# Workplace Health in America 2017

**Centers for Disease Control and Prevention**
National Center for Chronic Disease Prevention and Health Promotion

Explanations of figures for accessibility is found in the
**Appendix: Accessible Explanation of Figures** on page 68.

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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
**Division of Population Health**

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## Foreword

As the first government-sponsored national survey of worksite health programs since 2004, *Workplace Health in America 2017* has been highly anticipated by many researchers and practitioners in the field of workplace health promotion. The data are unique for two reasons. First, the sample includes representation from worksites often excluded from national worksite surveys: federal, state and local government worksites and worksites with fewer than 50 employees. Second, the survey covered a broad set of topics to shed light not only on what types of health programming worksites offer, but how they offer them. The 2017 survey included questions on emerging issues, as well as questions that will allow comparisons with previous surveys.

*Workplace Health in America 2017* products, including this report, public use data files, and an interactive online data dashboard (https://www.cdc.gov/workplacehealthpromotion/data-surveillance/index.html) are available tools that employers, practitioners, and researchers can use to explore the results, and design and implement successful and sustainable programs using a broad spectrum of evidence-based strategies. This summary report serves as a snapshot of the current state of workplace health promotion in the United States, a benchmark for emerging topics not previously measured, and a report card identifying opportunities for improvement.

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# Overview

The *Workplace Health in America 2017* survey is a nationally representative survey of U.S. employers describing the current state of U.S. workplace health promotion and protection programs and practices in worksites of all sizes, industries, and regions. This summary report serves as a snapshot of the current state of workplace health promotion in the U.S., a benchmark for emerging topics not previously measured, and an opportunity to highlight areas for improvement.

The summary report highlights emerging or key issues; a brief overview of the survey development, data collection, and analysis methods; opportunities for employers and practitioners; and a special focus on results related to physical activity, nutrition, obesity, and lactation.

**The report summarizes results related to:**

- Survey methods
- Promoting health at work
- Health promotion programming to address specific health topics
- Health screenings and disease management
- Occupational safety and health
- Work-life policies and benefits

# Section 1:
# **Survey Development and Data Collection**

The success of a workplace and the health and safety of its employees are interdependent. Ideally, workplaces not only protect the safety of employees, but also provide them opportunities for better long-term health and enhanced quality of life. Effective workplace programs, policies, and environments that are health-focused and worker-centered have the potential to significantly benefit employers, employees, their families, and communities. As the nation's premier public health agency, the Centers for Disease Control and Prevention (CDC) helps protect the health and safety of all people in our schools, communities, homes, and workplaces through prevention. The workplace can specifically protect and promote health through programs, policies, and practices that have the potential of reaching millions of workers and their families.

Increasing health care costs; workers' compensation claims and costs; and health-related decreases in worker productivity have led American businesses to examine strategies to improve employee health and contain health costs that are largely driven by chronic diseases. Employers are recognizing the role they can play in creating a healthy and safe work environment and providing their employees with opportunities to make healthy lifestyle choices and sustain them over time. They increasingly look to CDC and other public health experts for guidance and solutions to combat the effects of chronic diseases on their employees and businesses. Workplace health programs not only benefit individual employees, but also make good business sense.

CDC conducted the *Workplace Health in America 2017* survey to describe the current state of U.S. workplace health promotion and protection programs and practices in worksites of all sizes, industries, and regions. A key objective for the survey was to provide free and accessible data for employers to benchmark their practices against other employers of similar size and type. The *Workplace Health in America 2017* survey was designed to build an infrastructure capable of supporting ongoing surveillance to evaluate national workplace health priorities (e.g., Healthy People), monitor trends, and address emerging issues. Another objective was to provide a better understanding of promising practices to inform the development of tools and resources to support the design, implementation, and evaluation of employer-based workplace health programs.

To meet these objectives, we used an inclusive process to develop a survey instrument that covered a wide range of health promotion and protection topics, including some emerging areas and details about program implementation practices. We collected data from a nationally representative sample of worksites, including worksites with fewer than 50 employees, which are often not represented in other national surveys. We have produced products to allow employers and others to easily access the results and provided a publicly available data file to allow researchers to conduct their own analyses.

# Methods

## Survey instrument development process

We convened external advisory groups to identify high-priority content areas for the survey and specific survey questions. For a list of the external groups, please see the Acknowledgments section. Survey development started with the questions in the 2004 national survey and included a review of questions from 15 other surveys, including those by national employer groups (e.g., the National Business Group on Health), on work/family balance, and the integration of safety and health promotion.

CDC and other subject matter experts recommended questions about specific evidence-based or promising strategies for each health topic covered in the survey. These strategies were identified through the literature as having been developed, implemented, and evaluated for their effectiveness through the application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models. To reduce the burden on respondents, we included questions deemed most fundamental to the survey's objectives in the "core" section of the survey, and included questions deemed less critical in a short "supplemental" section that followed the core section. We invited all survey respondents to continue and complete the supplemental section after completing the core section.

The survey topic areas (both core and supplemental) include:

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

## Sampling and data collection

The *Workplace Health in America 2017* survey gathered information from a cross-sectional, nationally representative sample of U.S. worksites. We defined a worksite as a building, unique location, or business unit within an organization where work occurs, or that serves as a primary work address for field-based or telecommuting employees. A worksite could include a group of buildings that are part of the same organization and within close proximity, like hospitals or university campuses. Multiple worksites from the same organization (e.g., franchises) could participate separately if they were sampled. The sample was drawn from the Dun & Bradstreet (D&B) database of all private and public employers in the United States with at least 10 employees. The survey questions addressed specific worksite locations rather than the organizations to which the worksites belonged. We selected worksites using a stratified simple random sample design, where the primary strata were 10 geographic regions (based on the regions used by the U.S. Department of Health and Human Services), plus an additional stratum containing all hospital worksites. We included a separate stratum for hospitals because CDC's Division of Nutrition, Physical Activity and Obesity focuses on hospital worksites. Within each region stratum, we further stratified by worksite size (Table 2) and industry group, where groups were defined by combining North American Industry Classification System (NAICS) sectors (Table 3). We grouped NAICS sectors to be as similar as possible to the 2004 national worksite health survey. We selected the number of worksites per size and industry group based on proportional allocation to the population.

Trained interviewers contacted each sampled worksite by telephone. They attempted to identify and recruit the respondent at each site who was "most knowledgeable about employee health and safety at the worksite." Interviewers also confirmed each worksite met eligibility criteria of having at least 10 employees and being in operation for at least 12 months. Respondents were invited to complete the survey using one of three modes: the most popular being the Web (86.6%), followed by telephone interview (8.6%), and mailed paper survey (4.9%). The survey was estimated to take about 40 minutes. Our data collection protocol included reminder emails to worksites that requested, but did not complete the Web survey, and follow-up phone calls to all worksites that had not completed the survey. To improve response to the survey, we mailed postcards, alerting worksites we would be contacting them about the survey. As a benefit for completing the survey, we also offered respondents free access to expert webinars designed to help employers implement low-cost health promotion strategies.

## Weighting and estimation methods to produce nationally representative results

We computed analysis weights as the inverse of selection probabilities, and adjusted for both nonresponse and coverage. The weights represent the D&B total number of worksites in each region, size, and industry category, representing approximately 2.5 million worksites. We estimated variances using first-order Taylor series approximations of deviations of estimates from their expected values, and properly accounted for the combined effects of stratification and unequal weighting. In the results presented in this report, we excluded respondents with missing or nondeterminant (e.g., don't know, refused) item data from analyses for that item. When comparing estimates between groups of interest, we used the standard t-test to determine statistically significant differences between groups of interest and the Wald $X2$ statistic to compare logistic models' fit to groups with and without a comprehensive program. We set the level of statistical significance at $P<0.05$. To preserve statistical reliability, we suppressed any estimates with a sample size of less than 50 or a relative standard error above 30%.

Only those worksites with health promotion programs were asked about the topics and types of programs, health screenings, and disease management services they offered. In the results reported in this summary report, we coded worksites that did not have any health promotion program in place as not having the more specific type of health promotion, screening, or disease management program or service.

# Description of Worksite Respondents

We sampled 35,584 worksites and eliminated 4,721 as ineligible, usually because they had fewer than 10 employees at the time of the survey. Ineligibility was determined based on information obtained from a contact at the worksite through a screening call. We were able to complete a screening call with 10,350 sites to obtain information about worksite sector (public, private) and to ask whether the worksite representative would agree to participate in the survey by web, mail, or phone interview. A total 6,209 worksites agreed to participate and 3,109 of these worksites completed some portion of the survey (10.1% of the eligible cases) (Figure 1). For the final sample, we retained 2,843 cases that met completion criteria. For the survey to be considered complete, respondents had to answer the question about having a health promotion program or they had to answer at least 50% of the core survey questions.

From among the complete cases, 1,255 respondents also completed the supplemental survey questions. We compared the cases that answered the supplemental

survey to the overall sample of cases that completed the core survey to look for potential bias based on differences in size, region, industry, or presence of health promotion programs. The worksites that completed the supplemental sample had no significant differences from the larger core sample in their size (P = 0.81), regional (P = 0.29), or industry group (P = 0.15) distributions. The worksites that answered the supplemental survey questions were no more likely to have a health promotion program in place than the overall core sample (P = 0.23).

**Figure 1. The number of cases sampled, ineligible and complete**

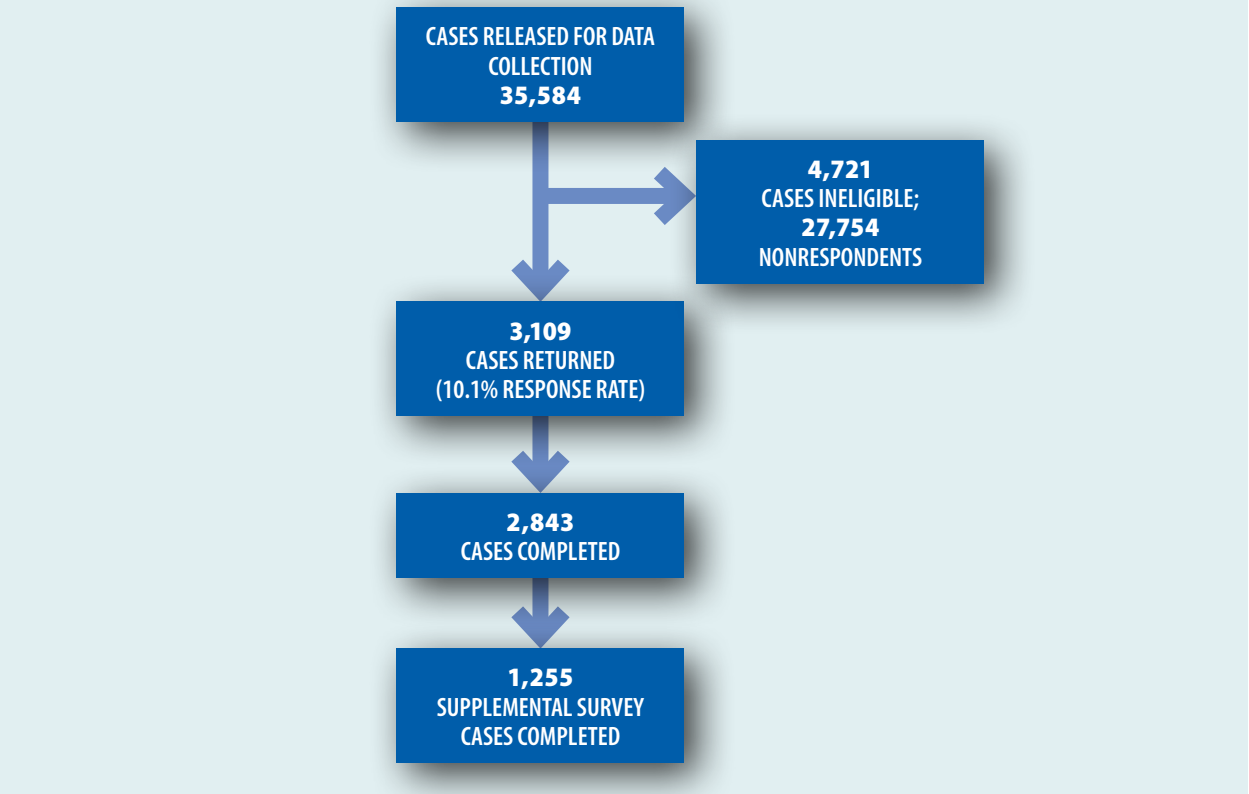



Table 1 presents the percentage of respondents' job department describing the type of individuals who completed the survey and their general occupation. The survey interviewers did request that the person most knowledgeable about employee health or wellness at the worksite complete the survey. This may be different from the type of individual(s) who managed the workplace health promotion programs, which the survey did not ask.

**Table 1. Survey respondent job department**

| Survey Respondent Job Department | Percentages |
|---|---|
| **Total Sample** | **100.0** |
| Human Resources and/or Benefits | 32.4 |
| Finance/Marketing | 5.1 |
| Health Promotion/Fitness/Wellness | 4.0 |
| Safety | 3.1 |
| Other | 54.1 |
| Don't Know/Blank | 1.3 |

Note: "Other" department most commonly included: office administrators/managers; general managers/management; owners; presidents/principals.

## Worksite size, industry, and regional distributions

Table 2 presents the unweighted number and percentage of worksites with completed surveys in each of the size categories. The *Workplace Health in America 2017* sample is unique because of the strong representation of worksites with fewer than 50 employees. The national level results of the survey are heavily influenced by these smaller worksites. Table 3 presents the unweighted number and percentage of worksites in each of the industry groups and Table 4 presents the number and percentage in each of the 10 CDC regions. We did not have resources to obtain enough cases to produce separate estimates for each of the 10 regions; however, the online dashboard includes estimates for five larger regional groups.

**Table 2. Unweighted worksite size distribution**

| Worksite Size (number of employees) | Unweighted Frequencies | Unweighted Percentages |
|---|---|---|
| **Total Sample** | **2843** | **100.0** |
| 10–24 | 1175 | 41.3 |
| 25–49 | 655 | 23.0 |
| 50–99 | 365 | 12.8 |
| 100–249 | 263 | 9.3 |
| 250–499 | 131 | 4.6 |
| 500+ | 254 | 8.9 |

**Table 3. Unweighted worksite industry group distribution**

| Industry Category | Unweighted Frequencies | Unweighted Percentages |
|---|---|---|
| **Total Sample** | **2843** | **100.0** |
| Agriculture, Forestry, Fishing; Mining; Utilities; Construction; Manufacturing | 525 | 18.5 |
| Wholesale/Retail Trade; Transportation; Warehousing | 311 | 10.9 |
| Arts, Entertainment, Recreation; Accommodations and Food Service; Other Services | 433 | 15.2 |
| Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; Waste Management | 429 | 15.1 |
| Education Services; Health Care & Social Assistance | 551 | 19.4 |
| Local, State, and Federal Public Administration | 256 | 9.0 |
| Hospitals | 338 | 11.9 |

**Table 4. Unweighted worksite CDC region distribution**

| CDC Region (states in each region) | Unweighted Frequencies | Unweighted Percentages |
|---|---|---|
| **Total Sample** | **2843** | **100.0** |
| Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont | 215 | 7.6 |
| New Jersey, New York | 166 | 5.8 |
| Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia | 251 | 8.8 |
| Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee | 340 | 12.0 |
| Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin | 322 | 11.3 |
| Arkansas, Louisiana, New Mexico, Oklahoma, Texas | 273 | 9.6 |
| Iowa, Kansas, Missouri, Nebraska | 413 | 14.5 |
| Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming | 311 | 10.9 |
| Arizona, California, Hawaii, Nevada | 216 | 7.6 |
| Alaska, Idaho, Oregon, Washington | 336 | 11.8 |

## Worksite demographic characteristics

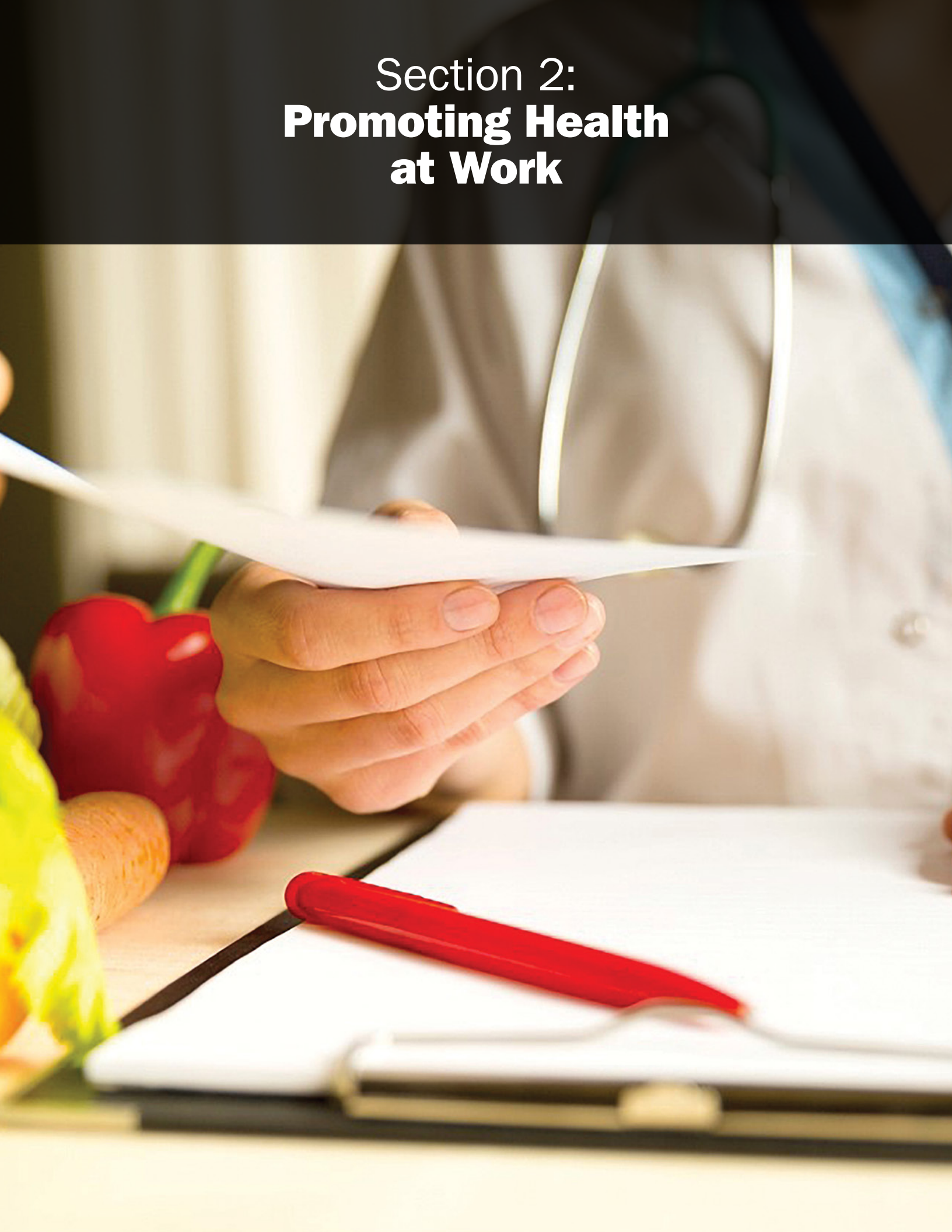
The survey asked about basic workforce demographic characteristics of each participating worksite. At the national level, worksites reported having an average of 46.4% female employees. However, the average percentage of female employees was higher for worksites in the Education, Health Care, and Social Assistance industry group (81.5%), and in the Hospital group (76.4%). We also asked about younger and older workers. At the national level, worksites reported having an average of 27.7% of the workforce under age 30 and 12.2% over age 60. An average of 39.8% of employees in the Arts, Entertainment, Recreation; Accommodations and Food Service; and Other Services group were under 30.

Worksites reported that over half of the workforce (61.1%) was hourly or nonexempt and an average of 7.4% of the workforce was unionized. The average percentage of workers who were unionized among the public administration employers was 38.0%. At the national level, an average of 24.2% of workers work something other than a typical daytime (e.g., 9 a.m.–5 p.m., 7 a.m.–3 p.m.) schedule; this average was 42.2% for hospitals and 41.7% for worksites in the Public Administration industry group.

## Limitations

The sample was drawn to be proportionally allocated across size and industry strata within each CDC region, and final analysis weights accounted for nonresponse and matched the frame-based distribution of eligible U.S. worksites by region, size, and industry. If additional characteristics correlated with the survey outcomes of interest are unobservable for both the respondents and nonrespondents, and hence cannot be accounted for in the weighting adjustments, the inferential properties of these estimates may be limited.

# Section 2:
# **Promoting Health at Work**

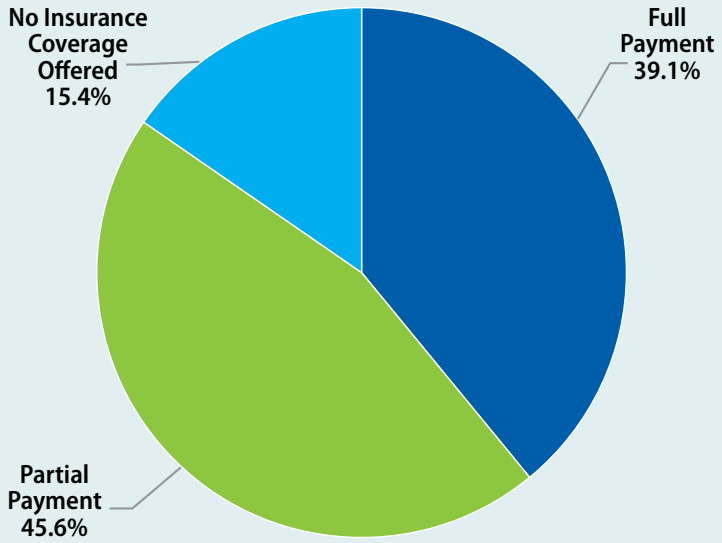


## Health Insurance Coverage

Employer-based health insurance covers a larger portion of the U.S. population than any other source of health insurance.[1] Health insurance is critical for disease management and early detection, and as the results throughout this report will indicate, it is also important for primary prevention efforts because insurers play a role in delivering some worksites' health promotion programs. Most of the worksites offered partial or full payment of personal health insurance premiums for full-time employees, with just 15.4% offering no coverage (Figure 2). During our data collection period, employee insurance costs remained fairly level. Two-thirds (67.0%) of respondents indicated full-time employees paid the same proportion of their insurance premiums in the past year as they had paid the year before, 28.0% said that employees paid a larger proportion, and 5.1% answered that employees paid a smaller proportion.

Health insurance coverage extended beyond full-time employees. Most worksites offered family coverage (79.6%), and 20.2% offered health insurance for part-time employees.

**Figure 2. Percentage of U.S. worksites offering full, partial, or no payment of premiums for full-time employees' health insurance**



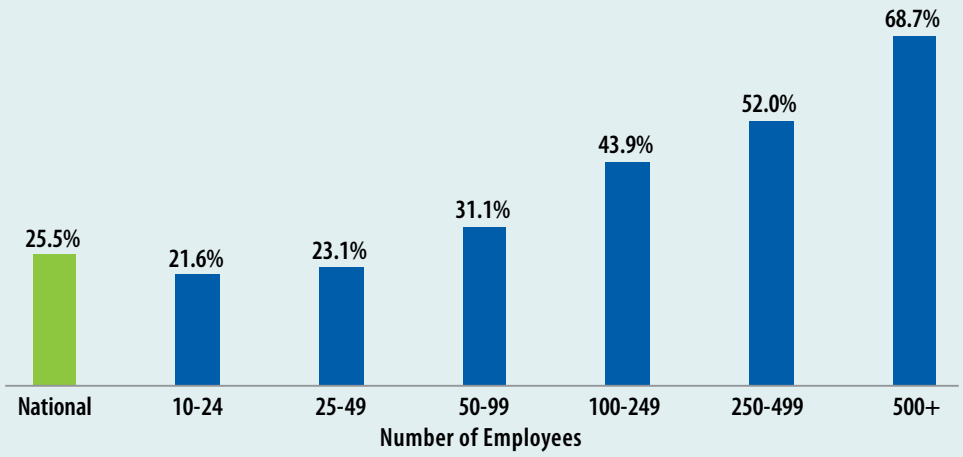

Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.
84.7% of employers offered either full or partial health insurance.

## Health Risk Assessments

Health Risk Assessments (HRAs) are questionnaires employees answer about their health status, health-related behaviors, and how ready they are to improve those behaviors. This information can help employees recognize areas for improvement. It can also be aggregated and used for health promotion program planning, by identifying the health promotion needs most relevant for a worksite's population.

Respondents reported whether they had offered employees at their worksites an HRA in the past 12 months. At the national level, only 25.5% of the worksites offered HRAs, although this percentage increased to 68.7% among the worksites with more than 500 employees (Figure 3).

### Figure 3. Percentage of U.S. worksites that offered employees a health risk assessment

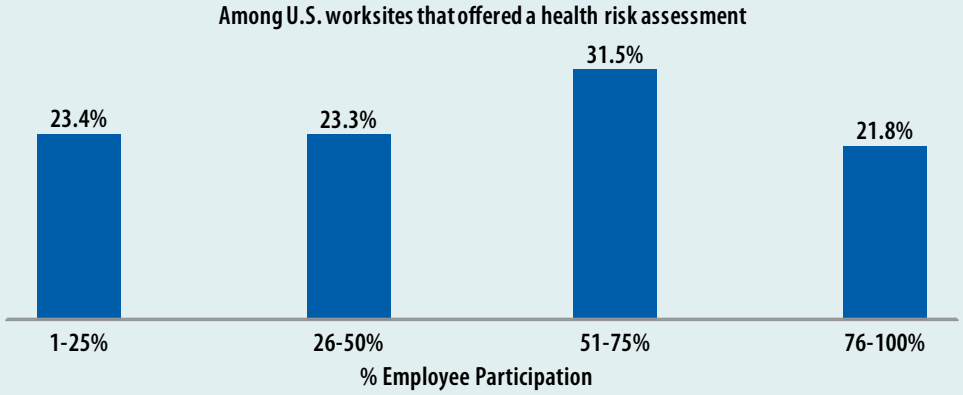



Note: Percentages based on weighted estimates.

Some employees may be concerned about the privacy of the health data they provide. HRA aggregate results are less useful for program planning when employee participation is low. The *Workplace Health in America 2017* survey results indicated relatively high participation among half of the worksites that offered HRAs. Just over half of the worksites estimated that more than 50% of the employees completed HRAs in the past year (Figure 4). The level of employee participation in HRAs was higher than the reported levels of employee participation in other programs and screenings.

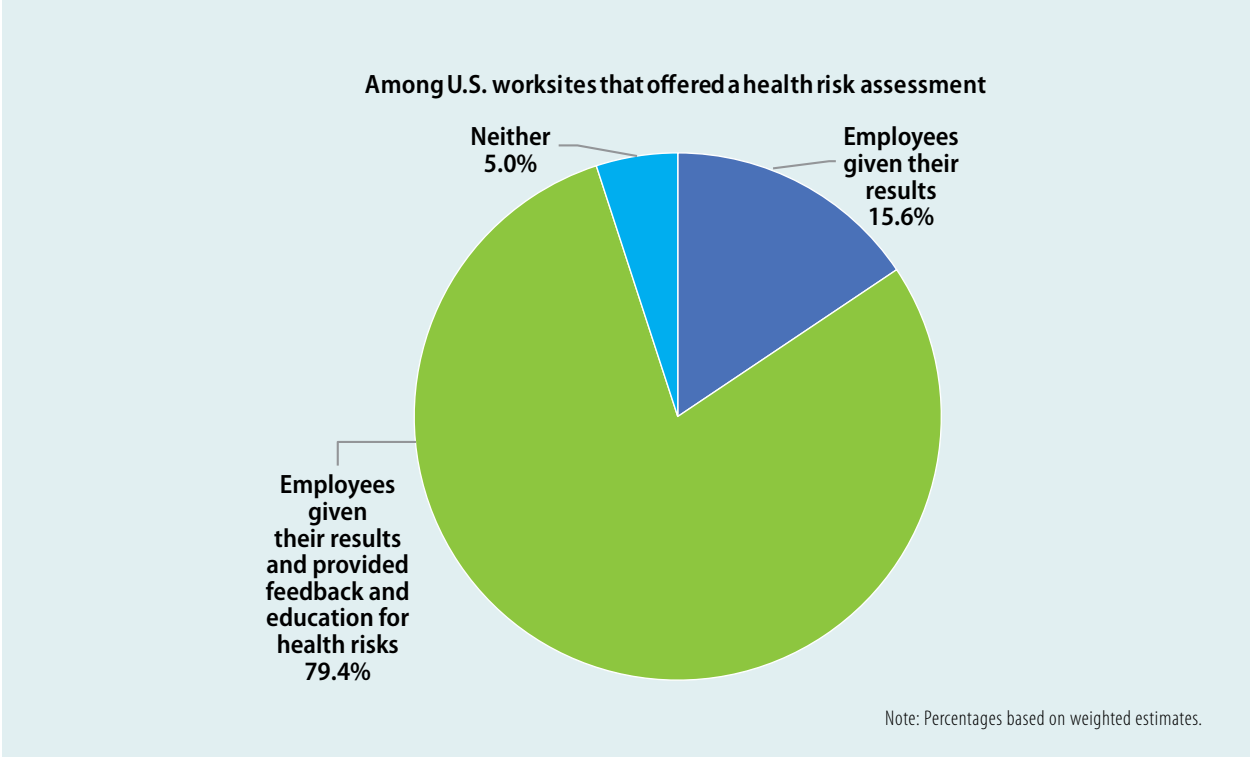
HRAs can be important tools at the employee level too. There is strong evidence for the effectiveness of assessment of health risks with feedback plus education for improving worker health behaviors.[2] The majority of worksites (79.4%) reported that after employees completed an HRA they were given their results and provided feedback and education for identified health risks or conditions (Figure 5). However, 20.6% of the worksites that offer HRAs do not follow the evidence-based recommendations to provide feedback or education.

### Figure 4. Level of employee participation in health risk assessments



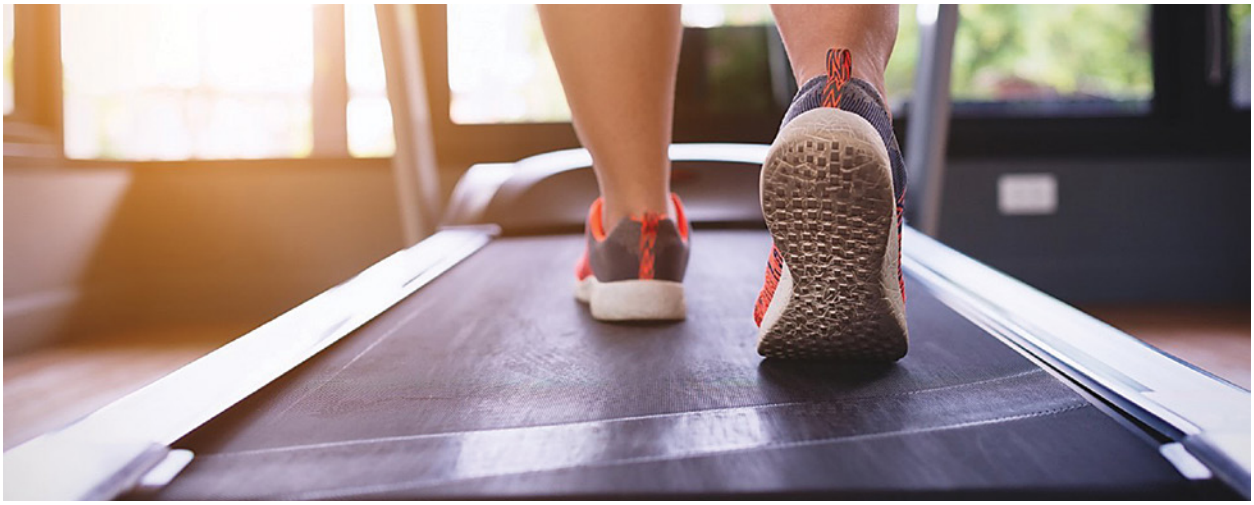

Note: Percentages based on weighted estimates.

**Figure 5. Action taken after employees completed a health risk assessment**



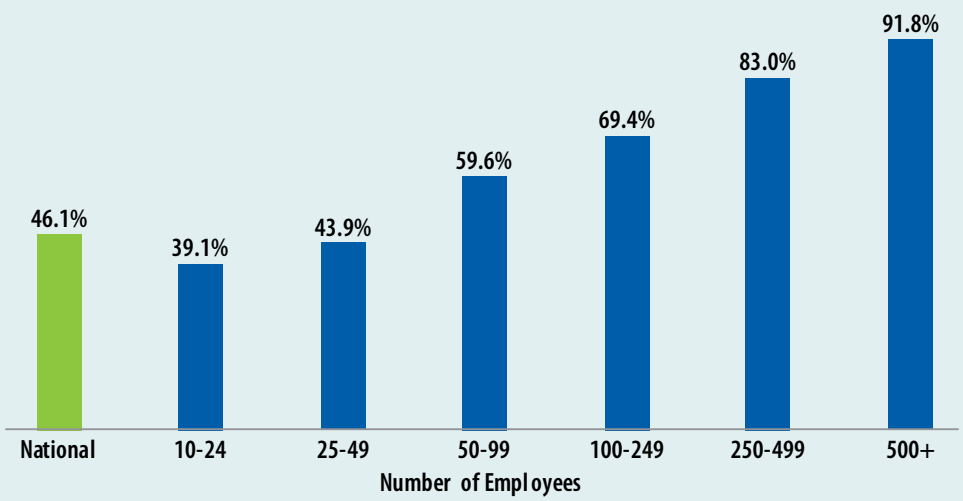

Note: Percentages based on weighted estimates.

## Presence of Any Health Promotion Program



Respondents reported whether they had any type of health promotion or wellness program, defined very broadly as any education materials, activities, classes, screenings, services, environmental supports, or policies that encourage employees to be healthy. Almost half of all worksites offered some type of health promotion or wellness program (46.1%) (Figure 6). This could include a range of program types, from worksites that just provide brochures about health topics to worksites that have onsite facilities for physical activity to worksites that offer different activities to address multiple health topics. Fewer worksites in the two smallest size categories offered programs than worksites in the four larger size categories. Small employers may have fewer resources to spend on health promotion or lack the skill, expertise, and capacity to put health promotion programs in place.[3,4] Given the broad description of health promotion program that was used in the survey, there is room for improvement, especially for smaller worksites to find strategies they can implement.

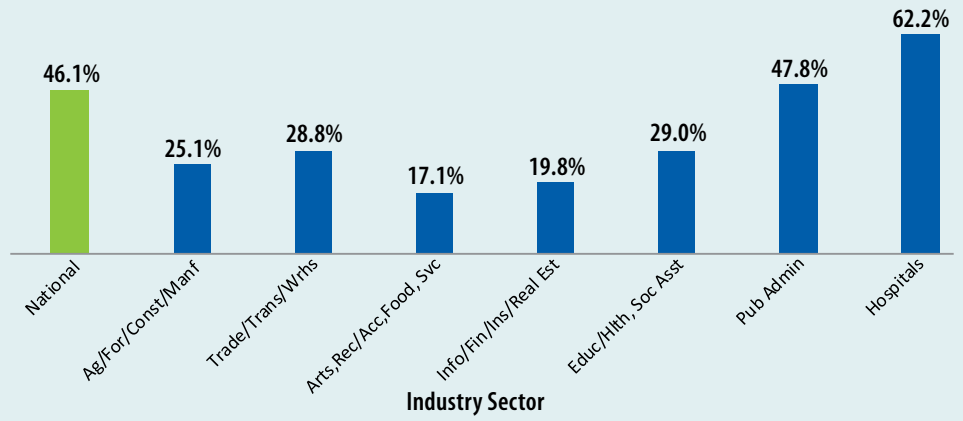
**Figure 6. Percentage of U.S. worksites offering any type of health promotion program, by worksite size**




Note: Percentages based on weighted estimates.

The percentages of worksites from the Public Administration and Hospital industry groups offering programs were larger than the percentages of worksites from the other five industry groups (Figure 7). Hospitals were primarily found in the two largest size categories. They accounted for 31.3% of the worksites with 500 or more employees, so findings related to the largest size group and hospitals are often similar. Relative to other types of worksites, we expect hospitals to have more in-house health promotion expertise. Public Administration worksites, on the other hand, were more concentrated in the three smallest size groups.

**Figure 7. Percentage of U.S. worksites offering any type of health promotion program, by industry group**

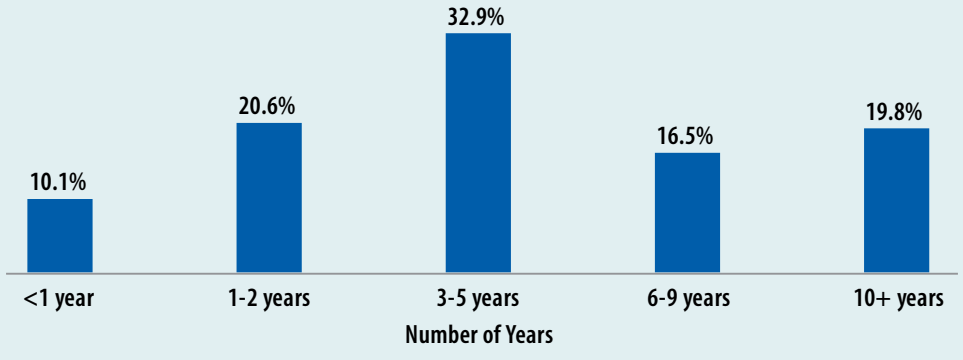



Note: Ag/For/Const/Manf = Agriculture, Forestry, Fishing; Mining; Utilities; Construction; Manufacturing
Trade/Trans/Wrhs = Wholesale/Retail Trade; Transportation; Warehousing
Arts,Rec/Acc,Food,Svc = Arts, Entertainment, Recreation; Accommodations and Food Service; Other Services
Info/Fin/Ins/Real Est = Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; Waste Management
Educ/Hlth, Soc Asst = Education Services; Health Care & Social Assistance
Pub Admin = Local, State, and Federal Public Administration
Percentages based on weighted estimates.

## Length of Time Health Promotion Program in Place

The length of time the program had been in place varied among worksites with a health promotion program. Most of the worksites had at least a few years of program experience (Figure 8). About one-third of the worksites reported having their programs in place for more than five years. Programs that have been in place for more than five years are more likely to be comprehensive programs.[3] About one-third of the worksites with at least 250 employees had programs in place for at least 10 years, compared to 18.1–21.0% of the worksites in the smaller categories. Thirty percent of public administration worksites had programs in place for at least 10 years.


**Figure 8. Percentage of U.S. worksites with a health promotion program in place for less than 1 through more than 10 years**

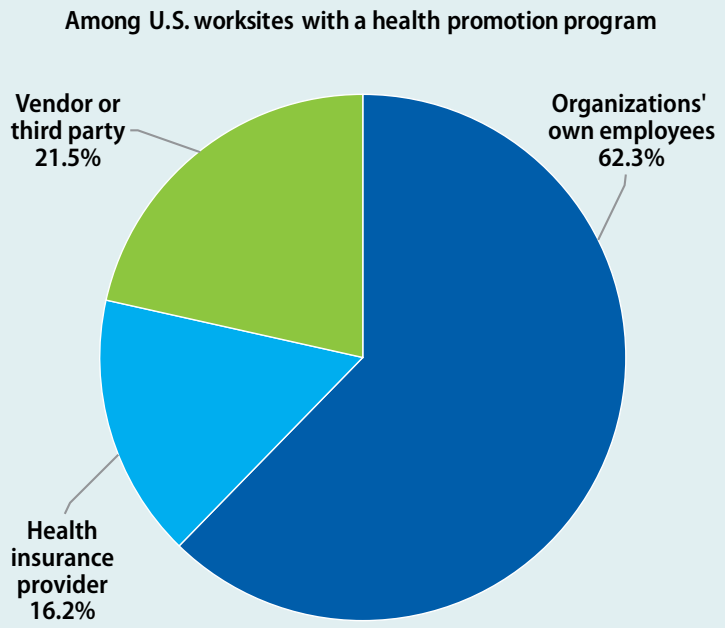



Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

## Management of the Program

Most worksites with health promotion programs reported managing them with their own internal staff (Figure 9). This was particularly true in hospitals, with 79% reporting their programs were managed by their own employees. The *Workplace Health in America 2017* survey did not ask what type of employees managed the programs, but the survey interviewers requested that the person most knowledgeable about employee health or wellness at the worksite complete the survey. About one-third of the respondents reported their department as human resources or benefits, 7.1% were from wellness or safety, 5.1% were from finance or marketing, and 54.1% reported some other department; most commonly office administrators or managers. Although worksites rely on their internal staff to manage their programs, about one-third of the worksites overall indicated that lack of staff experience was a significant barrier to offering health promotion programs.

**Figure 9. Organization with primary responsibility for managing worksite health promotion programs**

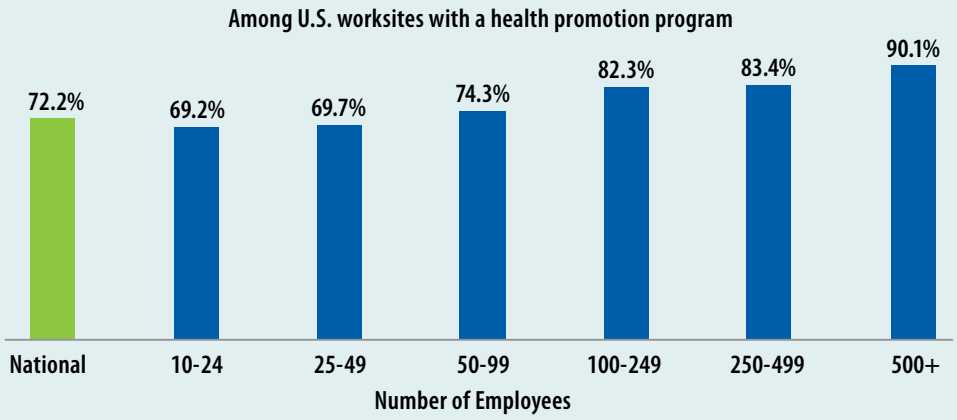



Note: Percentages based on weighted estimates.

Even at the smallest worksites, most worksites with a program had at least one person who was assigned responsibility for health promotion (Figure 10). As with any worksite initiative, it is important to have at least one person accountable for implementation and monitoring. Worksite health promotion is unlikely to be a one-person job and may have a better chance of success with input from multiple individuals.[5] They can share the workload and represent a variety of employee perspectives and needs. Most worksites (59.0%) had some type of committee. Twice as many of the smallest worksites (43.9%) had no committee, compared to the largest worksites (18.0%).

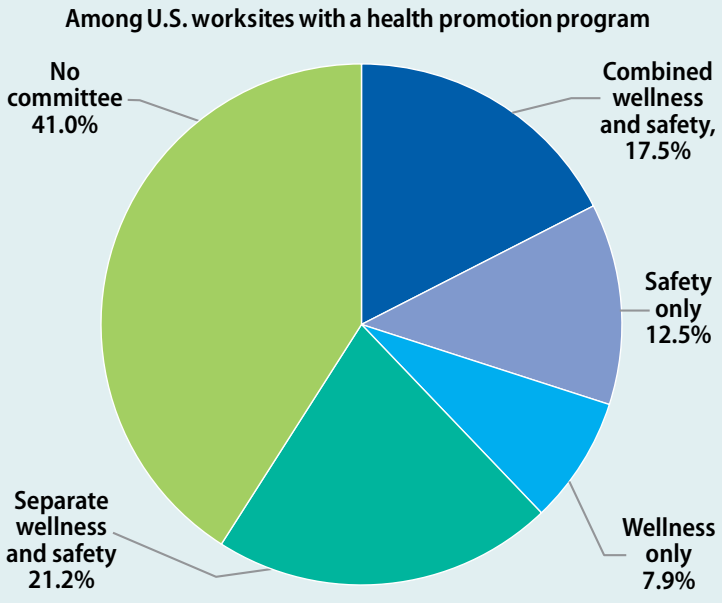
The *Workplace Health in America 2017* survey assessed the extent to which committees combined or separated employee health promotion and employee safety concerns as the committee's focus (Figure 11). Similar percentages of worksites had health promotion and safety integrated into a single committee as had separate committees. Respondents who reported having a worksite committee rated how well the committee(s) represented a wide variety of employees from the worksite, including different departments and health interests. Most (79.4%) indicated that the committee was mostly or entirely representative of a variety of employees at their worksite.

**Figure 10. Percentage of U.S. worksites with at least one person assigned responsibility for health promotion at the worksite, by worksite size**




Note: Percentages based on weighted estimates.

**Figure 11. Percentage of U.S. worksites with committees that address health promotion, safety, or both**



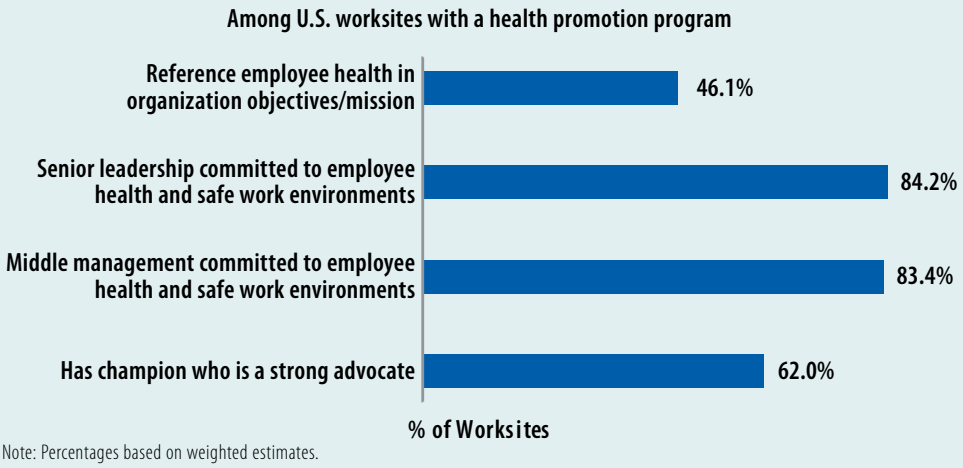

Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

## Program Support, Planning, and Evaluation

The survey asked about the level of support the program received (i.e., organizational and leadership backing, financial resources) and what type of program planning and evaluation were done. Among worksites with a health promotion program, 46.1% agreed that their organization includes references to employee health in its business objectives or the mission statement (Figure 12). Regardless of size or industry, most worksites with programs agreed that senior leadership (84.2%) and middle management (83.4%) were visibly committed to employee health and safe work environments.

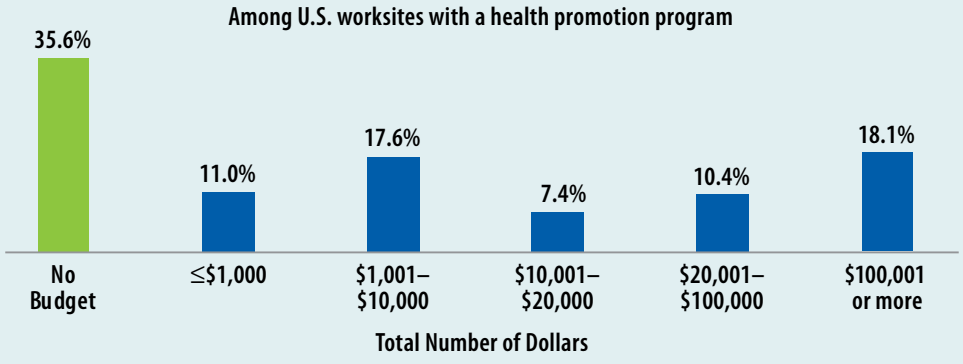
The survey asked how much worksites had annually to spend on employee health promotion at their worksite location. The question noted that it was fine to include salaries of employees who have responsibility for employee health as part of their job. A notable finding was that 35.6% of the worksites that reported having some type of health promotion program reported having no annual budget for the program (Figure 13). Even among sites with more than 500 employees, 16.1% reported having no annual budget for health promotion. Most worksites (58.1%) report having less than $5,000 to spend annually on health promotion. Most of these worksites (79.4%) reported planning to spend about the same amount on health promotion in the coming year, 17.5% planned to spend more, and 3.1% planned to spend less.

### Figure 12. Percentage of U.S. worksites with visible support for employee health




Note: Percentages based on weighted estimates.

### Figure 13. Percentage of U.S. worksites with an annual budget for health promotion

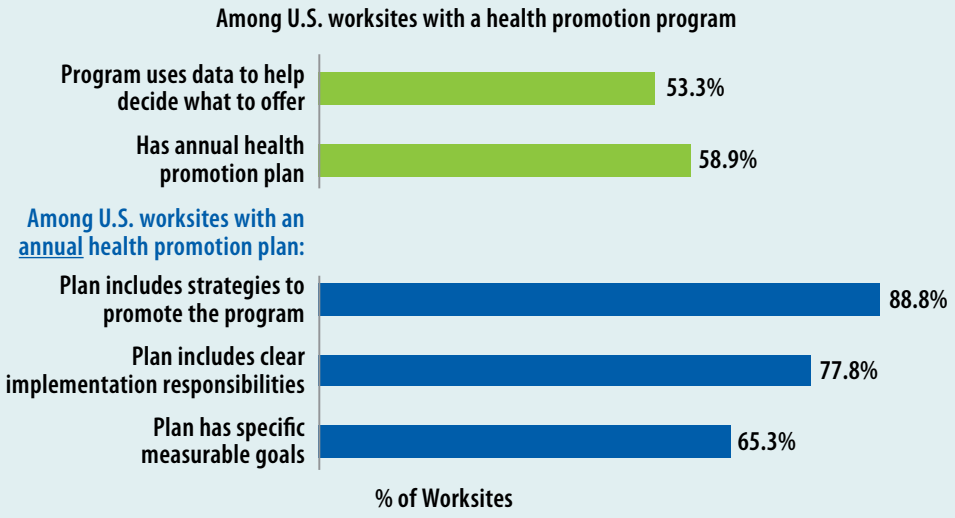



Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

The *Workplace Health in America 2017* survey included a question that asked respondents to rate the extent to which they believed that employees at their worksite worked within a "culture of health."[6,7] The survey defined a workplace culture of health as one in which leadership creates a work environment that values and supports employee health and provides healthy work conditions as the normal way of doing business. Respondents rated this item on a scale of 1, "not at all" a culture of health, to 10, "completely" a culture of health. Overall, the mean rating was 6.8 on the scale of 1 to 10, suggesting that most respondents believed their work environments and conditions were on the healthy side, but had room for improvement. Across the different worksite size categories, the mean rating only varied from a low of 6.3 in the 250–499 employees size group, to 6.9 in the 10–24 employees size group, and there was also little variation in the mean across the industry groups.

Just over half (58.9%) of the worksites with programs had an annual health promotion plan, leaving 41.1% with no plan. The percentage with plans ranged from 49.3% of worksites with 25–49 employees, to 79.4% of worksites with at least 500 employees. Most of those with plans include important elements like goals, clear responsibilities for staff involved in management of the program, and strategies to promote and communicate the program to employees (Figure 14). The percentages of worksites with these plan elements were similar across size categories.

**Figure 14. Percentage of U.S. worksites with annual health promotion planning and plan features**




Note: Percentages based on weighted estimates.

Among worksites with programs, 53.3% use data to help decide what to offer. This ranged from 41.3% of worksites with 25–49 employees, to 79.3% of worksites with at least 500 employees. Forty percent of the worksites that use data for planning reported using some type of organizational level assessment tool (e.g., CDC Worksite Health ScoreCard) to benchmark changes, or to plan and/or evaluate health-related organizational changes made over time.

Half of the worksites reported using data to evaluate their health promotion program. While 47.5% of the smallest worksites used data for evaluation, 77.3% of the largest sites did. This may be related to lack of expertise or low perceived need for data-driven evaluation among the smaller sites. Nearly all worksites that used data used employee participation data (Figure 15). Worksites were less likely to use absenteeism or presenteeism data for program evaluation than other types of data.

**Figure 15. Percentage of U.S. worksites using data to evaluate programs and the types of measurement performed**

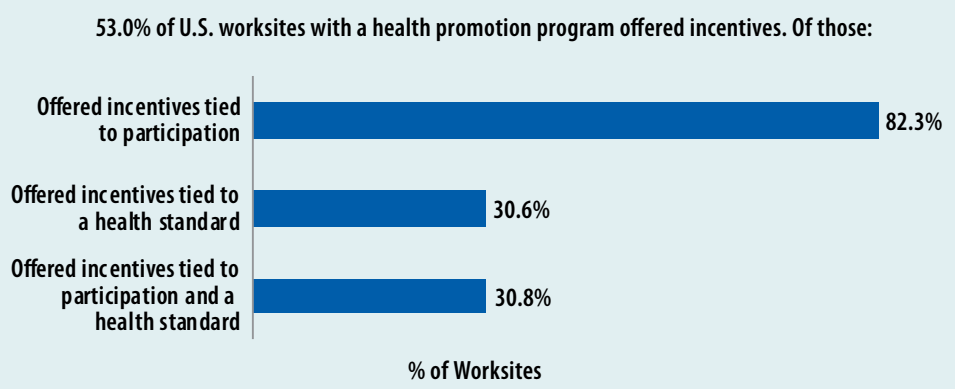

Note: Percentages based on weighted estimates.

**Opportunity** The *Workplace Health in America 2017* findings—that just 50.2% of the worksites with a health promotion program have a plan, use data to decide what to offer, and use data to evaluate how successful their programs are—suggest that employers may need guidance on (1) the importance of planning, using data, and evaluation; and (2) how to accomplish these activities. Additionally, respondents were asked about their training and technical assistance (TA) needs. Just under half (45.9%) of worksites indicated training in program planning, implementation, and evaluation would be helpful as would training and TA on best practices for employee safety and health (75.5%); laws, regulations, and standards (55.6%); and conducting health and safety assessments (53.2%). Templates and practical technical assistance can save employers time and money that might be wasted on poorly implemented programming that doesn't address the needs or interests of the target employee population. Free resources are available to help employers: https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html

## Incentives

Just over half (53.0%) of worksites with a program reported that they had offered some type of incentive related to the health promotion program. The percentage was 78.0% for the worksites with at least 500 employees. The survey described incentives broadly to include those used to reward participation or behavior change, or to penalize employees for not improving health behaviors. Among the worksites that offered some type of incentive, 82.3% reported that incentives were tied primarily to participation or attendance in a health program (Figure 16). Worksites used multiple strategies with incentives because 30.6% reported that incentives were tied to meeting some health standard (e.g., meeting a weight loss goal, quitting smoking) and 30.8% also report they provided incentives tied to both participation and meeting a health standard.

**Figure 16. Percentages of U.S. worksites using incentives and how they are used**

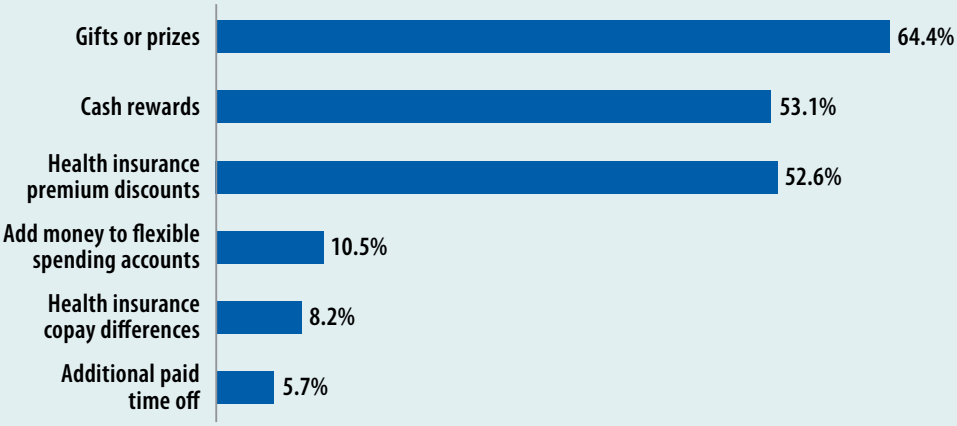



Note: Percentages based on weighted estimates.

Respondents also reported what types of incentives they had used in the past 12 months. The most commonly used incentives are shown in Figure 17. The other types of incentives included in the survey (e.g., additional paid time off) were much less commonly used by respondents.

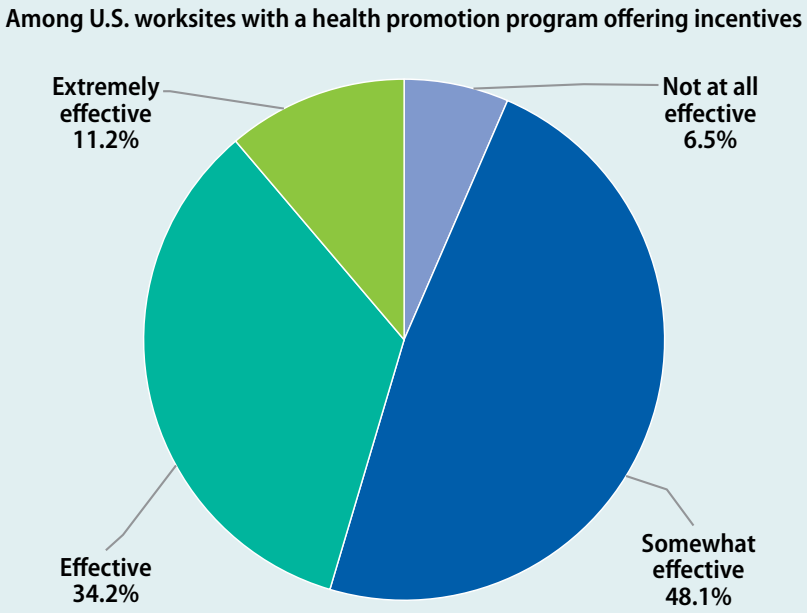
The survey asked respondents to rate how effective they considered the incentives they offered for achieving their intended outcomes. The largest percentage (48.1%) of respondents rated their incentives as just "somewhat effective" (Figure 18).

**Figure 17. Type of incentives offered by U.S. worksites**




Note: Percentages based on weighted estimates.

**Figure 18. Employers' ratings of the effectiveness of incentives for achieving intended outcomes**




Note: Percentages based on weighted estimates.

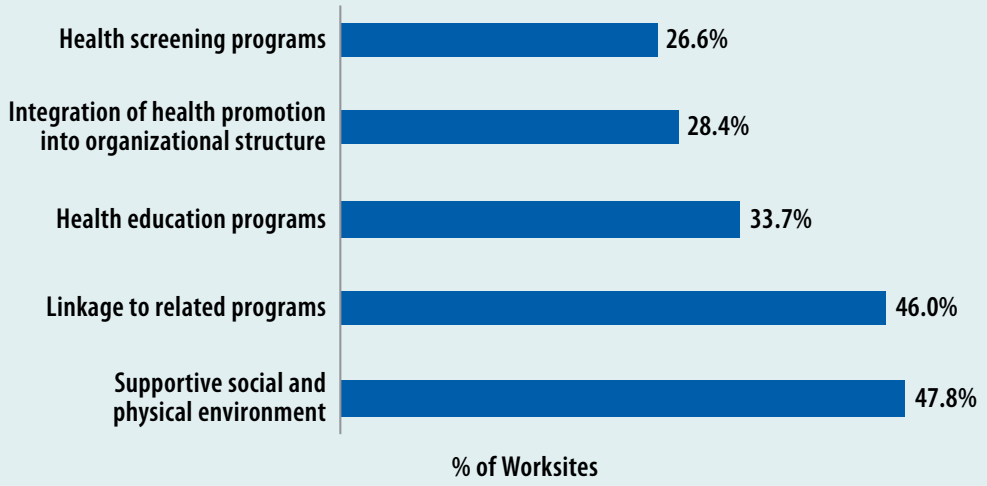
## Comprehensive Health Promotion Programs

Comprehensive health promotion programs are considered a best practice for worksite health promotion and have demonstrated effectiveness in improving employee health, morale, and productivity.[4] The *Workplace Health in America 2017* survey included questions assessing whether worksites offered the five elements of a comprehensive workplace health promotion program as defined by Healthy People 2010.[8]

- Health education programs that focus on skill development and lifestyle behavior change along with information dissemination and awareness building, preferably tailored to employees' interests and needs
- A supportive social and physical environment that includes an organization's expectations regarding healthy behaviors, and implementation policies that promote health and reduce risk of disease (e.g., policies restricting smoking, increasing access to healthy foods at work)
- Integration of the health promotion program into the organization's structure that includes allocating dedicated resources, budget, and/or alignment with the business plan
- Linkage to related programs like employee assistance programs and programs to help employees balance work and family
- Worksite health screening programs ideally linked to medical care to ensure follow-up and appropriate treatment as necessary.

Overall, fewer than half of the worksites reported having any individual element in place (Figure 19). However, more than half of the worksites with at least 250 employees had any one of the five elements. For example, just under one-quarter of worksites with fewer than 50 employees offered health screening programs, compared to 63.4% of worksites with at least 250 employees.

**Figure 19. Percentage of U.S. worksites with each element of a comprehensive health promotion program**



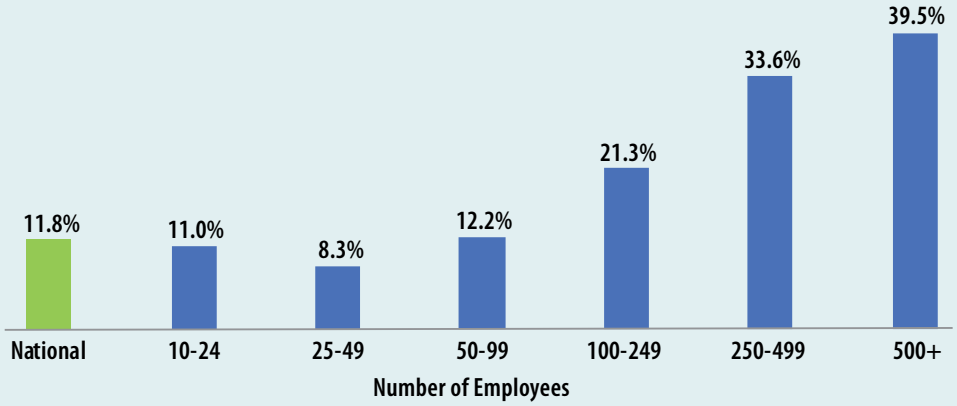

Note: 5 elements of a comprehensive health promotion program as defined by Healthy People 2010.
Percentages based on weighted estimates.

At the national level, 11.8% of worksites offered a comprehensive worksite health promotion program that incorporated all five key elements. Higher percentages of worksites with more than 100 employees had comprehensive programs compared to the worksites with fewer than 100 employees (Figure 20). The highest percentage of worksites with comprehensive programs were in the Hospital industry (35.7%). Using the *Workplace Health in America 2017* data, we analyzed the factors that predicted whether worksites had a comprehensive health promotion program using logistic regression. We tested several possible predictor variables including employer size, industry group, presence of an annual health promotion budget, having a person responsible for the health promotion program, and having the health promotion program in place for at least five years.

When we statistically analyzed the effects of each of these possible predictors at the same time, we found that employer size and industry group were no longer important predictors. Instead, we found worksites that had health promotion programs in place for at least five years were three times more likely to have a comprehensive program compared to worksites that had programs in place for less than three years ($P < .0001$); worksites with an annual budget for health promotion were seven times more likely to have a comprehensive program compared to worksites with no annual budget ($P < .0001$); and worksites with a person assigned responsibility for the health promotion program were eight times more likely to have a comprehensive program compared to those who did not have a responsible person ($P < .0001$).

**Opportunity** **The *Workplace Health in America 2017* results suggest that no worksite size category or industry group is at an inherent disadvantage for having a comprehensive health promotion program. The key factors are tied to putting financial and trained personnel resources behind the program and maintaining the program over several years, allowing it to develop and become more comprehensive. Wider dissemination of this message and data may empower more employers who seek to develop or implement more comprehensive health promotion programs.**[3]

**Figure 20. Percentage of U.S. worksites with all five elements of a comprehensive health promotion program, by worksite size**




Note: Elements of a Comprehensive Workplace Health Program as defined by Healthy People 2010: 1) Health education; 2) Links to related employee services; 3) Supportive physical and social environment for health improvement; 4) Integration of health promotion into the organizational culture; 5) Employee screenings with adequate treatment and follow-up.

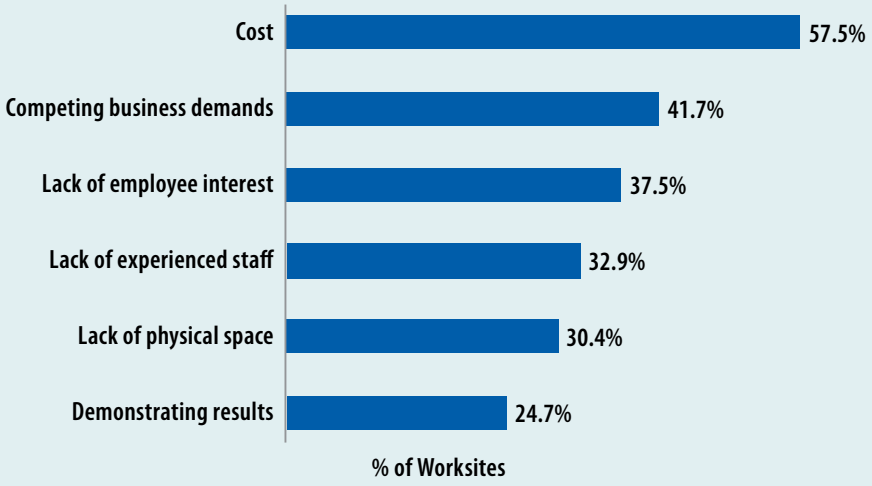
Percentages based on weighted estimates.

## Barriers to Offering Health Promotion Programs

All worksites were asked about a set of potential barriers to offering health promotion programs. Cost was rated as challenging or extremely challenging by the largest percentage of worksites, followed by competing business demands, lack of employee interest, lack of experienced staff, lack of physical space, and demonstrating program results (Figure 21). These six questions were rated by the largest percentages of worksites as challenging, whether the worksites had a health promotion program in place or not. The percentages of worksites that rated costs and competing business demands as challenging did not vary based on worksite size. However, just 21.7% of the largest worksites rated lack of experienced staff as a high barrier to their efforts to implement health promotion programs, compared to 37.1% of worksites with 2–9 employees.

The *Workplace Health in America 2017* survey findings indicate that 62.3% of worksites with programs manage those programs with their own staff. Nationally, 32.9% of worksites reported lack of experience as a high barrier. Providing additional training to staff and linking them to credible tools and resources to assist with program planning, implementation, and evaluation could give decision-makers at worksites without programs more confidence in their capacity to implement a program. Small percentages of respondents from worksites in the smallest size category rated confidentiality concerns (12.7%) or employee distrust of employer-sponsored programs (9.2%) as high barriers, which suggests these are probably not big factors in these worksites' low rates of offering interventions that collect employee level data like HRAs.

**Figure 21. Barriers to offering health promotion program among U.S. worksites**



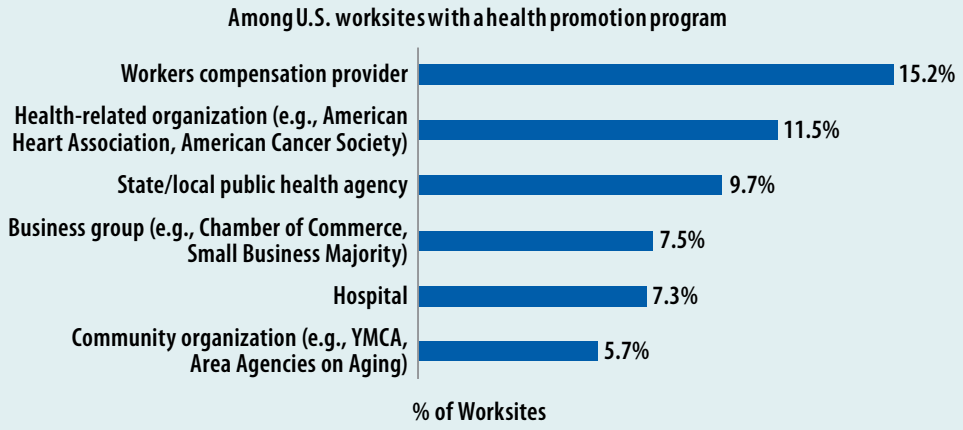

Note: Percentages include U.S. worksites who responded "challenging" or "extremely challenging" on a 5 point Likert scale. Percentages based on weighted estimates.

**Opportunity** **Barriers to offering workplace health promotion programs are common to all types of worksites, and fortunately many can be overcome. Programs that do not follow best practices and have not taken steps to integrate their activities into the broader workplace culture often have low engagement and participation. Setting clear, reasonable expectations that can be measured while starting with smaller successes and growing over time can keep employees interested as will keeping programming fun and flexible. Many low or no cost resources including training on program planning, implementation, and evaluation as well as turnkey programs; policy templates; and survey tools are available to worksites. If a lack of space is a barrier, creative and innovative solutions such as using conference or meeting rooms for dual purposes or mapping walking routes to the surrounding area may be a viable option. Developing partnerships with community organizations such as state health departments that have expertise in data and evaluation, and population health programming can bring a capacity to the workplace health program to fill a gap. Free resources are available to help employers: https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html.**

## Key Partners for Worksites Offering Health Promotion Programs

Most worksites didn't partner with other organizations to offer employee health promotion programs. In fact, about three-quarters of worksites (72.4%) had no partnerships at all. Of the 27.6% of worksites that did have a partner for their health promotion programs, 10.4% had a single partner and 17.2% had multiple partnerships which varied among community groups, business groups, health agencies, and non-profits (Figure 22). Employers, especially smaller ones, may not be aware of partnership opportunities in their communities. Employers are missing out on free and low-cost resources that in some cases may require minimal effort to provide to their workers. Organizations that want to increase their impact could do more to tailor their messages to small employers (business case or value proposition) and market their services and collaboration opportunities to local employers.[9-11]

**Figure 22. Percentage of U.S. worksites that partnered with different types of organizations to offer employee health programs**




Note: Percentages based on weighted estimates.

# Section 3:
# Health Promotion Programming to Address Specific Health Topics

Almost half of all worksites offered some type of health promotion or wellness program (46.1%) (Figure 6). Worksites reported whether they offered health promotion programs to address nine specific health-related behaviors and conditions that are major contributors to lost productivity and costs to employers and the country:

- Physical activity
- Nutrition and healthy eating
- Obesity and weight management
- Tobacco use
- Drug misuse and excessive alcohol
- Musculoskeletal disorders, back pain, and arthritis
- Lactation support
- Stress management
- Healthy sleep.

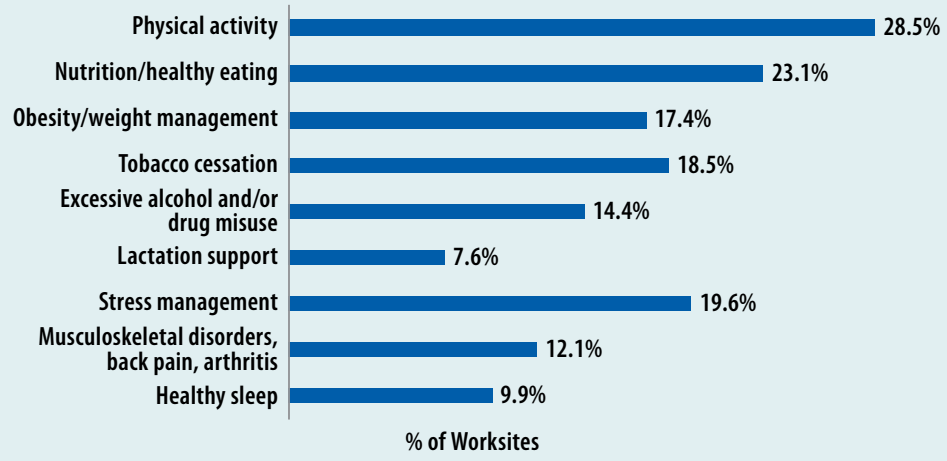
Worksite health promotion/wellness programs were defined as any educational materials, activities, classes, screenings, services, environmental supports, or policies that encourage employees to be healthy. These strategies and interventions were evidence-based, meaning that they had been developed, implemented, and evaluated for their effectiveness through the application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

In this section, we focus on worksite activities addressing physical activity; healthy eating; weight management; tobacco, alcohol and drugs; and lactation. We also present results for musculoskeletal, stress management, and healthy sleep programs at the national level.

Less than one-third of the worksites offered programs addressing any of the nine topics (Figure 23). The most common types of programs offered focused on physical activity, nutrition, and stress. Higher percentages of larger worksites (>250 employees) offered programs addressing any of the health topics than small worksites (<50 employees). Hospitals, most of which had more than 250 employees, were consistently the industry group with the highest percentage of worksites offering a program across all topics, followed by the Public Administration industry group.

For each of the topic areas, respondents also answered questions about the types of programs offered, the entity that typically offered the programs to employees, the estimated level of employee participation in programs (Table 5), and whether the worksite offered specific evidence-based strategies.

**Figure 23. Percentage of U.S. worksites that offered specific health programs**




Note: Percentages based on weighted estimates.

**Table 5. Questions asked about each of the nine health topics**

| Question asked | Response Choices | Response Choices | Response Choices | Response Choices |
|---|---|---|---|---|
| What types of programs have you offered? | Informational | Skill-building | Informational and skill-building | |
| Who typically offered these programs to employees? | Employer | Health Plan | Vendor | Combined efforts |
| Thinking about all the programs offered here in the past 12 months, approximately what percentage of employees from this location participate? | 1–25% | 26–50% | 51–75% | More than 75% |

The *Workplace Health in America 2017* survey defined awareness or informational programs as those including print or online materials, posters, flyers, brochures, educational materials, or one-time presentations. Informational programs are characteristically passive and low intensity. The survey defined skill-building programs as including onsite, online, or offsite classes in the community; one-on-one coaching; contests or competitions. Skill-building programs are generally more active and intense than information-only programs. Across the topic areas, between 87% and 98% of worksites that had programs reported offering programs that were either information only or a combination of information and skill-building. Only small percentages of worksites had programs they characterized as exclusively skill-building for any topic.

For most health topics, respondents reported that it was the employers themselves who typically offered the programs, rather than the health plan or a different outsourced vendor. Or they reported that the program was offered through the combined efforts of the employer, health plan, and/or vendors. Across nearly all health topics, the largest percentages of respondents reported that between 1 and 25% of employees participated in programs related to that topic within the past year. About half of all worksites indicated that more than 25% of employees participated in physical activity, nutrition, and musculoskeletal disorder prevention programs—topics that could be relevant to all employees.

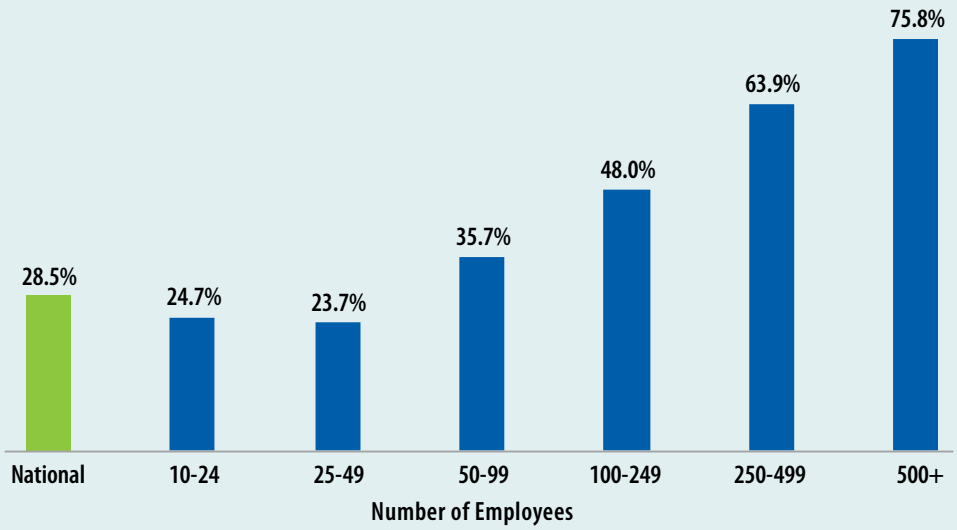
Less than 25% of worksites at the national level offered any of the evidence-based strategies included on the survey, except having a tobacco policy and providing food storage facilities. Consistently higher percentages of large worksites offered the evidence-based strategies than the smaller worksites.

## Workplace Efforts to Increase Physical Activity

Engaging in regular physical activity is one of the most important behaviors influencing health, including heart disease, stroke, diabetes, depression, and some cancers. Despite its importance, the results of the 2016 National Health Interview Survey indicated that 39.5% of employed adults did not meet the 2008 federal physical activity guidelines.[12] Full-time employees spend one-third of most days working, making worksites an opportune setting to encourage physical activity by providing information, establishing policies to encourage movement at work, and providing programs and environmental supports such as exercise classes and walking paths.

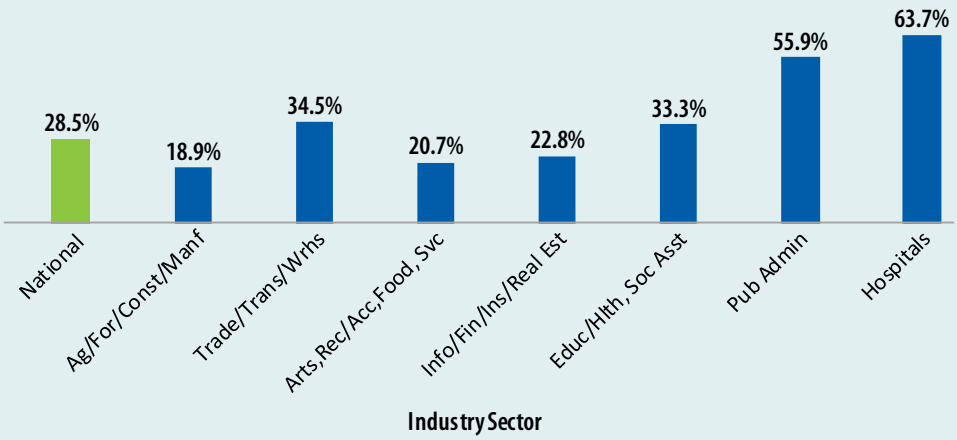
Physical activity programs were the most common type of health promotion program offered by worksites of all sizes and industry groups (Figures 24 and 25). Nationally, 28.5% of worksites reported offering some type of program to address physical activity, fitness, and/or sedentary behavior.

**Figure 24. Percentage of U.S. worksites that offered a physical activity program, by worksite size**




Note: Percentages based on weighted estimates.

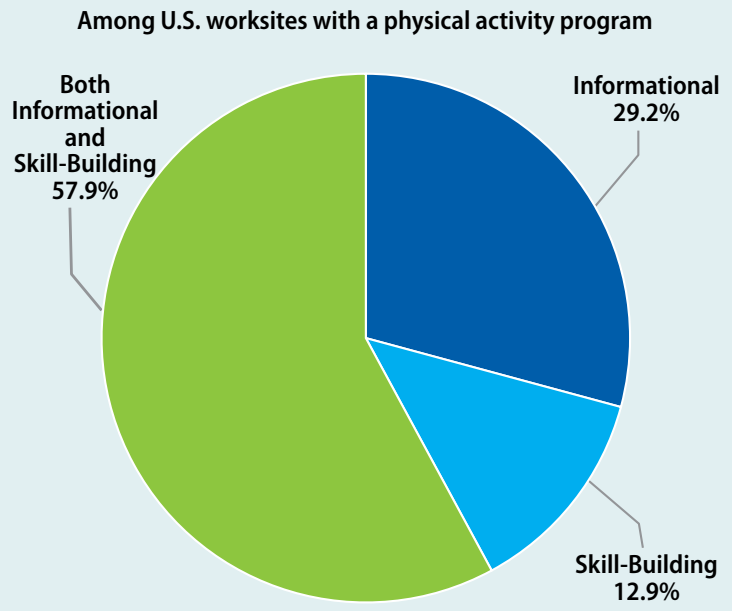
**Figure 25. Percentage of U.S. worksites that offered a physical activity program, by industry group**




Note: Ag/For/Const/Manf = Agriculture, Forestry, Fishing; Mining; Utilities; Construction; Manufacturing
Trade/Trans/Wrhs = Wholesale/Retail Trade; Transportation; Warehousing
Arts,Rec/Acc,Food,Svc = Arts, Entertainment, Recreation; Accommodations and Food Service; Other Services
Info/Fin/Ins/Real Est = Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; Waste Management
Educ/Hlth, Soc Asst = Education Services; Health Care & Social Assistance
Pub Admin = Local, State, and Federal Public Administration.
Percentages based on weighted estimates.

Most worksites (57.9%) offered a combination of informational and skill-building programs (Figure 26). Compared to most other health topics, a lower percentage of worksites offered physical activity programs that were informational only. Worksites relied on their own staff or their staff in combination with others to offer physical activity programs. Over a third (37.6%) reported that their physical activity programs were typically offered mostly by the employer, 11.9% were offered by the health plan, 8.1% were offered by a vendor, and 42.4% were offered by the combined efforts of the employer, health plan, or a vendor.

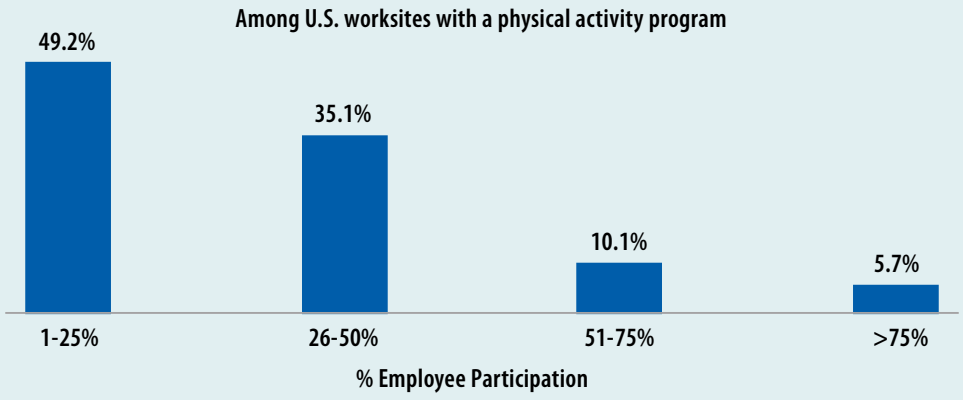
## Figure 26. Type of worksite physical activity programs offered to employees




Note: Percentages based on weighted estimates.

Respondents indicated that employee participation in physical activity programs was relatively low, with 84.3% estimating that less than 50% of employees took advantage of these programs (Figure 27). Only 8.2% of worksites offered paid time to be physically active and less than 20% had any evidence-based strategies in place, which may help to explain low participation.

## Figure 27. Level of employee participation in worksite physical activity programs




Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

The survey asked whether employers offered several different evidence-based environmental supports, policies, and programs for physical activity. Although physical activity programs were the most common type of specific health programming offered (Figure 23), less than 20% of the worksites had any of the evidence-based strategies on the survey in place (Figure 28). Among all the strategies the survey asked about, the most common was subsidizing or discounting the cost of onsite or offsite exercise facilities (17.6% of worksites). This ranged from just 11.6% of the worksites with 24–49 employees to 55.3% of the worksites with at least 500 employees. Similarly, 17.2% of the worksites provided organized individual or group physical activity programs such as walking programs or group exercise classes. These organized programs were reported by 12.6% of worksites with 24–49 employees and 51.0% of worksites with at least 500 employees. Worksites in the Agriculture, Forestry, Fishing; Mining; Utilities; Construction; and Manufacturing industry group had the lowest percentage (9.4%), while hospital worksites had the highest percentage (46.8%) of organized programs. Only 8.2% of all worksites offered employees paid time to be physically active during work hours, for fitness breaks, walking meetings, or other options. This policy, which could be more expensive than some of the other strategies, was relatively uncommon even among the largest worksites. It was offered by 19.5% of worksites with more than 500 employees.

**Figure 28. Percentage of worksites offering evidence-based strategies to encourage physical activity**


Note: Percentages based on weighted estimates.

Environmental supports for physical activity include: walking trails or tracks, maps of measured walking/jogging routes, bicycle racks, showers and changing rooms, open space for recreation, weight rooms

**Opportunity** **Only 16.3% of all worksites provide environmental supports for physical activity such as walking trails, bicycle racks, showers or changing rooms, or open space for recreation. These environmental interventions may require more initial planning and, in some cases, initial capital investment than an educational opportunity or policy for example. However, once in place they provide inexpensive, lower maintenance strategies for increasing employees' opportunities to engage in physical activity while at work.**

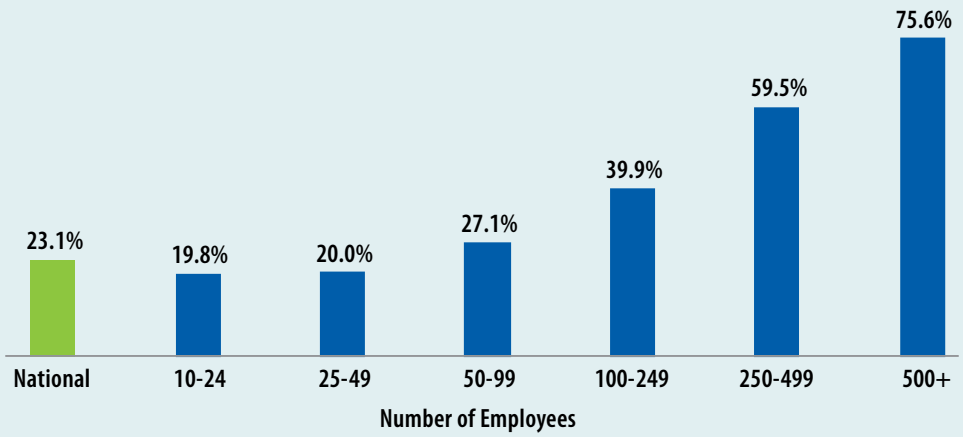
## Addressing Healthy Eating in the Workplace

Americans eat out frequently and spent more money on food away from home than they spent on food at home for the first time in 2014.[13] Food may be available through many channels at the workplace including cafeterias, snack bars, vending machines, onsite or nearby farmers markets, food served at company meetings and events, coworkers bringing food to share, and employees bringing in their own food. A recent study found that 22% of U.S. employees obtained food from the workplace during the week; it was more common for employees to obtain free food than to purchase food; and the food people obtained at work was generally high in empty calories and low in whole grains and fruit.[14]

Some employers are learning that they can help steer employees toward healthier food choices at work by making sure healthier options are available, affordable, convenient, and appealing. Programs focused on healthy eating were the second most common type of health promotion program offered by worksites of all sizes. Nationally, 23.1% of worksites reported offering some type of program to address nutrition and/or healthy eating (Figure 29). Hospitals and worksites in the Public Administration group had the highest percentages of worksites offering these programs (Figure 30). Larger worksites, including hospitals, are the most likely to have food available for purchase at the site and may see more opportunities to address healthy eating with a program.

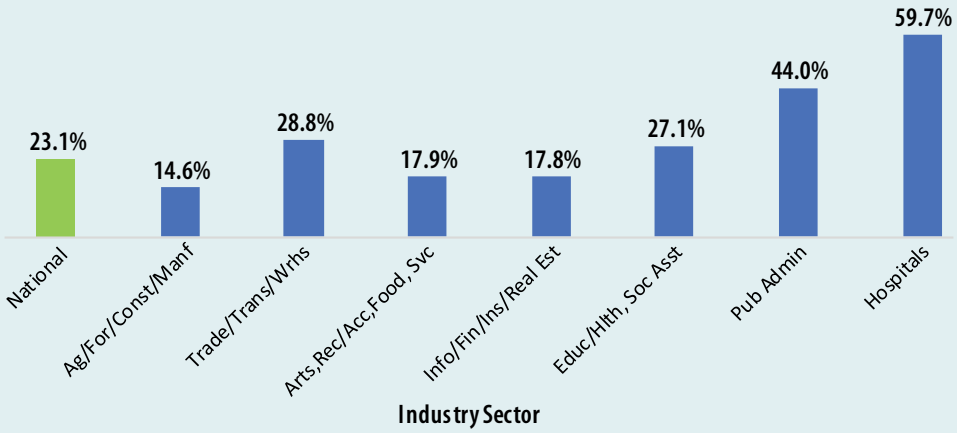
Among the worksites offering nutrition programs, almost all were informational and skill-building, or just informational (Figure 31). Although most worksites estimated that no more than 50% of the employees participated, 21.0% estimated that more than 75% of employees participated (Figure 32).

**Figure 29. Percentage of U.S. worksites that offered a nutrition program, by worksite size**



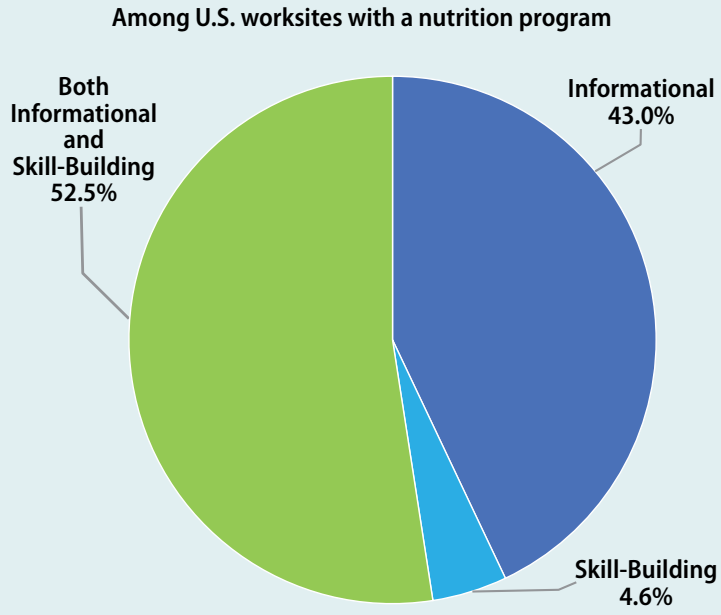

Note: Percentages based on weighted estimates.

## Figure 30. Percentage of U.S. worksites that offered a nutrition program, by industry group



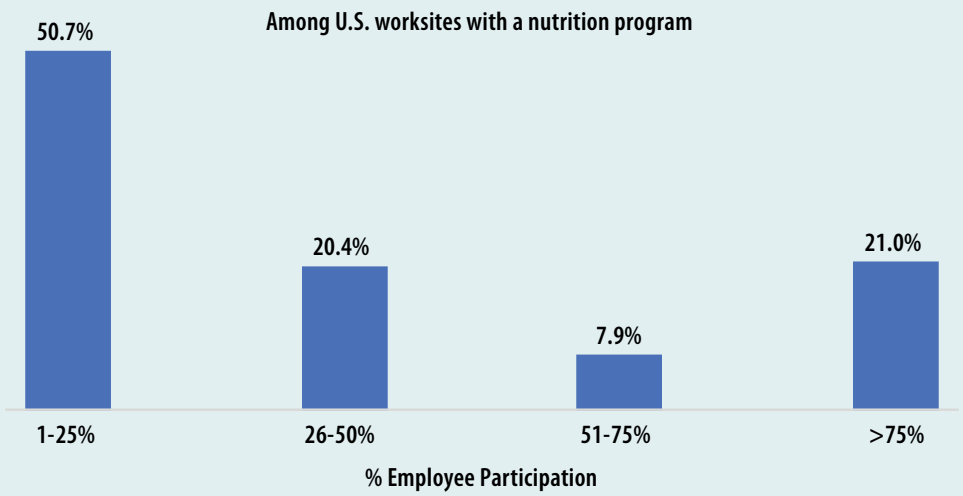

Note: Ag/For/Const/Manf = Agriculture, Forestry, Fishing; Mining; Utilities; Construction; Manufacturing
Trade/Trans/Wrhs = Wholesale/Retail Trade; Transportation; Warehousing
Arts,Rec/Acc,Food,Svc = Arts, Entertainment, Recreation; Accommodations and Food Service; Other Services
Info/Fin/Ins/Real Est = Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; Waste Management
Educ/Hlth, Soc Asst = Education Services; Health Care & Social Assistance
Pub Admin = Local, State, and Federal Public Administration.
Percentages based on weighted estimates.

## Figure 31. Type of worksite nutrition programs offered to employees




Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

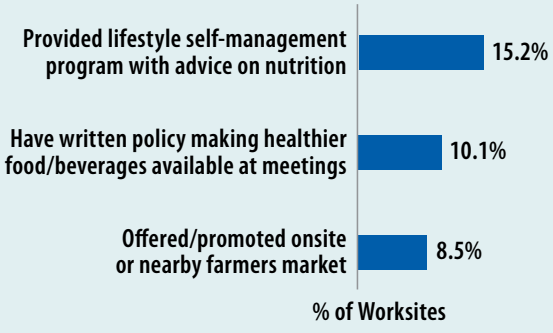
## Figure 32. Level of employee participation in worksite nutrition programs




Note: Percentages based on weighted estimates.

Worksite respondents answered questions about evidence-based environmental supports, policies, and programs supporting healthy eating. Higher percentages of larger worksites offered them to their employees compared to smaller worksites. For example, 12.1% of the smallest worksites offered lifestyle self-management programs, compared to 58.5% of the largest sites. Policies that make healthier food and beverages available during meetings when food is served have not yet become the norm, ranging from 5.8% of the smallest sites to 26.0% of the largest sites reporting having this policy (Figure 33).

## Figure 33. Percentage of U.S. worksites offering evidence-based strategies to encourage healthy eating



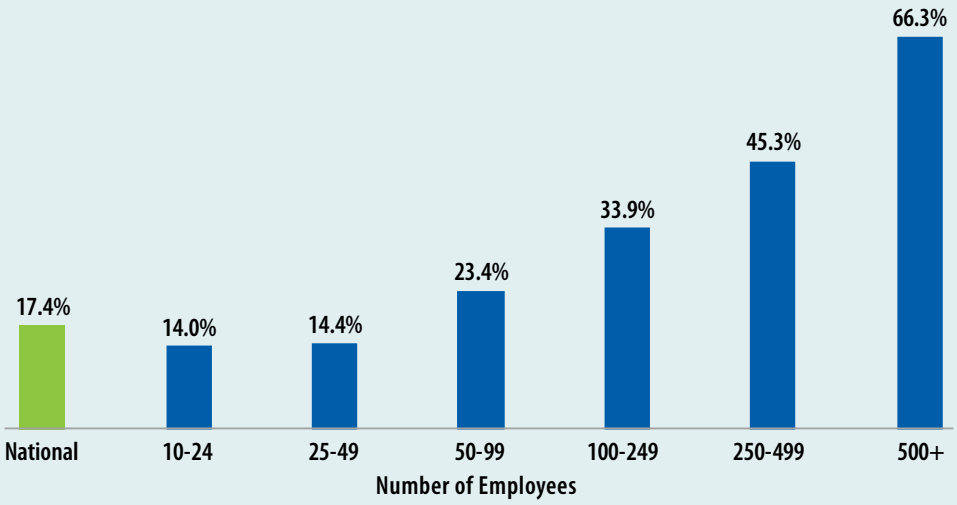

Note: Percentages based on weighted estimates.

## Helping Employees Manage Their Weight

Individuals who have obesity are at increased risk for chronic diseases and health conditions including diabetes, heart disease, hypertension, high cholesterol, osteoarthritis, and sleep apnea.[15] Obesity is associated with lower productivity at work, more sick days, and higher health care costs.[16] The 2016 National Health Interview Survey estimated that 37.1% of employed adults were classified as overweight based on their body mass index, and another 28.5% were classified as obese.[17]

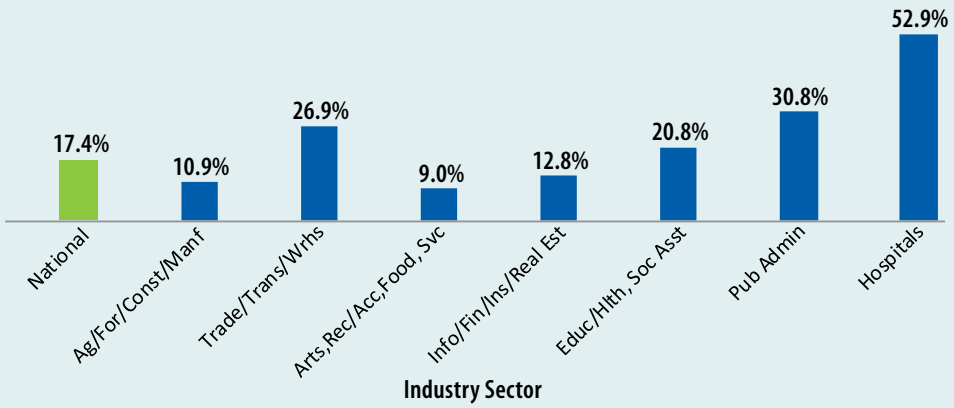
Overall, 17.4% of the worksites offered some type of program to address obesity or weight management for employees. The Community Preventive Services Task Force recommends worksite programs to improve healthy eating and physical activity to address weight management.[18] The *Workplace Health in America 2017* survey included these topics in separate sections, understanding that the programs might have shared outcomes. Worksites in the largest size category had the highest percentage offering weight management programs (Figure 34), and hospitals had the highest percentage with weight management programs among the industry groups (Figure 35).

**Figure 34. Percentage of U.S. worksites that offered an obesity/weight management program, by worksite size**




Note: Percentages based on weighted estimates.

**Figure 35. Percentage of U.S. worksites that offered an obesity/weight management program, by industry group**




Note: Ag/For/Const/Manf = Agriculture, Forestry, Fishing; Mining; Utilities; Construction; Manufacturing
Trade/Trans/Wrhs = Wholesale/Retail Trade; Transportation; Warehousing
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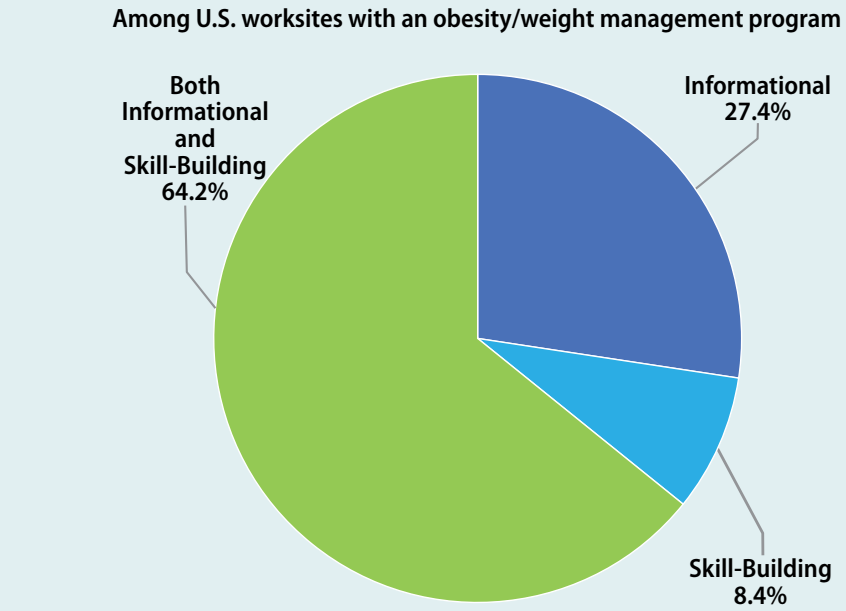
Educ/Hlth, Soc Asst = Education Services; Health Care & Social Assistance
Pub Admin = Local, State, and Federal Public Administration.
Percentages based on weighted estimates.

Among the 17.4% of worksites offering weight management programs, most (64.2%) offered a combination of informational and skill-building programs (Figure 36). The percentage of worksites offering only informational programs (27.4%) was the lowest of all the nine health topics on the survey and an additional 8.4% of worksites offered skill-building program only, suggesting that worksites tried more activity or skill-based programming, like weight loss challenges with or without information (72.6%) compared to just offering information to employees (27.4%).

Eighty percent of worksite respondents estimated that just 1–25% of their employees participated in weight management programs and this was consistent across worksite sizes. Participation in weight management programs would vary based on the workforce needs and would not be expected to be high in all worksites, but it is worth noting again that 66% of employed adults are classified as overweight or having obesity.

The *Workplace Health in America 2017* survey asked about one specific weight management intervention: bariatric, or weight loss, surgery. Overall, 5.6% of worksites reported that they provide full or partial insurance coverage for bariatric surgery. While less than 5% of the smallest worksites provided this benefit, 27.3% of worksites with 250–499 employees and 49.5% of worksites with more than 500 employees covered at least some of the cost for weight loss surgery.

**Figure 36. Type of worksite obesity/weight management programs offered to employees**




Note: Percentages based on weighted estimates.


**Opportunity** Evidence suggests that physical activity interventions in adults who are overweight or have obesity may be more effective in increasing physical activity if they have a physical activity component that includes activity monitors to provide regular feedback (i.e., number of steps, calories used) along with instruction, such as counseling or Web-based education.[19] *Workplace Health in America 2017* results showed that less than 10% of all worksites provide activity tracking devices, even though there are inexpensive options available. Worksites may want to consider their nutrition and physical activity initiatives when they are planning weight management programs.

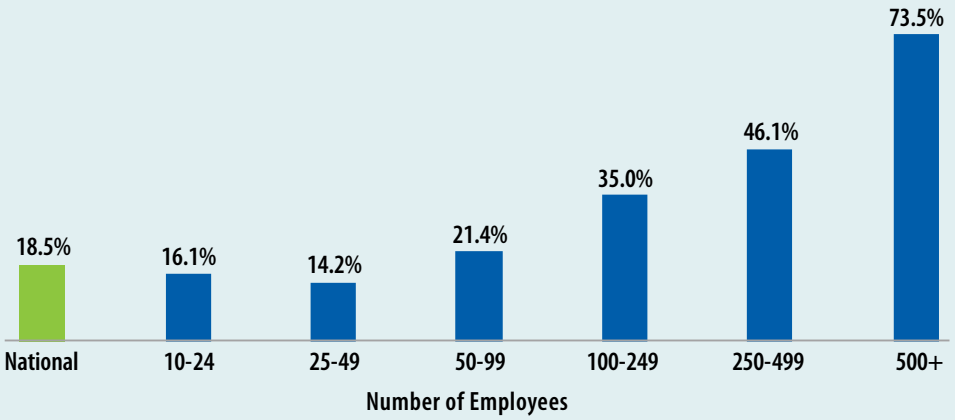
# Workplace Efforts to Reduce Tobacco, Excess Alcohol, and Drug Use

## Tobacco

In 2016, the National Health Interview Survey estimated 14% of employed adults were current smokers.[20] While smoking is at an all-time low, it remains the leading cause of preventable death. National survey data indicate rates of smoking are highest in certain industry groups including Mining; Accommodations and Food Service; and Construction.[21]

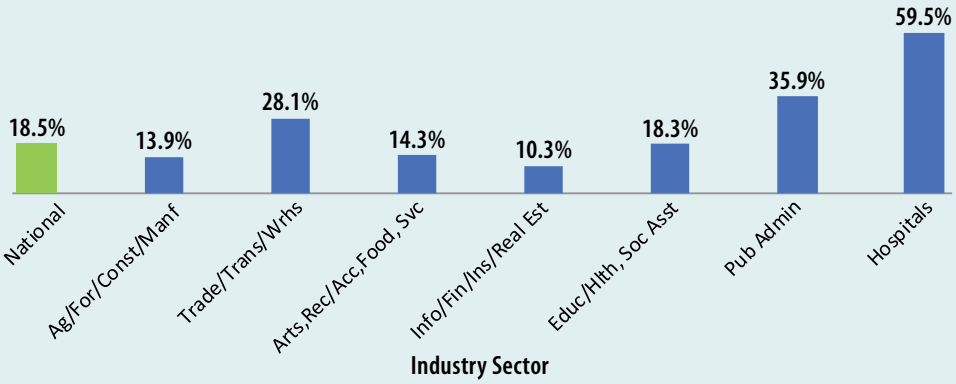
Nationally, 18.5% of worksites reported offering some type of program to help employees stop using tobacco products. The percentage of worksites with more than 100 employees offering these programs was higher than the percentage of worksites with fewer than 100 employees (Figure 37). The percentage of public sector worksites offering tobacco programs was higher than other industry groups, except Hospitals and those in the Trade, Transportation, and Warehousing group (Figure 38). The industry groups with higher rates of smoking (those including Mining, Construction, and Accommodations and Food Service) had some of the lowest percentages of worksites with programs to help employees stop smoking.

**Figure 37. Percentage of U.S. worksites that offered a tobacco cessation program, by worksite size**




Note: Percentages based on weighted estimates.

**Figure 38. Percentage of U.S. worksites that offered a tobacco cessation program, by industry group**




Note: Ag/For/Const/Manf = Agriculture, Forestry, Fishing; Mining; Utilities; Construction; Manufacturing

Trade/Trans/Wrhs = Wholesale/Retail Trade; Transportation; Warehousing

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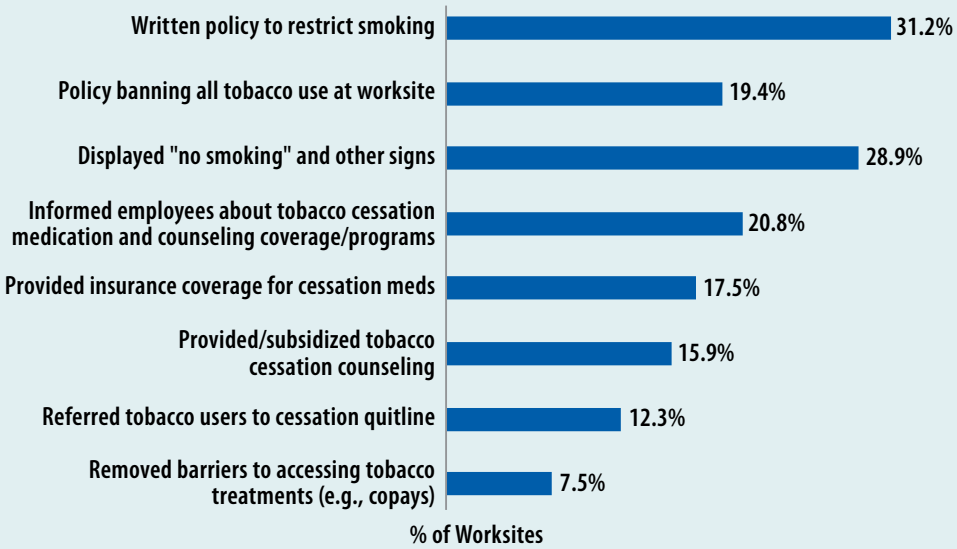
Pub Admin = Local, State, and Federal Public Administration.

Percentages based on weighted estimates.

About half of the worksites with tobacco cessation programs (49.3%) only offered employees information on quitting. The other half (46.3%) offered a combination of informational and skill-building programs. Nearly one-third (30.2%) of worksites reported that their tobacco cessation programs were offered mostly by the employer, 25.5% percent reported that these programs were offered by the health plan, 15.5% reported that these programs were offered by a vendor, and 28.8% percent were offered through the combined efforts of the employer, health plan, or a vendor.

Worksite respondents answered questions about evidence-based environmental supports, policies, and programs to help employees stop using tobacco (Figure 39). The most common strategy was having a policy to restrict smoking, reported by 31.2% of the worksites, and 19.4% completely banning tobacco use at the worksite (indoors and outdoors). Nationally, 17.5% of the worksites provided insurance coverage with low or no out-of-pocket costs for U.S. Food and Drug Administration-approved prescription and/or over-the-counter tobacco cessation medications. The percentage of worksites offering such coverage to employees ranged from about 15.1% of the smallest worksites to 72.8% of the largest worksites. Similarly, at the national level, just 15.9% of the worksites provided or subsidized the cost of tobacco cessation counseling (including onsite or offsite; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners). This counseling was offered to employees in 14.6% of the smallest worksites, compared to employees at 65.6% of the largest worksites. At the national level, just 7.5% of worksites removed barriers like copays and prior approval requirements for employees seeking tobacco cessation medication; however, 44.0% of worksites with 500 or more employees reported removing such barriers.

**Figure 39. Percentage of U.S. worksites offering evidence-based strategies to help employees stop using tobacco**




Note: Percentages based on weighted estimates.

## Opportunity

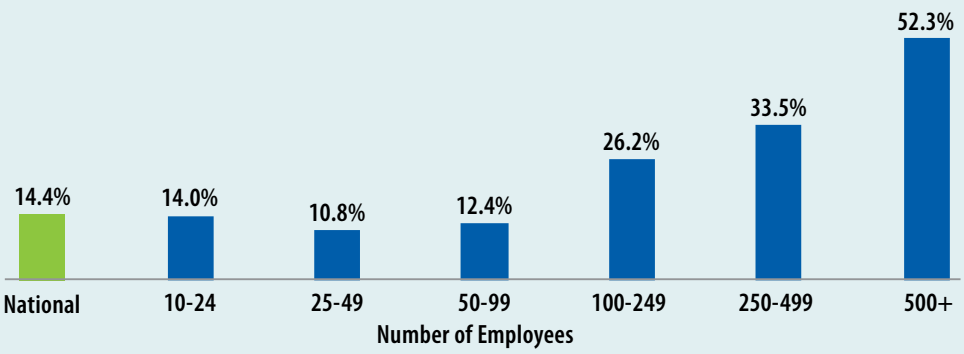
About 70% of adult smokers want to quit, and more than half try to quit each year. Quitting smoking is difficult; smokers often try to quit multiple times before succeeding. However, about three in five U.S. adults who ever smoked have quit. While the optimal approach is to use cessation medications and counseling to quit, fewer than one in 20 smokers use both.[22–24] Combining environmental changes (e.g., smoke-free or tobacco-free policies) with barrier-free access to free cessation assistance (e.g., quitlines, in-person counseling, and cessation medications) is an especially effective approach to help employees quit smoking. The environmental changes motivate employees to try to quit and provide them with a supportive environment for quitting. Ensuring employees' access to proven cessation treatments maximizes their chances of quitting successfully. In addition to being clinically effective, smoking cessation treatments are highly cost-effective; in fact, they have been referred to as the gold standard of health care cost effectiveness. This is especially true from the perspective of employers, who stand to realize productivity gains as well as reduced health care costs.[24] Employers in industries with higher than average rates of tobacco use may consider targeting their efforts to help employees quit smoking by using this type of comprehensive approach.

## Alcohol and Other Drugs

In 2016, the National Health Interview Survey estimated 62% of employed adults drank alcohol regularly.[25] Excessive alcohol use is associated with short- and long-term health risks, including motor vehicle crashes, alcohol poisoning, liver disease, high blood pressure, and various cancers.[26] It is estimated that alcohol use contributed to one in 10 deaths of working-age adults.[27] Illicit drug use, including illegal drugs and the misuse of prescription drugs, is another risk for employers. Of the approximately 44 million adults who used illicit drugs in 2016, about 69% were employed.[28]

Nationally, 14.4% of worksites reported offering some type of program to address excessive alcohol use or drug misuse. Higher percentages of worksites with more than 100 employees offered these programs than did worksites with fewer than 100 employees (Figure 40).

**Figure 40. Percentage of U.S. worksites that offered programs to address excessive alcohol and/or excessive drug misuse, by worksite size**




Note: Percentages based on weighted estimates.

Among the 14.4% of worksites offering programs to address excessive alcohol and other drug misuse, about half (48.9%) offered only information. The other half (48.8%) offered a combination of informational and skill-building programs. Compared to other health issues, a smaller percentage of worksites tried to address this topic on their own. Just 18.5% reported that these programs were typically offered mostly by the employer, 20.3% percent were offered by the health plan, 15.6% were offered by a vendor, and 45.6% percent were offered by combined efforts of the employer, health plan, or a vendor.

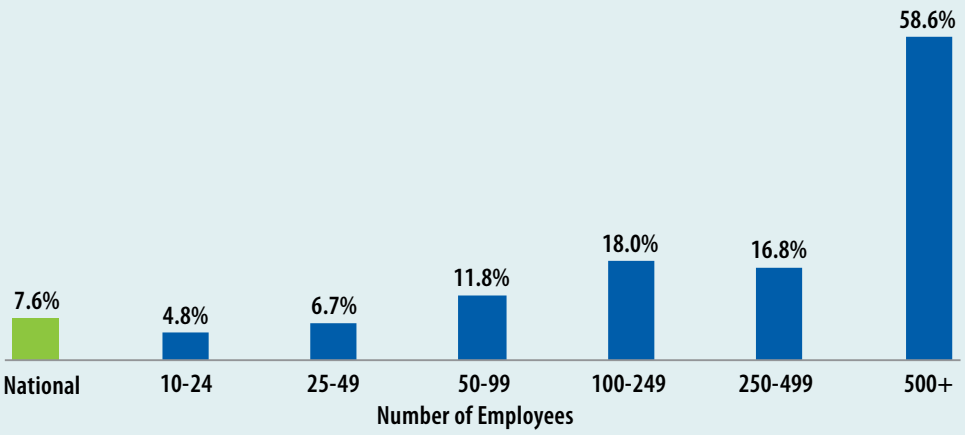
**Opportunity** **Employee substance misuse is costly to businesses. Addressing substance misuse will support the health, safety, and well-being of employees, and protect company performance and stability. Employers can include resources like self-screening tools to address excessive alcohol use and drug misuse as part of the overall health promotion program. Employers can also follow guidance from the Substance Abuse and Mental Health Services Administration to develop a substance use policy to reflect the needs of their own workplace. https://www.samhsa.gov/workplace/toolkit/develop-policy**

## Providing Lactation Support to Employees

The health benefits of breastfeeding to infants include reduced risk of asthma, obesity, type 2 diabetes, and sudden infant death syndrome. The American Academy of Pediatrics and the World Health Organization recommend infants be breastfed exclusively for the first six months of life, with continued breastfeeding and complementary foods for one year or longer, which CDC also supports.[29–31] Despite the evidence supporting these recommendations, CDC reports that only one in four infants are breastfed exclusively through the first six months of life.[32] Policies and supports in the workplace are factors influencing whether working mothers stop breastfeeding sooner than planned. Effective March 2010, the Patient Protection and Affordable Care Act amended the Fair Labor Standards Act to require most employers to support breastfeeding mothers in certain employment categories for one year after their child's birth by providing mothers with reasonable break time and a private space, other than a restroom, to use to express their breast milk. This provision applies to "nonexempt" employees who are required by federal law to be paid time and one-half for overtime hours. (State laws may require employers to provide such breaks for breastfeeding mothers who are exempt from federal overtime pay requirements). An employer that employs fewer than 50 employees is not subject to these requirements if they impose undue hardship.[33]

Lactation support programs were the least common type of health promotion program reported by worksites at the national level (7.6%), although more than half of worksites (58.6%) with more than 500 employees reported having them (Figure 41).

**Figure 41. Percentage of U.S. worksites that offered lactation support programs, by worksite size**

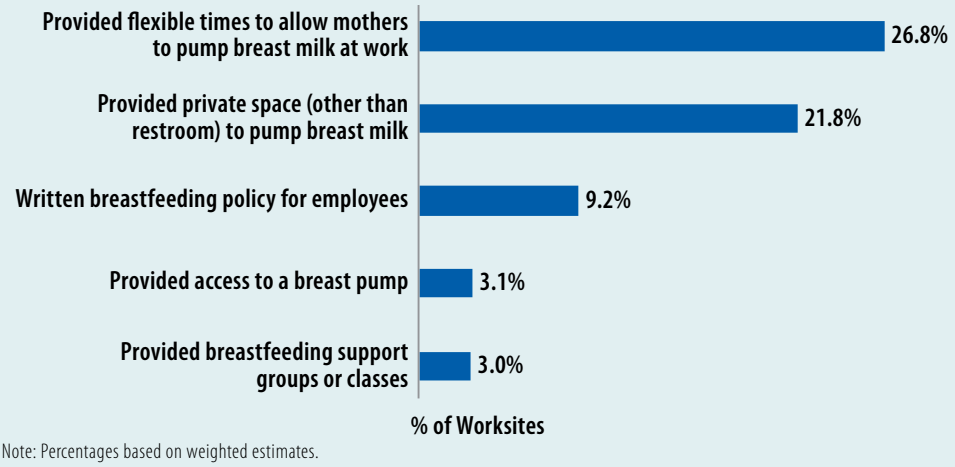



Note: Percentages based on weighted estimates.

Most of the lactation support programs offered were informational only (51.6%) or a combination of information and skill-building programs (41.0%). These programs were most commonly offered by the employers themselves (54.8%), followed by the health plan (22.2%), or the combined efforts of the employer, the health plan, or a vendor (19.8%).

Although only 7.6% of worksites reported having a lactation support program, a larger percentage had strategies in place to support breastfeeding. We asked whether employers offered several different evidence-based facilities, policies, and programs to support lactation. We asked these questions regardless of whether the worksite reported having a lactation support program in place (Figure 42).

**Figure 42. Percentage of U.S. worksites offering evidence-based strategies to support lactation**




Note: Percentages based on weighted estimates.

## Workplace Efforts to Address Other Health Topics

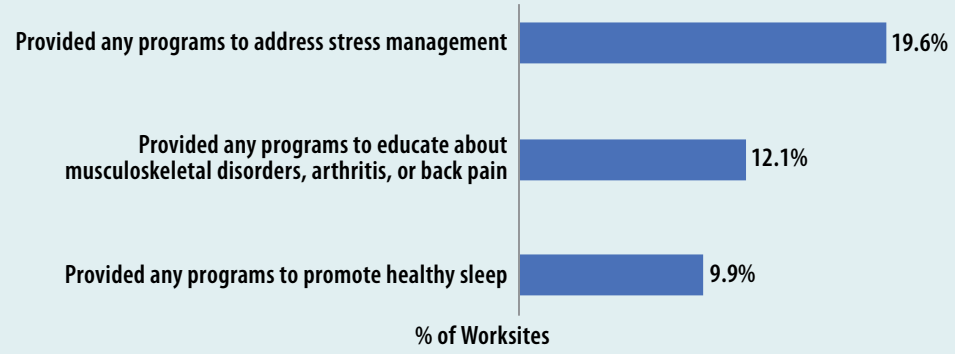
We included questions about worksite programs addressing stress, musculoskeletal disorders, and insufficient sleep and fatigue because these health risks are common worker issues, they are costly to employers, and they may be affected by working conditions (Figure 43).

Twenty percent of workers report experiencing a great deal of stress at work.[34] Work-related stress is associated with absenteeism and lower productivity. Stress management was the third-most common type of health promotion program reported by *Workplace Health in America 2017* respondents, with 19.6% reporting they offer some type of program to address stress.

Musculoskeletal disorders are injuries or disorders of the muscles, nerves, joints, cartilage, and spinal discs. The 2016 National Health Interview Survey estimated 24.8% of employed adults had lower back pain and 17.8% had arthritis.[35,36] Only 12.1% of *Workplace Health in America 2017* respondents reported offering programs to educate employees about the prevention of musculoskeletal disorders, arthritis, and back pain.

Results from the 2014 Behavioral Risk Factor Surveillance System (BRFSS) indicate that 35% of U.S. adults reported short sleep duration (less than seven hours of sleep in a typical 24-hour period).[37] The 2014 BRFSS data also showed that people who did not get enough sleep were more likely to report having obesity, being physically inactive, and being current smokers compared to people who usually slept at least seven hours each day. In addition, insufficient sleep and insomnia are associated with decreased worker productivity.[38] On an annual basis, the U.S. loses 1.23 million work days to insufficient sleep of less than six hours per night.[39] And sleep disorders increase the risk of being injured at work.[40] Programs designed to promote healthy sleep or reduce fatigue were among the least common type reported by employers, with 9.9% of worksites offering these to employees.

**Figure 43. Percentage of U.S. worksites addressing other health topics**




Note: Percentages based on weighted estimates.

# Section 4:
# Health Screenings and Disease Management

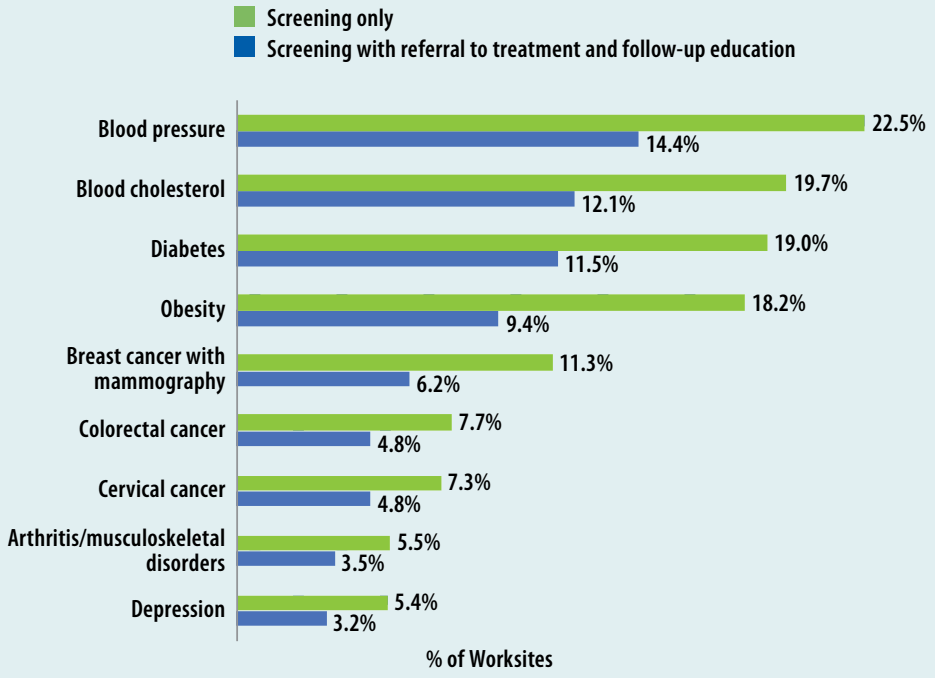
The *Workplace Health in America 2017* survey focused on worksites' efforts to improve conditions and behaviors to reduce the risk of developing health problems, but the survey also included questions about health screenings to assess worksites' secondary prevention efforts. Secondary prevention efforts try to reduce the negative effects of a condition or disease that has already occurred by detecting it as soon as possible. The *Workplace Health in America 2017* survey also included questions about disease management to assess worksites' tertiary prevention efforts, which aim to manage the impact of an ongoing, chronic disease or injury.

The survey included questions about conditions related to some of the leading causes of death including heart disease, cancer, high blood pressure (related to stroke), diabetes, and depression (related to suicide).

## Health Screenings

Worksites indicated whether nine types of health screening tests were available to their employees in the past 12 months and, if so, whether high-risk employees were referred to a health professional for treatment and provided follow-up education. Less than 25% of the worksites offered any of the listed screenings (Figure 44). Across all the health risk areas, just over half of the worksites that offered the screening also referred high-risk employees to treatment. As with all the health promotion programming, higher percentages of the largest employers than the smallest offered the screenings and the referrals to treatment.

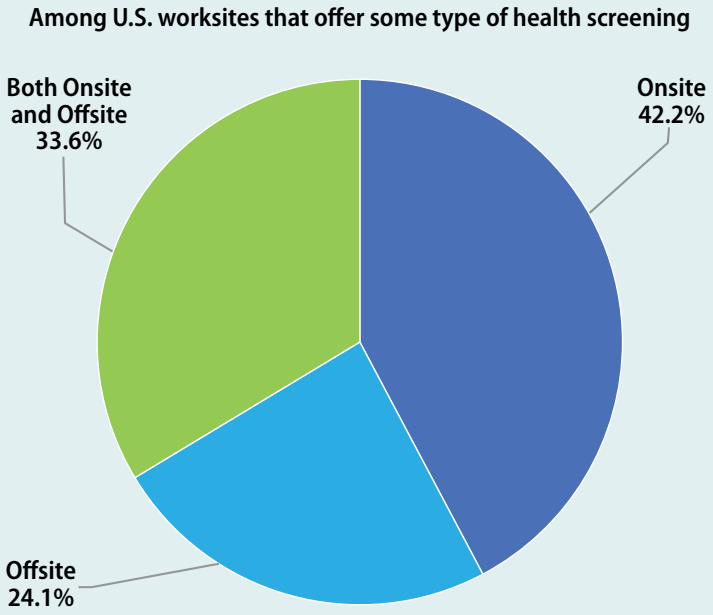
**Figure 44. Percentage of U.S. worksites offering health screenings and referral to treatment/follow-up education for high-risk employees, by health condition**




Note: Percentages based on weighted estimates.

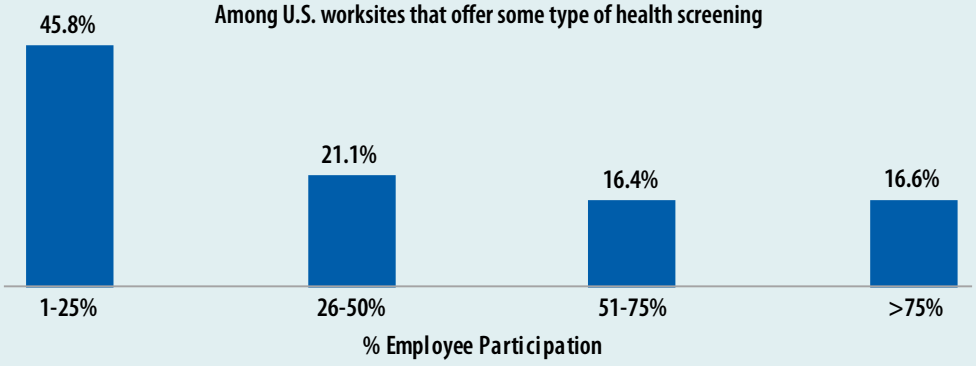
Three-quarters of the worksites reported they offered screenings onsite, or onsite and offsite (Figure 45), making it convenient for employees to be screened. The largest percentage of respondents estimated between 1 and 25% of employees usually participate in screenings, but 33.0% estimated that more than 50% of employees participate (Figure 46).

### Figure 45. Usual location where health screenings were offered to employees




Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

### Figure 46. Estimated usual employee participation in health screenings offered by U.S. worksites



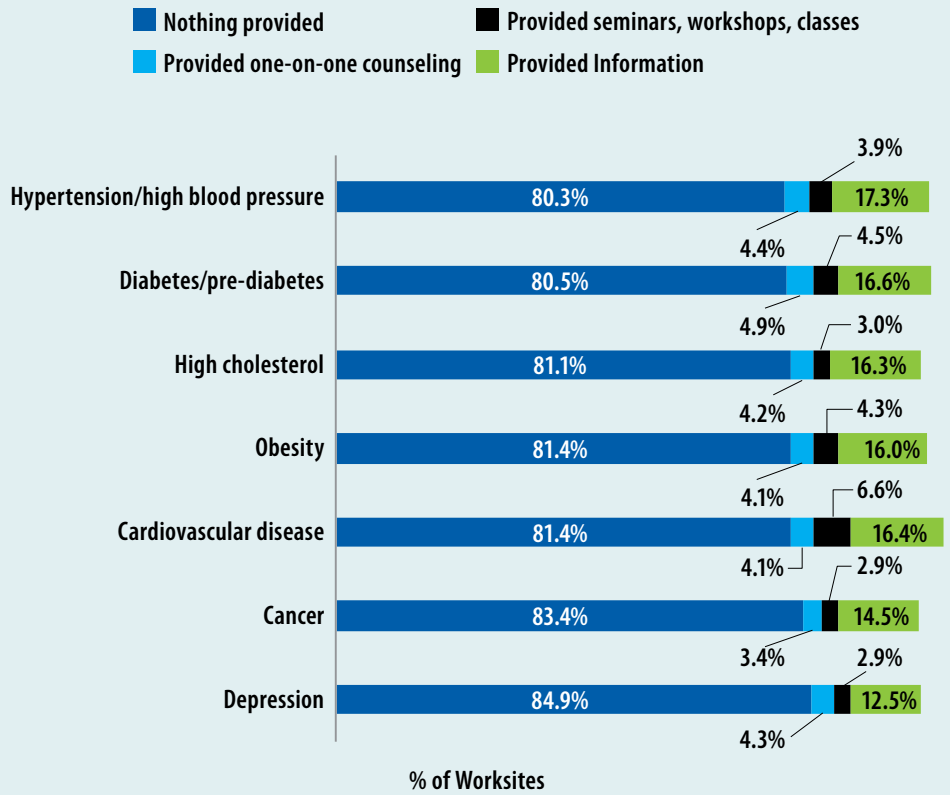

Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

## Disease or Risk Management

For each of the 10 diseases or risks included in the *Workplace Health in America 2017* survey, respondents were asked whether they offered any of three types of disease management programming to employees in the last 12 months: 1) information such as brochures, posters, newsletters; 2) educational seminars, workshops, or classes on the condition; or 3) one-on-one counseling or coaching and follow-up monitoring. The programs could have been offered through the health plan, a vendor, or directly by the employer. At the national level, most worksites offered nothing on disease management topics (Figure 47). Very small percentages of worksites offered the one-on-one counseling and monitoring, which has more potential to help employees manage their conditions than just providing information. Although the percentages of worksites in the smallest size categories that offered one-on-one counseling for any condition did not reach 5%, the percentages of worksites in the largest size category that offered one-on-one counseling ranged from 12.3% (for migraines/headaches) to 40.8% (for diabetes).

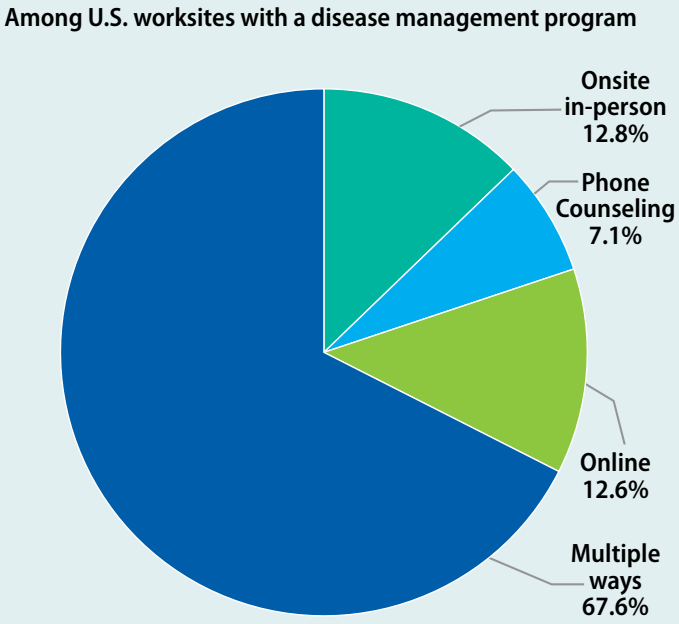
Of those offering disease management programs, two-thirds of worksites offered disease management programs using multiple modes of delivery (Figure 48). This was true across worksite size categories. Overall, 12.8% of worksites offered disease management exclusively onsite in person. However, 29.1% of hospitals used this strategy, which is practical given onsite expertise available in hospitals.

**Figure 47. Percentage of U.S. worksites with disease management programs, by health condition**




Note: Percentages based on weighted estimates.
Respondents could select multiple disease management program delivery types (counseling; seminars/workshops/classes; and/or information).


**Figure 48. Usual method for disease management program delivery to employees**




Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

# Section 5:
# **Occupational Safety and Health**

In general, higher percentages of worksites reported having occupational safety and health programs and policies in place, compared to the percentages of worksites with employee health promotion programs and policies (Figure 49). For example, 91.0% reported having a policy requiring or encouraging employees to report worksite injuries and illnesses. The Occupational Safety and Health Act applies to most private-sector employers and requires employers to comply with the standards of the act and to provide a workplace free from recognized safety and health hazards. The two industry groups with the largest percentages of worksites with written injury and illness prevention programs were Hospitals (89.8%) and the Agriculture, Forestry, Fishing; Mining; Utilities; Construction; and Manufacturing group (86.7%). These industry groups have higher injury rates than other industry groups. The Information; Finance; Insurance; Real Estate; Professional Services; Management; Administration Support; and Waste Management industry group had the lowest percentage of worksites with an injury and illness prevention program (54.6%), possibly because many of these include white collar occupations with lower perceived risk of physical injury. This broad industry group also had the lowest percentage of worksites (58.2%) that provided new employees formal training on how to avoid on-the-job accidents, injuries, and illnesses.

**Figure 49. Percentage of U.S. worksites offering occupational safety and health strategies**


Note: Percentages based on weighted estimates.

Across all size categories, over 80% of worksites reported having at least one person responsible for employee safety (Figure 50). These percentages were higher than the percentages of worksites with health promotion programs that had at least one person responsible for the health promotion program (72.2%, nationally).

**Figure 50. Percentage of U.S. worksites with at least one person responsible for employee safety, by worksite size**


Note: Percentages based on weighted estimates.

The *Workplace Health in America 2017* survey also assessed the extent to which worksites were implementing Total Worker Health® (https://www.cdc.gov/niosh/twh/). The National Institute for Occupational Safety and Health defines Total Worker Health® as "policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being." The results in Figure 50 show that nationally, a third of worksites have the same person responsible for health promotion and employee safety at the worksite. Even in the largest size category where staff might be less likely to have multiple roles, 23.2% of worksites have an individual who is responsible for both health promotion and safety. This suggests there is some level of integration and coordination between health promotion and safety efforts across those worksites. In addition to staffing, evidence of integration can be seen in the percentage of U.S. worksites with visible support for employee health (Figure 12) by referencing employee health in the organizational objectives and/or mission statement (46.1%), senior (84.2%) and middle management's (83.4%) commitment to a healthy and safe work environment, and respondents' overall mean rating of 6.8 on the scale of 1 to 10 for the degree to which employees work within a culture of health at the worksite.

The results in Figure 51 suggest more than half of the worksites reported practices that were consistent with Total Worker Health.® Notably, almost two-thirds reported having communication and programming that protects worker health included with efforts to promote employee well-being; and planning for initiatives that jointly protect worker health, safety, and well-being. Because an occupational safety and health program is required and already well-established at most worksites, integrating evidence-based health promotion strategies with safety programs is a promising approach for increasing the percentage of worksites adopting programs to improve employee well-being.[41,42] There is currently little nationally representative data on the presence of Total Worker Health® policies and practices; the *Workplace Health in America 2017* data provide a useful benchmark to assess progress on the adoption of Total Worker Health® over time.

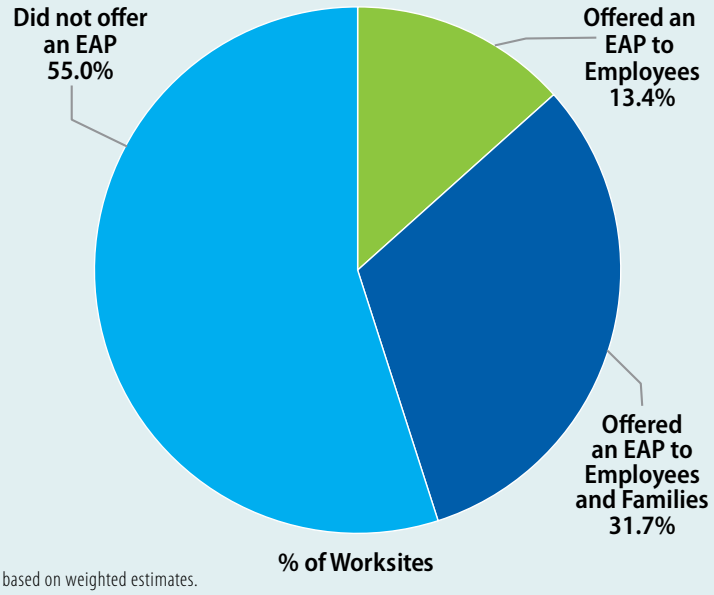
**Figure 51. Percentage of U.S. worksites integrating health promotion with occupational safety and health efforts**


Note: Percentages based on weighted estimates.

# Section 6:
# **Worklife**

The *Workplace Health in America 2017* survey included questions about a range of benefits and policies supporting employees with their own and their family obligations. Employee assistance programs (EAPs) are workplace programs designed to help employees identify and resolve issues including mental or physical health, family, financial, substance use, emotional, or other issues that may affect job performance. At the national level, only 45.0% of employers offered any type of EAP (Figure 52). The percentage with EAPs increased as the worksite size increased, from 38.0% of worksites with 10–24 employees up to 91.3% of worksites with at least 500 employees. The Arts, Entertainment, Recreation; Accommodations and Food Service; and Other Services industry group had the lowest percent of worksites with EAPs (33.7%). Most worksites that offered EAPs made them available to employees and their families.

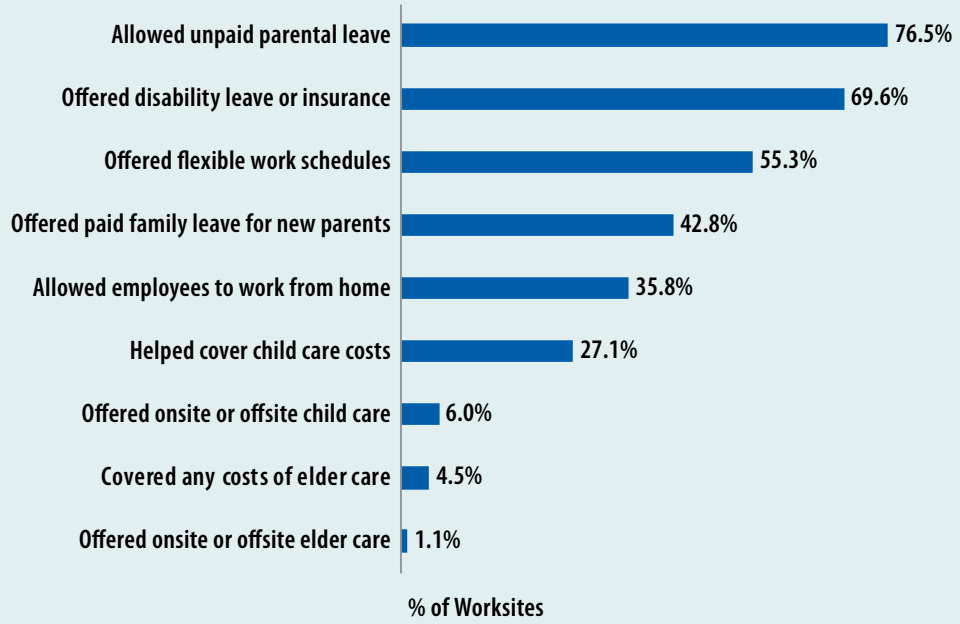

**Figure 52. Percentage of U.S. worksites offering employee assistance programs (EAPs)**




Note: Percentages based on weighted estimates.
Percentages do not equal 100% due to rounding.

The large majority (94.5%) of worksites provided some form of paid time off for employees. Respondents reported all paid time off categories the worksite offered: 73.9% offered paid sick time, 59.6% offered paid personal time, and 87.6% offered paid vacation time. The most common work-life policy was unpaid parental leave, which is a federal requirement for worksites with at least 50 employees (Figure 53). Paid leave for new parents was offered by 41.2% of the smallest worksites compared to 76.4% of the employers with at least 500 employees. Small percentages of worksites offered more expensive benefits like child care or elder care.

**Figure 53. Percentage of U.S. worksites with work-life policies and benefits**




Note: Percentages based on weighted estimates.

Work-life policies that offer employees flexibility about when and where they do their work were most common in the worksites with at least 500 employees. At the national level, 55.3% of worksites allow employees to work flexible schedules that could include choosing their own starting and quitting times within a range of hours, compressed work weeks, teleworking, and job sharing. There was little variation in the percentage among employers with fewer than 500 employees, but 68.1% of the largest worksites offered employees this flexibility. Similarly, at the national level, 35.8% of all worksites allow employees to work from home, but this percentage was 69.8% among the largest employers. Large employers may be better equipped with technology needed to allow employees to work from home and have the staffing available for onsite coverage as needed.

## Conclusion

Approximately 156 million full-time workers in the United States spend a majority of their waking hours at work, providing an opportunity for workplace health programs to reach segments of the population who otherwise might not be exposed to and engaged in public health promotion programs, campaigns and messages (Accessed U.S. Bureau of Labor Statistics October 17, 2018). Acknowledging the economic incentive to support healthy and productive employees, employers have increased their wellness program offerings in the past decade.

During this same period, public health has increasingly incorporated and integrated policies, systems, and environmental (PSE) approaches into health promotion programs as a means of initiating and sustaining healthy behavior change.[43–45] PSEs target the whole population. When combined with traditional individual education and skill-building interventions, they create synergy to provide access and opportunity for participants to apply health knowledge and improve the chances of successful and sustained behavior change.

This comprehensive approach has been incorporated into workplace health program design and captured in national health priorities such as Healthy People.[8,46–49] However, PSEs often are less prevalent when compared to individual level interventions such as passive information dissemination strategies and more intensive lifestyle coaching and counseling.[3,50,51]

Nearly half of U.S. worksites have put in place strategies to improve the social or physical environment (47.8%) indicating progress made by U.S. employers. However, many individual strategies such as providing onsite exercise facilities (12.4%) or a written policy to restrict smoking in the workplace (31.2%) that contribute to a comprehensive program approach remain low. And overall, fewer than one out of five worksites offer comprehensive health promotion programs (11.8%), providing many opportunities for practitioners to continue to educate and build skill among U.S. employers to make their programs more robust, successful, and sustainable.

Practitioners also have opportunities to focus on small employers. *Workplace Health in America 2017* provides a spotlight on small employers, which represent over 99% of all employers (less than 500 employees). Additionally, small businesses employ 58.9 million people, about 47.5% of the U.S. workforce.[52] By nearly every measure, small worksites offer fewer programs and services (e.g., education, health screening), have fewer policies and environmental supports, and less infrastructure (e.g., annual program plans, budgets, and staff) than larger employers. Small employers are a key audience for workplace health programs. They not only represent the vast majority of all employers, but they also often make up a significant population in areas that are priorities for population health such as small towns and rural communities. Rural Americans face numerous health disparities compared to their urban counterparts.[53] In engaging small worksites, practitioners should be mindful of the need to tailor interventions that meet their needs, maximize their organizational strengths, and address their unique challenges.

Although a number of surveys of workplace health programs have been conducted over the past 25 years, there has not been a systematic, ongoing effort to document evidenced-based and promising strategies that comprise a comprehensive workplace health program from a representative sample of U.S. employers. In fact, the last time the federal government funded a national survey of employers' workplace health promotion offerings was in 2004.[3] *Workplace Health in America 2017* is the first national survey to capture the status of workplace health and safety programming, implementation of evidence-based strategies, barriers employers have experienced in implementing these programs, and description of key components of a comprehensive workplace health promotion program. Regular monitoring of changes over time in offering comprehensive employer-sponsored health and safety programs, policies, and environmental supports will continue to be a need.

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# Appendix

## Explanation of Figures for Accessibility

**Figure 1.** Title: The number of cases sampled, ineligible and complete. This figure shows the number of employer cases that were initially sampled (n=35,584). Of those, 4,721 cases were ineligible and 27,754 did not respond to the initial survey inquiry. 3,109 surveys were returned. Of those, 2,843 were complete core surveys that would be included in the final analysis. Also among the 2,843 surveys that were returned, 1,255 respondents also completed the supplemental survey questions.

**Figure 2.** Title: Percentage of U.S. worksites offering full, partial, or no payment of premiums for full-time employees' health insurance. This figure shows among U.S. worksites, 84.7% offered either full or partial health insurance to employees. Within this group, almost half (45.6%) offered partial payment for insurance and 39.1% paid employee premiums in full. 15.4% of U.S. worksites offered no insurance coverage to employees. The vast majority of U.S. employer offered their employees either full or partial payment of premiums for full-time employee health insurance. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding. 84.7% of employers offered either full or partial health insurance.

**Figure 3.** Title: Percentage of U.S. worksites that offered employees a health risk assessment. This figure shows that nationally, about a quarter of U.S. worksites offer employees a health risk assessment (HRA) which can be used to provide health promotion programs and services based on employees' health needs. The figure breaks down the percentage by employer size. As employers grown in size, the percentage that offer HRAs increases with 21.6% of the smallest employers (10–24 employees) offering an HRA, 23.1% of employers with 25–49 employees, 31.1% of employers with 50–99 employees, 43.9% of employers with 100–249 employees, 52.0% of employers with 250–499 employees, and 68.7% of the largest employers (500 or more employees) offering HRAs. Note: Percentages based on weighted estimates.

**Figure 4.** Title: Level of employee participation in health risk assessments. This figure shows the percentage of employees who participate in health risk assessments among U.S. worksites that offer them. The majority of U.S. worksites have 50% or more of their employees participating. Overall, 23.4% of U.S. worksites have 25% or less employee participation, 23.3% of U.S. worksites have 26–50% employee participation, 31.5% of U.S. worksites have 51–75% employee participation, and 21.8% of U.S. worksites have 76–100% employee participation. Note: Percentages based on weighted estimates.

**Figure 5.** Title: Action taken after employees completed health risk assessment. This figure shows among U.S. worksites that offered employees a health risk assessment, nearly 4 out of 5 (79.4%) provide their employees the results of the assessment as well as additional feedback and education on their health risks which align with Community Guide recommendations. 15.6% of U.S. worksites only provide their employees the results of the assessment, and 5.0% do not share any results or provide feedback. Note: Percentages based on weighted estimates.

**Figure 6.** Title: Percentage of U.S. worksites offering any type of health promotion program, by worksite size. This figure shows that nationally, 46.1% of U.S. worksites offer some type of workplace health promotion program. The figure breaks down the percentage by employer size. As employers grown in size, the percentage who offer workplace health promotion programs increases with the 39.1% of the smallest employers (10–24 employees) offering a program, 43.9% of employers with 25–49 employees, 59.6% of employers with 50–99 employees, 69.4% of employers with 100–249 employees, 83.0% of employers with 250–499 employees, and 91.8% of the largest employers (500 or more employees) offering workplace health promotion programs to employees. Note: Percentages based on weighted estimates.

**Figure 7.** Title: Percentage of U.S. worksites offering any type of health promotion program, by industry group. This figure shows that nationally, 46.1% of U.S. worksites offer some type of workplace health promotion program. The figure breaks down the percentage by employer industry sector. Hospitals (62.2%) are the leading industry sector to provide programs to staff. Public Administration is next at 47.8%. Among the remaining industry groups, 25.1% of Agriculture, Forestry, Fishing; Mining; Utilities; Construction; and Manufacturing provide workplace

health promotion programs; 28.8% of Wholesale/Retail Trade; Transportation; Warehousing employers; 17.1% of Arts, Entertainment, Recreation; Accommodations and Food Service; and Other Services; 19.8% of Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; and Waste Management; and 29.0% of Education Services; and Health Care & Social Assistance employers provide some type of workplace health promotion programs to employees. Note: Percentages based on weighted estimates.

**Figure 8.** Title: Percentage of U.S. worksites with health promotion program in place for less than 1 through more than 10 years. This figure shows the length of time a workplace health promotion program has been offered to employees among U.S. worksites who have a program. The majority of workplace health promotion programs have been in place for 3 years or longer. Overall, 10.1% of programs have been in place for less than 1 year; 20.6% have been in place for 1–2 years; 32.9% of programs have been in place for 3–5 years; 16.5% have been in place for 6–9 years; and almost 1 in 5 (19.8%) of U.S. worksites have had a workplace health promotion program in place for a decade or longer. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 9.** Title: Organization with primary responsibility for managing worksite health promotion programs. This figure shows who is managing workplace health promotion programs among U.S. worksites who have a program. The majority of workplace health promotion programs are managed internally with 62.3% of U.S. worksites reporting their own employees run the program. 21.5% of U.S. worksites say that a vendor or other third party manages the program, and 16.2% use their health insurance provider to manage the workplace health promotion program. Note: Percentages based on weighted estimates.

**Figure 10.** Title: Percentage of U.S. worksites with at least one person assigned responsibility for health promotion at the worksite, by worksite size. This figure shows that nationally, about three-quarters of U.S. worksites (72.2%) with a health promotion program have at least one person responsible for managing the program. The figure breaks down the percentage by employer size. As employers grown in size, the percentage who have staff responsible for health promotion at the worksite increases with 69.2% of the smallest employers (10–24 employees) reporting staff, 69.7% of employers with 25–49 employees, 74.3% of employers with 50–99 employees, 82.3% of employers with 100–249 employees, 83.4% of employers with 250–499 employees, and 90.1% of the largest employers (500 or more employees) reporting at least one person responsible for health promotion at the worksite. Note: Percentages based on weighted estimates.

**Figure 11.** Title: Percentage of U.S. worksites with committees that address health promotion, safety, or both. This figure shows if worksites have additional support for managing workplace health promotion programs through committees. The figure examines the percentage of worksites with committees among U.S. worksites that have a health promotion program and how the committees are structured. 41.0% of U.S. worksites do not have any type of committee. Among those that do, 21.2% separate wellness (health promotion) activities from safety activities; 17.5% combine wellness and safety; 12.5% are focused on safety only; and 7.9% are focused on wellness only. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 12.** Title: Percentage of U.S. worksites with visible support for employee health. This figure shows how U.S worksites with a health promotion program are receiving organizational and leadership support. More than 8 in 10 (84.2%) U.S. worksites have senior leadership committed to employee health and safe work environments. Similarly, 83.4% of U.S. worksites have middle management commitment. 62.0% of U.S. worksites have a champion who is a strong advocate for the program, and 46.1% of U.S. worksites have referenced employee health in their organizational objectives or mission statement. Note: Percentages based on weighted estimates.

**Figure 13.** Title: Percentage of U.S. worksites with an annual budget for health promotion. This figure shows the amount of spending on health promotion among U.S. worksites with a health promotion program. Nationally, 35.6% of U.S. worksites have no dedicated budget to health promotion. Among those worksites with a budget, 11.0% spend $1,000 or less annually; 17.6% spend between $1,001 - $10,000 annually; 7.4% spend between $10,001 - $20,000 annually; 10.4% spend between $20,001 - $100,000 annually; and 18.1% spend more than $100,000 annually. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 14.** Title: Percentage of U.S. worksites with annual health promotion planning and plan features. This figure shows the type of health promotion plans among U.S. worksites with health promotion program. Overall, 58.9% of U.S. worksites have an annual health promotion plan and 53.3% use data to decide what to offer to employees. Among U.S. worksites with an annual health promotion plan, 88.8% include strategies to promote the program; 77.8% include clear implementation responsibilities for plan activities; and 65.3% have specific measurable goals. Note: Percentages based on weighted estimates.

**Figure 15.** Title: Percentage of U.S. worksites using data to evaluate programs and the types of measurement performed. This figure shows the type of health promotion program evaluation among U.S. worksites with health promotion programs. Overall, 50.2% of U.S. worksites use data to evaluate their programs. Among U.S. worksites that use data, 98.3% are measuring employee participation; 89.7% are measuring employee feedback; 78.1% are measuring changes in employee health risk behaviors; 73.1% are measuring health care claims costs; 60.7% are measuring workers compensation claims; 57.2% are measuring return on investment; 56.9% are measuring employee satisfaction; 51.6% are measuring changes in employee disease rates; and 38.7% are measuring absenteeism. Note: Percentages based on weighted estimates.

**Figure 16.** Title: Percentages of U.S. worksites using incentives and how they are used. This figure shows the structure of incentives. Nationally, 53% of U.S. worksites with a health promotion program offer incentives. Of these: 82.3% offered incentives tied to employee participation; 30.6% offered incentives tied to employees meeting a health standard; and 30.8% offered incentives tied to both participation and meeting a health standard. Note: Percentages based on weighted estimates.

**Figure 17.** Title: Type of incentives offered by U.S. worksites. This figure shows gifts or prizes are the most common incentive offered (64.4%) followed by cash rewards (53.1%); health insurance premium discounts (52.6%); adding money to flexible spending accounts (10.5%); health insurance copay differences (8.2%); and additional time off (5.7%). Note: Percentages based on weighted estimates.

**Figure 18.** Title: Employers' ratings of the effectiveness of incentives for achieving intended outcomes. This figure shows how effective employers feel their incentives are among U.S. worksites with a health promotion program offering incentives. 11.2% of U.S. worksites feel their incentives are "extremely effective"; 34.2% feel their incentives are "effective"; 48.1% feel their incentives are "somewhat effective"; and 6.5% feel their incentives are "not at all effective". Note: Percentages based on weighted estimates.

**Figure 19.** Title: Percentage of U.S. worksites with each element of a comprehensive health promotion program. This figure shows the level to which U.S. worksites have the five elements of a comprehensive workplace health promotion program as defined by Healthy People 2010. Nearly half of U.S. worksites (47.8%) have supportive social and physical work environments; 46.0% link their health promotion programs to related programs; 33.7% include health education programming as a component of their overall health promotion program; 28.4% integrate health promotion into their organizational structure; and 26.6% include health screening programs as a component of the their overall health promotion program. Note: Percentages based on weighted estimates.

**Figure 20.** Title: Percentage of U.S. worksites with all five elements of a comprehensive health promotion program, by worksite size. This figure shows that nationally, 11.8% of U.S worksites have a comprehensive workplace health promotion program. The figure breaks down the percentage by employer size. As employers grown in size, the percentage that have comprehensive health promotion programs increases with 11.0% of the smallest employers (10–24 employees) having comprehensive programs, 8.3% of employers with 25–49 employees, 12.2% of employers with 50–99 employees, 21.3% of employers with 100–249 employees, 33.6% of employers with 250–499 employees, and 39.5% of the largest employers (500 or more employees) reporting having a comprehensive workplace health promotion program. The elements of a Comprehensive Workplace Health Program as defined by Healthy People 2010 include: 1) Health education; 2) Links to related employee services; 3) Supportive physical and social environment for health improvement; 4) Integration of health promotion into the organizational culture; 5) Employee screenings with adequate treatment and follow-up. Note: Percentages based on weighted estimates.

**Figure 21.** Title: Barriers to offering health promotion program among U.S. worksites. This figure shows cost is the most common barrier among U.S. worksites (57.5%) followed by competing business demands (41.7%); lack of employee interest (37.5%); lack of experienced staff (32.9%); lack of physical space (30.4%); and demonstrating results (24.7%). Note: Percentages include U.S. worksites who responded "challenging" or "extremely challenging" on a 5 point Likert scale.

**Figure 22.** Title: Percentage of U.S. worksites that partnered with different types of organizations to offer employee health programs. This figure shows the type of partners U.S. worksites with a health promotion program have. The most common partners are workers compensation providers (15.2%) followed by health-related organization such as the American Heart Association or American Cancer Society (11.5%); state/local public health agencies (9.7%); business groups such as the Chamber of Commerce or Small Business Majority (7.5%); hospitals (7.3%); and community organization such as YMCAs or Area Agencies on Aging (5.7%). Note: Percentages based on weighted estimates.

**Figure 23.** Title: Percentage of U.S. worksites that offered specific health programs. This figure shows the most

common types of health promotion programs offered to employees. The most common type of health programs are physical activity programs (28.5%) followed by nutrition/healthy eating (23.1%); stress management (19.6%); tobacco cessation (18.5%); obesity/weight management (17.4%); excessive alcohol and/or drug misuse (14.4%); musculoskeletal disorders, back pain, and arthritis (12.1%); healthy sleep (9.9%); and lactation support (7.6%). Note: Percentages based on weighted estimates.

**Figure 24.** Title: Percentage of U.S. worksites that offered a physical activity program, by worksite size. This figure shows that nationally, 28.5% of U.S. worksites offer a physical activity program to employees. The figure breaks down the percentage by employer size. As employers grown in size, the percentage that offer physical activity programs increases with the 24.7% of the smallest employers (10–24 employees) reporting physical activity programs, 23.7% of employers with 25–49 employees, 35.7% of employers with 50–99 employees, 48.0% of employers with 100–249 employees, 63.9% of employers with 250–499 employees, and 75.8% of the largest employers (500 or more employees) reporting offering physical activity programs. Note: Percentages based on weighted estimates.

**Figure 25.** Title: Percentage of U.S. worksites that offered a physical activity program, by industry group. This figure shows that nationally, 28.5% of U.S. worksites offer a physical activity program to employees. The figure breaks down the percentage by employer industry sector. Hospitals (63.7%) are the leading industry sector to offer physical activity programs. Public Administration is next at 55.9%. Among the remaining industry groups, 18.9% of Agriculture, Forestry, Fishing; Mining; Utilities; Construction; and Manufacturing provide workplace physical activity programs; 34.5% of Wholesale/Retail Trade; Transportation; Warehousing employers; 20.7% of Arts, Entertainment, Recreation; Accommodations and Food Service; and Other Services; 22.8% of Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; and Waste Management; and 33.3% of Education Services; and Health Care & Social Assistance employers offer physical activity programs to employees. Note: Percentages based on weighted estimates.

**Figure 26.** Title: Type of worksite physical activity programs offered to employees. This figure shows the type of physical activity programs offered to employees among U.S. worksites with a physical activity program. The majority of U.S worksites (57.9%) offer a combination of both informational and skill-building physical activity programming to employees. 29.2% offer informational only programs and 12.9% offer skill-building only programs. Note: Percentages based on weighted estimates.

**Figure 27.** Title: Level of employee participation in worksite physical activity programs. This figure shows the percentage of employees who participate in physical activity programs among U.S. worksites that offer them. Nearly half of U.S. worksites (49.2%) have 25% or less employee participation. 35.1% have 26–50% employee participation, 10.1% of U.S. worksites have 51–75% employee participation, and 5.7% of U.S. worksites receive 76–100% employee participation in physical activity programs. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 28.** Title: Percentage of worksites offering evidence-based strategies to encourage physical activity. This figure shows the percentages of U.S worksites with other interventions to encourage employee physical activity. The most common intervention strategy is subsidized/discounted exercise facilities (17.6%) followed by organized physical activity programs (17.2%); environmental supports for physical activity (16.3%) such as walking trails or tracks, maps of measured walking/jogging routes, bicycle racks, showers and changing rooms, open space for recreation, weight rooms; lifestyle self-management programs with advice on physical activity (15.3%); active work stations (13.9%); onsite exercise facilities (12.4%); encouraged active transportation (9.9%); physical fitness assessments (8.8%); providing physical activity tracking devices (8.7%); and offering paid time to be physically active during work hours, for fitness breaks, walking meetings, or other options (8.2%). Note: Percentages based on weighted estimates.

**Figure 29.** Title: Percentage of U.S. worksites that offered a nutrition program, by worksite size. This figure shows that nationally, 23.1% of U.S. worksites offer a nutrition program to employees. The figure breaks down the percentage by employer size. As employers grow in size, the percentage that offer nutrition programs increases with 19.8% of the smallest employers (10–24 employees) reporting nutrition programs, 20.0% of employers with 25–49 employees, 27.1% of employers with 50–99 employees, 39.9% of employers with 100–249 employees, 59.5% of employers with 250–499 employees, and 75.6% of the largest employers (500 or more employees) reporting offering nutrition programs. Note: Percentages based on weighted estimates.

**Figure 30.** Title: Percentage of U.S. worksites that offered a nutrition program, by industry group. This figure shows that nationally, 23.1% of U.S. worksites offer a nutrition program to employees. The figure breaks down the percentage by employer industry sector. Hospitals (59.7%) are the leading industry sector to offer nutrition programs. Public Administration is next at 44.0%. Among the remaining industry groups, 14.6% of Agriculture,

Forestry, Fishing; Mining; Utilities; Construction; and Manufacturing provide workplace nutrition programs; 28.8% of Wholesale/Retail Trade; Transportation; Warehousing employers; 17.9% of Arts, Entertainment, Recreation; Accommodations and Food Service; and Other Services; 17.8% of Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; and Waste Management; and 27.1% of Education Services; and Health Care & Social Assistance employers offer nutrition programs to employees. Note: Percentages based on weighted estimates.

**Figure 31.** Title: Type of worksite nutrition programs offered to employees. This figure shows the type of nutrition programs offered to employees among U.S. worksites with a nutrition program. The majority of U.S worksites (52.5%) offer a combination of both informational and skill-building nutrition programming to employees. 43.0% offer informational only programs and 4.6% offer skill-building only programs. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 32.** Title: Level of employee participation in worksite nutrition programs. This figure shows the percentage of employees who participate in nutrition programs among U.S. worksites that offer them. More than half of U.S. worksites (50.7%) have 25% or less employee participation. 20.4% have 26–50% employee participation, 7.9% of U.S. worksites have 51–75% employee participation, and 21.0% of U.S. worksites have 76–100% employee participation in nutrition programs. Note: Percentages based on weighted estimates.

**Figure 33.** Title: Percentage of U.S. worksites offering evidence-based strategies to encourage healthy eating. This figure shows the percentages of U.S worksites with other interventions to encourage employee healthy eating. The most common intervention strategy is providing food prep and storage facilities (40.3%) followed by providing lifestyle self-management programs with advice on nutrition (15.2%); having a written policy making healthier food/beverages available at meetings (10.1%); and offering/promoting onsite or nearby farmers markets (8.5%). Note: Percentages based on weighted estimates.

**Figure 34.** Title: Percentage of U.S. worksites that offered an obesity/weight management program, by worksite size. This figure shows that nationally, 17.4% of U.S. worksites offer an obesity/weight management program to employees. The figure breaks down the percentage by employer size. As employers grown in size, the percentage who offer obesity/weight management programs increases with 14.0% of the smallest employers (10–24 employees) reporting obesity/weight management programs, 14.4% of employers with 25–49 employees, 23.4% of employers with 50–99 employees, 33.9% of employers with 100–249 employees, 45.3% of employers with 250–499 employees, and 66.3% of the largest employers (500 or more employees) reporting offering obesity/weight management programs. Note: Percentages based on weighted estimates.

**Figure 35.** Title: Percentage of U.S. worksites that offered an obesity/weight management program, by industry group. This figure shows that nationally, 17.4% of U.S. worksites offer an obesity/weight management program to employees. The figure breaks down the percentage by employer industry sector. Hospitals (52.9%) are the leading industry sector to offer obesity/weight management programs. Public Administration is next at 30.8%. Among the remaining industry groups, 10.9% of Agriculture, Forestry, Fishing; Mining; Utilities; Construction; and Manufacturing provide workplace obesity/weight management programs; 26.9% of Wholesale/Retail Trade; Transportation; Warehousing employers; 9.0% of Arts, Entertainment, Recreation; Accommodations and Food Service; and Other Services; 12.8% of Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; and Waste Management; and 20.8% of Education Services; and Health Care & Social Assistance employers offer obesity/weight management programs to employees. Note: Percentages based on weighted estimates.

**Figure 36.** Title: Type of worksite obesity/weight management programs offered to employees. This figure shows the type of obesity/weight management programs offered to employees among U.S. worksites with an obesity/weight management program. The majority of U.S worksites (64.2%) offer a combination of both informational and skill-building obesity/weight management programming to employees. 27.4% offer informational only programs and 8.4% offer skill-building only programs. Note: Percentages based on weighted estimates.

**Figure 37.** Title: Percentage of U.S. worksites that offered a tobacco cessation program, by worksite size. This figure shows that nationally, 18.5% of U.S. worksites offer a tobacco cessation program to employees. The figure breaks down the percentage by employer size. As employers grown in size, the percentage who offer tobacco cessation programs increases with 16.1% of the smallest employers (10–24 employees) reporting tobacco cessation programs, 14.2% of employers with 25–49 employees, 21.4% of employers with 50–99 employees, 35.0% of employers with 100–249 employees, 46.1% of employers with 250–499 employees, and 73.5% of the largest employers (500 or more employees) reporting offering tobacco cessation programs. Note: Percentages based on weighted estimates.

**Figure 38.** Title: Percentage of U.S. worksites that offered a tobacco cessation program, by industry group. This figure shows that nationally, 18.5% of U.S. worksites offer a tobacco cessation program to employees. The figure breaks down the percentage by employer industry sector. Hospitals (59.5%) are the leading industry sector to offer tobacco cessation programs. Public Administration is next at 35.9%. Among the remaining industry groups, 13.9% of Agriculture, Forestry, Fishing; Mining; Utilities; Construction; and Manufacturing provide workplace tobacco cessation programs; 28.1% of Wholesale/Retail Trade; Transportation; Warehousing employers; 14.3% of Arts, Entertainment, Recreation; Accommodations and Food Service; and Other Services; 10.3% of Information; Finance; Insurance; Real Estate and Leasing; Professional, Scientific, Technical Services; Management; Administration Support; and Waste Management; and 18.3% of Education Services; and Health Care & Social Assistance employers offer tobacco cessation programs to employees. Note: Percentages based on weighted estimates.

**Figure 39.** Title: Percentage of U.S. worksites offering evidence-based strategies to help employees stop using tobacco. This figure shows the percentages of U.S worksites with other interventions to help employees stop using tobacco. The most common intervention strategy is a written policy to restrict smoking (31.2%) followed by displayed "no smoking" and other signs (28.9%); informing employees about tobacco medication and counseling coverage/programs (20.8%); a policy banning all tobacco use at worksite (19.4%); providing insurance coverage for cessation meds (17.5%); providing/subsidizing tobacco cessation counseling (15.9%); referring tobacco users to a cessation quitline (12.3%); and removing barriers to accessing tobacco treatments such as copays (7.5%). Note: Percentages based on weighted estimates.

**Figure 40.** Title: Percentage of U.S. worksites that offered programs to address excessive alcohol and/or excessive drug misuse, by worksite size. This figure shows that nationally, 14.4% of U.S. worksites offer a program to employees for excessive alcohol and/or excessive drug misuse. The figure breaks down the percentage by employer size. As employers grown in size, the percentage who offer excessive alcohol and/or drug misuse programs increases with the 14.0% of the smallest employers (10–24 employees) reporting these programs, 10.8% of employers with 25–49 employees, 12.4% of employers with 50–99 employees, 26.2% of employers with 100–249 employees, 33.5% of employers with 250–499 employees, and 52.3% of the largest employers (500 or more employees) reporting offering excessive alcohol and/or excessive drug misuse programs. Note: Percentages based on weighted estimates.

**Figure 41.** Title: Percentage of U.S. worksites that offer lactation support programs, by worksite size. This figure shows that nationally, 7.6% of U.S. worksites offer lactation support programs to employees. The figure breaks down the percentage by employer size. As employers grown in size, the percentage who offer lactation support programs generally increases with 4.8% of the smallest employers (10–24 employees) reporting lactation support programs, 6.7% of employers with 25–49 employees, 11.8% of employers with 50–99 employees, 18.0% of employers with 100–249 employees, 16.8% of employers with 250–499 employees, and 58.6% of the largest employers (500 or more employees) reporting offering lactation support programs. Note: Percentages based on weighted estimates.

**Figure 42.** Title: Percentage of U.S. worksites offering evidence-based strategies to support lactation. This figure shows the percentages of U.S worksites with other interventions to support lactating mothers in the workplace. The most common intervention strategy is providing flexible times to allow mothers to pump breast milk at work (26.8%) followed by providing private space other than a restroom to pump breast milk (21.8%); having a written breastfeeding policy for employees (9.2%); providing access to a breast pump (3.1%); and providing breastfeeding support groups or classes (3.0%). Note: Percentages based on weighted estimates.

**Figure 43.** Title: Percentage of U.S. worksites addressing other health topics. This figure shows that among U.S. worksites 19.6% provided stress management programs for employees; 12.1% provided programs to educate employees about musculoskeletal disorders, arthritis, or back pain; and 9.9% provided programs to promote healthy sleep. Note: Percentages based on weighted estimates.

**Figure 44.** Title: Percentage of U.S. worksites offering health screenings and referral to treatment/follow-up education for high-risk employees, by health condition. This figure shows whether nine types of health screening tests were available to their employees in the past 12 months and, if so, whether high-risk employees were referred to a health professional for treatment and provided follow-up education. The most common screening test available was for blood pressure with 22.5% of U.S. worksites providing the screening, but only 14.4% providing blood pressure screening with referral to treatment and follow-up education. Next was blood cholesterol screening at 19.7% with only 12.1% of U.S. worksites providing blood cholesterol screening with referral to treatment and follow-up education followed by diabetes at 19.0% screening and 11.5% of U.S. worksites with diabetes screening and referral to treatment and follow-up education; obesity at 18.2% screening and 9.4% of U.S. worksites with obesity screening and referral

to treatment and follow-up education; mammography at 11.3% screening and 6.2% of U.S. worksites with mammography screening and referral to treatment and follow-up education; colorectal cancer at 7.7% screening and 4.8% of U.S. worksites with colorectal cancer screening and referral to treatment and follow-up education; cervical cancer at 7.3% screening and 4.8% of U.S. worksites with cervical cancer screening and referral to treatment and follow-up education; arthritis and musculoskeletal disorders at 5.5% screening and 3.5% of U.S. worksites with arthritis and musculoskeletal disorders screening and referral to treatment and follow-up education; and depression at 5.4% screening and 3.2% of U.S. worksites with depression screening and referral to treatment and follow-up education. Note: Percentages based on weighted estimates.

**Figure 45.** Title: Usual location where health screenings were offered to employees. This figure shows the places where U.S. worksites who offer some type of health screening conduct the screenings. 42.2% of U.S. worksites offer health screenings onsite, 24.1% offer health screenings offsite, and 33.6% of U.S. worksites offer their health screening both onsite and offsite. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 46.** Title: Estimated usual employee participation in health screenings offered by U.S. worksites. This figure shows the percentage of employees who participate in health screenings among U.S. worksites that offer some type of health screening. A little less than half of U.S. worksites (45.8%) have 25% or less employee participation. 21.1% have 26–50% employee participation, 16.4% of U.S. worksites have 51–75% employee participation, and 16.6% of U.S. worksites have 76–100% employee participation in health screening programs. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 47.** Title: Percentage of U.S. worksites with disease management programs, by health condition. This figure shows that most U.S. worksites do not provide any type of disease management program. If a disease management program is available it can be delivered through seminars, workshops, or classes; through information; and/or through one-on-one counseling. The figure shows how these programs are delivered for seven separate health conditions. Respondents could select multiple disease management program delivery types (counseling; seminars/workshops/classes; and/or information). 80.3% of U.S. worksites did not provide a disease management program on hypertension/high blood pressure. Of those that did 17.3% provided information; 3.9% provided seminars, workshops, or classes; and 4.4% provided one-on-one counseling. 80.5% of U.S. worksites did not provide a disease management program on diabetes/prediabetes. Of those that did 16.6% provided information; 4.5% provided seminars, workshops, or classes; and 4.9% provided one-on-one counseling. 81.1% of U.S. worksites did not provide a disease management program on high cholesterol. Of those that did 16.3% provided information; 3.0% provided seminars, workshops, or classes; and 4.2% provided one-on-one counseling. 81.4% of U.S. worksites did not provide a disease management program on obesity. Of those that did 16.0% provided information; 4.3% provided seminars, workshops, or classes; and 4.1% provided one-on-one counseling. 81.4% of U.S. worksites did not provide a disease management program on cardiovascular disease. Of those that did 16.4% provided information; 6.6% provided seminars, workshops, or classes; and 4.1% provided one-on-one counseling. 83.4% of U.S. worksites did not provide a disease management program on cancer. Of those that did 14.5% provided information; 2.9% provided seminars, workshops, or classes; and 3.4% provided one-on-one counseling. 84.9% of U.S. worksites did not provide a disease management program on depression. Of those that did 12.5% provided information; 2.9% provided seminars, workshops, or classes; and 4.3% provided one-on-one counseling. Note: Percentages based on weighted estimates.

**Figure 48.** Title: Usual method for disease management program delivery to employees. This figure shows how disease management programs are delivered to employees among U.S. worksites with a disease management program. Most U.S. worksites use multiple delivery methods (67.6%). 12.8% of U.S. worksites deliver disease management programs onsite and in-person; 12.6% deliver programs online; and 7.1% use telephonic counseling to deliver disease management programs. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 49.** Title: Percentage of U.S. worksites offering occupational safety and health strategies. This figure shows the percentages of U.S worksites with evidence-based interventions to support occupational safety and health. The most common intervention strategy is having a policy requiring/encouraging reporting of injuries, near misses and illnesses (91.3%) followed by providing opportunities for employee input on hazards and solutions (87.8%); provided new employees formal safety training (76.4%); and having a written injury and illness prevention program (69.4%). Note: Percentages based on weighted estimates.

**Figure 50.** Title: Percentage of U.S. worksites with at least one person responsible for employee safety, by worksite size. This figure shows that nationally, 83.5% of U.S. worksites have at least one person responsible for employee safety and 33.4% report that the safety person is also responsible for health promotion at the worksite.

The figure breaks down the percentage by employer size. Employers of all sizes report high levels of having at least one person responsible for employee safety and report fewer staff with dual responsibilities for safety and health promotion. 81.2% of the smallest employers (10–24 employees) reported having at least one person responsible for employee safety and 34.6% report having safety personnel also responsible for health promotion, 86.0% of employers with 25–49 employees reported having at least one person responsible for employee safety and 34.5% report having safety personnel also responsible for health promotion, 83.0% of employers with 50–99 employees reported having at least one person responsible for employee safety and 29.6% report having safety personnel also responsible for health promotion, 91.9% of employers with 100–249 employees reported having at least one person responsible for employee safety and 30.2% report having safety personnel also responsible for health promotion, 93.9% of employers with 250–499 employees reported having at least one person responsible for employee safety and 29.1% report having safety personnel also responsible for health promotion, and 93.9% of the largest employers (500 or more employees) reported having at least one person responsible for employee safety and 23.2% report having safety personnel also responsible for health promotion. Note: Percentages based on weighted estimates.

**Figure 51.** Title: Percentage of U.S. worksites integrating health promotion with occupational safety and health efforts. This figure shows the degree to which U.S. worksites are combining occupational safety and health. Among U.S. worksites, 86.9% report senior leadership demonstrates commitment to both safe work design and worker well-being; 65.3% plan for initiatives that jointly protect worker health, safety, and well-being; 64.2% have communication/programs that protect worker health included with efforts to promote well-being; and 60.2% make efforts to protect and promote worker health include training of supervisors. Note: Percentages based on weighted estimates.

**Figure 52.** Title: Percentage of U.S. worksites offering employee assistance programs (EAPs). This figure shows that nationally 55.0% of employers did not offer any type of EAP. Of the 45% of U.S. worksites that do offer an EAP, 31.7% offered an EAP to employees and families and 13.4% offered an EAP to only employees. Note: Percentages based on weighted estimates. Percentages do not equal 100% due to rounding.

**Figure 53.** Title: Percentage of U.S. worksites with work-life policies and benefits. This figure shows the types of work-life policies and benefits U.S. worksites report making available to employees. 76.5% of U.S worksites allowed unpaid parental leave; 69.6% offered disability leave or insurance; 55.3% offered flexible work schedules; 42.8% offered paid family leave for new parents; 35.8% allowed employees to work from home; 27.1% helped cover child care costs; 6.0% offered onsite or offsite child care; 4.5% covered any costs of elder care; and 1.1% offered onsite or offsite elder care. Note: Percentages based on weighted estimates.

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