

Employment and Insurance: No Guarantee for Better Health

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Having health insurance does not mean workers will take advantage of immunizations, cancer screenings and other preventive health services, a new study finds.

“Employment and insurance do not guarantee better health outcomes,” said lead study author M. Courtney Hughes, Ph.D., who led a team of researchers at the University of Washington School of Public Health, in Seattle.

The study, which appears in the May-June issue of the American Journal of Health Promotion, uses data on nearly 160,000 participants in a [Centers for Disease Control and Prevention](#) telephone survey of adults under 65.

Hughes and colleagues found evidence that a significant number of working, insured adults did not meet national recommendations for [health behaviors](#).

For example, 73.9 percent of insured workers did not get influenza vaccines and 49.1 percent failed to undergo preventive screenings for [colon cancer](#). In addition, 77.1 percent of workers reported that they did not eat the recommended number of fruits and vegetables daily and 49 percent failed to get enough physical activity.

“Even among adults who are working and insured — two status factors which past research has shown are associated with better health

behaviors and outcomes — disparities in health behaviors persist due to income, education and access to care,” said Hughes, who is now with Approach Health, a health behavior change company she founded in San Diego.

Lower household incomes and education levels influence workers’ health behaviors, the study found. Workers with lower incomes and less education were least likely to get cancer and cholesterol screenings and less-educated employees reported the highest smoking rates.

It is possible that high co-payments or lack of child care prevent lower-income employees from seeking immunizations, screenings and checkups, the authors suggested in the study.

Even among a population that in theory has access, use of some preventive services, especially colorectal cancer screening and influenza vaccinations, “is very poor,” said Stephenie Lemon, Ph.D., an epidemiologist at the University of Massachusetts Medical School who specializes in worksite [health](#) promotion research. She had no affiliation with the study.

Although employees initially might save some cash by delaying screenings and immunizations, the long-term costs will be far greater, since it costs much more to treat a disease than prevent one, she said.

“A key message for employers is that investing in prevention through benefits, programs and policies saves money in the long run. Offering programs onsite, such as influenza vaccinations, or providing benefits that allow access, such as provision of days off for colorectal [cancer screening](#), can increase utilization,” Lemon said.

More information: Hughes MC, et al. Health behaviors of employed and insured adults in the United States, 2004-2005. Am J Health Promot

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