# Make Wellness Your Business: Strategies to Prevent Heart Attack and Stroke in the Workplace

Findings from the Workplace Health in America Survey

September 6, 2018









## **CDC Workplace Health Resource Center**

Make Wellness Your Business

WWW.CDC.GOV/WHRC





#### Presenter





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#### Agenda



- Why Heart Disease and Stroke Matters
- Development of the Workplace Health in America Survey
- Survey Findings
- Workplace Health Resource Center





#### Heart Disease and Stroke in the U.S.



- More than 1.5 million people in the U.S. suffer from heart attacks and strokes per year<sup>1</sup>
- More than 800,000 deaths per year in the U.S. from cardiovascular disease (CVD)<sup>1</sup>
- CVD is the greatest contributor to racial disparities in life expectancy<sup>2</sup>

#### References

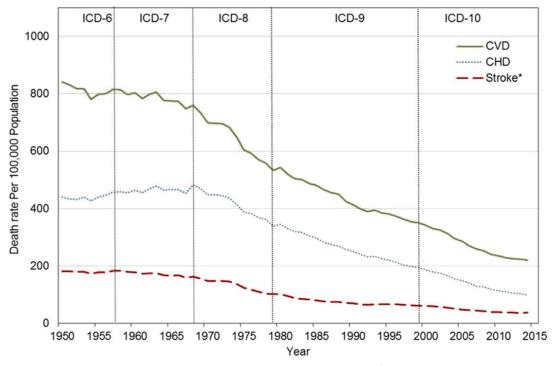
1. Benjamin EJ, Blaha MJ, Chiuve SE, Cushman M, Das SR, Deo R, et al. Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association. Circulation 2017;135(10):e146–603.

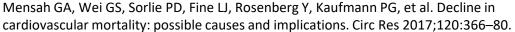
2. Kochanek KD, Arias E, Anderson RN. How did cause of death contribute to racial differences in life expectancy in the United States in 2010? NCHS data brief, no. 125. Hyattsville, MD: National Center for Health Statistics. 2013.



#### Heart Disease and Stroke Trends 1950-2015

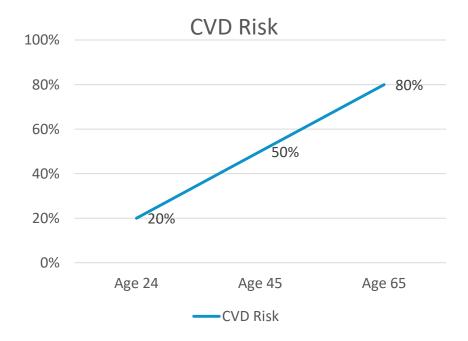








#### Heart Disease and Stroke Risk

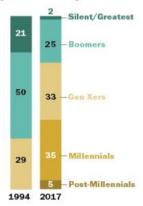


American Heart Association / American Stroke Association. Cardiovascular Disease: A Costly Burden for America. Projections through 2035.



#### More than a third of the workforce are Millennials

% of the U.S. labor force



Note: Labor force includes those ages 16 and older who are working or looking for work. Annual averages shown. Source: Pew Research Center analysis of monthly 1994 and 2017 Current Population Survey (IPUMS).

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#### Costs



- About 1 in every 7 health care dollars is spent on CVD (about 14%)
- Annual CVD costs to the nation averaged \$329.7 billion in 2013-2014
  - \$199.2 billion in direct medical expenses
  - \$130.5 billion in lost productivity costs (from premature mortality)



## Heart Disease and Stroke Matter to Worksites



- On average, an employee with CVD costs his or her employer over a week in absences and \$1,100 more on lost productivity each year than an employee without CVD.<sup>1</sup>
- Heart-healthy employees have better morale, miss less work, and are more productive than less healthy employees.<sup>2,3,4</sup>



<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Certified B Corporation. B Resource Guide: Creating and Employee Wellness Program.

<sup>&</sup>lt;sup>3</sup> 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.

<sup>&</sup>lt;sup>4</sup> 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.



#### Workplace Health in America (WHA) Survey Objectives



- Describe current state of U.S. workplace health promotion and protection programs and practices in a nationally representative sample of employers, including by region, size, and industry
- Support ongoing surveillance of national workplace health priorities, trends, and emerging issues
- Provide free and accessible workplace health and safety program and policy data
- Advance workplace health promotion and protection research



#### WHA Survey Instrument Development



- Project Steering Committee of national experts
- Data User Group of health agencies, employers, unions, insurers, employer groups, and worksite health promotion experts recommended survey domain areas
- Survey Development Group
  - Reviewed 13 other national employer surveys; including 2004 federally-funded national employer survey
  - · Created key domains and item dictionary
  - Developed initial survey
- Review and input from CDC subject matter experts
- Cognitive interview testing on all survey items
- Pilot tested instrument with employers



#### **Survey Content Areas**



Worksite Characteristics	Disease management programs
Health insurance	Key partners and incentives
Health risk assessments	Work-life benefits and policies
Workplace health program characteristics	Occupational health and safety
9 Health promotion program areas & use of evidence-based strategies	Barriers to health promotion program implementation
Health screenings	Emerging issues



#### Sampling



- Followed procedures from 2004 National Worksite Health Promotion Survey, to the extent possible, to allow comparison of results
- Drew sample from Dun & Bradstreet database of all private and public employers in the U.S. with at least 10 employees
- Selected worksites using a stratified simple random sample design; primary strata were the 10 CDC regions. Within each region, additional stratification by:
  - Size: 10-24, 25-49, 50-99, 100-249, 250-499, 500-749, 750-999, 1000+
  - Seven combined North American Industry Classification System (NAICS) sectors
- Selected the number of worksites per size and industry group based on proportional allocation to the population



#### **Data Collection Procedures**



- Questions addressed sampled worksite location rather than the organization to which the worksite belonged
- Initially contacted by telephone to recruit; postcard, email and letter follow ups
- Ideal participant workplace health coordinator, Health & Safety manager, Human Resources
- Survey available in web, telephone & paper modes
- Survey took approximately 40 minutes to complete
- Data collection period: 11/2016- 09/2017



#### Sample Description



- Released 35,584 cases for data collection
  - 4,721 contacted and found ineligible
- 3,109 total worksite participants (10.1% response rate; 23.5% participation rate)
- 2,843 cases met criteria to be considered complete
  - 1,255 of these cases completed the core and supplemental items
- Suppressed estimates with sample size < 30 or with Relative Standard Error (RSE) > 30%



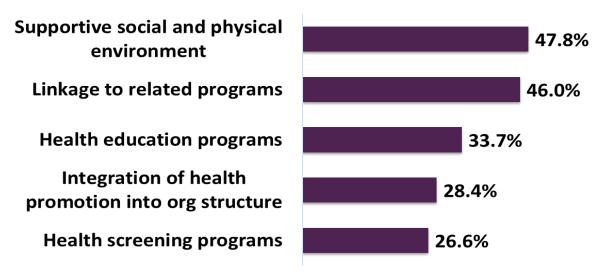


#### Workplace Health in the U.S.



- 46% of employers have some type of health promotion program
- 11.8% of employers have all five elements of a comprehensive health promotion program

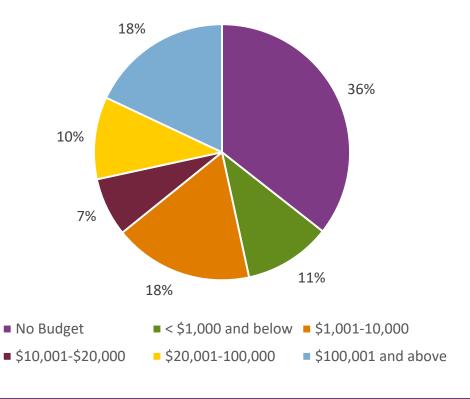
Percentage of Worksites with Each Element of a Comprehensive Health Promotion Program





## Annual Health Promotion Budget Among Worksites with a Health Promotion Program

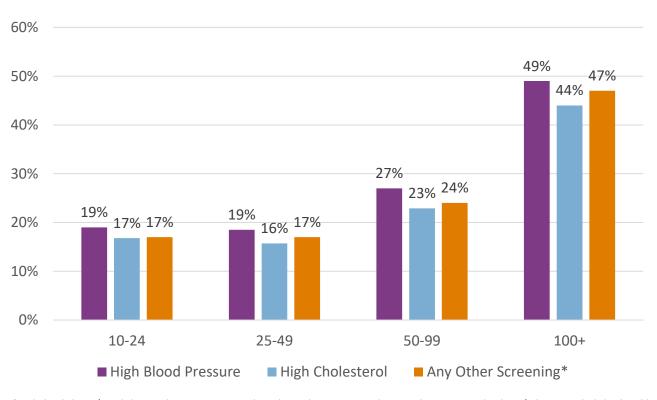






#### Employers Providing Screenings by Employer Size



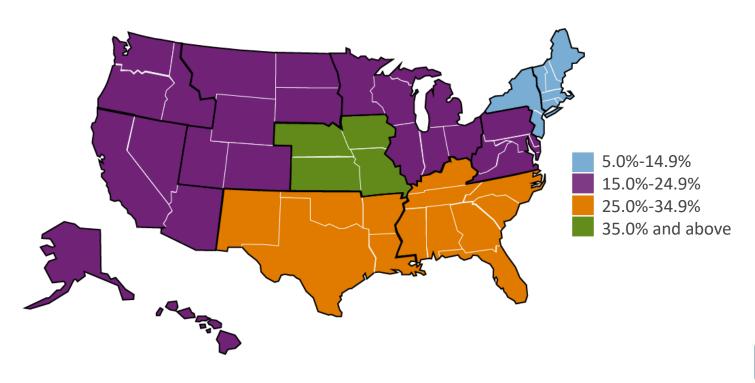




<sup>\*</sup> Includes diabetes/pre-diabetes, obesity, mammography, colorectal cancer, cervical cancer, depression, and arthritis/other musculoskeletal problems

#### Blood Pressure Screening by Region

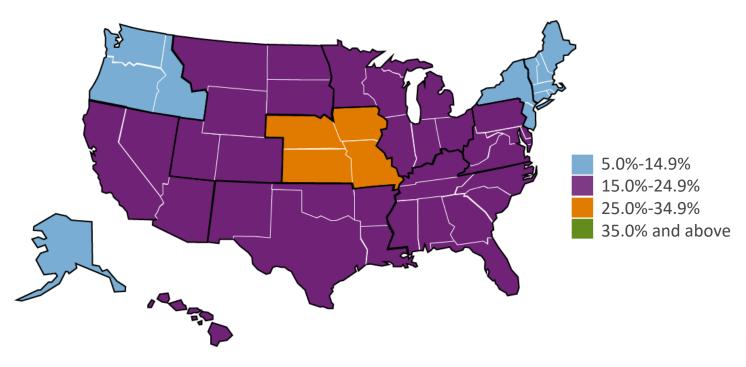






#### Cholesterol Screening by Region

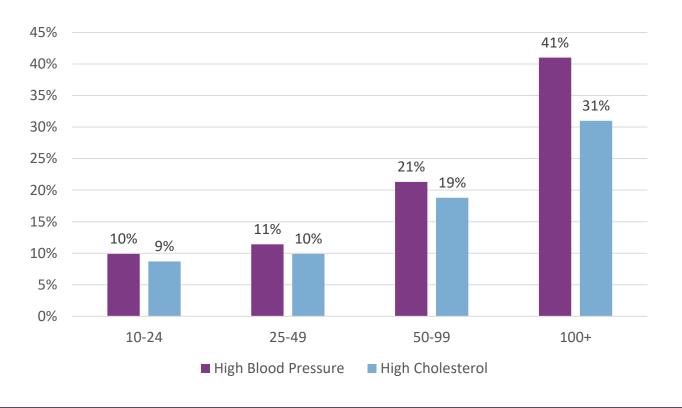






# Employers Providing Referrals to a Health Professional for Treatment and Follow-up Education by Employer Size

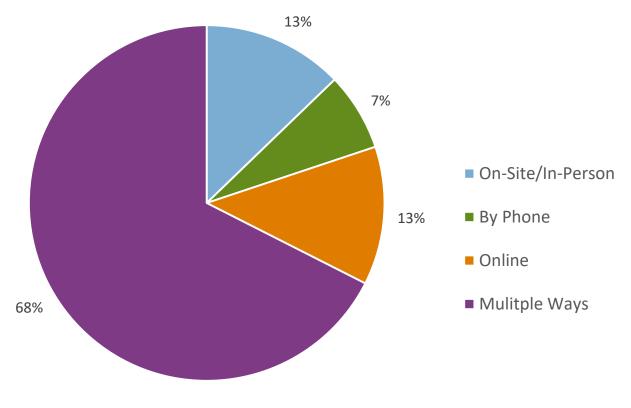






## Employers Offering Disease Management Programs by Different Modes

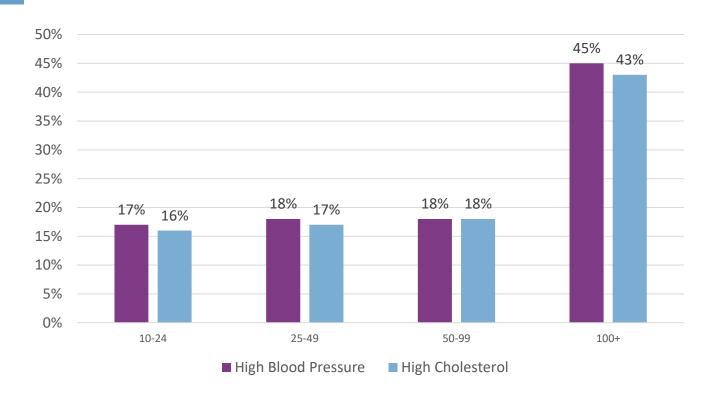






## Employers Providing Disease/Risk Management Information to Employees by Employer Size

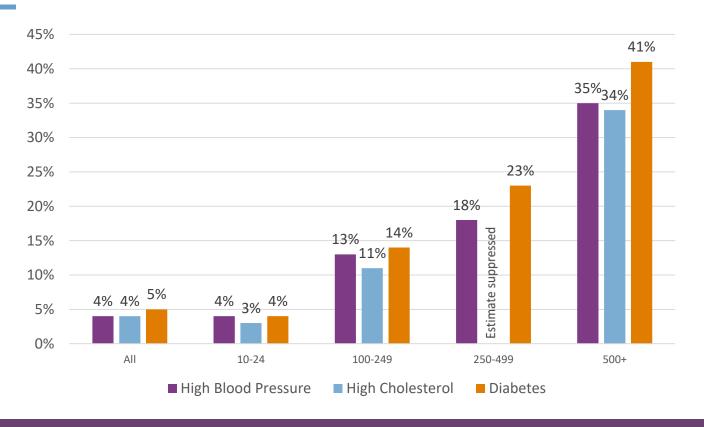






## Employers Providing Coaching and Counseling by Employer Size







## Policy and Environmental Strategies



#### Among All Employers:

- Ban all tobacco use (19%)
- Make blood pressure cuffs available (5%)
- Physical activity environmental supports (16%)
- Paid time for physical activity (8%)
- Healthy food and beverage options (7%)







#### WHRC Tools



500+ resources and growing



Case studies



Emerging Issues (e.g., Sleep)



Workplace health strategies for small business



Evidence-based summaries and issue briefs

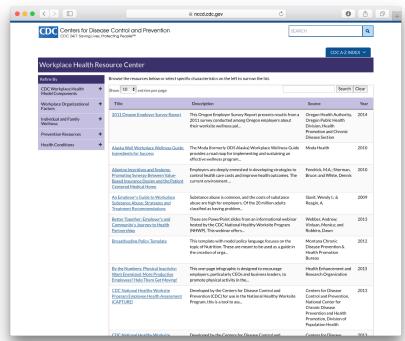


Library of webinars and videos













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