

2013

**Behavioral Risk Factor  
Surveillance System Survey  
of SCHOOL EMPLOYEES**





# 2013 Behavioral Risk Factor Surveillance System (BRFSS) Survey of School Employees

## Report for the Oregon Educators Benefit Board

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To minimize error, two analysts have reviewed and verified the data presented in this report for quality, reliability and accuracy.

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# School Employee Health and Wellness



**Nearly 53,000**

school employees receive health benefits through OEGB.

Providing comprehensive benefits and supportive work environments can help school employees take charge of their own health.

## How can work sites support employee health?



Form a wellness committee dedicated to employee health.



Establish guidelines for healthy food at meetings or in the break room.



Create a policy that promotes physical activity during the day.

Ensuring that teachers and school staff are healthy and feel at their best is critical to supporting students' achievements.

However, among school employees:

- 1 in 5 have high blood pressure.
- 1 in 5 have had depression.
- 1 in 4 have high cholesterol.
- 1 in 3 sit for most of the work day.
- 1 in 2 are overweight or obese.

Having one or more of these health risk factors can lead to developing chronic diseases such as diabetes and heart disease.

**90%**

of school employees already believe that OEGB promotes employee health.

By supporting the health of teachers and school staff, schools can continue to be places where children and employees can learn and thrive.





# Introduction

## Overview

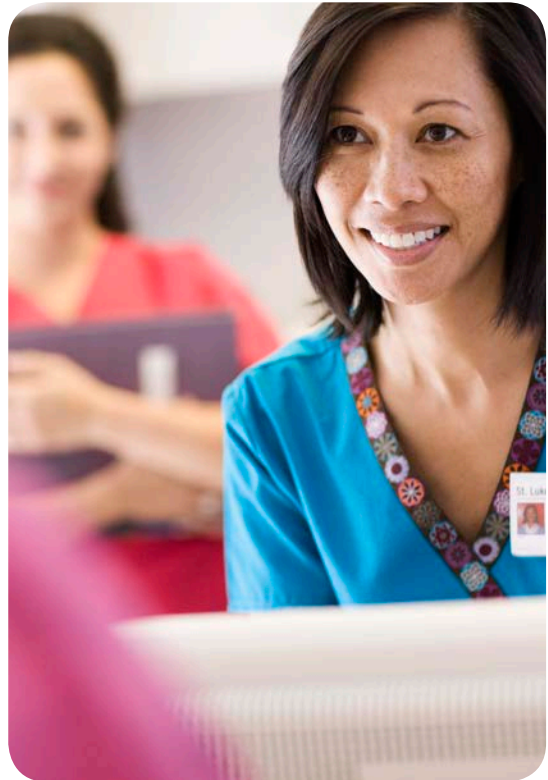
This report presents results from the 2013 Behavioral Risk Factor Survey of State and School Employees (BSSE). The results in this report pertain to school employees. The administration of the BSSE is modeled on the Behavioral Risk Factor Surveillance System (BRFSS). The Centers for Disease Control and Prevention (CDC) established the BRFSS in 1984. It is the largest telephone survey in the world.

Surveys for the BSSE came from a representative sample of people who worked in Oregon education service districts, school districts, community colleges and charter schools. They all received health benefits through Oregon Educators Benefit Board (OEBB).

The BSSE measures health protective factors, health risk factors, health outcomes, worksite environment and weight management behaviors among OEBB covered employees. OEBB provides Oregon school districts, education service districts and community colleges with value-added health plans that provide high-quality care and services to members. Approximately 130,000 adults and their family members receive their health benefits through OEBB.

The BSSE is a collaboration between the Health Promotion and Chronic Disease Prevention Section (HPCDP) of the Public Health Division (PHD) and OEBB, both part of the Oregon Health Authority. The BSSE was previously conducted among OEBB-covered employees in 2009 and 2011. The BSSE's results inform efforts to establish, monitor and modify benefits and programs to fit the health needs of OEBB members. The BSSE helps OEBB identify appropriate benefits and programs to support all Oregon school employees and their families. BSSE results also inform worksite wellness strategies for public health organizations and partners working with state and local systems to create healthy work and school environments.

Data in this report are presented categorically by sex, employee type and employer type.





## Employee type

- Licensed/administrator: Includes superintendents and administrative staff (e.g., business managers, deputy superintendents) as well as faculty and instructional staff (e.g., teachers and community college professors).
- Classified/confidential: Includes support staff (e.g., custodians, food service workers, maintenance workers).

## Employer type

- Community college: Includes anyone whose worksite was identified as a community college.
- Education service district and school district: Includes anyone who worked for an education service district (ESD) or school district.

This report's appendices present the statewide data for the general employed and insured population.

## Survey methodology

### Sampling

The sample for the survey was selected from a database of members who enrolled in medical benefits for the 2013–2014 plan year. The database of members only contained primary benefit subscribers, who were current members as of the date of membership assessment. Records with incomplete or missing phone numbers or for retirees or COBRA enrollees were excluded. A random sample was drawn based on member status as of Oct. 1, 2013. The sample included 6,000 records with the goal of gathering approximately 1,500 surveys. The final number of survey respondents was 1,274.


### Data collection

The survey was conducted from Nov. 4, 2013, to Jan. 5, 2014. Those in the sample with a work email address received an advance email from the OEGB administrator informing them of the upcoming survey. The sample received additional emails during the data collection period to encourage participation.

The survey administration contractor received an electronic database containing a unique key, first name, sex, age, and primary and secondary telephone numbers for the sample. The database was sent via a secure website. The contractor attempted to reach each telephone number up to 15 times on different days of the week and at various times throughout the day.

The first attempt to reach the respondent used the primary telephone number the employee provided during open enrollment. Voice messages were left for respondents asking them





to return the call to a toll-free number. Interviewers also accommodated those respondents who wished to be called at a different number. Call attempts were tracked using the 2013 Behavioral Risk Factor Surveillance System Data Quality Report Handbook.

## **Quality control**

Once the contractor programmed the Computer-Assisted Telephone Interviewing (CATI) system, HPCDP research analysts thoroughly tested it until all errors were eliminated. For the duration of survey administration, HPCDP research analysts reviewed digital audio recordings of randomly selected surveys. This process ensured that interviewers were reading questions verbatim, properly following up to clarify answers, and following the interview script. Problems were resolved as quickly as possible.

## **Outcome rates**

Outcome rates for the BSSE were based on the standards for random-digit dial telephone surveys as outlined in 2013 Behavioral Risk Factor Surveillance System Data Quality Report Handbook. Response and cooperation rates were calculated.

A response rate represents the number of complete interviews with reporting units divided by the number of eligible reporting units in the sample. The response rate was 23.7 percent. A cooperation rate represents the proportion of all cases interviewed of all eligible units ever contacted. The cooperation rate was 40.3 percent.

## **Data preparation**

Once received from the contractor, HPCDP research analysts checked all data for errors and inconsistencies. Inconsistent values were edited or set equal to missing. Further details on this process are available upon request.

Once the data were cleaned, variables were recoded as appropriate for analytic purposes, and calculated variables were added to the dataset. All data cleaning and analysis was conducted in Stata 13.1.

Survey results were weighted to adjust for demographic differences between the survey respondents and the overall population from which the sample was drawn. Survey post-stratification weights were developed based on the sampling frames' distributions of age and sex. For the purposes of analyses based on the entire dataset, investigation of the

sampling frame led to the development of weights based on five age ranges (18–34, 35–44, 45–54, 55–64 and 65 and older), and both sexes (F, M).

OEBB defined groupings of survey respondents based on employee and employer type for subpopulation analyses. The employee grouping consisted of “licensed/administrator” and “classified/confidential.” Post-stratification weights for these subpopulations were based on four age ranges (18–34, 35–44, 45–54 and 55 and older) and both sexes (F, M). The employer grouping consisted of “community college” and “ESD/school district.” Post-stratification weights for the “community college” subpopulation were based on three age ranges (18–44, 45–54 and 55 and older) and both sexes (F, M). Post-stratification weights for the “ESD/school district” subpopulation were based on four age ranges (18–34, 35–44, 45–54 and 55 and older) and both sexes (F, M). Further details on the post-stratification weighting process are available upon request.

## Statistics

After being calculated, estimates were evaluated for reliability to determine whether they should be reported. Based on criteria for the size of the denominator and the relative standard error (RSE), estimates were either reported, reported with a warning or not reported at all. RSE is a measure of the variability of the estimate compared with the magnitude of the estimate. RSE was calculated by using the following formula: (SE(X) is the standard error of the estimate and X is the estimate).

$$\text{RSE} = 100 * (\text{SE}(X)/X)$$

Estimates for the whole population were suppressed if the denominator was less than 50 or the RSE was greater than or equal to 50. Estimates for a subpopulation were suppressed if the denominator was less than 20 or the RSE was greater than or equal to 50.

Estimates for the whole population were reported with a warning if the denominator was greater than or equal to 50, but the RSE was greater than or equal to 30 and less than 50. Similarly, estimates for a subpopulation were reported with a warning if the denominator was greater than or equal to 20, but the RSE was greater than or equal to 30 and less than 50.

All reported estimates were weighted and age-adjusted unless otherwise indicated.



## Limitations

The survey data described in this report are cross-sectional, which means that data were collected at one point in time. Due to attrition and hiring, the employee population is not constant across administrations of the survey. Changes in estimates between surveys may represent behavior change in established employees, and/or they may represent people entering and exiting the work force.

## Demographics of survey participants

There were 1,274 OEBC-covered employees who completed the survey.

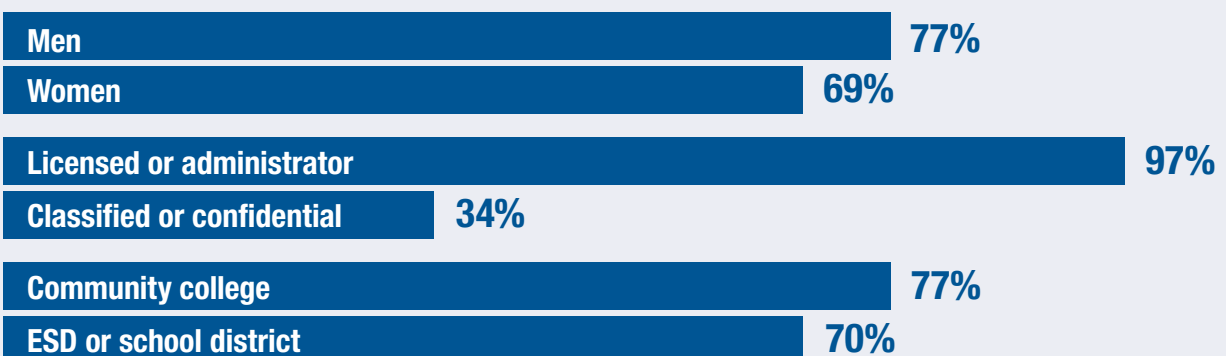
OEBC	Sex		Employee type		Employer type	
	Men	Women	Licensed / administrator	Classified / confidential	Community college	ESD or school district
1,274	321	953	751	523	175	1,091



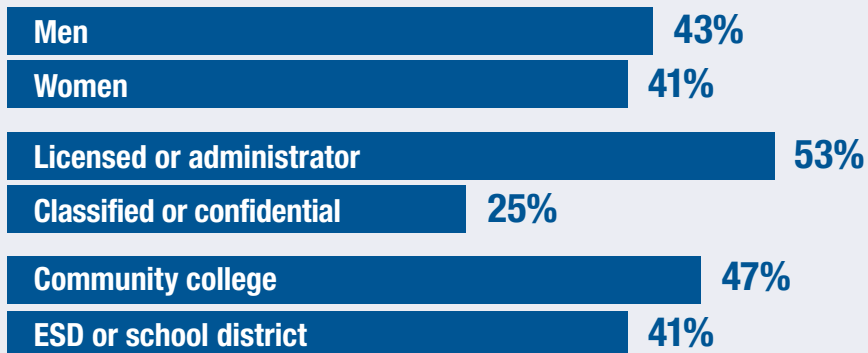
When compared to the statewide employed and insured population, the OEBC population has a higher percentage of women, people of Latino/a descent, married people, college graduates, as well as a larger mean household size and more mean hours worked per week (see Appendix, Table 2 for complete data tables and comparisons).

There are also large demographic and socioeconomic differences within the OEBC-covered employee population, most notably between men, women and employee type. While women make up nearly 75 percent of the overall OEBC population, a higher percentage of men reported having a college degree and a household income of \$75,000 or more (Figures 1 and 2). In addition, licensed/administrator employees

**Figure 1 College graduates**



**Figure 2 Household income of \$75,000 or more**

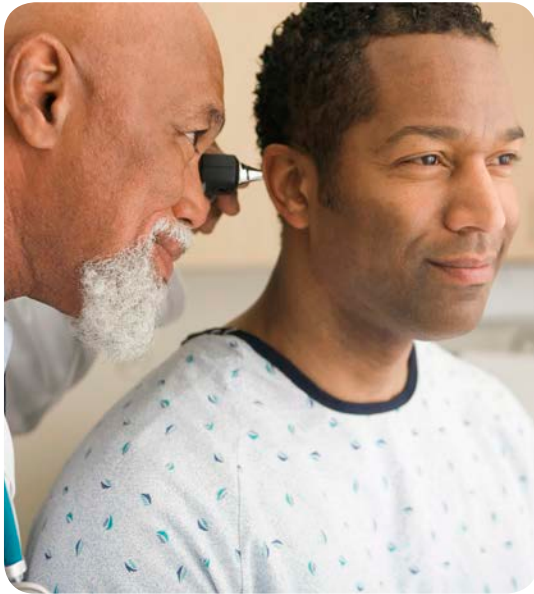


were three times more likely to report having a college degree compared to classified/confidential employees, and twice as likely to report having a household income of \$75,000 or more.

More women also reported having a disability (being limited in any activities due to physical, mental or emotional problems) compared to men. More classified/confidential employees reported having a disability compared to licensed/administrator employees.

Nearly seven percent of OEBS-covered employees report speaking a language other than English at home. Men, classified/confidential employees and community college employees were more likely to report speaking a language other than English at home.





## Health protective factors

Protective health factors are individual or environmental characteristics, conditions or behaviors that reduce the likelihood that people will develop a chronic condition or disease, or experience complications of chronic disease. Meeting recommendations for fruit and vegetable intake and physical activity, as well as getting appropriate health screenings, are examples of health protective factors. This section highlights the prevalence of protective health factors among OEGB-covered employees (see Appendix Table 3 for complete data tables and comparisons).

### Preventive health screenings and routine care

Overall, most OEGB-covered employees are receiving age-appropriate preventive health screenings (Figure 3). Eighty-seven percent of women aged 50–74 have had a mammogram screening within the past two years. More than 92 percent of women aged 21–65 have had a pap screening within the past three years. Nearly 80 percent of OEGB-covered employees have had their cholesterol checked within the past five years, and the same percent report having a personal doctor. Three-quarters of OEGB-covered employees aged 50 to 75 years have been appropriately screened for colorectal cancer, which is a marked improvement over past years. In fact, since 2009, colorectal cancer screening has increased by nearly 25 percent

#### Figure 3 Health screenings

Most OEGB enrolled employees are receiving age-appropriate preventive health screenings



in the OEGBB-covered employee population — from 60 percent in 2009 to 75 percent in 2013 (Figure 4). However, fewer OEGBB-covered employees (aged 45 and older) have had a blood sugar test within the past three years, a routine checkup within the past year, or a flu shot or spray within the past year. Compared to men, women were more likely to report having a personal doctor, a routine checkup or a flu shot within the past year (Figure 5).

### Figure 4 Colorectal cancer screening

Colorectal cancer screening has increased 25% since 2009



### Figure 5 Routine care

More women have routine health checkups compared to men

Has a personal doctor



Routine checkup in past year



Flu shot in past year



## Physical activity and nutrition

Few OEGB-covered employees meet CDC physical activity recommendations or consume at least five or more servings of fruits and vegetables on a daily basis. While more women report eating enough fruits and vegetables compared to men, and more men meet CDC physical activity recommendations compared to women, both remain low (Figure 6). Overall, approximately one-quarter of OEGB-covered employees get enough exercise or eat enough fruits and vegetables, a trend that has remained stagnant since 2009 (Figure 7).

### Figure 6 Nutrition and physical activity

Physical activity and fruit and vegetable consumption remain low among both men and women

Eats 5 or more fruits and vegetables every day



Meets CDC physical activity recommendations



### Figure 7 Fruit and vegetable consumption

Fruit and vegetable consumption has remained relatively unchanged since 2009



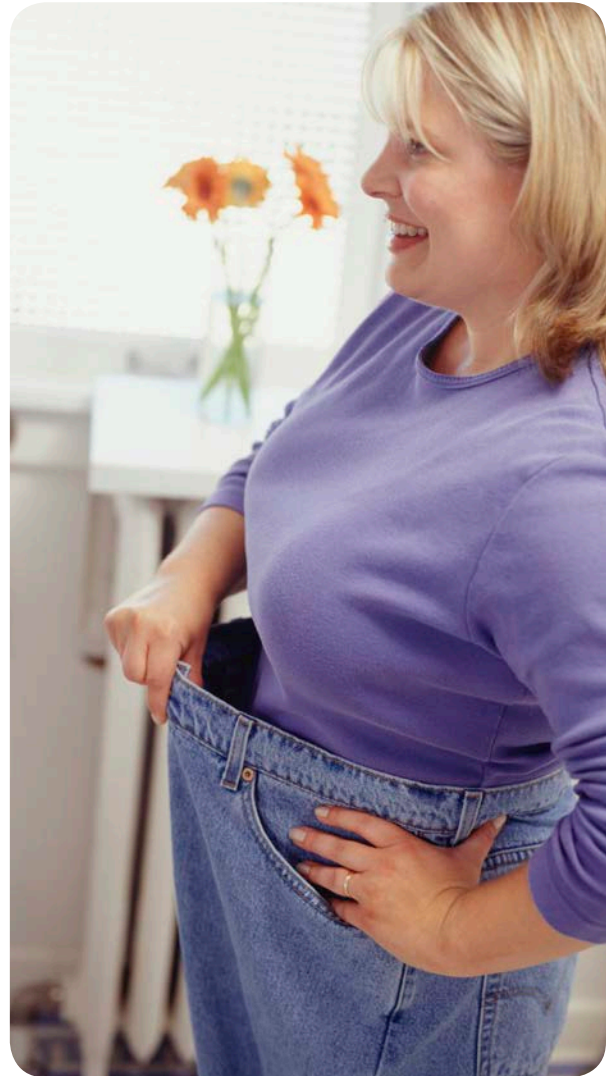
## Health risk factors

Many factors influence health and well-being. Those factors associated with health problems or disease are known as health risk factors. Many chronic diseases share the same risk factors. For example, if someone is physically inactive, they are more likely to become overweight or obese, which is a risk factor for both diabetes and cardiovascular disease. Behaviors and environments can be changed to influence many risk factors. These changes may decrease the chance of developing disease or other health risk factors later in life. This section highlights the current prevalence of health risk factors among OEGB-covered employees (see Appendix Table 4 for complete data tables and comparisons).

### Obesity, physical inactivity and poor nutrition

Nearly one in four OEGB-covered employees is obese (23 percent) and one in three is overweight (34 percent). Overall, nearly three in five OEGB-covered employees are overweight or obese (57 percent). Classified/confidential employees are 60 percent more likely to be obese compared to licensed/administrator employees (Figure 8). Men and women have a similar prevalence of obesity; however, men are 40 percent more likely to report being overweight compared to women (42 percent vs. 30 percent). Obesity in the OEGB population appears to have declined from 28 percent in 2009 to 23 percent in 2013, an 18 percent decrease (Figure 9). The obesity prevalence among OEGB-covered employees is slightly lower than the statewide employed and insured population.

While most OEGB-covered employees report some participation in exercise or physical activity, only one-quarter of OEGB-covered employees do enough physical activity to meet Centers for Disease Control and Prevention (CDC) recommendations. More than one in 10 OEGB-covered



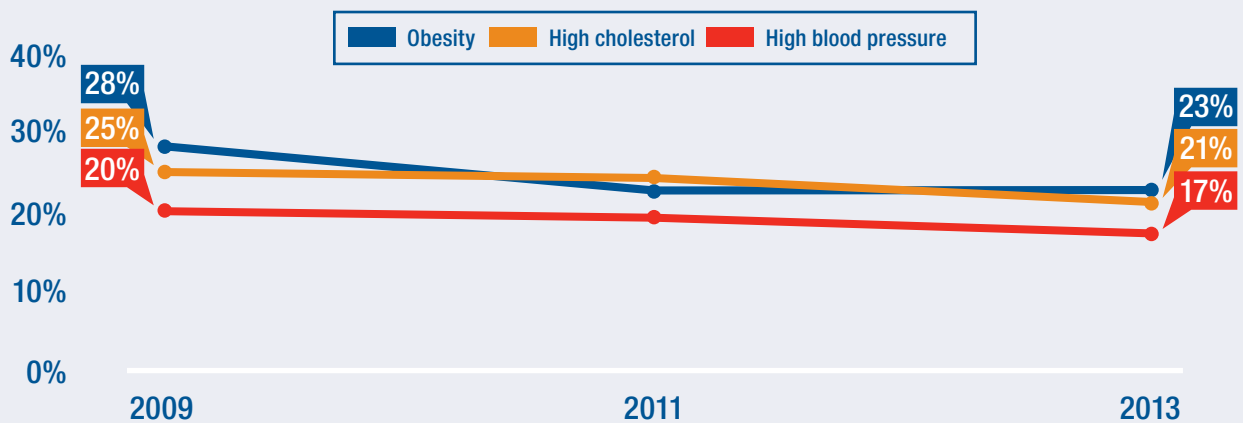
### Figure 8 Obesity

Overall, nearly 1 in 4 OEGB enrolled employees are obese



### Figure 9 Obesity, high cholesterol and high blood pressure

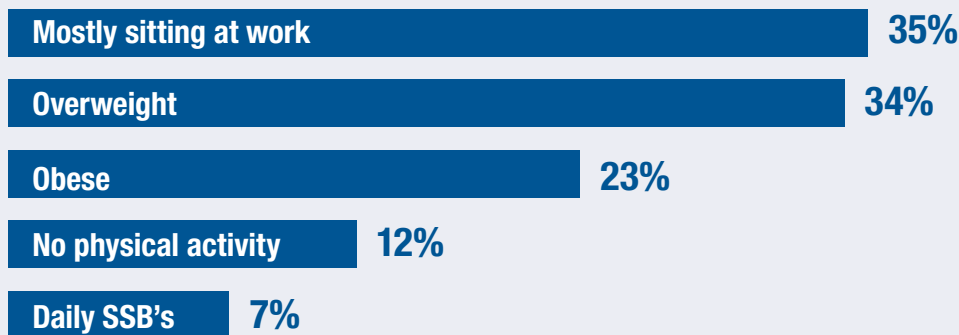
All have decreased among OEGB enrolled employees since 2009



employees (12 percent) report no exercise or physical activity at all outside of work, and one in three OEGB-covered employees spend most of the work day sitting (Figure 10). Most OEGB-covered employees also do not consume an adequate amount of fruits and vegetables, and seven percent report daily consumption of sugar-sweetened beverages. Men are almost half as likely to consume enough fruits and vegetables compared to women (Figure 6) and are more likely to consume sugar-sweetened beverages on a daily basis (11 percent vs. 6 percent).

### Figure 10 Health risk factors

More than one-third of OEGB enrolled employees spend most of their workday sitting



### Precursors to chronic disease

Since 2009, high blood pressure and high cholesterol in the OEGB-covered employee population appear to have decreased (Figure 9). Still, approximately one in five OEGB-covered employees has had high cholesterol (21 percent), and one in six has had high blood pressure (17 percent). Compared to the statewide employed and insured population, OEGB-covered employees have a lower prevalence of high blood pressure and high cholesterol. More than half of those who have had high blood pressure report they are currently taking medication for it.

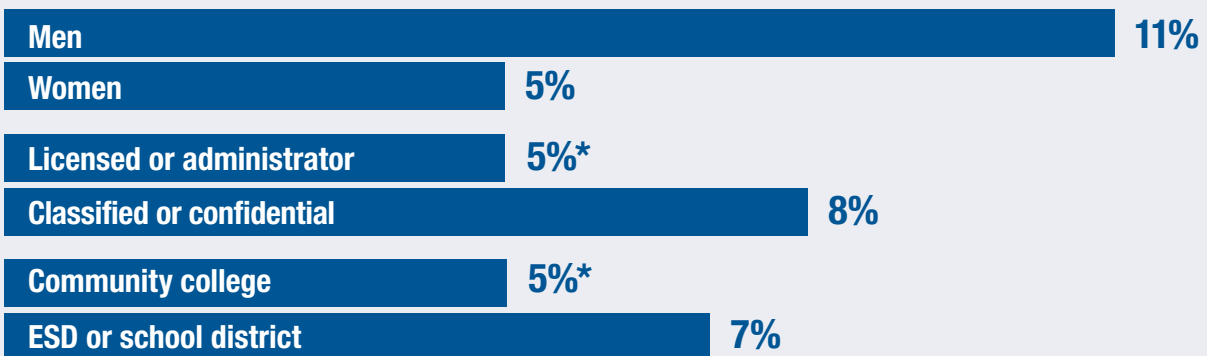
Approximately six percent of OEGB-covered employees are aware that they have prediabetes. However, the CDC estimates that 37 percent of the adult population may have prediabetes, and a large majority of them does not know it.

## Tobacco use

Approximately six percent of OEGB-covered employees use tobacco, including cigarettes, smokeless tobacco and cigars. Five percent smoke cigarettes and one percent use smokeless tobacco. While the percentage of men and women who smoke cigarettes is similar (5.5 percent vs. 4.5 percent), men were much more likely to report using tobacco overall (11 percent vs. 5 percent), and the prevalence of tobacco use among classified/confidential employees was nearly twice that of licensed/administrator employees (Figure 11). Since 2009, tobacco use has remained steady.

### Figure 11 Tobacco use

More than 6 percent of OEGB enrolled employees are tobacco users



\* This number is unreliable and should be interpreted with caution.

## Alcohol use

Approximately five percent of OEGB-covered employees report heavy drinking (defined as an average consumption of more than two drinks per day for men and more than one drink per day for women). Nearly 14 percent report binge drinking (defined as five or more drinks on one occasion for men and four or more drinks for women) during the past 30 days (Figure 12). Approximately 16 percent of OEGB-covered employees report 'problem drinking' (heavy drinking or binge drinking). Men were more likely to report problem drinking and binge drinking compared to women. The prevalence of heavy drinking and binge drinking has remained steady since 2011 in the OEGB-covered employee population.

## Figure 12 Alcohol use

Men are more likely to report binge drinking compared to women

### Problem drinking



### Binge drinking



### Heavy drinking



*\* This number is unreliable and should be interpreted with caution.*



## Health outcomes

Chronic diseases and conditions – such as heart disease, stroke, cancer, diabetes, obesity and arthritis – are among the most common, costly and preventable health problems. Many of these conditions require disease self-management and can lead to missed work. This section describes the prevalence of chronic disease among OEGB-covered employees (see Appendix Table 5 for complete data tables and comparisons).

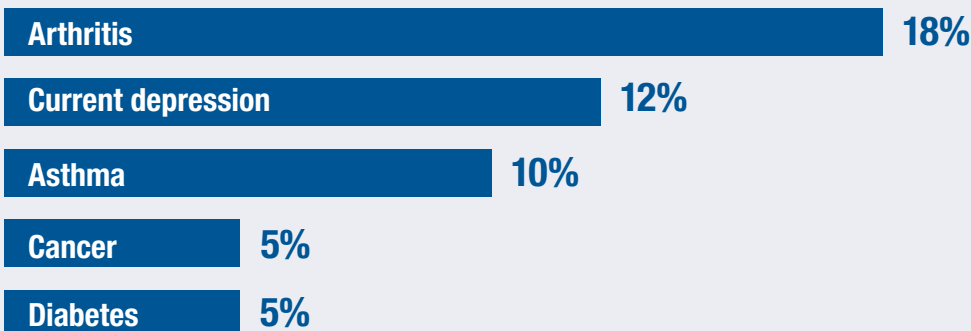
### Chronic diseases



Among OEGB-covered employees, the most common chronic diseases are arthritis (18 percent), current depression (12 percent), asthma (10 percent), skin and other cancers (5 percent), diabetes (5 percent), and coronary heart disease among those aged 45 and older (2 percent) (Figure 13). Sixteen percent of those with arthritis reported being limited at work due to their arthritis. Women were more likely than men to report having arthritis, asthma, other cancers and current depression. Women were almost three times as likely as men to report having current depression, and nearly a quarter of all women report having diagnosed depression at some point in their lives. While the prevalence of

### Figure 13 Health outcomes

Arthritis and depression are the most common chronic conditions among OEGB enrolled employees



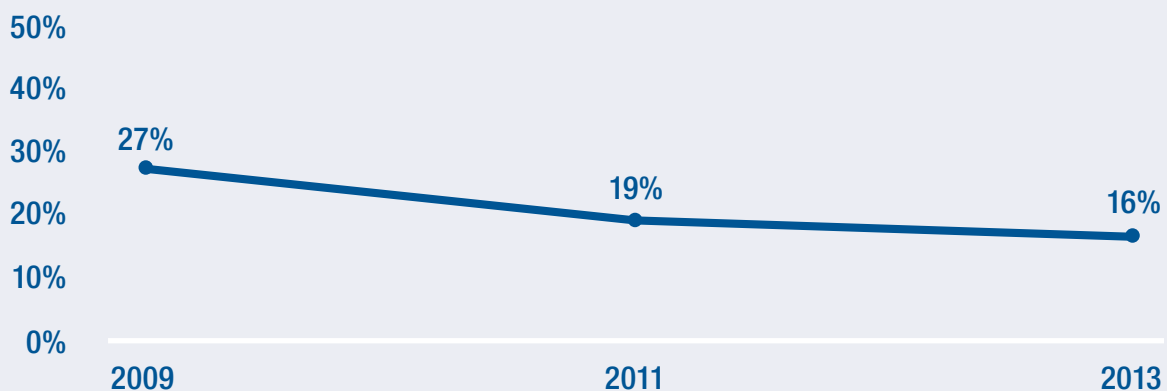
these chronic diseases has remained stable among OEGB-covered employees over the past five years, there have been marked improvements in the risk factors that contribute to these diseases (see Section 4 – Health risk factors).

## Missed work

Approximately 16 percent of OEGB-covered employees reported missing one or more days of work due to poor physical or mental health. Nearly one in five women reported missing work in the past 30 days (19 percent) — twice as many compared to men. However, the proportion of employees who missed one or more days of work due to poor physical or mental health appears to have decreased by 40 percent since 2009, from 27 percent to 16 percent (Figure 14).

### Figure 14 Missed work

Missed work due to poor physical or mental health has decreased 40% since 2009

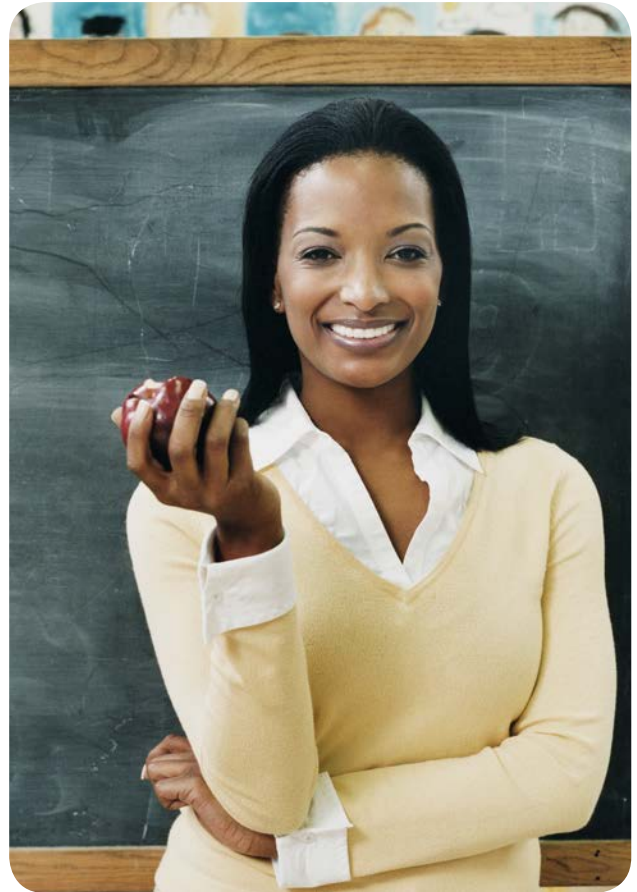


## Worksite environment

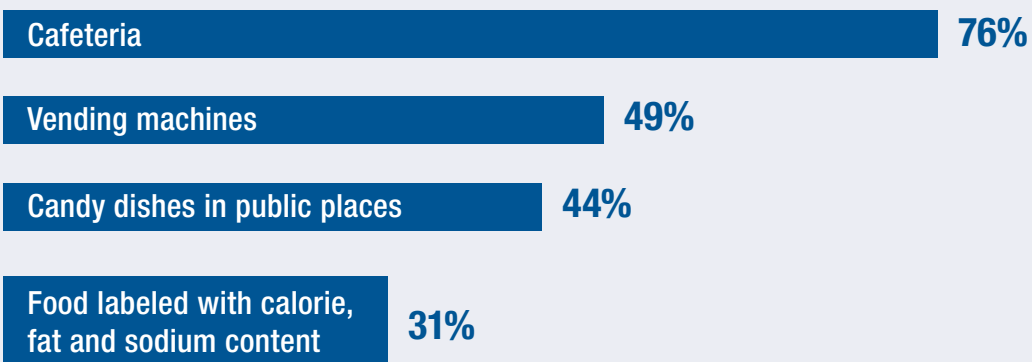
The worksite environment influences employees' health behaviors. By creating a worksite environment that is supportive of health, employees are more likely to succeed in achieving their health goals. This section describes the environment and health-related amenities available at worksites as reported by OEGB-covered employees (see Appendix Table 6 for complete data tables and comparisons).

### Environment: nutrition and physical activity

Approximately 50 percent of OEGB-covered employees reported having a vending machine at their worksite; 76 percent reported having a cafeteria; and 44 percent reported that candy dishes were available in public places (Figure 15). Among community college worksites, 91 percent have a vending machine; 84 percent have a cafeteria; and 59 percent have candy dishes in public places. Fifteen percent of OEGB-covered employees reported having access

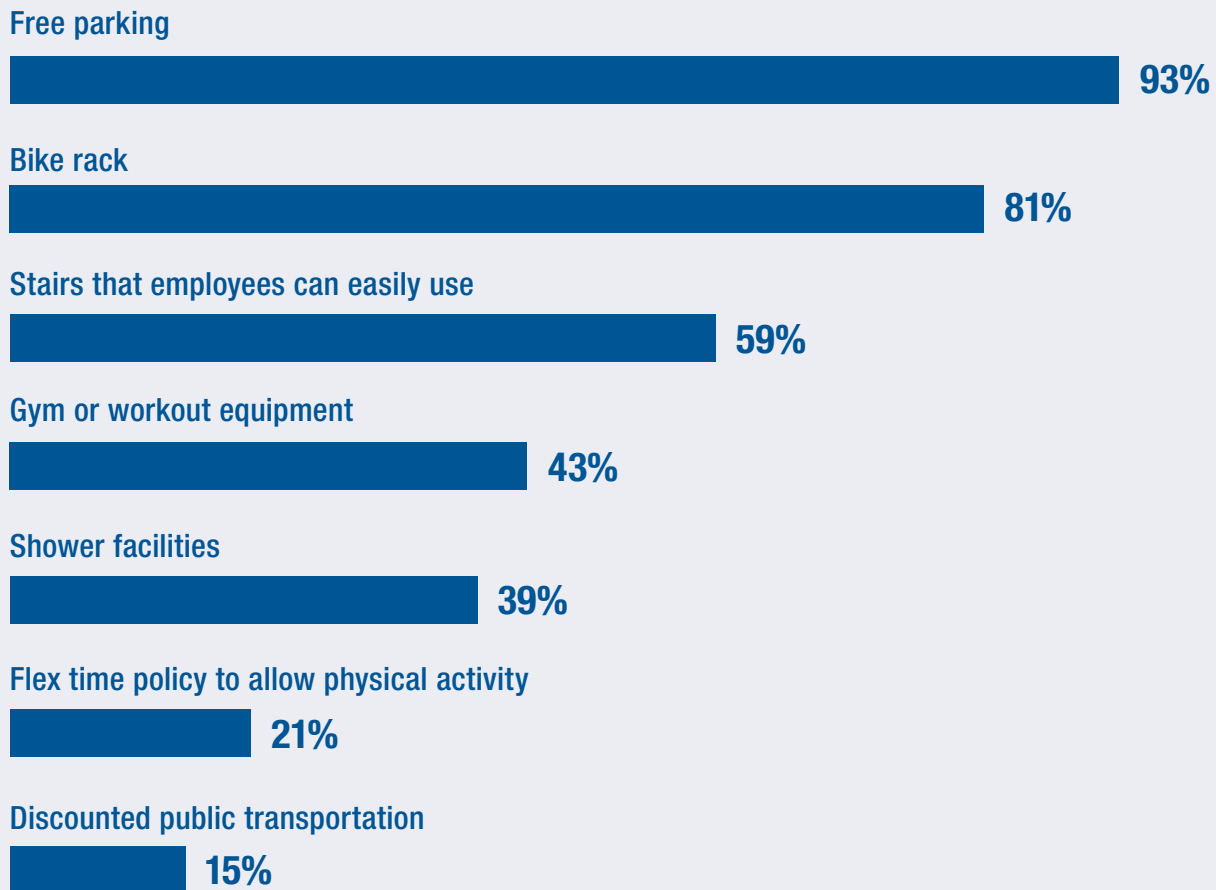


**Figure 15** Worksite environment: nutrition



to discounted public transportation and 21 percent reported having a flex time policy that allows employees to include physical activity in their schedules (Figure 16). Overall, 55 percent reported having an employee wellness program at their worksite.

**Figure 16 Worksite environment: physical activity**



## Attitudes and behaviors

Overall, 43 percent of OEBC-covered employees feel that it is easy to get physical activity on work days, and 85 percent feel that it is easy to eat healthy on work days. Of the 21 percent of employees who have a flex time policy for physical activity, 58 percent reported using it. While 88 percent of OEBC-covered employees believe that OEBC puts emphasis on promoting employee health, only 66 percent believe that their employer (community college, school district or educational service district) does so.



## **Tobacco rules**

Almost all OEBS employees (97 percent) believe that employees are following the smoking rules at their worksite. However, 20 percent of employees have seen employees smoking on worksite grounds. Eighty percent of community college employees have seen employees smoking on worksite grounds and 11 percent of ESD/school district employees have seen smoking on worksite grounds.

## Weight management

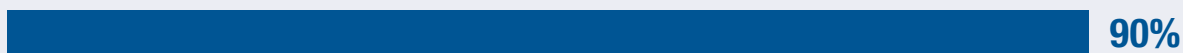


Losing or maintaining weight is a commonly stated health goal. Obesity is a leading health risk factor for heart disease, stroke, diabetes and other chronic conditions. Employers can support employees by providing weight management benefits. This section describes weight management behaviors among OEBB-covered employees (see Appendix Table 7 for complete data tables and comparisons).

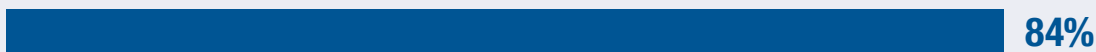
Nine in ten OEBB-covered employees report that they are currently trying to lose or maintain their weight. In addition, 31 percent report that a family member is also trying to lose or maintain their weight. Eleven percent report being advised by a doctor or other health professional to lose or maintain weight (Figure 17).

**Figure 17** Weight management behaviors

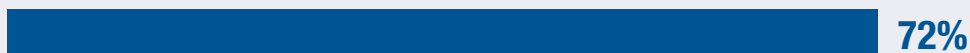
Currently trying to lose or maintain weight



Exercising to lose or maintain weight



Eating fewer calories or less fat to lose or maintain weight




Family member trying to lose or maintain weight



Advised to lose or maintain weight by doctor or health professional





Overall, 90 percent of OEGB-covered employees know they can get help to lose weight through their OEGB benefits. Women were more likely to report knowing of the weight management benefit (93 percent) compared to men (81 percent). One in five OEGB-covered employees has participated in Weight Watchers within the past year, with women more likely than men to participate (23 percent vs. 10 percent). Among employees who are obese, nearly 30 percent have participated in Weight Watchers within the past year. Again, women who are obese are much more likely to report participation than men (35 percent vs. 15 percent).





# Appendix: detailed data tables

**Table 1**  
**Selected measures, 2009–2013**

	OEBB		
	2009	2011	2013
<b>Health protective factors</b>			
Eats 5+ fruits and vegetables/day	26.3	29.9	27.1
Meets CDC physical activity recommendations	N/A	22.4	24.7
Mammogram screening in past two years (50–74 years)†	86.4	85.5	86.9
Pap screening in past three years (21–65 years)‡	93.5	94.9	92.4
Screened for colorectal cancer (50–75 years)‡	60.3	68.2	75.0
Blood cholesterol checked in past 5 years	79.7	77.0	79.4
Has a personal doctor	86.2	84.8	80.6
Routine checkup in past year	58.1	59.1	58.2
Very good/excellent general health status	70.4	70.7	69.9
<b>Health risk factors</b>			
Heavy drinking (men: 2+ drinks/day; women: 1+ drink(s))	3.4	4.9	4.9
Binge drinking (men: 5+ drinks/occasion; women: 4+ drinks)	11.8	13.6	13.6
Overweight (BMI) ≥ 25 & < 30	33.5	33.9	33.7
Obese (BMI) ≥ 30	27.6	22.3	23.4
No leisure time physical activity	N/A	9.9	11.7
Ever had high blood cholesterol	25.3	24.1	21.4
Current high cholesterol	6.7	7.2	7.0
Ever had high blood pressure	20.3	19.0	17.1
Current high blood pressure	2.8	3.6	1.8
Current cigarette smoker	5.0	4.9	4.8
Current smokeless tobacco user	1.4	1.7	1.2
Current tobacco user	6.0	6.2	6.3*

\* Estimate includes cigar use.

**Table 1**  
**Selected measures, 2009–2013** (continued)

	OEBS		
	2009	2011	2013
Missed one or more days of work in last 30 days	27.3	19.2	15.8
Arthritis	19.2	17.7	18.2
Asthma	8.8	10.4	10.3
Ever had cancer	6.0	7.0	5.3
Heart attack (45+ years)	1.2 <sup>^</sup>	1.5	1.6
Coronary heart disease (45+ years)	3.1	2.8	2.1
Stroke (45+ years)	0.7 <sup>^</sup>	0.7 <sup>^</sup>	0.8 <sup>^</sup>
Ever had depression	N/A	19.8	19.8
Current depression	13.1	13.3	12.0
Diabetes	5.1	5.0	4.8

**Health outcomes**

<sup>^</sup> This number may be statistically unreliable and should be interpreted with caution.

**Table 2**  
**Demographics**

Oregon 2012	OEBS						
	OEBS	Sex		Employee type		Employer type	
	All	Men	Women	Licensed / administrator	Classified / confidential	Community college	ESD or school district
<b>Age, sex, ethnicity, marital status</b>							
Mean age	47.5	47.3	47.6	45.6	50.3	50.2	47.1
Women	74.8	N/A	N/A	71.5	79.5	64.6	76.3
Pregnant (women aged 18–44)	4.0	N/A	4.0	5.4	0.0	3.2	4.2
Married	79.1	83.3	77.7	81.8	75.3	72.8	80.2
Latino/a	4.6	5.7	4.2	3.2	6.6	5.8	4.4
Speaks language other than English at home	5.3	6.5	4.9	4.3	6.9	8.0	4.9
<b>Education</b>							
Less than high school	0.5	0.3	0.5	0.3	0.8	3.4	0.6
High school graduate	11.2	8.7	12.1	0.1	27.2	3.4	12.6
Some college	17.4	14.0	18.5	2.8	38.3	20.0	17.0
College graduate	70.9	76.9	68.9	96.8	33.7	76.6	69.9

*Data are unweighted and are not age-adjusted.  
Note: OEBS estimates for Married include domestic partnerships*

**Table 2**  
**Demographics**  
*(continued)*

Oregon 2012	OEBS							
	OEBS		Sex		Employee type		Employer type	
	All	Men	Women	Licensed / administrator	Classified / confidential	Community college	ESD or school district	
<b>Household income and size</b>								
Average hours worked per week by employee	42.4	44.2	41.8	46.3	36.8	41.1	42.5	
Under \$25,000	6.8	4.3	7.7	0.8	15.6	2.4	7.5	
\$25,000 to less than \$50,000	24.1	27.7	22.9	17.1	34.4	20.7	24.4	
\$50,000 to less than \$75,000	27.8	24.8	28.8	29.5	25.3	29.9	27.6	
\$75,000 or more	41.3	43.2	40.7	52.6	24.7	47.0	40.5	
Average household size	2.9	3.0	2.8	2.9	2.8	2.6	2.9	
<b>Disability</b>								
Limited in any activities due to physical, mental or emotional problems	14.7	11.5	15.8	11.8	18.9	17.7	14.1	
Has a health problem that requires use of special equipment	2.4	2.8	2.2	1.6	3.4	3.4	2.2	

*Data are unweighted and are not age-adjusted.*

**Table 3**  
**Health protective factors**

	Oregon 2012 Employed, insured adults (BRFSS)	OEBB						
		Sex		Employee type		Employer type		
		OEBB	Men	Women	Licensed / administrator	Classified / confidential	Community college	ESD or school district
Eat 5+ fruits and vegetables/day	23.5**	27.1	18.5	30.7	28.1	25.1	21.9	27.7
Meets CDC Physical Activity Recommendations	25.4**	24.7	27.7	23.5	25.8	23.7	26.9	24.5
Mammogram screening in past two years (50–74 years)	79.3	86.9	N/A	86.9	86.2	87.5	97.4	85.3
Pap screening in past three years (21–65 years)	88.3	92.4	N/A	92.4	94.2	89.6	96.3	91.9
Had hysterectomy	16.9	18.2	N/A	18.2	12.3	25.1	15.5	18.7
Screened for colorectal cancer (50–75 years)	68.2	75.0	66.6	75.4	75.8	73.6	82.7	73.5
Blood cholesterol checked in past 5 years	75.7	79.4	79.0	79.6	80.0	78.4	79.6	79.2
Blood sugar test in past three years (45+ years)	68.6	58.4	57.7	58.6	54.3	62.1	69.4	56.4
Has a personal doctor	84.2	80.6	73.7	83.5	80.5	81.1	76.8	80.9
Routine checkup in the past year	55.7	58.2	50.4	61.5	57.1	60.6	61.2	57.6
Flu shot or spray in the past year	36.6	34.6	31.7	35.8	35.3	32.9	39.1	34.1
Very good/excellent general health status	66.9	69.9	71.2	69.3	74.0	62.6	73.0	69.1

\*\*2011 data

**Table 4**  
**Health risk factors**

Oregon 2012		OEBS						
		OEBS	Sex		Employee type		Employer type	
Employed, insured adults (BRFSS)	All	Men	Women	Licensed / administrator	Classified / confidential	Community college	ESD or school district	
<b>Alcohol consumption</b>								
Heavy drinking (men: 2+ drinks/day; women: 1+ drink(s))	7.1	4.9	3.8 <sup>^</sup>	5.4	5.5	3.6	7.0	4.5
Binge drinking (men: 5+ drinks/occasion; women: 4+ drinks)	18.5	13.6	17.5	12.0	14.9	11.4	16.0	13.3
Problem drinking	20.1	15.7	19.2	14.3	17.1	13.2	19.1	15.0
<b>Physical activity, nutrition and weight</b>								
No leisure time physical activity	11.5	11.7	9.7	12.5	7.7	17.7	7.7 <sup>^</sup>	12.3
Mostly sitting at work	52.1	34.6	31.0	36.1	27.5	47.9	66.8	29.7
Eating out one time a week or more	77.2	80.4	83.6	79.0	82.4	78.5	85.2	79.4
Drinking sugary drinks seven times a week or more	13.2	7.4	10.6	6.1	6.0	10.7	---	8.0
Overweight (BMI) $\geq$ 25 & $<$ 30	36.1	33.7	41.8	30.1	34.4	32.3	33.8	34.0
Obese (BMI) $\geq$ 30	27.2	23.4	25.7	22.4	19.1	31.1	25.7	23.3

Note: Problem drinking – men:  $>$  14 drinks/week or  $>$  4 drinks/occasion; women:  $>$  7 drinks/week or  $>$  3 drinks/occasion.

<sup>^</sup> This number may be statistically unreliable and should be interpreted with caution.

--- This number is suppressed because it is statistically unreliable.

**Table 4**  
**Health risk factors**  
*(continued)*

Health risk factors	Oregon 2012		OEBB								
	Employed, insured adults (BRFSS)	OEBB	Sex		Employee type		Employer type				
			Men	Women	Licensed / administrator	Classified / confidential	Community college	ESD or school district			
Precursors to chronic disease											
Ever had high blood cholesterol	31.2**	21.4	21.5	21.5	18.9	25.0	21.0	21.5			
Currently have high blood cholesterol	0.0	7.0	6.4	7.3	6.5	7.8	6.7^	7.1			
Ever had high blood pressure	24.0**	16.9	22.7	14.6	15.5	19.2	17.3	16.9			
Currently have high blood pressure	0.0	1.8	3.4^	1.1	1.4^	2.4^	---	2.0			
Taking medication for high blood pressure	55.3	54.9	48.7	60.0	48.1	64.5	50.7	55.8			
Pre-diabetes	6.3	6.1	5.5	6.3	4.6	7.8	6.0	6.2			
Tobacco use and quit attempts											
Current cigarette smoker	14.4	4.8	5.5	4.5	3.3	6.4	4.6^	4.8			
Current smokeless tobacco user	3.6	1.2	2.6^	0.6^	0.7	2.0^	---	1.3			
Current tobacco user	17.3	6.3	10.7	4.5	4.8^	8.3	5.0^	6.6			
Current e-cigarette user	N/A	1.5	---	1.4^	0.9^	2.8^	---	1.3^			
Occasional smoker	1.2	1.1^	2.5^	0.6^	1.1	---	0.0	1.3^			
Smoking quit attempt in past 12 months	56.6	60.8	65.8	58.2	61.5	70.6	---	60.4			
Wants to quit smoking	25.0	34.2	31.7^	35.8	---	25.1	---	36.6			
Knowledge of help to quit tobacco through OEBB benefits (among all members)	N/A	71.3	68.9	72.2	70.1	72.8	80.2	70.0			
Knowledge of help to quit tobacco through OEBB benefits (among tobacco users)	N/A	71.3	72.8	69.1	84.4	64.5	94.7	69.1			

^ This number may be statistically unreliable and should be interpreted with caution.

--- This number is suppressed because it is statistically unreliable.

\*\*2011 data

**Table 5**  
**Health outcomes**

OEBB									
Oregon 2012	OEBB	Sex		Employee type		Employer type			
		Men	Women	Licensed / administrator	Classified / confidential	Community college	ESD or school district		
Missed one or more days of work in last 30 days	19.5	15.8	8.8	18.6	14.9	17.2	16.3	15.9	
Arthritis	18.9	18.2	15.9	19.1	14.4	22.7	18.2	18.3	
Limitation in usual activities due to arthritis	47.5**	30.0	54.6	26.3	32.8	29.0^	17.3	31.3	
Limitation at work due to arthritis	25.3**	15.9	43.3	11.8	9.0	31.5	10.0^	16.5	
Asthma	8.2	10.3	4.5	12.7	10.5	10.4	7.2	10.6	
Ever had skin cancer	5.0	4.8	4.9	4.8	5.1	4.5	4.0^	5.0	
Ever had other cancer	5.0	5.3	4.1	5.8	5.7	4.5	2.6^	5.8	
Heart attack (45+ years)	2.4	1.6	3.1^	1.0^	1.3^	1.8^	---	1.3	
Coronary heart disease (45+ years)	2.9	2.1	4.6^	1.1^	1.8^	2.3^	---	1.9	
Stroke (45+ years)	1.2	0.7^	---	0.6^	---	---	---	0.9	
Ever depressed	21.0	19.8	11.8	23.0	18.4	22.8	23.5	19.6	
Currently depressed	N/A	12.0	5.8	14.5	10.8	15.0	13.6	11.9	
Diabetes	6.9	4.8	5.6	4.4	4.3	5.4	4.7^	4.8	
Taking insulin for diabetes	30.9	19.4	---	25.3	24.9^	13.5^	---	19.2	
Taking other medication for diabetes	N/A	70.5	72.1	69.3	68.2	72.4	---	71.0	
Age 20 or older at diabetes diagnosis	95.1	98.4	100.0	97.5	96.6	100.0	---	100.0	

**Health outcomes**

^ This number may be statistically unreliable and should be interpreted with caution.  
 --- This number is suppressed because it is statistically unreliable.  
 \*\*2011 data



**Table 6**  
**Worksite environment, amenities, attitudes and behaviors**

	OEBS					
	OEBS	Employee type			Employer type	
		Licensed / administrator	Classified / confidential	Community college	ESD or school district	
<b>Environment and amenities</b>						
Vending machines	48.8	49.4	50.4	90.9	42.3	
Vending machines offer healthy foods	39.7	40.8	37.8	28.1	43.1	
Cafeteria	75.8	82.6	64.8	83.9	74.4	
Food labeled to identify calorie, fat or sodium content	30.6	28.4	35.9	69.2	25.8	
Candy dishes in public places	43.5	44.2	44.6	58.6	41.6	
Free parking	93.3	92.5	93.7	59.8	98.6	
Stairs that employees can easily use	58.5	59.2	60.9	90.6	53.5	
Bike rack	80.8	82.7	78.7	92.7	79.0	
Gym or workout equipment	42.5	44.7	39.5	75.4	37.1	
Shower facilities	38.9	41.5	34.9	80.2	32.2	
Discounted public transportation	15.0	13.3	18.3	52.9	9.3	
Flex time policy to allow physical activity	21.2	19.0	26.6	61.8	14.5	
Employee wellness program	54.9	49.8	64.1	78.9	50.9	
<b>Clean, private place other than bathroom for nursing mothers to pump breast milk</b>						
Yes	37.1	37.4	36.7	46.1	35.8	
No	40.3	39.6	40.4	16.7	43.7	
Don't know	22.6	23.0	22.9	37.2	20.6	
<b>Paid or unpaid work time for breastfeeding mothers to pump breast milk</b>						
Yes	45.0	49.1	37.2	42.0	45.6	
No	7.3	7.5	7.9	3.2	8.0	
Don't know	47.6	43.5	54.9	54.7	46.5	

**Table 6**  
**Worksite environment, amenities, attitudes and behaviors** *(continued)*

	OEBB				
	OEBB	Employee type		Employer type	
	All	Licensed / administrator	Classified / confidential	Community college	ESD or school district
<b>Attitudes and behaviors</b>					
Believe that OEBB puts emphasis on promoting employee health	87.9	88.9	86.6	93.3	87.1
Believe that employer puts emphasis on promoting employee health	65.9	63.8	70.9	77.8	63.9
Easy to get physical activity on work days	42.5	37.0	51.6	56.7	40.7
Easy to eat healthy foods on work days	84.5	84.7	83.5	80.2	85.2
Choose a healthy option when eating at cafeteria	79.2	79.2	76.1	67.5	81.6
Use flex time policy to include physical activity into schedule	58.3	50.9	66.8	65.2	56.2
Mostly sitting at work	34.6	27.5	47.9	66.8	29.7
Perceive secondhand smoke as harmful to one's health	81.6	82.8	79.7	74.2	82.5
<b>Tobacco rules</b>					
Employees following smoking rules	96.6	97.3	95.3	85.1	98.3
Has seen employees smoking on grounds of worksite	20.1	19.4	22.6	79.9	10.6

Worksite environment

**Table 7**  
**Weight management, perceptions**  
**and knowledge**

	OEBB		
	OEBB — all	Men	Women
<b>Weight management</b>			
Trying to lose or maintain weight in overall population	90.2	87.3	91.3
Trying to maintain weight among those who are healthy weight	81.6	67.4	86.7
Trying to lose weight among those who are overweight	90.4	89.8	91.3
Trying to lose weight among those who are obese	80.9	85.7	79.2
Eating fewer calories or less fat to lose or maintain weight	72.2	68.0	73.8
Exercising to lose or maintain weight	83.7	83.8	83.7
Family members trying to lose or maintain weight	31.1	39.1	27.8
Average weight loss (lbs) in past year among people who are overweight	-4.1	-2.4	-4.9
Average weight loss (lbs) in past year among people who are obese	-4.3	-1.4	-5.5
Advised to lose or maintain weight by doctor or health professional	11.1	10.7	11.3
<b>Weight management perceptions</b>			
People who are overweight who perceive themselves as overweight	70.2	53.3	80.9
People who are obese who perceive themselves as overweight	92.5	83.6	97.1
Easy to get physical activity on work days	42.5	56.7	36.7
Easy to eat healthy foods on work days	84.5	82.4	85.4
Perceive obesity as harmful to one's health	99.3	100.0	99.1
Perceive physical inactivity as harmful to one's health	86.0	81.0	88.1
Perceive inadequate fruit and vegetable consumption as harmful to one's health	81.2	73.3	84.3
<b>Weight management benefit knowledge and participation</b>			
Knowledge of help to lose weight through OEBB benefits	89.4	81.4	92.6
Participation in Weight Watchers in overall population	20.0	10.2	23.4
Participation in Weight Watchers among those who are obese	29.2	15.4	35.0

Weight management

**Table 8**  
**Health care access**  
**and satisfaction**

	OEBS					
	OEBS	Employee type		Employee type		Employer type
	All	Licensed / administrator	Classified / confidential	Community college	ESD or school district	
<b>After hours access</b>						
Attempted to access health care provider during non-business hours	15.5	17.3	12.3	10.2	15.8	
Difficulty in reaching health care provider(s) during non-business hours						
Extremely difficult, difficult or somewhat difficult	33.0	29.8	40.4	30.4	32.9	
Not at all difficult	67.0	70.2	59.6	69.6	67.1	
<b>Health care satisfaction</b>						
Health care providers explaining treatment choices						
Good, very good or excellent	96.5	97.4	94.0	98.6	96.3	
Fair or poor	3.5	2.6	6.0	1.4	3.7	
Health care providers including patient in treatment decisions						
Good, very good or excellent	97.9	98.2	96.6	98.6	97.9	
Fair or poor	2.1	1.8	3.4	1.4	2.1	
Health care provider knowledgeable about care received from referred specialists						
Never	3.6	3.4	3.8	0.8	4.0	
Some of the time	17.9	18.5	16.4	13.9	18.5	
Always	65.3	65.8	63.4	65.5	64.5	

Health care access and satisfaction





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