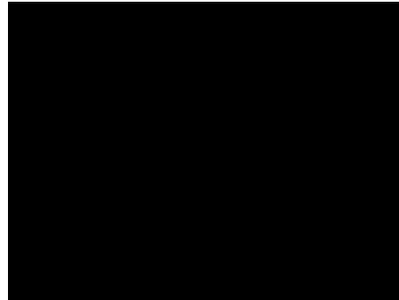
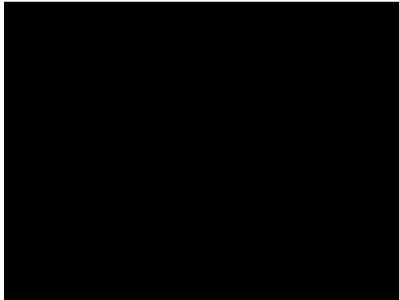


2008

Arkansas **Worksite** Wellness

KEY FINDINGS

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





To protect and improve the health and well-being of all Arkansans.

- Arkansas Department of Health Mission

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Introduction

In 2002, the Arkansas Department of Health's Heart Disease and Stroke Prevention Section and the Lifestage Health Branch conducted the *Survey of Employer Cardiovascular Health Policies and Programs*. Its purpose was to obtain information regarding health programs, resources, and incentives provided by Arkansas organizations to their employees. As a 6-year follow up, the Heart Disease and Stroke Prevention program conducted the *2008 Survey of Employer Cardiovascular Health Resources, Policies and Programs*. Its goal was two-fold: (1) to assess what employer resources, incentives and programs currently exist to promote wellness and health for employees, and (2) to determine what changes, if any, have occurred since 2002.

Why Cardiovascular Health?

Heart disease and stroke, the main components of cardiovascular disease, are the first and third leading causes of death in both Arkansas and in the nation. In 2006, heart disease and stroke accounted for more than 9,300 deaths or 33% of all deaths in the state. The major risk factors for cardiovascular disease are mostly preventable, including physical inactivity, current smoking, poor nutrition, hypertension, high cholesterol, obesity, and diabetes.

Why Worksites?

Employees spend more than a third of their total waking hours at the workplace. Approximately 82% of the U.S. population is employed, a dependent, or a retiree, and 70% of employees receives healthcare coverage from their employer. Thus, worksites are in a unique position to positively impact the health and well-being of employees.

Heart disease alone is the leading cause of permanent disability among working age adults in the country. Due to costs associated with absenteeism, workers' compensation, health benefits, and lost productivity, employees at risk for cardiovascular disease can affect the cost of business.

Survey Methodology

For both the 2002 and 2008 surveys, the Arkansas Department of Health contracted with the University of Arkansas at Little Rock Institute of Government Survey Research Center (SRC) to conduct a telephone survey among Arkansas employers. The original 2002 survey instrument was modeled after the Massachusetts Department of Health's 2001 cardiovascular health study of Massachusetts employers. The 2008 survey instrument included several questions from the 2002 Arkansas survey plus some additional questions to ascertain whether health-related environmental, policy or programmatic changes had occurred over the five year period.

SRC purchased contact information for Arkansas organizations from Marketing Systems Group, who obtained the database from the same source used in the 2002 survey. Survey questions were asked to Arkansas employers with 50 or more employees between January and June 2008 and included small (50-99 employees), medium (100-249 employees), and large (250+ employees) organizations across the state. Out of 2,876 businesses, non-profit groups, and governmental organizations eligible for the survey, 1,266 organizations (44%) completed the telephone interviews.

SRC attempted to contact all 2,876 organizations to participate in the study. Interviewers made up to 12 calls to reach the appropriate person who would be able to answer questions regarding employer resources available at the worksite for improving cardiovascular health. In some cases, the organization requested a letter explaining the project and inviting them to participate. Table 1 shows the final disposition of the 2,876 total eligible organizations.

Table 1. Disposition of phone numbers, 2008.

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



Forty-four percent of eligible organizations participated in the survey. Large organizations (250+ employees) were more likely to participate in the interview than small organizations (50-99 employees) (table 2), therefore, it is possible that small organizations may be under-represented in the sample. Two reasons may account for this. First, small organizations often lacked having designated staff available to answer questions concerning employee benefits. Second, small organizations consistently mentioned that they did not feel the survey questions pertained to their organization due to its small size. The perception that they were not able to contribute to the survey led to their not participating in the survey.

Table 2. Response rates by organization size and region, 2008.

	# 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%



Survey Results

Characteristics of Worksites Surveyed

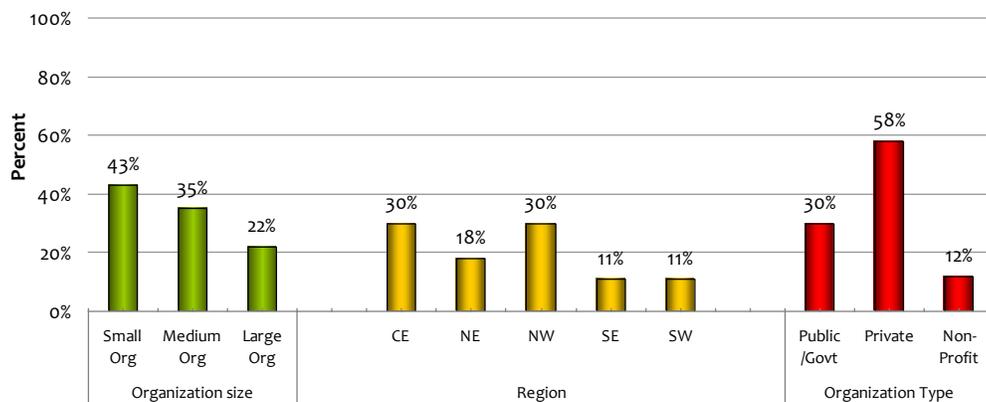
Worksites from around the state participated in the worksite survey. The Arkansas Department of Health characterizes the state into five public health administrative regions (Figure 1).

Among the 1,266 worksites interviewed, 60% of all responses came from the Central and the Northwest regions of the state (figure 2). Almost two-thirds (58%) were private organizations and 30% were public or government organizations. The remaining 12% of worksites were non-profit organizations.



Figure 1. The Arkansas Department of Health’s five public health regions.

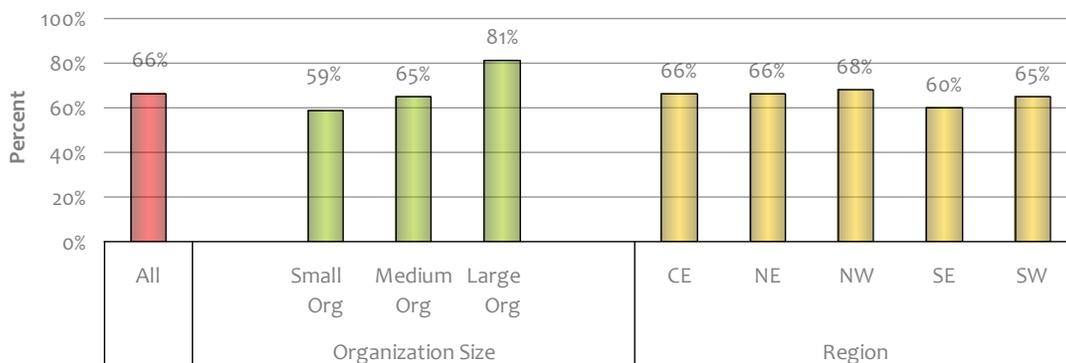
Figure 2. Characteristics of Arkansas worksites responding to the survey, 2008.



Overall Improvement

Since 2002, the majority (66%) of Arkansas employers have taken action to develop and improve the health and wellness of their employees (figure 3). This is especially seen among large organizations with 250 or more employees, where 81% of employers said they had made changes for their workers. The percent of organizations implementing changes did not vary by geographic region.

Figure 3. Actions to improve employee health over the past 5 years by organization size and employee size, 2008.



The main reasons cited for changes to improve employee health were healthier and safer employees, rising health costs, and corporate policies.

“More businesses need to recognize that poor health means lower productivity and higher health insurance costs. Smart business leaders increasingly are finding that it is the right decision to promote health, education, physical activity, and preventive benefits in the workplace.”

Tommy Thompson,
Former Secretary of Health and Human Services



Food & Nutrition

Over the course of the past 5 years, more worksites made available healthy items such as water and granola bars in their vending machines (figure 4). Although there were no regional differences, larger organizations tended to have more healthy choices

compared to smaller organizations (figure 5).

Almost all worksites with vending machines sold items such as sodas (99%) and candy, chips or cookies (90%).

Figure 4. Percent of worksites with vending machines offering specific food items, 2002 and 2008.

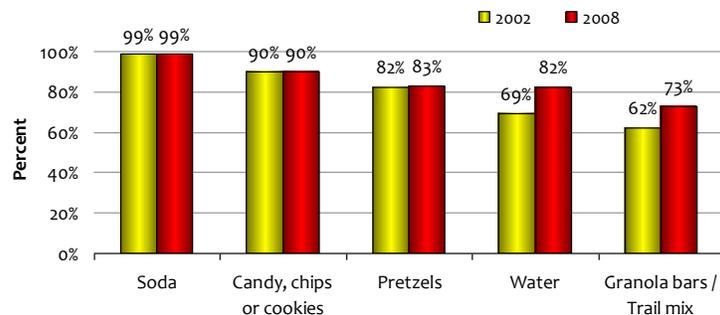
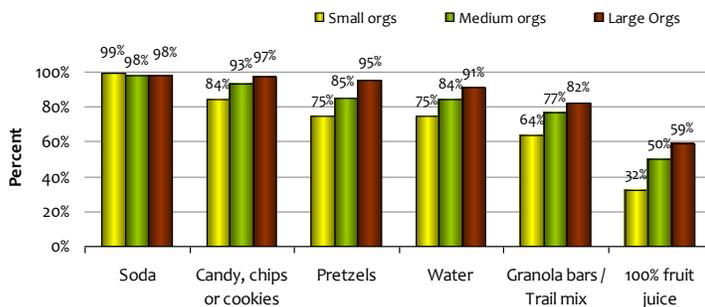


Figure 5. Percent of worksites with vending machines offering specific food items, by organization size, 2008.



Approximately one-third (32%) of worksites surveyed reported that their cafeteria or canteen truck display nutritional information such as calories, fat, or sugar content. This is an increase from 20% reported in 2002.

Compared to small and medium organizations (30% and 32%, respectively), a greater percentage of large organizations (37%) displayed this type of information for their employees.



Health & Wellness Programs

Arkansas worksites are increasingly offering nutrition / weight control programs, smoking cessation programs, and health education and screening opportunities. The percentage of organizations offering nutrition / weight control programs and smoking cessation programs almost doubled from 2002 to 2008 (figure 6).

Still, larger organizations were more likely to offer such health and wellness programs compared to small organizations (figure 7).

Geographically, fewer worksites in the southeast and southwest regions of the state offered smoking cessation programs (figure 8). There was little difference among regions with regards to nutrition / weight control programs. In almost all categories, a greater percentage of the northeast region worksites offered cardiovascular health programs for their employees.

Figure 6. Percent of worksites offering health and wellness programs, 2002 and 2008.

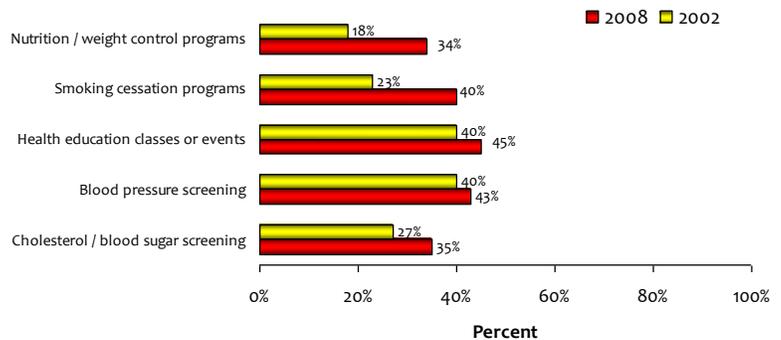


Figure 7. Percent of worksites offering health and wellness programs, by organization size, 2008.

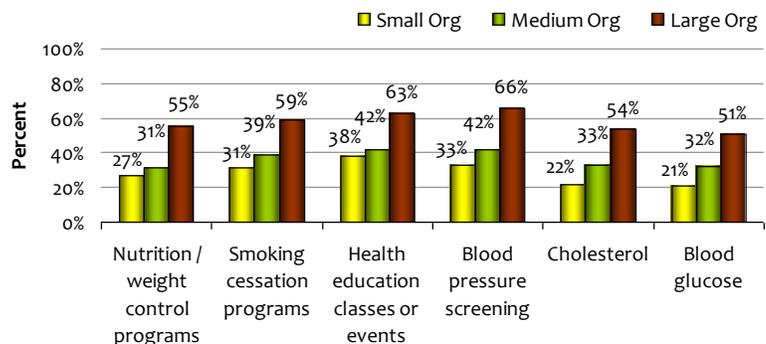
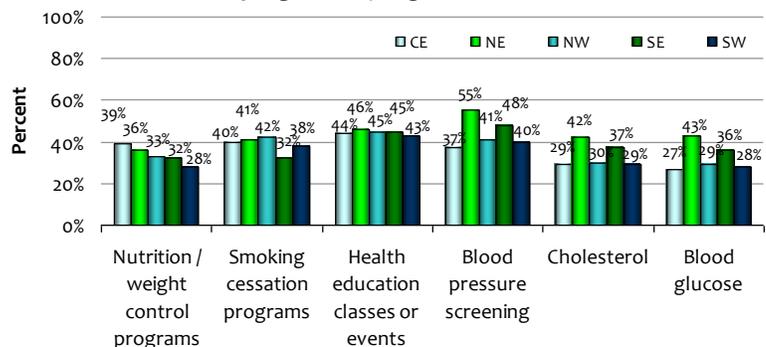


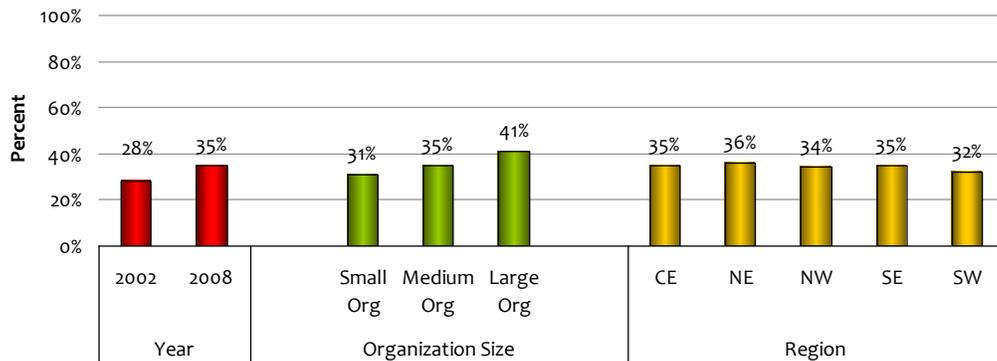
Figure 8. Percent of worksites offering health and wellness programs, by region, 2008.



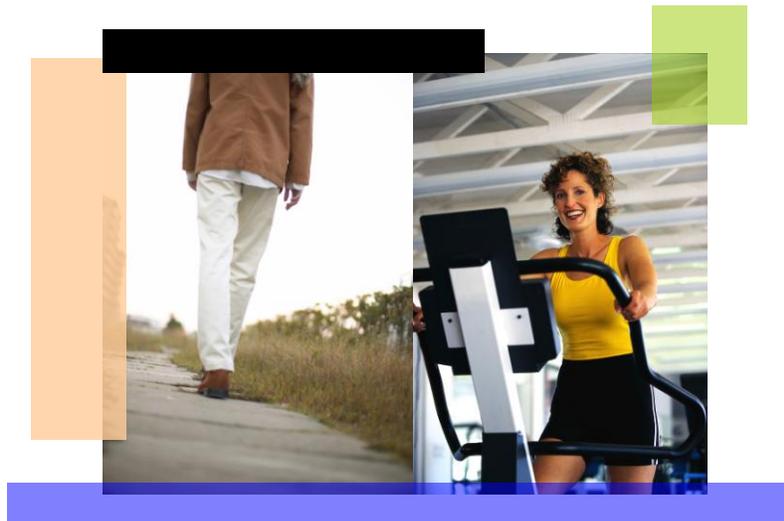
Physical Activity

More than one-third (35%) of all worksites participating in the survey stated employees had a designated place for walking (figure 9). In 2002, 28% of worksites had a place for employees to walk. Small organizations were less likely to have designated walking areas compared to large organizations.

Figure 9. Percent of worksites with a designated walking area for employees, by year, organization size, and region.



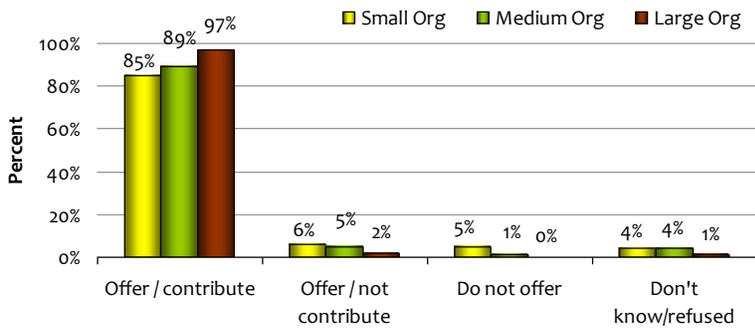
In 2008, one in five (23%) organizations had an indoor exercise facility providing access to items such as strength training equipment, aerobic equipment, or a running track. Large organizations tended to have more indoor exercise facilities than small organizations (small – 21%, medium – 22%, large – 29%). For both designated walking areas and access to indoor exercise facilities, worksites did not vary in their responses by region.



Health Insurance & Incentives

Eighty-nine percent of all worksites interviewed offered employee health insurance and contributed towards the cost, a decrease from 93% in 2002. Providing health insurance for workers varied by organization size (figure 10), but not by region.

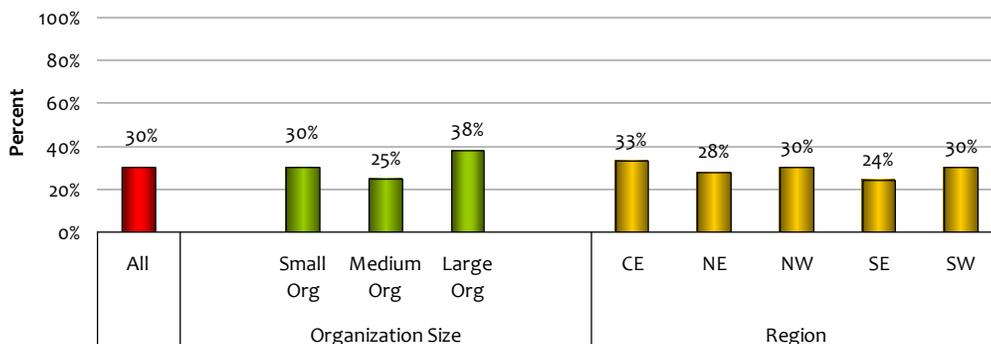
Figure 10. Percent of worksites offering employer health insurance benefits, by organization size, 2008.



When asked if the organization offered health insurance premium discounts for participation in health improvement programs such as smoking cessation, wellness programs, and health screenings, 30% replied that they did¹. Responses differed by the size of the organization and by region (figure 11). Less than 25% of the worksites in the southeast region offered insurance premium discounts, compared to 33% of central region worksites.



Figure 11. Percent of worksites offering health insurance premium discounts for participation in health and wellness programs and screenings, by organization size and region, 2008.



¹ This question was not asked in the 2002 survey, thus no comparison could be made.

Employer Attitude and Commitment

When asked to describe the attitude of the organization’s executive management towards promotion of cardiovascular health for employees, 72% said management was supportive, an increase from 56% in 2002 (figure 12). Among large organizations, four out of five (81%) felt that management supported cardiovascular health among their employees. There was no large difference in responses among worksites by region.

Figure 12. Attitude of executive management towards promotion of employee cardiovascular health, by year and organization size, 2008.

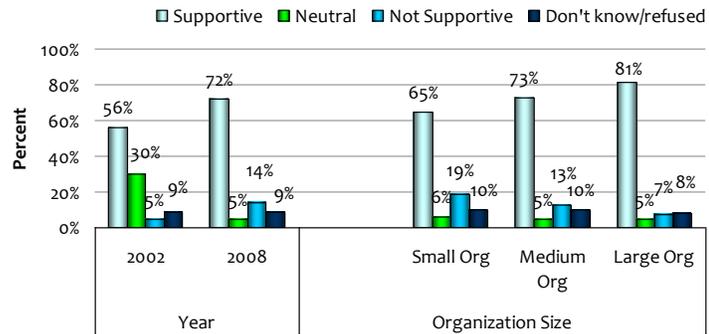
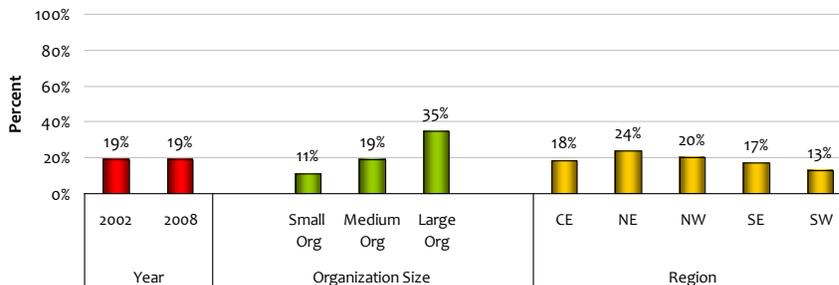


Figure 13. Percent of worksites with a health promotions budget, by year, organization size, and region.



Since 2002, no change occurred in the percent of organizations that have a designed health promotions budget (figure 13). However, responses varied by organization size and region.

In 2008, 44% of worksites had a designated person, group or committee responsible for employee health programs, an increase over 39% reported in 2002. This, too, varied by organization size (small – 36%, medium – 44%, large – 59%).

“Our wellness program moved from being the right thing to do, to putting our company at a competitive advantage. Our leadership understands this program will help keep health care costs down.”

- Susan Tufts, Employee Wellness program Manager, LL Bean, Inc.

Conclusions

Worksites can play a vital role in providing health and wellness opportunities for employees. The results from this survey show that Arkansas employers have taken action during the past 5 years to develop and improve the cardiovascular health of their employees. Increasing availability of healthier food options, weight control and smoking cessation programs, and health screenings at the worksite are all evidence of employers' attempts to improve employee health. However, differences among small, medium, and large organizations in the provision of these programs and healthcare benefits were also evident, as were variation in practices among worksites in the different regions of the state.

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**A message from Arkansas's Chronic Disease Programs.
Stay Informed. Stay Healthy.**

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