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DIFFERENCES IN THE UTILISATION OF OCCUPATIONAL HEALTH SERVICES

BACKGROUND

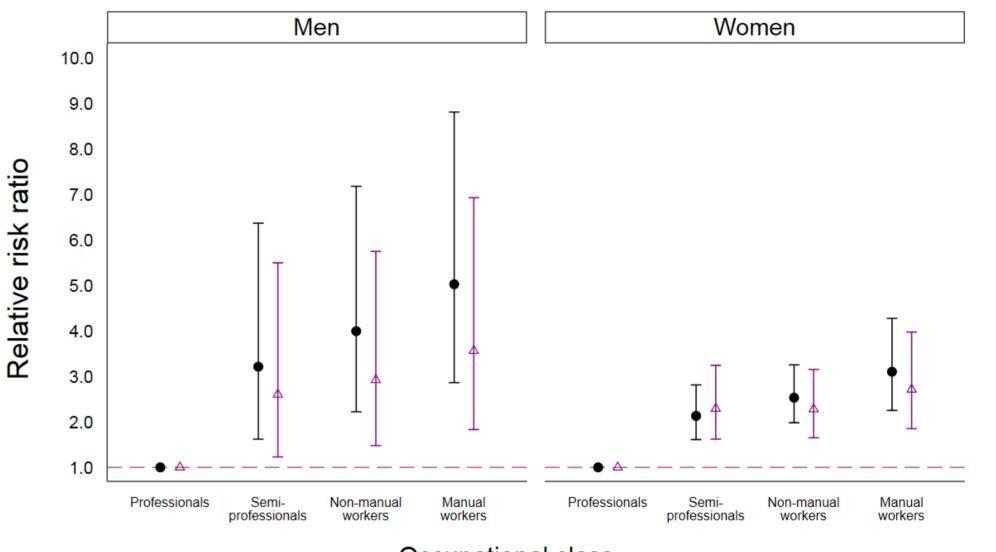
Occupational health services (OHS) are the main providers of primary care services for Finnish employees, but there is little research on the utilisation patterns of these services. The aim of this study was to identify groupbased trajectories of OHS primary care service utilisation in young public sector employees; and to identify socio-economic differences in utilisation patterns.

METHODS

RESULTS

Half of the young employees do not utilise OHS at all, whereas 10% of employees that can be labeled high and recurrent users account for 40% of the all OHS primary care consultations. Trajectory groups of "No visits" (50%), "Low/increasing" (18%), "Low/decreasing" (22%), and "High/recurrent" (10%) use were identified. Occupational class differences in OHS utilisation patterns were evident showing that both in women and in men, lower occupational classes had a higher likelihood for "High/recurrent" OHS utilisation.

Figure 2. High/recurrent OHS visits by occupational class

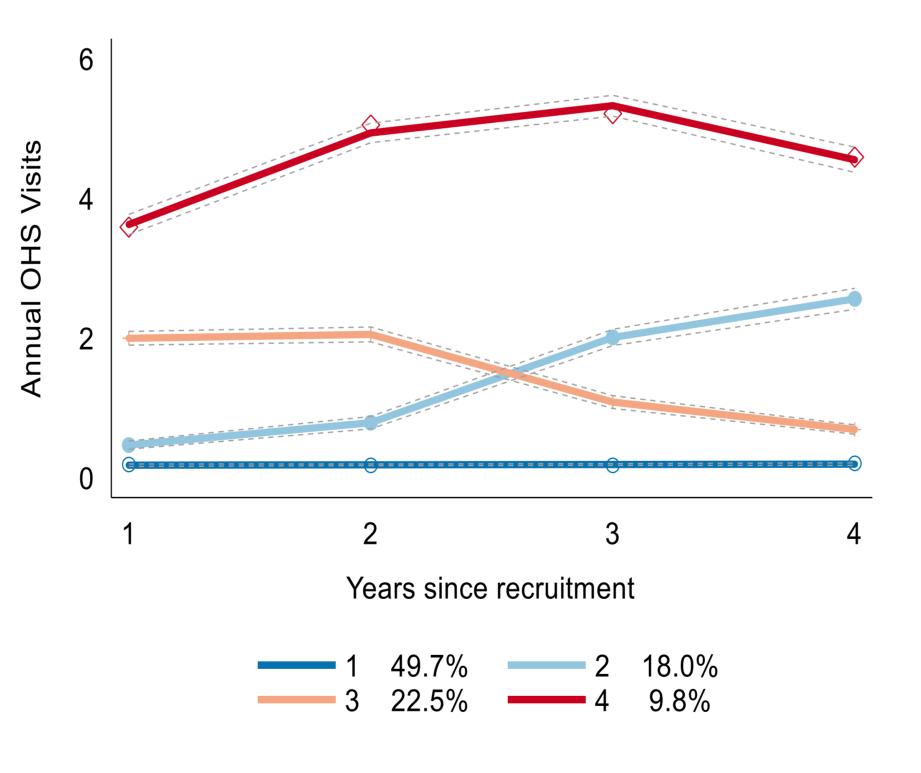


Occupational class

The present study is a retrospective registerbased cohort study and the first study to analyse data from the OHS unit of Finland's largest employer. All employees of the City of Helsinki, Finland, aged 20-34 were included, from 2004 to 2013, with follow-up data for four years (n = 9761). The outcome was groupbased trajectory of OHS utilisation, measured as the annual number of OHS primary care visits; and trajectories were identified with a group-based trajectory analysis (GBTA). Sociodemographic variables used to predict the outcome were age, first language, educational level and occupational class. The analyses were stratified by gender.



Figure 1. Trajectories of OHS use



- 1. No OHS visits
- 2. "Low/increasing OHS visits"
 3. "Low/decreasing OHS visits"
 4. "High/recurrent OHS visits"

CONCLUSIONS

Preventive measures should be targeted particularly to the trajectory groups of "Low/increasing" and "High/recurrent" in order to intervene early. In addition, OHS utilisation should be closely monitored among the two lowest occupational classes. More research with longitudinal OHS data is needed.





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