

**Research Summary: 500,000 WorkHealth Checks statistical report**  
**Summary No. 0812-008-R7**

24 August 2012

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**500,000 WORKHEALTH CHECKS STATISTICAL REPORT**

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**Background**

WorkHealth checks, an initiative of WorkSafe Victoria, have been conducted in Victoria since 2009. These are quick and confidential 15-minute health assessments delivered in workplaces. During consultations participants learn about their health, in particular their risk of developing type 2 diabetes and cardiovascular disease (CVD).

This report on the first 500,000 WorkHealth check participants provides a detailed description of the workers' health status. Participants' demographic and occupational characteristics, prevalence of unhealthy lifestyle risk factors (i.e. inadequate fruit and vegetable intake, smoking and physical inactivity) and unfavourable biomedical measurements (i.e. high blood pressure, high blood glucose and high cholesterol levels) are presented.

**Methods**

A short questionnaire was administered to WorkHealth check participants to collect information about selected lifestyle risk factors. This was accompanied by taking of biomedical measurements by trained health professionals. Data were then analysed to determine the occurrence and extent of these factors across different sub-groups of participants. Detailed profiles by industry and Local Government Area (LGA) are also provided.

**Key findings:****Overall***Participant characteristics*

- Males and females were equally represented.
- Around three-quarters of participants were aged between 25 and 54 years.

### *Occupational characteristics*

- White collar workers (i.e. managers and professional workers) accounted for more than 40% of all participants while less than five percent were machinery operators or drivers.
- Penetration rates varied across occupations, industries and LGAs.
- The largest coverage across occupations was among managers (23% penetration) and least among sales workers (9% penetration). Penetration rates among technicians/trade workers, sales workers and labourers were twice as high in males as in females.
- Occupational groups with low penetration rate also had low participation.
- Professional, Scientific and Technical Services industry and Wholesale Trade industry had the highest penetration rates (29% penetration). The least penetrated industries were Accommodation and Food Services industry (4% penetration) and Agriculture, Forestry and Fishing industry (3% penetration). Interestingly, Mining industry had the lowest participation at 0.2% but its penetration rate was close to 10%.

### *Lifestyle risk factors*

- The prevalence of inadequate fruit intake, inadequate vegetable intake and either inadequate fruit or vegetable intake was 48%, 89% and 93% respectively. Male workers reported unhealthy eating habits more commonly than female workers.
- In general, younger participants more frequently reported unhealthy lifestyle factors than older workers. For example, over half of those aged below 35 years reported inadequate fruit intake compared with a third of those aged 55-64 years.
- The proportions of risky alcohol consumption or smoking were two thirds lower in Asia-born workers as compared with workers born in Australia. On the other hand, Asia-born participants reported higher prevalence of inadequate fruit/vegetable intake and physical inactivity than Australia-born participants.
- For most lifestyle behaviours, blue collar workers were more likely to report unhealthy lifestyle behaviours compared with white collar workers.

### *Biomedical risk factors*

- About a quarter of participants had high blood glucose (23%) or cholesterol (27%) levels or high blood pressure (24%). More males than females had high blood glucose and high blood pressure.
- Over one percent of males had very high blood pressure, and this prevalence was twice as high as that among females.
- There was increasing prevalence of high blood pressure, high cholesterol and high waist circumference with age among WorkHealth check participants.
- Overall, blue collar workers were more likely to have abnormal blood pressure and blood glucose levels than white collar workers.

### *Cardiovascular (CVD) and type 2 diabetes risk*

- The prevalence of high type 2 diabetes risk was 2 times greater in male workers than in female workers while the prevalence of high CVD risk was six times greater among males than females.
- The prevalence of high type 2 diabetes risk in Asia-born workers was three times greater than that in workers born in Australia. Male workers born in Asia had a similar likelihood of having high CVD risk scores as their Australian-born counterparts, but females born in Asia had 25% increased risk of CVD.
- Blue collar workers were more likely to have a high CVD or type 2 diabetes risk score compared with white collar workers.

### *Self-assessed health status*

- The majority (about 90%) of WorkHealth check participants assessed their health status as good to excellent.
- Younger workers were more likely than older workers to assess their health status as fair or poor.
- Blue collar were more likely to report fair to poor health status than white collar workers.

### *General Practitioner (GP) referrals*

- About one percent of participants were asked to see their GP within 24 hours. Referrals for males were twice as high as that for females.
- Over half of the participants were advised to see their GP within a month. The most common reasons for referral were high blood pressure, high type 2 diabetes risk score or high blood glucose levels.

### *WorkHealth Coach Program*

- Two thirds of workers were eligible for the WorkHealth Coach program and of these just over 10% opted into the program. More females than males agreed to participate.
- The proportion of workers aged less than 25 years agreeing to participate in the program was half that observed among participants aged 65 years or more.
- The percentage of workers opting into the program was similar across occupations.
- The opt-in rates were higher among workers with high diabetes risk (16%) or medium-high risk of both CVD and type 2 diabetes (14%) when compared with other sub-categories.

### **Industry findings:**

- Education and Training industry, Health Care and Social Assistance industry, Public Administration and Safety industry, and Professional, Scientific and Technical Services industry consistently had the lowest prevalence of unhealthy lifestyle risk factors, with the exception of physical inactivity.
- Mining and Construction industry workers reported the highest prevalence of risky alcohol consumption, while the prevalence of smoking was highest in Transport, Postal and Warehousing industry and Agriculture, Forestry and Fishing industry.
- The highest proportion of workers with high type 2 diabetes risk was found in the Manufacturing industry and Health Care and Social Assistance industry, while the Financial and Insurance Services industry and Professional, Scientific and Technical Services industry had the lowest prevalence.
- When compared across industries, the prevalence of high CVD risk was highest in the Retail Trade industry.

### **Local government area (LGA) findings:**

- A quarter of the participants were from the Melbourne LGA while participation in all other LGAs was less than 5%. Moorabool had the least participation, comprising only 0.2% of all participants.
- In more than 10% of the LGAs, a third or more of Victorian workers had participated in the WHCs with the highest penetration rates being observed in the Melton LGA (53%), Manningham LGA (43%) and Melbourne LGA (42%). The least coverage was in the Moorabool LGA (2%), Nillumbik LGA (5%), Stonnington LGA (6%), Port Phillip LGA (7%), Buloke LGA (8%) and Macedon Ranges LGA (10%).
- The prevalence of inadequate fruit intake was similar for metropolitan and regional areas, however the prevalence of inadequate vegetable intake and physical inactivity were higher in metropolitan area.
- When compared with the metropolitan LGAs, the prevalence of unhealthy lifestyle factors was higher for some regional centres and lower for others.
- A greater proportion of WorkHealth check participants in the regional centres had high type 2 diabetes risk compared to those in metropolitan area. On the other hand, the prevalence of high CVD risk was comparable in most regional centres and metropolitan LGAs.

## Implications

- The report shows varied penetration rates across occupations and industries. Therefore it provides information that will assist in the future planning of recruitment strategies into the current WorkHealth check program, and future workplace-related research.
- The results from the WorkHealth check study also revealed that unhealthy lifestyle behaviours and abnormal biomedical measurements were concentrated in the blue collar workers. This occupation category had the highest proportion of workers who reported fair to poor health, and the lowest proportion opting to participate in the WorkHealth Coach program, future WorkSafe prevention programs should target these workers. A similar focus is warranted for older workers who, despite reporting fewer lifestyle risk factors were more likely to have high risk scores for CVD and type 2 diabetes.
- Variations in the prevalence of unhealthy lifestyle behaviours and biomedical risk factors were observed across industries and LGAs. In general, regional LGAs had higher prevalences of lifestyle risk factors, such as smoking and risky alcohol intake, than metropolitan LGAs. They also had a higher prevalence of high blood pressure, high total cholesterol, and were at increased risk of developing type 2 diabetes and CVD.
- Almost half of workers in some LGAs like Moyne, Colac-Otway, Bass Coast, Moira, Pyrenees, Surf Coast, Wellington and Wodonga, drink alcohol at risky levels. Smoking is a major problem in some LGAs such as Mildura, Greater Shepparton, Wodonga, Latrobe and West Wimmera where more than a quarter of workers currently smoke. Workers from LGAs like Ararat, West Wimmera, Wyndham and Yarriambiack were at increased risk of developing type 2 diabetes. Similarly, workers from certain LGAs such as Strathbogie, Wellington, Glenelg and Corangamite were at increased risk of having cardiovascular disease.
- Several lifestyle risk factors were more common in some industries, such as risky alcohol intake in Mining and Construction industries, and smoking in Transport industry.
- This warrants the development of specific rather than holistic programs designed for each industry and LGA to promote workers' health and well-being and ultimately reduce the impact of chronic disease, in particular type 2 diabetes and heart disease in the community.

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## Where can I get further information?

For a copy of the full report, contact:

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## Accompanying documents to this report

**Title:** PROJECT 2 – 500,000  
WORKHEALTH CHECKS STATISTICAL  
REPORT (Report 4)

**Report number:** 0812-008-R7C