

# THE SOCSO HEALTH SCREENING PROGRAM 2013 - 2016: FACT SHEET

## BACKGROUND

The Social Security Organization of Malaysia (SOCSO) had launched the HSP in the year 2013. The program was aimed at increasing the awareness of non-communicable diseases among workers in Malaysia. This was done by providing eligible employees with health screening vouchers to undertake the first step in taking care of their health; by knowing their own health status!

## OBJECTIVES OF THE PROGRAM

The program objectives are:

- To promote health awareness on non-communicable diseases and promote a culture of healthy lifestyle.
- Early detection of non-communicable diseases.
- Preventing disability and premature death due to non-communicable diseases.
- Prevent the reduction or loss of income caused by non-communicable diseases
- Enhancing human capital resources and productivity through healthier environment in private sector

## HSP METHODOLOGY

All employees who're registered with SOCSO, aged 40 years and above were given the health screening vouchers through their employers. The vouchers enable them to undergo health screening at participating private clinics in the country. The screening involves general health screening and risk of cardiovascular diseases, with added screening for cervical and breast cancer for females via pap smear and mammogram examinations. All information are entered by the clinics, laboratories or mammogram centres into a database. Attendance to the health screening are voluntary. Confidentiality of the medical information is assured.

## *Distribution and usage*

The total number of health screening vouchers distributed throughout 2013 to 2016 were 2,411,027. Until December 2016, the total number of employees used their health screening vouchers were 479,666.

## DATA ANALYSIS

The following analysis is based on the total number of workers who underwent the health screening over a period of 48 months from January 2013 to December 2016. A total of **450,641** subjects were available for analysis at the time of writing.

## HIGHLIGHTS

### *Sociodemography*

◆ Male:	53.2%	Female :	46.8%
◆ Ethnic distribution			
◇ Malay		:	36.5%
◇ Chinese		:	45.2%
◇ Indian		:	11.9%
◇ Bumiputera Sabah		:	2.5%
◇ Bumiputera Sarawak		:	2.9%
◇ Others		:	1.0%
◆ Age group			
◇ 40-44		:	36.0%
◇ 45-49		:	25.0%
◇ 50-54		:	21.0%
◇ 55-59		:	11.0%
◇ 60-64		:	5.0%
◇ 65 and above		:	2.0%

## Cardiovascular diseases and risk factors

### ◆ Diabetes Mellitus

(based on venous plasma glucose)

◇ Normal : 74.5%

◇ IFG/IGT : 16.1%

(further tests required)

◇ Diabetes : 9.4%

(CPG Mgt Type 2 Diabetes Mellitus 2009)

### ◆ Hypertension

◇ Optimal : 20.1%

◇ Normal : 32.3%

◇ High Normal : 20.4%

◇ Hypertension Stage 1 : 20.1%

◇ Hypertension Stage 2 : 5.7%

◇ Hypertension Stage 3 : 1.5%

(CPG Mgt Hypertension 2013)

### ◆ Hypercholesterolaemia

◇ Desirable : 38.4%

◇ Bordeline High : 37.0%

◇ High : 24.6%

## Nutritional Status

### ◆ Body Mass Index

◇ Underweight : 3.2%

◇ Normal : 23.4%

◇ Pre-Obese : 39.0%

◇ Obese Class 1 : 29.3%

◇ Obese Class 2 : 3.8%

◇ Obese Class 3 : 1.3%

(CPG Mgt Obesity 2004)

## Cigarette

### ◆ Current smoker

◇ Male: Female:

Yes : 31.1% 1.5%

No : 68.9% 98.5%

### Have Had Previous Health Screening

◇ Yes : 32.6% No : 67.4%

### Female Cancer Screening (Analysis data up to 31 Dec 2016)

#### ◆ Pap Smear (n= 133,432)

◇ 72.0% found with normal findings.

◇ 27.7% endometrial cells (others).

◇ 0.3% with abnormal results.

- Six (6) were found with carcinoma in situ.

- 454 with high grade squamous or glandular lesion.

#### ◆ Mammogram (n= 112,419)

◇ 64.1% found with normal findings (category 1).

◇ 7.0% need for additional imaging (category 0).

◇ 27.8% found with benign findings (category 2 & 3).

◇ 1.1% with suspicious and highly suspicious results.

- 176 with findings highly suggestive of malignancy.

(CPG Mgt Breast Ca 2010)

#### REFERENCES:

- CPG: Management of Type 2 Diabetes Mellitus. Ministry of Health 2009
- CPG: Management of Dyslipidaemia . Ministry of Health 2011
- CPG: Management of Obesity . Ministry of Health 2004
- CPG: Management of Hypertension. Ministry of Health 2013
- CPG: Management of Breast Cancer. Ministry of Health 2010

**Coronary Disease Risk Prediction  
The Framingham Heart Study (2013-2016)**

<b>Risk in the next 10 years</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>%</b>
(>10%) Low Risk	162,348	180,527	342,875	<b>77%</b>
(10% - 20%) Intermediate Risk	71,161	15,217	86,378	<b>19%</b>
(> 20%) High Risk	16,555	1,883	18,438	<b>4%</b>
<b>Total</b>	<b>250,064</b>	<b>197,627</b>	<b>447,691</b>	<b>100%</b>

**Urinealbumine Status (2013-2016)**

<b>Urinealbumine</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>%</b>
1+	7,136	3,712	10,848	<b>2.41%</b>
2+	3,015	1,436	4,451	<b>0.99%</b>
3+	1,211	519	1,730	<b>0.38%</b>
4+	133	38	171	<b>0.04%</b>
Nil	216,775	198,154	414,929	<b>92.08%</b>
Trace	11,678	6,834	18,512	<b>4.11%</b>
<b>Total</b>	<b>239,948</b>	<b>210,693</b>	<b>450,641</b>	<b>100.00%</b>