NMCPHC Workplace Health Risk Assessment: Civilian Health Supplement, Calendar Year 2018

Executive Summary

The Navy and Marine Corps Public Health Center (NMCPHC) Workplace Health Risk Assessment (HRA) is a brief, anonymous, 21-question, optional tool for military members and general schedule (GS) civilians which measures lifestyle behaviors that are most commonly associated with adverse health outcomes. Users are asked to select their workplace from a searchable database within the tool. Responses are scored as healthy or unhealthy for each of the questions and a user is categorized as high, medium, or low risk based on the number of unhealthy behaviors reported. A "high risk" score means the user is likely to be a high consumer of healthcare services. Persons who complete the HRA receive a printable Participant's Report which highlights health risks, provides credible web-based sources of health information, and encourages and empowers the user to better manage their personal health. The HRA is not intended to replace consultation with a health care provider.

This report utilizes both descriptive and analytic methods to report the overall results on the total responses as well as by service component and specific characteristics. Demographic variables that were examined included age, sex, race, rank, and service component. Analyses utilized one of two measures: 1) 'healthy' or 'unhealthy' risk ratings or 2) a risk score based on the total number of risk behaviors reported by an individual.

A total of 2,660 assessments of General Schedule Civilians (GS) were completed from 01 January to 31 December 2018 were analyzed.

Background

Health Risk Assessments (HRAs) became widely used in both military and civilian settings beginning in the mid-1980s. HRAs are tools that can be used to educate patients, to assist healthcare professionals in counseling patients, and to inform decision makers on the overall health status of their populations. Different versions of HRAs are available to assess a range of conditions and risk behaviors. They are also often used to assess health concerns of specific age groups. The Calendar Year (CY) 2018 NMCPHC Workplace HRA is a 21-question, anonymous, self-reported, web-based assessment tool specifically designed to assess risk behaviors common to military members and GS civilian employees.

The questions were based on other validated tools, such as the Alcohol Use Disorders Identification Test (AUDIT), the DOD Survey of Health Related Behaviors among Military Personnel, the National Health and Nutrition Examination Survey (NHANES), or input from subject matter experts. The questions address 10 risk categories that provide a snapshot of leading health indicators. The categories include: tobacco use, alcohol use, safety, stress management, sexual health, physical activity, nutrition, supplement use, dental health, and sleep problems.

More information on the HRA can be found at: http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/hra.aspx.

Methods

Data Collection and Analyses

2,660 assessments were completed calendar year (CY) 2018, and the data were analyzed by the EpiData Center (EDC) at the NMCPHC. Surveys were excluded from the analysis for the following reasons:

a. If they were completed before 01 January or after December 31 (n=175)
b. If they did not identify themselves as civilian GS employees in the demographics (n=104,096)
c. If they were not fully completed (n=142)
d. If they contained height values greater than 7'2" (n=2) and age values greater than 80 years old

After excluding these 104,415 surveys, the total number of surveys included in the analysis was 2,660.

Descriptive analyses, frequencies, and percentages were used to describe survey respondents. The following demographic variables were collected: age, sex, and race. Civilian employee age was categorized into the following groups: 17-19, 20-29, 30-39, 40-49, and 50 years and older. Sex was classified as male or female. Self-reported race was categorized as Caucasian, African Americans, Asian and Pacific Islanders, Hispanics, or Other.

Body mass index (BMI) was calculated from self-reported height and weight data, according to current Centers for Disease Control and Prevention (CDC) guidelines ([weight in pounds $\div$ (height in inches)^2] x 703)[1]. According to the CDC, BMI values that exceed healthy levels have been shown to be an independent risk factor for certain diseases and all-cause mortality.

The next step of the analyses utilized one of two measures: 1) 'healthy' or 'unhealthy' risk ratings on 10 categories (see Appendix B) or 2) a risk score.

A risk score was tabulated based on the total number of risk behaviors. Risk behavior scores ranged from 0-10 and were categorized into risk levels low, medium, and high.

0-2 risk behaviors = low risk
3-4 risk behaviors = medium risk
5 or more risk behaviors = high risk

Risk scores do not predict early morbidity or mortality; rather, higher risk scores indicate a greater likelihood that GS civilian employees will utilize more healthcare services in the future than lower risk employees.

Results

2,660 surveys were analyzed. Demographic results and the HRA risk factor analysis are found below, with risk factor analysis including information on: BMI status, distribution of "healthy" responses, distribution of risk categories, change in healthy responses, perception of health, and mean risk by demographic variables.

Demographic Results

Age distribution of survey respondents indicated that approximately half (50.9%) of the respondents were in the 50+ years old age group (Figure 1). Overall, female GS civilian employees were older than the male survey respondents. The mean age of civilian employee respondents was 47.9 years of age.

Figure 1:

Civilian Age Distribution of Completed HRA
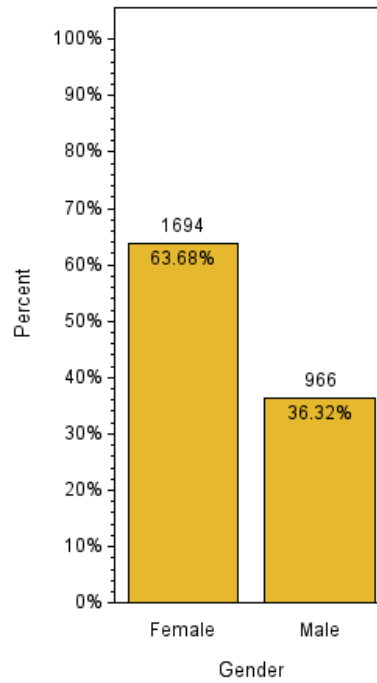2,660 RECORDS
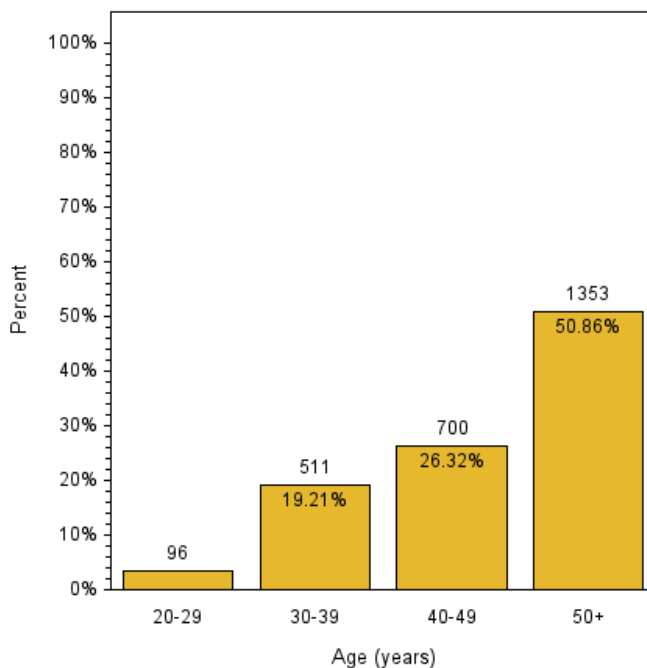
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA

Among the total number of respondents, more female GS civilian employees completed the survey than males (Figure 2).

Figure 2:

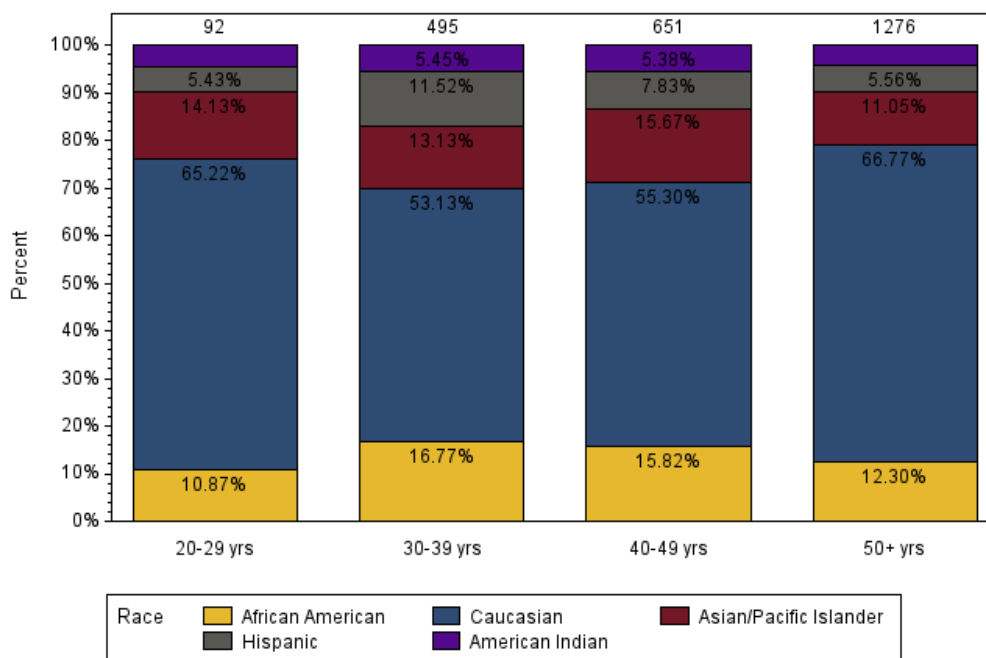### Gender Distribution of Completed HRA Survey

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA

GS civilian employee survey respondents were predominantly Caucasian. GS civilian employees aged 50+ and 20-29 years had the highest proportion (66.8% and 65.2%, respectively) of Caucasians. The most prominent percentages of Asian/ Pacific Islanders (15.7%) were observed among the 40-49 year old age group. The largest percentage of Hispanics who completed the survey was among GS civilian employees ages 30-39 years old (11.5%), whereas the largest percentage of African Americans was among GS civilian employees ages 30-39 years old (16.8%), and 146 respondents did not answer the race question (Figure 3).

Figure 3:

Race Distribution of Completed HRAs*

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA
*146 did not answer race question

HRA Risk Factor Analysis

BMI Status

Overall, 69.0% of GS civilian employees were classified as overweight or obese based on self-reported height and weight according to the Centers for Disease Control and Prevention BMI standards for healthy adults. The analysis indicated that, GS civilian employees were more likely to be classified as overweight or obese than normal or underweight (Figure 4). The combined percentage of normal and underweight employees decreased as age group increased, with the largest percentage of overweight and obese respondents in the 50+ year old age group (Figure 5).

Figure 4:

Distribution of BMI Category for Completed HRAs
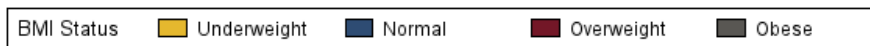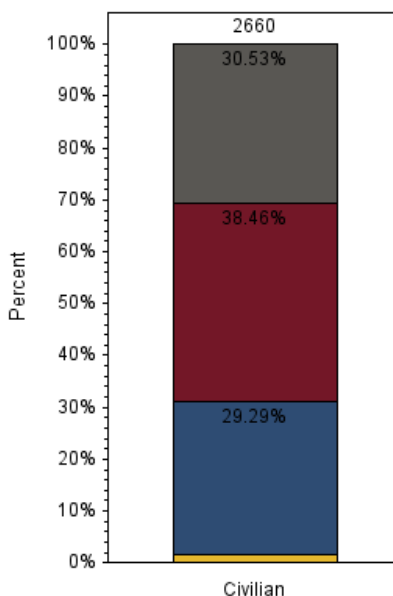
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA

Figure 5:

Distribution of BMI Category for Completed HRAs by Age Group
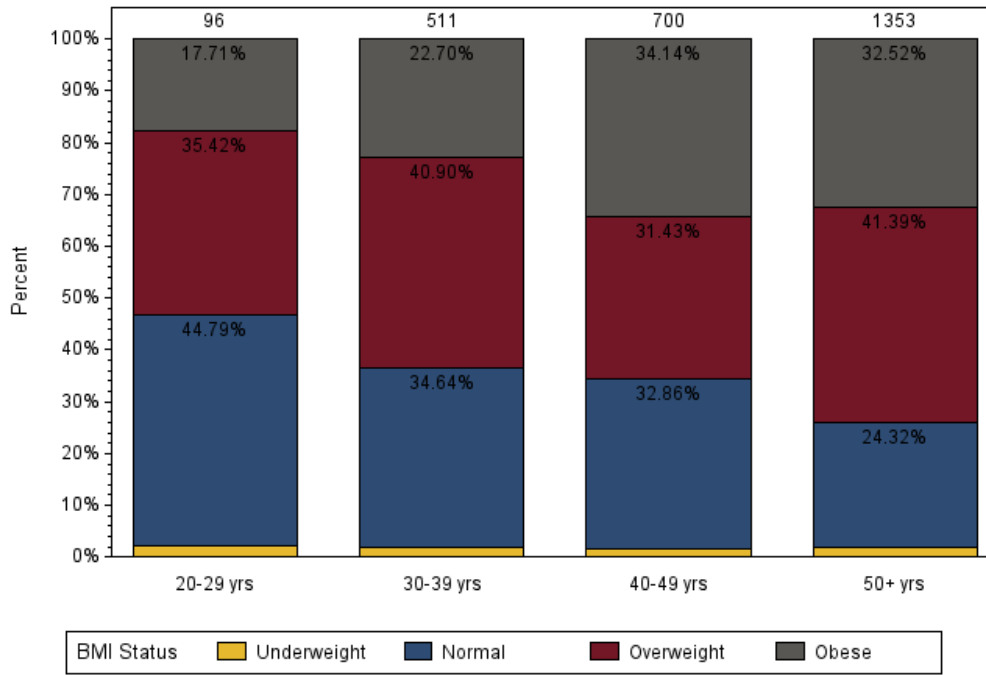

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
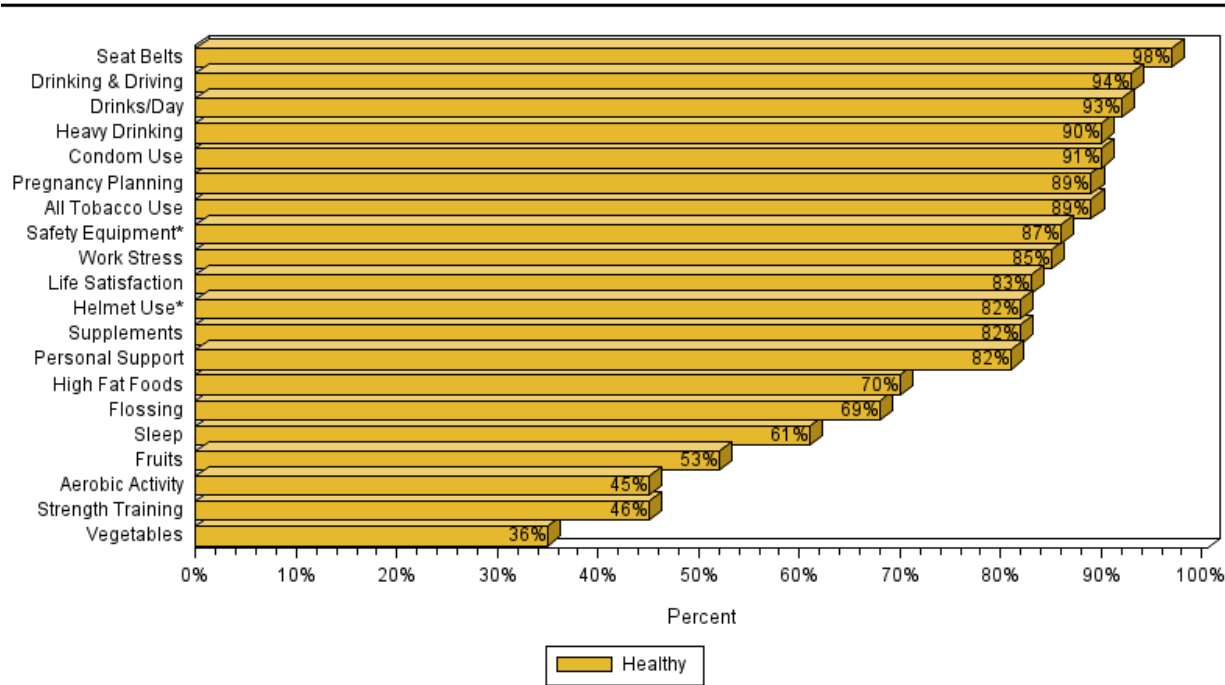Data Source: 2018 HRA

Distribution of "Healthy" Responses

As shown in Appendix B, each HRA question was classified as 'healthy' or 'unhealthy' based on responses to the question. Figure 6 shows the percentages of healthy responses for GS civilian employees. Questions about helmet use and the use of safety equipment included a "not applicable/does not apply to me" answer, and those were excluded from the analysis for figure 6. This was done to give a more complete picture of healthy behavior by those at risk.

The behaviors with the lowest percentages of healthy responses were daily intake of vegetables (36%), aerobic activity (45%), strength training (46%), and intake of fruits (53%). Other significant areas of concern included sleep (61%), flossing (69%), and intake of high fat foods (70%). Overall, the most common healthy behaviors reported by GS civilian employees were seat belt use (98%) and avoiding drinking & driving (94%) (Figure 6).

Figure 6:

Distribution of Healthy Responses on HRA Questions for Civilian Employees

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA
*Excludes non applicable answers

Distribution of Risk Categories

Figure 7 displays risk categories for GS civilian employees. Each GS civilian employee was categorized as low, medium, or high risk based on the number of reported unhealthy responses. Employees in higher risk categories are considered more likely to utilize healthcare services in the future.

Based on the self-reported number of risk factors, GS civilian employees were most often scored as "medium risk" (40.7%), followed by "low risk" and "high risk" (35.8% and 23.5%, respectively).

Figure 7:

Distribution of Risk Categories for Completed HRAs
2,660 records

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA

Perception of Health

Perception of one's current state of health has been shown to be fairly accurate. However, perception of current good health may not accurately reflect future health for employees who report significant risk factors that are major determinants of health outcomes. Of all GS civilian employees, 86.4% rated their "health in general" as either good or excellent (Figure 8), even though the self-reported scoring of HRA data shows the majority of employees reported risk factors that placed them in medium and high risk categories (Figure 7).

Figure 8:

Distribution of Perception of Health Category for Completed HRAs
2,660 records

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
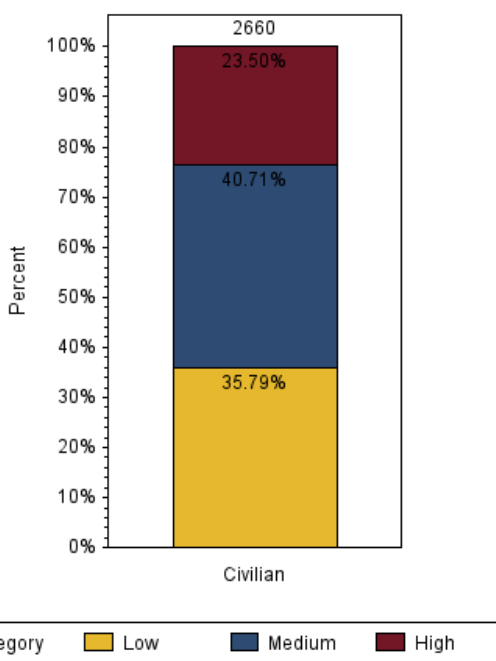Data Source: 2018 HRA

The differences in perception of health and risk category demonstrated that those who perceived their health to be unhealthy (by rating that their health was either fair or poor), were more likely to be in the high risk category compared to those who perceived themselves to be "healthy" (Figure 9).

Figure 9:
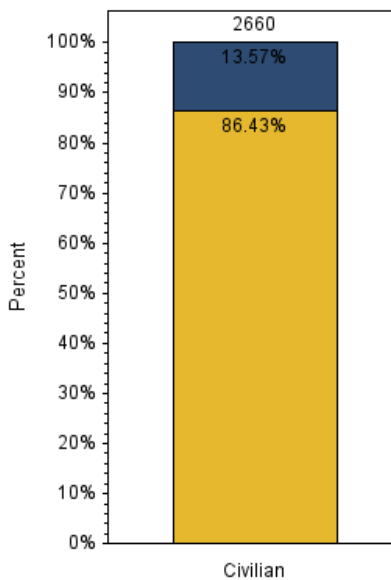**Distribution of Perception of Health Category Compared to Risk Category for Completed HRAs**
2,660 records
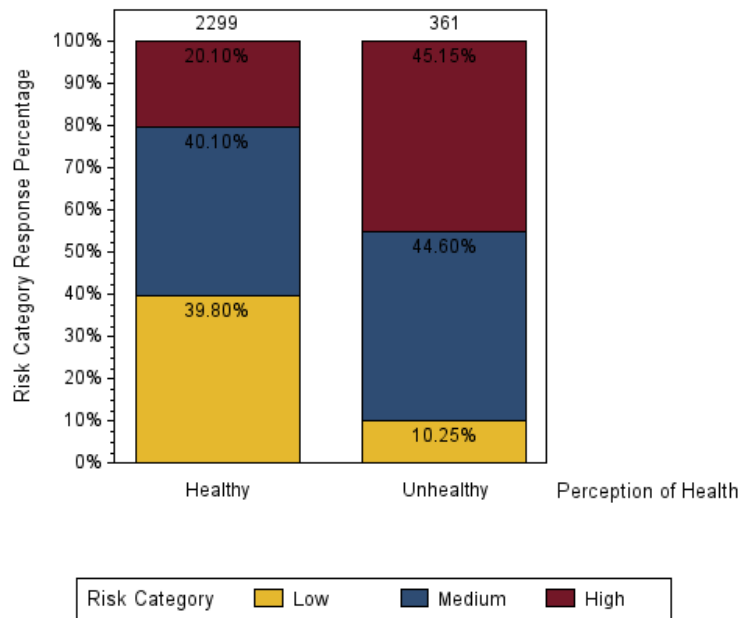
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA

The differences in perception of health and risk category were small but consistent, with lower risk groups having a higher perception of good health (96.1%) than the other two categories (Figure 10). However, high-risk individuals (73.9%) also perceived their health as excellent or good.

Figure 10:

Distribution of Perception of Health Category Compared to Risk Category for Completed HRAs
2,660 records

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 15 March 2019
Data Source: 2018 HRA

Mean Risk by Demographic Variables

A risk score for each individual was tabulated based on the total number of unhealthy answers. There were a total of 10 risk categories. Risk scores were grouped into risk levels of low (0-2 risk categories), medium (3-4 risk categories), and high (5 or more risk categories). Age was examined by risk category (Table 1). With each age group increase, the percentage of respondents in the high risk category decreased.

Table 1. Risk Category by Age, CY 2018 HRA[a]

Age Group (Years)	Percent (%) Low Risk	Percent (%) Medium Risk	Percent (%) High Risk
20-29 (n=96)	33.3	24.0	42.7
30-39 (n=511)	28.0	41.7	30.3
40-49 (n=700)	32.1	41.9	26.0
50+ (n=1,353)	40.8	41.0	18.3

[a] May not exactly total 100% due to rounding error.
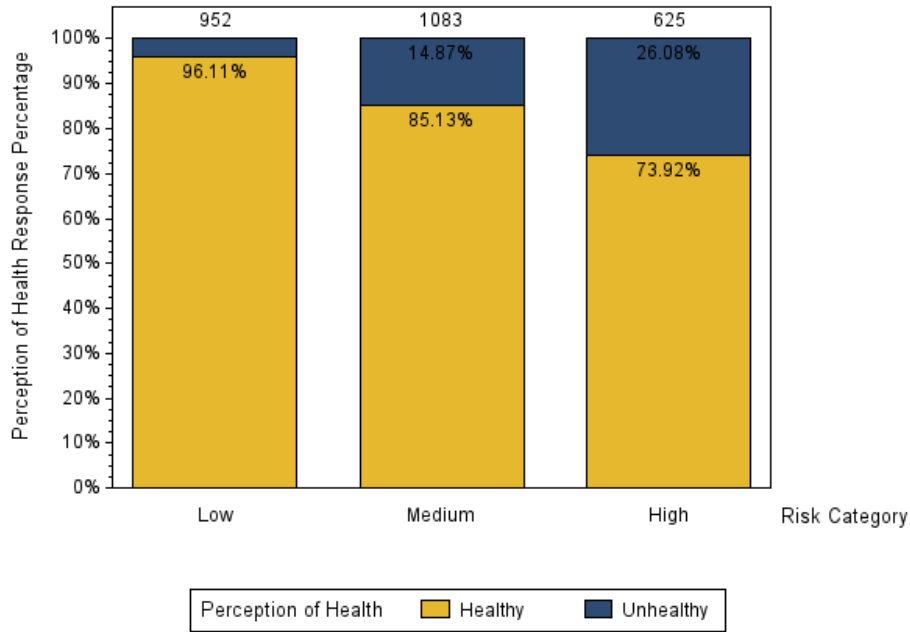Data Source: 2018 HRA
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center
on 15 March 2019

Race was also examined by risk category (Table 2). African Americans had the highest proportion of respondents in the high risk category (26.7%), while Hispanics had the lowest proportion (20.1%). Of note, 135 GS civilian employees did not indicate race or chose "prefer not to answer" on the HRA survey.

Table 2. Risk Category by Race, CY 2018 HRA[a]

Race Group[b]	Percent (%) Low Risk	Percent (%) Medium Risk	Percent (%) High Risk
African American (n=353)	33.7	40.0	26.4
Caucasian (n=1,535)	35.8	41.0	23.2
Asian/Pacific Islander (n=321)	32.7	43.3	24.0
Hispanic (n=184)	34.2	45.7	20.1
American Indian (n=121)	43.8	31.4	24.8

[a] May not exactly total 100% due to rounding error.
[b] 146 GS civilian employees did not indicate race
Data Source: 2018 HRA
Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center
on 15 March 2019

Discussion

Strengths and Limitations

Anonymity is a key strength of the survey, making it more likely that participants will answer honestly about risky behaviors in which they engage. Taking the assessment is a matter of a commands' voluntary implementation of the HRA process, in addition to the fact that completing the questionnaire is voluntary for every individual.

Self-reported data can be biased due to participant recall or by social desirability bias. As such, some overestimation of positive behaviors and underestimation of negative behaviors may occur. It is possible for an individual to complete the questionnaire multiple times, as there is no way to block or detect duplicate entries, although there is little individual incentive to do this.

Demographics

When interpreting the results, it is important to use caution when comparing groups that are dissimilar. Although specific risk behaviors were not analyzed in this report by age or gender, the total number of risk behaviors, the risk number category, was examined for both of these variables. Not surprisingly, increasing age was inversely associated with the percentage of individuals who fell into the self-reported medium and high risk number categories.

Risk Factors

The tool uses Body Mass Index (BMI), which is a fairly reliable indicator of body fatness for most people. BMI is based on self-reported height and weight and is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems.[1] BMI can overestimate body fat in lean, muscular individuals. Therefore, these data should not necessarily lead to the conclusion that all individuals exceeding healthy levels are either overweight or obese.

Conclusion

These results should be used to plan health promotion interventions that target priority areas. Although comparing the GS civilian employee results to the results for service members may be tempting, it should be noted that requirements of GS civilian employees and military service members are different, and it may be more appropriate to seek realistic and incremental percentage improvements based solely on the GS civilian employee results when setting goals for the future.

The NMCPHC Workplace HRA can be a valuable tool for tailoring health messages to individuals. Participant feedback and referral to credible health websites for more detailed information provides participants with the knowledge and skills to better manage their personal health.

From a more global, population health approach, the aggregate data in this HRA report provides valuable information that can be incorporated into comprehensive workplace or community health assessments, which is a first step in planning effective health promotion programs.

Decision-makers can use the data in this report for strategic planning. The results of this report can have a bearing on employee retention, and quality of life.

Reference

1. Centers for Disease Control and Prevention BMI Web Site. Available at: https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/#Interpreted. Accessed April 24, 2017.

POINT OF CONTACT

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Appendix A: 2018 NMCPHC Workplace Health Risk Assessment (HRA)

	Rank:	E1
		E2
		E3
		E4
		E5
		E6
		E7
		E8
		E9
		O1
		O2
		O3
		O4
		O5
		O6
		O7
		O8
		O9
		O10
		W1
		W2
		W3
		W4
		W5
		Civ-GS
		Other
	Gender:	Male
		Female
	Days away from home station last 12 months:	0-365
Q1	Would you say that your health in general is?	Excellent
		Good
		Fair
		Poor
Q2a	Do you currently use or have you ever used tobacco products such as cigarettes, smokeless tobacco, electronic cigarettes or vape, hookah, or cagars?	Yes
		No
Q2b Header	Please check all the tobacco products that you use/have used and how often.	
Q2b	Cigarettes	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never
	Smokeless tobacco (e.g. chew, dip, spit, snuff, snus)	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never
	Cigars/Cigarillos	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never

	Pipe Tobacco	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never
	Electronic Cigarettes, Electronic Pipes, Electronic Hookah, Vape Pens, or similar device.	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never
	Dissolvables (e.g. lozenges, orbs/pellets, sticks, strips)	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never
	Hookah	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never
	Other Tobacco Product Not Listed.	Every Day
		Most Days
		Some Days
		I quit during the past 12 months
		I quit over 12 months ago
		Never
Q2c Cigarettes	What was your primary reason for quitting cigarettes?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me
Q2c Smokeless	What was your primary reason for quitting smokeless tobacco?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me
Q2c Cigars/Cigarillos	What was your primary reason for quitting cigars/cigarillos?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me

Q2c Pipe Tobacco	What was your primary reason for quitting pipe tobacco?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me
Q2c Electronic	What was your primary reason for quitting electronic cigarettes, electronic pipes, electronic hoookah, vape pens, or similar devices?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me
Q2c Dissolvables	What was your primary reason for quitting dissolvables?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me
Q2c Hookah	What was your primary reason for quitting hookah?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me
Q2c Other	What was your primary reason for quitting other tobacco products?	Costs
		It is harder to use tobacco at my command (e.g. taking breaks, locations where I can use)
		There are fewer tobacco users around me
		Leadership and/or friends encouraged me to quit
		My health
		Health of my family/those around me
Q3	Do you consume more than 4 alcoholic drinks on any day or 14 alcoholic drinks per week (for men), or more than 3 alcoholic drinks on any day or 7 alcoholic drinks per week (for women)?	Yes
		No
Q4	How often do you typically drink five or more alcoholic drinks on one occasion ("One occasion" refers to an event or period, when drinking exceeds one drink per hour)?	Daily
		Weekly
		Monthly
		Once or twice per year
		Never
Q5	How often do you drive when perhaps you've had too much to drink, or been a passenger when the driver has had too much to drink?	Often (i.e., more than once during the past 6 months)
		Sometimes (i.e., once during the past 6 months)
		Rarely (i.e., not in the past 6 months, but at least once during the past year)
		Never (i.e., not during the past year)
Q6	How often do you use a seat belt when you drive or ride as a passenger	Always
		Sometimes
		Rarely
		Never
Q7	How often do you wear a helmet when you ride a motorcycle, all-terrain vehicle, or bicycle?	Always
		Sometimes
		Rarely
		Never
		Does not apply to me/ I do not ride these vehicles

Q8	How often do you use the safety equipment recommended for your job (e.g., hearing and vision protection, respirators, barriers, and other safety devices)?	Always
		Sometimes
		Rarely
		Never
		Does not apply to me/ I do not ride these vehicles
Q9	In general, how satisfied are you with your life (e.g., work situation, social activity, relationships, accomplishing what you set out to do)?	Very satisfied
		Mostly satisfied
		Somewhat satisfied
		Not satisfied
Q10	How often do you feel that your work or personal situation is putting you under too much stress?	Always
		Most of the time
		Sometimes
		Rarely
		Never
Q11	If you're feeling lonely, depressed, angry, stressed, or in need of help, do you have someone to talk to?	Not applicable
		Always
		Most of the time
		Sometimes
		Rarely
		Never
Q12	In the past 12 months, how often did you or your partner(s) use a condom when you had sex (Read all choices below carefully before responding)?	Does nit apply to me because I am in a long-term relationship where we only have sex with each other -OR- does not apply to me for other reasons.
		Currently I am not sexually active
		Always
		Most of the time
		Sometimes
		Rarely or Never
Q13	On average, how many weeks per month do you engage in a total of at least 150 minutes of moderate-intensity aerobic activity (moderate-intensity physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation. i.e., brisk walking, swimming leisurely, or leisurely biking) OR at least 75 minutes of vigorous-intensity aerobic activity (vigorous-intensity means you will not be able to say more than a few words without pausing for a breath, i.e., jogging/running, swimming laps, or jumping rope)?	4 weeks per month
		3 weeks per month
		2 weeks per month
		1 week per month
		I do not participate in aerobic training
Q14	On average, how many days per week do you engage in muscle-strengthening activities that work all muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms)?	4 or more days a week
		3 or more days a week
		2 or more days a week
		1 day a week
		I do not participate in strength training
Q15	How often do you usually eat high-fat foods (e.g., fried foods; high-fat dairy products such as butter, cheese, or whole milk; regular salad dressing or mayonnaise; or packaged foods high in fats)?	At most or every meal
		At least once a day
		3-5 times per week
		1-2 times per week
		Rarely or Never
Q16	About how many cups of fruit do you eat each dat? (One cup fruit=one small piece of fruit, one cup of cut-up fruit, one cup of 100% fruit juice, or 1/2 cup of dried fruit)	Four or more
		Three
		Two
		One
		Less than one
Q17	How often do you use over the counter (OTC) drugs, dietary supplements, or herbal products to help you manage your weight, enhance althletic performance, or treat depression?	Daily
		Weekly
		Monthly
		Seldom
		Never

Q18	How frequently do you floss your teeth?	Daily
		Most Days
		Sometimes
		Rarely
		Never
Q19	About how many cups of vegetables do you eat each day? (one cup of vegetables= one cup of raw or cooked vegetables, 1 cup of 100% vegetable juice, or 2 cups of raw leaft greens)	Four or more
		Three
		Two
		One
		Less than one
Q20	How often do you get enough restful sleep to function well in your job?	Always
		Most of the time
		Sometimes
		Rarely
		Never
Q21	For both men and women, pregnancy is a life-changing event for mother and father. Regarding your actions related to possible pregnancy:	I am not having sexual intercourse at this time in my life.
		My current partner and I cannot become pregnant
		My partner or I are pregnant, we are trying to have a baby now, or we would welcome a pregnancy if it occurred now
		My partner or I are correctly and cinsistently using birth control ALL the time
		My partner or I are correctly and cinsistently using birth control MOST the time
		My partner or I are correctly and cinsistently using birth control SOME the time
		My partner and I are not using birth control

Appendix B: Commissioned Officer (CO) Report Scoring Grid

Appendix B. CO Report Scoring Grid CY 2018 HRA[a]

Health Indicator	Health Behavior	Unhealthy Rating	Healthy Rating
Perception[a]	1. Perception of health	c-d	a-b
Tobacco Use	2b. Cigarettes	a-c	d-f
	Smokeless Tobacco	a-c	d-f
	Cigars/Cigarillos	a-c	d-f
	Pipe Tobacco	a-c	d-f
	Electronic Products/Vaping	a-c	d-f
	Dissolvables	a-c	d-f
	Hookah	a-c	d-f
	Other Tobacco Products	a-c	d-f
Alcohol Use	3. Drinks Per Day	a	b
	4. Heavy Drinking	a-c	d-e
	5. Drinking and Driving	a-c	d
Injury Prevention	6. Seat Belt	b-d	a
	7. Vehicle Helmets	b-d	a, e
	8. Safety Equipment	b-d	a, e
Stress Management	9. Life Satisfaction	c-d	a-b
	10. Work Stress	a-b	c-e
	11. Personal Support	d-f	a-c
Sexual Health	12. Condom Use	d-f	a-c
	21. Pregnancy Prevention	e-g	a-d
Physical Activity	13. Aerobic Activity	c-e	a-b
	14. Strength Training	d-e	a-c
Nutrition	15. High Fat Foods	a-c	d-e
	16. Fruits	d-e	a-c
	19. Vegetables	c-e	a-b
Supplements	17. Supplements	a-c	d-e
Dental	18. Flossing	c-e	a-b
Sleep	20. Sleep	c-e	a-b
BMI[a]		BMI>25	BMI <25

[a]Not one of the 10 categories used to determine low, medium, or high risk

Data Source: 2018 Health Risk Assessment (HRA)

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