



MINNESOTA WORKSITE HEALTH PROMOTION

RESULTS AND RECOMMENDATIONS

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INTRODUCTION

The worksite is an appealing setting in which to address the problem of chronic disease risk factors and risk behaviors, such as obesity, physical inactivity, poor diet, and cigarette smoking. Worksite interventions have the potential to reach large numbers of people at low cost, who might not seek professional help on their own. Worksites are natural locations in which both social and physical environments may be utilized to influence behavior change. Research has found that comprehensive worksite health promotion programs can be both clinically effective and cost-effective. (1)

Several strategies have been used to impact health in worksites, such as individual counseling, group education, and cafeteria-based programs, all to varying levels of success.(2-4) It appears that strategies that combine both intensive educational and environmental strategies are most effective.(3) The physical environment at a worksite can be modified in order to support positive, healthy behavior changes. In addition, policies that guide food choices, encourage physical activity, and eliminate smoking (5) and provide incentives for smoking cessation are effective ways to help shape a healthy worksite.

However, knowledge about the presence of policies and environments supportive of heart-health in Minnesota worksites is lacking. To address this gap in knowledge, a survey of health promotion activities, policies, and environments was conducted in Minnesota worksites.

We were specifically interested in information regarding the following:

1. Worksite health promotion practices, organizational policies, and physical environments related to health behaviors.
2. Health issues important to employers.
3. Barriers that employers face in addressing health issues.

METHODS

Survey Development

The survey was developed to address policies and the physical environment at worksites on the following topics:

- Nutritional offerings and policies
- Physical activity opportunities and incentives
- Cigarette smoking policies and cessation programs
- CPR training and automated external defibrillator (AED) availability
- Health promotion activities and screenings

Questions from other validated and tested surveys were initially used to develop questions for this survey. These surveys included the following:

- North Carolina Worksite Health Promotion Survey
- Heart Check/Target Heart Worksite Wellness Survey (New York)
- Alaska Physical Activity Inventory Project Worksite Survey
- Hennepin County Worksite Health Promotion Survey

In addition, input from various expert sources was obtained to finalize the content of the survey. These included members of the Minnesota Heart Disease and Stroke Prevention Initiative Worksites work group and public health experts from the Minnesota Department of Health Center for Health Promotion. The final survey was approved by the Minnesota Department of Health Institutional Review Board. Prior to the initial mailing, the survey was tested at ten worksites to clarify language and finalize formatting.

Survey Sample

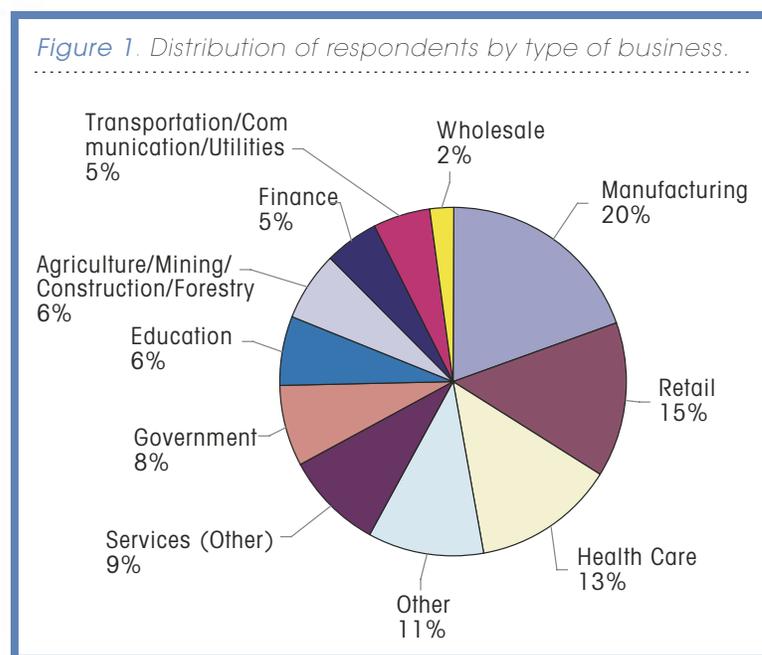
A list of over 29,000 businesses in Minnesota with 10 or more employees was obtained from a Dun & Bradstreet (D & B) database. From this list, a sample of 1,150 businesses was chosen. This sample included businesses from the metropolitan area of Minneapolis and St. Paul (60%) and the rest of the state (40%). In addition, a representative sample of businesses by size (number of employees) was selected. That is, fewer businesses of very large sizes compared to small businesses were sampled from the D & B database since they comprise a smaller proportion of all businesses in Minnesota. The categories of business size were 10-24, 25-99, 100-499, 500-999, and 1000 or more employees.

Worksites from this list of 1,150 businesses were telephoned in order to obtain the name of a person who would be the most appropriate recipient for the survey. The incentive for return of the survey was an entry into a drawing for \$100 gift certificate (three were awarded). Surveys were mailed in three waves beginning in March of 2004. There were a total of 409 completed surveys (36%) returned by June 2004.

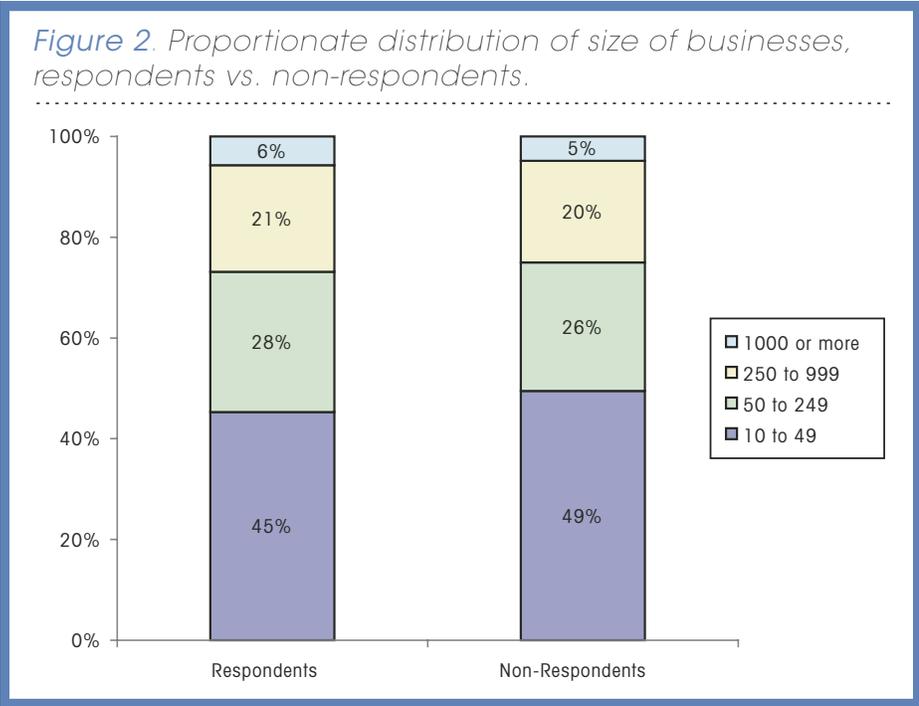
RESULTS

Characteristics of worksites

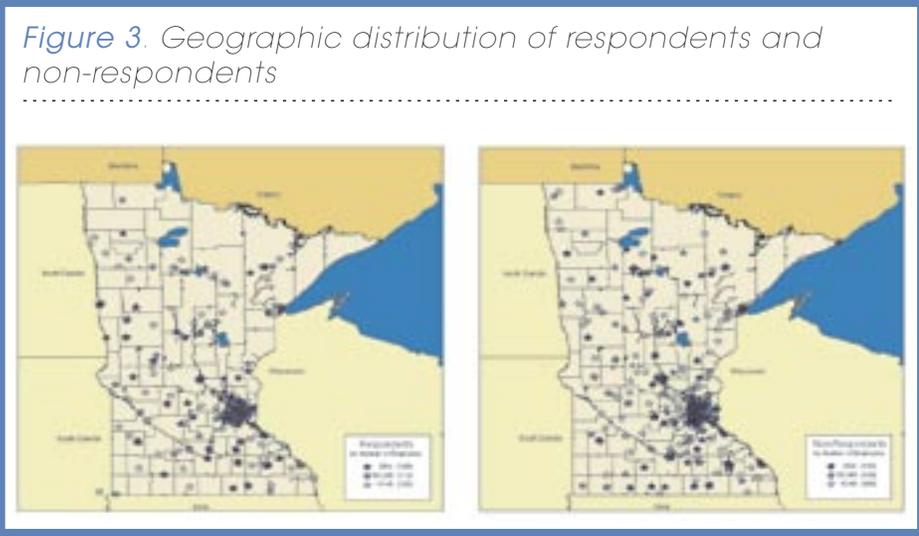
The distribution of types of businesses among respondents are shown in (Figure 1).



Business sectors most commonly represented included manufacturing, retail, and health care. Nearly half of the respondents had fewer than 50 employees. Approximately 28% had 50 to 249 employees, 21% had 250 to 999 employees, and 6% employed 1,000 or more individuals. The distribution of size of businesses among respondents and non-respondents was similar (Figure 2).

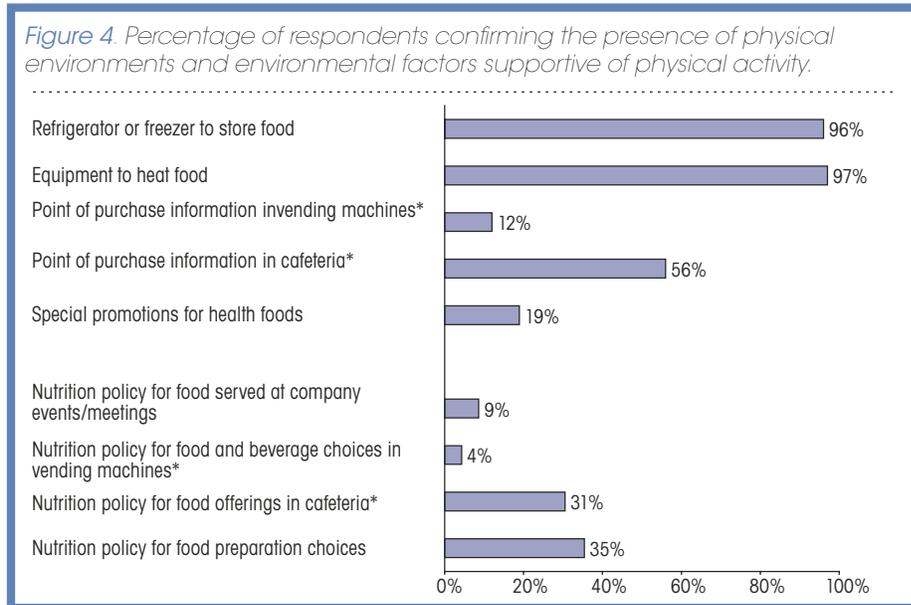


In addition, the geographic distribution of respondents and non-respondents was also similar (Figure 3).



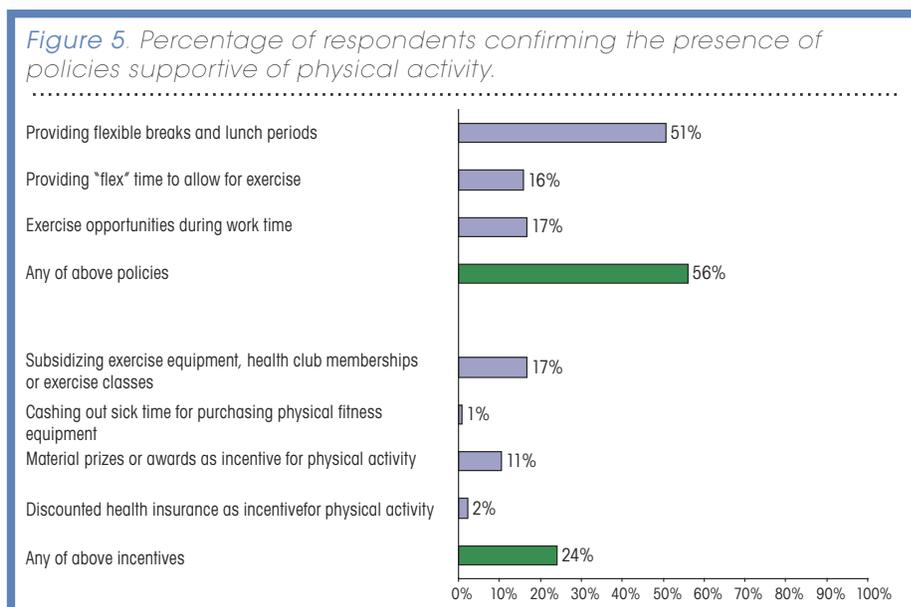
Nutrition

Nearly all respondents have a refrigerator or freezer to store food and equipment to heat food. Among the 23% of respondents who have cafeterias, more than half (56%) have point-of-purchase information to help employees make decisions about food items. However, only 31% of these businesses (with cafeterias) have a policy that guides food offerings, and only 35% have a policy that guides food preparation methods. Among the 69% of businesses that have vending machines at their site, 12% have point-of-purchase information, and only 4% have a policy that guides choices for content in the vending machines. (Figure 4)



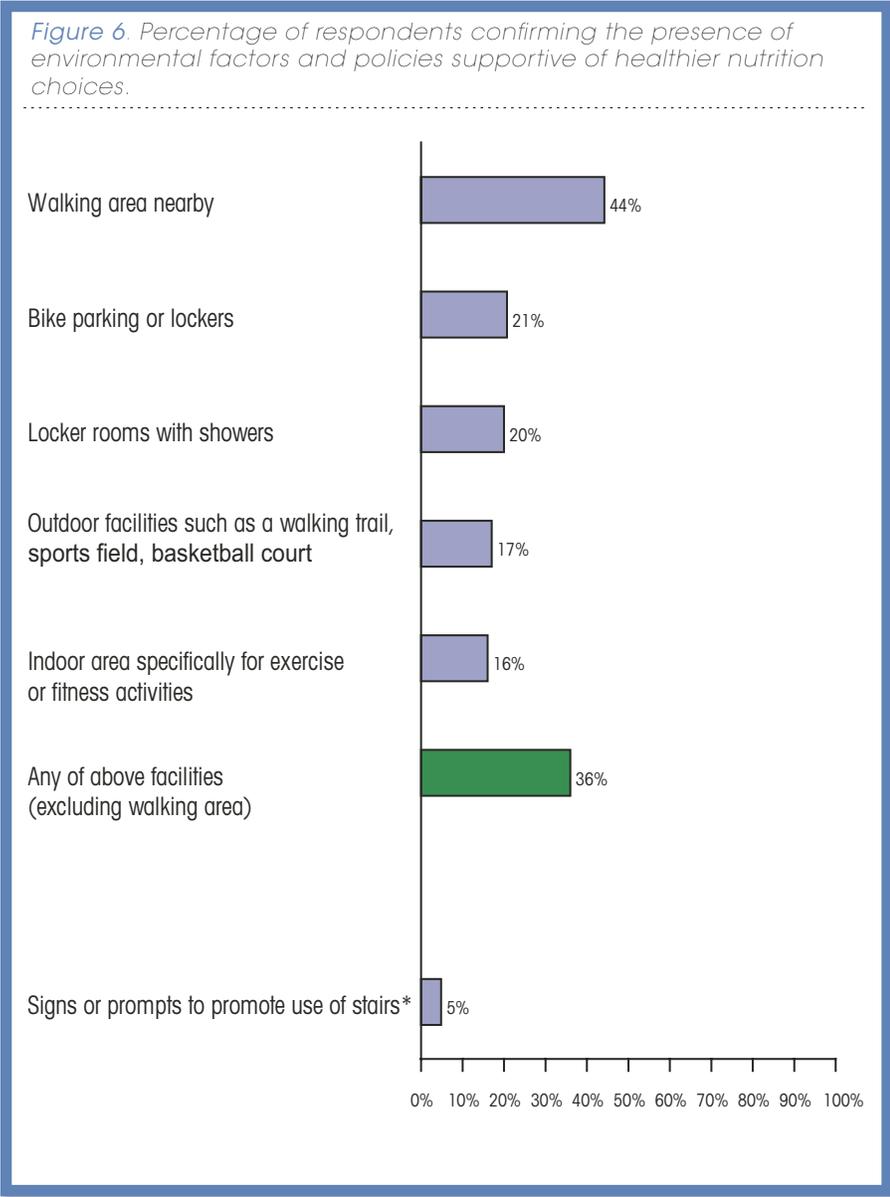
Physical Activity

Approximately half of employers provide flexible breaks (including lunch hours) for employees, but only 16% allow “flex time” to allow for exercise and 17% provide exercise opportunities during work hours. (Figure 5).



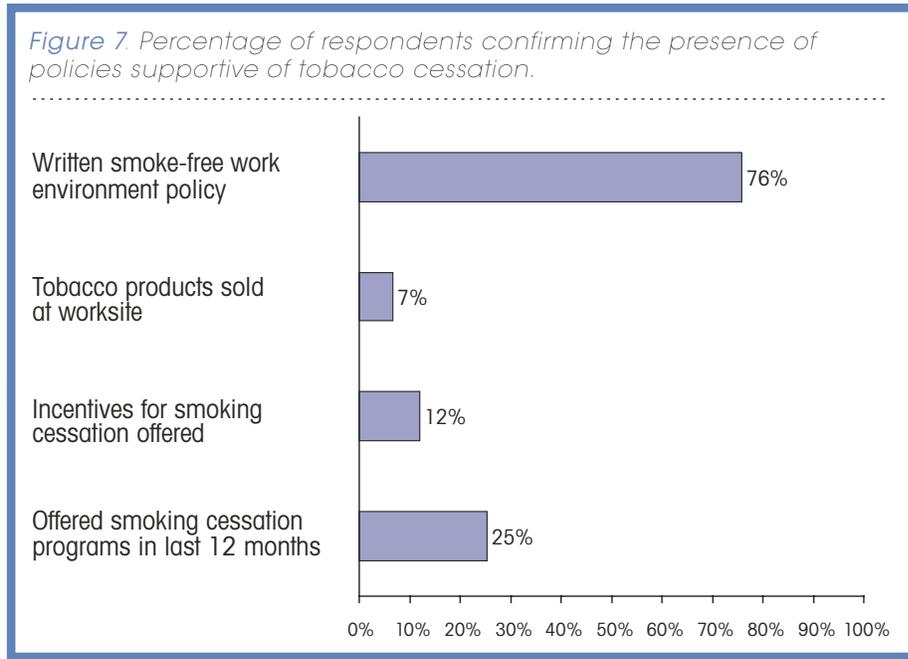
Only one in four businesses provide some form of incentive for employees to be physically active, such as providing material prizes, subsidizing exercise equipment purchases, or health club memberships.

Nearly half (44%) of employers in Minnesota report that there is a walking area nearby their location. However, the number of worksites with locker rooms with showers and outdoor or indoor recreation/fitness facilities is much less. Respondents reported that very few (mean = 4%) of employees walks or bikes to work. Only 21% have bike parking or lockers at their work-site. Among 72% of worksites that have stairs at their location, only 5% post signs or prompts to promote their use. (Figure 6)



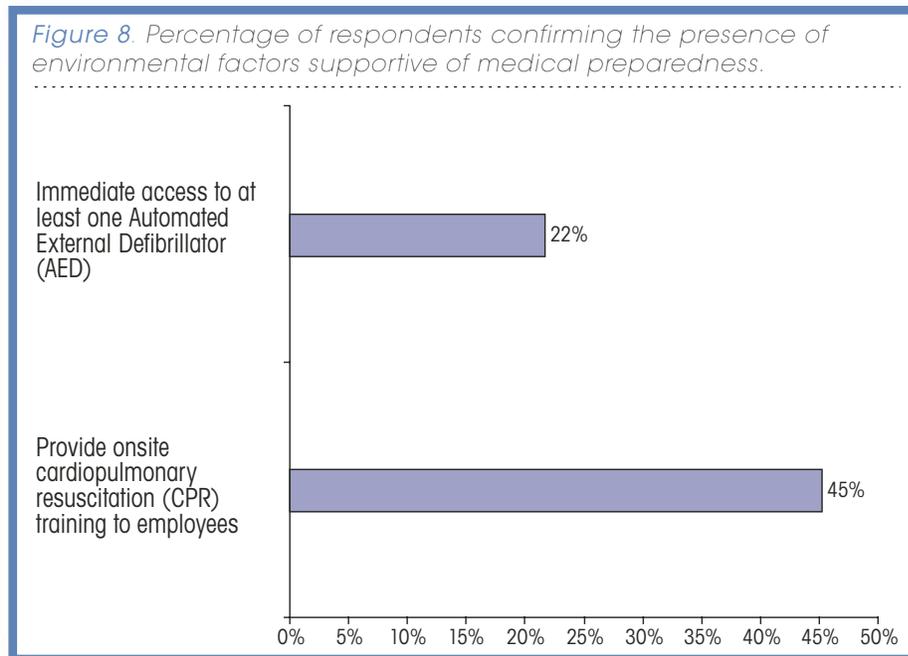
Tobacco

Approximately three-quarters of worksites have a written smoke-free work environment policy. Most do not sell tobacco products at their site (93% do not sell tobacco). Respondents estimated that approximately 20% of employees currently smoke. Approximately 25% offered cessation programs within the last 12 months, but only 12% of employers offered incentives for smoking cessation. (Figure 7)



Medical Emergency Preparedness

Almost half of respondents provide onsite cardiopulmonary resuscitation (CPR) training to employees. Immediate access to at least one AED was available to 22% of employers. (Figure 8)



Health Promotion Activities and Screening

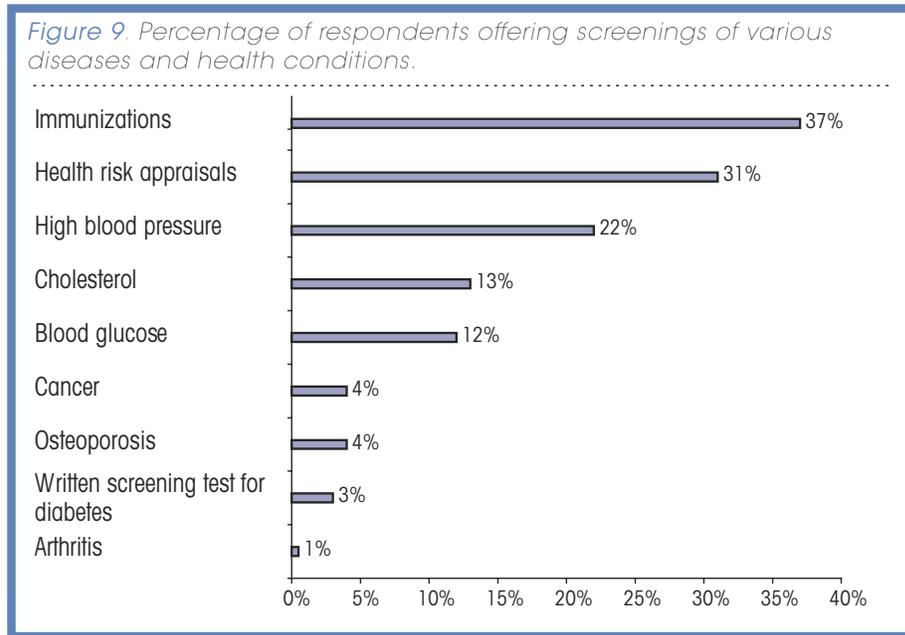
When asked, “During the past 12 months, has your worksite offered any activities designed to increase employee awareness or change employee behavior concerning the following health topics?”, relatively few reported having conducted classes or held special events on disease conditions or behavioral health issues (*Table 1*).

For example, only 18% had offered either classes or special events regarding blood pressure and 11% had offered any of those activities regarding smoking cessation. Classes and special events on ergonomics, safety, job injuries, and back care were more frequent.

Table 1. Proportion of worksites which offered either classes, workshops, special events or health fairs for various topic areas designed to increase employee awareness or change employee behavior.

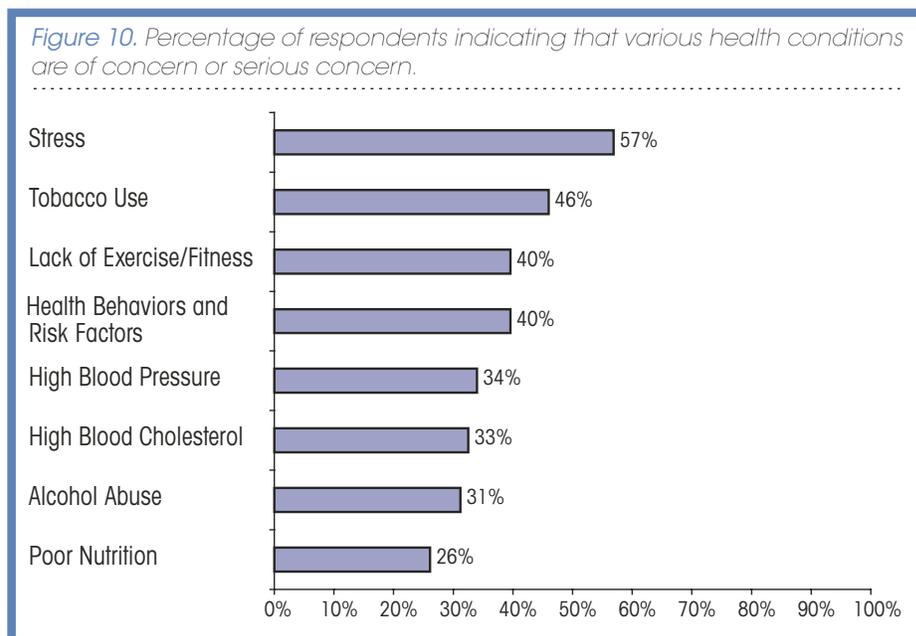
Blood Pressure	18%	Stress management	15%
Cholesterol	16%	Violence prevention	9%
Cancer	8%	Women's health	9%
Diabetes	13%	Eating disorders	2%
Heart Disease	14%	Alcohol/drug use	9%
Arthritis	4%	AIDS education	3%
Asthma	4%	Other STDs	1%
Osteoporosis	6%	Any of Above	24%
Any of Above	24%		
		Ergonomics	21%
Smoking cessation	11%	Mental Health	9%
Exercise/Fitness	17%	Safety	39%
Nutrition and Diet	15%	Job hazards/injuries	37%
Weight Control/Loss	15%	Back Care	29%
Any of Above	24%	Anyof Above	45%
Healthy cooking methods	6%		
Child/family health	7%		
Prenatal education	4%		
Folic acid	2%		
Any of Above	11%		

Screening for health conditions was generally infrequent. Immunizations (for example, flu shots) were the most prevalent screenings conducted at worksites. High blood pressure screenings were conducted in 23% of worksites, and 19% screened for high cholesterol or blood glucose. Few worksites offered onsite screenings to test for diabetes, arthritis, osteoporosis, or cancer. (Figure 9)

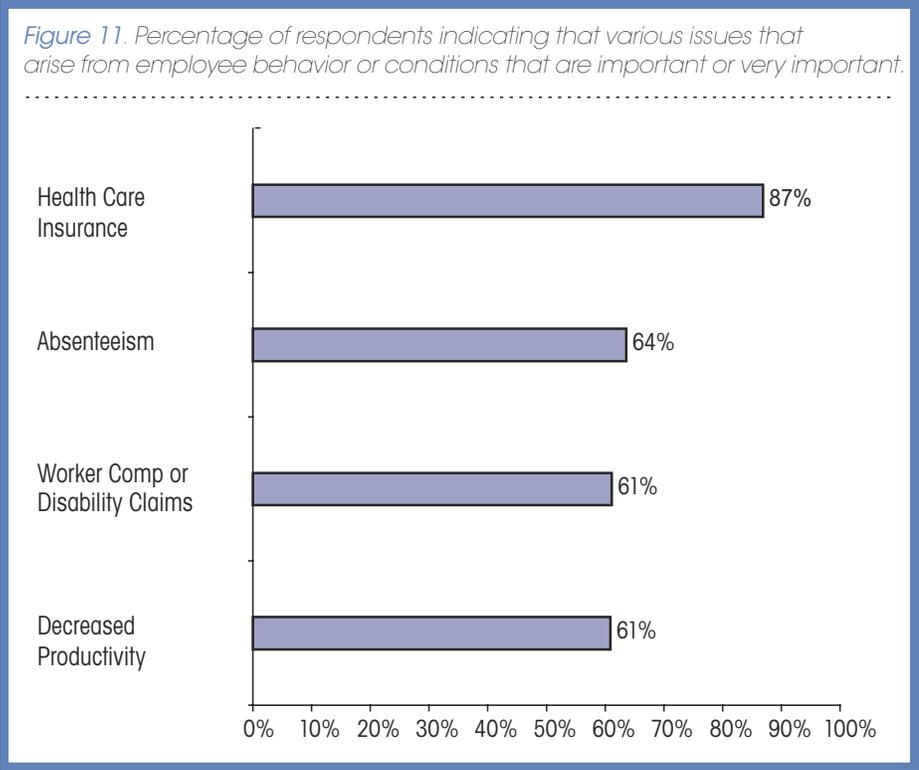


Health Issues of Concern to Employers

Among health conditions, nearly 60% of employers rated stress among employees as a serious concern. Tobacco use, lack of exercise, were also of concern, though to a lesser degree. Only one-third of employers considered high blood pressure and high blood cholesterol serious concerns for their employees. (Figure 10).

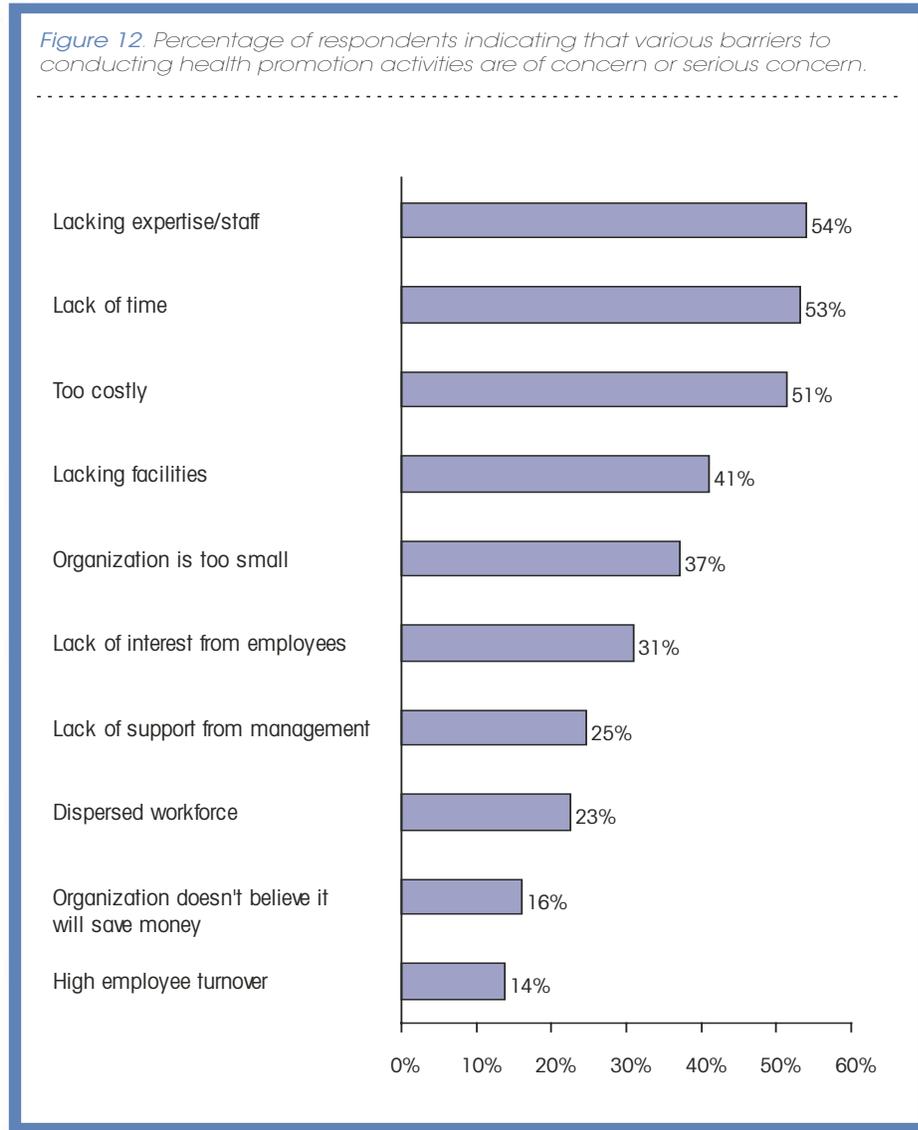


In contrast, employers indicated a much stronger concern for health issues related to costs: health care insurance, absenteeism, workers compensation and disability, and decreased productivity. For example, nearly 90% of respondents indicated that health care insurance was a serious concern. (Figure 11)



Barriers that Discourage Health Promotion Practices

More than half of the respondents indicated that lack of expertise and staff, time, and high cost were the most serious barriers to health promotion at their worksite. Fewer felt that they were lacking facilities, that the size of their business was too small, or that employees were uninterested. In contrast, only 1 in 4 felt that management was unsupportive, and few (16%) felt that the organization would not save money by engaging in health promotion activities. (Figure 12)



DISCUSSION

Many opportunities exist in Minnesota worksites to develop policies and make environmental changes to encourage heart-healthy behavior.

Employers have an opportunity to impact the health of employees through the nutritional environment at their worksite. Providing heart-healthy choices in vending machines and cafeterias, developing policies requiring nutritional food choices at company events and meetings, and using point-of-decision prompts to inform employees of the nutritional content of their food are strategies to help improve dietary choices.

Physical activity opportunities appear to be relatively infrequent for employees in Minnesota worksites. In addition, the physical environment at worksites can be changed with little to no cost. For example, only a handful of worksites have signs encouraging use of stairs. These point-of-decision prompts are recommended to increase stair use and get people more physically active.⁽⁶⁾

Written tobacco-free policies are common in Minnesota worksites. This is not surprising, considering that the Clean Indoor Air Act (Session Laws Chapter 227 (1996), Minnesota Statutes Section 171.171, 461.12, 461.17, 461.18) covers most workplaces in the state. Policies such as those limiting cigarette smoking can help people change unhealthy behaviors. However, smoking policies are only a step in the right direction - only one in four businesses offered smoking cessation programs within the last 12 months, and even fewer offered incentives for quitting smoking.

While stress, tobacco use, and lack of physical activity were of some concern to employers, these conditions were far less frequently cited as serious concerns compared to health insurance costs, absenteeism, and productivity. Interestingly, less concern was given to health conditions - yet these very health conditions lead to cost issues, which provoked a stronger response. Public health professionals need to help employers make the connection between increasing costs and rising health conditions.

Employers are ready to enact change for health, but health promotion is thought to require too much money, time, and staff. However, most also felt that they could save money through (presumably successful) health promotion activities. This may imply that while employers perhaps see the long-term, theoretical benefit in cost-savings, they perceive that the front-end investment in health promotion is too great to pursue.

This offers an opportunity for public health and worksite health promotion professionals to take: employers are ready to learn about and implement methods to promote health among their employees. Strategies that come at relatively low cost and which are sustainable over time, and are simple to implement should be taught and implemented in worksites across the state.

Interpretation of the results should be made with limitations in mind. The response rate was lower than expected (36%). While the type of businesses among the non-respondents was not known (not provided by the D & B database), the distribution of company size and geographic location was similar between respondents and non-respondents. In addition, these data were all self-reported, leaving the results prone to unreliability. Last, the sample size was insufficient to analyze responses by business size.

Recommendations

1. Share results of this survey with worksites, business organizations, and public health professionals.
2. Provide a guide for employers that teaches how to develop heart-healthy policies.
3. Use these data in conjunction with a toolkit to make the business case for investing in worksite health promotion in Minnesota.

Reprints of this report are available online at www.health.state.mn.us/cvh or by request: (651) 281-9830.

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