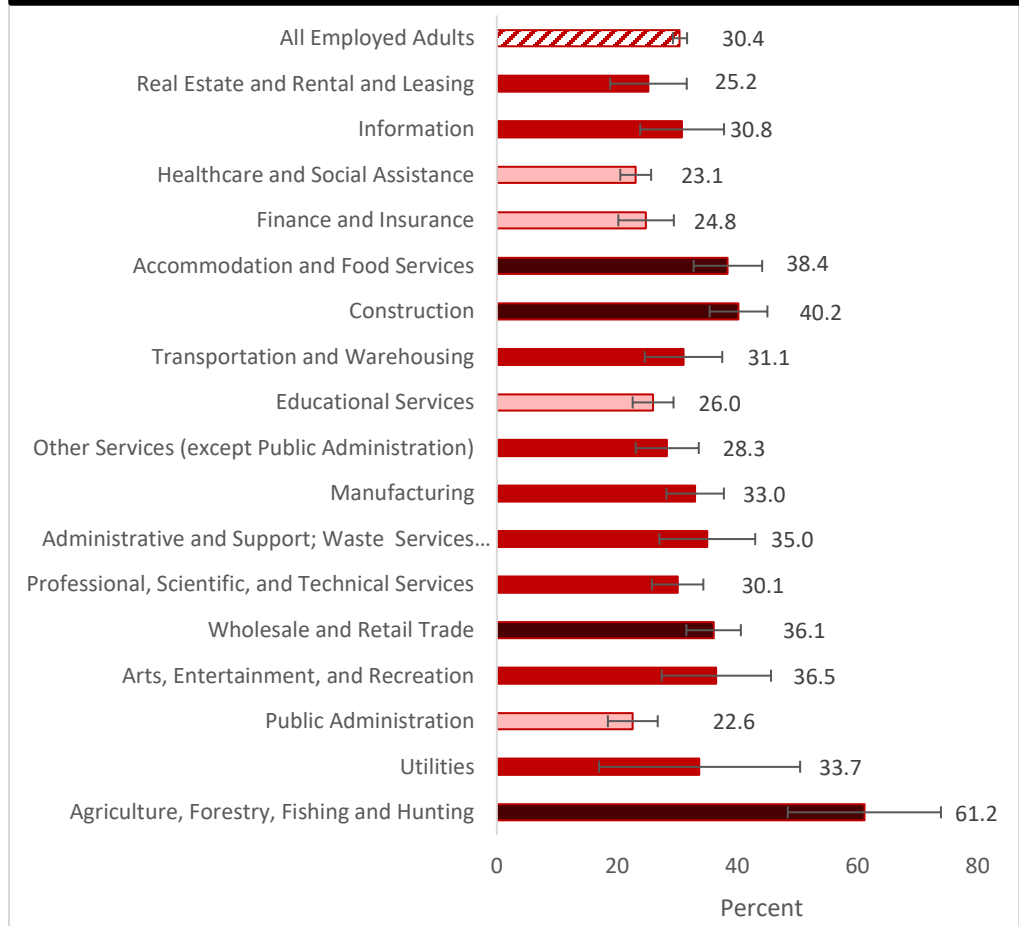
Compared to all employed adults, the percentage of those without a routine check-up in the past year was significantly higher in the following industries:

- Accommodation and Food Services
- Construction
- Wholesale and Retail
- Agriculture, Forestry, Fishing and Hunting

And significantly lower in:

- Healthcare and Social Assistance
- Finance and Insurance
- Educational Services
- Public Administration

Figure 13. No routine check-up in the past year among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Management of Companies and Enterprises

The percentage of employed adults without a routine medical check-up in the past year was higher in the US as compared to NYS and remained constant in NYS between 2013 to 2016, while national rates declined.

Figure 14. No routine check-up in the past year among employed adults, NYS and United States, BRFSS 2013-2016

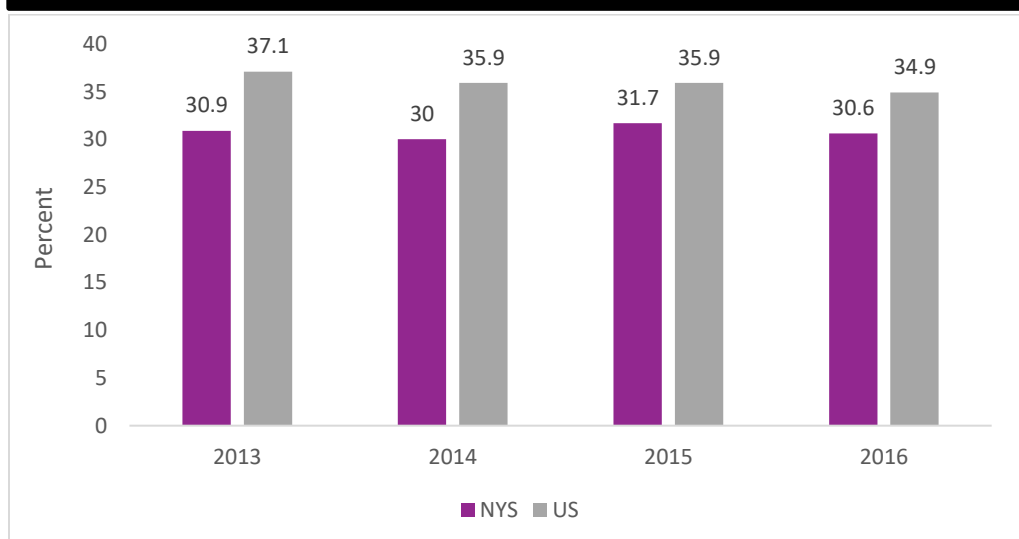


Table 2. Prevalence of select healthcare access indicators among employed NYS adults, BRFSS 2013-2016

Healthcare access indicators for employed persons in NYS are presented in Table 2. Lack of health insurance, lack of a personal healthcare provider, and not having a routine checkup in past year were significantly higher in men and employed adults with annual household income less than \$25,000. The percentage of employed adults without health insurance is more than 3 times higher among Hispanic adults than White non-Hispanic adults. Hispanic and Black non-Hispanic employed adults were more likely than White non-Hispanics to report no usual healthcare provider and cost barriers. Employed adults living with disability had twice the prevalence of cost barriers to healthcare as compared to those without disability.

	Lack of health insurance % ¹ (95% CI ²)	Lack of personal healthcare provider % (95% CI ²)	Cost as a barrier to seeing a doctor % (95% CI ²)	No routine check-up in the past year % (95% CI ²)
Sex				
Male	17.9 (16.4 – 19.4)	25.6 (23.9 – 27.2)	14.3 (12.9 – 15.7)	35.6 (33.8 – 37.5)
Female	9.0 (7.9 – 10.1)	12.6 (11.4 – 13.8)	13.3 (12.1 – 14.6)	24.5 (23.0 – 26.0)
Age				
18-24	20.0 (15.8 – 24.1)	34.9 (29.8 – 39.9)	17.1 (13.2 – 21.1)	34.1 (29.4 – 38.8)
25-44	18.2 (16.5 – 19.8)	25.6 (23.9 – 27.3)	16.9 (15.3 – 18.4)	36.8 (34.9 – 38.8)
45-64	9.0 (7.8 – 10.2)	10.8 (9.7 – 12.0)	11.1 (9.9 – 12.3)	24.5 (23.0 – 26.0)
65+	1.8 (0.8 – 2.7)	3.6 (2.4 – 4.8)	3.8 (2.4 – 5.2)	16.5 (13.6 – 19.4)
Race/Ethnicity				
White, non-Hispanic	8.0 (7.0 – 9.0)	14.8 (13.6 – 16.0)	10.1 (9.1 – 11.2)	32.0 (30.5 – 33.5)
Black, non-Hispanic	12.0 (9.5 – 14.4)	18.5 (15.5 – 21.4)	14.6 (11.9 – 17.4)	22.1 (19.0 – 25.1)
Asian	13.7 (10.0 – 17.4)	18.3 (14.4 – 22.2)	12.6 (8.9 – 16.3)	29.9 (25.0 – 34.8)
Hispanic	31.8 (28.6 – 35.1)	35.7 (32.5 – 38.9)	25.1 (22.2 – 28.1)	33.0 (29.9 – 36.1)
Other/Unknown	22.5 (14.8 – 30.2)	24.2 (16.7 – 31.6)	22.0 (14.4 – 29.7)	30.9 (22.9 – 39.0)
Income				
<\$25,000	28.2 (25.3 – 31.1)	31.5 (28.5 – 34.5)	27.1 (24.2 – 30.0)	35.2 (32.2 – 38.3)
\$25,000-\$49,999	19.6 (17.0 – 22.3)	22.5 (19.9 – 25.0)	20.6 (18.1 – 23.1)	33.9 (31.0 – 36.8)
\$50,000 and greater	4.6 (3.7 – 5.4)	12.6 (11.3 – 13.9)	5.9 (5.1 – 6.7)	26.2 (24.8 – 27.7)
Missing ³	19.4 (16.2 – 22.6)	24.6 (21.4 – 27.8)	15.5 (12.7 – 18.3)	34.3 (30.8 – 37.7)
Education				
Less than High school	41.3 (36.8 – 45.9)	36.9 (32.5 – 41.2)	30.7 (26.4 – 35.1)	40.9 (36.3 – 45.3)
High school or GED	16.9 (14.7 – 19.1)	21.9 (19.5 – 24.3)	15.2 (13.3 – 17.2)	30.5 (27.8 – 33.1)
Some college	11.2 (9.5 – 12.9)	17.7 (15.5 – 19.8)	14.3 (12.5 – 16.2)	29.1 (26.8 – 31.5)
College graduate	5.0 (4.3 – 5.7)	14.1 (12.9 – 15.3)	7.4 (6.5 – 8.3)	28.2 (26.7 – 29.7)
Disability⁴				
Yes	14.0 (10.5 – 17.6)	12.8 (9.9 – 15.7)	25.5 (21.7 – 29.2)	27.1 (23.4 – 30.7)
No	13.7 (12.7 – 14.8)	19.9 (18.7 – 21.1)	12.6 (11.6 – 13.5)	30.8 (29.4 – 32.1)

¹ % = weighted percentage; ² CI = confidence interval. ³ “Missing” category included because more than 10% of the sample did not report income. ⁴ All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

Health Behavior Indicators

Current Smoking

Any respondent who had smoked at least 100 cigarettes in their lifetime and who currently smokes either some days or everyday was considered a current smoker.

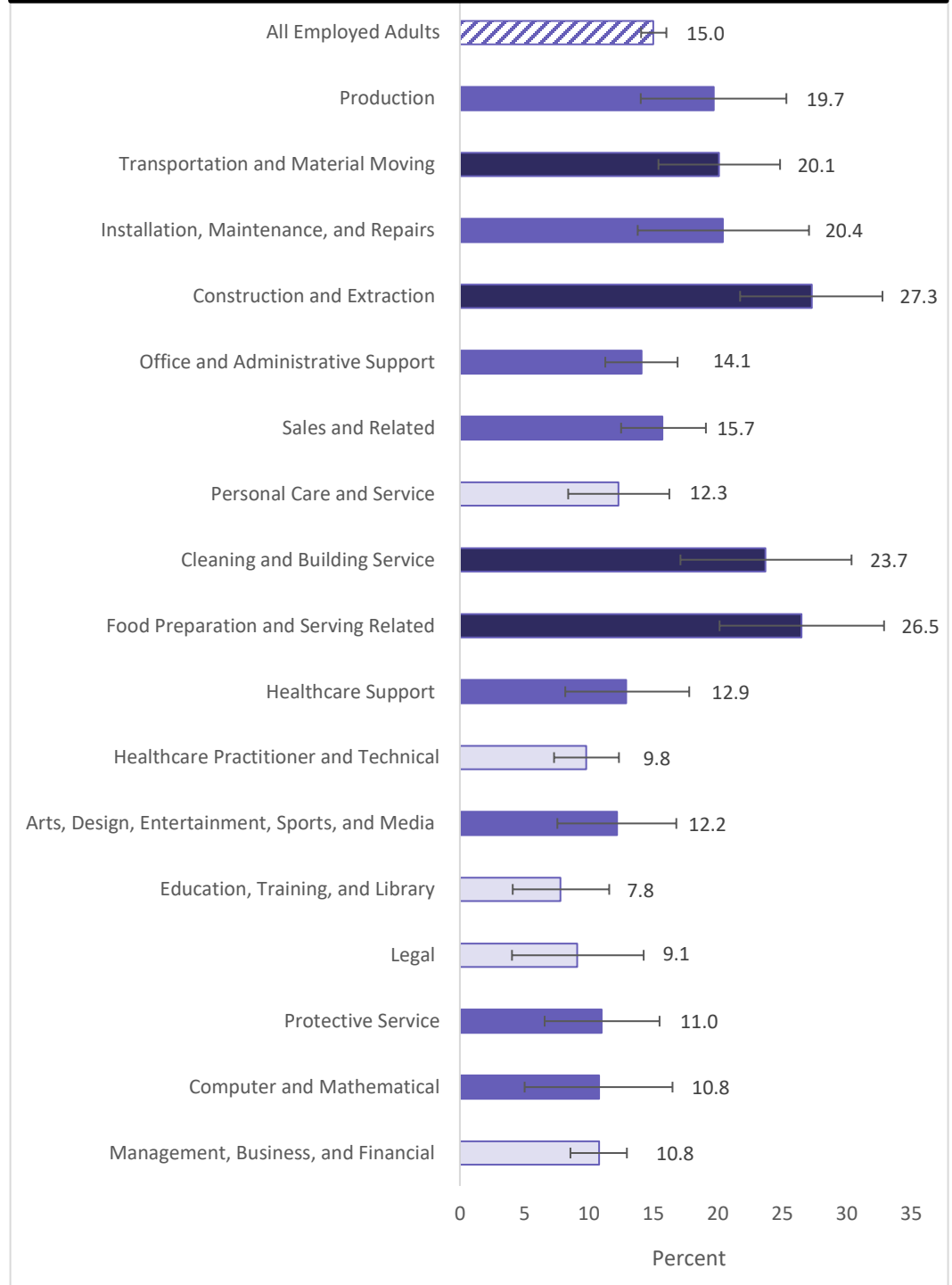
Compared to all employed adults, the prevalence of current smoking was significantly higher among adults employed in the following occupations:

- Transportation and Material Moving
- Construction and Extraction
- Cleaning and Building Service
- Food Preparation and Serving Related

And significantly lower among adults employed in:

- Personal Care and Service
- Healthcare Practitioner and Technical
- Education, Training and Library
- Legal
- Management, Business and Financial

Figure 15. Current smoking among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Architecture and Engineering; Life, Physical, and Social science occupations & Community and Social services; Farming, Fishing and Forestry

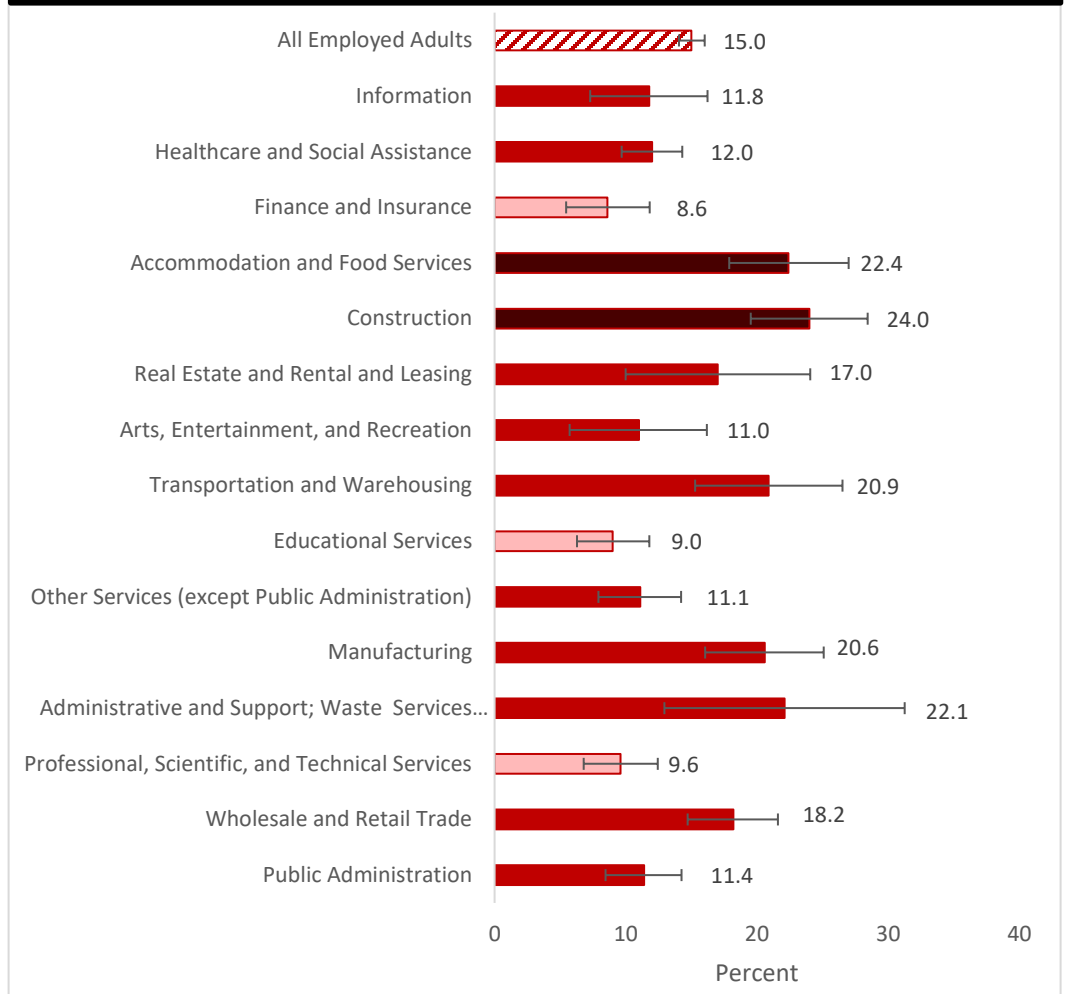
Compared to all employed adults, the prevalence of current smoking was significantly higher among adults employed in the following industries:

- Accommodation and Food Services
- Construction

And significantly lower among adults employed in:

- Finance and Insurance
- Educational Services
- Professional, Scientific and Technical

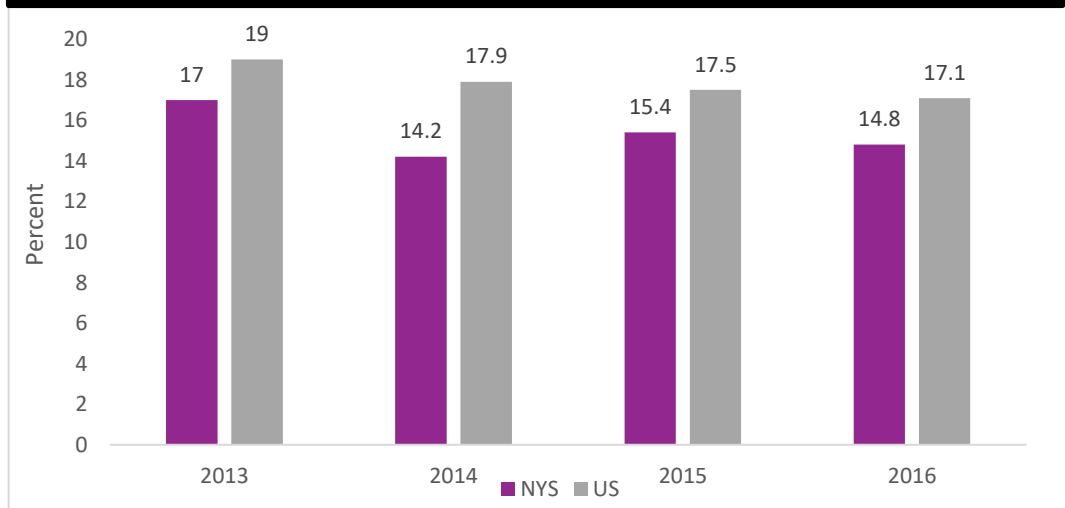
Figure 16. Current smoking among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Agriculture, Forestry, Fishing and Hunting

National prevalence of current smoking among employed adults was consistently higher than NYS rates during 2013 to 2016, although both rates declined overall during the same period.

Figure 17. Current Smoking among employed adults, NYS and United States, BRFSS 2013-2016



Binge Drinking

All respondents were asked about their consumption of alcohol in the past month. A drink of alcohol was defined as a twelve ounce can or bottle of beer, one five-ounce glass of wine, or one drink with one shot of liquor. Binge drinking was defined as consumption of five or more drinks for men or four or more drinks for women, on any one occasion in the past month.

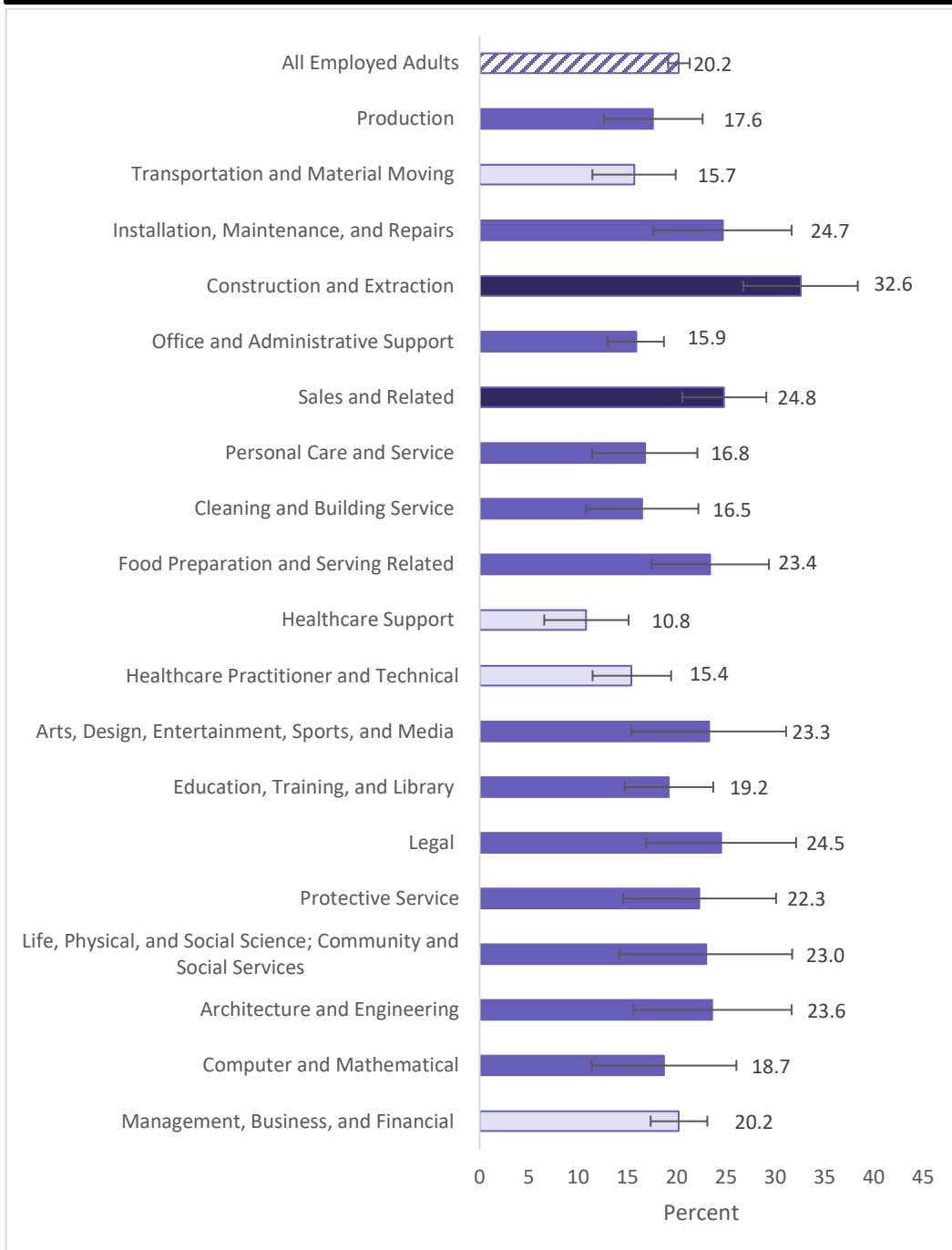
Compared to all employed adults, the prevalence of binge drinking was significantly higher among adults employed in the following occupations:

- Construction and Extraction
- Sales and Related

And significantly lower among adults employed in:

- Transportation and Material Moving
- Healthcare Support
- Healthcare Practitioner and Technical
- Management, Business and Financial

Figure 18. Binge Drinking among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Farming, Fishing and Forestry

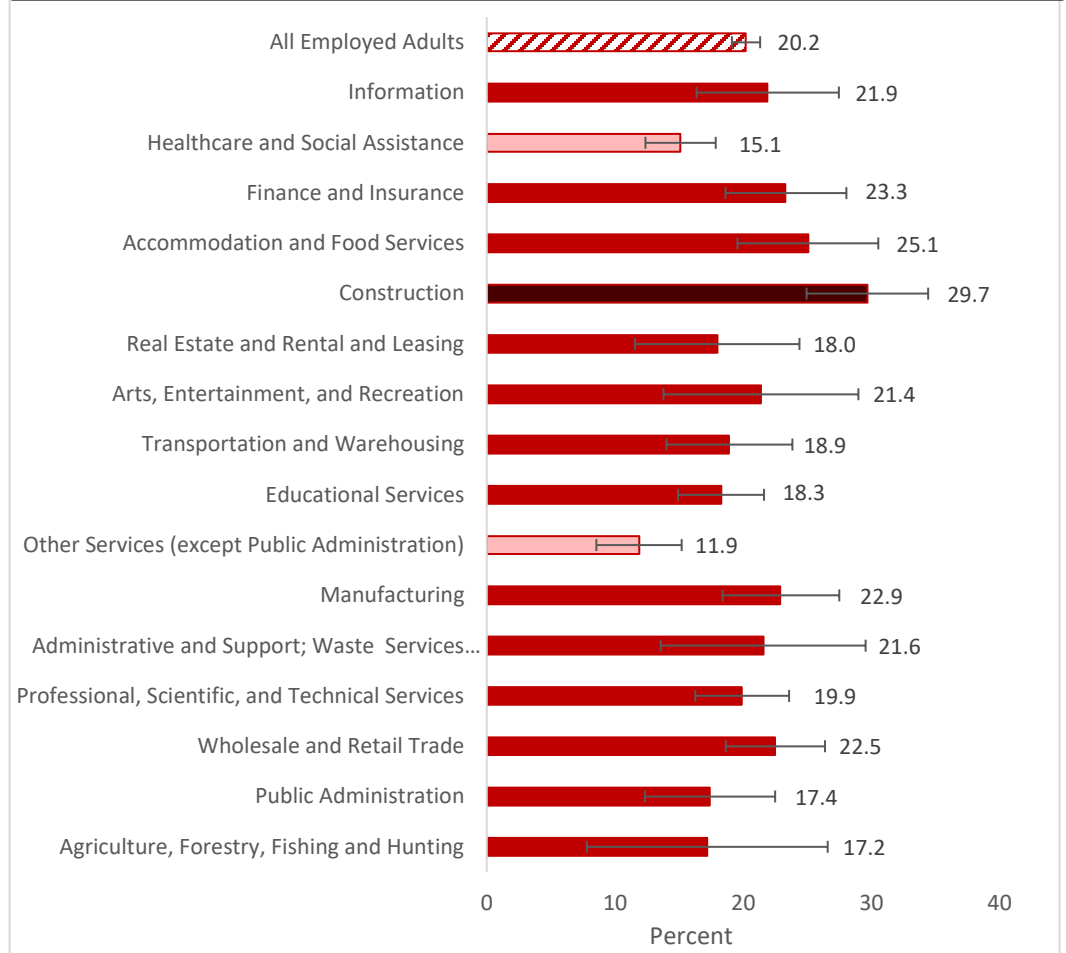
Compared to all employed adults, the prevalence of binge drinking was significantly higher among adults employed in the following industries:

- Construction

And significantly lower among adults employed in:

- Healthcare and Social Assistance
- Other Services (except public administration)

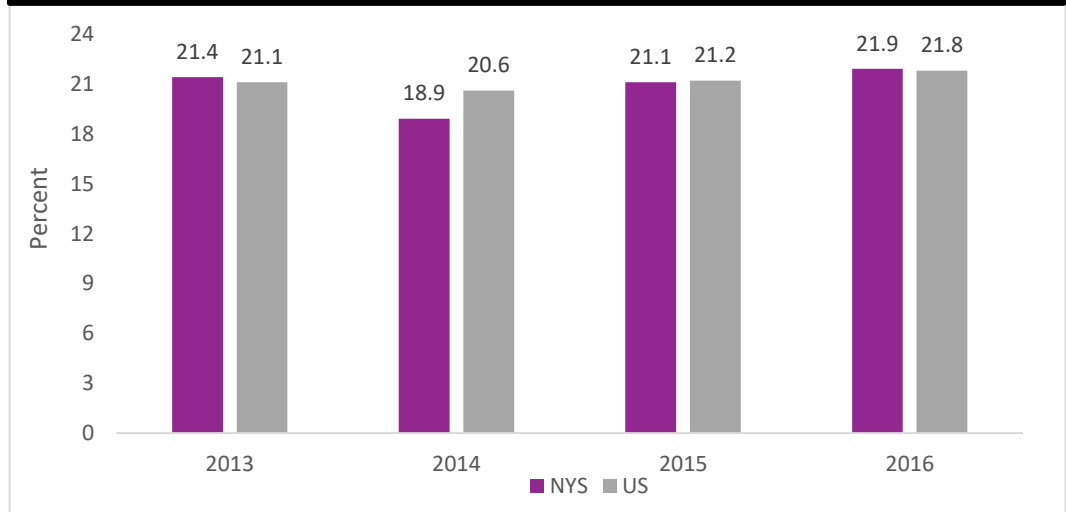
Figure 19. Binge Drinking among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises

Binge drinking rates among employed adults in NYS and the US were similar. The prevalence in NYS declined from 2013 to 2014, before increasing again in 2015 and 2016.

Figure 20. Binge Drinking among employed adults, NYS and United States, BRFSS 2013-2016



Influenza Vaccination

All respondents were asked if they had received an influenza vaccine (flu shot) or nasal flu spray (flu mist) within the past 12 months. Results are shown for those who responded 'No'.

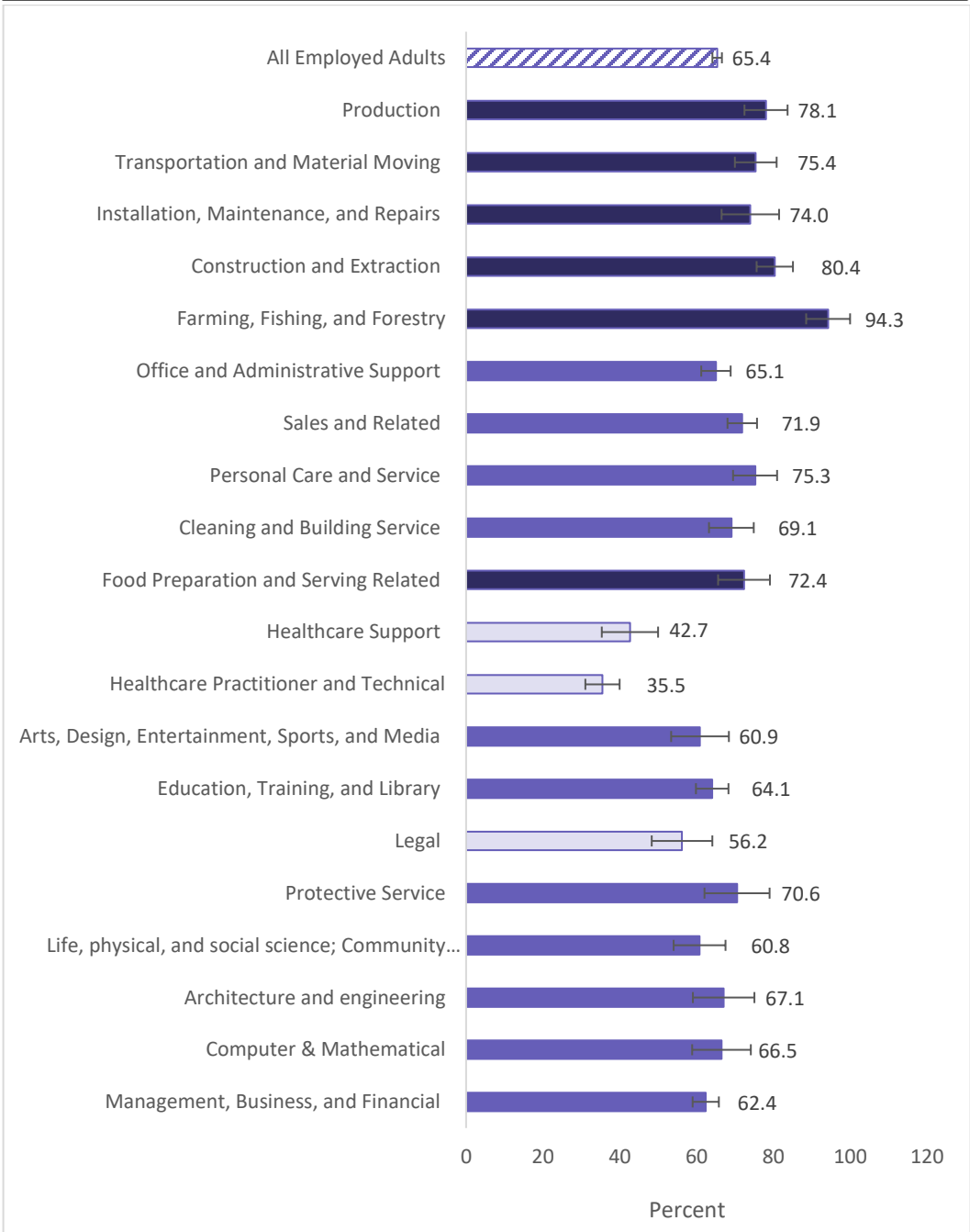
Compared to all employed adults, the percentage of those who did NOT receive an influenza shot in the past year was significantly higher in the following occupations:

- Production
- Transportation and Material Moving
- Installation, Maintenance and Repairs
- Construction and Extraction
- Farming, Fishing and Forestry
- Food Preparation and Serving Related

And significantly lower in:

- Healthcare Support
- Healthcare Practitioner and Technical
- Legal

Figure 21. No influenza vaccination in the past year among employed adults by Industry, NYS 2013-2016



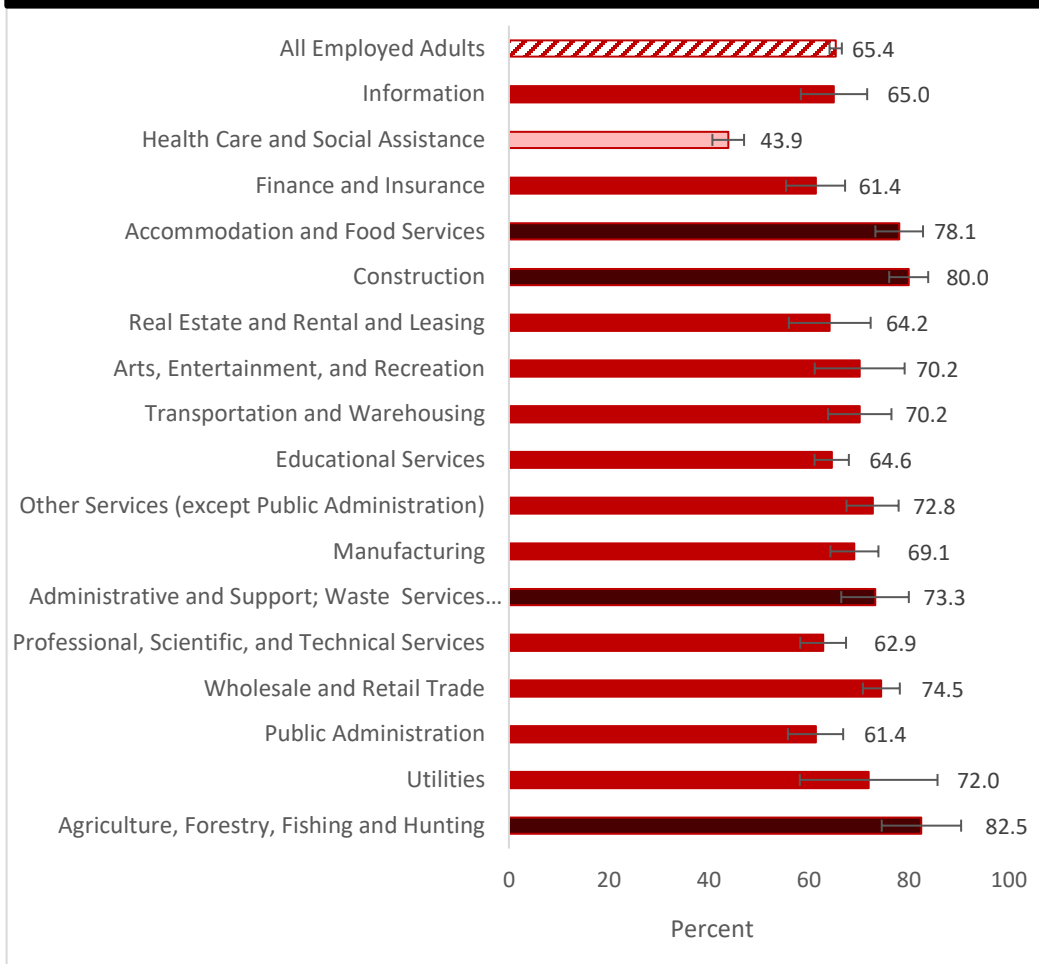
Compared to all employed adults, the percentage of those who did not receive an influenza shot in the past year was significantly higher in the following industries:

- Accommodation and Food Services
- Construction
- Administrative and Support; Waste Services and Remediation
- Agriculture, Forestry, Fishing and Hunting

And significantly lower in:

- Healthcare and Social Assistance

Figure 22. No influenza vaccination in the past year among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Management of Companies and Enterprises

During 2013 to 2016, the percentage of employed adults not receiving an influenza shot in the past year was comparable in NYS and the US and remained fairly constant.

Figure 23. No influenza vaccination in the past year among employed adults, NYS and United States, BRFSS 2013-2016



Seatbelt Use

Respondents were asked how often they wear a seatbelt when driving or riding in a car. Results are shown for those respondents who did NOT always wear a seatbelt.

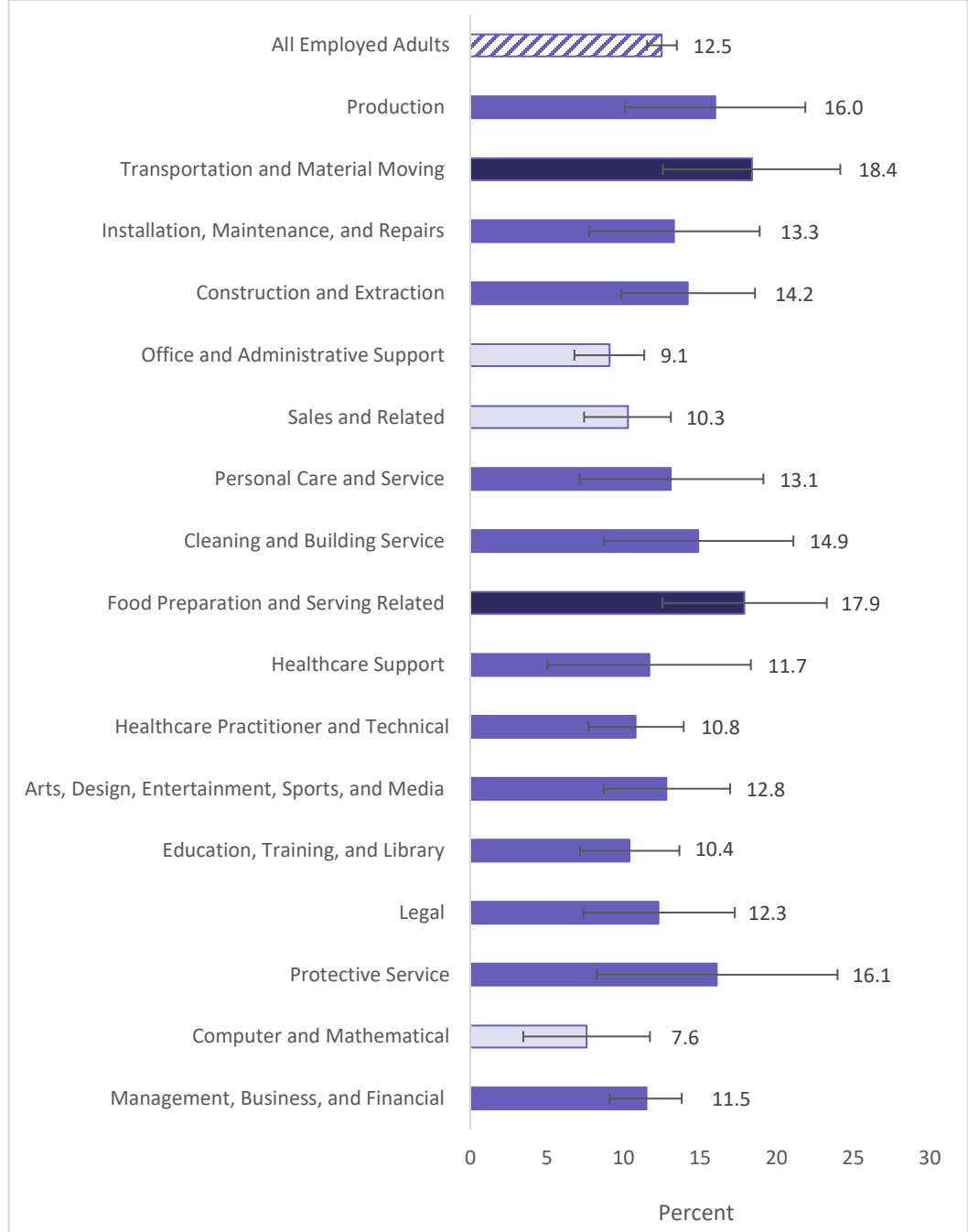
Compared to all employed adults, the percentage of those NOT always wearing a seatbelt was significantly higher in the following occupations:

- Transportation and Material Moving
- Food Preparation and Serving Related

And significantly lower in:

- Office and Administrative Support
- Sales and Related
- Computer and Mathematical

Figure 24. Employed adults who did not always wear a seatbelt, by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Architecture and Engineering; Life, Physical, Social Science & Community and Social Services; Farming, Fishing and Forestry

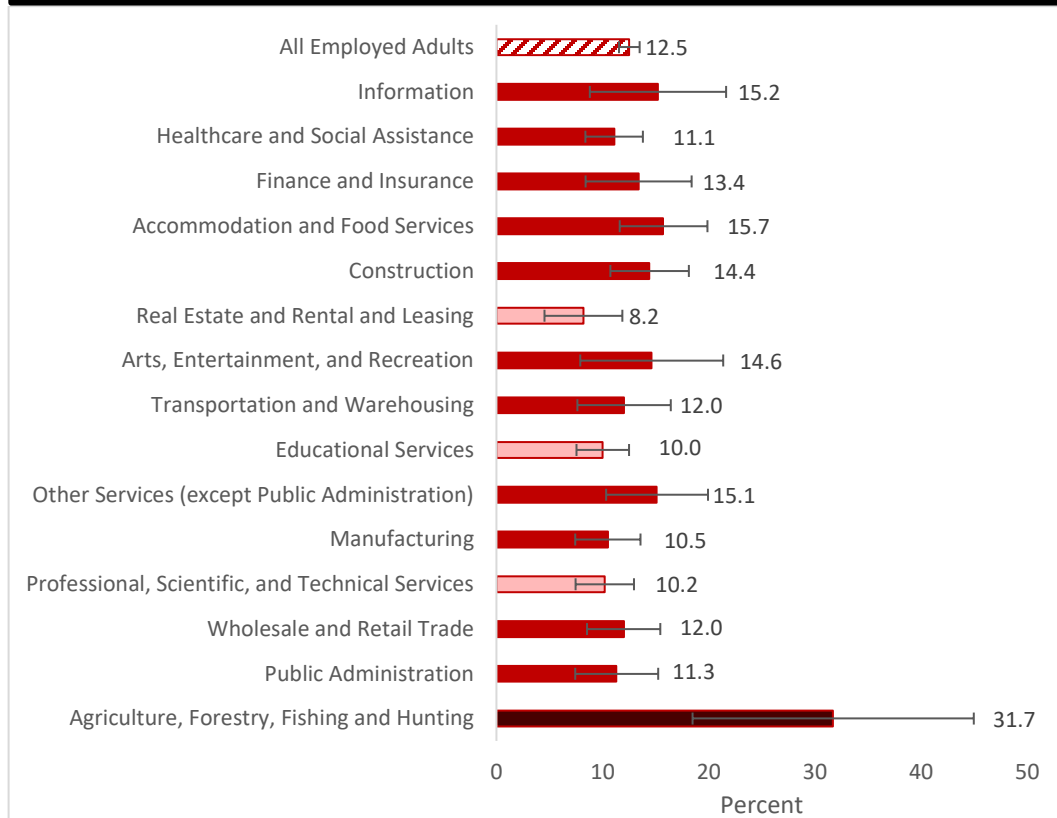
Compared to all employed adults, the percentage of those NOT always wearing a seatbelt was significantly higher in the following industries:

- Agriculture, Forestry, Fishing and Hunting

And significantly lower in:

- Real Estate and Rental and Leasing
- Educational Services
- Professional, Scientific and Technical Services

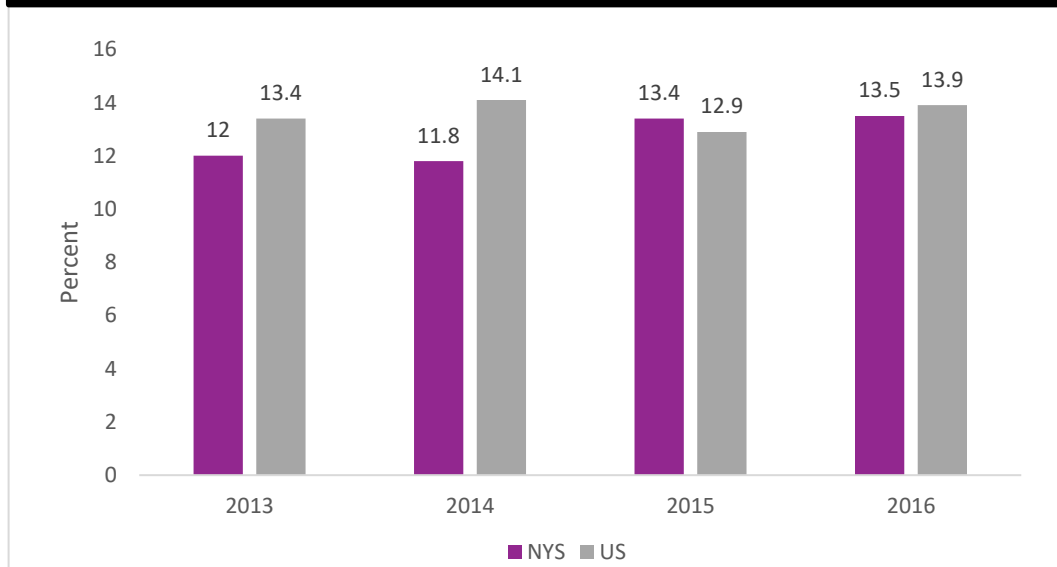
Figure 25. Employed adults who did not always wear a seatbelt, by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Administrative and Support and Waste Management and Remediation Services

Among employed adults in NYS, the percentage of those who did NOT always wearing a seatbelt when driving or riding in a car slightly increased from 2013 to 2016, although the national prevalence was higher.

Figure 26. Employed adults who did not always wear a seatbelt, NYS and United States, BRFSS 2013-2016



Insufficient Sleep

Respondents were asked, on average, how many hours of sleep they got in a 24-hour period. Insufficient sleep was defined as less than 7 hours of sleep per night.

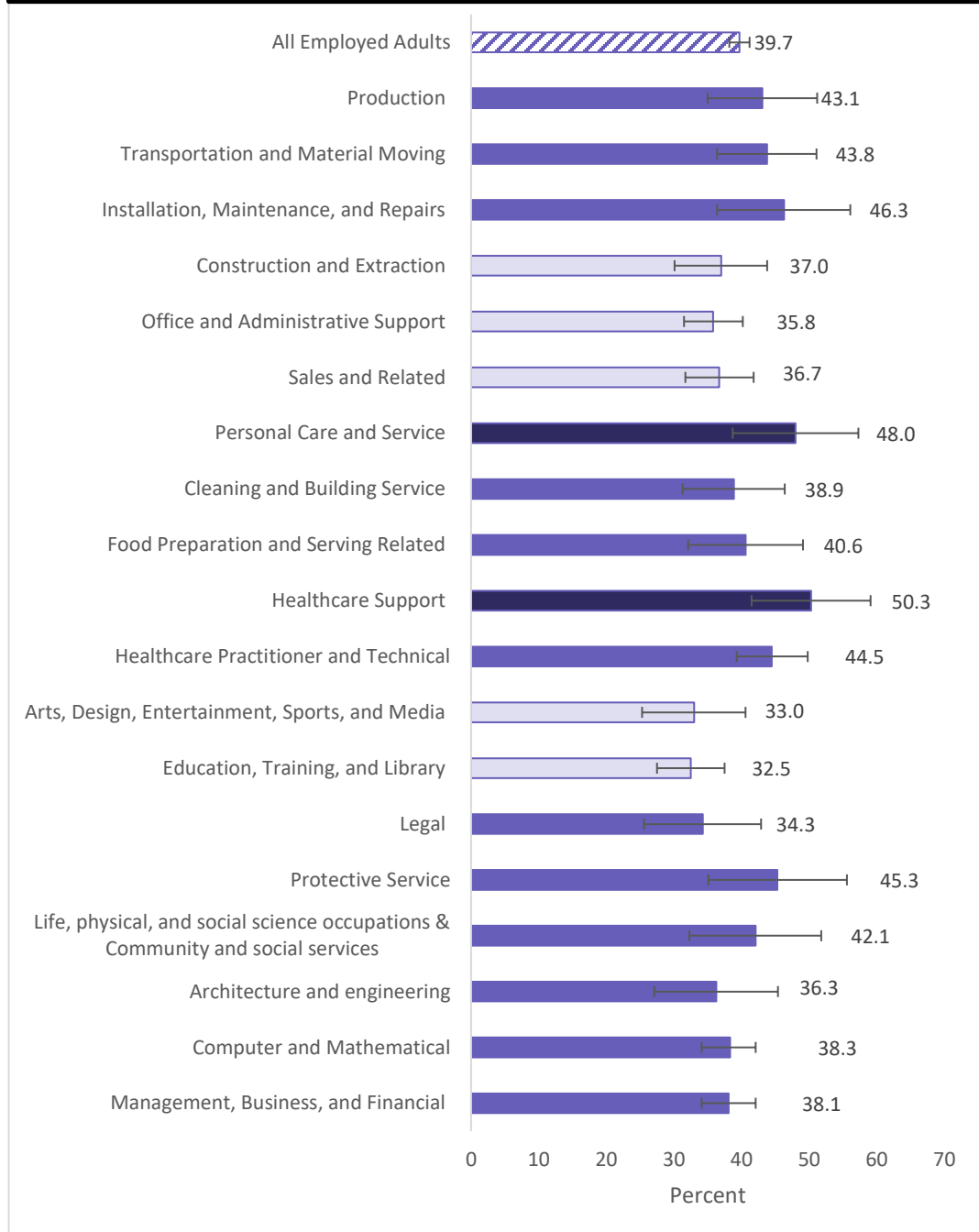
Compared to all employed adults, the percentage of those getting insufficient sleep (< 7 hours) was significantly higher in the following occupations:

- Personal Care and Service
- Healthcare Support

And significantly lower in:

- Construction and Extraction
- Office and Administrative Support
- Sales and Related
- Arts, Design, Entertainment, Sports and Media
- Education, Training and Library

Figure 27. Average sleep time < 7 hours among employed adults, by occupation, NYS BRFSS 2013-2016*



*Excludes 2015 data because data for insufficient sleep was not asked in that year
 Occupations not shown due to data suppression: Farming, Fishing and Forestry

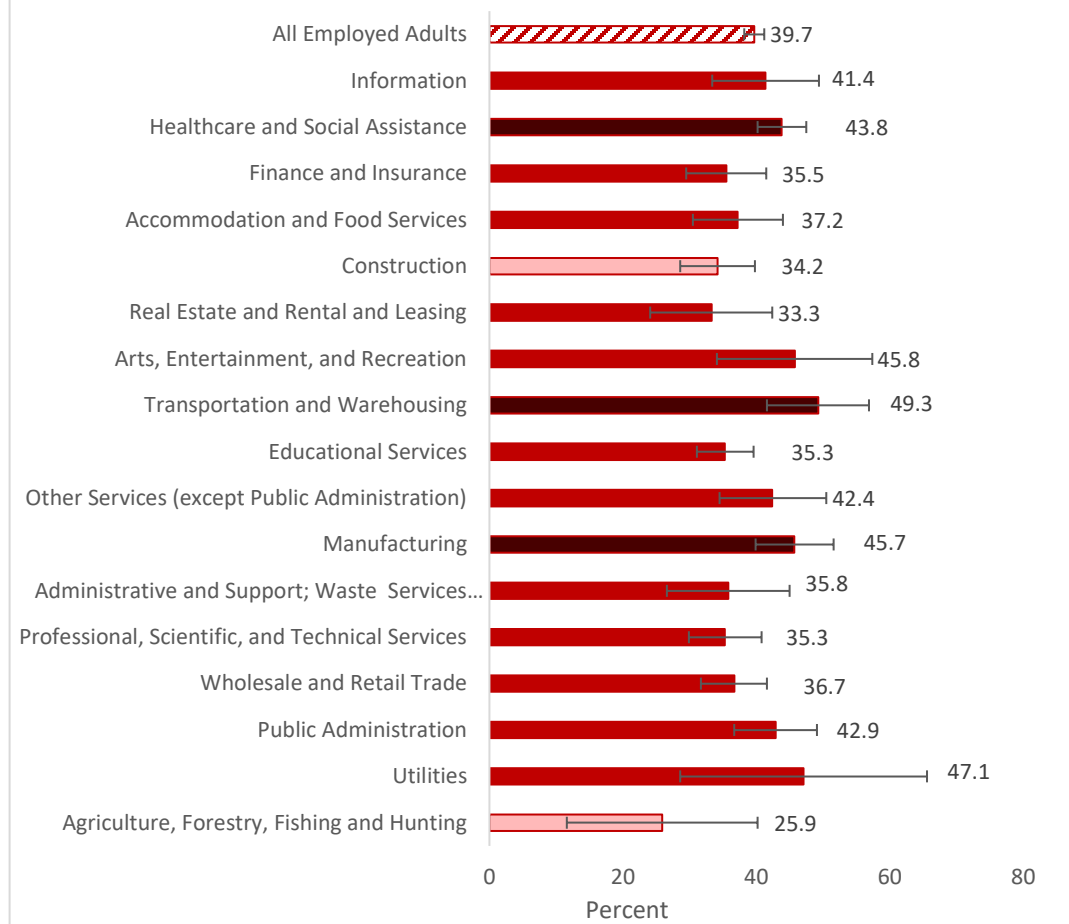
Compared to all employed adults, the percentage of those getting insufficient sleep was significantly higher in the following industries:

- Healthcare and Social Assistance
- Transportation and Warehousing
- Manufacturing

And significantly lower in:

- Construction
- Agriculture, Forestry, Fishing and Hunting

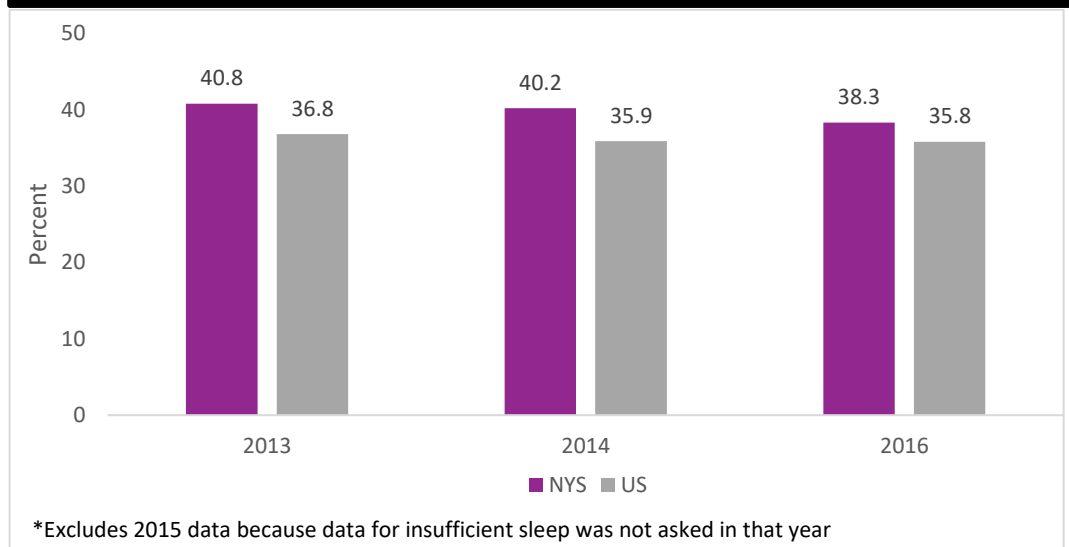
Figure 28. Average sleep time < 7 hours among employed adults, by Industry, NYS BRFSS 2013-2016*



*Excludes 2015 data because data for insufficient sleep was not asked in that year
 Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Management of Companies and Enterprises

The percentage of employed adults getting insufficient sleep was significantly lower in NYS compared with the US, although the rates remained constant from 2013 to 2016.

Figure 29. Average sleep time < 7 hours among employed adults, NYS and United States, BRFSS 2013-2016*



*Excludes 2015 data because data for insufficient sleep was not asked in that year

Table 3. Prevalence of select health behavior among employed NYS adults, BRFSS 2013-2016

The prevalence of current smoking, binge drinking, no flu vaccine in the past year, and not always wearing a seatbelt was highest among men and young workers (aged 18-24 years). Hispanic and White non-Hispanic adults were more likely to report binge drinking, as were those with household income > \$50,000. Black non-Hispanic adults and those living with disability were more likely to report average sleep time less than 7 hours.

	Current Smoking %¹ (95% CI²)	Binge Drinking (95% CI²)	No Influenza Vaccination in the past year (95% CI²)	No consistent seatbelt use (95% CI²)	Average Sleep < 7 hours (95% CI²)
Sex					
Male	17.4 (15.9 – 19.0)	24.8 (23.1 – 26.5)	70.2 (68.5 – 71.9)	14.1 (12.7 – 15.6)	40.3 (38.2 – 42.4)
Female	12.3 (11.2 – 13.4)	14.9 (13.6 – 16.1)	59.7 (57.9 – 61.5)	10.6 (9.4 – 11.8)	39.8 (37.7 – 41.8)
Age					
18-24	21.5 (16.5 – 26.4)	28.9 (23.7 – 34.0)	77.2 (72.6 – 81.8)	20.0 (15.2 – 24.7)	34.8 (28.9 – 40.8)
25-44	16.4 (14.9 – 17.8)	25.3 (23.5 – 27.0)	69.5 (67.6 – 71.5)	14.6 (13.0 – 16.2)	42.2 (39.9 – 44.5)
45-64	12.9 (11.7 – 14.2)	14.5 (13.3 – 15.8)	60.6 (58.8 – 62.4)	8.8 (7.8 – 9.8)	39.9 (37.6 – 42.0)
65+	7.4 (5.5 – 9.3)	6.3 (4.0 – 8.6)	43.4 (39.4 – 47.5)	7.7 (5.9 – 9.6)	34.1 (29.7 – 38.5)
Race/Ethnicity					
White, non-Hispanic	16.1 (14.8 – 17.4)	22.6 (21.2 – 24.1)	63.0 (61.4 – 65.6)	12.0 (10.7 – 13.3)	35.9 (34.1 – 37.8)
Black, non-Hispanic	14.0 (11.4 – 16.6)	11.8 (9.5 – 14.2)	70.3 (66.7 – 73.9)	11.3 (8.9 – 13.8)	55.4 (51.4 – 59.6)
Asian	10.3 (6.6 – 14.1)	13.2 (9.3 – 17.1)	59.4 (53.9 – 65.0)	16.7 (12.4 – 21.1)	39.0 (32.9 – 45.2)
Hispanic	13.6 (11.2 – 15.9)	21.2 (18.2 – 24.2)	69.4 (66.3 – 72.5)	14.2 (11.6 – 16.8)	41.0 (37.2 – 44.8)
Other/Unknown	19.8 (13.0 – 26.5)	25.6 (17.5 – 33.7)	80.3 (74.3 – 86.4)	8.9 (4.7 – 13.1)	38.4 (29.0 – 47.9)
Income					
<\$25,000	21.2 (18.7 – 23.7)	18.1 (15.7 – 20.6)	71.4 (68.5 – 74.2)	14.9 (12.2 – 17.5)	42.7 (39.0 – 46.3)
\$25,000-\$49,999	20.8 (18.2 – 23.4)	20.4 (17.8 – 23.0)	71.7 (69.0 – 74.5)	12.7 (10.5 – 14.8)	43.7 (40.2 – 47.3)
\$50,000 and greater	10.9 (9.6 – 12.1)	22.3 (20.7 – 23.8)	60.4 (58.7 – 62.2)	11.2 (9.8 – 12.5)	38.1 (36.1 – 40.1)
Missing ³	10.8 (8.6 – 12.9)	9.9 (7.8 – 12.9)	47.7 (44.2 – 51.2)	10.0 (9.4 – 11.8)	38.2 (34.1 – 42.3)
Education					
Less than High school	20.9 (17.0 – 24.8)	18.2 (14.5 – 21.8)	72.4 (68.1 – 76.7)	20.2 (15.6 – 24.7)	41.9 (36.3 – 47.5)
High school or GED	21.0 (18.8 – 23.3)	19.5 (17.2 – 21.9)	70.7 (68.1 – 73.3)	12.7 (10.7 – 14.7)	40.1 (36.8 – 43.0)
Some college	18.3 (16.2 – 20.4)	19.6 (17.3 – 21.8)	67.0 (64.5 – 69.5)	11.9 (9.8 – 13.9)	46.3 (43.4 – 49.3)
College graduate	7.2 (6.1 – 8.2)	21.7 (20.1 – 23.3)	58.9 (57.2 – 60.7)	10.7 (9.6 – 11.7)	35.0 (33.1 – 36.9)
Disability⁴					
Yes	17.2 (14.3 – 20.1)	16.9 (13.9 – 20.0)	59.1 (55.2 – 63.0)	12.0 (9.4 – 14.5)	50.6 (45.9 – 55.4)
No	14.7 (13.7 – 15.8)	20.3 (19.1 – 21.5)	66.2 (64.8 – 67.5)	12.3 (11.3 – 13.4)	38.9 (37.3 – 40.5)

¹ % = weighted percentage; ² CI = confidence interval. ³ “Missing” category included because more than 10% of the sample did not report income. ⁴ All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

Health Outcome Indicators

Quality of Life – General Health Status

All respondents were asked to describe their overall health as excellent, very good, good, fair, or poor.

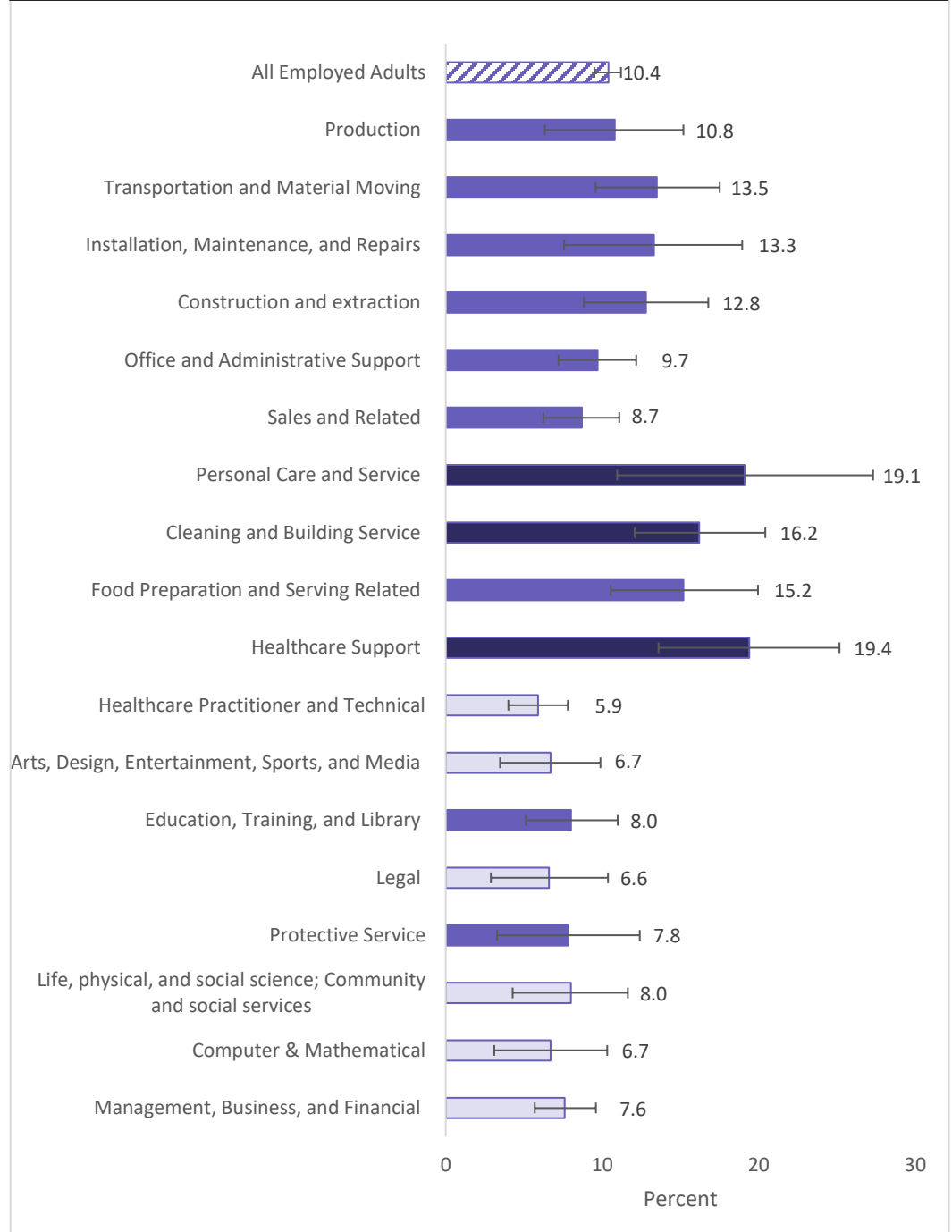
Compared to all employed adults, the prevalence of fair or poor general health was significantly higher among adults employed in the following occupations:

- Personal Care and Service
- Cleaning and Building Service
- Healthcare Support

And significantly lower among adults employed in:

- Healthcare Practitioner and Technical
- Arts, Entertainment, Sports and Media
- Legal
- Life, Physical, Social Science; Community and Social Services
- Computer and Mathematical
- Management, Business and Financial

Figure 30. Fair or poor general health among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Life, physical, and social science occupations & Community and social services occupations; Farming, Fishing and Forestry

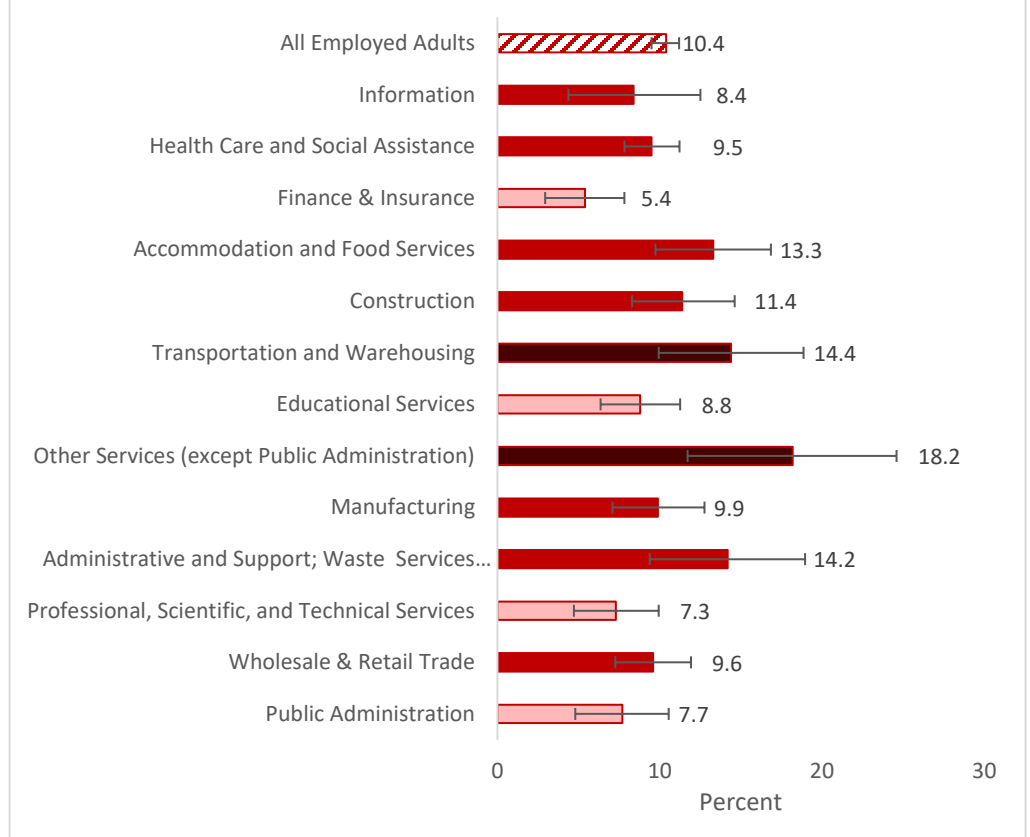
The prevalence of fair or poor general health was significantly higher among adults employed in the following industries:

- Other services (except public administration)
- Transportation and Warehousing

And significantly lower among adults employed in:

- Finance and Insurance
- Educational Services
- Professional, Scientific, and Technical Services
- Public Administration

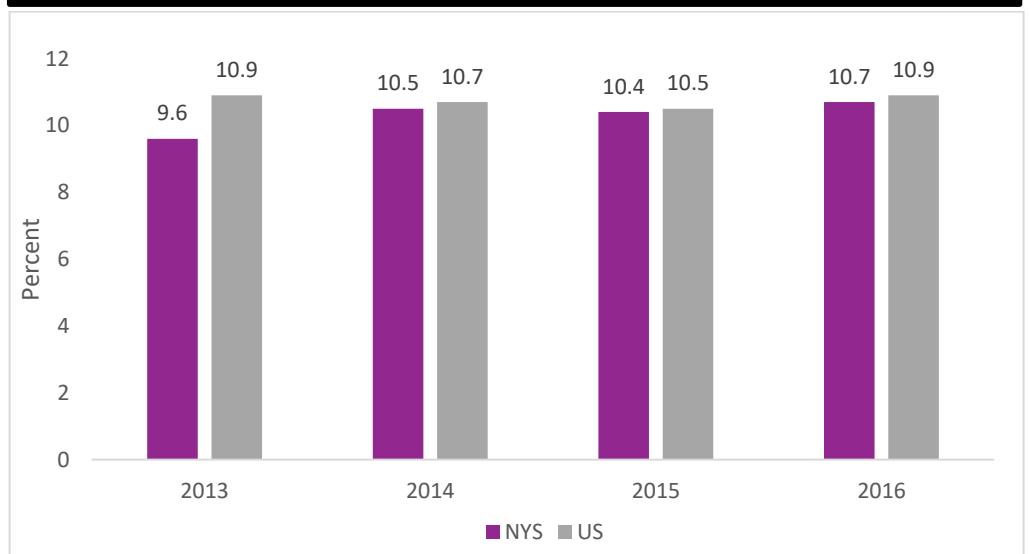
Figure 31. Fair or poor general Health among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Agriculture, Forestry, Fishing and Hunting; Real Estate and Rental and Leasing; Arts, Entertainment, and Recreation

In the US and NYS, the prevalence of fair or poor general health among employed adults has remained constant from 2013 to 2016, although US rates are slightly above NYS rates.

Figure 32. Fair or poor general Health among employed adults, NYS and United States, BRFSS 2013-2016



Quality of Life – Mental Health

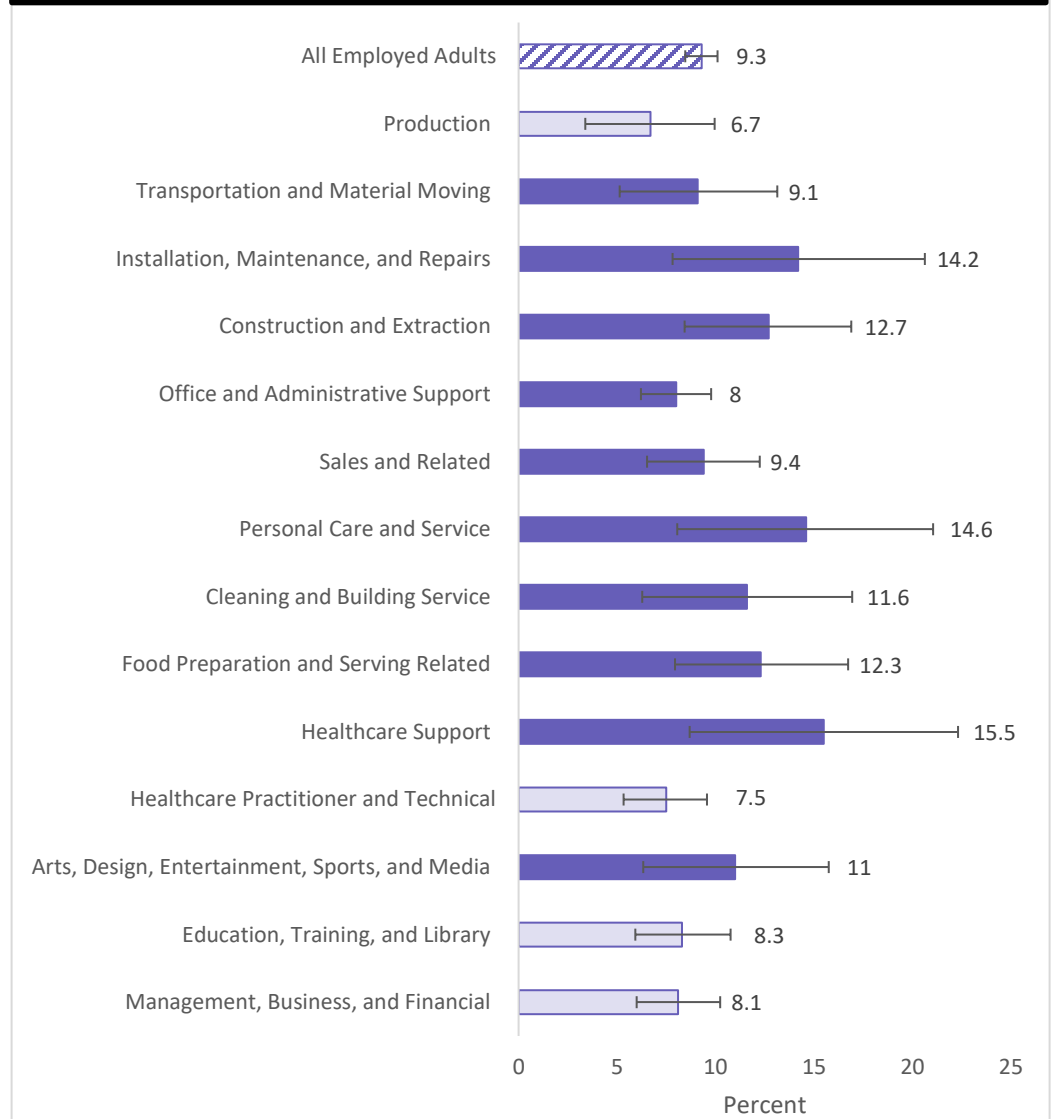
All respondents were asked to report the number of days during the past month that their mental health, which includes stress, depression, and problems with emotions, had not been good. Presented here are the proportion of employed adults who reported that they had experienced at least 15 days of poor mental health in the previous month.

The prevalence of frequent mental distress was not significantly higher in any specific occupation. However, adults employed in Installation, Maintenance and Repairs; Personal Care and Service; and Healthcare support; had the highest rates when compared with all employed adults.

Frequent Mental Distress rates were significantly lower among adults employed in the following occupations:

- Production
- Healthcare Practitioner and Technical
- Education, Training and Library
- Management, Business and Financial

Figure 33. Frequent mental distress among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Computer and Mathematical; Legal; Architecture and Engineering; Life, Physical, and Social Science & Community and Social Services; Farming, Fishing and Forestry

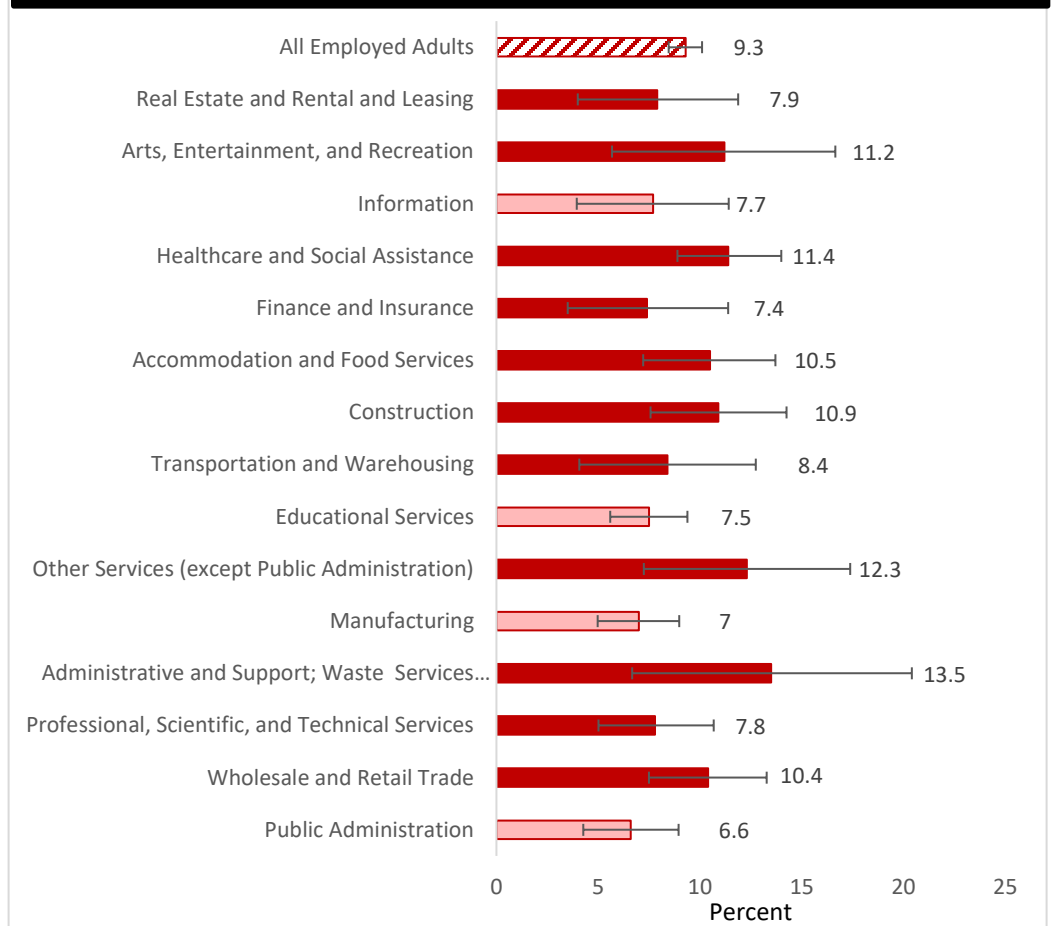
Among employed adults, the prevalence of frequent mental distress was not significantly higher in any specific industries. However, adults employed in administrative, support and waste services; other services (except public administration); and arts, entertainment and recreation had the highest prevalence of frequent mental distress.

Frequent mental distress was significantly lower among adults employed in:

- Information
- Educational Services
- Manufacturing
- Public Administration

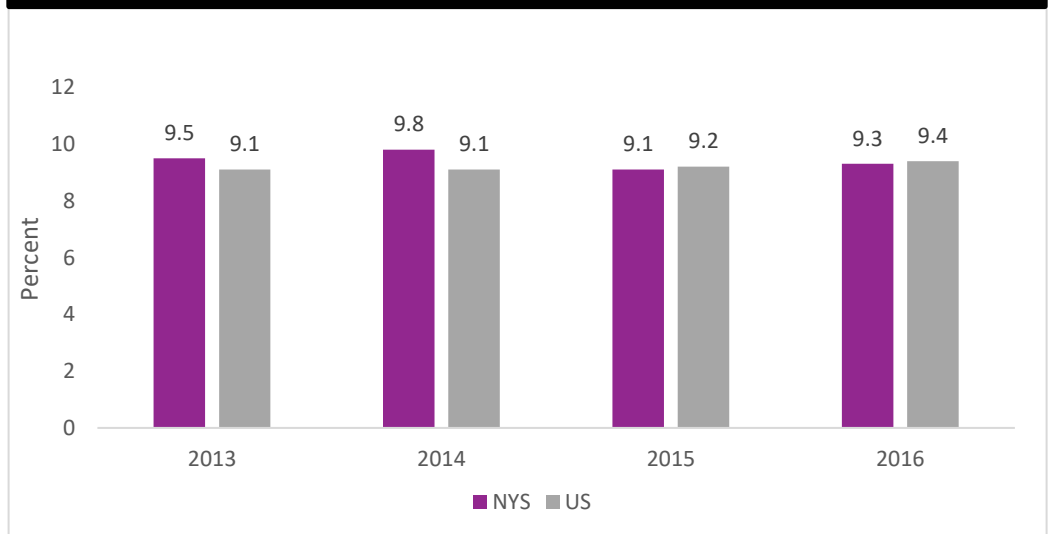
Prevalence of frequent mental distress among employed adults in NYS was comparable to national prevalence during 2013 to 2016.

Figure 34. Frequent mental distress among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Agriculture, Forestry, Fishing and Hunting

Figure 35. Frequent mental distress among employed adults, NYS and United States, BRFSS 2013-2016



Quality of Life –Physical Health

All respondents were asked to report the number of days during the past month that their physical health, which includes physical illness and injury, had not been good. Presented here are the proportion of employed adults who reported that they had experienced at least 15 days of poor physical health in the previous month.

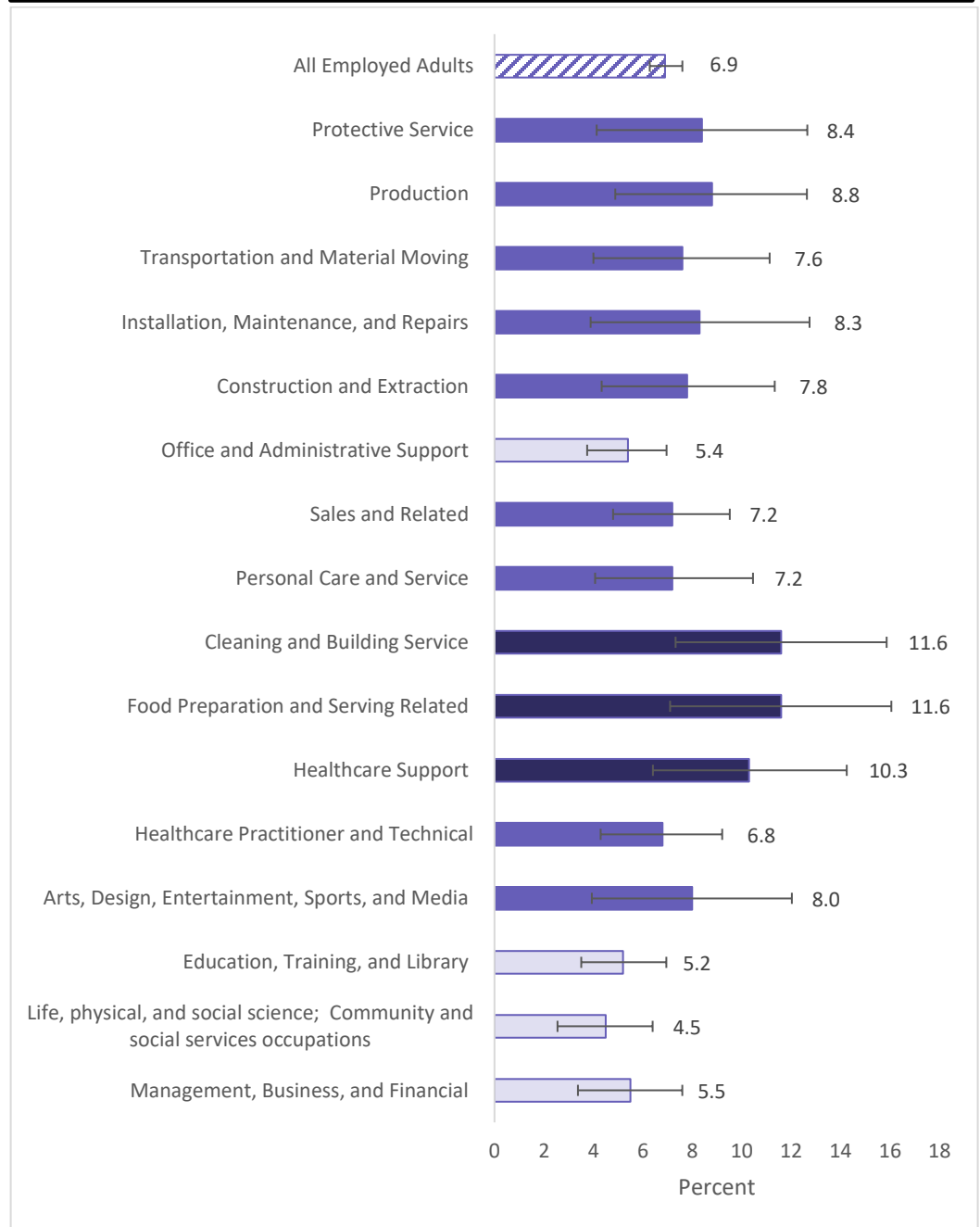
Compared to all employed adults, the prevalence of frequent physical distress was significantly higher among adults employed in the following occupations:

- Cleaning and Building Service
- Food Preparation and Serving
- Healthcare Support

And significantly lower among those employed in:

- Office and Administrative Support
- Education, Training and Library
- Life, physical, and social science occupations & Community and social services
- Management, Business and Financial

Figure 36. Frequent physical distress among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Computer and Mathematical; Legal; Architecture and Engineering; Farming, Fishing and Forestry

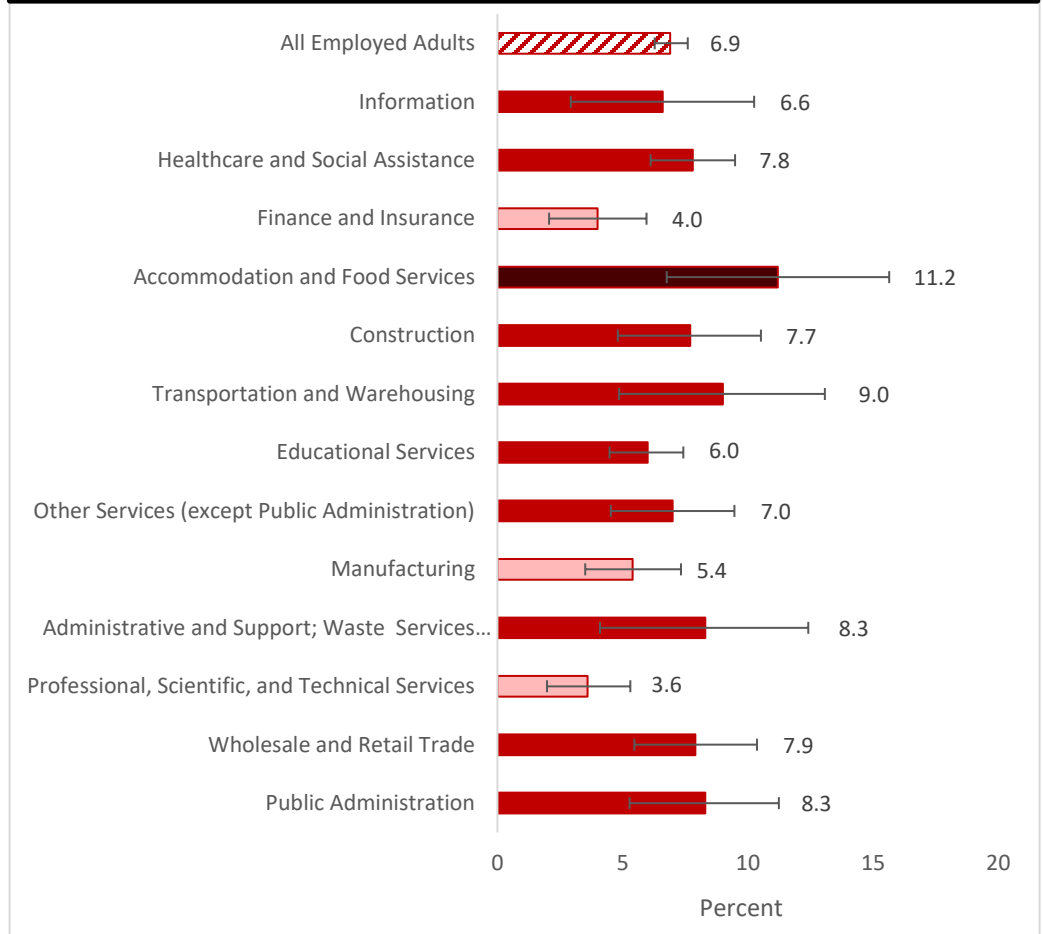
Compared to all employed adults, the prevalence of frequent physical was significantly higher among those employed in the following occupations:

- Accommodation and Food Services

And significantly lower in:

- Finance and Insurance
- Manufacturing
- Professional, Scientific and Technical

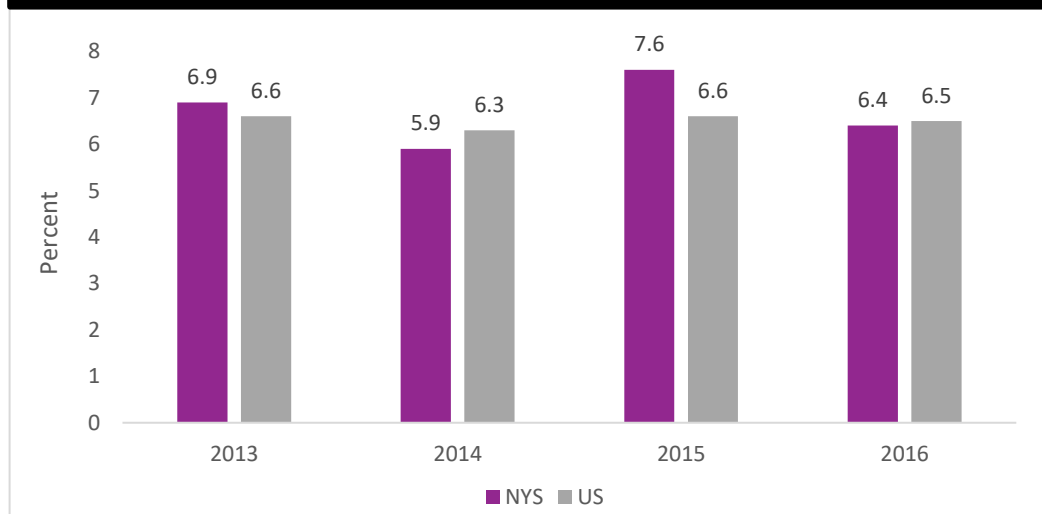
Figure 37. Frequent physical distress among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Agriculture, Forestry, Fishing and Hunting; Real Estate and Rental and Leasing; Arts, Entertainment, and Recreation

The prevalence of frequent physical distress among employed adults in NYS was comparable to national estimates. The prevalence remained relatively unchanged during 2013 to 2016.

Figure 38. Frequent physical distress among employed adults, NYS and United States, BRFSS 2013-2016



Current Asthma

All respondents were asked if a doctor, nurse, or other health care professional had ever told them that they had asthma. Those who reported ever having asthma were then asked if they currently have asthma.

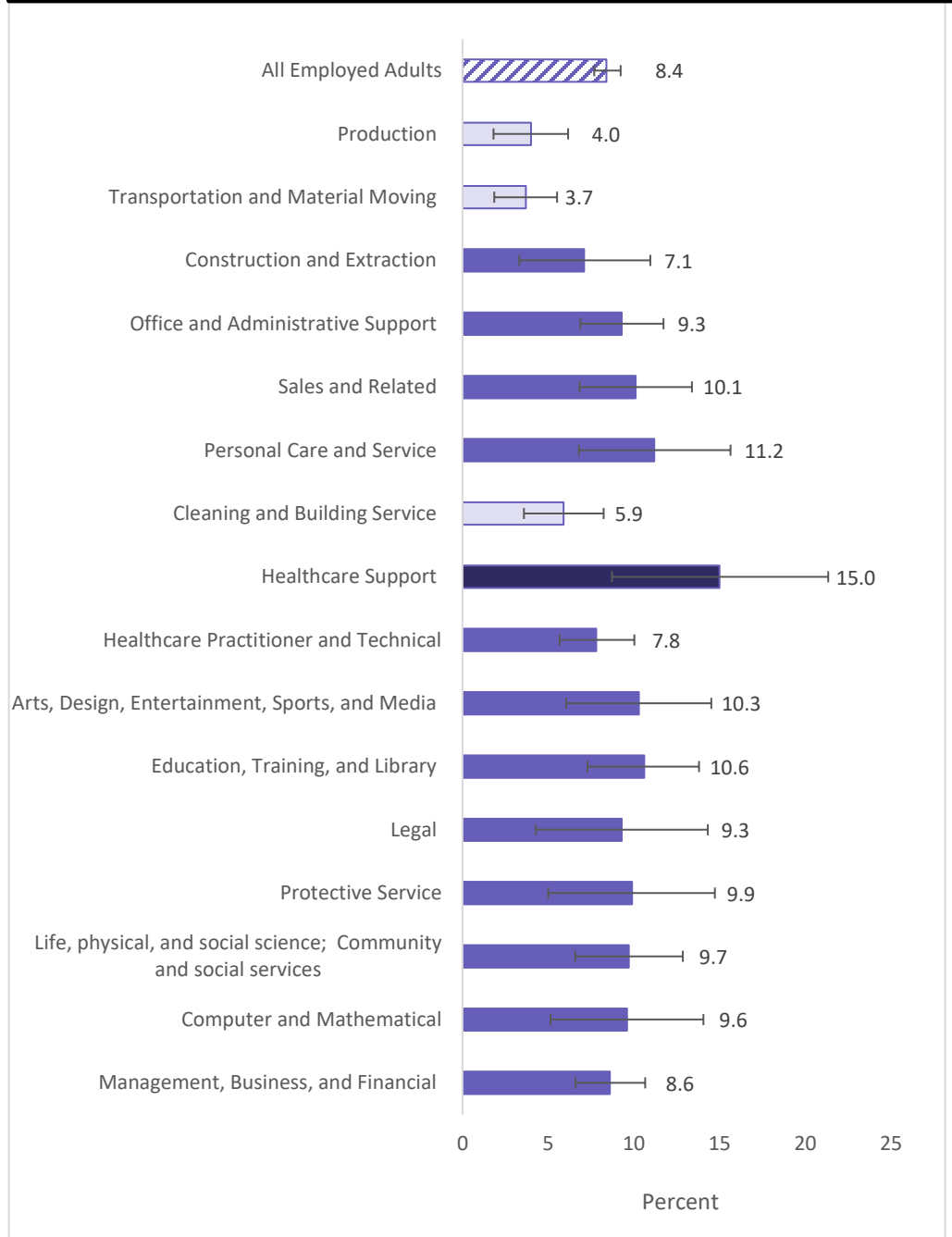
Compared to all employed adults, the prevalence of current asthma was significantly higher among adults employed in the following occupations:

- Healthcare Support

And significantly lower among those employed in:

- Production
- Transportation and Material moving
- Cleaning and Building Service

Figure 39. Current asthma among employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Architecture and Engineering; Farming, Fishing and Forestry, Food Preparation and Serving; Installation, Maintenance, and Repairs

Compared to all employed adults, the prevalence of current asthma was significantly higher among adults employed in the following industries:

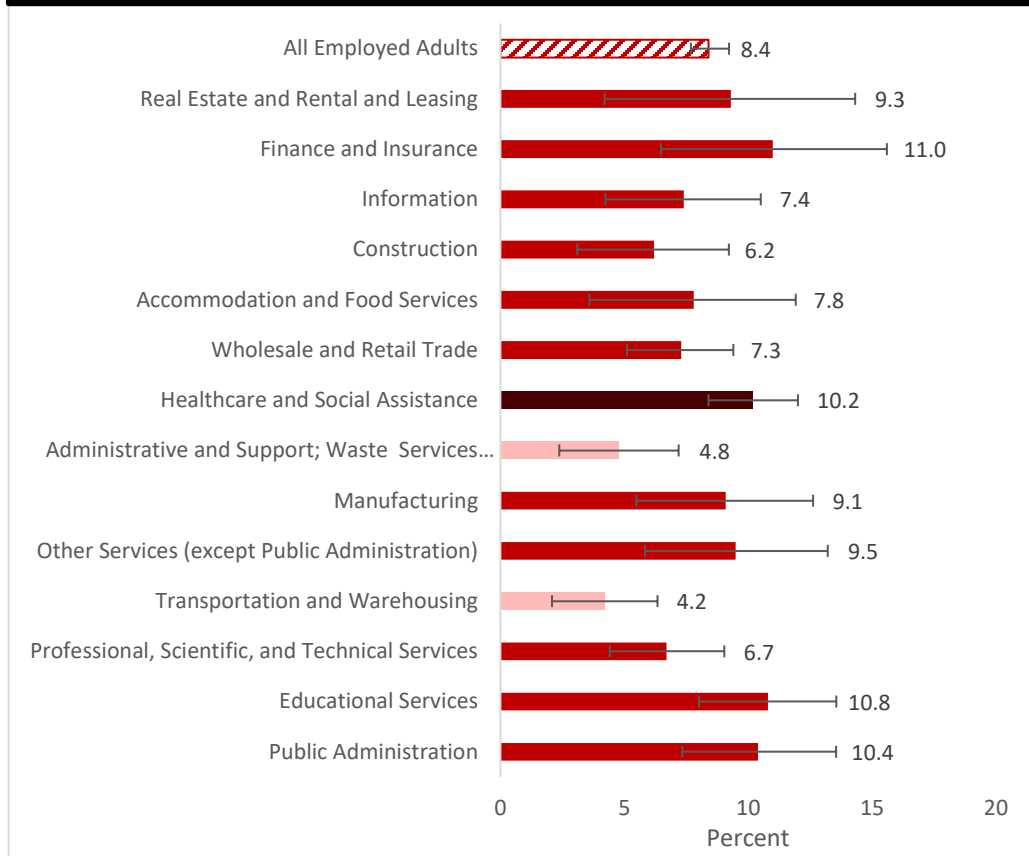
- Healthcare and Social Assistance

And significantly lower among those employed in:

- Administrative, Support and Waste Services
- Transportation and Warehousing

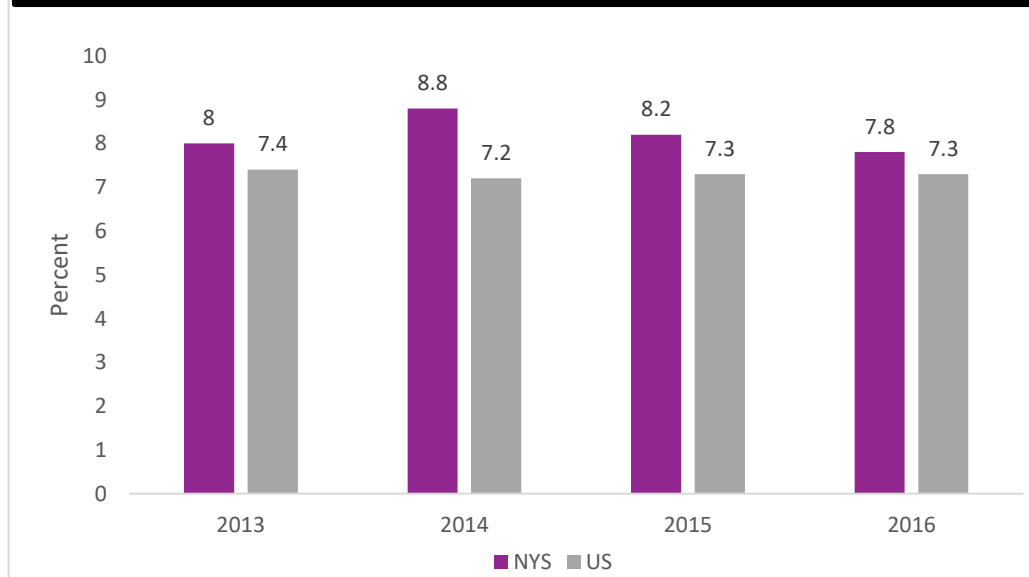
Current asthma prevalence among employed adults in NYS was comparable to the overall prevalence in the US. Both prevalence estimates remained unchanged during 2013 to 2016.

Figure 40. Current asthma among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Agriculture, Forestry, Fishing and Hunting; Arts, Entertainment, and Recreation

Figure 41. Current asthma among employed adults, NYS and United States, BRFSS 2013-2016



History of Depression

All respondents were asked if a doctor, nurse or other health professional had ever told them they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

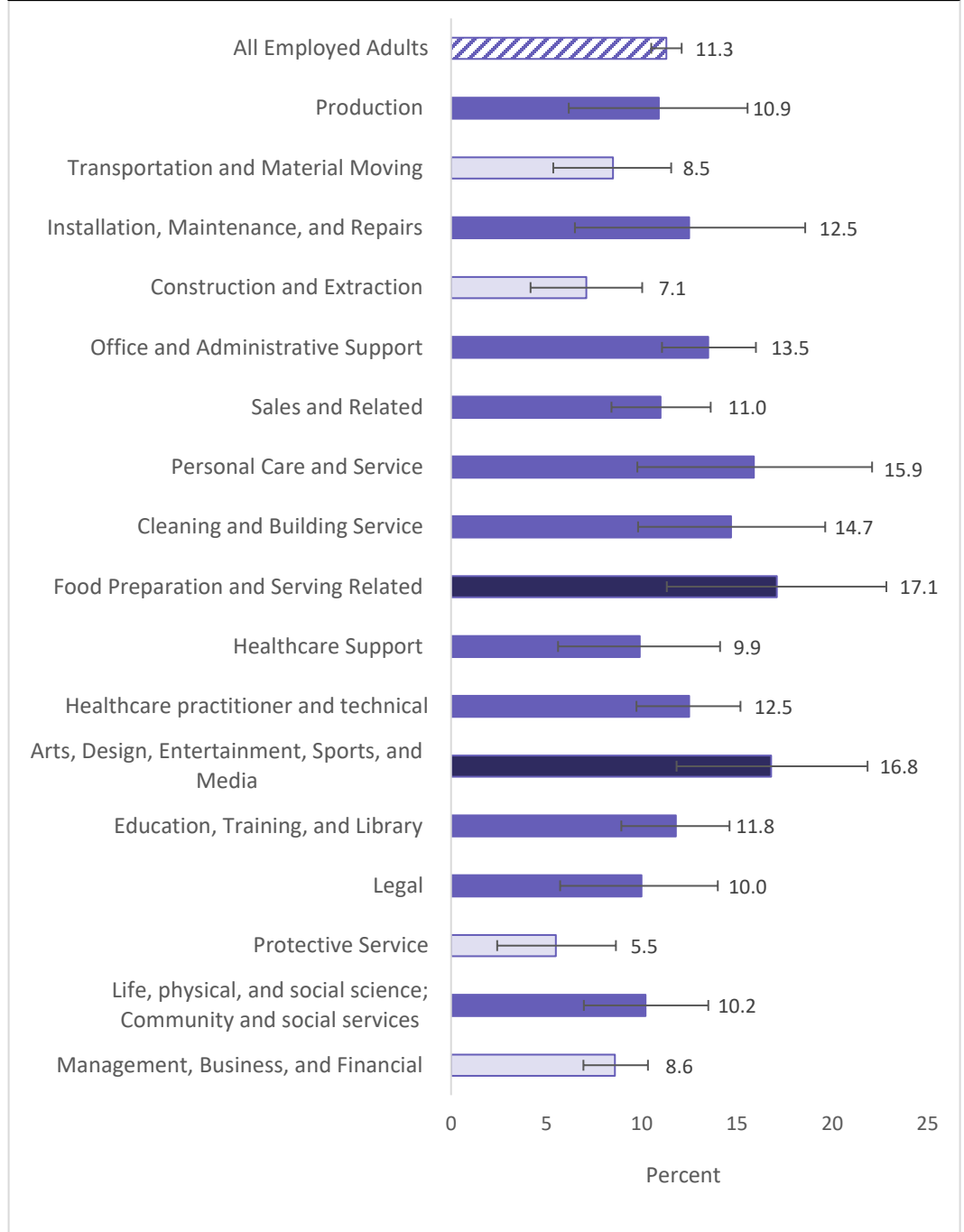
Compared to all employed adults, the prevalence of a history of depression was significantly higher among those employed in the following occupations:

- Food Preparation and Serving
- Arts, Design, Entertainment, Sports and Media

And significantly lower among adults employed in:

- Transportation and Material Moving
- Construction and Extraction
- Protective Service
- Management, Business and Financial

Figure 42. History of depression employed adults by Occupation, NYS 2013-2016



Occupations not shown due to data suppression: Computer and Mathematical; Architecture and Engineering; Farming, Fishing and Forestry

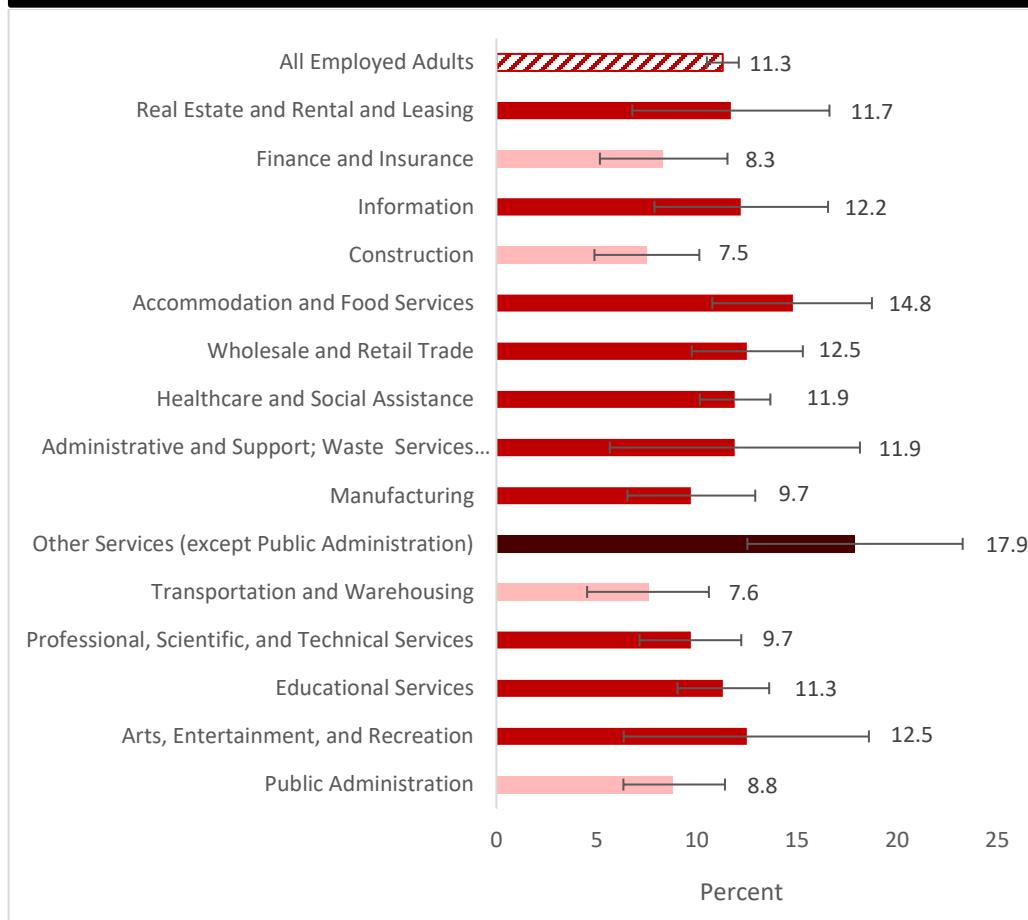
Compared to all employed adults, the prevalence of a history of depression was significantly higher among those employed in the following industries:

- Other Services (except Public Administration)

And significantly lower among those employed in:

- Finance and Insurance
- Construction
- Transportation and Warehousing
- Public Administration

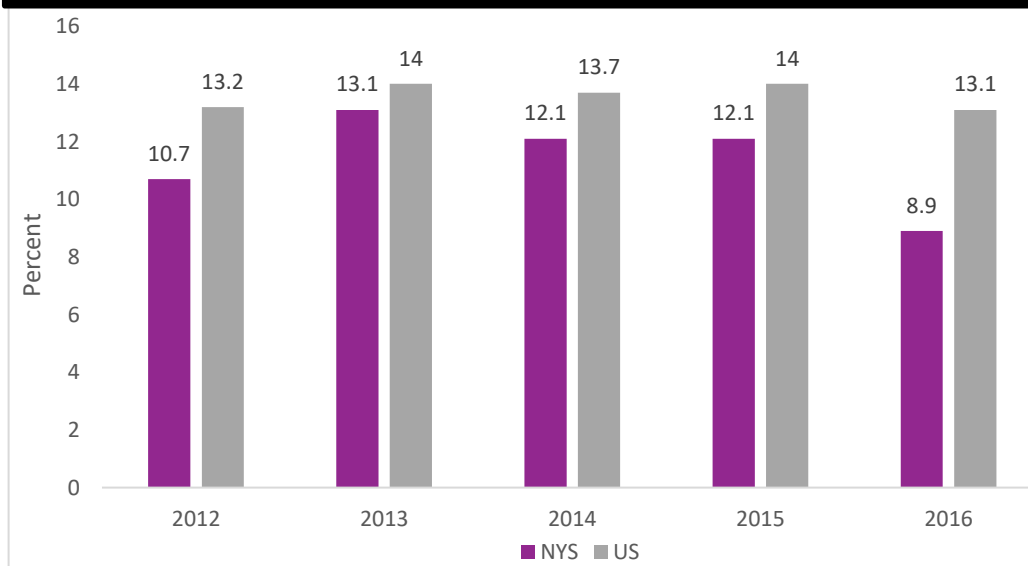
Figure 43. History of depression employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Utilities; Management of Companies and Enterprises; Agriculture, Forestry, Fishing and Hunting

History of depression was less prevalent among employed adults in NYS as compared to national estimates during 2013 to 2016. National prevalence remained constant during 2013 to 2016 whereas the prevalence in NYS declined during those years.

Figure 44. History of depression among employed adults, NYS and United States, BRFSS 2013-2016



Obesity

All respondents were asked to report their height and weight. Respondents' obesity status was categorized based on their Body Mass Index (BMI), which equals weight in kilograms divided by height in meters squared. All adults with a BMI greater than or equal to 30.0 were classified as being obese.

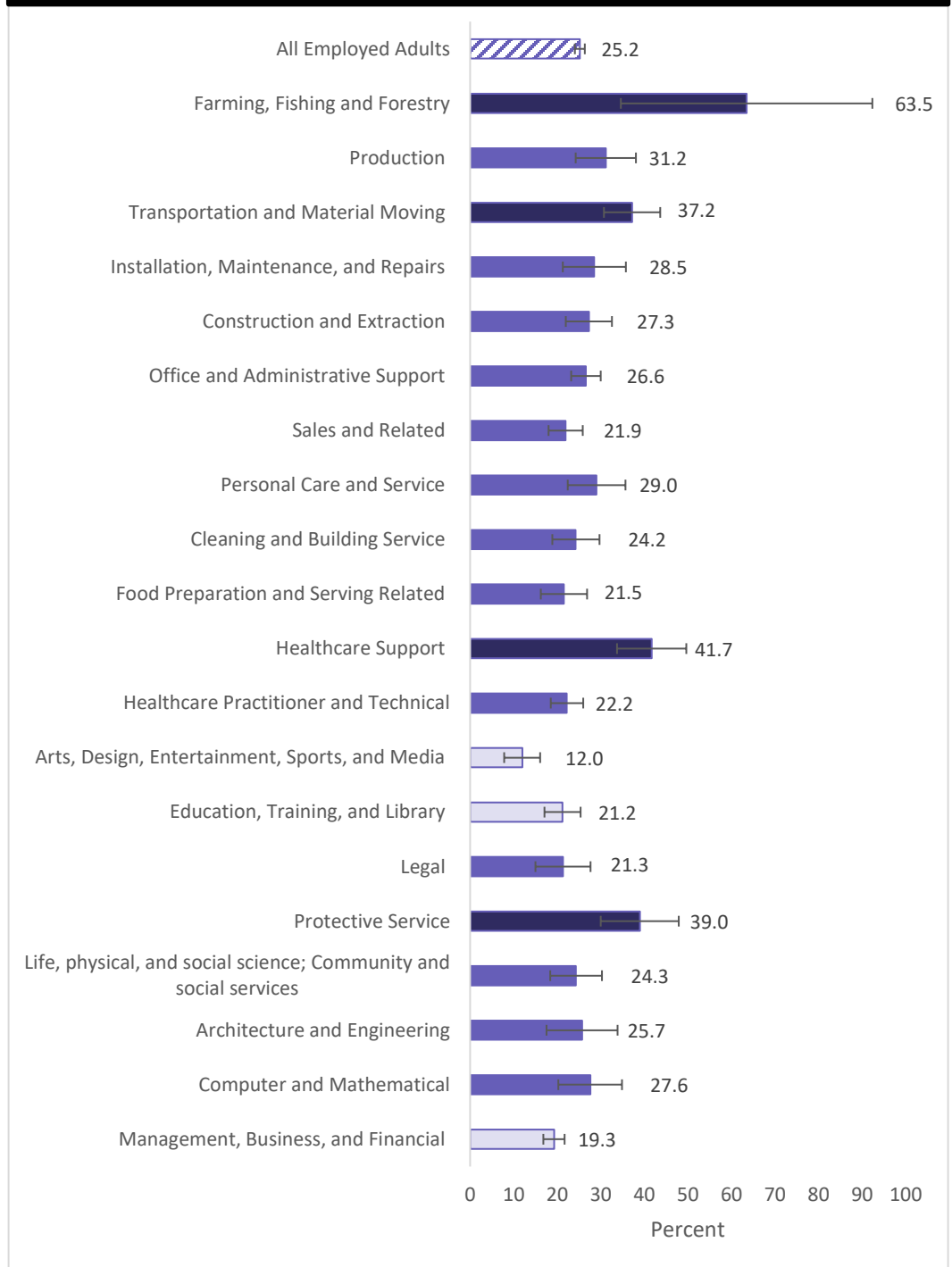
Compared to all employed adults, the prevalence of obesity was significantly higher among those employed in the following occupations:

- Farming, Fishing and Forestry
- Transportation and Material moving
- Healthcare Support
- Protective Service

And significantly lower among adults employed in:

- Arts, Entertainment, Sports and Media
- Education, Training and Library
- Management, Business and Financial

Figure 45. Obesity among employed adults by Occupation, NYS 2013-2016



Compared to all employed adults, the prevalence of obesity was significantly higher among those employed in the following industries:

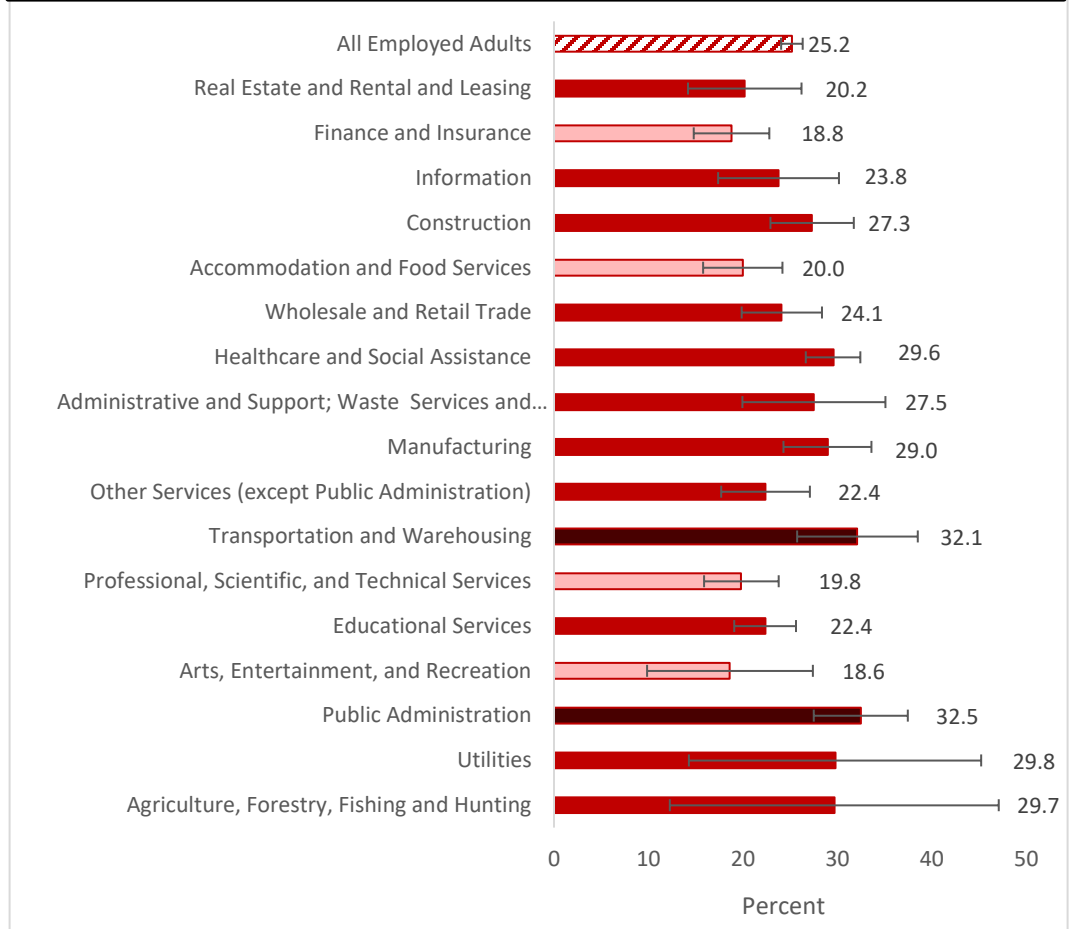
- Transportation and Warehousing
- Public Administration

And significantly lower among those employed in:

- Finance and Insurance
- Accommodation and Food services
- Professional, Scientific and Technical Services
- Arts, Entertainment and Recreation

The prevalence of obesity was significantly higher among employed adults in the US as compared to NYS during 2013 to 2016. Rates of obesity among employed adults have increased in both NYS and US since 2013.

Figure 46. Obesity among employed adults by Industry, NYS 2013-2016



Industries not shown due to data suppression: Mining, Quarrying, and Oil and Gas Extraction; Management of Companies and Enterprises

Figure 47. Obesity among employed adults, NYS and United States, BRFSS 2013-2016

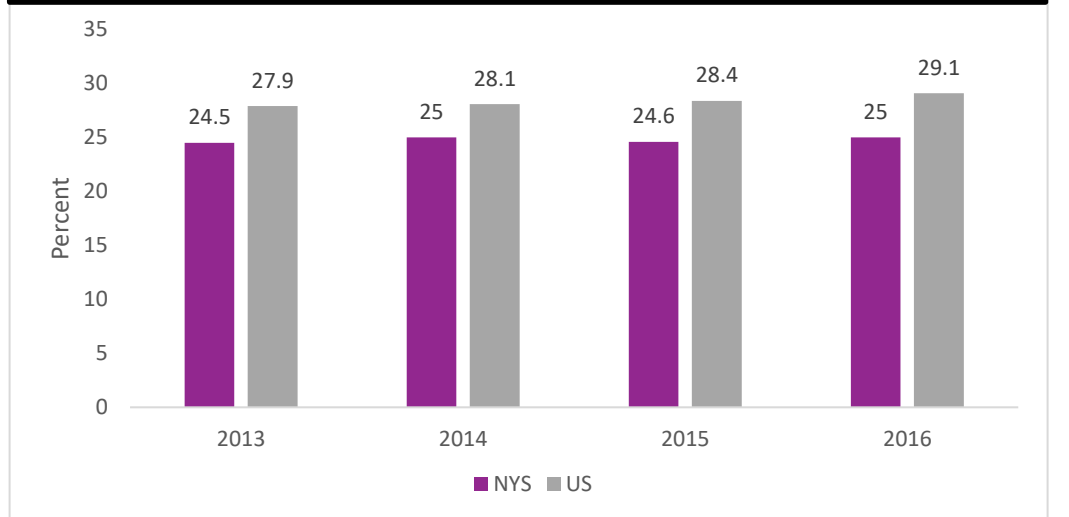


Table 4. Prevalence of select health outcome indicators among employed NYS adults, BRFSS 2013-2016

Health outcome indicators for employed adults in New York State are presented in Table 4 and 5. Older workers (≥45 years) were significantly more likely to report frequent physical distress and fair/poor general health, whereas young workers (18-24 years) were more likely to report frequent mental distress.

Black non-Hispanic and Hispanic adults reported a higher prevalence of fair or poor general health. Hispanic adults were also more likely than White non-Hispanic adults to report frequent physical distress. Employed adults with household income <\$25,000 and those with no college education had a higher prevalence of fair or poor health. Workers who reported living with a disability were significantly more likely to report fair or poor health, as well as frequent physical and mental distress.

	Fair/Poor general health % ¹ (95% CI ²)	Frequent Mental Distress% (95% CI ²)	Frequent Physical Distress% (95% CI ²)
Sex			
Male	10.1 (9.0 – 11.1)	8.5 (7.4 – 9.7)	6.9 (5.9 – 7.9)
Female	10.7 (9.5 – 11.9)	10.2 (9.0 – 11.3)	7.0 (6.2 – 7.9)
Age			
18-24	8.9 (5.9 – 12.0)	13.4 (9.2 – 17.6)	4.7 (3.1 – 6.3)
25-44	8.7 (7.5 – 9.8)	9.6 (8.4 – 10.8)	5.7 (4.7 – 6.7)
45-64	12.1 (10.8 – 13.4)	8.4 (7.4 – 9.4)	8.9 (7.7 – 10.0)
65+	14.7 (11.3 – 18.0)	5.4 (3.3 – 7.5)	8.2 (6.1 – 10.4)
Race/Ethnicity			
White, non-Hispanic	7.3 (6.4 – 8.2)	9.1 (8.0 – 10.1)	6.0 (5.3 – 6.8)
Black, non-Hispanic	11.1 (8.9 – 13.4)	10.1 (7.7 – 12.6)	5.9 (4.1 – 7.8)
Asian	11.9 (7.7 – 16.0)	6.5 (3.6 – 9.4)	4.5 (2.7 – 6.4)
Hispanic	18.5 (16.2 – 20.9)	9.7 (7.8 – 11.5)	10.9 (8.7 – 13.2)
Other/Unknown	14.1 (8.1 – 20.1)	13.4 (7.7 – 19.1)	11.5 (5.9 – 17.1)
Income			
<\$25,000	18.2 (15.9 – 20.6)	11.8 (9.8 – 13.8)	9.6 (7.9 – 11.3)
\$25,000-\$49,999	13.4 (11.1 – 15.6)	9.3 (7.5 – 11.0)	7.7 (6.0 – 9.5)
\$50,000 and greater	5.9 (5.0 – 6.7)	7.8 (6.7 – 8.9)	5.2 (4.4 – 6.0)
Missing ³	11.6 (9.2 – 14.0)	10.0 (7.7 – 12.2)	7.4 (5.6 – 9.3)
Education			
Less than High school	23.4 (19.5 – 27.3)	12.8 (9.2 – 16.4)	11.0 (8.2 – 13.7)
High school or GED	13.0 (11.2 – 14.9)	9.3 (7.7 – 10.9)	8.1 (6.6 – 9.7)
Some college	9.0 (7.6 – 10.4)	11.4 (9.5 – 13.3)	7.8 (6.5 – 9.3)
College graduate	5.6 (4.8 – 6.3)	6.7 (5.9 – 7.6)	4.3 (3.9 – 4.9)
Disability⁴			
Yes	31.6 (27.6 – 35.4)	20.4 (17.1 – 23.6)	27.0 (23.5 – 30.5)
No	7.7 (7.0 – 8.5)	8.0 (7.1 – 8.9)	4.7 (4.1 – 5.4)

Table 5. Prevalence of select health outcome indicators among employed NYS adults, BRFSS 2013-2016

Current asthma and a history of depression were more prevalent among female and young workers (18-24 years). Black non-Hispanic adults had the highest prevalence of current asthma, while White non-Hispanic adults had the highest prevalence of a history of depression. Employed adults with household income <\$25,000 were significantly more likely to have a history of depression. The prevalence of obesity was lowest among young workers (18-24 years), Asian adults, college graduates, and those reporting no disability.

	Current Asthma %¹ (95% CI²)	History of Depression % (95% CI²)	Obesity % (95% CI²)
Sex			
Male	6.6 (5.6 – 7.5)	9.1 (8.1 – 10.2)	25.9 (24.3 – 27.6)
Female	10.7 (9.5 – 11.9)	13.8 (12.7 – 15.0)	24.3 (22.7 – 25.8)
Age			
18-24	12.0 (8.3 – 15.7)	15.1 (11.3 – 19.0)	12.1 (9.0 – 15.1)
25-44	9.2 (7.9 – 10.4)	10.8 (9.6 – 12.0)	25.2 (23.3 – 27.0)
45-64	7.1 (6.2 – 8.0)	11.1 (10.1 – 12.2)	29.4 (27.7 – 31.1)
65+	6.7 (4.9 – 8.5)	10.5 (8.1 – 13.0)	22.5 (19.1 – 26.0)
Race/Ethnicity			
White, non-Hispanic	8.8 (7.9 – 9.8)	13.3 (12.2 – 14.4)	24.4 (23.0 – 25.8)
Black, non-Hispanic	9.9 (7.5 – 12.4)	6.3 (4.5 – 8.1)	33.6 (30.0 – 37.2)
Asian	4.9 (1.8 – 8.0)	4.8 (2.2 – 7.3)	9.9 (6.3 – 13.6)
Hispanic	8.1 (6.2 – 10.1)	11.7 (9.6 – 13.8)	28.5 (25.5 – 31.5)
Other/Unknown	8.8 (4.7 – 12.9)	13.0 (7.6 – 18.4)	21.5 (14.6 – 28.3)
Income			
<\$25,000	10.6 (8.2 – 13.0)	15.6 (13.3 – 17.9)	26.9 (24.1 – 30.0)
\$25,000-\$49,999	8.7 (6.8 – 10.6)	12.2 (10.3 – 14.2)	27.6 (25.0 – 30.2)
\$50,000 and greater	7.9 (7.0 – 8.9)	9.6 (8.6 – 10.5)	21.9 (20.5 – 23.3)
Missing ³	7.0 (5.2 – 8.9)	10.5 (8.2 – 12.7)	14.8 (12.2 – 17.5)
Education			
Less than High school	8.3 (5.4 – 11.2)	13.4 (10.1 – 16.7)	28.0 (23.8 – 32.1)
High school or GED	8.1 (6.4 – 9.9)	10.8 (9.1 – 12.5)	26.6 (24.2 – 28.9)
Some college	9.4 (7.8 – 11.0)	12.2 (10.6 – 13.8)	26.1 (24.0 – 28.3)
College graduate	8.1 (7.1 – 9.0)	10.4 (9.4 – 11.4)	16.8 (15.6 – 18.0)
Disability⁴			
Yes	18.8 (15.1 – 22.5)	28.9 (25.2 – 32.6)	37.0 (33.0 – 41.0)
No	7.3 (6.5 – 8.1)	9.3 (8.5 – 10.1)	23.9 (22.8 – 25.2)

¹ % = weighted percentage; ² CI = confidence interval. ³ “Missing” category included because more than 10% of the sample did not report income. ⁴ All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

Data Notes

- 1). BRFSS data are based on self-reported responses from survey participants. Self-reported data may be vulnerable to social desirability bias where individuals might tend to over-report 'good' behavior and under-report 'bad' behavior. Certain individuals may also have difficulty remembering events which have occurred in the past or frequency of behavior.
- 2). All BRFSS data is cross-sectional. As such, only interpretations regarding correlation can be made.
- 3). Data presented in this chartbook are crude prevalence estimates. The crude prevalence is the weighted proportion of respondents within a category. No age-adjustment was done.
- 4). The terms "significantly higher", "significantly lower", "more likely" or "less likely" were used when statistical significance was achieved. Differences between all employed adults and those within an industry or occupation are presented when a difference is statistically significant.

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Program Contributions

New York State Department of Health
Bureau of Occupational Health and Injury Prevention

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