Heart Disease and Stroke Prevention: Workplace Health in the United States, 2017

The Human and Business Costs of Heart Disease and Stroke

Heart disease and stroke are among the leading causes of death in the United States.¹ At nearly $330 billion each year in medical expenses and lost productivity from premature death, heart disease, stroke, and their risk factors are expensive health conditions—in fact, cardiovascular disease (CVD) is the most costly disease in the United States.²

Heart-healthy employees are better for business. They save employers money, have better morale, miss less work, and are more productive than less healthy employees.³,⁴,⁵,⁶

The burden of CVD is growing faster than the ability to combat it due to increasing rates of CVD risk factors:³

- Obesity
- Poor diet
- High blood pressure
- Type 2 diabetes.

CVD risk increases with age:²

- At age 24, one’s risk for CVD is just 20%
- At age 45, the risk of CVD is 50%
- At age 65 the risk of CVD is 80%.

These high risk groups are of working age. Approximately 80% of 25-54 year olds and 37% of those 55 and older are employed.⁷

Everyone can help change these health outcomes. Since the population at risk for CVD represents a significant portion of today’s workforce, employers have a part to play in preventing heart disease and stroke. The good news is that many large and small workplaces are making efforts to reduce employee risk. In addition to improving “the bottom line,” many employers believe that creating a culture of health in the workplace by encouraging and supporting healthy behaviors can help attract and retain high quality employees.⁸ In fact, studies show employees are more likely to remain with a company that cares about their health, as evidenced by having an employee wellness program giving both employers and employees opportunities to establish and benefit from long-term healthy behaviors.⁴ The Workplace Health in America Survey provides insight into employer efforts to reduce CVD.
Workplace Health Programs in the U.S.

Forty-six percent of employers have some type of health promotion program. Employers who have had a wellness program for more than five years are three times more likely to have a comprehensive program than employers with less program experience which includes:

- health education,
- supportive social and physical environments,
- integration of the worksite program into the organization’s culture,
- links between health promotion and related programs,
- health screening with follow up.

Worksite Spending on Health Promotion

The size of workplace wellness budgets varies.

According to the survey results, approximately 36% of workplaces do not have a budget for workplace wellness. Employers plan to maintain or increase their financial investments in employee health promotion over the next 12 months:

- 79% of budgets will remain about the same
- 18% of budgets will increase
- 3% of budgets will decrease.

Fifty-three percent of employers offered incentives related to their health wellness programs, the majority of which are based on participation or attendance at activities or events.

Screening and Referral Efforts to Identify Cardiovascular Risk Factors

Health screening is important because it catches conditions early, and referring employees to health care providers for follow up can help them better manage their health issues. The survey asked employers about their efforts to provide screenings for several heart disease and stroke risk factors and follow-up referral to a health professional for those at high risk for those conditions.

Employers Providing Screenings by Employer Size

Twenty-seven percent of all employers offer health screening programs. Employers are screening more for CVD risk factors than for other individual conditions. High blood pressure is the most-frequently screened-for risk factor; about half of workplaces with more than 100 employees, and nearly 20% of workplaces with 10-24 employees screen for high blood pressure.

The central U.S. has the highest rates of employer screening for both blood pressure and cholesterol. The northeastern states have the lowest screening rates. As the southeastern states make up the "stroke belt," it is encouraging to note that employers here are making strides with high blood pressure screening.

Blood Pressure Screening by Region

Source: 2017 Workplace Health in America Survey

Cholesterol Screening by Region

Source: 2017 Workplace Health in America Survey
Employers are not as successful with referring employees to a health professional for treatment and follow-up education once risk factors are identified. Referral rates are low, particularly among smaller worksites.

**Cardiovascular Disease Risk Management Efforts**

Beyond screening and referrals, worksites can assist employees with management of their cardiovascular disease. Approximately 19% of employers offer cardiovascular disease management assistance to employees. Of those employers, most are using multiple methods to assist employees.

**Counseling to Reduce Cardiovascular Risk Factors**

Counseling or coaching by a health care provider aids employees in setting and achieving health goals. The survey asked employers about their efforts to provide one-on-one counseling and follow-up monitoring for several heart disease and stroke risk factors—high blood pressure, high cholesterol, obesity, and diabetes.

Worksites of all sizes are providing counseling to their employees with CVD risk factors, with larger employers (more than 500 employees) more frequently providing this opportunity (35% for blood pressure and 35% for cholesterol versus 4% and 4% for all employers). Diabetes is the most common risk factor for which employers are providing counseling (5% of all employers).
Successful Worksite Promotion Efforts to Reduce Cardiovascular Disease

In addition to education, screening with referral, and counseling, workplaces can make policy and environmental changes that can positively affect heart disease and stroke outcomes among their employees. Many policy and environmental change strategies cost little to nothing to implement. Examples of approaches worksites can use include:

- Implement a written policy banning all tobacco use at your worksite (19% of all employers currently do this);
- Make blood pressure cuffs available for self-monitoring of blood pressure (5% of all employers currently do this);
- Provide environmental supports for physical activity such as bicycle racks on-site, walking trails, and maps of measured walking/jogging routes (16% of all employers currently do this)
- Offer employees paid time to be physically active during work hours, including fitness breaks and walking meetings (8% of all employers currently do this); and
- Make most (more than 50%) of the food and beverage choices available in cafeterias/snack bars, vending, catering trucks be healthy food items (7% of all employers currently do this).

The most effective approach is to blend individual risk reduction and environmental supports for health behaviors creating an evidence-based, comprehensive health promotion program.9,10,11

Get Started

Improve the health of your business by improving CVD outcomes among your employees! Visit the Workplace Health Resource Center for fact sheets, ideas, case studies, and other resources to start you on the path of workplace wellness.

References