Health Promotion in Small Worksites: Early Findings from the Workplace Health in America Survey

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Overview

• Workplace Health in America (WHA) Survey objectives and content
• Sampling and data collection
• Preliminary findings for small worksites
  • Prevalence of health promotion programs
  • Annual investment
  • Types of programs offered
  • Physical Activity programs [Nutrition/Healthy eating programs]
• Challenges
• Integration of health promotion of health protection
• External partners for small worksites
• Next steps

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Workplace Health in America Survey

Objectives

• Describe current state of U.S. workplace health promotion and protection programs and practices in all sizes, industries and regions

• Support ongoing surveillance of national health priorities, trends, and emerging issues

• Provide free and accessible benchmarking data

• Advance workplace health promotion and protection research
Survey Instrument Development

• Started with 2004 Survey of Worksite Health Promotion and other surveys
• Project Steering Committee
• Data user group of non-profit health agencies, employers, unions, insurers, employer groups, and worksite health promotion experts recommended survey domain areas
• Survey development group recommended specific items
• Review and input from CDC subject matter experts
## Survey Content Areas

<table>
<thead>
<tr>
<th>Organization characteristics</th>
<th>Key partners and incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance</td>
<td>Work-life benefits and policies</td>
</tr>
<tr>
<td>Health risk assessments</td>
<td>Barriers to health promotion program implementation</td>
</tr>
<tr>
<td>Workplace health program characteristics</td>
<td>Occupational health and safety</td>
</tr>
<tr>
<td>Health screenings</td>
<td>Emerging issues</td>
</tr>
<tr>
<td>Disease management programs</td>
<td></td>
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</tbody>
</table>
## Survey Content Areas, cont.

<table>
<thead>
<tr>
<th>Health promotion program areas &amp; use of evidence-based strategies:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>Lactation and prenatal support</td>
</tr>
<tr>
<td>Nutrition/healthy eating</td>
<td>Musculoskeletal disorders and arthritis</td>
</tr>
<tr>
<td>Obesity/weight management</td>
<td>Stress management</td>
</tr>
<tr>
<td>Tobacco</td>
<td>Sleep</td>
</tr>
<tr>
<td>Alcohol and drugs</td>
<td></td>
</tr>
</tbody>
</table>
Sampling and Data Collection

• Randomly sampled worksites (> 10 employees) from D&B frame
  • Stratified by CDC region, size, & industry
• Web, telephone & paper versions
• One response/worksite
• Ideal participant workplace health coordinator, H&S manager, HR
• Data collection period: 11/2016- 09/2017
Preliminary Findings for Small Worksites

Presenting unweighted estimates

• 2,108 worksites
• 10 – 99 employees

Worksite Regional Distribution

- Midwest: 35%
- Northeast: 27%
- South: 20%
- West: 18%
Prevalence of Health Promotion Programs

Among All 2,108 Worksites

- Have Program: 50%
- No Program: 43%
- Not Sure: 7%

Percentage with HP Program, by Worksite Size

- 10-24 employees: 39%
- 25-49 employees: 41%
- 50-99 employees: 61%
Annual Program Investment

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td>30%</td>
</tr>
<tr>
<td>$0</td>
<td>25%</td>
</tr>
<tr>
<td>&lt;$1,000</td>
<td>7%</td>
</tr>
<tr>
<td>$1,001-5,000</td>
<td>7%</td>
</tr>
<tr>
<td>$5,001-10,000</td>
<td>5%</td>
</tr>
<tr>
<td>$10,001-15,000</td>
<td>2%</td>
</tr>
<tr>
<td>$15,001-20,000</td>
<td>3%</td>
</tr>
<tr>
<td>$20,001-50,000</td>
<td>5%</td>
</tr>
<tr>
<td>$50,001-100,000</td>
<td>3%</td>
</tr>
<tr>
<td>$100,001-500,000</td>
<td>12%</td>
</tr>
<tr>
<td>&gt;$500,000</td>
<td>2%</td>
</tr>
</tbody>
</table>

N = 899

The item allowed them to include salaries of employee responsible for employee health.
Types of Programs Offered

Percentage of Worksites That Offered Program Types (N = 912 Worksites with Health Promotion Program)

- Lactation/Prenatal Support: 18%
- Healthy Sleep: 20%
- MSD/Arthritis/Back Pain: 27%
- Alcohol/Drug Use: 34%
- Weight Management: 40%
- Tobacco: 45%
- Stress Management: 48%
- Nutrition/Healthy Eating: 53%
- Physical Activity: 63%
Coverage of Multiple Health Issues (N=912)

- One 21%
- Two 17%
- Three 16%
- Four 27%
Program Comprehensiveness

Health Education Programs 6%

Supportive Social & Physical Environment 20%

Both 26%

Neither Health Education nor Supportive Social & Physical Environment 42%
Small Worksites’ Physical Activity Programs

- 63% offered a physical activity program
- 69% of these programs had a skill-building component, 27% informational only
- The employers were involved in implementing most of these programs, by itself or in combination with health plans or vendors.

N = 575

<table>
<thead>
<tr>
<th>Efforts</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>42%</td>
</tr>
<tr>
<td>Health Plan</td>
<td>39%</td>
</tr>
<tr>
<td>Vendor</td>
<td>6%</td>
</tr>
<tr>
<td>Combined Efforts</td>
<td>11%</td>
</tr>
</tbody>
</table>
### Use of Evidence-Based Practices (N=912)

<table>
<thead>
<tr>
<th>Practice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidize/discount cost of exercise facility</td>
<td>42%</td>
</tr>
<tr>
<td>Provide environmental supports for PA</td>
<td>41%</td>
</tr>
<tr>
<td>Provide individual or group exercise...</td>
<td>39%</td>
</tr>
<tr>
<td>Provide/subsidize lifestyle self-...</td>
<td>35%</td>
</tr>
<tr>
<td>Offer active workstations</td>
<td>34%</td>
</tr>
<tr>
<td>Provide onsite exercise facility</td>
<td>32%</td>
</tr>
<tr>
<td>Support active transportation to work</td>
<td>23%</td>
</tr>
<tr>
<td>Provide/subsidize fitness assessments...</td>
<td>21%</td>
</tr>
<tr>
<td>Provide/subsidize FITBit/other PA...</td>
<td>20%</td>
</tr>
<tr>
<td>Offer paid time to be physically active</td>
<td>20%</td>
</tr>
</tbody>
</table>
Small Worksites’ Nutrition/Healthy Eating Programs

• 53% offered a nutrition/health eating program
• 56% had a skill-building component, 41% informational only
• Nearly half reported that the healthy eating program was mostly offered by the employer.

N = 486
Use of Evidence-Based Practices (N=912)

- Written policy for healthy food & beverages served at meetings: 23%
- Offer/promote onsite/nearby farmers' market: 24%
- Provide free/subsidized healthy eating self-management programs: 36%
- Provide food prep/storage facilities: 92%
## Challenges to Offering Health Promotion Programs (N=2108)

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Serious Challenge</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Conflicting/competing business demands</td>
<td>29%</td>
<td>23%</td>
</tr>
<tr>
<td>Lack of employee interest</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of physical space at work</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>Lack of trained/experienced staff</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>Demonstrating program results</td>
<td>29%</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Legend:**
- **Green Bar:** Serious Challenge
- **Yellow Bar:** Unsure
### Challenges, cont. (N=2108)

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Serious Challenge</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of senior management support</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>Regulatory/legal concerns</td>
<td>14%</td>
<td>28%</td>
</tr>
<tr>
<td>Lack of middle management/supervisor support</td>
<td>12%</td>
<td>22%</td>
</tr>
<tr>
<td>Confidentiality/privacy concerns</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of qualified vendors</td>
<td>11%</td>
<td>31%</td>
</tr>
<tr>
<td>Employee distrust</td>
<td>8%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Integration of Health Promotion and Protection

More than half reported integration and coordination between health protection and promotion.

- Plan initiatives that jointly protect worker health, safety & well-being (N=973)
  - 57%

- Coordinate decisions about worker health across departments (N=2108)
  - 60%

- Employees and management work together on both safety and HP programs (N=2108)
  - 62%
Worksite Partners (N=440)

- Community organization (e.g., YMCA) 17%
- Business group (Wellness council, chamber) 22%
- Hospital 25%
- State/local public health agency 27%
- Health-related organization (e.g., American Heart Association) 30%
- Workers compensation provider 40%
Next Steps

• Finalizing weights and estimates
• Main findings paper
• Producing public use datafile
• Making data accessible through an interactive web-based data dashboard
Comprehensive Health Promotion Resource Center Is Needed

Workplace Health Promotion: Policy Recommendations that Encourage Employers to Support Health Improvement Programs for their Workers

A Prevention Policy Paper Commissioned by Partnership for Prevention

December 2008


bipartisanpolicy.org/wp-content/uploads/sites/default/files/Worksite%20Health%20Promotion%20Programs_0_0.pdf
CDC Workplace Health Resource Center (WHRC)

• First stop online to help employers launch or expand a workplace health promotion program

• Evidence-based, credible resources all in one location

• Helps employers tailor workplace health promotion goals to their organization’s needs
WHRC Tools

• 200+ resources and growing

Case studies

Emerging Issues (e.g., Sleep)

Workplace health strategies for small business

Evidence-based summaries and issue briefs

Library of webinars and videos
CDC Workplace Health Resource Center
Make Wellness Your Business

WWW.CDC.GOV/WHRC
Feedback?

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