

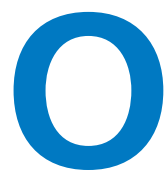
Updated
2007

The Health Status of the United States Workforce

Findings from the National Health and Nutrition Examination Survey
(NHANES) 1999-2002, and the National Health Interview Survey (NHIS) 2005



The Health Status of the United States Workforce



One hundred twenty-three million adults aged 20 to 64 years—75% of US adults in this age group—are employed in the United States. The workforce is a diverse population: 55% of employees are male, 11% are black, 15% are Hispanic, and 51% are aged 40 to 64 years.

Maintaining a workforce that is highly productive and healthy is paramount to staying competitive in the marketplace. Lost productivity due to absenteeism or performance below expectations at work translates into lost revenue. Overall, workers average 4.4 lost workdays per year, but this is just the tip of the iceberg. Absenteeism ranges from 8 to 12 days yearly for workers with diagnosed migraine, arthritis, diabetes, or chronic obstructive pulmonary disease, with 8% to 15% of affected workers reporting work limitations. Dyslipidemia and hypertension are the 2 most prevalent chronic conditions in the workforce, affecting 29% and 20% of all workers, respectively; however, only 20% and 53% of workers with these conditions are treated pharmacologically. Twenty-one percent of the workforce experiences at least 1 mental or substance use disorder each year, but recognition is problematic: 36% of workers with depression and 50% of employees who abuse alcohol do not seek treatment for their condition. Behavioral risk factor modification is less than optimal among workers: 65% of the workforce is overweight or obese and 35% report that they do not exercise.

This issue of Pfizer Facts presents new analyses of national databases to gain insight into the burden of illness among workers in the United States. We present analyses of the National Health and Nutrition Examination Survey (NHANES) 1999-2002, the National Health Interview Survey (NHIS) 2005, and the National Comorbidity Survey-Replication (NCS-R) 2001-2003. We present information on absenteeism and productivity, disease prevalence including mental disorders, and behavioral risk factors in an effort to heighten awareness of health issues facing employers and employees, and to encourage development of programs and policies that can encourage proper risk management, treatment, and prevention.

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Highlights

Demographic profile

- The US workforce includes 123 million adults aged 20 to 64 years; 51% are 40 to 64 years of age.

Absenteeism and work limitations

- Overall, workers average 4.4 lost workdays per year. Chronic obstructive pulmonary disease (COPD [defined as having emphysema or chronic bronchitis]) is associated with more lost workdays per affected person (12 days) than any other respiratory condition. Annual lost workdays among employees with diagnosed migraine, arthritis, ulcer, or cancer range from 8 to 12 days.
- Chronic conditions are frequently associated with absenteeism. Among younger workers, migraine is associated with the highest absenteeism rate (989 lost workdays per 1000 workers annually). Among older workers, arthritis is the most burdensome chronic condition (2297 lost workdays per 1000 workers per year).
- Workers with diagnosed diabetes are 3 times more likely to be limited in the work they do than workers without diagnosed diabetes (12% vs 4%). Fifteen percent of workers with diagnosed COPD report work limitations while those with diagnosed migraine are twice as likely as workers without diagnosed migraine to report work limitations (8% vs 4%).

Prevalence of medical conditions

- Dyslipidemia is the most prevalent chronic condition in the workforce, affecting 29% of the population. Working men have a higher prevalence of dyslipidemia than working women (36% vs 21%). Only 26% of older workers with dyslipidemia are treated with lipid lowering medication, and 61% of those being treated meet their LDL goal.
- 20% of the workforce has hypertension, the second most prevalent condition among workers. Working men are less likely to be aware of their condition than working women (60% vs 74%) and have a lower treatment rate (46% vs 62%). Overall, 65% of workers on pharmacotherapy reach goal, achieving a systolic blood pressure <140 mmHg and a diastolic blood pressure <90 mmHg.
- Diabetes affects 7% of the workforce, and the prevalence is highest among working men aged 40 to 64 years (15%). Only 46% of older workers with diabetes are being treated pharmacologically with insulin or oral agents. Goal attainment (based on HbA1c <7%) among those treated is 48% for older employed men and 43% for older employed women.
- The prevalence of ischemic heart disease (IHD) in the workforce is 2% and is highest among older working men (6%).
- COPD affects 6% of the workforce.
- 9% of the workforce has hay fever and this condition is more prevalent among older workers than among younger workers (11% vs 7%).
- Arthritis prevalence in the workforce is 13%; the rate is highest among older employed women (24%).
- The prevalence of migraine in the workforce is 15%, and women are more than twice as likely as men to have migraine (22% vs 9%).

Prevalence of mental disorders

- 21% of the workforce experiences at least 1 mental or substance use disorder each year.
- Depression and social phobia are the most prevalent mental disorders, with total prevalence rates of 6% and 7%, respectively.
- Working men have higher prevalence rates than working women of alcohol abuse (5% vs 2%) and drug abuse (2% vs 1%).

The metabolic syndrome and obesity

- 24% of workers have the metabolic syndrome, with rates higher among older workers than younger workers (32% vs 16%).
- Obesity, defined as body mass index greater than or equal to 30, affects 30% of the workforce.

Behavioral risk factors

- 35% of the workforce report that they do not exercise while 46% of workers report that they exercise 3 or more times per week.
- 23% of workers currently smoke; younger workers have a higher smoking rate than older workers (26% vs 21%). Nineteen percent of the workforce are former smokers.
- 19% of working adults report being lifetime abstainers from alcohol. Sixty-five percent of workers report being infrequent to moderate drinkers of alcohol.



Demographic profile

One hundred twenty-three million adults aged 20 to 64 years in the United States are employed. The workforce is a diverse population: 55% of employees are male, 11% are black, 15% are Hispanic, and 51% are aged 40 to 64 years.

Number of employed persons

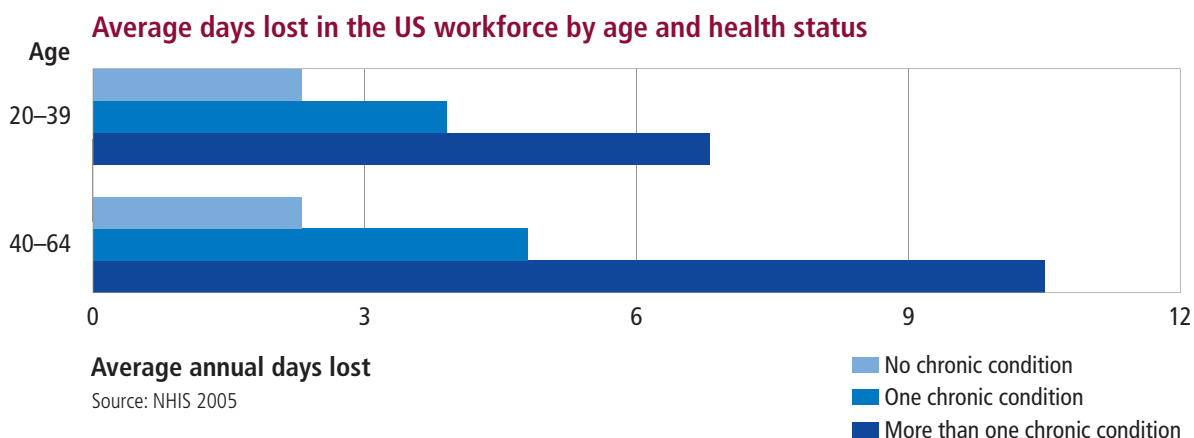
The United States Workforce (in Millions)

Age group	Men	Women	Total
20–39	33.3	27.0	60.3
40–64	34.0	29.0	63.0
Total	67.3	56.0	123.3

Source: NHANES 1999–2002

Absenteeism and work limitations

Overall, workers average 4.4 lost workdays per year, 4.0 lost workdays among working men and 4.8 lost workdays among working women. Having 1 or more chronic conditions increases the likelihood of a worker being absent from work. However, the current data do not allow for further analysis to determine whether the absenteeism is due to that specific chronic condition. The average number of days lost increases with the number of chronic conditions, and is higher in older than younger workers.

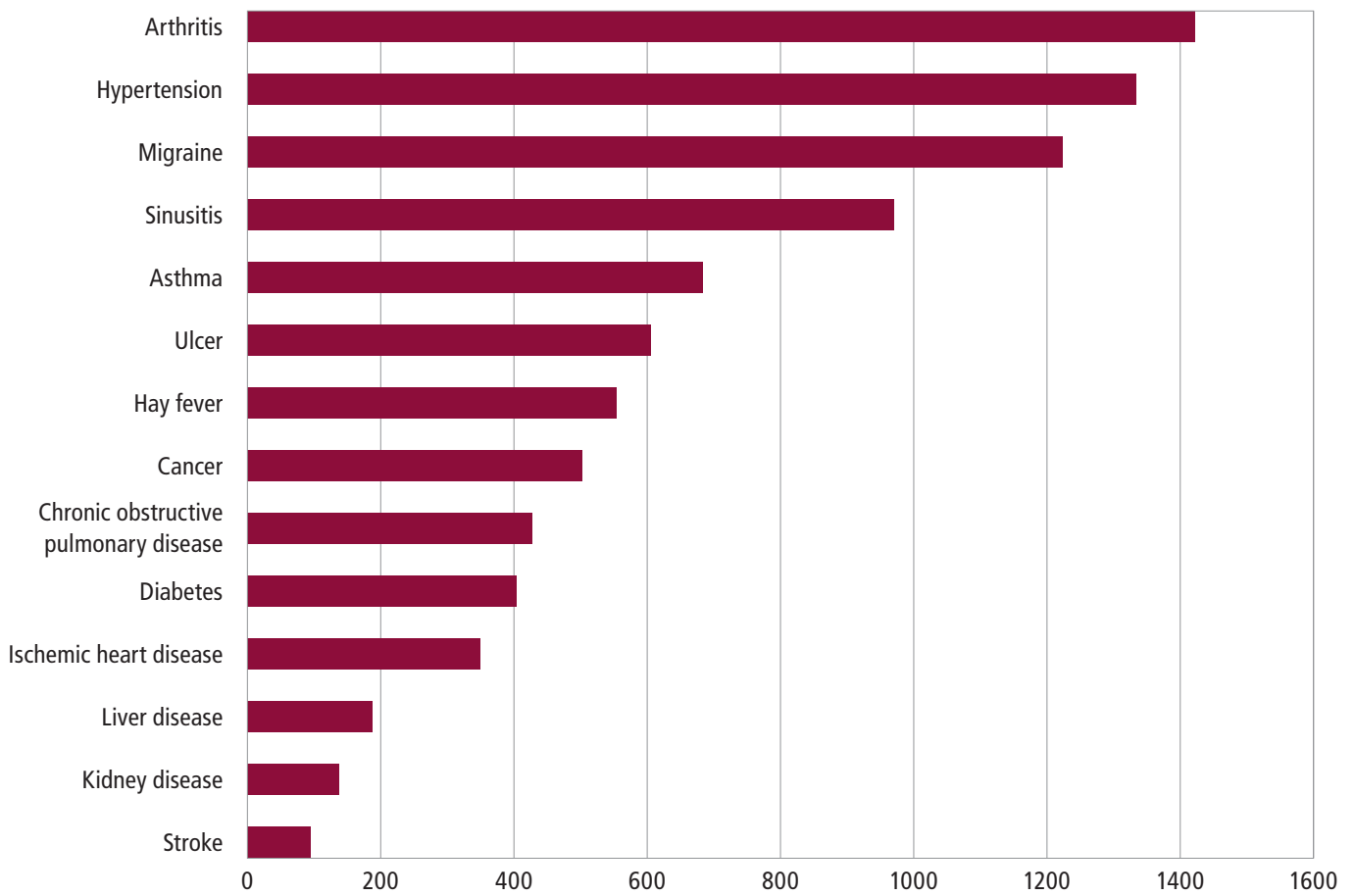


Conditions that are more prevalent in the workforce, such as arthritis, hypertension, and migraine, have a greater impact on total annual absenteeism rates compared with illnesses that are less prevalent, such as ischemic heart disease (IHD [defined as having a prior myocardial infarction, coronary heart disease, or angina]), liver disease, and stroke.

Overall, workers with arthritis or hypertension miss 1422 and 1334 days per 1000 workers per year, compared with workers who have had a stroke, who miss 95 days per 1000 workers per year.

Among younger workers, diagnosed migraine, sinusitis, and asthma are the chronic conditions most frequently associated with absenteeism, with rates of 989, 605, and 563 lost workdays, respectively, per 1000 workers annually. Among older workers, diagnosed arthritis, hypertension, and migraine are associated with the highest absenteeism rates, accounting for 2297, 2176, and 1437 lost workdays, respectively, per 1000 workers per year.

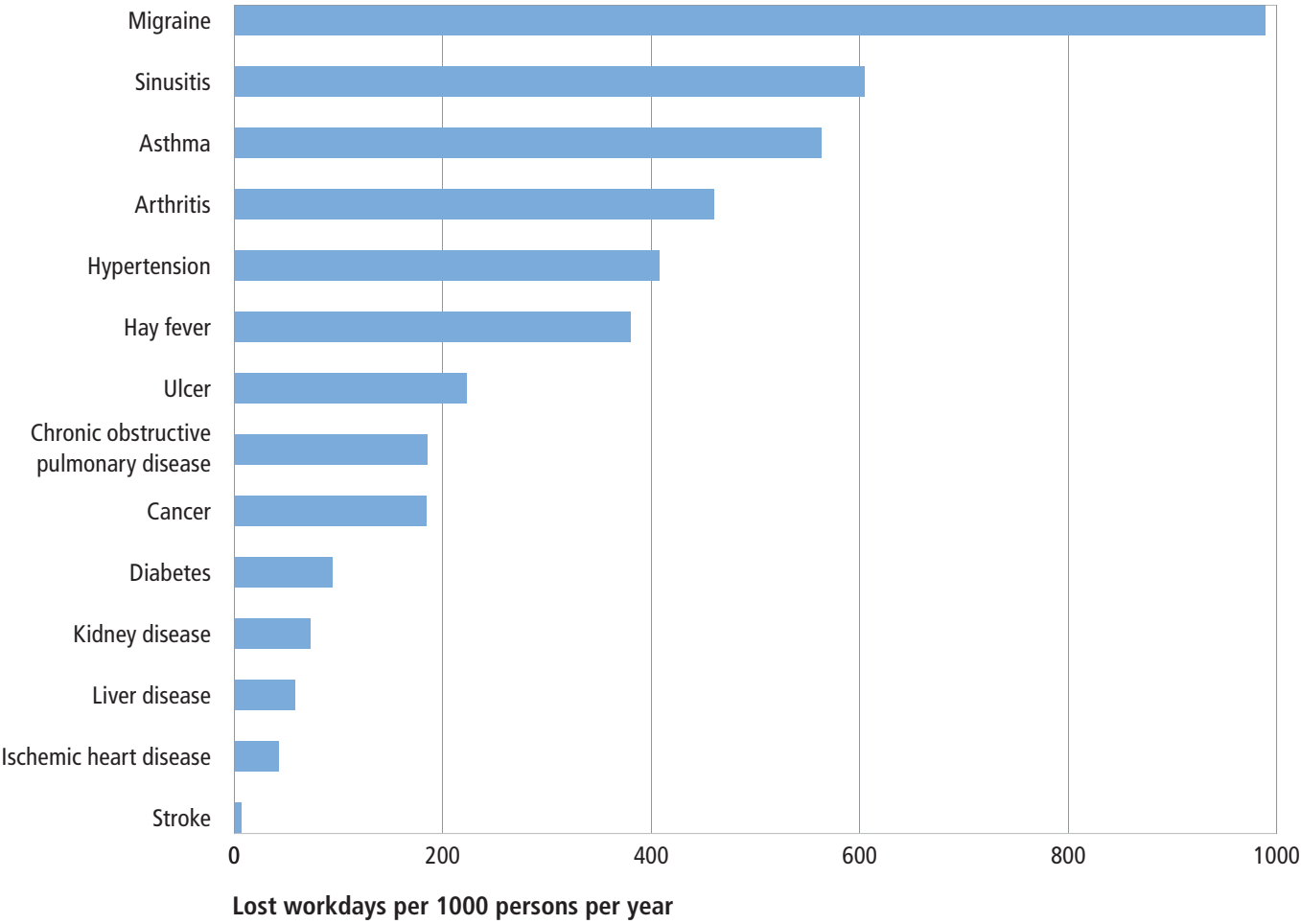
Workdays lost by persons with selected diagnosed conditions per 1000 persons in the workforce



Lost workdays per 1000 persons per year

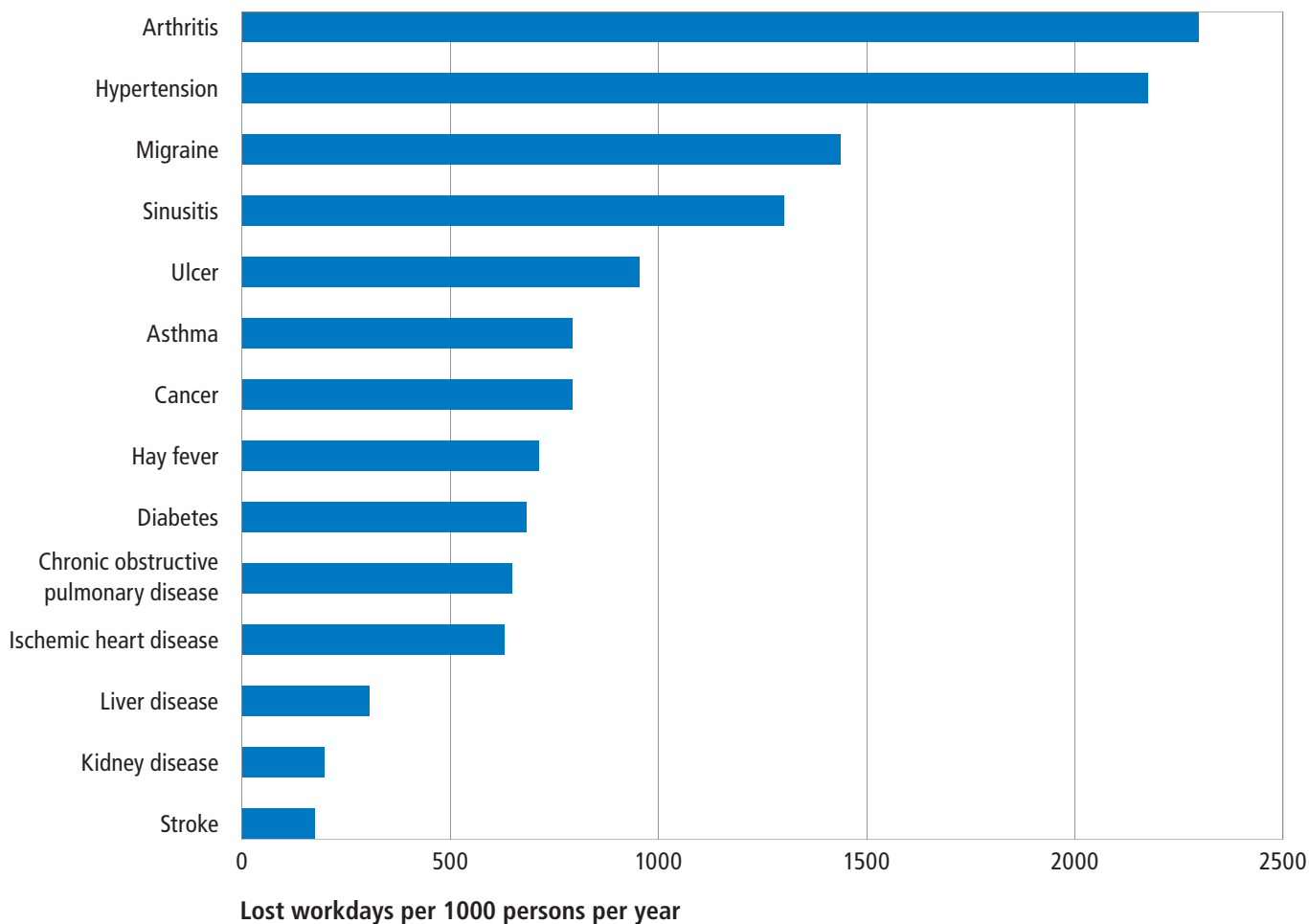
Source: NHIS 2005

Workdays lost by persons aged 20 to 39 years with selected diagnosed conditions per 1000 persons in the workforce



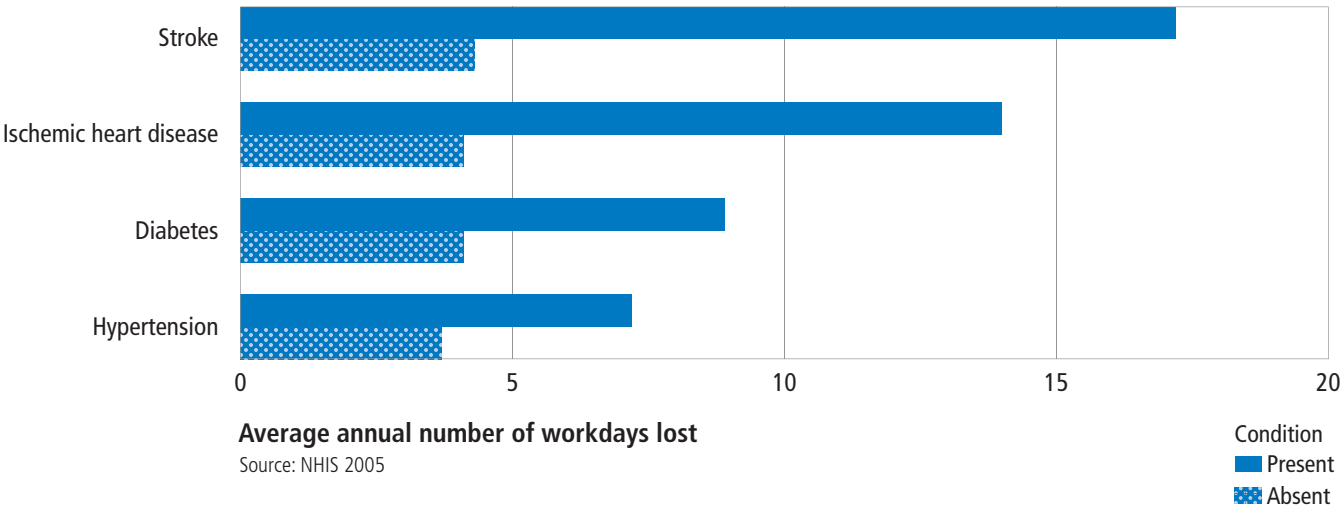
Source: NHIS 2005

Workdays lost by persons aged 40 to 64 years with selected diagnosed conditions per 1000 persons in the workforce



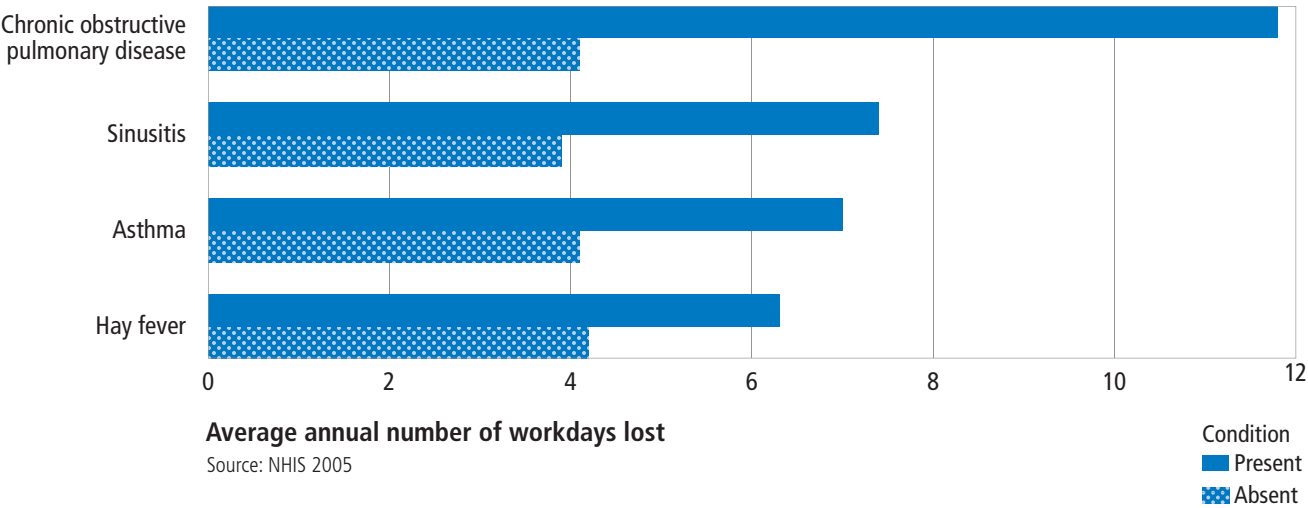
Although the prevalence rates of stroke and IHD are low in the workforce, these conditions have a large impact on affected workers. Workers diagnosed with these conditions miss an average of 17 and 14 workdays per year, respectively, compared with those without either condition, who lose an average of 4 workdays per year. Workers with diagnosed diabetes or hypertension, on average, lose 9 and 7 workdays per year, respectively.

Average number of workdays lost per affected person among workers by presence or absence of diagnosed cardiovascular or metabolic conditions



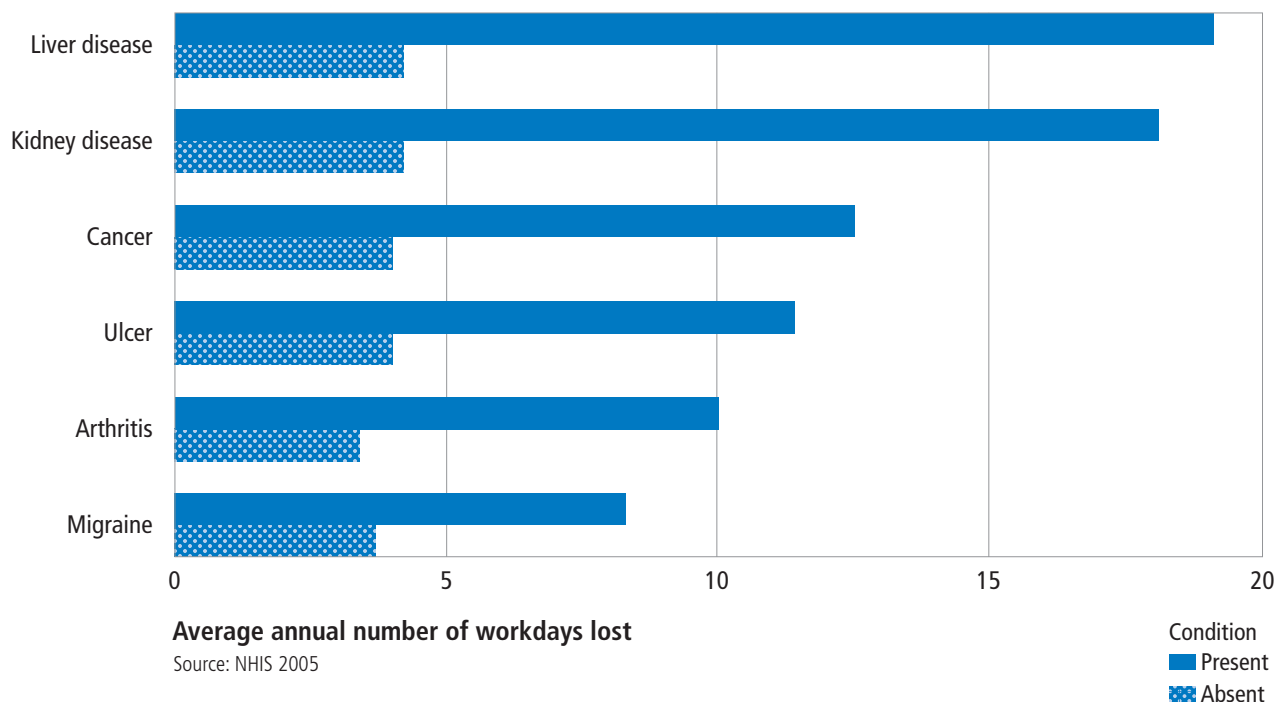
COPD is associated with more lost workdays per affected person (12 days) than any other respiratory condition.

Average number of workdays lost per affected person among workers by presence or absence of diagnosed respiratory conditions



On average, workers with liver or kidney disease lose 19 and 18 workdays per year, respectively, while those without these conditions average 4 lost workdays per year. Annual lost workdays among employees with migraine, arthritis, ulcer, or cancer range from 8 to 12 days.

Average number of workdays lost per affected person among workers by presence or absence of other diagnosed chronic conditions

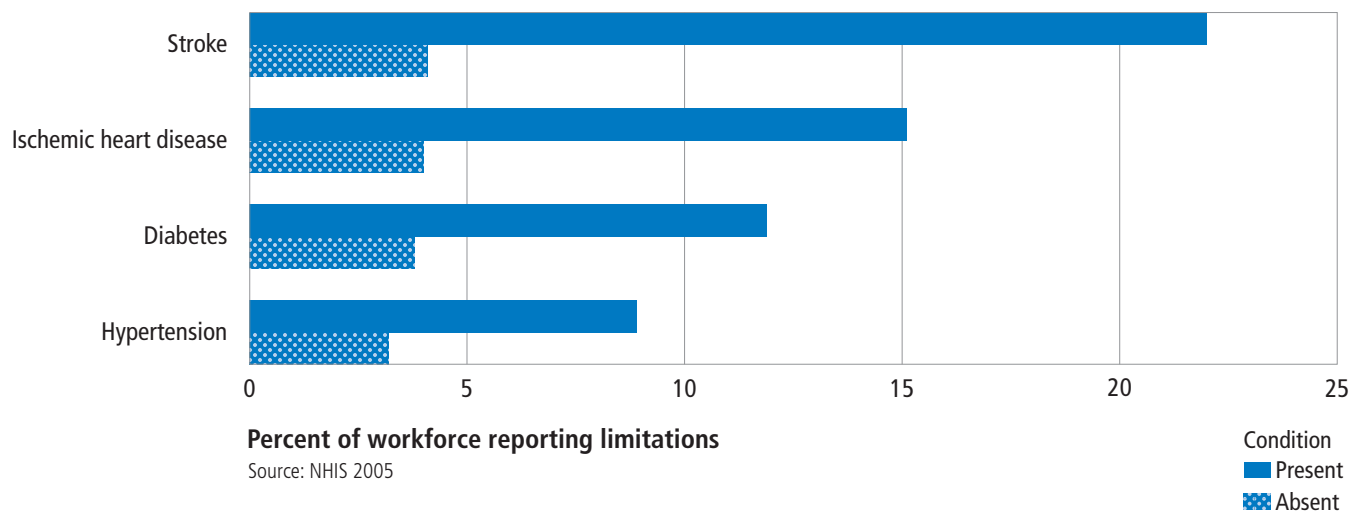


The rate of absenteeism measures only part of the role chronic conditions play in lost productivity. Many workers report limitations in the type and quantity of work they are able to do as a result of these conditions. The productivity of the workforce is reduced by a variety of cardiovascular, metabolic, respiratory, and other chronic illnesses.

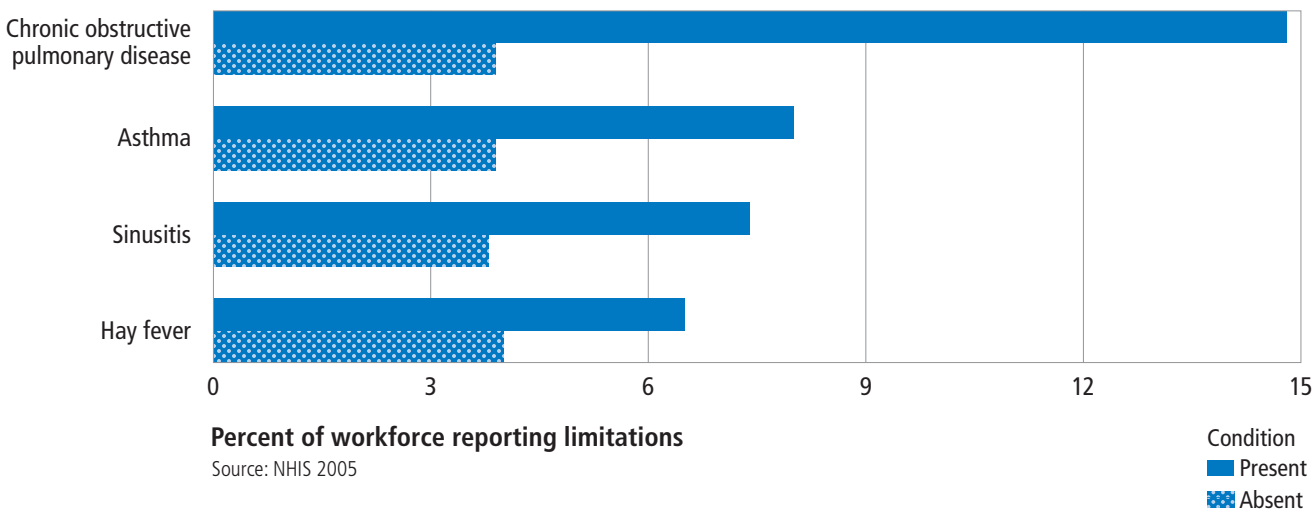
Twenty-two percent of workers who have had a stroke report being limited in the work they do. Workers with IHD are about 4 times more likely than workers without IHD to report work limitations (15% vs 4%), and workers with diabetes are 3 times more likely to be limited in the work they do than workers without diabetes, (12% vs 4%).

At least 15% of workers with COPD, liver, or kidney disease report work limitations. Employees with arthritis are 4 times more likely than those without arthritis to be limited in the work they do (13% vs 3%); those with migraine are twice as likely as workers without migraine to report work limitations (8% vs 4%).

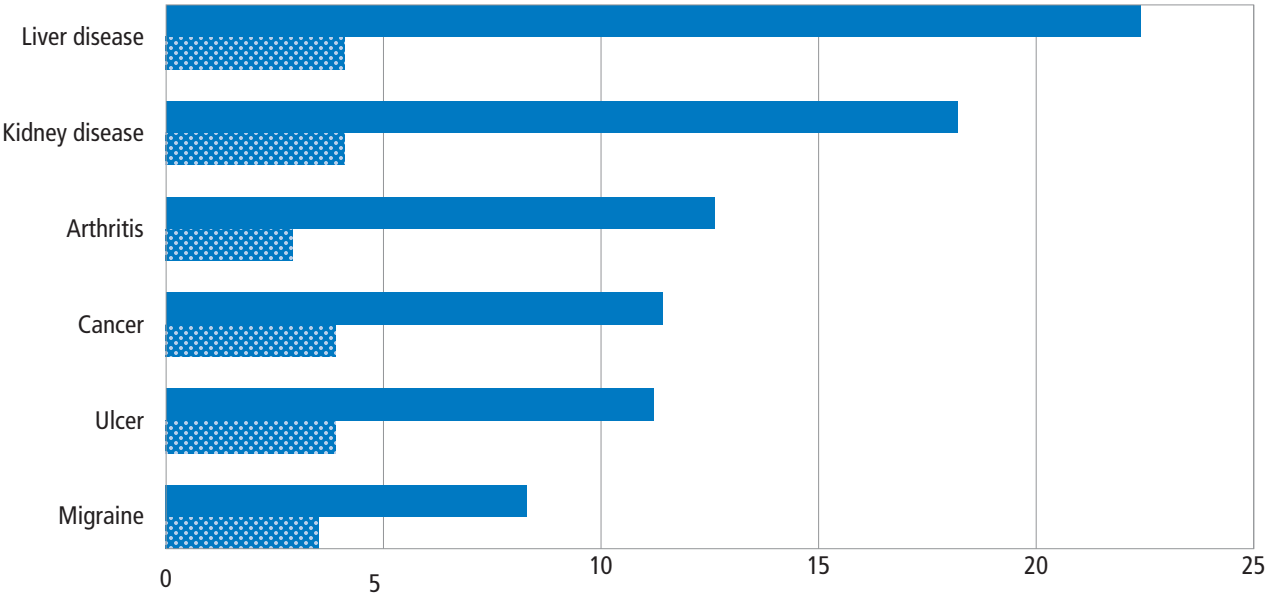
Work limitations in the US workforce by presence or absence of diagnosed cardiovascular or metabolic conditions



Work limitations in the US workforce by presence or absence of diagnosed respiratory conditions



Work limitations in the US workforce by presence or absence of other diagnosed chronic conditions



Percent of workforce reporting limitations

Source: NHIS 2005

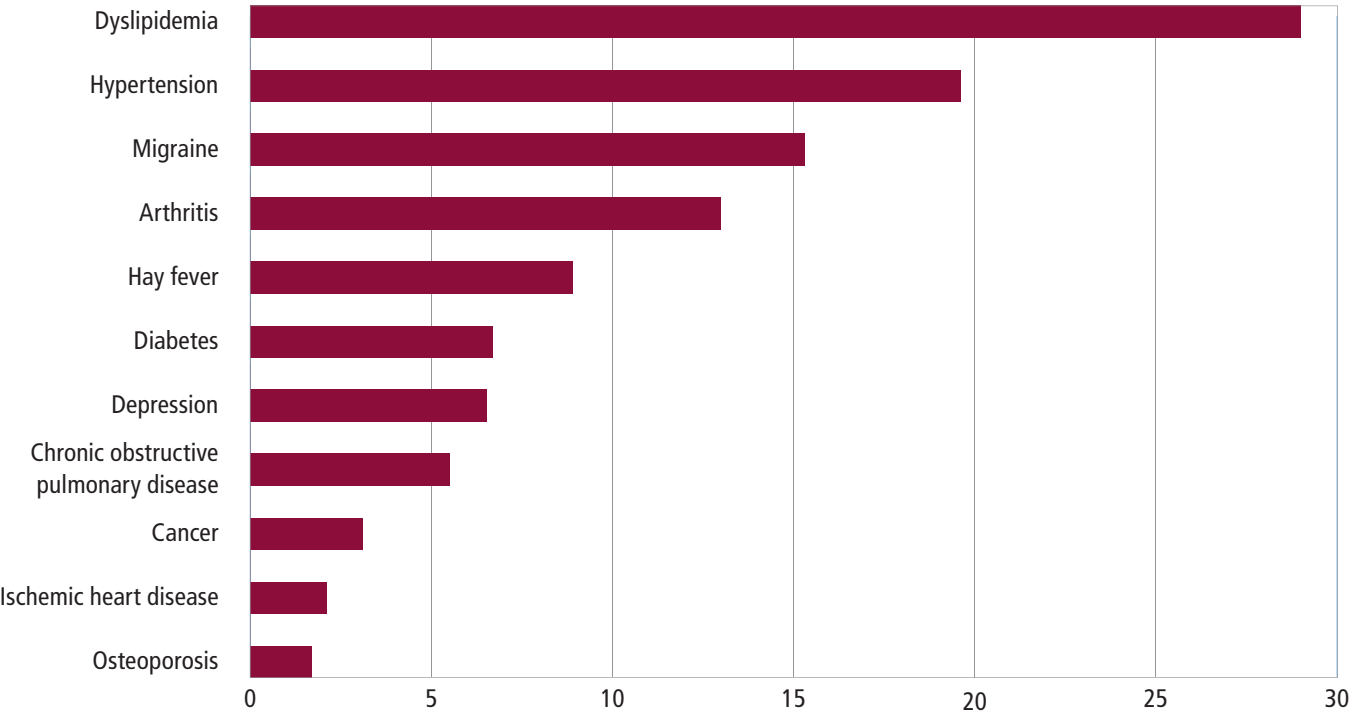
Condition
■ Present
▤ Absent



Prevalence of medical conditions

Dyslipidemia and hypertension are the 2 most prevalent conditions in the workforce, affecting 29% and 20% of workers, respectively. Other prevalent conditions include migraine, arthritis, and hay fever, with rates of 15%, 13%, and 9% among workers, respectively.

Prevalence of selected chronic conditions in the US workforce



Percent of workforce

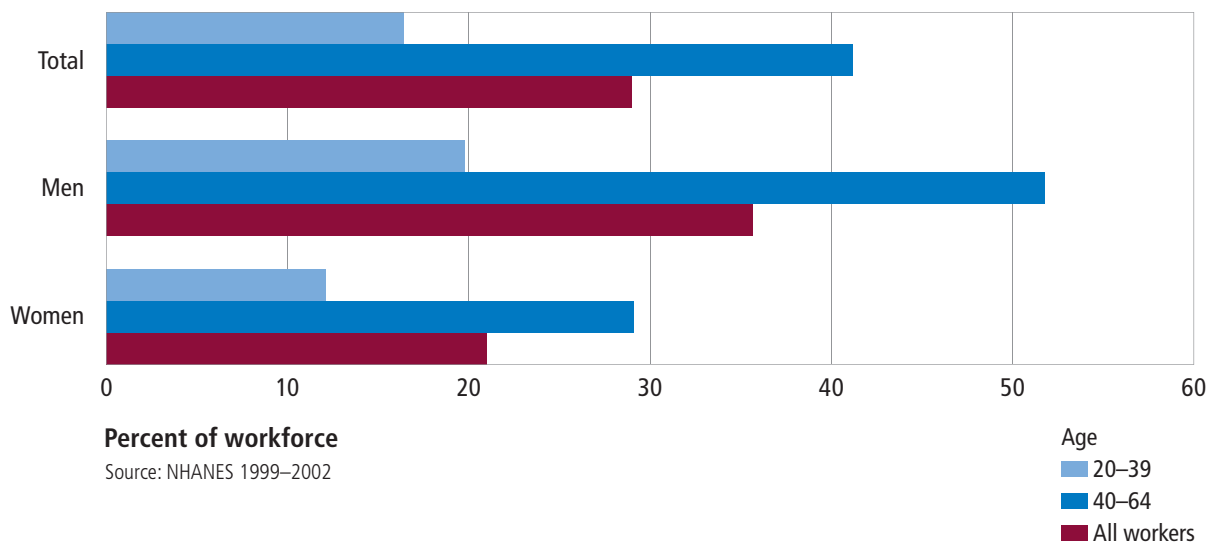
Dyslipidemia, hypertension, diabetes, and depression include diagnosed and undiagnosed cases. Persons were classified as having undiagnosed dyslipidemia, hypertension, diabetes, or depression if they test positive but reported no previous diagnosis. All other conditions are based on self-reported diagnosis.

Source: NHIS 2005 (migraine, hay fever)
NCS-R 2001–2003 (depression)
NHANES 1999–2002 (all other conditions)

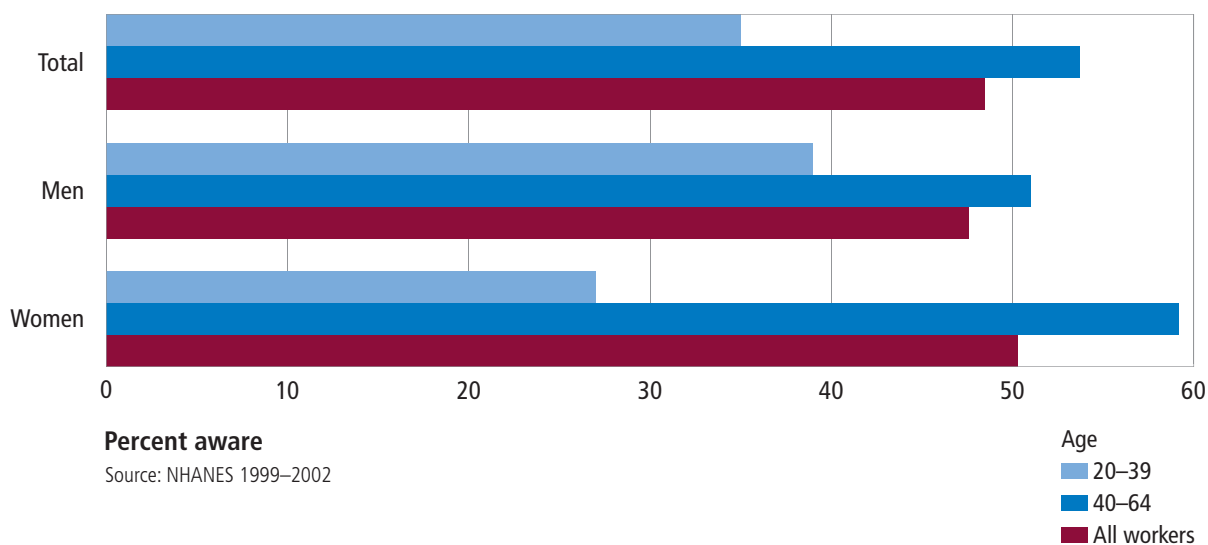
Dyslipidemia

Twenty-nine percent of the workforce has dyslipidemia, which includes both diagnosed and undiagnosed cases. Persons were classified as having undiagnosed dyslipidemia if they tested positive but reported no previous diagnosis. Working men have a higher prevalence of dyslipidemia than working women (36% vs 21%). The awareness rate of dyslipidemia, that is, the percentage of prevalent cases that are diagnosed, is similar among working men and women (48% and 50%). Twenty percent of workers with dyslipidemia are treated with lipid lowering medication and 60% of them meet their LDL goal. Twenty-six percent of older workers with dyslipidemia are treated; those treated have a goal attainment rate of 61%. Estimates of treatment and goal attainment rates for younger workers are unreliable due to small sample size and are not shown.

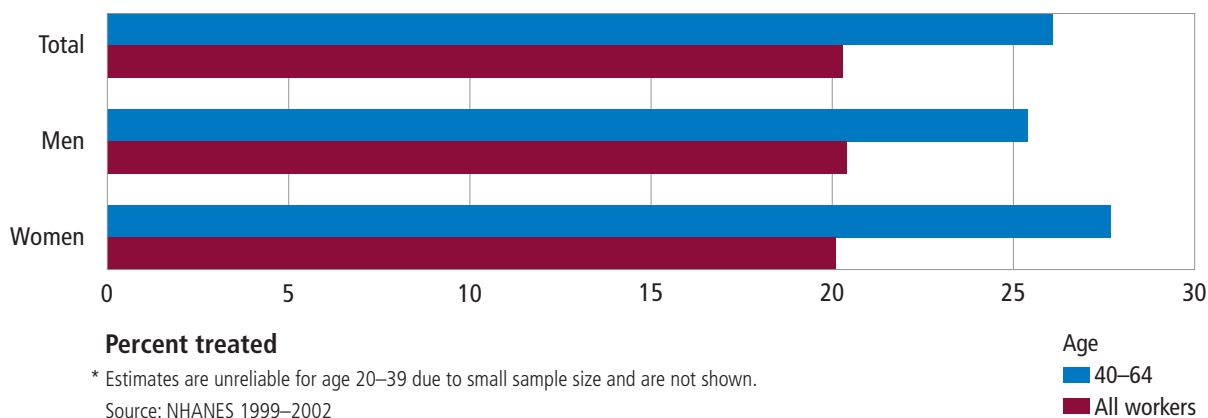
Prevalence of dyslipidemia in the US workforce by age and gender



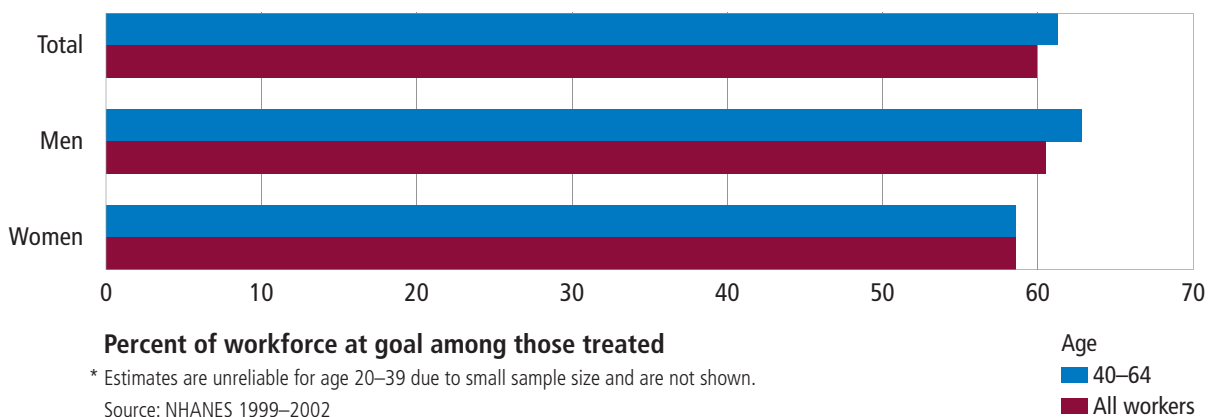
Awareness of dyslipidemia among prevalent cases in the US workforce by age and gender



Treatment of dyslipidemia among prevalent cases in the US workforce* by gender



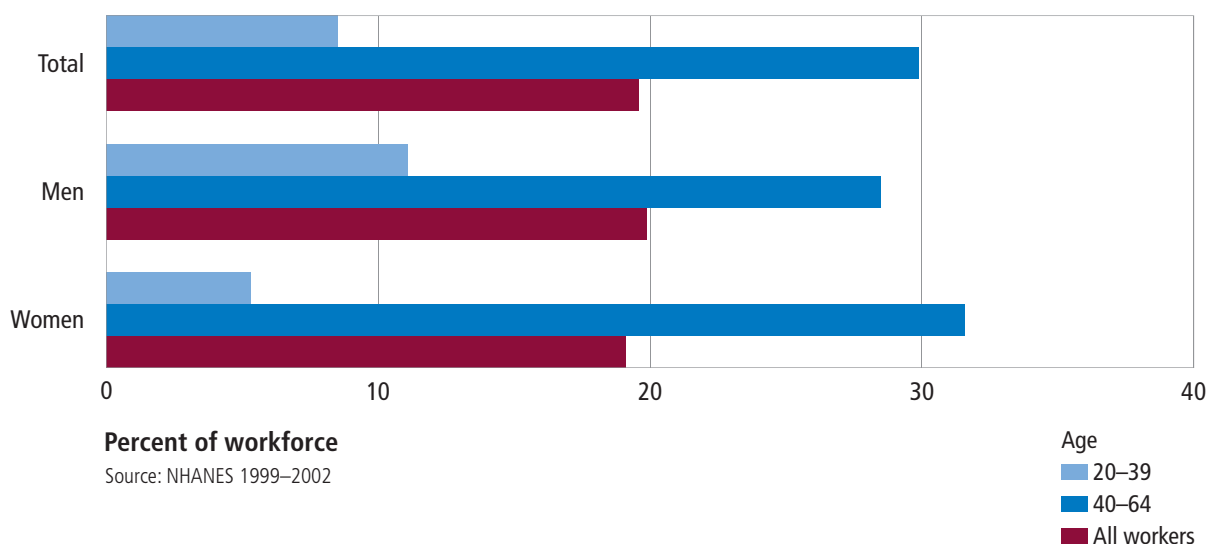
Goal attainment among those treated for dyslipidemia in the US workforce* by gender



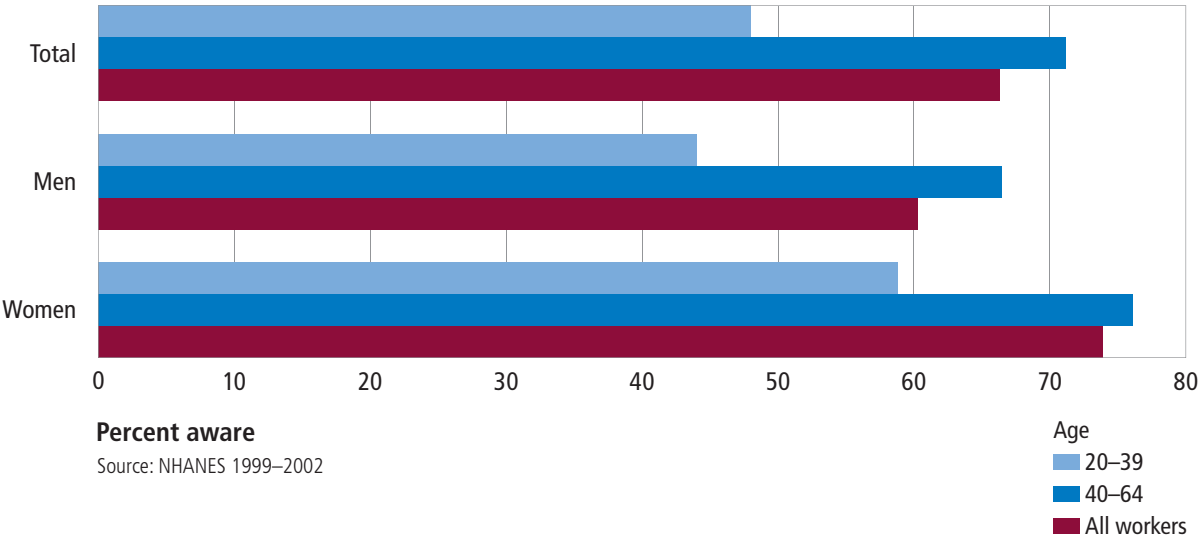
Hypertension

Overall, 20% of the workforce has diagnosed or undiagnosed hypertension, with rates of 8% among workers aged 20 to 39 years and 30% among those aged 40 to 64 years. Working men are less likely to be aware of their condition than working women (60% vs 74%), and have a lower treatment rate (46% vs 62%). Younger workers with hypertension are less likely than older workers to be treated with antihypertensive medication (29% vs 60%). Overall, goal attainment is suboptimal for workers on pharmacotherapy, with only 65% achieving a systolic blood pressure <140 mmHg and a diastolic blood pressure <90 mmHg.

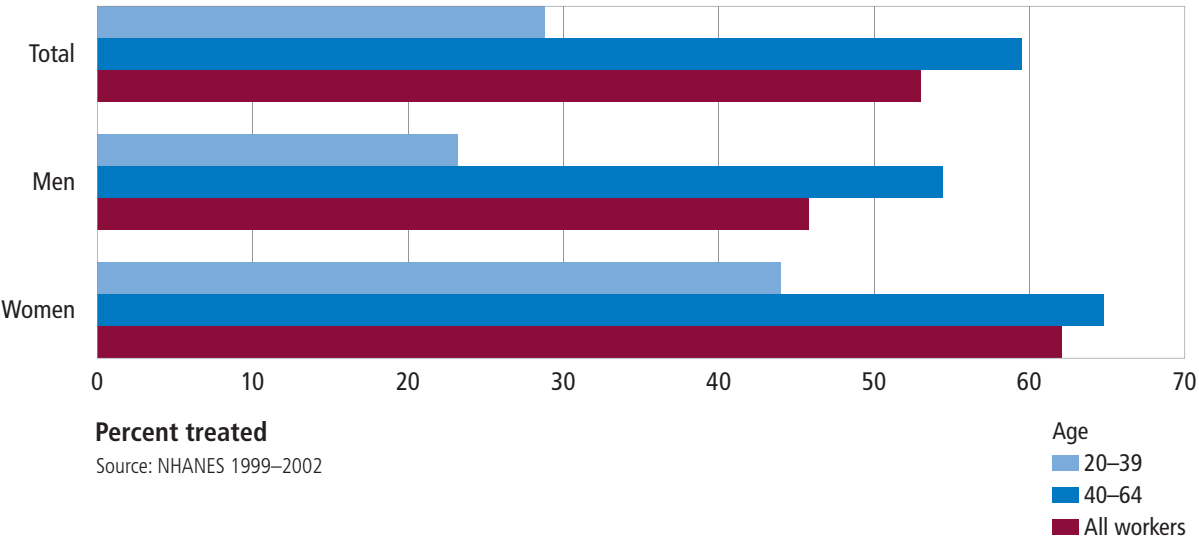
Prevalence of hypertension in the US workforce by age and gender



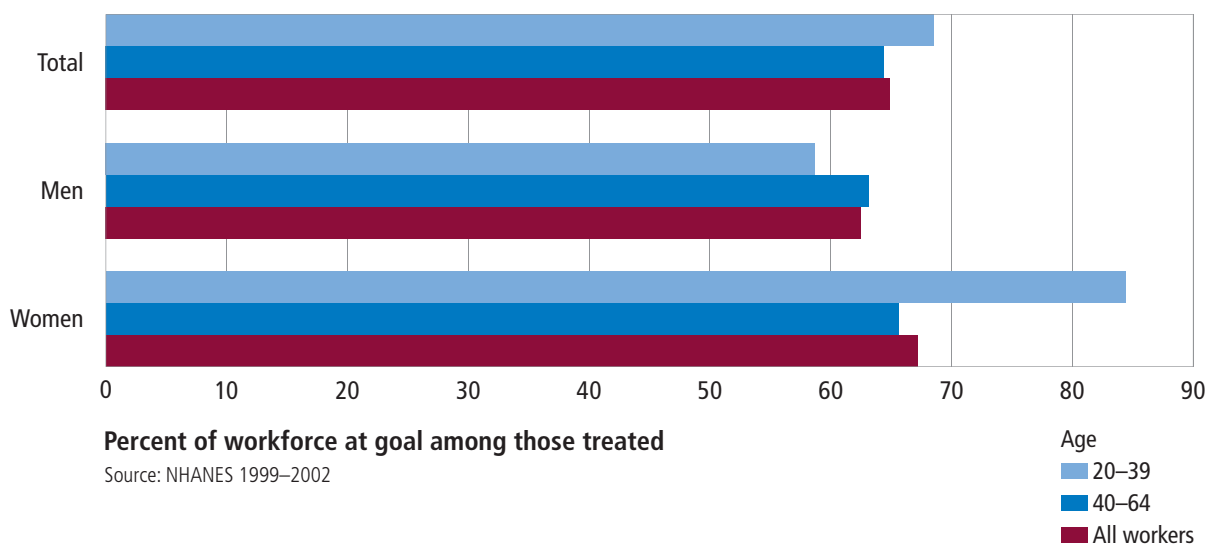
Awareness of hypertension among prevalent cases in the US workforce by age and gender



Treatment of hypertension among prevalent cases in the US workforce by age and gender



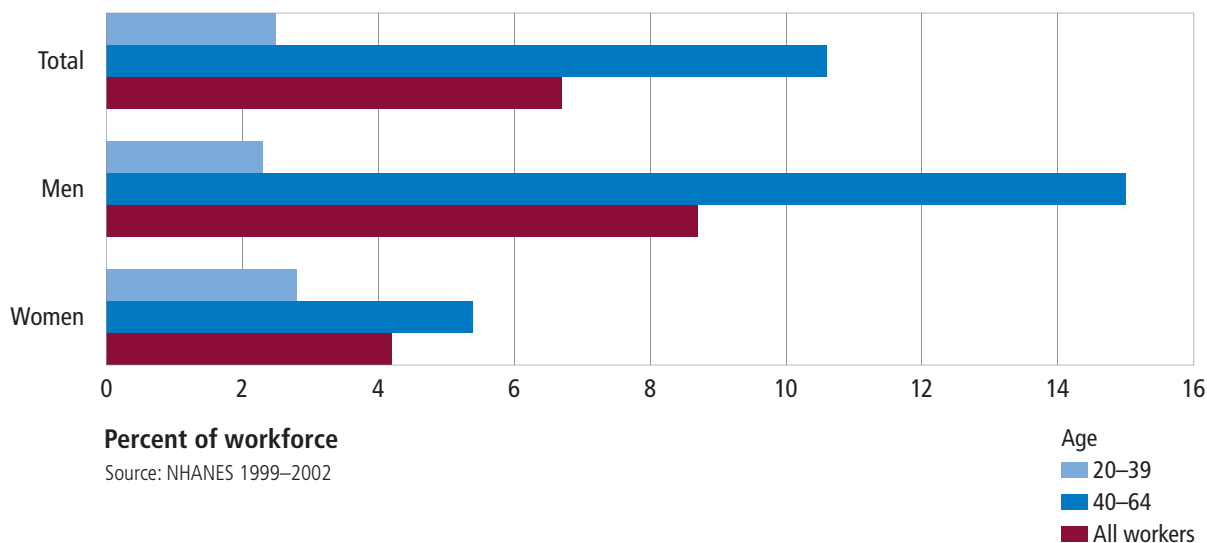
Goal attainment among those treated for hypertension in the US workforce by age and gender



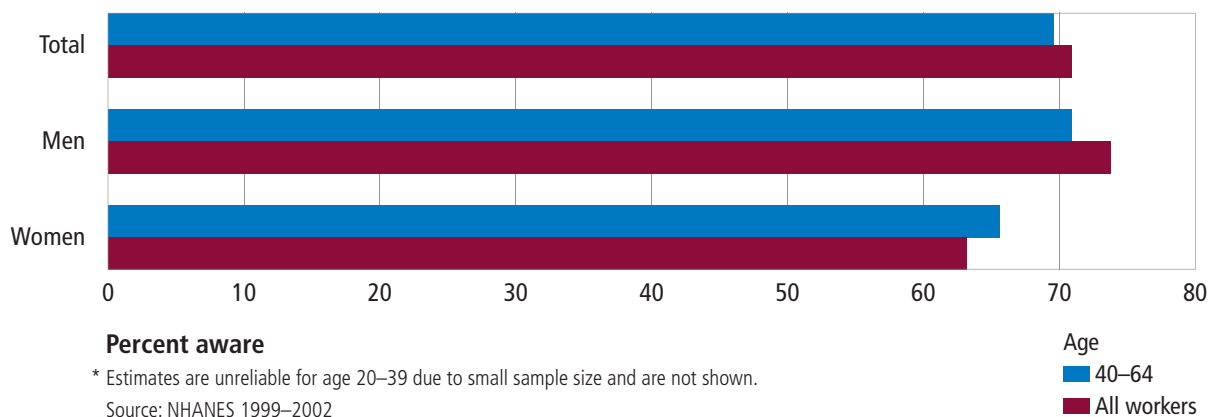
Diabetes

Diabetes affects 7% of the workforce, is more prevalent among working men than among working women (9% vs 4%), and is highest among working men aged 40 to 64 years (15%). The awareness rate is higher among older working men than among older working women (71% vs 66%). Only 46% of older workers with diabetes are being treated pharmacologically with insulin or oral agents. Goal attainment (based on HbA1c <7%) among those treated is 48% for older employed men and 43% for older employed women. Estimates of awareness, treatment, and goal attainment rates for younger workers are unreliable due to small sample size and are not shown.

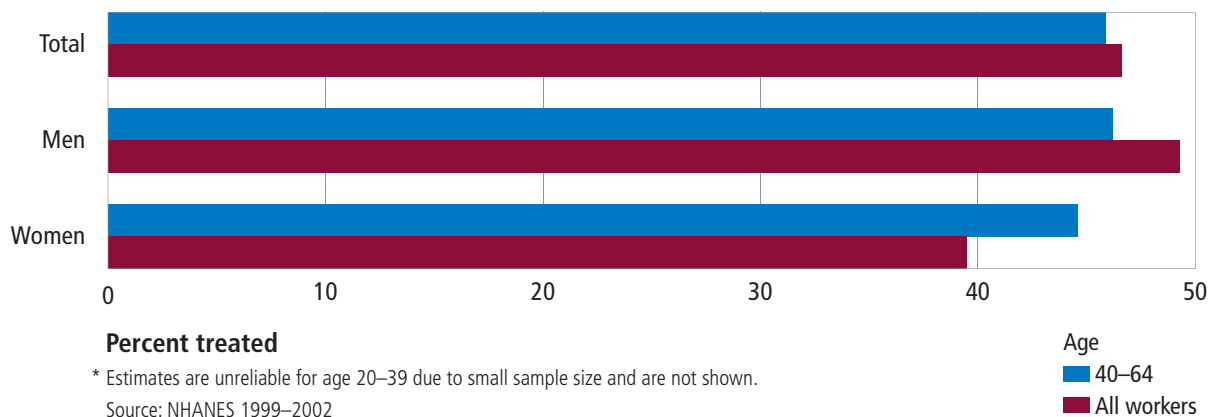
Prevalence of diabetes in the US workforce by age and gender



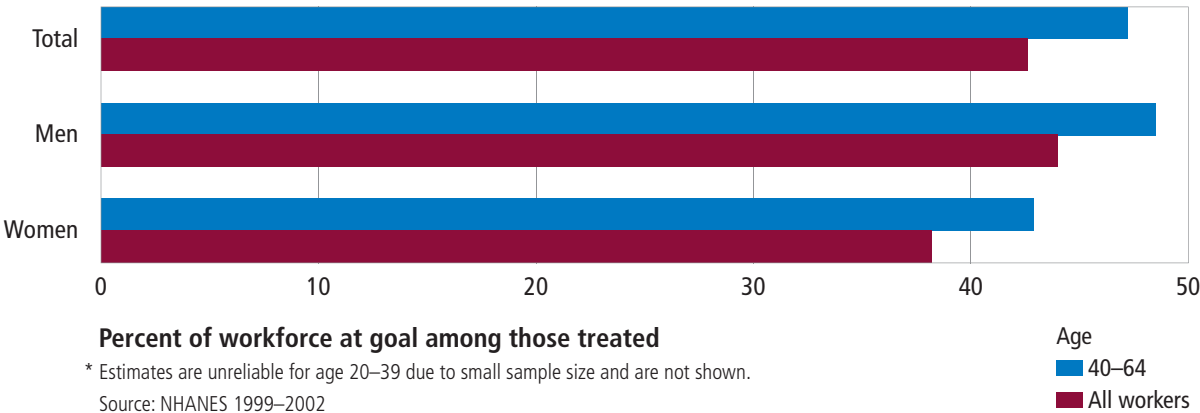
Awareness of diabetes among prevalent cases in the US workforce* by gender



Treatment of diabetes among prevalent cases in the US workforce* by gender



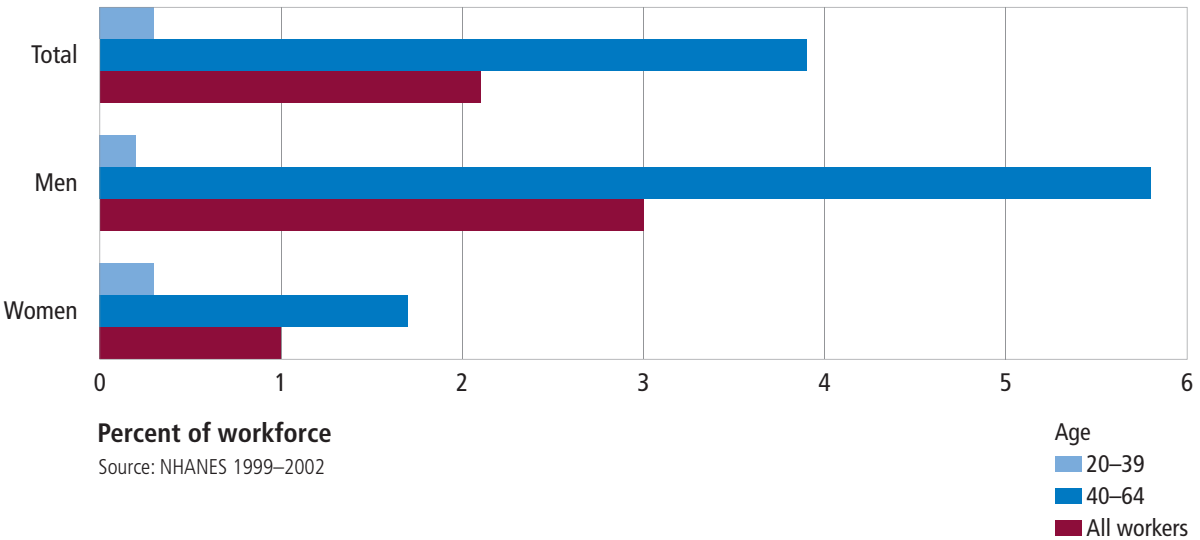
Goal attainment among those treated for diabetes in the US workforce* by gender



Ischemic heart disease

The prevalence of IHD in the workforce is 2% and is highest among older working men (6%).

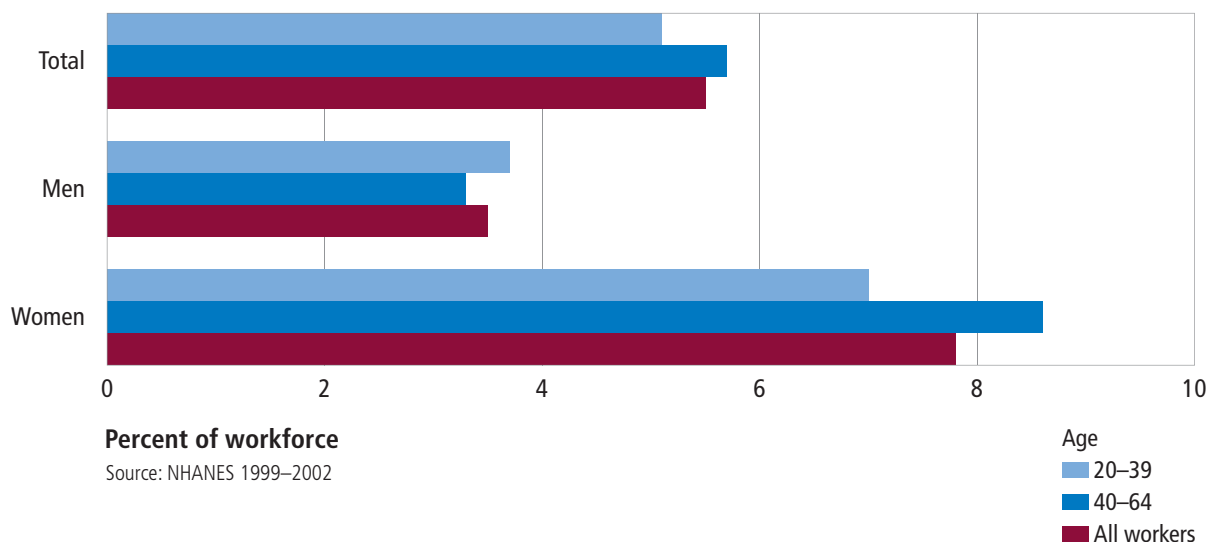
Prevalence of ischemic heart disease in the US workforce by age and gender



Chronic obstructive pulmonary disease

COPD affects 6% of the overall workforce. COPD prevalence is similar among younger and older workers, 5% and 6%, respectively. Employed women are twice as likely as employed men to have COPD (8% vs 4%).

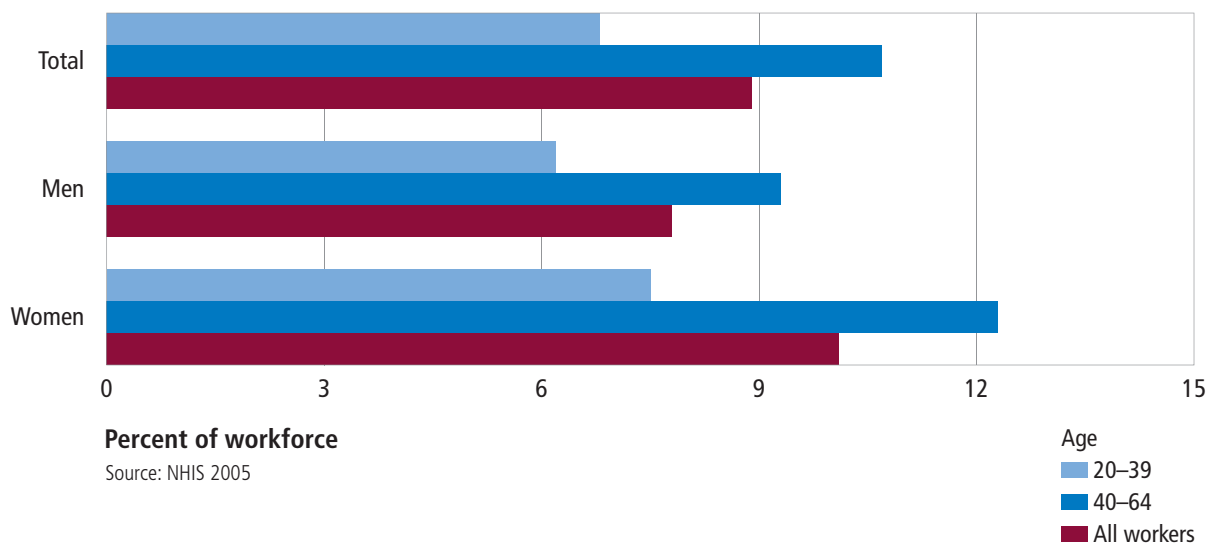
Prevalence of chronic obstructive pulmonary disease in the US workforce by age and gender



Hay fever

Nine percent of the overall workforce has hay fever and this condition is more prevalent among older workers than younger workers (11% vs 7%). At each age group, working women have a higher prevalence of hay fever than working men and older working women have the highest prevalence (12%).

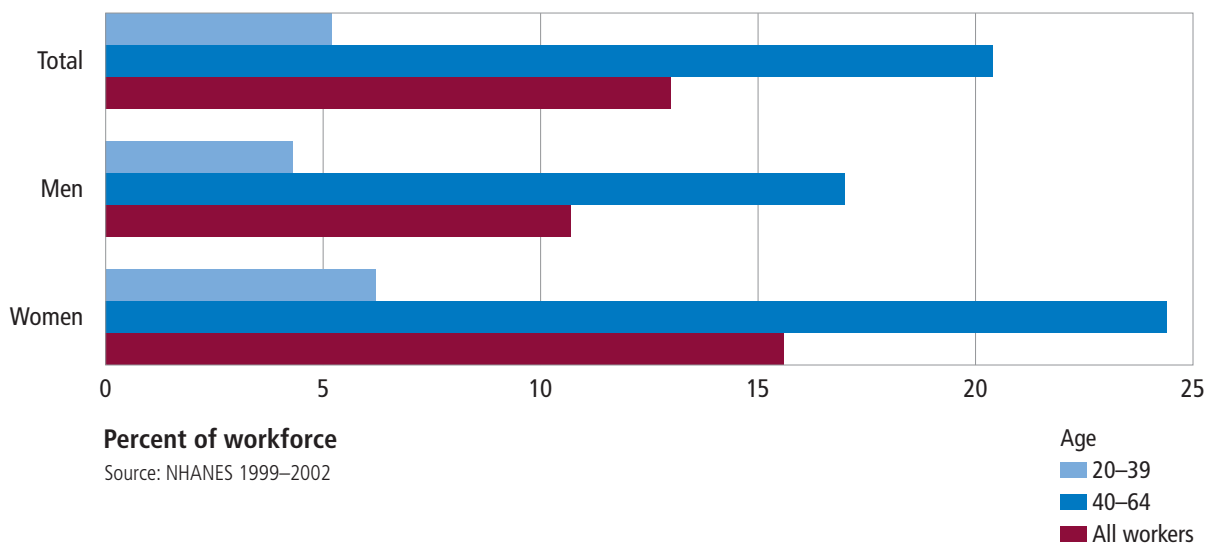
Prevalence of hay fever in the US workforce by age and gender



Arthritis

Arthritis affects 13% of the overall workforce, with prevalence rates higher among older workers than among younger workers (20% vs 5%), and highest among older employed women (24%).

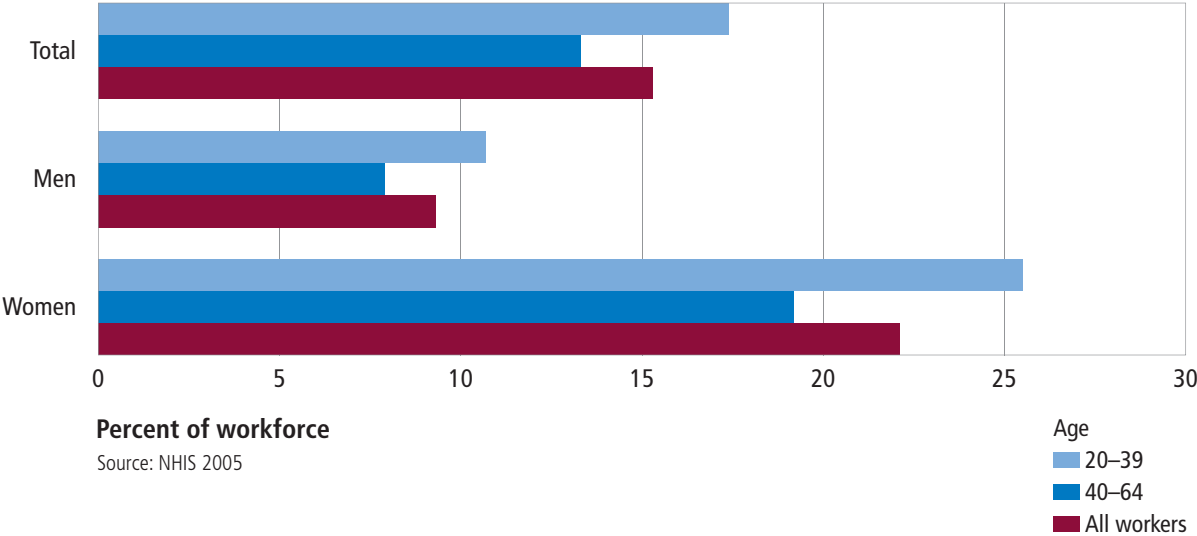
Prevalence of arthritis in the US workforce by age and gender



Migraine

The prevalence of migraine is 15% in the workforce, with younger workers having a higher prevalence rate than older workers (17% vs 13%). Women are more than twice as likely as men to have migraine (22% vs 9%), with 1 in 4 younger working women having migraine.

Prevalence of migraine in the US workforce by age and gender





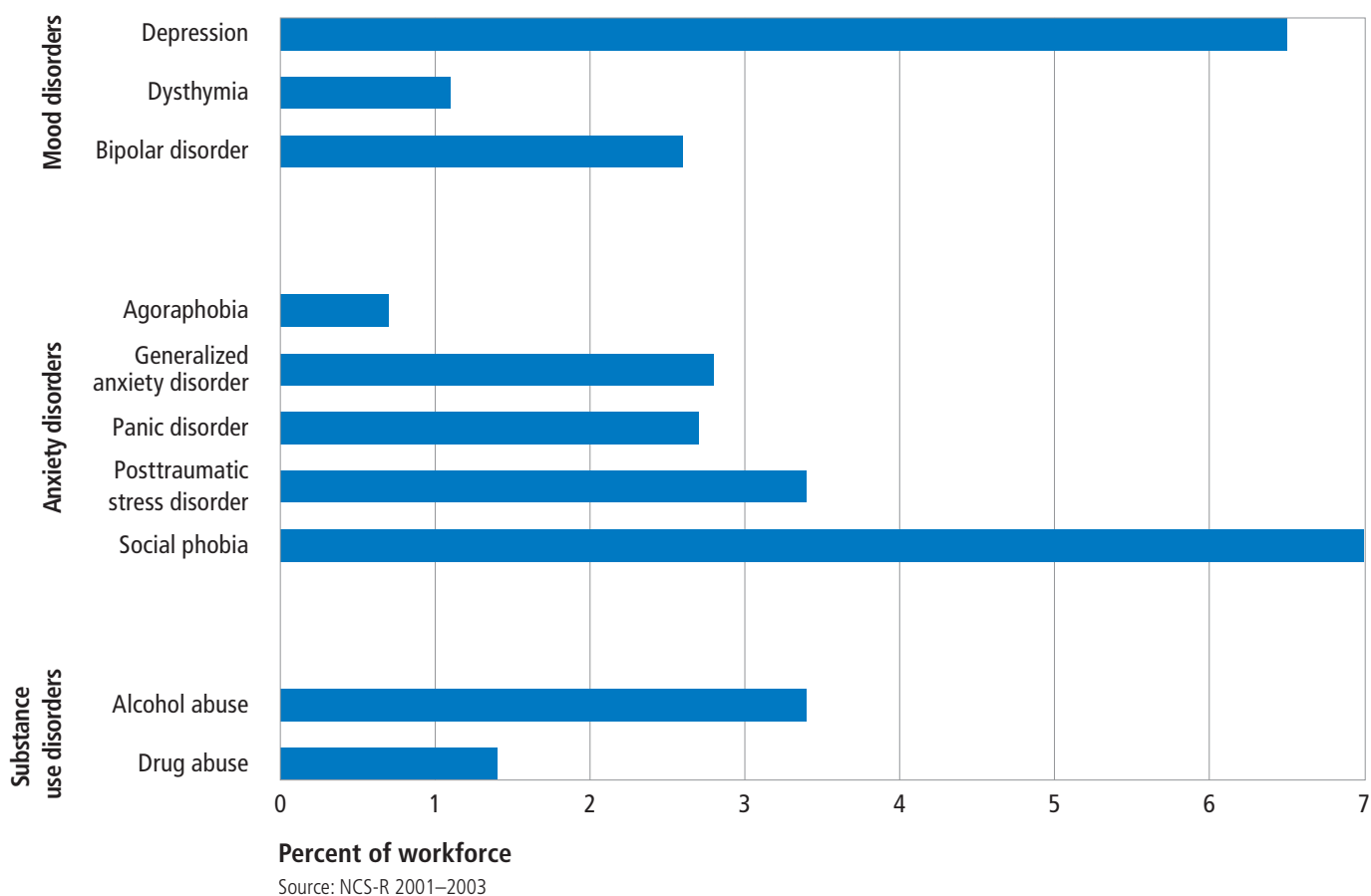
Prevalence of mental disorders

Mental disorders are prevalent in the US workforce. Twenty-one percent of the workforce experiences symptoms indicative of a mental health or substance use disorder yearly. Ten of the mental disorders diagnosed by the National Comorbidity Survey-Replication are presented here. These mental disorders are classified into 3 categories:

- Mood disorders – major depression, dysthymia, bipolar disorder
- Anxiety disorders – agoraphobia, generalized anxiety disorder (GAD), panic disorder, posttraumatic stress disorder (PTSD), social phobia (social anxiety disorder)
- Substance use disorders – alcohol abuse/dependence, drug abuse/dependence

The most prevalent mental disorders affecting the workforce are depression and social phobia, with total prevalence rates of 6% and 7%, respectively. Alcohol abuse/dependence and PTSD follow with rates of 3% each.

Prevalence of selected mental disorders in the US workforce

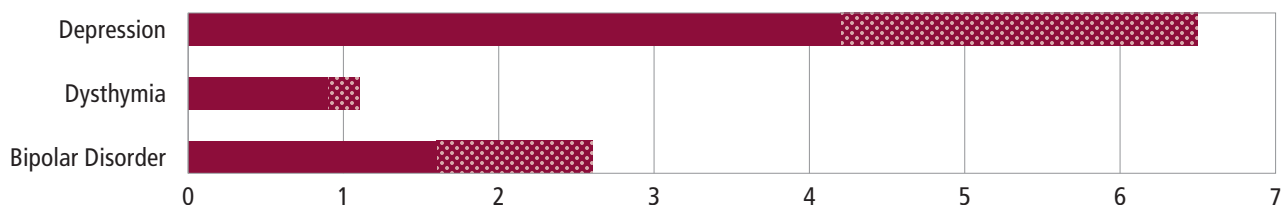


Mood disorders

The prevalence of depression in the workforce is 6%, 4% diagnosed (ie, sought treatment), and 2% undiagnosed. Bipolar disorder affects 3% of the workforce (2% diagnosed, 1% undiagnosed). Depression is twice as prevalent among working women as working men (9% vs 4%) and is more prevalent among younger workers than among older workers (8% vs 5%).

Treatment-seeking behavior for a mental disorder refers to visiting a psychiatrist, general practitioner or family doctor, or other medical doctor, psychologist, other mental health professional, or nurse for any modality of mental health treatment. The percentage of workers with mood disorders that seek treatment for their symptoms ranges from 62% for bipolar disorder, 64% for depression, and 78% for dysthymia. Working women are more likely than working men, and older workers are more likely than younger workers to seek treatment for a mood disorder.

Prevalence of mood disorders in the US workforce by diagnosis status



Percent of workforce

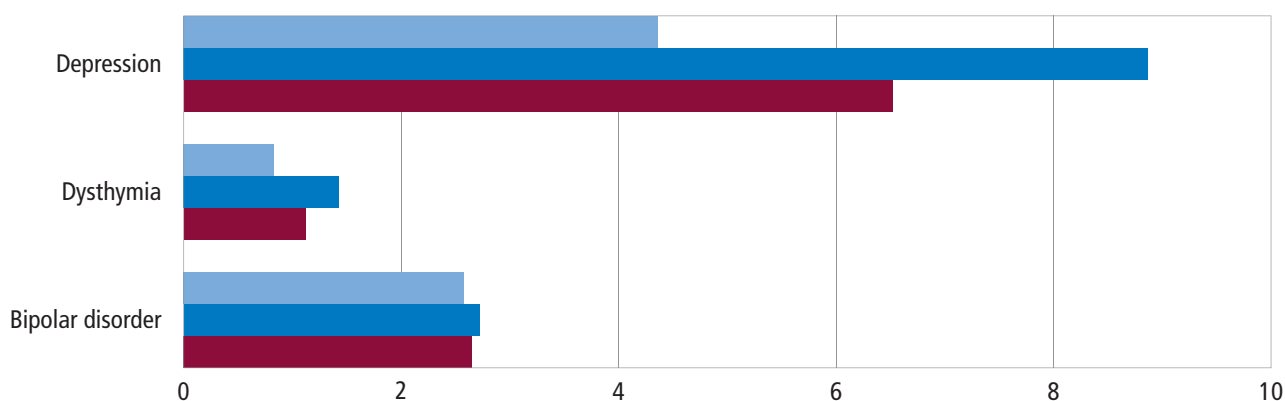
Diagnosed is defined as a worker who has visited a psychiatrist, general practitioner or family doctor, or other medical doctor, psychologist, other mental health professional, or nurse for any modality of mental health treatment.

Undiagnosed is defined as a worker who tests positive in the survey but has never sought care for a mental health symptom.

Source: NCS-R 2001–2003

■ Diagnosed
▤ Undiagnosed

Prevalence of mood disorders in the US workforce by gender

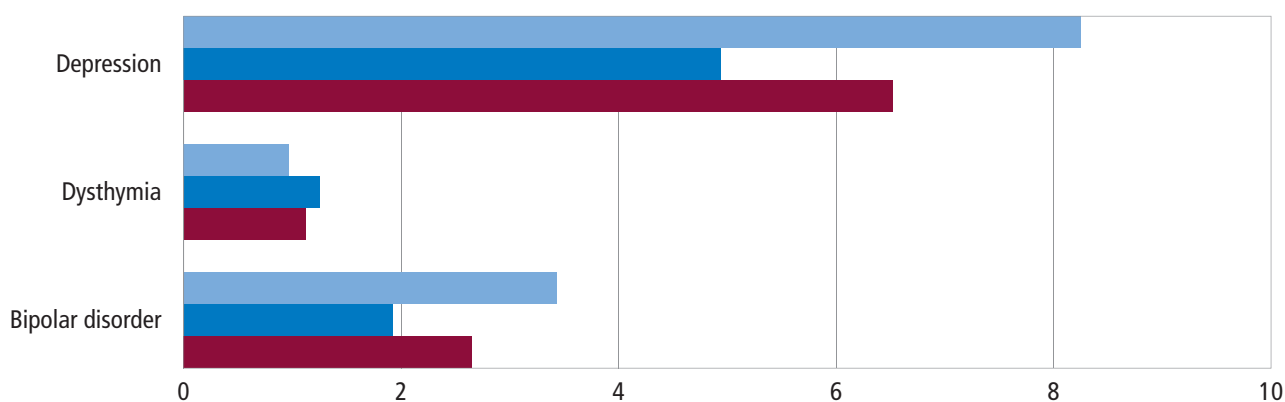


Percent of workforce

Source: NCS-R 2001–2003

■ Men
■ Women
■ All workers

Prevalence of mood disorders in the US workforce by age

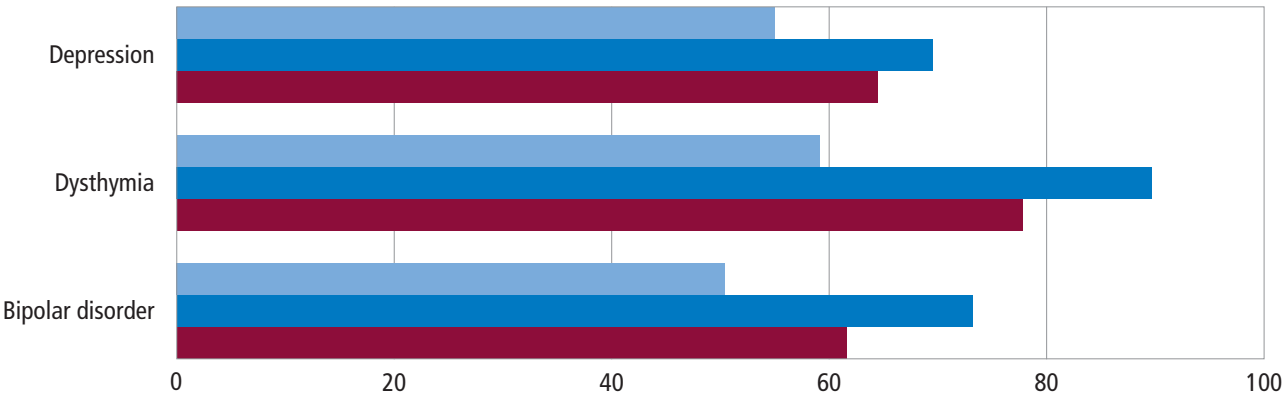


Percent of workforce

Source: NCS-R 2001–2003

Age
■ 20–39
■ 40–64
■ All workers

Treatment-seeking behavior of US workers with mood disorders by gender



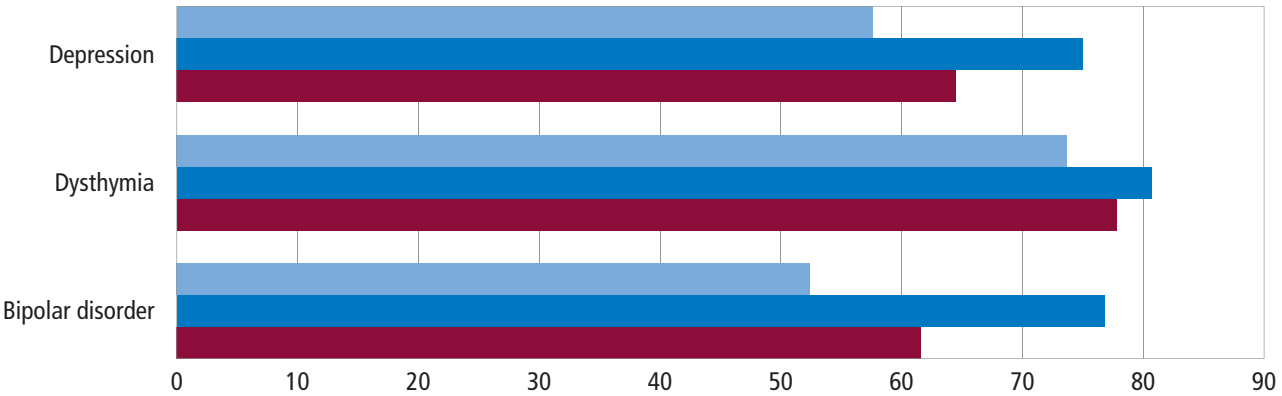
Percent who sought treatment

Treatment-seeking behavior refers to visiting a psychiatrist, general practitioner or family doctor, or other medical doctor, psychologist, other mental health professional, or nurse for any modality of mental health treatment.

Source: NCS-R 2001–2003

Men
Women
All workers

Treatment-seeking behavior of US workers with mood disorders by age



Percent who sought treatment

Treatment-seeking behavior refers to visiting a psychiatrist, general practitioner or family doctor, or other medical doctor, psychologist, other mental health professional, or nurse for any modality of mental health treatment.

Source: NCS-R 2001–2003

Age
20–39
40–64
All workers

Anxiety disorders

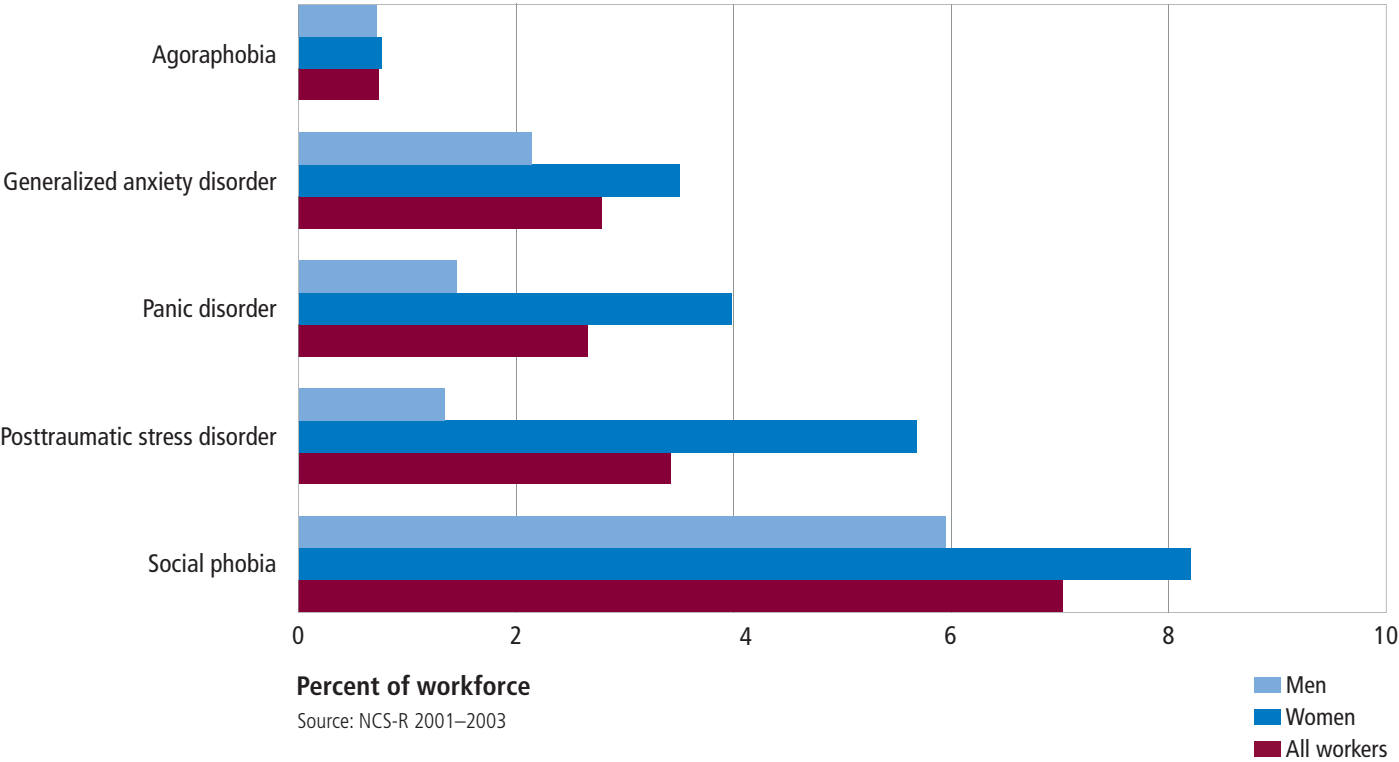
Social phobia (social anxiety disorder) is the most prevalent anxiety disorder affecting the workforce, with a rate of 7% (4% diagnosed, 3% undiagnosed), followed by PTSD, GAD, and panic disorder, each with total prevalence rates of approximately 3%, and undiagnosed prevalence rates of 1%. Anxiety disorders are generally more prevalent among working women than among working men, and, with the exception of social phobia, prevalence rates are similar among younger and older workers.

The percentage of workers with anxiety disorders that seek treatment for their symptoms ranges from 50% (agoraphobia) to 78% (panic disorder). Working women seek treatment more often than working men, and older workers seek treatment more often than younger workers for all except agoraphobia.

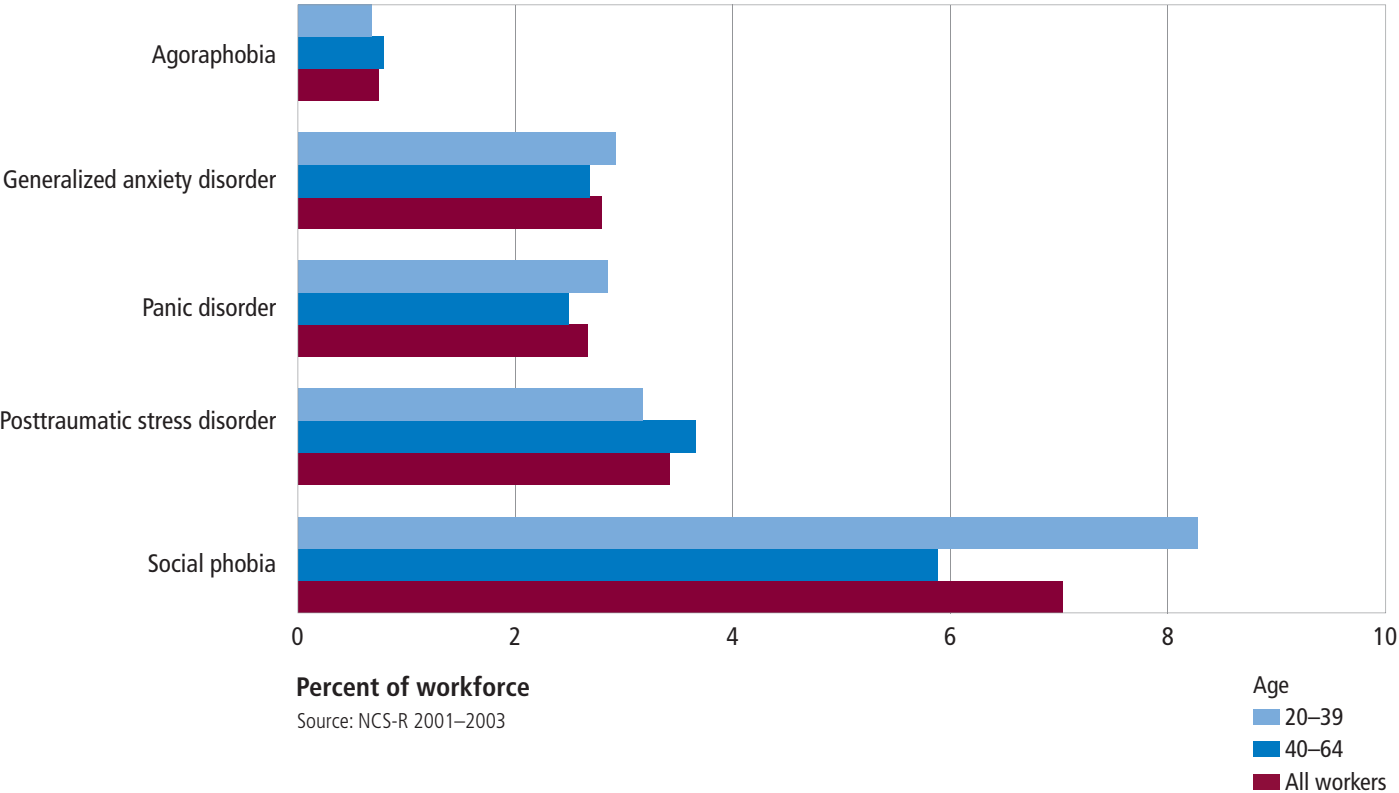
Prevalence of anxiety disorders in the US workforce by diagnosis status



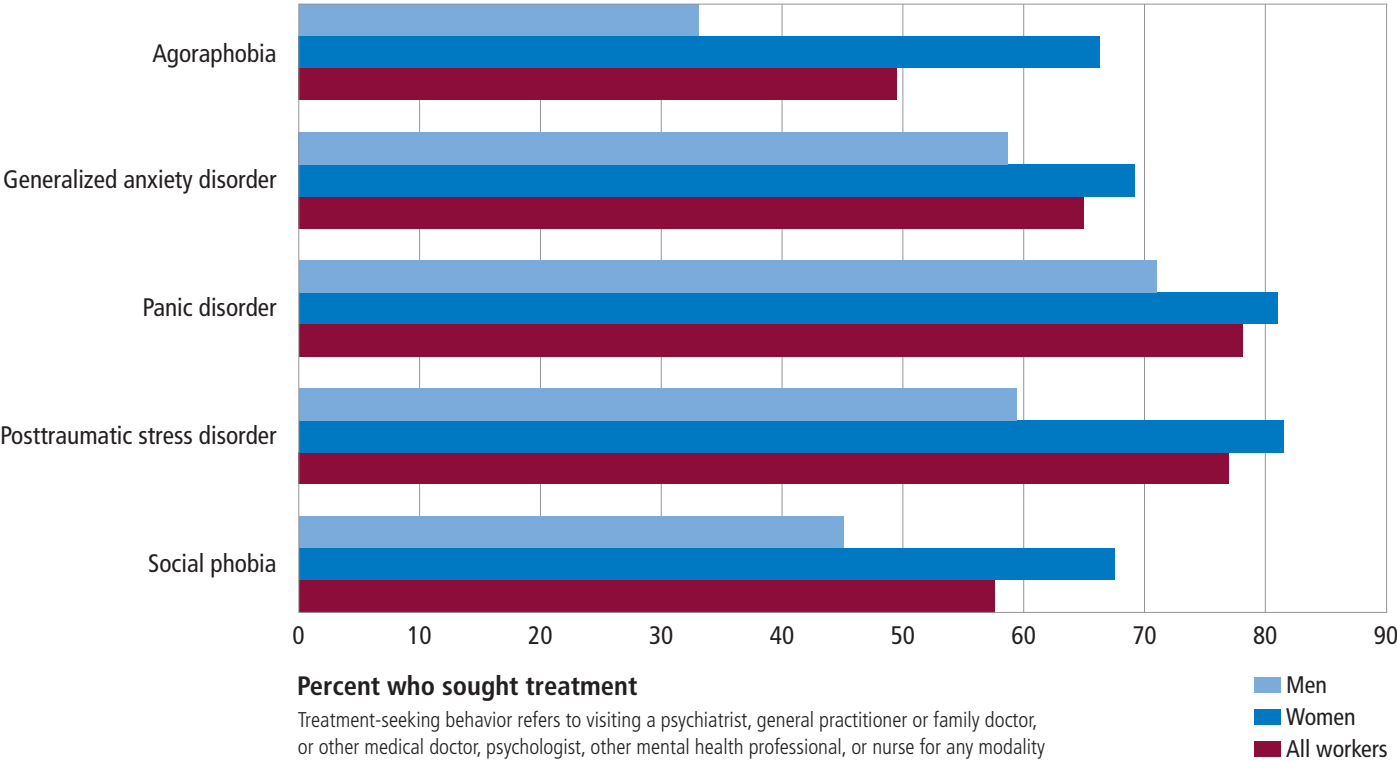
Prevalence of anxiety disorders in the US workforce by gender



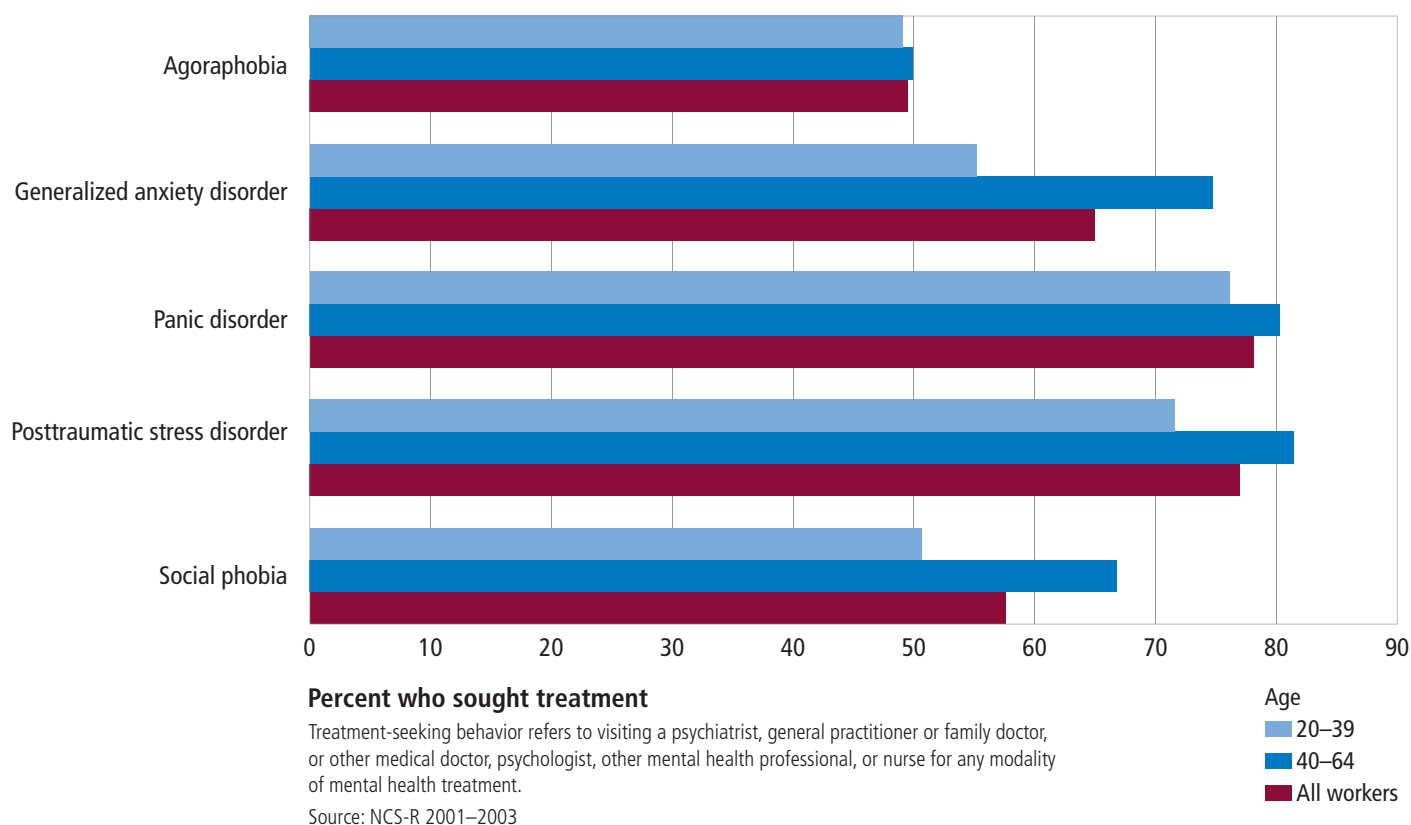
Prevalence of anxiety disorders in the US workforce by age



Treatment-seeking behavior of US workers with anxiety disorders by gender



Treatment-seeking behavior of US workers with anxiety disorders by age



Substance use disorders

Substance abuse includes cases with and without dependence. Undiagnosed substance abuse is a problem among employed persons in the US workforce. The total prevalence of alcohol abuse is 3%, with an equal proportion of diagnosed and undiagnosed cases. One percent of the total workforce engages in drug abuse and greater than half of these cases are undiagnosed. Working men have a higher prevalence rate than working women of alcohol abuse (5% vs 2%) and drug abuse (2% vs 1%); younger workers are more likely than older workers to have a substance abuse problem.

Working men are less likely than working women to seek treatment for alcohol abuse (41% vs 72%) and drug abuse (34% vs 74%). Older workers have higher treatment-seeking rates for both conditions.

Prevalence of substance use disorders in the US workforce by diagnosis status



Percent of workforce

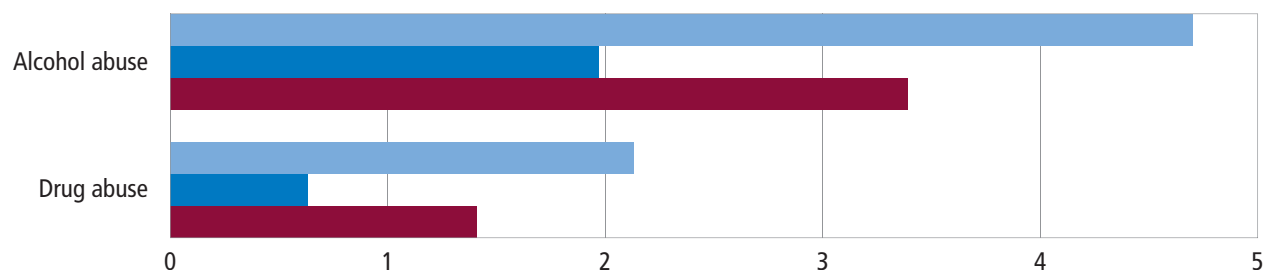
Diagnosed is defined as a worker who has visited a psychiatrist, general practitioner or family doctor, or other medical doctor, psychologist, other mental health professional, or nurse for any modality of mental health treatment.

Undiagnosed is defined as a worker who tests positive in the survey but has never sought care for substance abuse.

Source: NCS-R 2001–2003

■ Diagnosed
▤ Undiagnosed

Prevalence of substance use disorders in the US workforce by gender



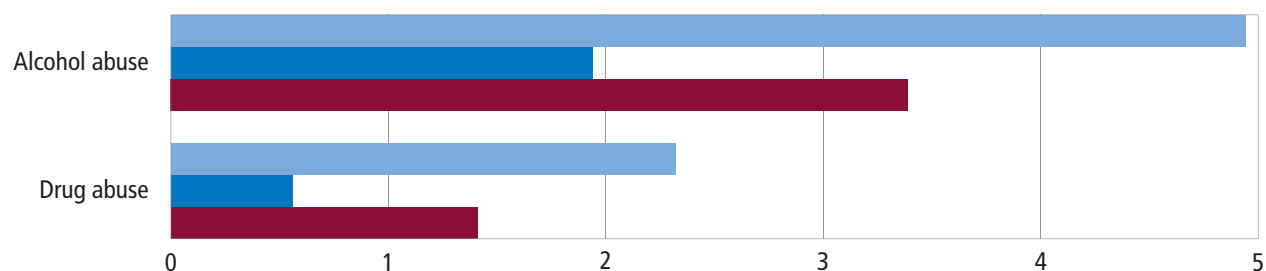
Percent of workforce

Substance use disorders include cases with and without dependence.

Source: NCS-R 2001–2003

■ Men
■ Women
■ All workers

Prevalence of substance use disorders in the US workforce by age



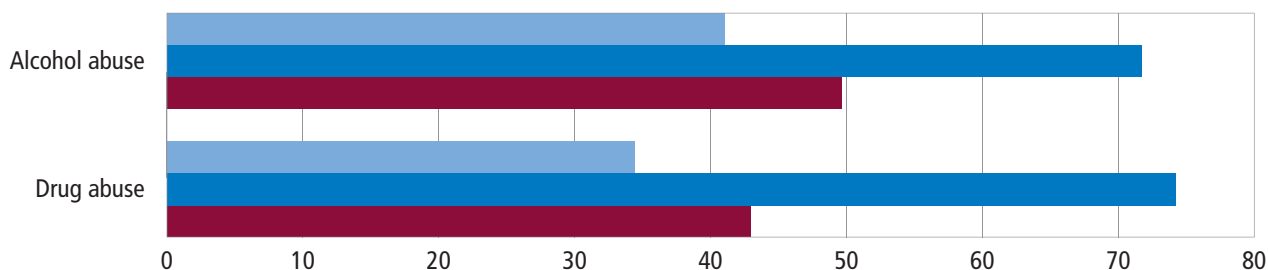
Percent of workforce

Substance use disorders include cases with and without dependence.

Source: NCS-R 2001–2003

Age
■ 20–39
■ 40–64
■ All workers

Treatment-seeking behavior of US workers with substance use disorders by gender



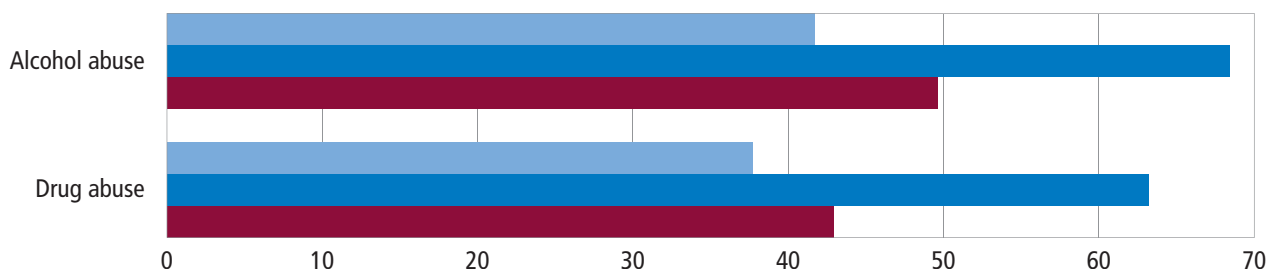
Percent who sought treatment

Treatment-seeking behavior refers to visiting a psychiatrist, general practitioner or family doctor, or other medical doctor, psychologist, other mental health professional, or nurse for substance abuse treatment. Substance use disorders include cases with and without dependence.

Source: NCS-R 2001–2003

Men
Women
All workers

Treatment-seeking behavior of US workers with substance use disorders by age

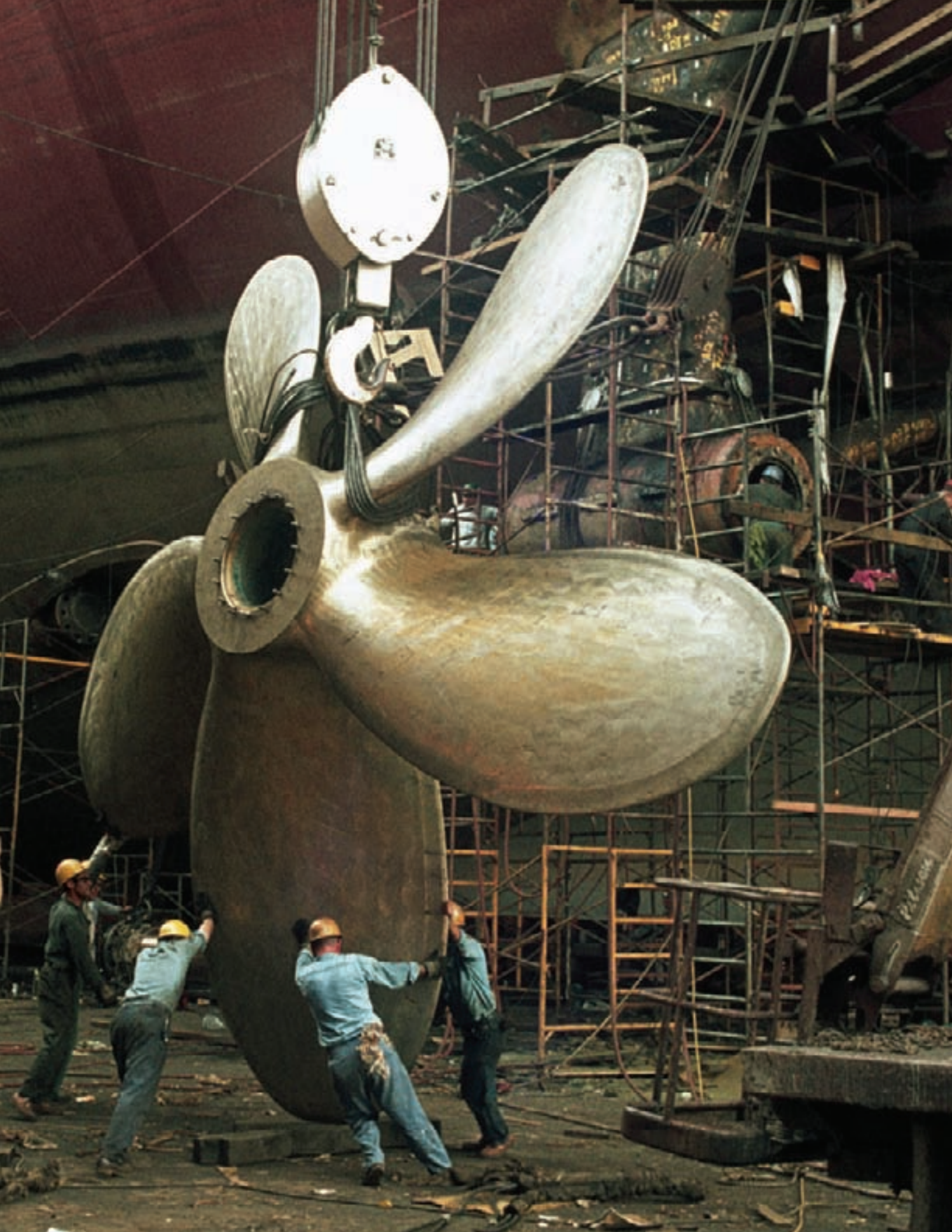


Percent who sought treatment

Treatment-seeking behavior refers to visiting a psychiatrist, general practitioner or family doctor, or other medical doctor, psychologist, other mental health professional, or nurse for substance abuse treatment. Substance use disorders include cases with and without dependence.

Source: NCS-R 2001–2003

Age
20–39
40–64
All workers



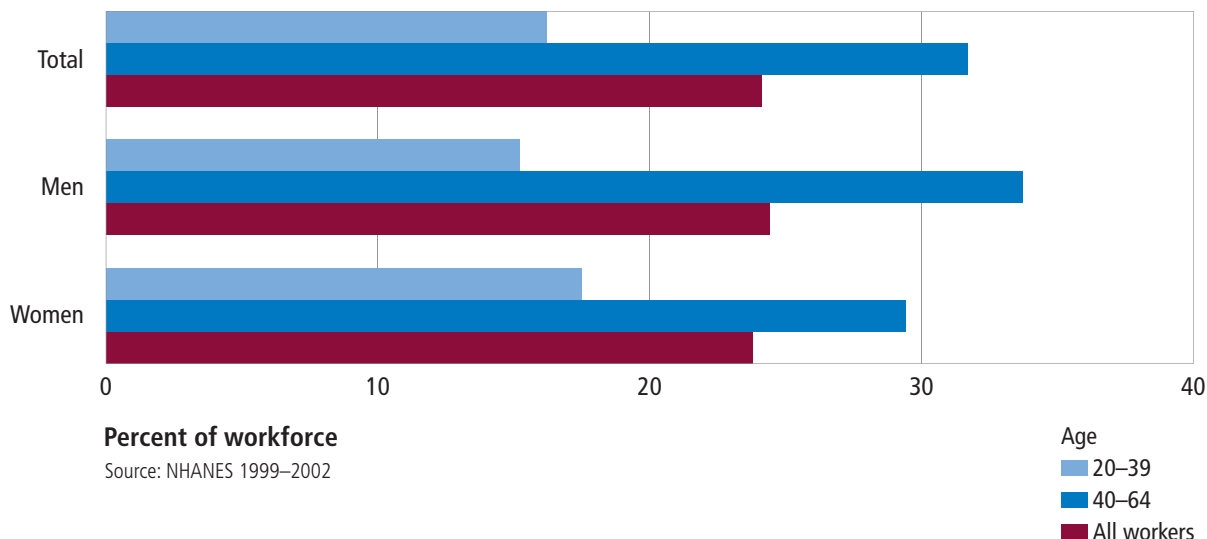


The metabolic syndrome and obesity

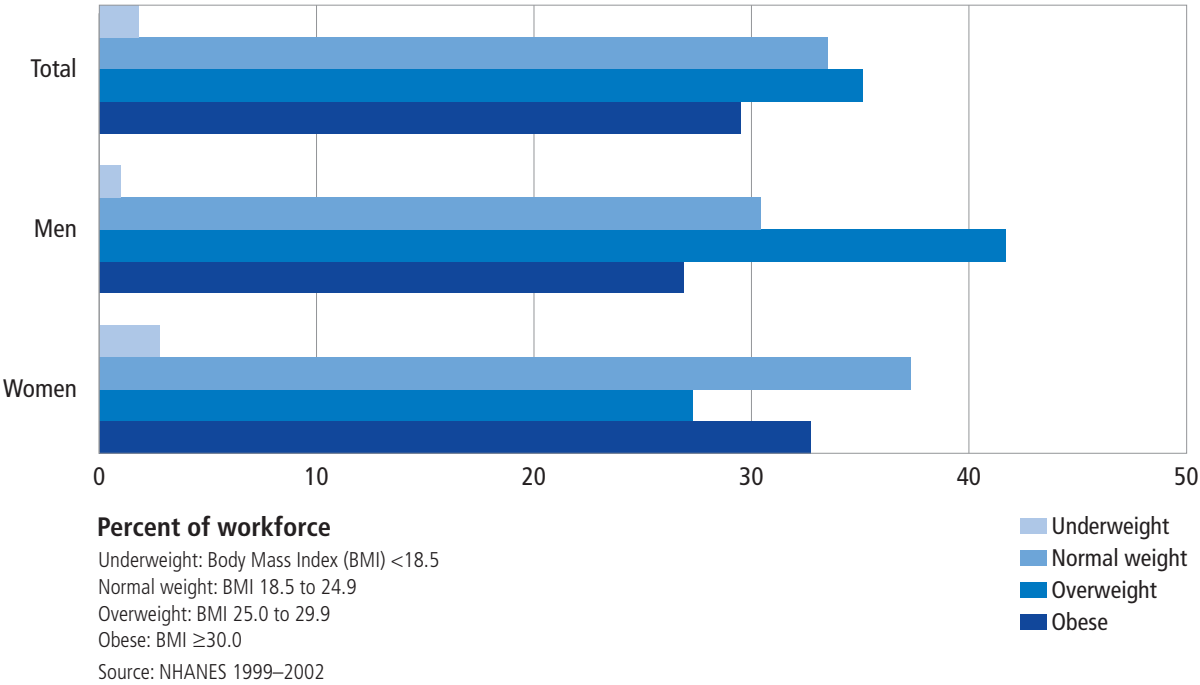
The metabolic syndrome is a condition, according to the National Cholesterol Education Program (NCEP) Adult Treatment Panel (ATP) III, that is identified by the presence of 3 or more of these components: central obesity as measured by waist circumference (men greater than 40 inches, women greater than 35 inches); triglycerides greater than or equal to 150 mg/dL; HDL cholesterol (men less than 40 mg/dL, women less than 50 mg/dL); blood pressure greater than or equal to 130/85 mmHg; fasting glucose greater than or equal to 110 mg/dL.

Twenty-four percent of the workforce has the metabolic syndrome, with rates higher among older workers than among younger workers (32% vs 16%). Obesity, defined as body mass index greater than or equal to 30, affects 30% of the workforce, is higher among women than among men (33% vs 27%), and is more prevalent among older workers compared with younger workers (33% vs 26%). Sixty-five percent of the overall workforce is overweight or obese.

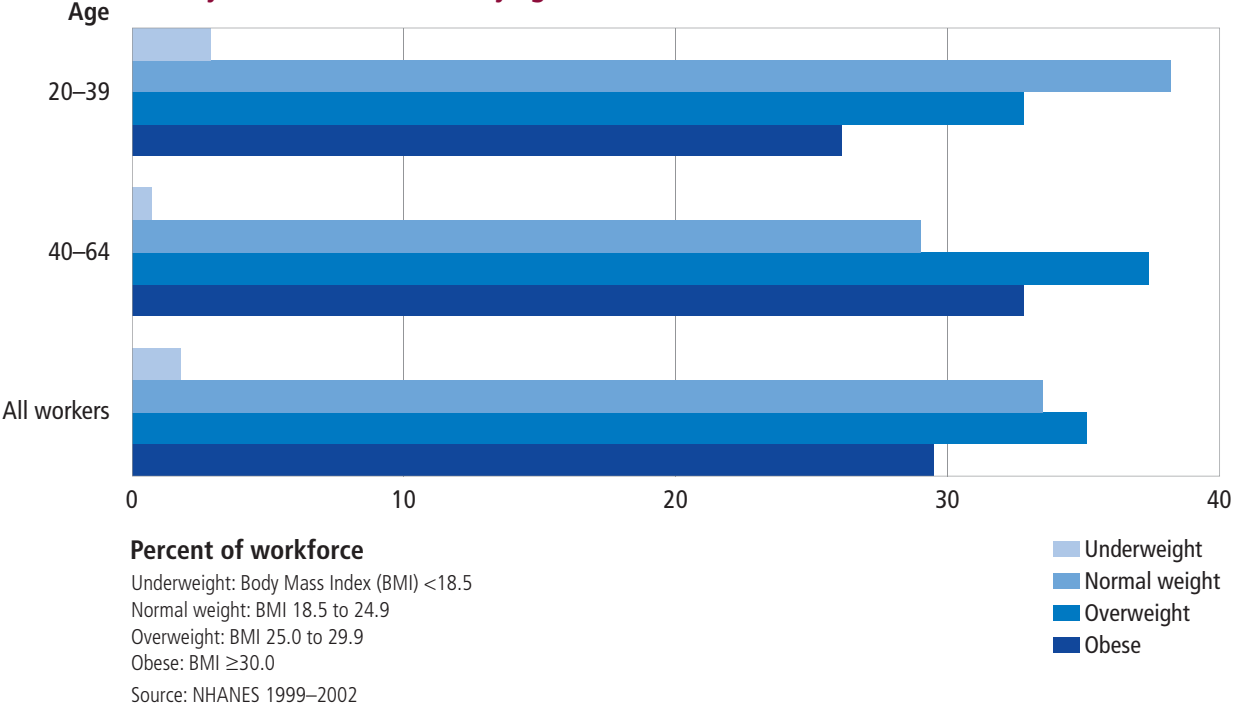
Prevalence of the metabolic syndrome in the US workforce by age and gender



Prevalence of underweight, normal weight, overweight and obesity in the US workforce by gender



Prevalence of underweight, normal weight, overweight and obesity in the US workforce by age



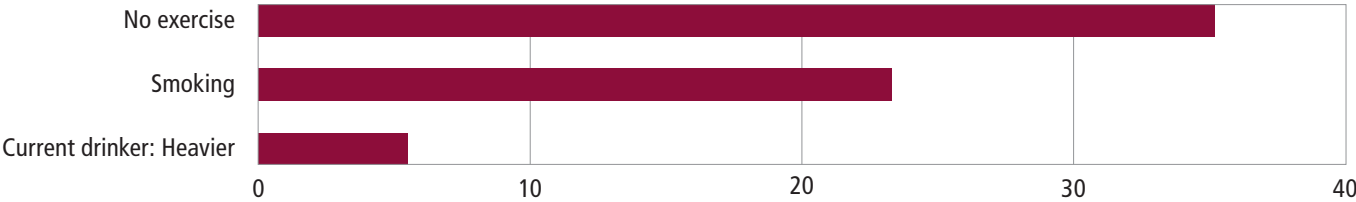




Behavioral risk factors

Thirty-five percent of the workforce report that they do not exercise, 23% are current smokers, and 6% are self-reported heavier consumers of alcohol. Forty-six percent of working men and women exercise 3 or more times per week. Working women are more likely than working men to have never smoked (63% vs 54%), 62% of younger workers have never smoked, and 19% of all workers are former smokers. Two out of every 3 workers report being a current drinker, and 19% report being lifetime abstainers from alcohol.

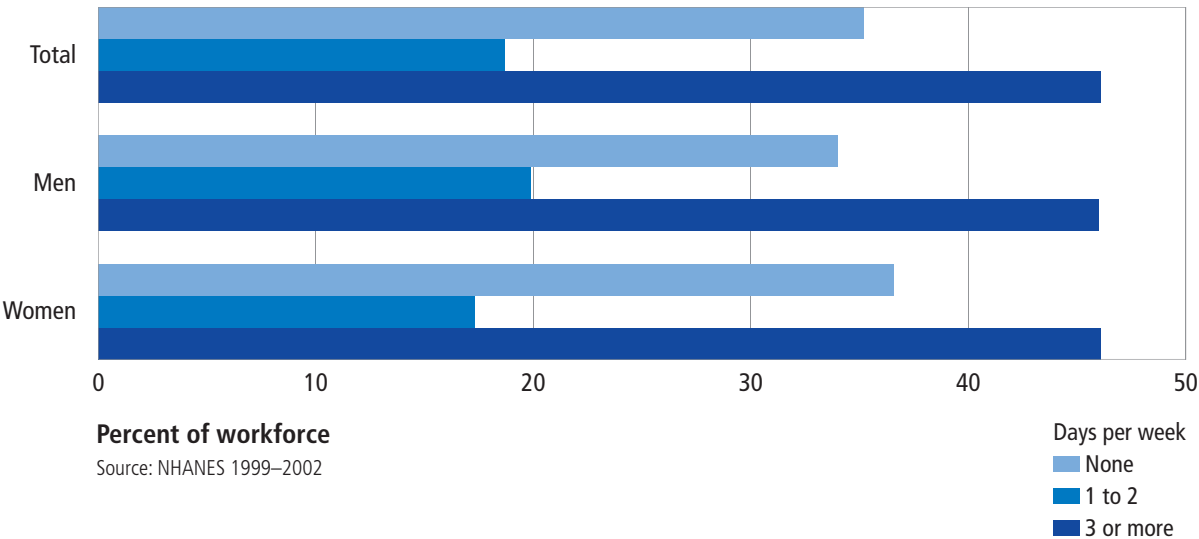
Prevalence of behavioral risk factors in the US workforce



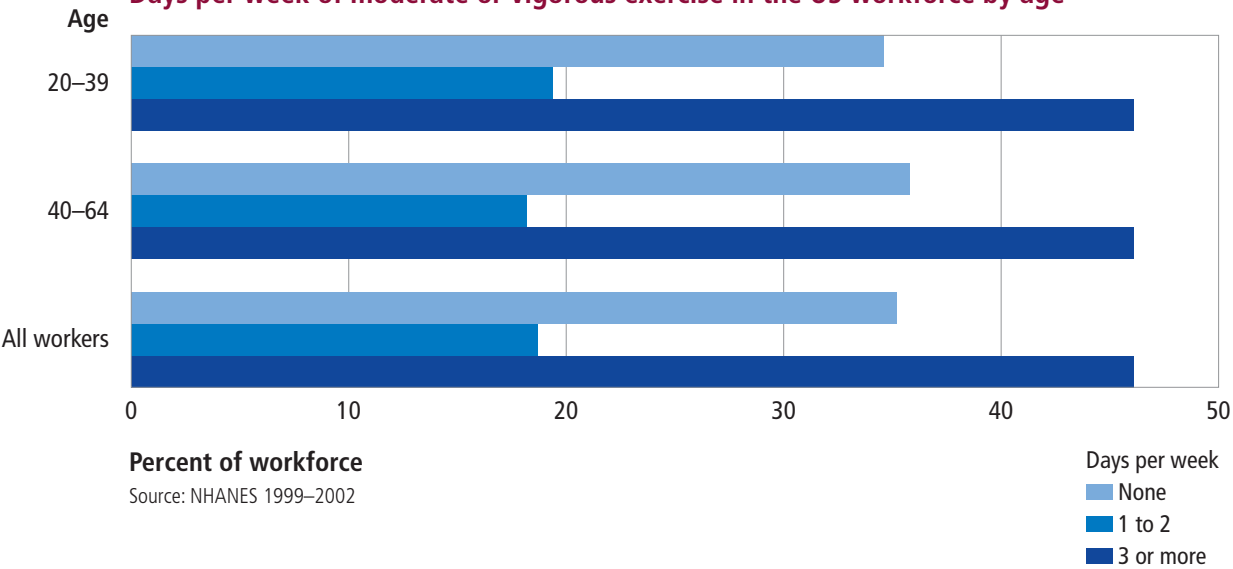
Percent of workforce

No exercise: 0 days per week of moderate to vigorous exercise
Current smoker: Smokes "everyday" or "some days", ≥100 cigarettes in lifetime
Current drinker: Heavier: average of >2 drinks/day for men, average of >1 drink/day for women
Source: NHIS 2005 (alcohol, smoking)
NHANES 1999–2002 (exercise)

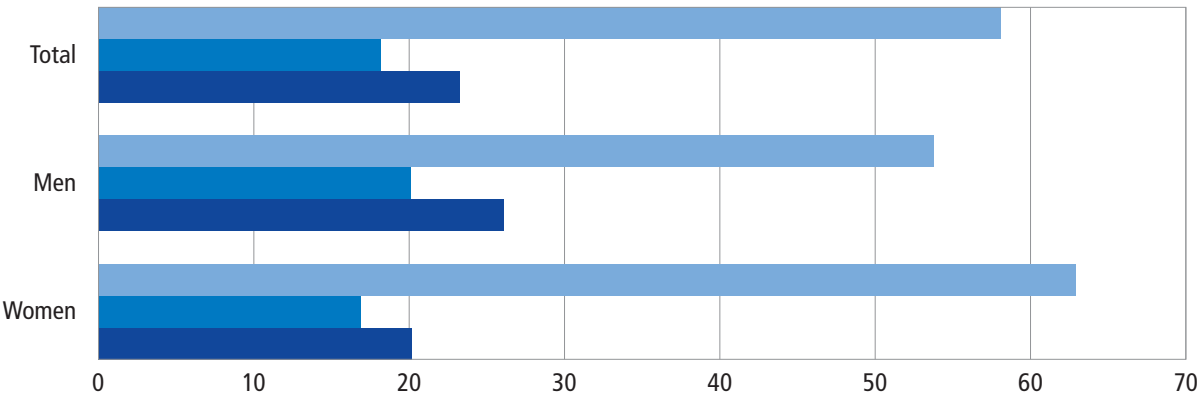
Days per week of moderate or vigorous exercise in the US workforce by gender



Days per week of moderate or vigorous exercise in the US workforce by age



Smoking status in the US workforce by gender

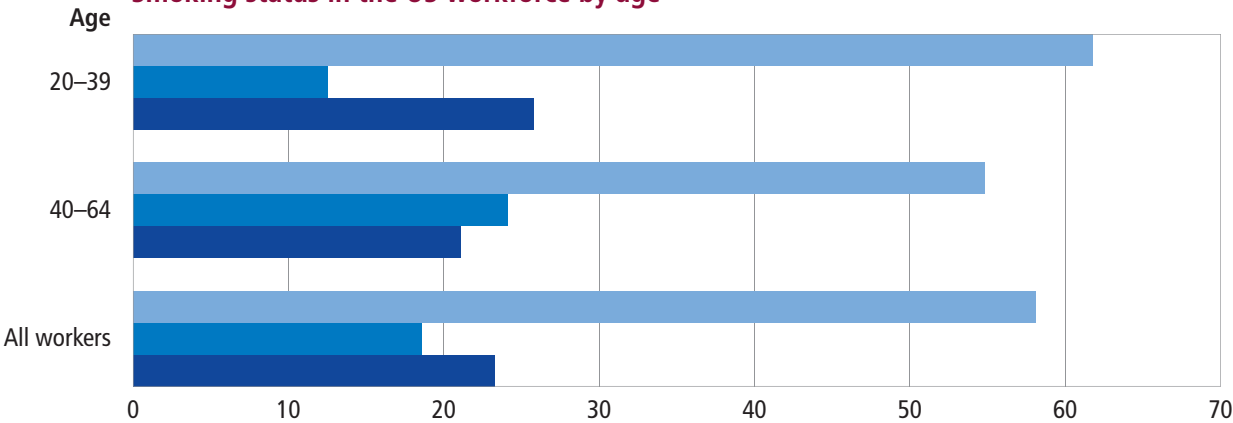


Percent of workforce

Never smoked: <100 cigarettes in lifetime
Former smoker: Not a current smoker, ≥100 cigarettes in lifetime
Current smoker: Smokes "every day" or "some days", ≥100 cigarettes in lifetime
Source: NHIS 2005

Never smoked
Former smoker
Current smoker

Smoking status in the US workforce by age

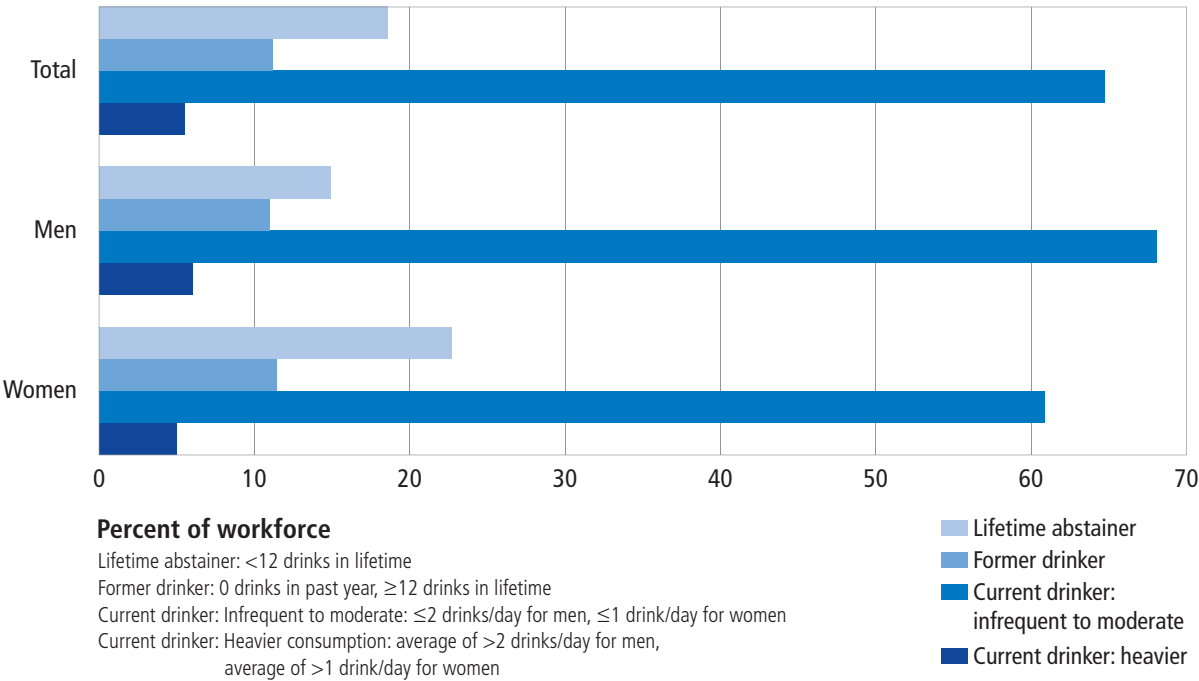


Percent of workforce

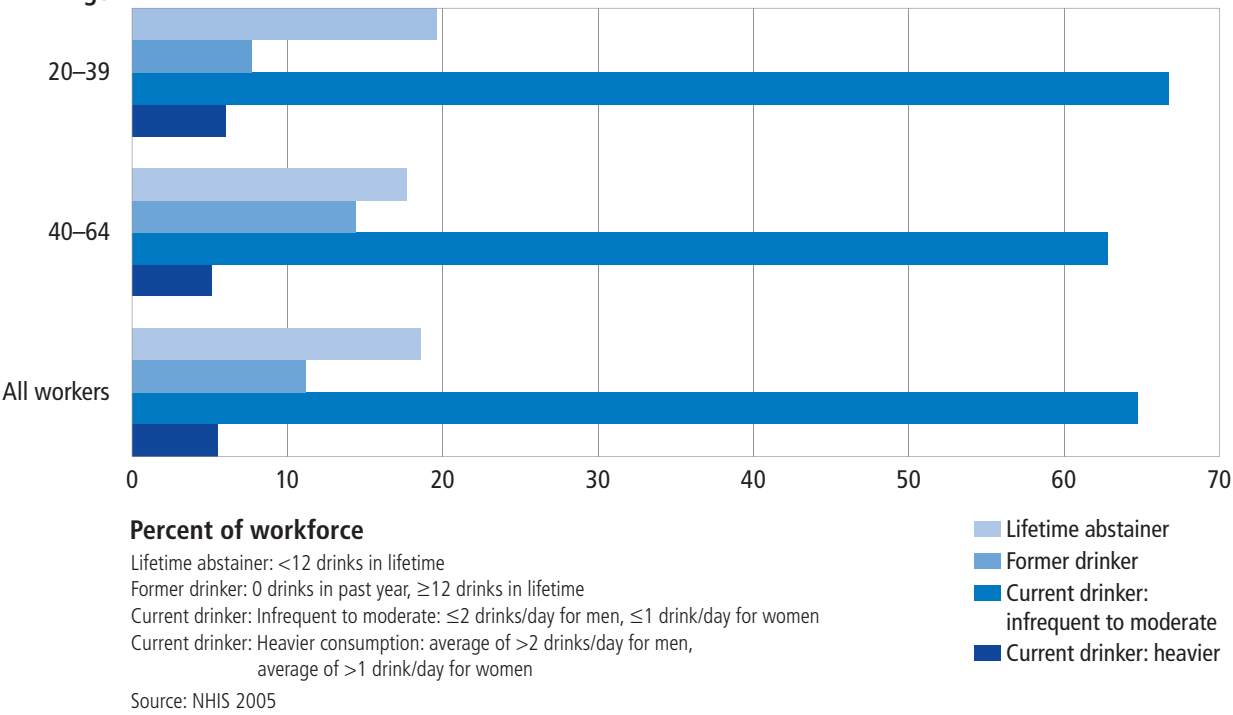
Never smoked: <100 cigarettes in lifetime
Former smoker: Not a current smoker, ≥100 cigarettes in lifetime
Current smoker: Smokes "every day" or "some days", ≥100 cigarettes in lifetime
Source: NHIS 2005

Never smoked
Former smoker
Current smoker

Alcohol consumption in the US workforce by gender



Alcohol consumption in the US workforce by age







Appendix I: Methods

Data sources

National Health and Nutrition Examination Survey (NHANES), 1999-2002

US Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

The National Health and Nutrition Examination Survey (NHANES) is a sample survey designed to obtain nationally representative information on the health and nutrition of the civilian, non-institutionalized population in the United States. It is conducted by the National Center for Health Statistics (NCHS), a part of the Centers for Disease Control and Prevention (CDC).

The NHANES 1999-2002 sample survey included approximately 10,000 people and the subset used in these analyses was restricted to working adults aged 20 through 64 years. The sample size for these analyses was 4913 working adults: 2575 men and 2338 women. The morning subset sample size was 2180 working adults. NHANES staff conducted surveys in households, administering questionnaires that included demographic, socioeconomic, dietary, and health history questions. Medical examinations were conducted in mobile vans and included measurements of blood pressure, lipid levels, and glucose levels.

Working persons aged 65 years and older were excluded from the analyses due to small sample size, 192 men and 109 women, and small representation within the US workforce (4.5 million workers, or 3.5% of all working persons aged 20 years and older).

National Health Interview Survey (NHIS), 2005

US Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NHIS is a nationally representative interview survey based on a sample of the non-institutionalized US population, including approximately 30,000 persons over the age of 20. Working adults aged 20 through 64 years were selected for these analyses. The sample size for these analyses was 19,881 working adults: 9674 men; 10,207 women.

National Comorbidity Survey-Replication (NCS-R), 2001-2003

US Department of Health and Human Services
National Institute of Mental Health
National Institute on Drug Abuse
Substance Abuse and Mental Health Services Administration
Robert Wood Johnson Foundation
John W. Alden Trust

The baseline National Comorbidity Survey (NCS), fielded from 1990 to 1992, was a nationally representative mental health survey using a fully structured research diagnostic interview to assess the prevalences and correlates of DSM-III-R Disorders. An NCS Replication survey (NCS-R) was carried out between 2001 and 2003 in a new national sample of 10,000 respondents to obtain more information about a number of topics either not covered in the baseline NCS or covered in less depth. Prevalence estimates from NCS-R data use the DSM-IV criteria. The NCS-R, 2001-2003 included 5879 working adults aged 20 through 64 years: 2895 men; 2984 women.

Definitions

Workforce: Persons employed at the time of the NHANES, NHIS or NCS-R survey.

Employed persons: Persons employed at the time of the NHANES, NHIS, or NCS-R survey.

Disease and risk factor definitions

Alcohol Consumption: Alcohol consumption was based on NHIS definitions: heavier consumption (an average of more than 2 drinks per day for men, an average of more than 1 drink per day for women); infrequent to moderate (2 or fewer drinks per day for men, 1 or fewer drinks per day for women); former drinker (no drinks in the past year, but 12 or more in a lifetime); lifetime abstainer (less than 12 drinks in a lifetime).

Arthritis: Persons were classified as having arthritis if they reported in the NHANES interview having been told by a physician that they have arthritis.

Asthma: Persons were classified as having asthma if they reported in the NHIS interview having been told by a physician that they have asthma.

Body Mass Index (BMI): BMI was calculated as weight in kilograms divided by the square of height in meters, based on measurements during the NHANES survey.

- Underweight: A person was classified as underweight if his/her BMI was less than 18.5
- Normal weight: A person was classified as normal weight if his/her BMI was greater than or equal to 18.5 and less than 25.0
- Overweight: A person was classified as overweight if his/her BMI was greater than or equal to 25.0 and less than 30.0
- Obese: A person was classified as obese if his/her BMI was greater than or equal to 30.0

Cancer: Persons were classified as having had cancer if they reported in the NHANES interview having been told by a physician that they had cancer.

Chronic Obstructive Pulmonary Disease (COPD): Based on NHANES, persons were classified as having COPD if they reported having been told by a physician they had emphysema or chronic bronchitis.

Chronic obstructive pulmonary disease (COPD): Based on NHIS, persons who were told that they ever had emphysema or that they had chronic bronchitis in the past 12 months.

Diabetes: Persons were classified as having diabetes if they reported in the NHANES interview having been told by a physician that they have diabetes, or if their fasting plasma glucose was greater than or equal to 126 mg/dL. The morning examination subset of the NHANES sample was used to ensure the validity of the fasting plasma glucose test data. Persons with diabetes were considered diagnosed if they reported in the NHANES interview having been told by a physician that they have diabetes. Persons were classified as having undiagnosed diabetes if they tested positive but reported no previous diagnosis.

Dyslipidemia: Persons were classified as having dyslipidemia if they reported in the NHANES interview that they were taking an antilipidemic drug, or if their measurement of LDL cholesterol exceeded the appropriate risk-based threshold established in the ATP III (Adult Treatment Panel) guidelines. For persons with coronary heart disease (CHD) or diabetes, or two or more risk factors plus a 10-year CHD risk of greater than 20%, the LDL cholesterol threshold is 100; for persons without CHD but with 2 or more risk factors, it is 130; and for persons without CHD and fewer than 2 risk factors it is 160. They were considered diagnosed if they reported in the NHANES interview having been told by a physician that they have high cholesterol. Persons were classified as having undiagnosed dyslipidemia if they tested positive but reported no previous diagnosis.

Exercise: Exercise behavior was captured by NHANES questions asking the frequency of moderate or vigorous exercise. Responses were categorized into 3 groups: none, 1 to 2 days per week, and 3 or more days per week.

Hay Fever: Persons were classified as having hay fever if they responded positively to the NHIS question: “During the PAST 12 MONTHS, have you been told by a doctor or other health professional that you had hay fever?”

Hypertension: Persons were classified as having hypertension if the average of their blood pressure measurements at the time of the NHANES examination was greater than or equal to 140 mmHg systolic, or greater than or equal to 90 mmHg diastolic, or they reported taking antihypertensive medication. Persons with hypertension who reported in the NHANES interview having been told by a physician that they have hypertension were classified as diagnosed. Persons were classified as having undiagnosed hypertension if they tested positive but reported no previous diagnosis.

Ischemic Heart Disease (IHD): Persons were classified as having IHD if they reported in the NHANES or NHIS interview having been told by a doctor or other health professional that they had a heart attack (also called myocardial infarction), or that they had angina (also called angina pectoris), or that they had coronary heart disease.

Kidney Disease: Persons were classified as having kidney disease if they reported in the NHIS interview having been told by a physician during the past 12 months that they have kidney disease.

Liver Disease: Persons were classified as having liver disease if they reported in the NHIS interview having been told by a physician during the past 12 months that they have liver disease.

Metabolic Syndrome: According to ATP III criteria, the metabolic syndrome was identified by the presence of 3 or more of these components: central obesity as measured by waist circumference (men greater than 40 inches, women greater than 35 inches); triglycerides greater than or equal to 150 mg/dL; HDL cholesterol (men less than 40 mg/dL, women less than 50 mg/dL); blood pressure greater than or equal to 130/85 mmHg; fasting glucose greater than or equal to 110 mg/dL. NHANES is the source used to calculate the metabolic syndrome.

Migraine: Persons were classified as having migraine if they responded positively to the NHIS question: “During the past 3 months, did you have a severe headache or migraine?”

Obesity: Persons were classified as obese if their BMI (weight in kilograms divided by height in meters squared) was greater than or equal to 30.0.

Osteoporosis: Persons were classified as having osteoporosis if they reported in the NHANES interview having been told by a physician that they have osteoporosis.

Sinusitis: Persons were classified as having sinusitis if they reported in the NHIS interview having been told by a physician that they have sinusitis.

Smoking: Smoking status was defined based on responses to the NHIS interview:

- Current smoker: a person who smokes “every day” or “some days” and who has smoked at least 100 cigarettes in his or her lifetime.
- Former smoker: A person who is not a current smoker, but has smoked at least 100 cigarettes in his or her lifetime.
- Never smoked: A person who has not smoked more than 100 cigarettes in his or her lifetime.

Stroke: Persons were classified as having had a stroke if they reported in the NHIS interview having been told by a physician that they had a stroke.

Ulcer: Persons were classified as having an ulcer if they reported in the NHIS interview having been told by a physician that they have an ulcer (including stomach, duodenal, or peptic ulcer).

Diagnostic criteria for mental disorders

Mood Disorders

Major Depression:

- Characterized by episodes of depressed mood or loss of interest in activities, lasting for at least 2 weeks.
- For diagnosis:
 - Depressed mood or loss of interest in most activities every day for 2 weeks or more.
 - Experience 5 or more associated symptoms.
 - Must represent a change from the previous level of functioning.
- Associated symptoms include: appetite disturbance; weight change; sleep disturbance; psychomotor agitation or retardation; decreased energy; feelings of worthlessness, or excessive or inappropriate guilt; difficulty thinking or concentrating; recurrent thoughts of death, or suicidal ideation or attempts.

Dysthymia:

- Characterized by a chronic disturbance of mood, involving depressed mood lasting for at least 2 years.
- For diagnosis:
 - Depressed mood, more days than not, for at least 2 years.
 - Experience 2 or more associated symptoms.
 - Never without depressed mood for more than 2 months out of the 2-year period.

- Associated symptoms include: poor appetite or overeating; insomnia or hypersomnia; low energy or fatigue; low self-esteem; poor concentration or difficulty making decisions; feelings of hopelessness.
- An individual can be diagnosed with both dysthymia and an episode of major depression only after dysthymia has occurred for a period of 2 years without the experience of any major depressive episodes.

Bipolar Disorder

- Characterized by 1 or more manic episodes, usually accompanied by 1 or more major depressive episodes.
 - Manic episode is characterized by elevated, expansive, or irritable mood with associated symptoms.
 - Depressive episode is characterized by depressed mood or loss of interest in activities along with associated symptoms lasting for at least 2 weeks.
 - At least 3 associated symptoms during the period of mood disturbance: inflated self-esteem or grandiosity; decreased need for sleep; more talkative than usual or pressure to keep talking; flight of ideas; distractibility; increase in goal-directed activity; psychomotor agitation; or excessive involvement in pleasurable activities which have a high potential for painful consequences, such as engaging in unrestrained buying sprees, foolish business investments or sexual indiscretions.
 - Mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others.
 - At least 5 associated symptoms, which persist nearly every day during the 2-week period: appetite disturbance; weight change; sleep disturbance; psychomotor agitation or retardation; decreased energy; feelings of worthlessness or excessive or inappropriate guilt; difficulty thinking or concentrating; recurrent thoughts of death, or suicidal ideation or attempts.

Anxiety Disorders

Agoraphobia

- Characterized by a fear of being in places or situations from which escape might be difficult (or embarrassing), or in which help might not be available in the event of having an unexpected or situationally predisposed panic attack or panic-like symptoms. Examples of these symptoms: dizziness or falling; depersonalization or derealization; loss of bladder or bowel control; vomiting; or cardiac distress.
- Situations are avoided (eg, travel is restricted) or else are endured with marked distress or with anxiety about having a panic attack or panic-like symptoms, or require the presence of a companion.
- Example:
 - Being outside the home alone.
- Often, agoraphobia is comorbid with panic disorder.

Generalized Anxiety Disorder (GAD)

- Characterized by unrealistic or excessive anxiety and worry about at least 2 life circumstances.

- For diagnosis:
 - The anxiety must be unrealistic or excessive about 2 or more life circumstances.
 - Lasts at least 6 months, occurring more days than not.
 - Experience 3 or more associated symptoms when anxious. Symptoms include: restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).
- Example:
 - Worry about finances for no good reason.

Panic Disorder

- Characterized by recurrent, unexpected panic attacks.
 - Discrete periods of intense fear or discomfort.
- For diagnosis:
 - Recurrent unexpected panic attacks.
- At least 1 attack followed by a month-long persistent fear of:
 - Another attack.
 - Worry about the implications of the attack.
 - A significant change in behavior related to the attacks.
- At least 4 associated symptoms during at least 1 of the attacks. Associated symptoms include: shortness of breath or smothering sensations; dizziness, unsteady feelings, or faintness; palpitations or accelerated heart rate; trembling or shaking; sweating; choking; nausea or abdominal distress; depersonalization or derealization; numbness or tingling sensations; flushes or chills; chest pain or discomfort; fear of death; fear of going crazy or doing something uncontrolled during the attack.
- Panic disorder is frequently comorbid with agoraphobia, because of the fear that help might not be available in the event of a panic attack.

Posttraumatic Stress Disorder (PTSD)

- Characterized by the development of characteristic symptoms following a traumatic event involving actual or threatened death or serious injury with a response involving intense fear, helplessness, or horror.
- For diagnosis:
 - Experience an event that is outside the range of usual human experience. Examples are: serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence.
 - Persistent reexperience of the event, persistent avoidance of stimuli associated with the event, and persistent symptoms of increased arousal.
 - Duration of symptoms lasting at least 1 month.

Social Phobia (Social Anxiety Disorder)

- Characterized by a persistent fear of situations involving possible scrutiny by others and of doing something that will be embarrassing in these situations.
- For diagnosis:
 - Persistent fear of social phobic situations, with anxiety response provoked by exposure.
 - Phobic situation is avoided, avoidance interferences with normal functioning.
 - Recognition that fear is excessive or unreasonable.
- Example:
 - Fear of being unable to continue talking when speaking in public.

Substance Use Disorders

Alcohol or Drug Dependence

- Characterized by cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of psychoactive substance use and continues use despite adverse consequences.
- For diagnosis:
 - Presence of at least 3 of 7 characteristic symptoms during any time in the same 12 month period. Associated symptoms include:
 - Tolerance is defined by:
 - Need for markedly increased amounts of the substance (ie, at least 50% increase) in order to achieve intoxication or desired effect.
 - Markedly diminished effect with continued use of the same amount.
 - Withdrawal as manifested by either of the following:
 - The characteristic withdrawal syndrome for the substance.
 - The same substance is taken to relieve or avoid withdrawal symptoms.
 - Substance is often taken in larger amounts or over a longer period than the person intended.
 - There is a persistent desire or one or more unsuccessful efforts to cut down or control substance use.
 - A great deal of time spent in activities necessary to get the substance, taking the substance, or recovering from its effects (eg, visiting multiple doctors or driving long distances, chain-smoking).
 - Important social, occupational, or recreational activities given up or reduced because of substance use.

Alcohol or Drug Abuse

- Substance abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- Recurrent substance use resulting in a failure to fulfill major role obligations, or repeated use in situations in which it is physically hazardous, or multiple legal problems, or recurrent social and interpersonal problems.

- For diagnosis:
 - Maladaptive pattern of substance use.
 - Experience at least 1 symptom during a 12-month period.
 - Never met criteria for dependence for the substance.
- Examples of situations in which a diagnosis of substance abuse would be appropriate:
 - The individual may repeatedly demonstrate intoxication or other substance-related problems when expected to fulfill major role obligations at work, school, or home.
 - There may be repeated absences or poor work performance related to hangovers. A student might have substance-related absences, suspensions, or expulsions from school. While intoxicated, the individual may neglect children or household duties. The person may repeatedly be intoxicated in situations that are physically hazardous (eg, while driving a car, operating machinery, or engaging in risky educational behavior such as swimming or rock climbing).

Condition rates

Prevalence percentage: Persons with the disease or condition (diagnosed plus undiagnosed) as a percentage of a population.

Awareness percentage: Persons diagnosed with the disease or condition as a percentage of prevalent cases.

Treatment percentage: Persons being treated for the disease or condition (ie, taking prescription medicine), as a percentage of prevalent cases.

Control among treated percentage: Persons with the disease or condition who are controlled at or below the appropriate treatment goal, as a percentage of treated cases.

Goal Attainment

- Goal attainment for treatment of dyslipidemia follows the National Cholesterol Education Program (NCEP) Adult Treatment Panel (ATP) III guidelines and is based on LDL. The percentage at goal are persons with dyslipidemia who are controlled at or below the appropriate ATP-III treatment goal, as a percentage of treated cases. For persons with coronary heart disease (CHD) or diabetes, or two or more risk factors plus a 10-year CHD risk of greater than 20%, the LDL cholesterol threshold is 100; for persons without CHD but with 2 or more risk factors, it is 130; and for persons without CHD and fewer than 2 risk factors it is 160.
- Goal attainment for treatment of hypertension is based on the Seventh Report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7). The percentage at goal are persons with hypertension who are controlled at or below the JNC 7 treatment goal of systolic blood pressure less than 140 mmHg, and diastolic blood pressure less than 90 mmHg, as a percentage of treated cases.
- Goal attainment for treatment of diabetes is based on the American Diabetes Association (ADA) recommendations. The percentage at goal are persons with diabetes who are controlled at or below the ADA recommended target goal of HbA1c <7.0%, as a percentage of treated cases.

Appendix II: Data tables

Prevalence of cardiovascular risk factors (%)										
Condition		Men			Women			Total		
		Age 20–39	Age 40–64	All men	Age 20–39	Age 40–64	All women	Age 20–39	Age 40–64	All workers
Dyslipidemia	Prevalence	19.8	51.8	35.7	12.1	29.1	21.0	16.4	41.2	29.0
	Awareness	39.0	51.0	47.6	27.0	59.2	50.3	35.0	53.7	48.5
	Treatment	—	25.4	20.4	—	27.7	20.1	—	26.1	20.3
	Control	—	62.8	60.5	—	58.6	58.6	—	61.3	59.9
Hypertension	Prevalence	11.1	28.5	19.9	5.3	31.6	19.1	8.5	29.9	19.6
	Awareness	44.0	66.5	60.3	58.8	76.1	73.9	48.0	71.2	66.3
	Treatment	23.2	54.4	45.8	44.0	64.8	62.1	28.8	59.5	53.0
	Control	58.7	63.1	62.5	84.4	65.6	67.2	68.5	64.4	64.9
Diabetes	Prevalence	2.3	15.0	8.7	2.8	5.4	4.2	2.5	10.6	6.7
	Awareness	—	70.9	73.8	—	65.6	63.2	—	69.6	70.9
	Treatment	—	46.2	49.3	—	44.6	39.5	—	45.9	46.6
	Control	—	48.5	44.0	—	42.9	38.2	—	47.2	42.6

— Estimate is unreliable.

Source: NHANES 1999–2002

Prevalence of other chronic conditions (%)										
Condition		Men			Women			Total		
		Age 20–39	Age 40–64	All men	Age 20–39	Age 40–64	All women	Age 20–39	Age 40–64	All workers
Arthritis		4.3	17.0	10.7	6.2	24.4	15.6	5.2	20.4	13.0
Cancer		—	2.9	1.5	4.3	5.9	5.1	1.9	4.3	3.1
Chronic obstructive pulmonary disease		3.7	3.3	3.5	7.0	8.6	7.8	5.1	5.7	5.5
Depression		5.1	3.6	4.4	11.7	6.3	8.9	8.2	4.9	6.5
Hay fever		6.2	9.3	7.8	7.5	12.3	10.1	6.8	10.7	8.9
Ischemic heart disease		0.2	5.8	3.0	0.3	1.7	1.0	0.3	3.9	2.1
Metabolic syndrome		15.2	33.7	24.4	17.5	29.4	23.8	16.2	31.7	24.1
Migraine		10.7	7.9	9.3	25.5	19.2	22.1	17.4	13.3	15.3
Osteoporosis		0.3	1.3	0.8	1.2	4.2	2.8	0.7	2.6	1.7

— Estimate is unreliable.

Source: NHIS 2005 (migraine, hay fever)

NCS-R 2001–2003 (depression)

NHANES 1999–2002 (all other conditions)

The Health Status of the United States Workforce

Prevalence of mental disorders (%)						
		Men	Women	Total		
				Age 20–39	Age 40–64	All workers
Mood disorders						
Depression	Prevalence	4.4	8.9	8.2	4.9	6.5
	Diagnosed	2.4	6.2	4.8	3.7	4.2
	Undiagnosed	2.0	2.7	3.5	1.2	2.3
	Treatment-seeking	55.0	69.5	57.6	75.0	64.5
Dysthymia	Prevalence	0.8	1.4	1.0	1.3	1.1
	Diagnosed	0.5	1.3	0.7	1.0	0.9
	Undiagnosed	0.3	0.1	0.3	0.2	0.2
	Treatment-seeking	59.1	89.7	73.7	80.7	77.8
Bipolar disorder	Prevalence	2.6	2.7	3.4	1.9	2.6
	Diagnosed	1.3	2.0	1.8	1.5	1.6
	Undiagnosed	1.3	0.7	1.6	0.4	1.0
	Treatment-seeking	50.4	73.2	52.4	76.8	61.6
Anxiety disorders						
Agoraphobia	Prevalence	0.7	0.8	0.7	0.8	0.7
	Diagnosed	0.2	0.5	0.3	0.4	0.4
	Undiagnosed	0.5	0.3	0.3	0.4	0.4
	Treatment-seeking	33.1	66.3	49.1	49.9	49.5
Generalized anxiety disorder	Prevalence	2.1	3.5	2.9	2.7	2.8
	Diagnosed	1.3	2.4	1.6	2.0	1.8
	Undiagnosed	0.9	1.1	1.3	2.0	1.0
	Treatment-seeking	58.7	69.2	55.2	74.7	65.0
Panic disorder	Prevalence	1.5	4.0	2.8	2.5	2.7
	Diagnosed	1.0	3.2	2.2	2.0	2.1
	Undiagnosed	0.4	0.8	0.7	0.5	0.6
	Treatment-seeking	71.0	81.0	76.1	80.3	78.1
Posttraumatic stress disorder	Prevalence	1.3	5.7	3.2	3.7	3.4
	Diagnosed	0.8	4.6	2.3	3.0	2.6
	Undiagnosed	0.5	1.1	0.9	3.0	0.8
	Treatment-seeking	59.4	81.5	71.6	81.4	77.0
Social phobia	Prevalence	5.9	8.2	8.3	5.9	7.0
	Diagnosed	2.7	5.5	4.2	3.9	4.1
	Undiagnosed	3.3	2.7	4.1	2.0	3.0
	Treatment-seeking	45.1	67.5	50.6	66.8	57.6
Substance use disorders						
Alcohol abuse	Prevalence	4.7	2.0	4.9	1.9	3.4
	Diagnosed	1.9	1.4	2.1	1.3	1.7
	Undiagnosed	2.8	0.6	2.9	0.6	1.7
	Treatment-seeking	41.0	71.7	41.7	68.4	49.6
Drug abuse	Prevalence	2.1	0.6	2.3	0.6	1.4
	Diagnosed	0.7	0.5	0.9	0.4	0.6
	Undiagnosed	1.4	0.2	1.4	0.2	0.8
	Treatment-seeking	34.4	74.2	37.7	63.2	42.9

Source: NCS-R 2001–2003

The Health Status of the United States Workforce

Prevalence of obesity and behavioral risk factors (%)						
Risk factor		Men	Women	Total		
				Age 20–39	Age 40–64	All workers
Body mass index	Underweight	1.0	2.8	2.9	0.7	1.8
	Normal weight	30.4	37.3	38.2	29.0	33.5
	Overweight	41.7	27.3	32.8	37.4	35.1
	Obese	26.9	32.7	26.1	32.8	29.5
Exercise (Frequency per week)	none	34.0	36.6	34.6	35.8	35.2
	1 to 2	19.9	17.3	19.4	18.2	18.7
	3 or more	46.0	46.1	46.1	46.1	46.1
Smoking	Never smoked	53.8	62.9	61.8	54.8	58.1
	Former smoker	20.1	16.9	12.5	24.1	18.6
	Current smoker	26.1	20.2	25.8	21.1	23.3
Alcohol consumption	Lifetime abstainer	14.9	22.7	19.6	17.7	18.6
	Former drinker	11.0	11.4	7.7	14.4	11.2
	Current drinker: infrequent to moderate	68.1	60.9	66.7	62.8	64.7
	Current drinker: heavier consumption	6.0	5.0	6.0	5.1	5.5

Source: NHIS 2005 (alcohol, smoking)
NHANES 1999–2002 (body mass index, exercise)

The Health Status of the United States Workforce

Average number of lost workdays per year									
Number of conditions	Men			Women			Total		
	Age 20–39	Age 40–64	All men	Age 20–39	Age 40–64	All women	Age 20–39	Age 40–64	All workers
No chronic condition	2.1	2.2	2.1	2.6	2.5	2.6	2.3	2.3	2.3
1 chronic condition	3.7	4.9	4.4	4.0	4.8	4.4	3.9	4.8	4.4
More than 1 chronic condition	6.1	10.9	9.4	7.2	10.2	9.1	6.8	10.5	9.3

Source: NHIS 2005

Average annual workdays lost by persons with selected diagnosed conditions per 1000 workers			
Condition	Age 20–39	Age 40–64	All workers
Arthritis	460	2297	1422
Asthma	563	794	684
Cancer	185	793	503
Chronic obstructive pulmonary disease	186	648	428
Diabetes	95	684	403
Hay fever	380	713	555
Hypertension	408	2176	1334
Ischemic heart disease	43	629	350
Kidney disease	73	197	138
Liver disease	58	306	188
Migraine	989	1437	1224
Sinusitis	605	1302	970
Stroke	7	175	95
Ulcer	223	954	606

Source: NHIS 2005

The Health Status of the United States Workforce

Average number of workdays lost annually per affected person by presence or absence of selected diagnosed chronic conditions		
Condition		Workdays lost
Arthritis	Present	10.0
	Absent	3.4
Asthma	Present	7.0
	Absent	4.1
Cancer	Present	12.5
	Absent	4.0
Chronic obstructive pulmonary disease	Present	11.8
	Absent	4.1
Diabetes	Present	8.9
	Absent	4.1
Hay Fever	Present	6.3
	Absent	4.2
Hypertension	Present	7.2
	Absent	3.7
Ischemic heart disease	Present	14.0
	Absent	4.1
Kidney disease	Present	18.1
	Absent	4.2
Liver disease	Present	19.1
	Absent	4.2
Migraine	Present	8.0
	Absent	3.7
Sinusitis	Present	7.4
	Absent	3.9
Stroke	Present	17.2
	Absent	4.3
Ulcer	Present	11.4
	Absent	4.0

Source: NHIS 2005

The Health Status of the United States Workforce

Prevalence of work limitations by presence or absence of selected diagnosed chronic conditions (%)				
Condition		Age 20–39	Age 40–64	All workers
Arthritis	Present	10.1	13.2	12.6
	Absent	2.2	3.6	2.9
Asthma	Present	6.0	10.0	8.0
	Absent	2.3	5.2	3.9
Cancer	Present	7.3	12.4	11.4
	Absent	2.6	2.6	3.9
Chronic obstructive pulmonary disease	Present	9.2	18.1	14.8
	Absent	2.5	5.1	3.9
Diabetes	Present	5.9	13.2	11.9
	Absent	2.6	5.0	3.8
Hay fever	Present	4.9	7.4	6.5
	Absent	2.5	5.5	4.0
Hypertension	Present	6.7	9.5	8.9
	Absent	2.3	4.2	3.2
Ischemic heart disease	Present	3.5	16.3	15.1
	Absent	4.2	5.2	4.0
Kidney disease	Present	12.0	22.5	18.2
	Absent	2.6	5.5	4.1
Liver disease	Present	24.1	21.9	22.4
	Absent	2.6	5.4	4.1
Migraine	Present	5.6	11.4	8.3
	Absent	2.1	4.8	3.5
Sinusitis	Present	4.7	9.2	7.4
	Absent	2.5	5.0	3.8
Stroke	Present	14.6	23.2	22.0
	Absent	2.7	5.5	4.1
Ulcer	Present	8.5	12.4	11.2
	Absent	2.5	5.2	3.9

Source: NHIS 2005



U.S. Pharmaceuticals

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