

Summary of Work Site Survey of Policies and Programs Related to Cardiovascular Health

Overview of Survey Method

- Based on a survey of business and non-profit organizations in Massachusetts with 50 or more employees.
- Conducted between October 9 and November 29, 2001.
- The sampling frame was a *random sample* of 1,998 organizations with 50 or more employees in Massachusetts. The sample was obtained from Dun & Bradstreet database for July-September, 2001.
- Represented organizations in each of *six MDPH regions*. Quotas were developed to ensure that organizations in all size ranges would be represented. The data were statistically weighted to adjust for over-sampling of organizations with 250 or more employees
- *422 organizations* participated in the survey.
- The *range of error* on the sample was plus/minus 4.8% at 95% level of confidence.
- Respondents were persons responsible for human resources in the organization.

Percent of respondents in six Massachusetts regions:

Metrowest (29%)	Boston (18%)	Northeast (17%)
Southeast (15%)	Western (11%)	Central (10%)

Industries represented:

Services (45%)	Manufacturing (24%)
Retail (10%)	Finance, Insurance, Restate (6%)
Public Admin (5%)	Wholesale (4%)
Construction (3%)	Transport, Communications, utilities (3%)

Characteristics of Workforce:

Female	--	52%	Disabled	--	2%
Full-time	--	82%	Part-time	--	18%

Ethnicity breakdowns (152 could/would not provide information):

White	--	74%	Hispanic	--	11%
African-American	--	9%	Asian	--	4%

What resources and incentives organizations provided to encourage employees to engage in physical activity.

- 86% had a place where employees could take a walk. In most, employees only able to walk outdoors. Walking areas were usually well lit, ventilated (?) and safe from traffic. Less than half had walking areas considered safe from intruders.
- 36% had indoor or outdoor exercise facilities; 18% directly subsidized health club memberships; and 40% offered club discounts through health plans. Only 12% had no facilities and offered no subsidies.
- 17% had exercise facilities at the workplace. Most provided strength training and aerobic equipment, and facilities were open before and after work hours, as well as all shifts.

Types of food available in the workplace, and how organizations provided support for good nutrition and weight control for employees.

- 92% had food/snacks available in the workplace, and 98% provided for heating and refrigeration of foods. Food was typically available through vending machines (83%) or kitchen/break room (77%). 30% had a cafeteria, 22% offered canteen truck food, and 15% had catered food on the premises!
- Fewer than half offered each of six healthy foods listed in questionnaire, most commonly fresh fruit (48%).
- Vending machines mostly dispensed soda (97%), candy/chips/cookies (89%), and pretzels (82%). 71% sold granola bars/trail mix, 63% offered water, and 53% sold 100% fruit juice.
- Only 9% had written policies to ensure that fruit, vegetables and salads were offered at employee meetings. 23% did offer nutrition or weight control programs, and 51% offered reimbursements/discounts for dietary counseling.

Degree to which organizations enforced workplace, smoke-free environments.

- 86% had a written smoke-free environment policy. Under half (46%) actually penalized employees who violated policy.
- 30% offered programs to help employees quit smoking, and 44% offered reimbursement/discounts for those who enrolled in cessation programs.
- Smoking was usually prohibited in offices (98%) and throughout the building (94%). 51% also prohibited smoking in company vehicles, and 20% actually forbade smoking on the grounds!

Whether organizations provided health education and screening services at the workplace.

- 40% had offered health education classes/events during past year. 26% conducted blood pressure screening, 17% cholesterol screening, and 12% blood glucose screening.
- 29% allowed employees paid time to participate in health activities, mostly on the premises.
- 25% had a written flextime policy, and 49% participated in an EAP. 95% offered family leave to care for sick family members.
- 15% have established a budget for health promotion, and 41% actually designated a person/group that responsibility.
- Just over half of respondents felt that executive management had a supportive attitude toward cardiovascular health among employees. 29% rated this attitude as "strongly supportive"; 27% indicated "somewhat supportive"; and 34% described the attitude as "neutral". Only 4% believed management was "not very" or "not at all supportive" of employee CV health.

Key Points from Pilot Focus Group results for organizations with fewer than 50 employees:

- One "pilot" conducted in Boston for organizations with fewer than 50 employees.
- Health promotion initiatives are competing with higher priority areas (time & money).
- HR managers needed simple and easy-to-implement means to ensure success.
- Managers were not always aware of free program offerings through HMOs.
- They were willing to consider heart-healthy initiatives as longer-term goals.
- Managers did not appreciate extra burden of creating and maintaining such initiative, yet were unwilling to delegate responsibility to others. However, open to a Wellness Council of employees.
- Mandated policies were not preferred, rather the availability of choices would be appreciated.
- Corporate culture was thought to exert tremendous influence on heart healthy programs.
- Many thought stress management should be a priority issue at their work site.
- Plans to conduct 4-5 more focus groups in other regions, primarily for high priority populations of Fall River and New Bedford. However, given budget and time, effort will only target organizations with 50 or more employees.