

# 2008 Survey of Employer Cardiovascular Health Resources, Policies and Programs

Arkansas Heart Disease & Stroke Prevention

Lucy Im, MPH

Senior Epidemiologist

Chronic Disease Epidemiology Section

Arkansas Department of Health

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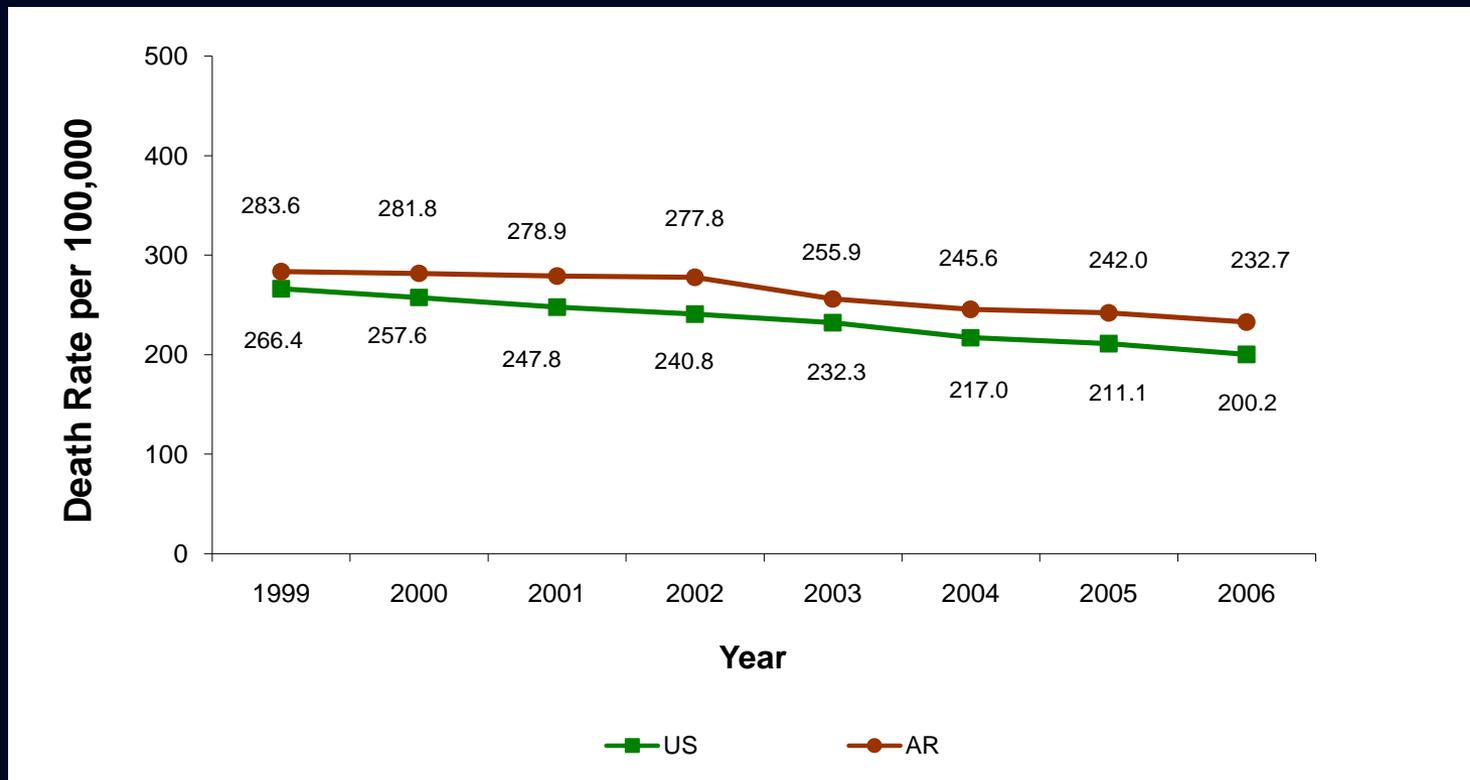
# Presentation Overview

- Heart Disease and Stroke Statistics
- The Case for Worksite Wellness Programs
- Survey History and Background
- Methodology
- Result Highlights
- Worksite Wellness Program Resources
- Future Steps

# Heart Disease and Stroke Statistics

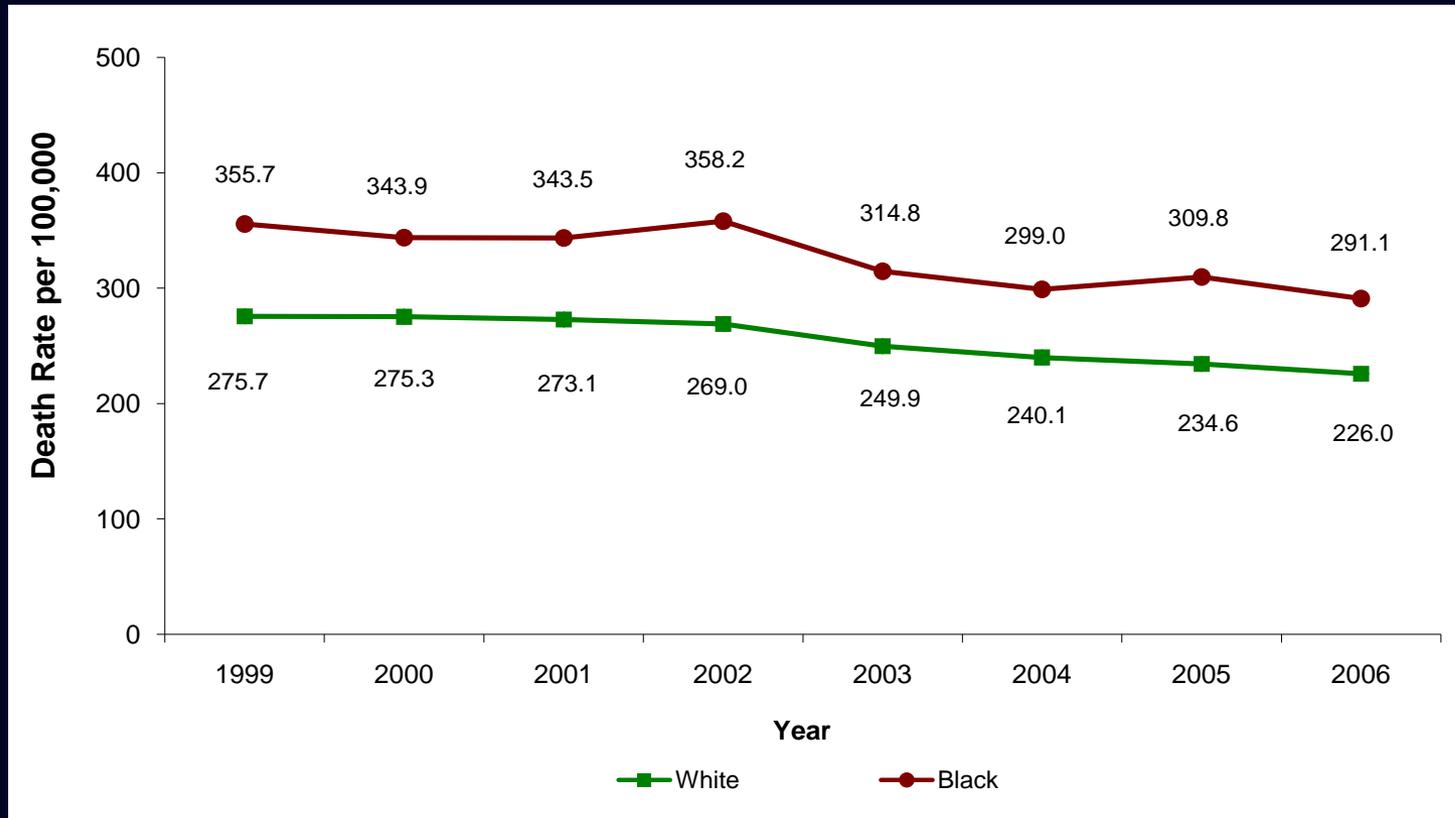
- In 2006, heart disease and stroke accounted for 9302 deaths, or one out of every 3 deaths (33.4%) in Arkansas.
- Arkansas ranked 9<sup>th</sup> in the nation (including D.C.) for deaths due to heart disease and 1<sup>st</sup> in the country for deaths due to stroke
- Heart disease is the largest single killer of Arkansas males and females.
- More than a fourth (26.6%) of all Arkansas deaths was due to heart disease alone..

# Age-Adjusted Heart Disease Mortality Rates, U.S. and Arkansas, 1999-2006



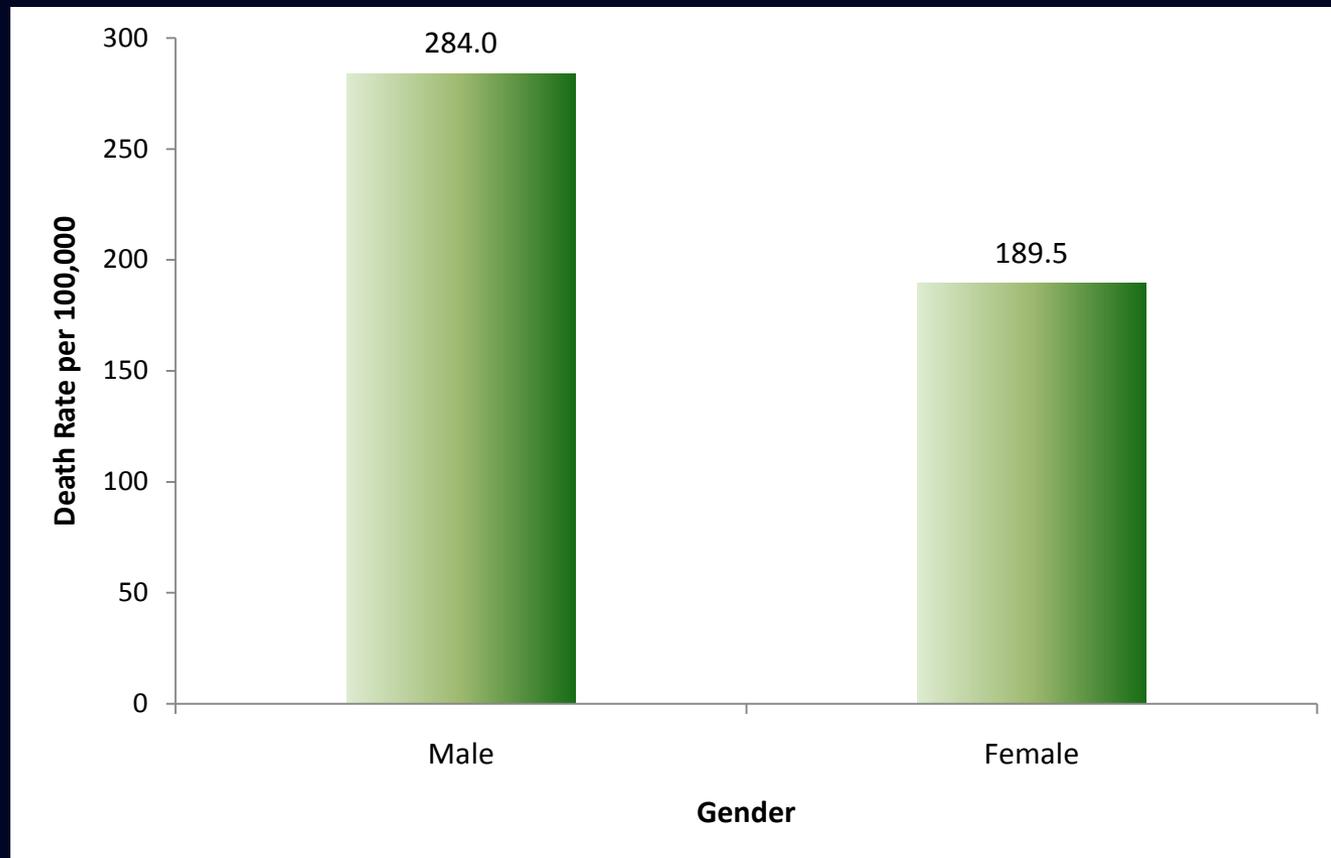
Sources: U.S. data - National Vital Statistics Reports, Deaths: Final Data for 2006, Volume 57, Number 14, Table 29. Centers for Disease Control and Prevention, National Center for Health Statistics, April 2009. Arkansas data - Arkansas Health Statistics Branch, Arkansas Department of Health

# Age-Adjusted Heart Disease Mortality Rates by Race, Arkansas, 1999-2006



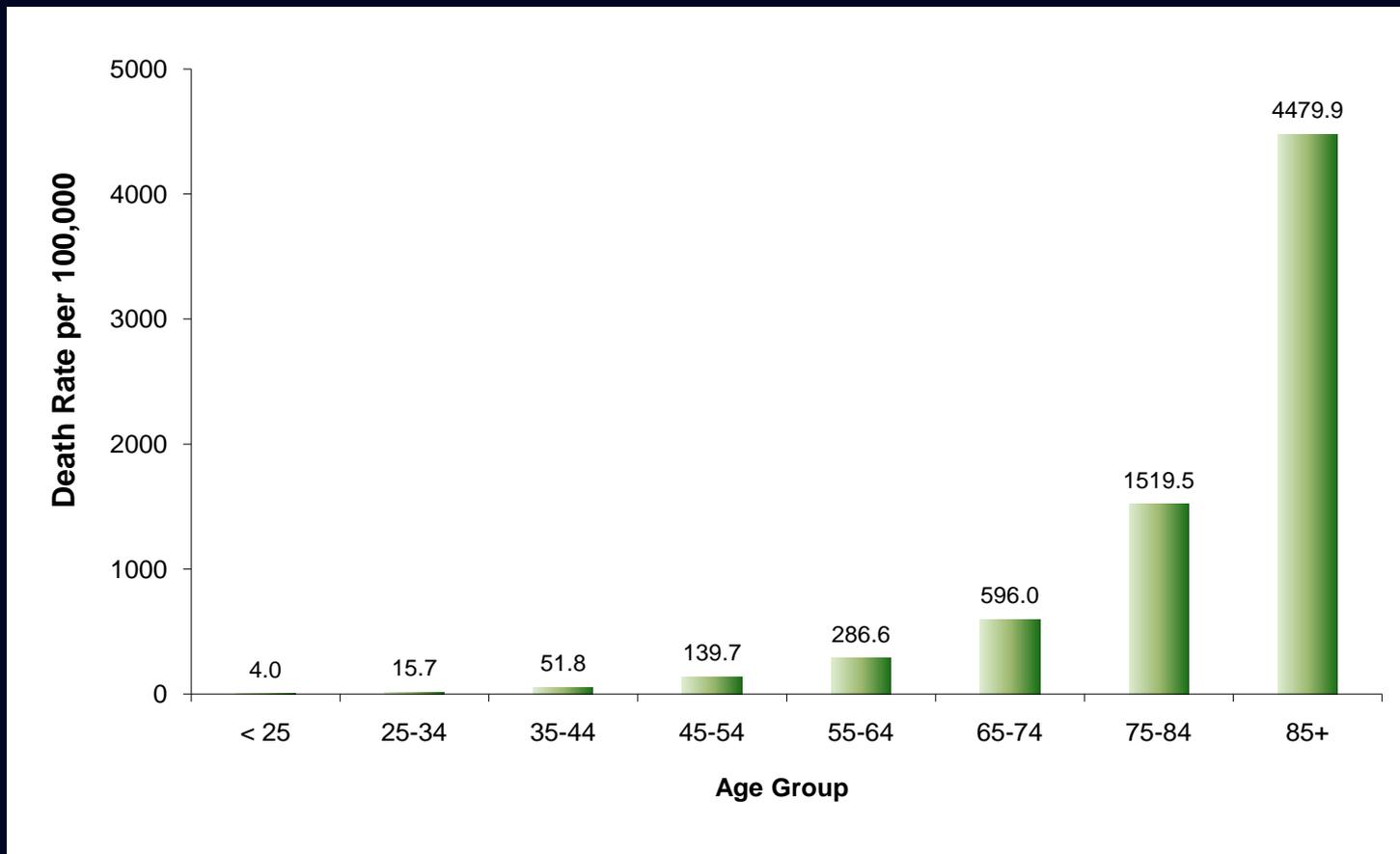
Source: Arkansas Health Statistics Branch, Arkansas Department of Health

# Age-Adjusted Heart Disease Mortality Rates by Gender, Arkansas, 2006



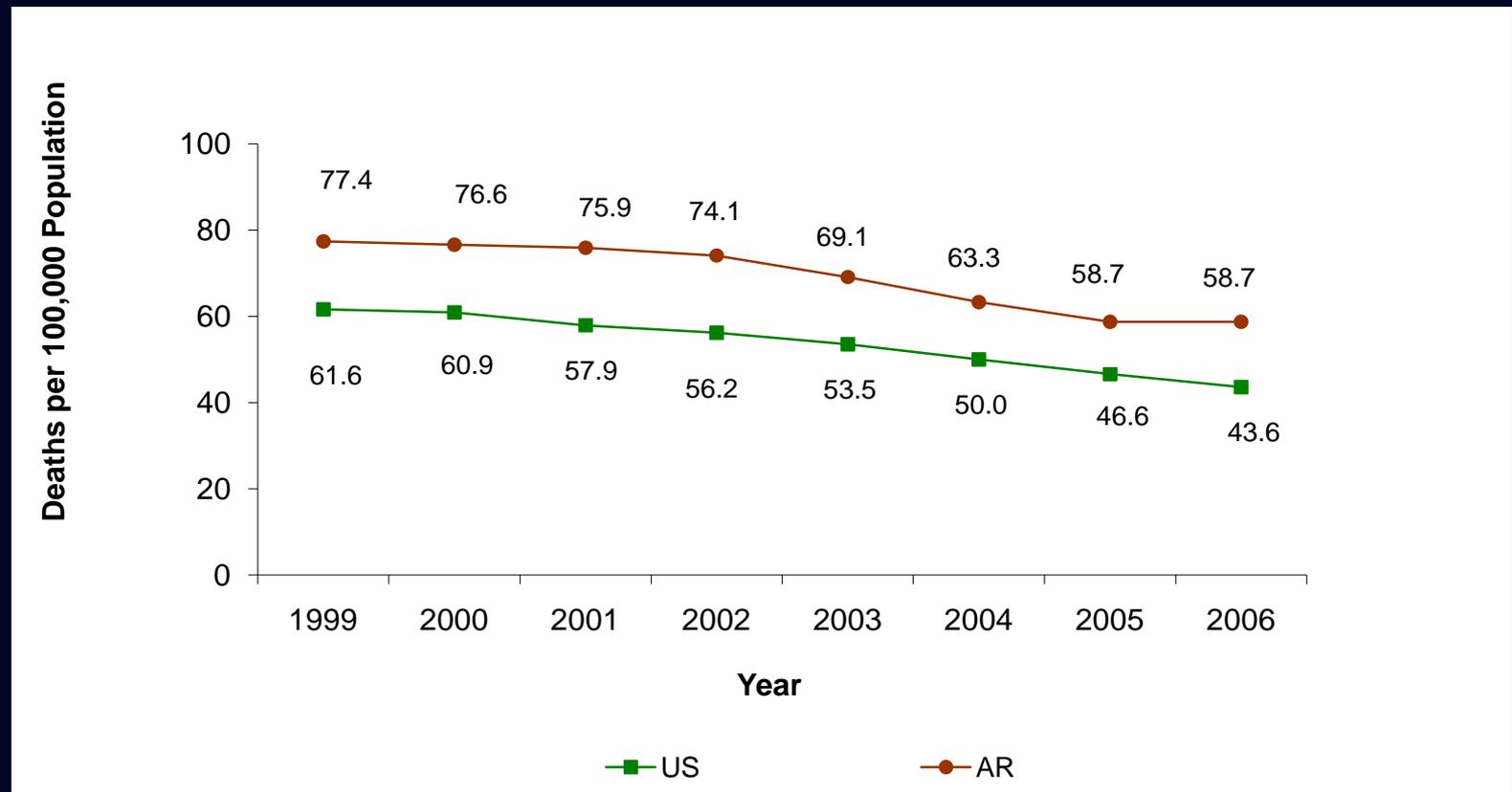
Source: Arkansas Health Statistics Branch, Arkansas Department of Health

# Heart Disease Mortality Rates by Age, Arkansas, 2006



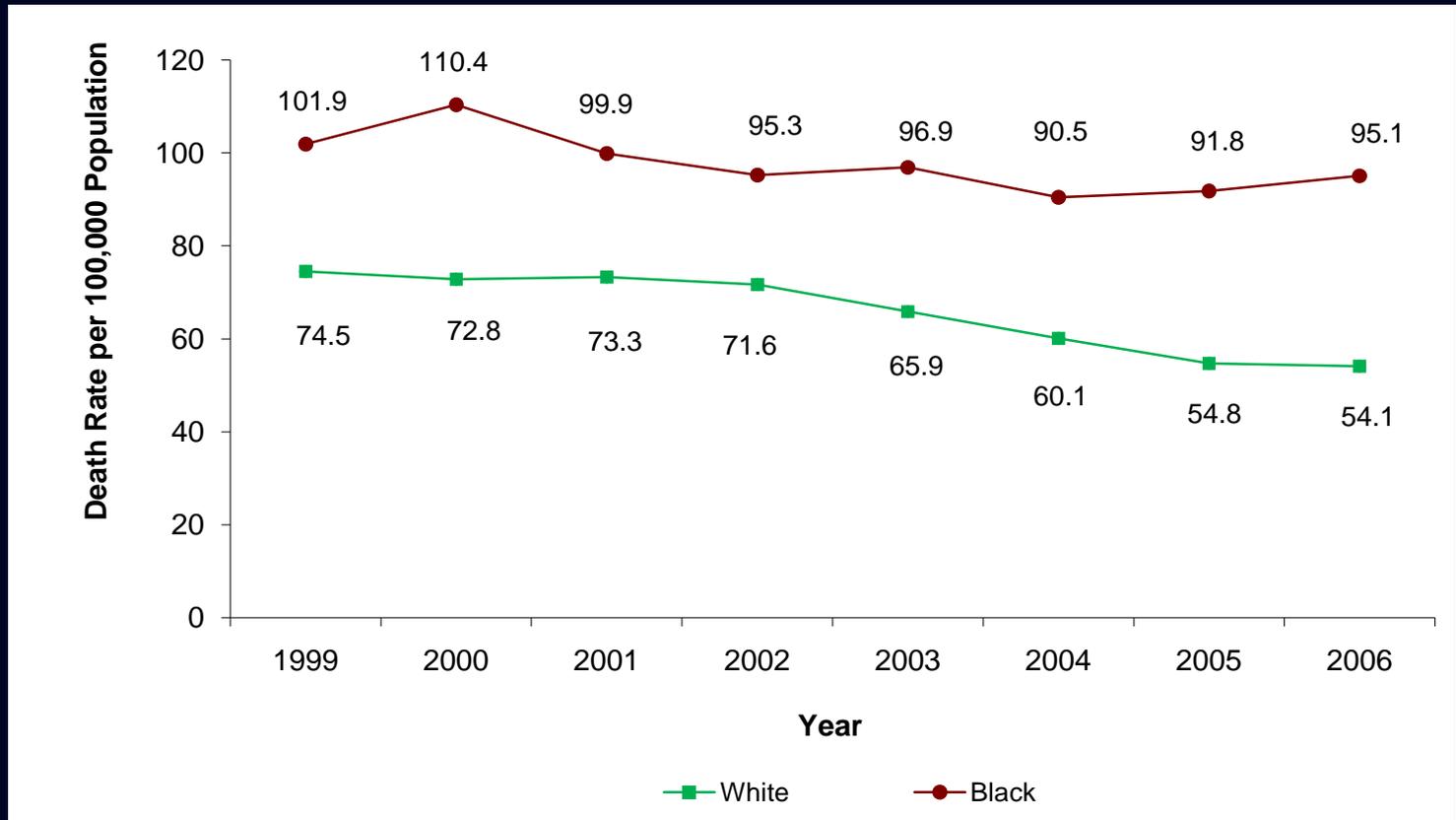
Source: Arkansas Health Statistics Branch, Arkansas Department of Health

# Age-Adjusted Stroke Mortality Rates, U.S. and Arkansas, 1999-2006



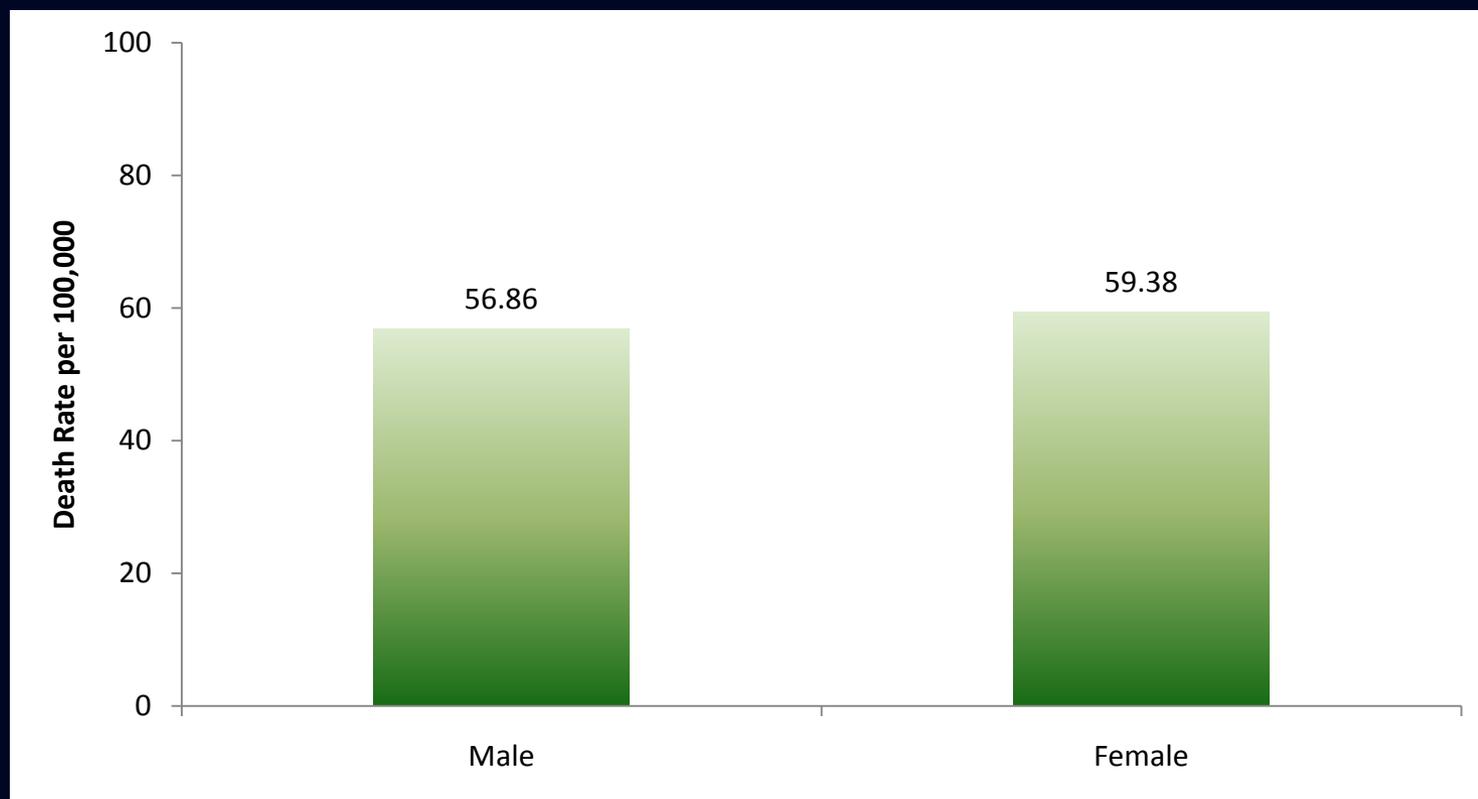
Sources: U.S. data - National Vital Statistics Reports, Deaths: Final Data for 2006, Volume 57, Number 14, Table 29. Centers for Disease Control and Prevention, National Center for Health Statistics, April 2009. Arkansas data - Arkansas Health Statistics Branch, Arkansas Department of Health

# Age-Adjusted Stroke Mortality Rates by Race, Arkansas, 1999-2006



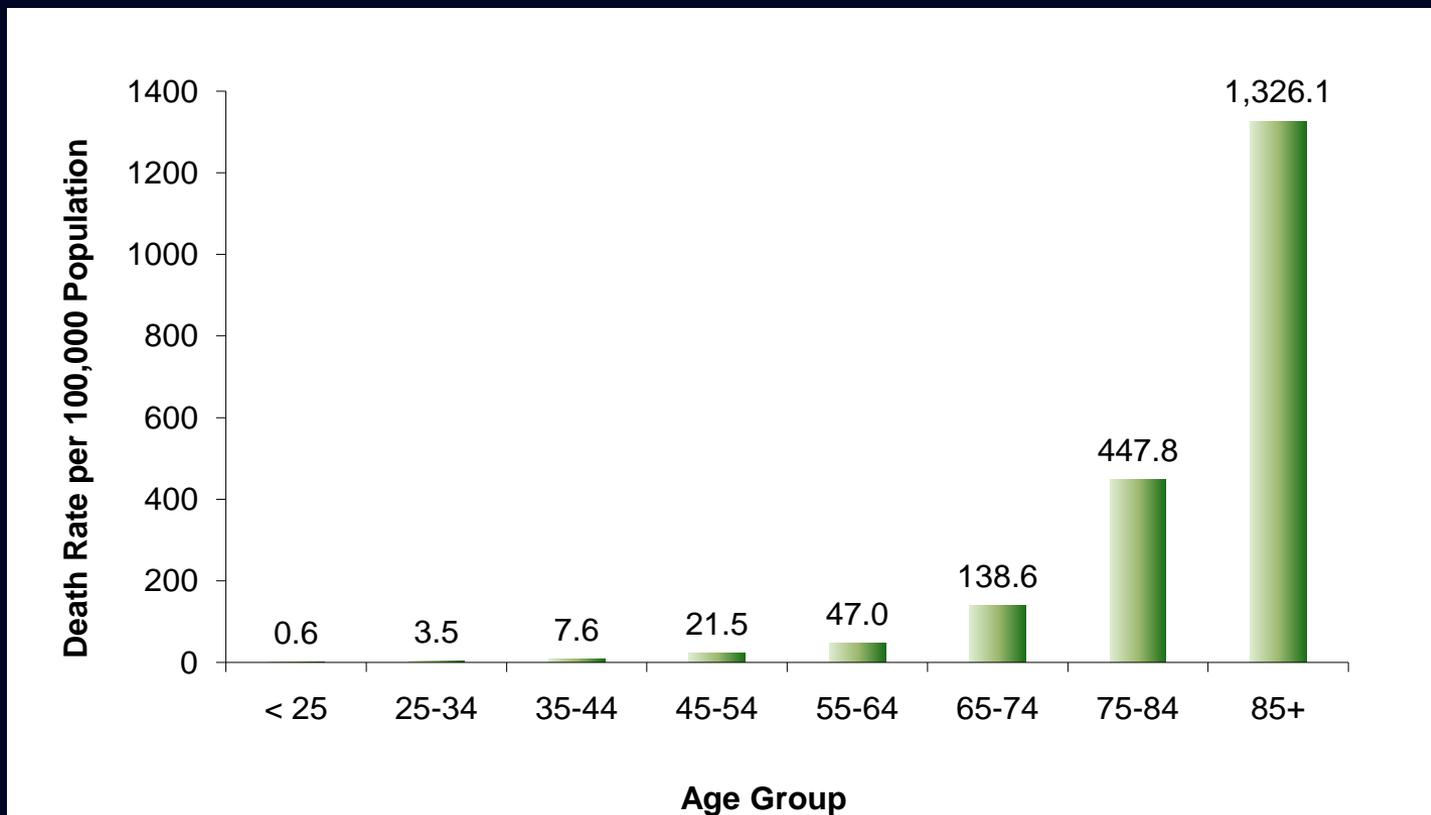
Source: Arkansas Health Statistics Branch, Arkansas Department of Health

# Age-Adjusted Stroke Mortality Rates by Gender, Arkansas, 2006



Source: Arkansas Health Statistics Branch, Arkansas Department of Health

# Stroke Mortality Rates by Age, Arkansas, 2006



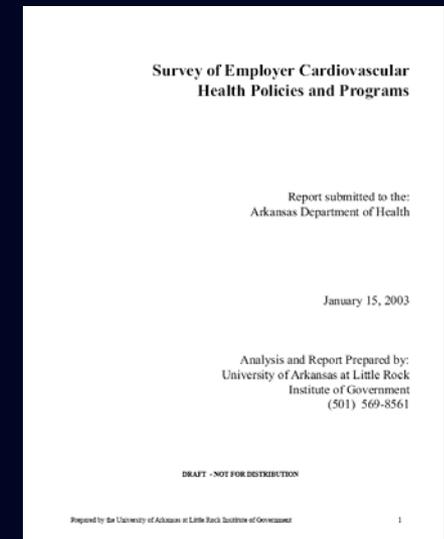
Source: Arkansas Health Statistics Branch, Arkansas Department of Health

# Making the Case for Worksite Wellness Programs

- Employees spend 36% of their total waking hours at work
- Approximately 82% of the US population is employed, a dependent, or a retiree
- Employers provide healthcare coverage to roughly 70% of employees
- Employees at risk for cardiovascular disease can raise cost of business:
  - Absenteeism
  - Workers' compensation
  - Health benefits
  - Low productivity

# Survey History

- First *Survey of Employer Cardiovascular Health Policies and Programs* conducted in 2002
- Purpose was to obtain information regarding health programs, resources, and incentives provided by Arkansas organizations to employees
- Conducted by UALR Institute of Government's Survey Research Center
- Survey instrument modeled after Massachusetts Department of Health's 2001 cardiovascular health study of Massachusetts employers



# Survey Background

- 6-year follow up to the 2002 survey
- Funding provided by Arkansas Department of Health (ADH) Heart Disease and Stroke Prevention program
- Also conducted by UALR's Survey Research Center (SRC)
- Survey Objectives
  - Determine what employer resources and programs existed for employees in 2008 regarding cardiovascular health
  - Assess changes in employer cardiovascular health programs, resources, and policies provided to employees since 2002

# Survey Methodology

- Telephone survey conducted between January and June 2008
- Representatives from various organizations sizes
  - Small = 50-99 employees
  - Medium = 100-249 employees
  - Large = 250+ employees
- All five ADH public health regions included



# Survey Methodology

- Organization information from Dunn & Bradstreet Sales & Marketing Solutions
- Database included all Arkansas businesses, not-for-profit, and public administration organizations with 50 or more employees
- Up to 12 attempts made to contact each organization

# Survey Methodology: Comparability

- In order to make the 2002 and 2008 findings as comparable as possible, SRG took several steps to use the same methodology:
  - Arkansas business database purchased from same vendor used in 2002
  - Calling protocols identical
- No significant differences between two samples
  - Organizational type, public health region distribution, number of employees, number of full-time, part-time, and minority employees

# Survey Methodology: Representativeness

	# Eligible	# Responded	% Responded
Total	2,876	1266	44%
Region			
Central	943	374	40%
Northeast	481	228	47%
Northwest	892	384	43%
Southeast	258	139	54%
Southwest	302	141	47%
Organization Size			
Small organizations	1632	548	34%
Medium organizations	856	443	52%
Large organizations	388	275	71%

# Response Rate and Cooperation Rate

<b>Eligible Organizations</b>	<b>2,876</b>
Not-In-Service	184
Never Available	902
<b>Contacted Organizations</b>	<b>1,790</b>
Completed Interviews	1,266
Refusals	524

$$\text{Response Rate (RR1)} = \frac{\text{number of completed interviews}}{\text{total population minus those not in service}} = 47\%$$

$$\text{Cooperation Rate (COOP1)} = \frac{\text{number of completed interviews}}{\text{number of interviews completed plus the number of refusals and other}} = 71\%$$

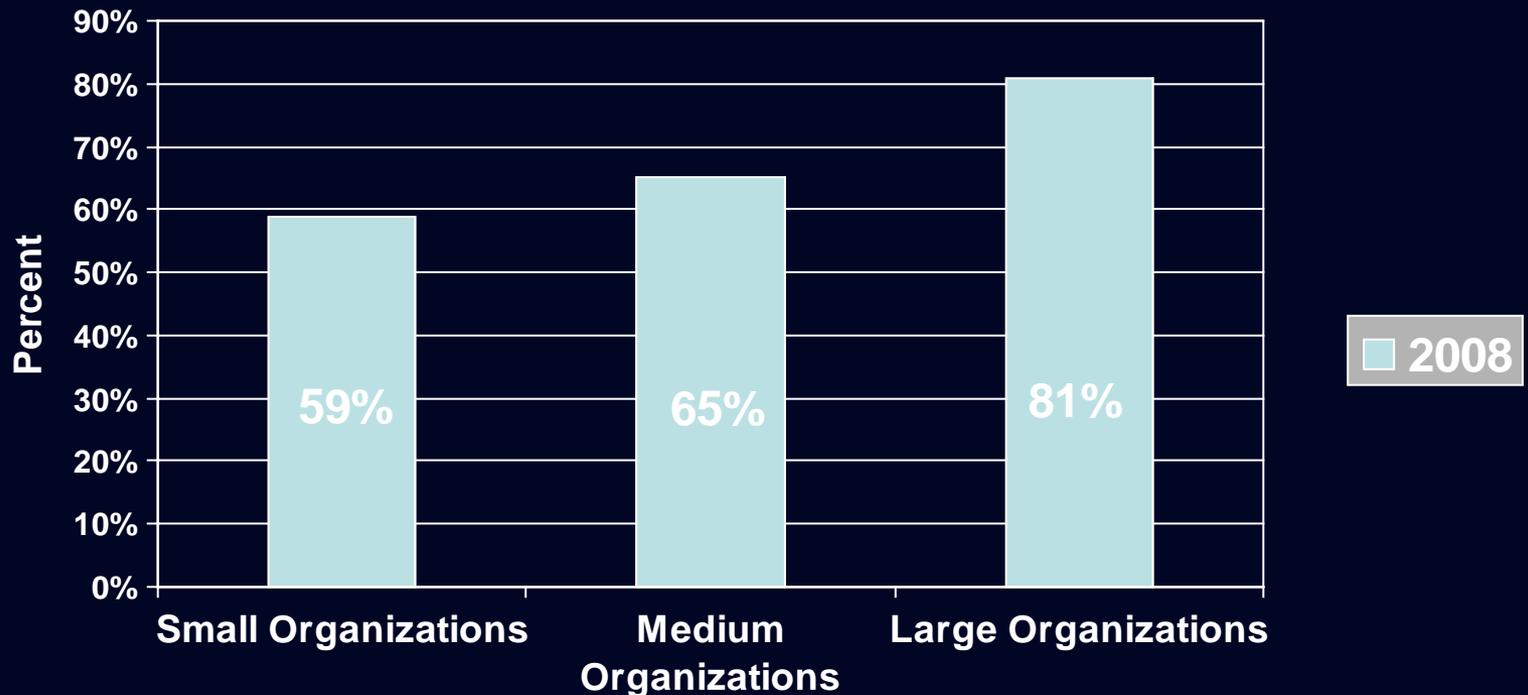
*Source: The American Association for Public Opinion Research. 1998. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for RDD Telephone Surveys and In-Person Household Surveys. Ann Arbor, Michigan: AAPOR.*



# Survey Result Highlights

# Employee Health Improvements

"Over the past 5 years, has your organization taken any actions to develop and improve your employee health and wellness?"



*Note: Question was only asked in 2008.*

# Reasons for Action

- Responses to the question “What is the primary motivating reason for taking these actions?” included:
  - Good for the employee (42%)
  - Rising health costs (29%)
  - Corporate policies (10%)



*“... healthier employees,  
better attendance, happier  
employees, better morale  
and performance ...”*

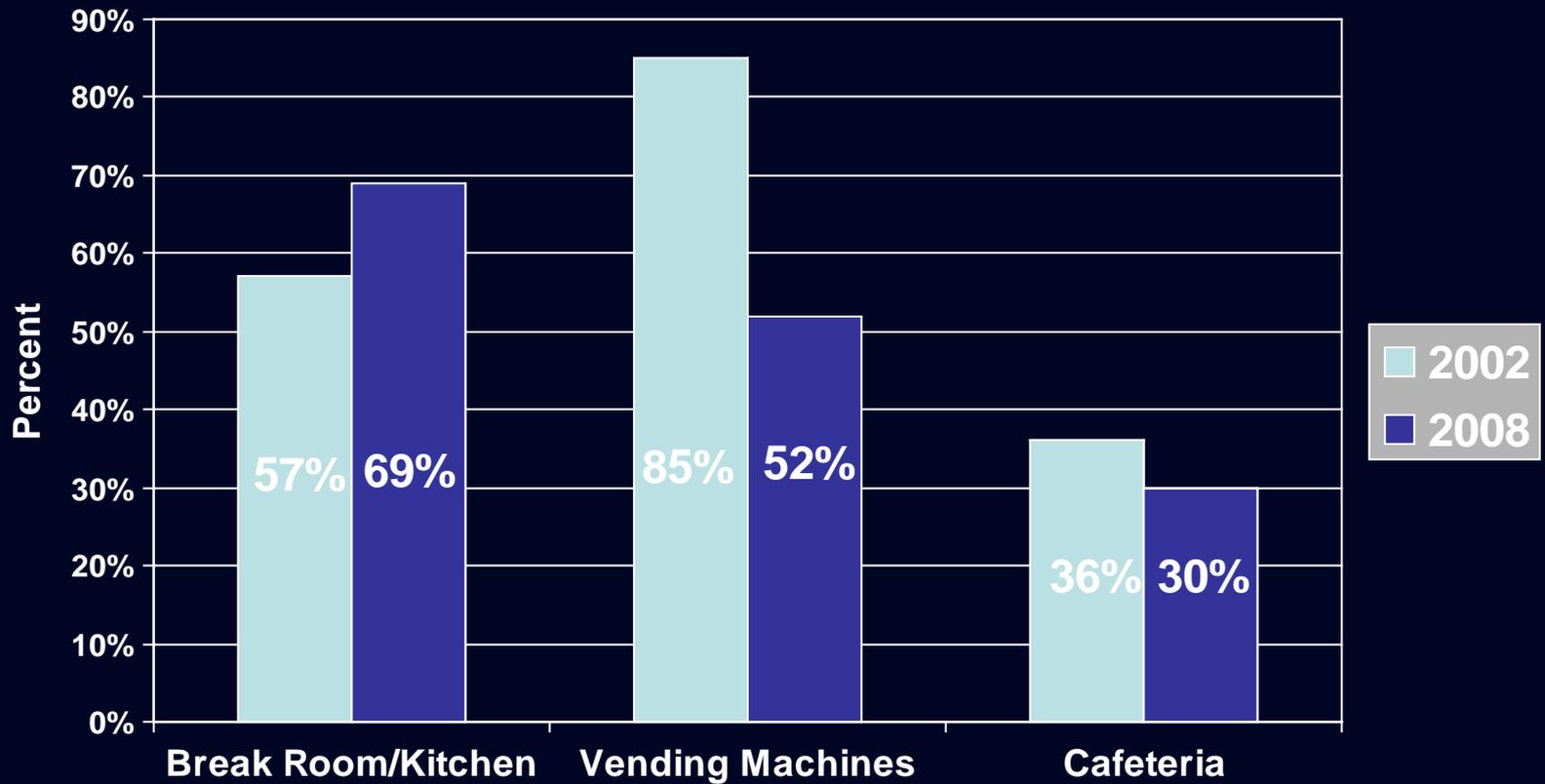
*- survey respondent*

# Food & Nutrition



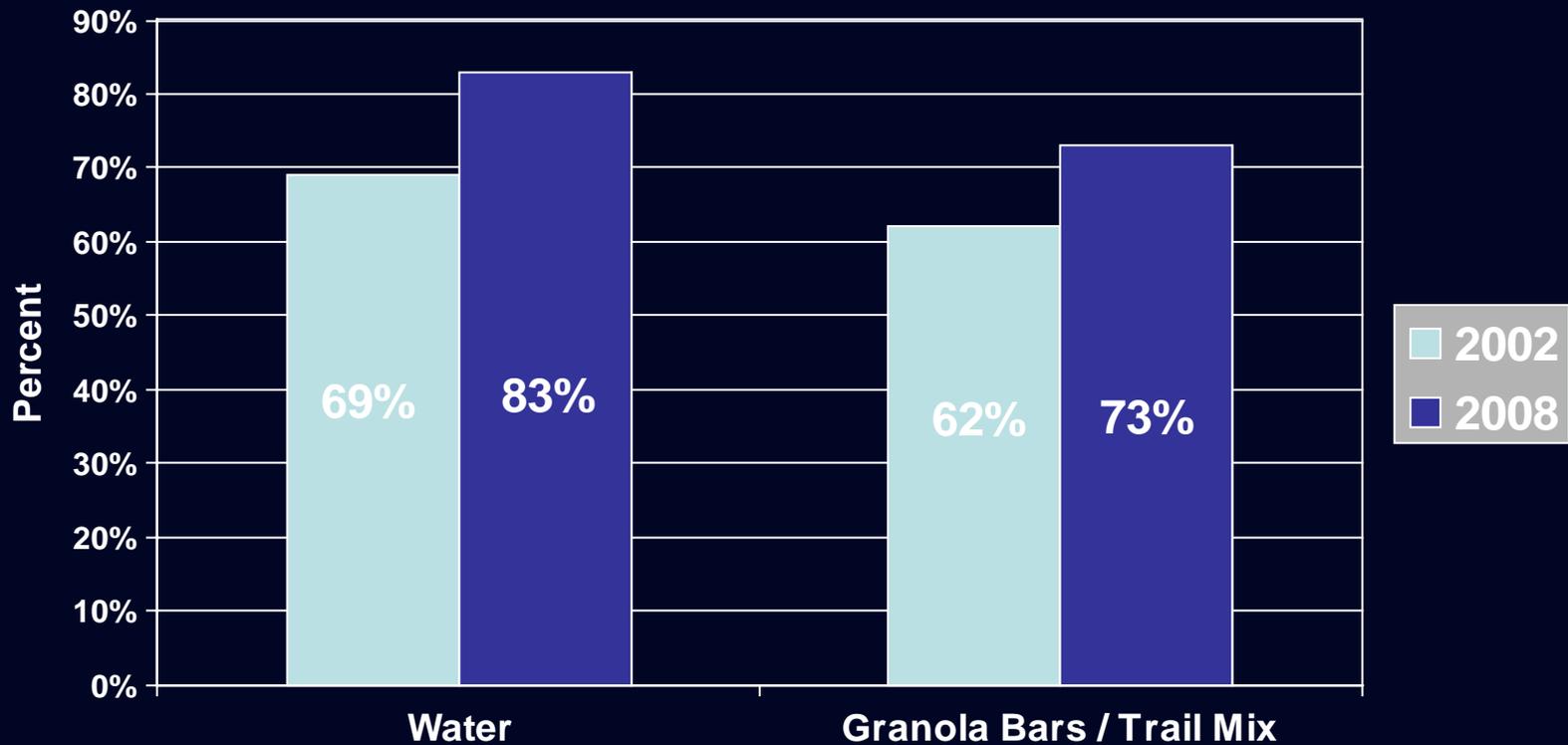
# Location for Food

"Where are the food and snacks offered?"



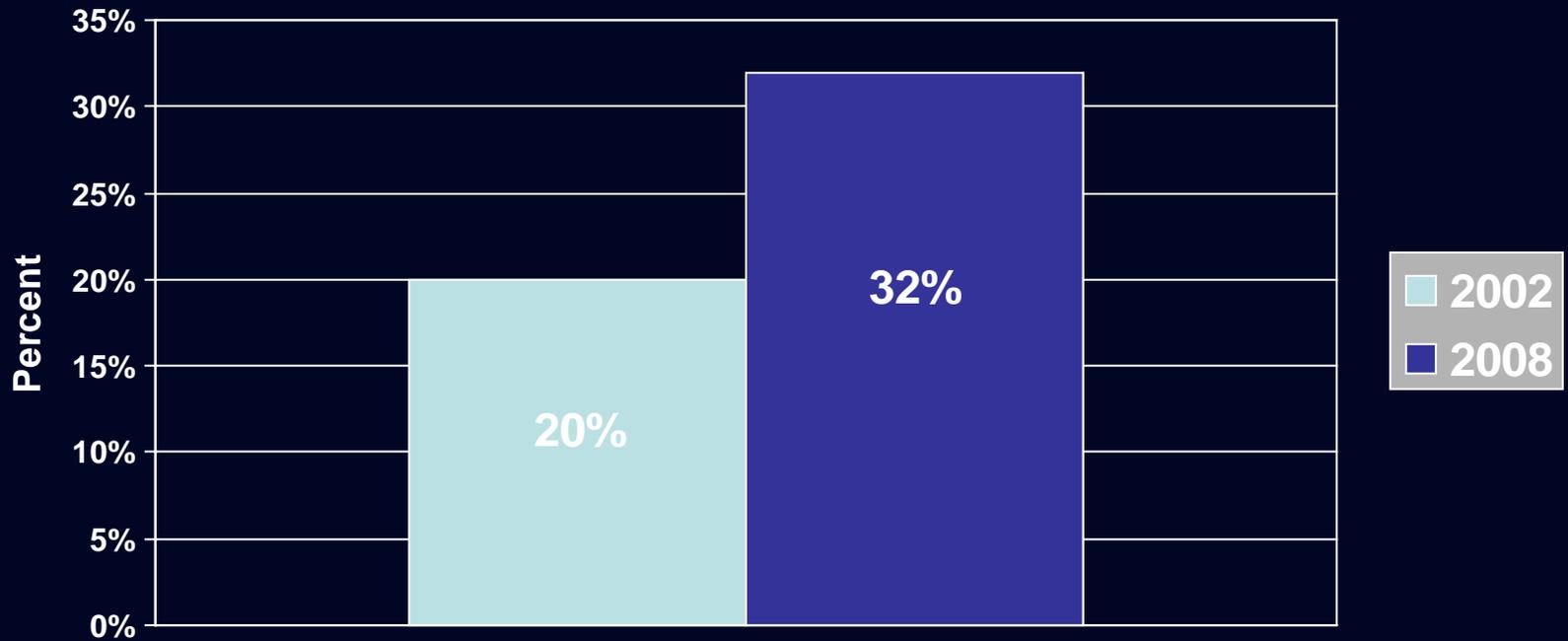
# Vending Machine Items

"Are the following types of food available through the vending machines?"



# Nutritional Information

"Does the cafeteria or canteen truck display nutritional analysis of the foods it provides, for example information on calories, fat, or sugar content?"

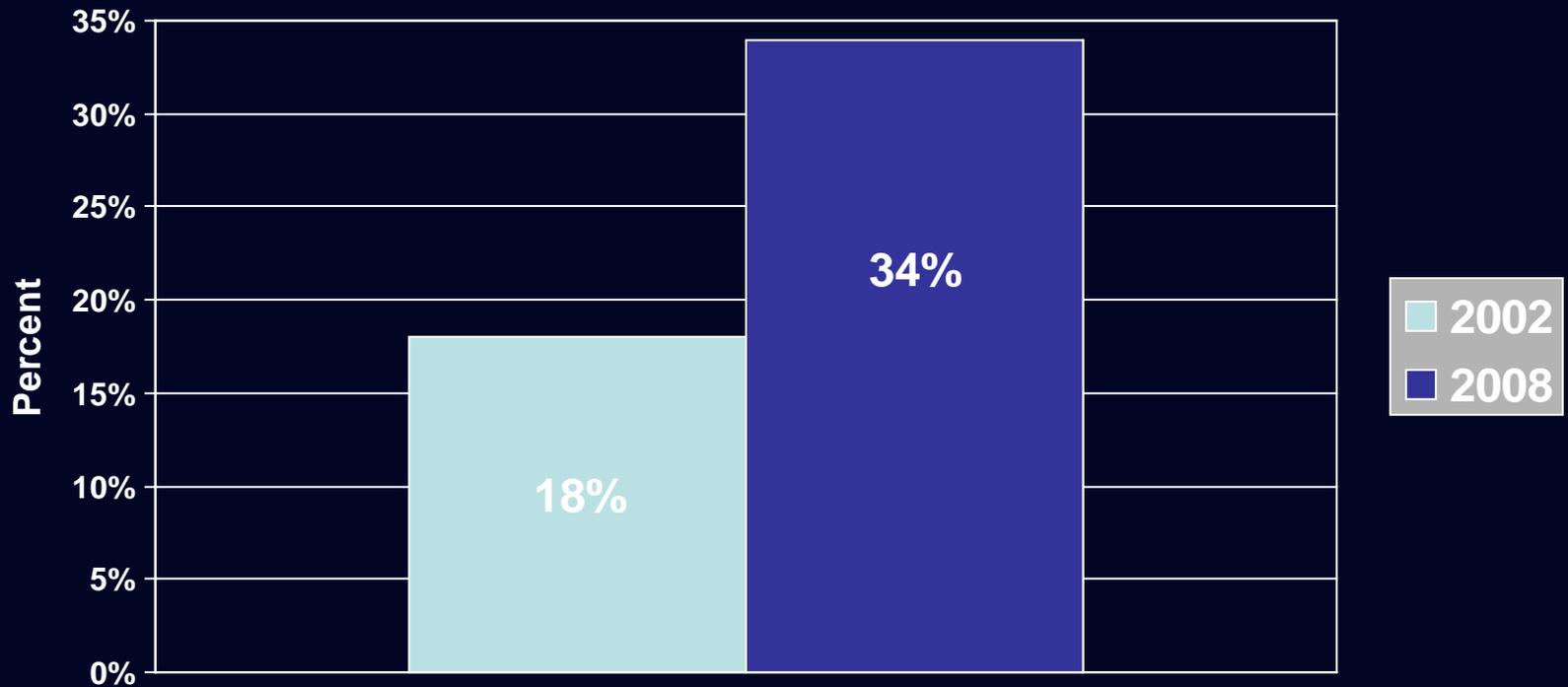


# Health & Wellness Programs



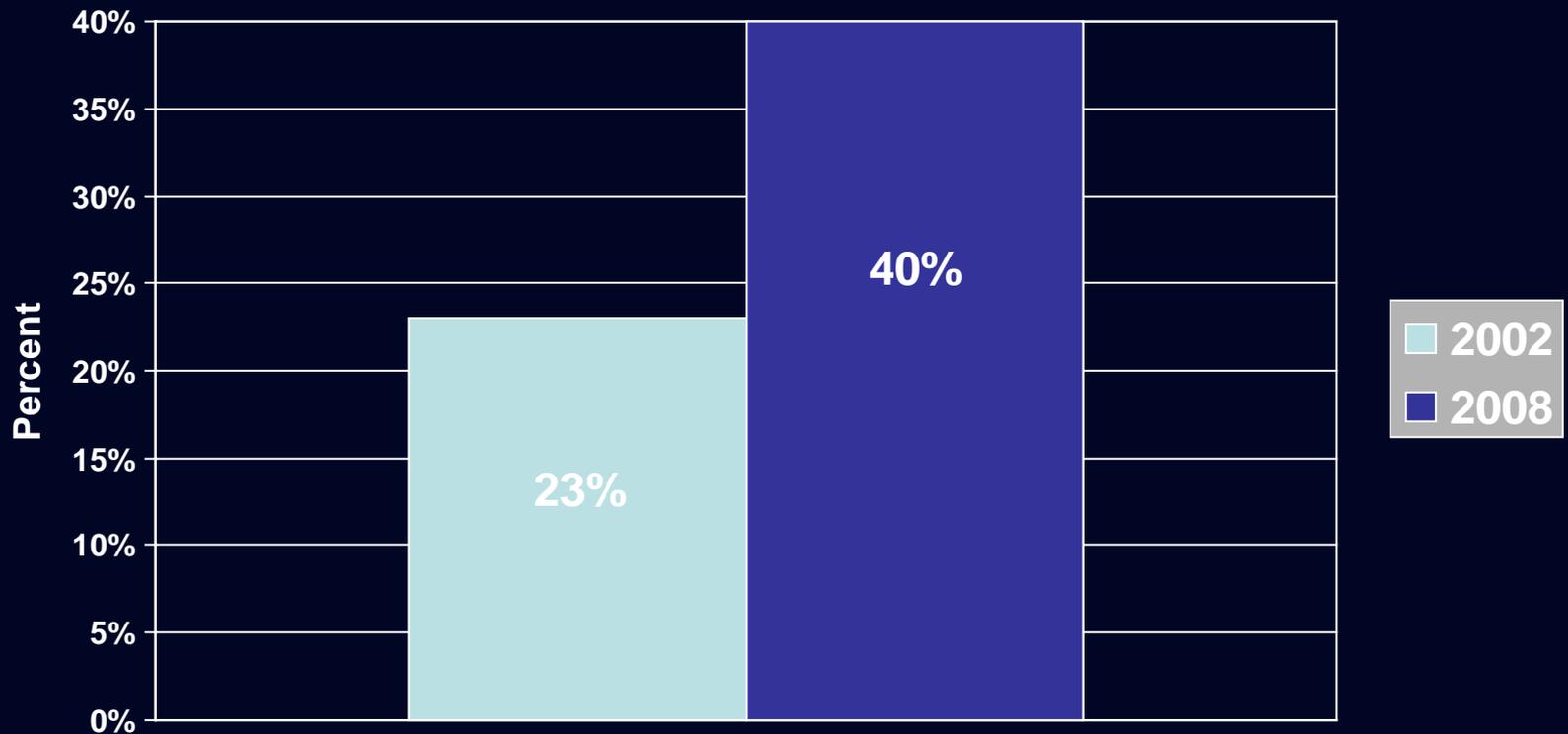
# Weight Control Programs

"Does your organization offer nutrition or weight control programs to your employees?"



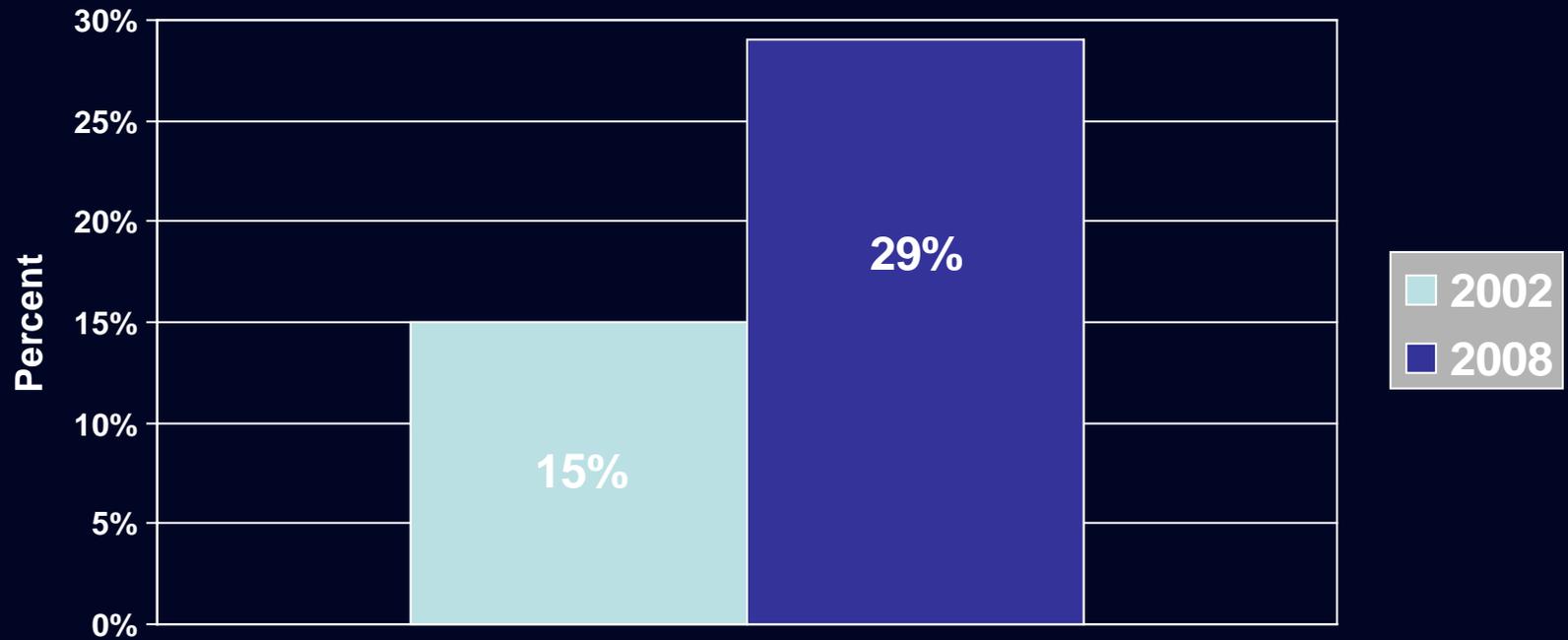
# Smoking Cessation Programs

"Do you offer programs to help employees quit smoking?"



# Health Program Discounts

"Does your organization offer reimbursement or discounts to employees who enroll in programs to quit smoking, whether through health insurance or direct subsidy?"

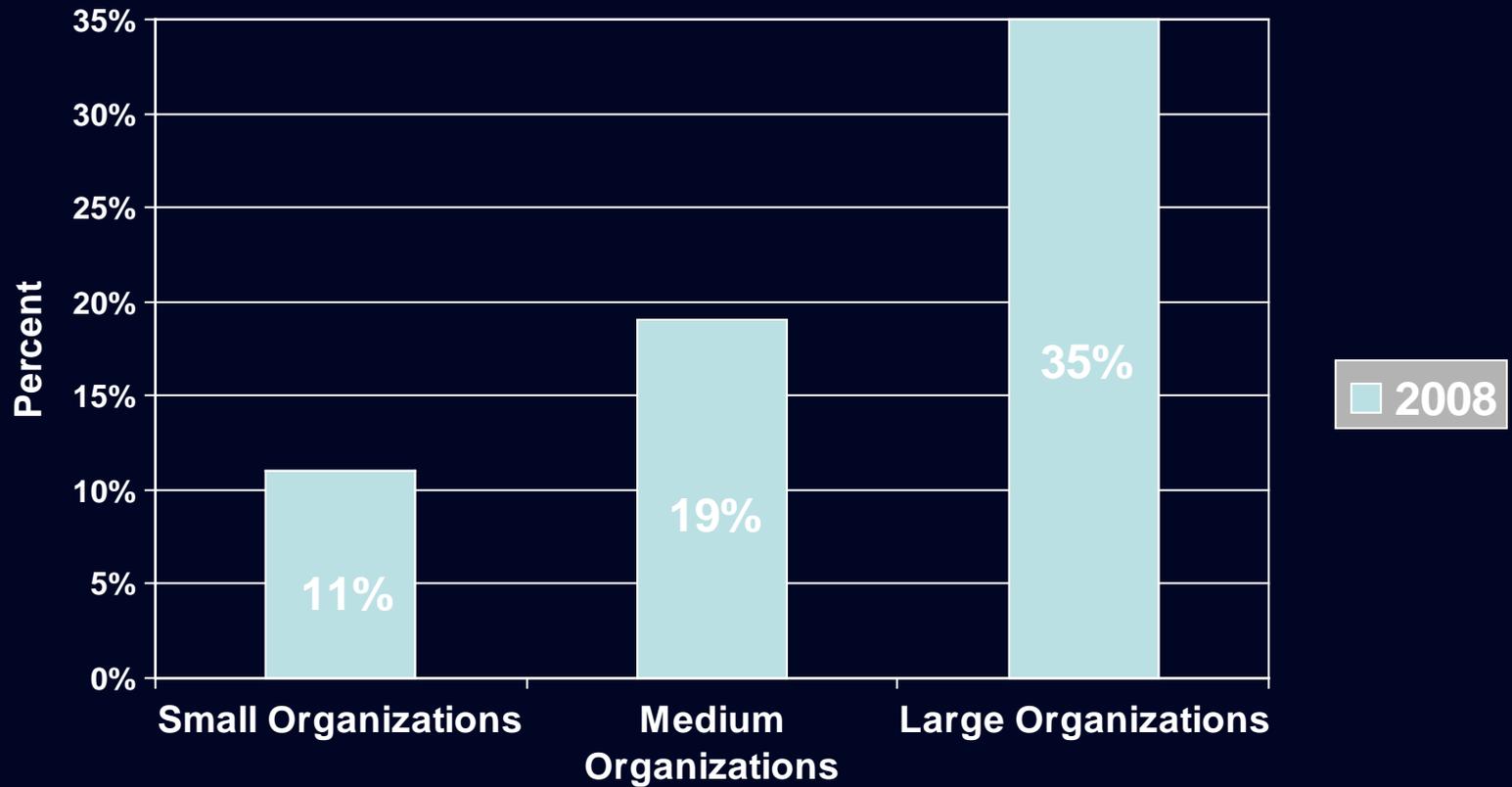


# Employer Commitment



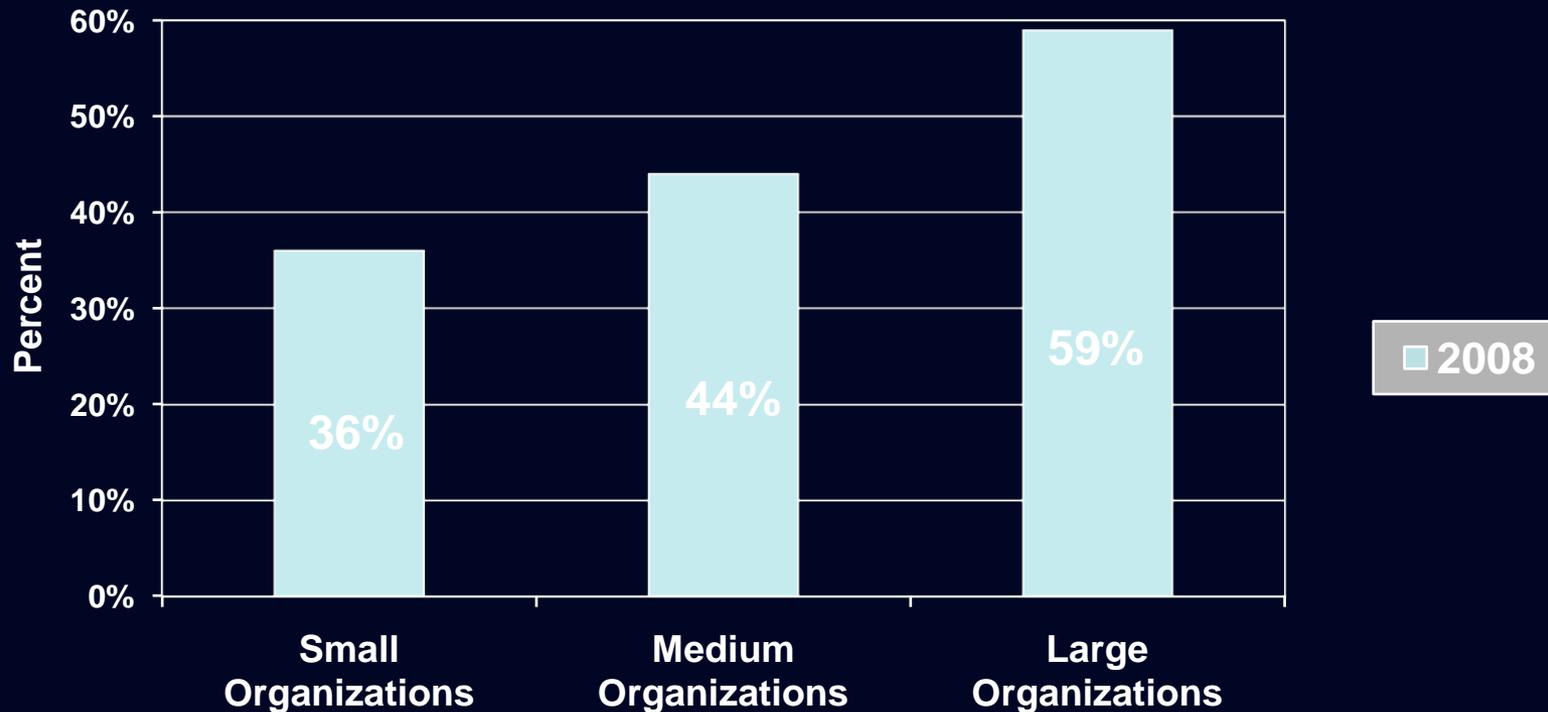
# Health Promotion Budget

"Does your organization have a budget for health promotion?"



# Designated Health Personnel

"Is there a designated person, group or committee within your organization who is responsible for employee health programs?"

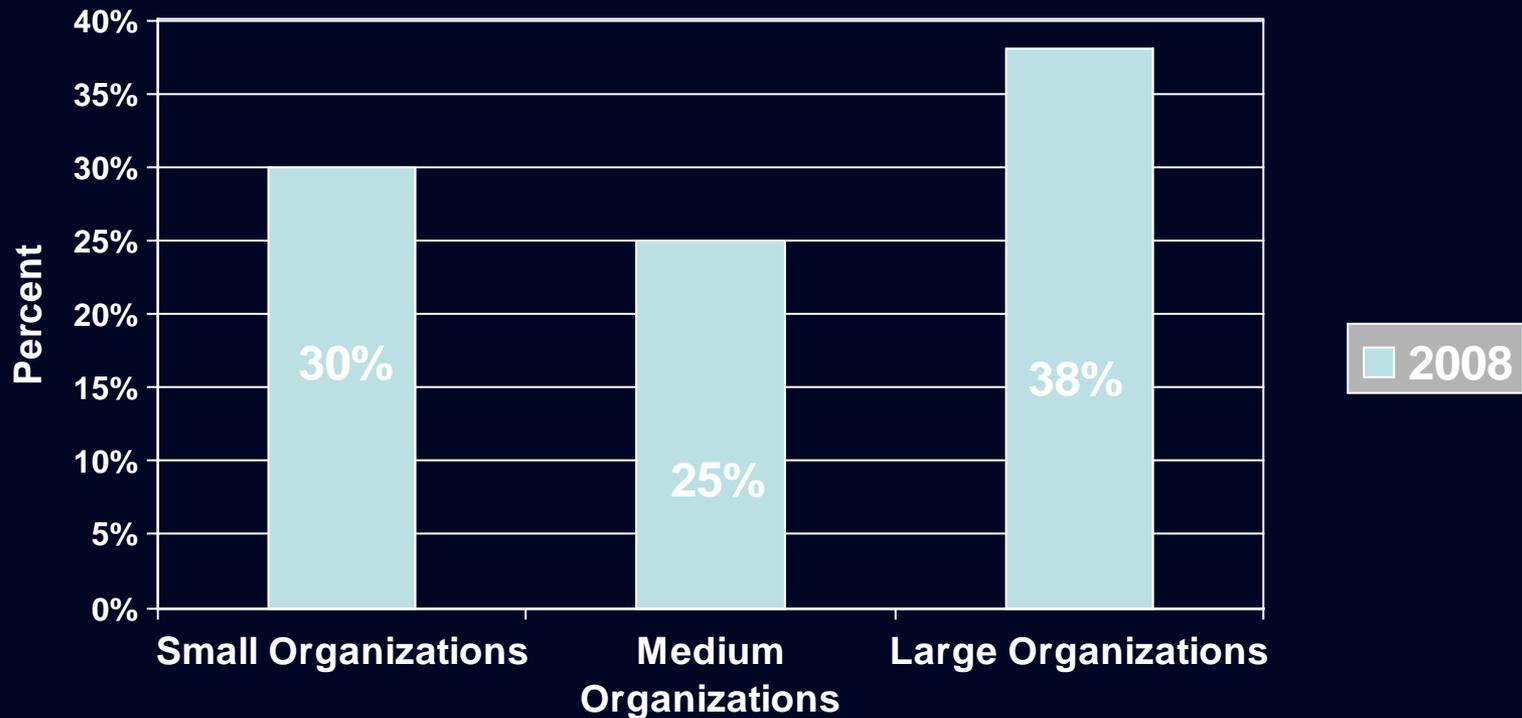


# Health Insurance & Incentives



# Insurance Premium Discounts

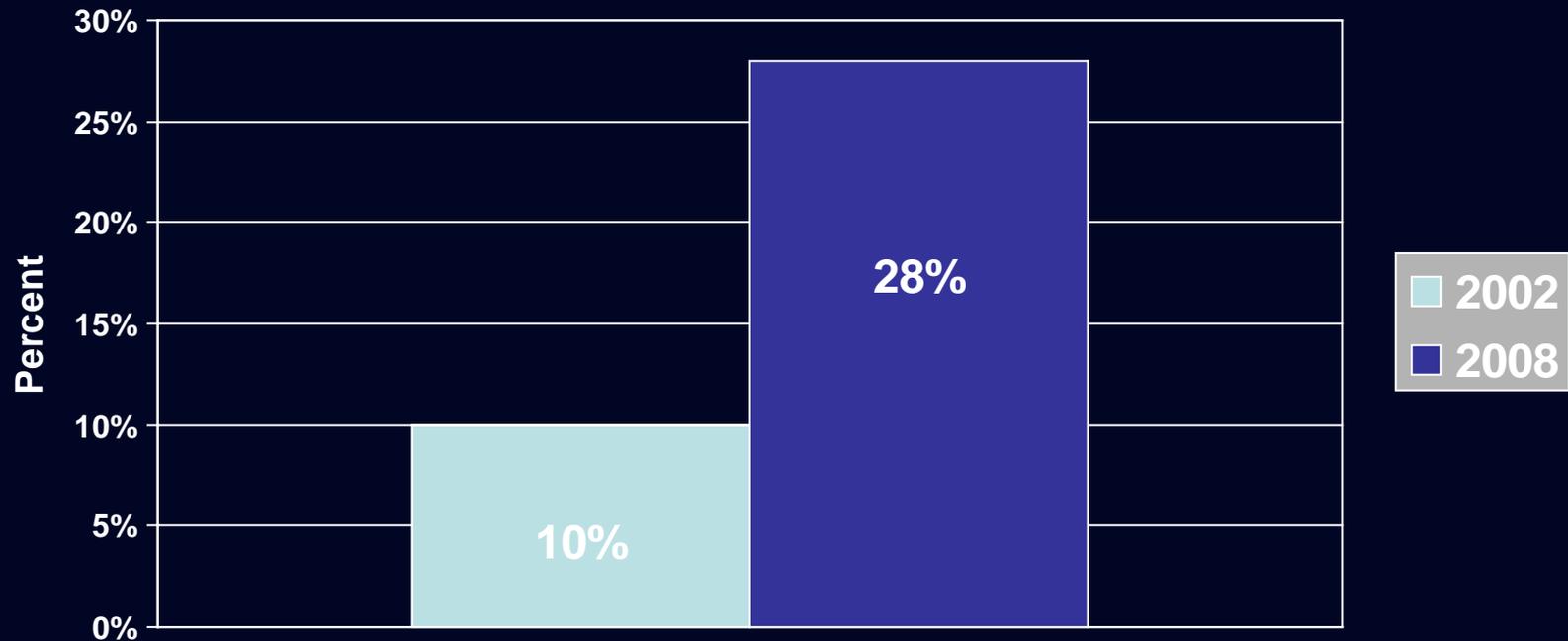
"Does your organization offer health insurance premium discounts for participation on health improvement programs such as smoking cessation, wellness programs, and health screening?"



*Note: Question was not asked on the 2002 survey.*

# Rewards for Physical Activity

"Does your organization provide any formal program through which you offer incentives or rewards to employees who are physically active?"



# Worksite Wellness Program Resources

- Arkansas Worksite Wellness Program
  - Helen Weir, Section Chief
    - Technical assistance for employers
    - Site visits
    - Materials
    - Presentations
    - Arkansas Healthy Lifestyle Program (AHELP)
    - Challenge events (i.e. Fruits & Veggies)
    - Collaboration with other worksite wellness coordinators



# Worksite Wellness Program Resources

CDC's Healthier Worksite Initiative advocates worksite health promotion

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**Tips: Did You Know?**  
Nearly half (47%) of working mothers return to work full-time within six months of giving birth. [Lactation \(breastfeeding\) support](#) in the workplace benefits both employer and employee.

lactation support

[see all tips](#)

**Introduction**

Welcome to the [Healthier Worksite Initiative](#) (HWI)! This site addresses workforce health promotion (WHP), a topic that is receiving a lot of attention in workplaces today. Well-constructed and well-run programs can reduce costs to the employer and improve employee health and morale.

This Web site was designed as a resource for WHP program planners in state and federal government. Planners at non-government workplaces may also find this Web site useful in generating ideas for WHP in your organization. Here you will find information, resources, and step-by-step toolkits to help you improve the health of your employees.

**Featured Items**

 [Lactation Support Program](#)  
Learn more about how to set up a comprehensive lactation support program for nursing mothers at the worksite with this HWI toolkit.

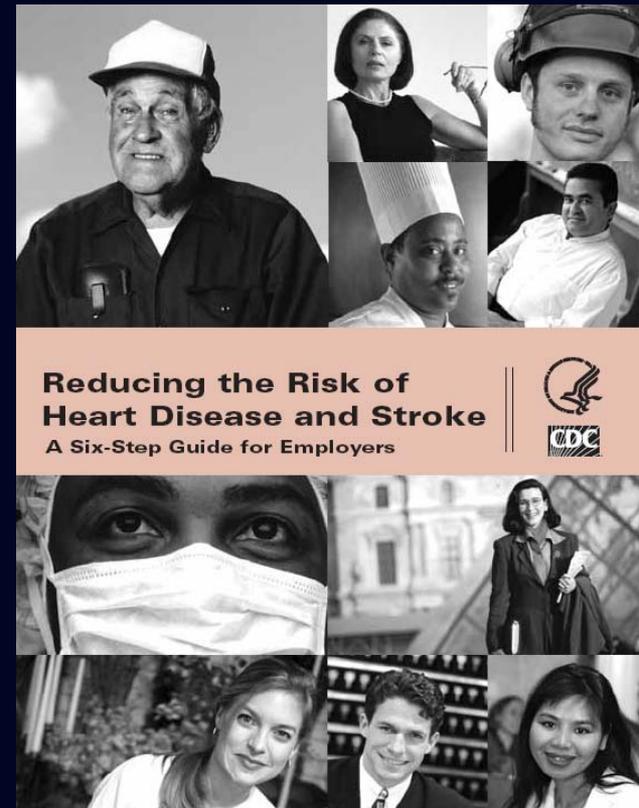
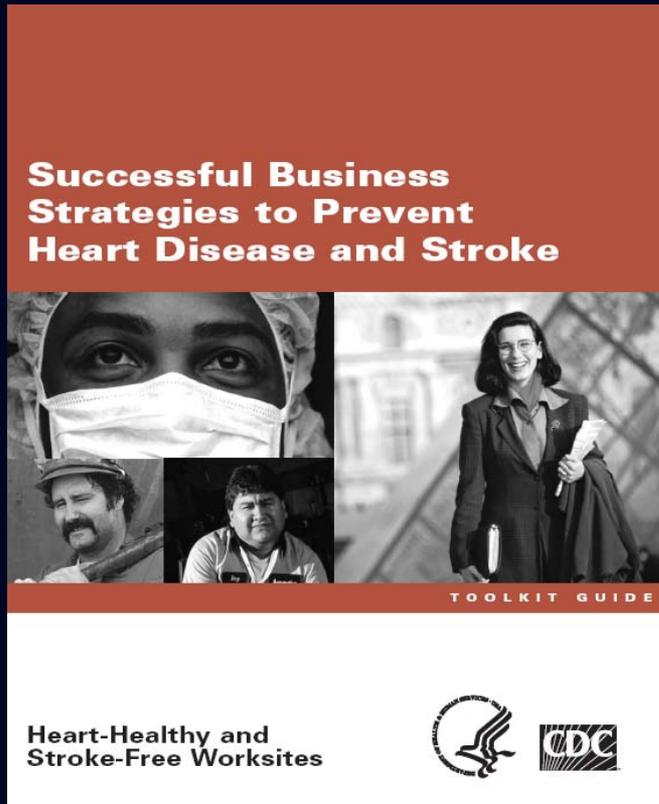
 [Implementing a Tobacco-Free Campus Initiative in Your Workplace](#)  
This toolkit provides guidance for implementing a tobacco-free campus initiative that includes a policy and comprehensive cessation services for employees.

 [Wellness Committees](#)  
Learn about how to structure worksite wellness committees to gain employee input on WHP activities and planning.

Contact HWI

# Worksite Wellness Program Resources

## CDC's Division of Heart Disease and Stroke Prevention's Worksite Wellness Toolkit



# Worksite Wellness Program Resources

→ eSTORE → MEMBERSHIP → TRAINING → CREATING WELL WORKPLACES → FREE RESOURCES

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WELLNESS COUNCIL OF AMERICA

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04/17 **Designing Wellness Incentives Special Report Part 1 -- Available Now For Download At No Charge.**

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Building great worksite wellness programs.  
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  - Case studies
- PowerPoint presentations
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  - Certification
- Consultations
  - Newsletter

[www.welcoa.org](http://www.welcoa.org)

# Example of Cost Savings (1)

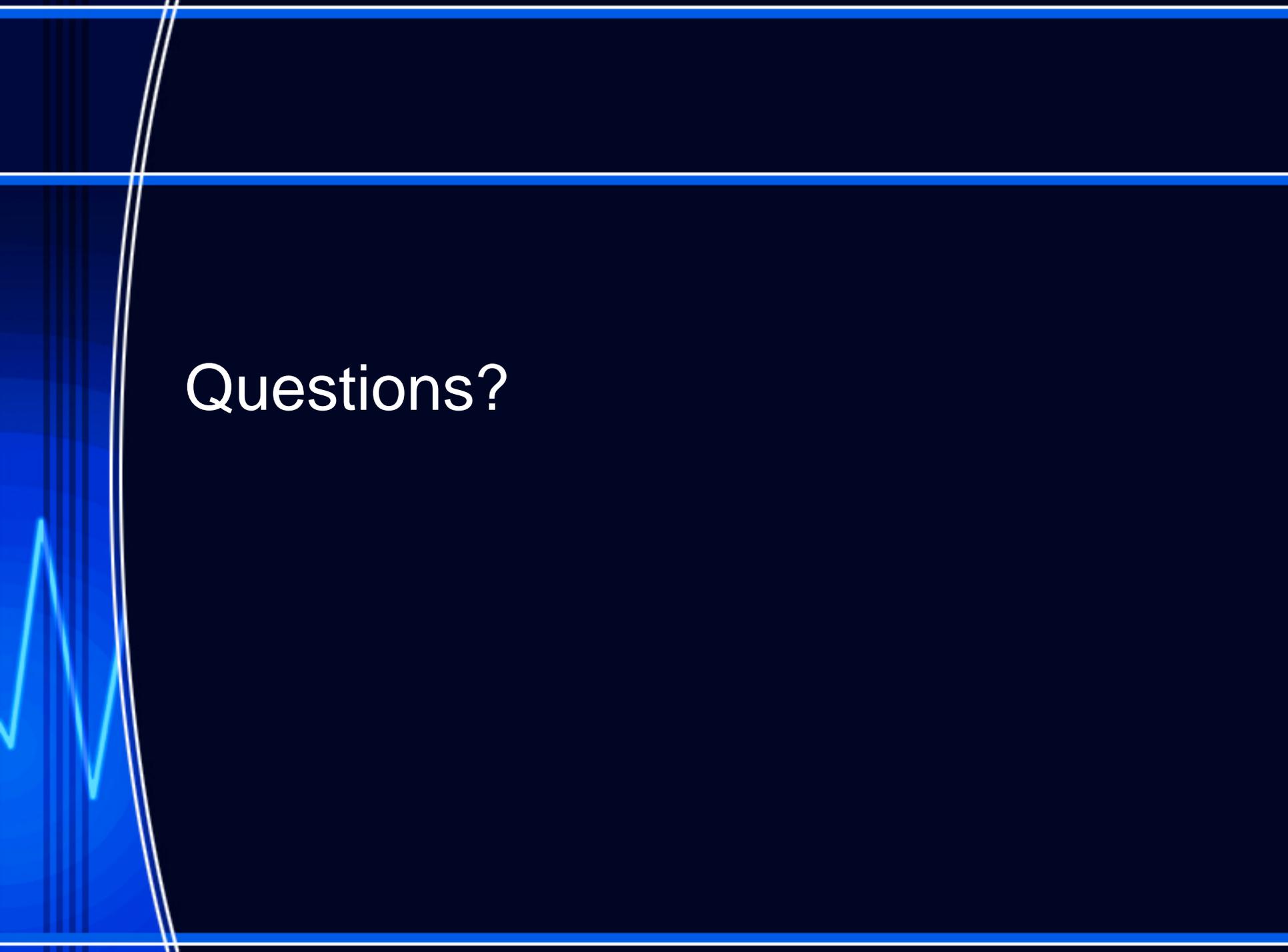
- Highsmith Company, Fort Atkinson, WI
  - Catalog-based distributor of school and library supplies, 225 participating employees
  - Intervention: Learning and Development Wellness Program, including health insurance premium incentive
  - Health outcome: 53% decrease in number of participating employees whose total cholesterol was “high risk”
  - Cost-saving: health care premiums increased by an average of only 4.9% vs the national average increase of 12.7%

# Example of Cost Savings (2)

- Johnson & Johnson (Headquarters)
  - Manufacturer of health care products, 106,000 participating employees
  - Intervention: Health and Wellness Program, including \$500 premium incentive for completing health risk assessments
  - Health outcome: 9% decrease in number of participating employees with high cholesterol levels
  - Cost-saving: medical expenses decreased by about \$225 per participating employee per year during 4 years, decreased absenteeism

# Future Steps

- Brochure distribution
  - Governor's Work-Life Balance Awards Ceremony on May 12<sup>th</sup>
  - Employer survey respondents
  - Partners
- Presentations
- UALR survey report to be posted on the ADH Heart Disease and Stroke Prevention website
- Survey executive summary



Questions?

# Contact Information

Lucy Im, MPH  
Senior Epidemiologist  
Heart Disease and Stroke Prevention  
Arkansas Department of Health  
501.280.4365  
[lucy.im@arkansas.gov](mailto:lucy.im@arkansas.gov)