



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:²

- 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 in America Survey

To better understand what worksites, and specifically small worksites, are doing to address cardiovascular disease and other health issues, the Centers for Disease Control and Prevention sponsored a nationally representative survey of U.S. employers in 2017 called Workplace Health in America. Nearly 3,000 worksites completed the survey about the design, structure, and focus of their workplace health promotion programs, policies, and practices including strategies to prevent heart disease and stroke.

Employer findings presented in this issue brief are taken from the 2017 CDC Workplace Health in America Survey.

Please visit CDC's Workplace Health Promotion site for more information about the 2017 Workplace Health in America Survey.

www.cdc.gov/whp

Workplace Health Programs in the U.S.

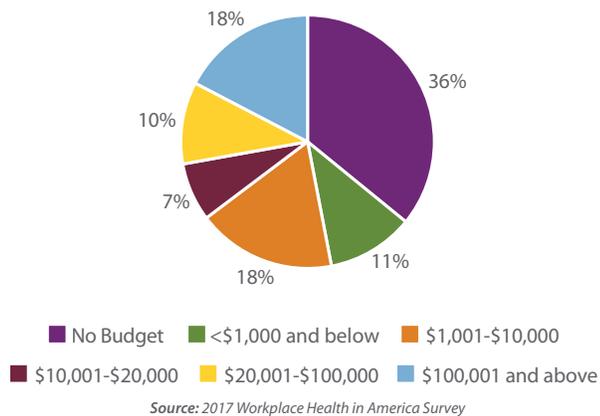
Forty-six percent of employers have some type of health promotion program. Employers who have had a wellness program for more than five years are three times more likely to have a comprehensive program than employers with less program experience which includes:

- 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.

Annual Health Promotion Budget Among Worksites with a Health Promotion Program



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:

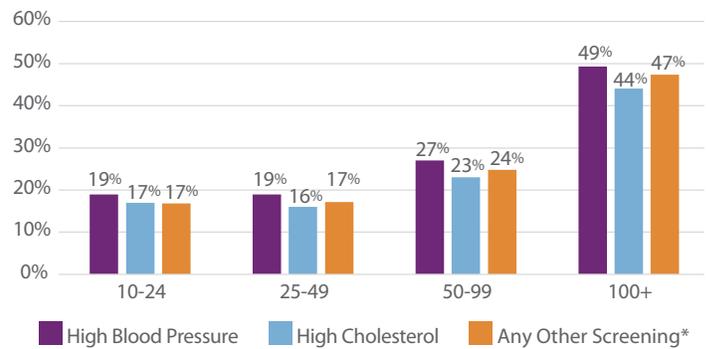
- 79% of budgets will remain about the same
- 18% of budgets will increase
- 3% of budgets will decrease.

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

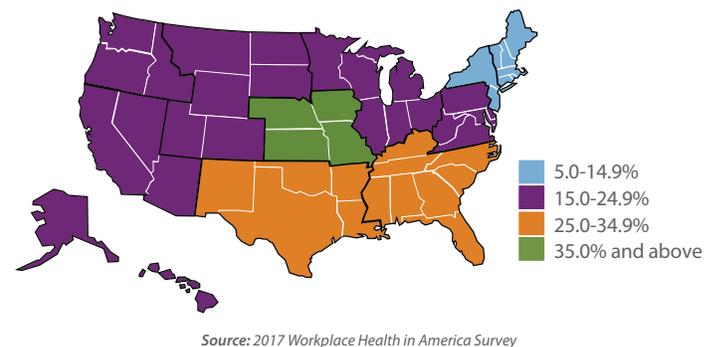


*Includes diabetes/pre-diabetes, obesity, mammography, colorectal cancer, cervical cancer, depression, and arthritis/other musculoskeletal problems

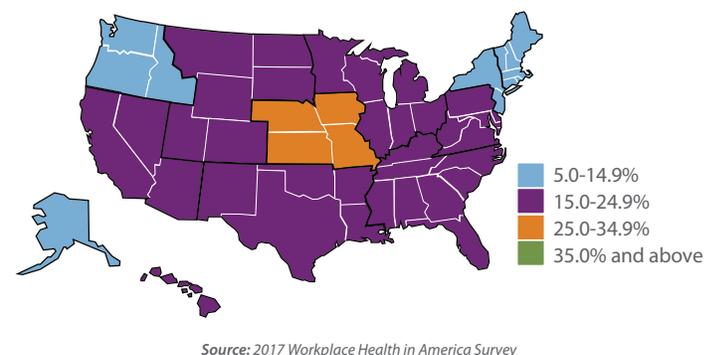
Twenty-seven percent of all employers offer health screening programs. Employers are screening more for CVD risk factors than for other individual conditions. High blood pressure is the most-frequently screened-for risk factor; about half of workplaces with more than 100 employees, and nearly 20% of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

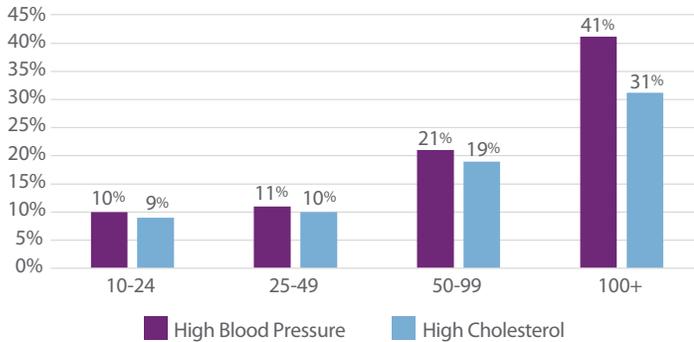


Cholesterol Screening by Region



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.

Employers Providing Referrals to a Health Professional for Treatment and Follow-up Education by Employer Size

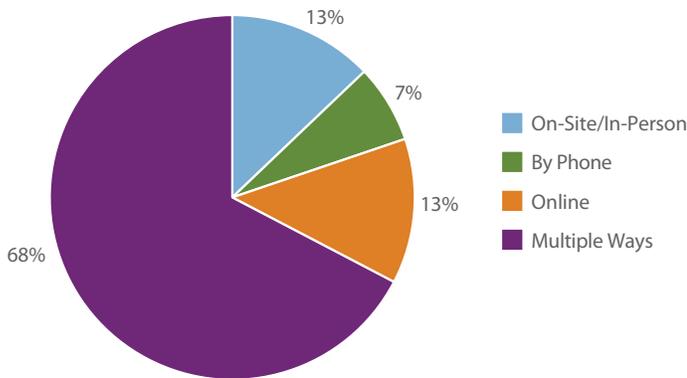


Source: 2017 Workplace Health in America Survey

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.

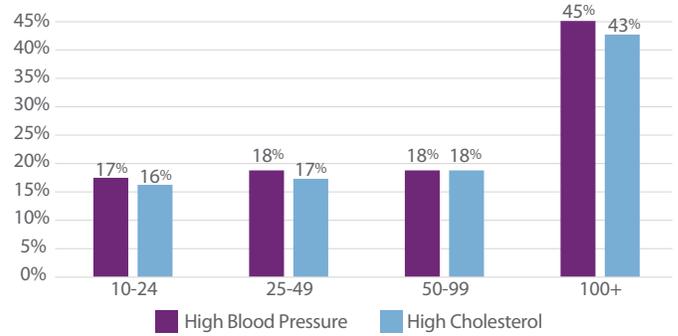
Employers Offering Disease Management Programs by Different Modes



Source: 2017 Workplace Health in America Survey

In addition, some employers provide information to employees about disease or risk management, but there is ample room for improvement. In particular, more than 80% of worksites with fewer than 100 employees are not providing disease/risk management information to employees.

Employers Providing Disease/Risk Management Information to Employees by Employer Size



Source: 2017 Workplace Health in America Survey

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

- ¹ Kochanek KD, Murphy SL, Xu JQ, Arias E. Mortality in the United States, 2016. NCHS Data Brief, no 293. Hyattsville, MD: National Center for Health Statistics, 2017. <https://www.cdc.gov/nchs/data/databriefs/db293.pdf>.
- ² American Heart Association / American Stroke Association. Cardiovascular Disease: A Costly Burden for America. Projections through 2035. <https://healthmetrics.heart.org/wp-content/uploads/2017/10/Cardiovascular-Disease-A-Costly-Burden.pdf>.
- ³ American Heart Association / American Stroke Association. Cardiovascular Disease Costs will Exceed \$1 Trillion by 2035, Warns the American Heart Association: Nearly Half of Americans Will Develop Pre-existing CVD Conditions. 14 February 2017. <https://newsroom.heart.org/news/cardiovascular-disease-costs-will-exceed-1-trillion-by-2035-warns-the-american-heart-association>.
- ⁴ Certified B Corporation. B Resource Guide: Creating and Employee Wellness Program. <https://www.rwjf.org/content/dam/farm/toolkits/toolkits/2011/rwjf400786>.
- ⁵ Linnan L, Weiner B, Graham A, Emmons K. Manager Beliefs Regarding Worksite Health Promotion Programs: Findings from the Working Healthy Project 2. American Journal of Health Promotion. 2007. Jul-Aug;21(6):521-8.
- ⁶ Asay GRB, Roy K, Lang JE, Payne RL, Howard DH. Absenteeism and Employer Costs Associated with Chronic Diseases and Health Risk Factors in the US Workforce. Prev. Chronic Dis. 2016.13;150503. https://www.cdc.gov/pcd/issues/2016/15_0503.htm.
- ⁷ Bureau of Labor Statistics, U.S. Department of Labor. The Economics Daily. Employment-population ratio and labor force participation rate by age on the internet at <https://www.bls.gov/opub/ted/2017/employment-population-ratio-and-labor-force-participation-rate-by-age.htm>. Accessed 25 April 2018.
- ⁸ The Institute for Health and Productivity Studies, Johns Hopkins Bloomberg School of Public Health. Physical Activity in the Workplace. https://www.workhealthresearchnetwork.org/wp-content/uploads/2016/05/CDC-WHRN-Physical-Activity_Employer-Guide-FINAL.pdf.
- ⁹ Goetzel RZ, Shechter D, Ozminkowski RJ, Marmet PF, Tabrizi MJ, Roemer EC. Promising practices in employer health and productivity management efforts: findings from a benchmarking study. J Occup Environ Med. 2007;49(2):111.
- ¹⁰ Soler RE, Leeks KD, Razi S, et al. A systematic review of selected interventions for worksite health promotion: the assessment of health risks with feedback. Am J Prev Med. 2010;38(suppl 2):S237-S262.
- ¹¹ Heaney CA, Goetzel RZ. A review of health-related outcomes of multi-component worksite health promotion programs. Am J Health Promot. 1997;11(4):290.