

# Chronic Disease Prevalence and Healthy Lifestyle Behaviors Among US Health Care Professionals

Elias Dayoub, MD, MPP, and Anupam B. Jena, MD, PhD

## Abstract

Although health care professionals may be assumed to make healthier lifestyle choices and have better health outcomes than others because of their greater health literacy, little is known about how actual health outcomes of health care professionals compare with those of the overall population. We analyzed how trends in obesity, diabetes, hypertension, and coronary artery disease prevalence as well as several health behaviors (smoking, alcohol use, and exercise) varied between health care professionals and the general US population from 2002 to 2013, using nationally representative data collected by the National Health Interview Survey. We estimated multivariate logistic regressions of each disease and behavior adjusted for age, race, sex, geographic region, and year. Although rates of obesity, diabetes, and hypertension were lower among health care professionals compared with the overall population, disease was still common among health care professionals and increased over time at a rate similar to that of the overall population. For example, obesity prevalence was lower among health care professionals but increased similarly from 2002 to 2013 (health care professionals, 20.5% in 2002 to 22.1% in 2013; other occupations, 28.4% to 31.7%;  $P=.64$  for difference in trend). Diabetes prevalence was modestly lower among health care professionals but increased at a similar rate (health care professionals, 7.4% in 2005 to 8.6% in 2013; other occupations, 8.7% to 9.9%;  $P=.67$  for difference in trend). Similar patterns were noted in hypertension. Coronary artery disease prevalence declined over time among health care professionals but increased for others. Health care professionals reported better health behaviors than others in smoking and physical activity but not in moderate to heavy alcohol use.

© 2015 Mayo Foundation for Medical Education and Research ■ Mayo Clin Proc. 2015;■(■):1-4

Health professionals may be assumed to make healthier lifestyle choices and have better health outcomes than others because of their greater health literacy, education, and experience with patients. Despite data on how the prevalence of health behaviors compares between health care professionals and others,<sup>1</sup> it is unknown how actual health outcomes compare. We analyzed how trends in several health behaviors as well as obesity, diabetes, hypertension, and coronary artery disease prevalence varied between health care professionals and the general US population from 2002 to 2013.

## PARTICIPANTS AND METHODS

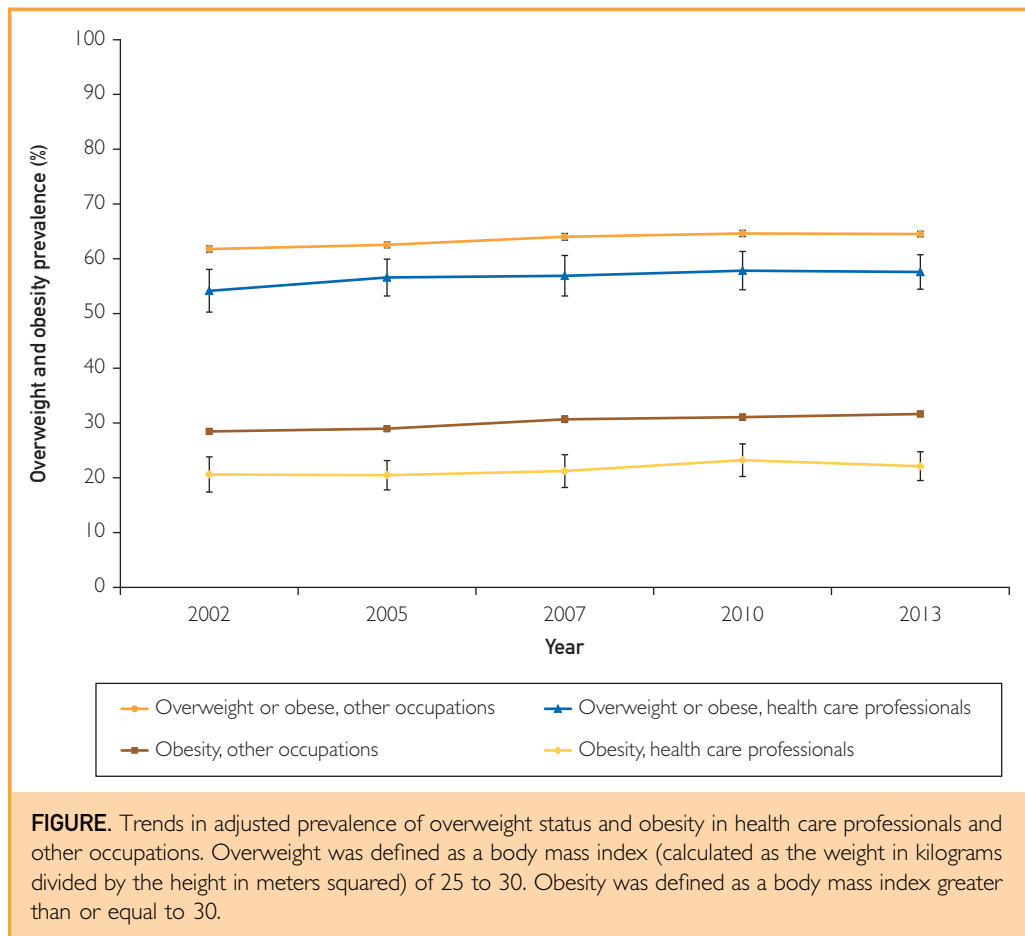
We compared trends in health behaviors and disease prevalence between health care professionals and others using the National Health Interview Survey for 2002, 2005, 2007, 2010, and 2013.

This probability-based survey of US adults includes data on demographic characteristics, occupation, health behaviors, and chronic diseases.<sup>2</sup> Health care professionals included physicians, dentists, chiropractors, pharmacists, physician assistants, therapists, and nurse practitioners.<sup>3</sup> Specific occupation was unavailable.

Respondents were asked about smoking, drinking alcohol, and exercise habits as well as height, weight, and whether they were ever diagnosed as having diabetes, coronary artery disease, or hypertension (the latter 3 conditions were queried from 2005 onward). Body mass index was calculated as the weight in kilograms divided by the height in meters squared.

We estimated the association between each disease outcome (or behavior) with individual occupation (health care professional vs general population), adjusting for individual age, race, sex, and census geographic region

From the Department of Medicine, Hospital of the University of Pennsylvania, Philadelphia (E.D.); and Department of Health Care Policy, Harvard Medical School, Boston, MA (E.D., A.B.J.).



in a multivariate logistic regression. Each disease outcome or behavior was used as the dependent binary variable in separate logistic regressions. A separate regression was estimated for each outcome variable and for each of 4 time periods (2005, 2007, 2010, and 2013), comprising 24 total regressions. The key independent variable in all models was occupation. On the basis of these models, we computed adjusted disease and behavior prevalence according to year and occupation, holding other covariates at their mean values. In other words, we used the statistical technique of marginal effect at the mean to determine the marginal effect occupation has on outcome prevalence while holding other covariates like age, sex, and geographic region at their mean values in the sample. Analyses stratifying by sex were also performed.

## RESULTS

Our sample consisted of 147,129 respondents (3869 health care professionals [2.6%]). Obesity

prevalence among health care professionals increased from 20.5% in 2002 to 22.1% in 2013. Among other occupations, obesity increased from 28.4% to 31.7% (Figure). Although obesity was less common among health care professionals than other occupations, both groups experienced similar absolute percentage point increases in prevalence ( $P=.64$  for difference in absolute percentage point change among health care professionals vs absolute percentage point change among others).

The Table summarizes the results of the logistic regression analyses. Adjusted diabetes prevalence increased from 7.4% in 2005 to 8.6% in 2013 among health care professionals and from 8.7% to 9.9% for other occupations. Although diabetes prevalence was lower in health care professionals than in other occupations, absolute percentage point increases in prevalence were similar between the groups ( $P=.67$  for difference in absolute percentage point change among health care professionals

Download English Version:

<https://daneshyari.com/en/article/2998351>

Download Persian Version:

<https://daneshyari.com/article/2998351>

[Daneshyari.com](https://daneshyari.com)