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Worksite Food and Physical Activity Environments and Wellness Supports Reported by Employed Adults in the United States, 2013

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Abstract

Purpose—To examine the workplace food and physical activity environments and wellness culture reported by employed United States adults, overall and by employer size.

Design—Cross-sectional study using web-based survey on wellness polices and environmental supports for healthy eating and physical activity

Setting—Worksites in the United States

Subjects—2,101 adults employed outside of the home

Measures—Survey items were based on CDC Worksite Health Scorecard and Checklist of Health Promotion Environments and included availability and promotion of healthy food items; nutrition education; promotion of breastfeeding; availability of physical activity amenities and programs; facility discounts; time for physical activity; stairwell signage; health promotion programs and health risk assessments.

Analysis—Descriptive statistics were used to examine the prevalence of worksite environmental and facility supports by employer size (<100 or ≥ 100 employees). Chi-Square tests were used to examine differences by employer size.

Results—Among employed respondents with workplace food or drink vending machines, approximately 35% indicated the availability of healthy items. Regarding physical activity, 30.9% of respondents reported that their employer provided opportunities to be physically active and 17.6% reported worksite exercise facilities. Wellness programs were reported by 53.2% working for large employers, compared with 18.1% for smaller employers.

Conclusion—Employee reports suggested that workplace supports for healthy eating, physical activity, and wellness were limited, and were less common among smaller employers.

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Keywords

worksite; wellness; adults; obesity; nutrition; physical activity

INDEXING KEY WORDS

1. Manuscript format: research; 2. Research purpose: descriptive; 3. Study design: non-experimental; 4. Outcome measure: other; 5. Setting: workplace; 6. Health focus: fitness/physical activity, nutrition, stress management, weight control; 7. Strategy: education, incentives, policy, culture change, built environment; 8. Target population age: adults; 9. Target population circumstances: all employed adults

PURPOSE

More than 140 million people are employed in the United States and employed adults spend nearly a quarter of their lives at the worksite.¹ In 2010, 28% of employed adults were obese² and in 2008 nearly 20% of employed adults had hypertension and almost 5% had diabetes.³ Health insurance claims costs for employers from obesity and related chronic diseases amounted to \$93 billion per year in 2010.⁴ Additional costs from obesity and related chronic diseases are incurred by employers from lost productivity and disability.⁵ Thus, there is an incentive for employers to improve the health of their employees to reduce costs related to chronic disease.

The workplace environment can support the health of employees and provide opportunities for healthy eating and active living during the work day.⁶⁻⁸ Research suggests that worksite wellness programs, which generally include environmental supports, can lead to healthier behaviors⁹⁻¹¹ and have the potential to reach a diverse population of men and women of a variety of ages, races and ethnicities, education levels, and health risks. Employers who offer worksite wellness programs may experience lower medical costs and rates of absenteeism.¹²⁻¹⁴ One study estimated an average of \$3.27 in medical cost savings for every dollar spent on worksite wellness programs.¹⁵ The US Department of Health and Human Services *Healthy People 2020 - Goals for Improving Health* identifies worksites as an important setting for health promotion and chronic disease prevention, and includes goals and developmental goals to increase the number of worksites that offer nutrition or weight management classes and environmental supports for physical activity (PA) and breastfeeding programs.¹⁶

Determining the current prevalence of specific worksite supports for healthy eating, PA, and wellness among US workers can inform efforts to promote worksite health. However, national information on healthy eating and PA supports in the workplace is currently limited. In 1994, the National Health Interview Survey collected data from employed Americans regarding the availability and use of specific worksite wellness amenities including exercise facilities and programs, health education programs, and screening tests.¹⁷ However, to our knowledge, employee reported data on worksite wellness amenities have not been collected at the national level since that time. The Kaiser Family Foundation (KFF) has conducted annual national surveys of nonfederal private and public employers since 1999 regarding the

presence of wellness programs, health risk assessments, and disease management programs.¹⁸ In 2013, among employers who offered health benefits, 77% offered at least one wellness program, 24% offered health risk assessments, and 57% offered at least one disease management program.¹⁸ The most recent national data on worksite healthy eating and PA supports was collected in 2004 by the National Worksite Health Promotion Survey, which was a joint effort of the Partnership for Prevention and Watson Wyatt Worldwide, with the support of the US Department of Health and Human Services.⁶ That survey assessed the presence of food and beverage services, cafeterias, promotion and labeling of healthy foods, healthy food catering policies, onsite fitness and shower facilities, signage promoting stair use, fitness/walking trails, and employer allowance for PA breaks.⁶

Although smaller workplaces represent the majority of US workplaces and are more likely to employ low-wage workers who may be at greater risk for chronic disease,^{3, 19} wellness programs at smaller workplaces are understudied. Research suggests that smaller employers are generally less likely than large employers to offer worksite health promotion programs and supports for healthy eating and PA.^{6, 18, 20} This may be because smaller worksites lack financial or other internal resources to implement wellness programs and may face barriers such as limited reach in their ability to use insurance-based wellness programs.¹⁹ Other reasons posited include lack of employee interest and management fears of appearing paternalistic or stigmatizing employees.²⁰ Examining the differences in supports used by smaller and larger employers may help identify whether wellness promotion programs need to be tailored for smaller employers or that other educational/promotional efforts are needed to demonstrate the benefits of such programs. Therefore, the purpose of this study is to examine the current workplace food and PA environments, health and wellness culture, and weight management programs reported by employed Americans, and to test for differences in these according to employer size. This study adds to the worksite wellness literature in several ways. First, because all previous studies during the past two decades examining the worksite wellness environment at the national level have relied on employer report, the employee-reported information in this study can serve as a benchmark for future intervention or assessment studies of worksite health promotion that rely on employee report. Second, because many aspects of the worksite wellness environment have not been examined since the 2004 National Worksite Survey, our study provides valuable updated information. Finally, many of our survey items specific to the worksite food and physical activity environments have never been assessed outside of small, localized surveys. Thus, our paper is the first to examine many food and physical activity environment features at the national level.

METHODS

Design

The study is a cross-sectional analysis of survey data collected in 2013.

Sample

We used data from the summer wave of Porter Novelli's 2013 ConsumerStyles survey. The ConsumerStyles survey is an annual series of web-based surveys that gather insights from

US consumers, including information about health attitudes and behaviors. Questions regarding the work environment were included in the 2013 survey. In 2013, the spring wave was conducted among 11,188 adults age 18 or older who are members of GfK's Knowledge Panel®. During June and July, the Summer ConsumerStyles survey was sent to 6,105 adults who previously completed the spring wave. Respondents were not required to answer any of the questions and could exit the survey at any time. A total of 4,033 (66%) summer wave surveys were returned from respondents from all 50 states and the District of Columbia. The survey took approximately 18 minutes (median) to complete. Those who completed the survey received reward points worth approximately \$5 and were entered into a monthly sweepstakes.

The resulting data were weighted to match the US Current Population Survey²¹ proportions for sex, age, household income, race/ethnicity, household size, education level, census region, metro status, and whether or not a respondent had internet access prior to joining the panel. The Centers for Disease Control and Prevention (CDC) licensed the use of de-identified data from the 2013 Summer ConsumerStyles survey post-collection from Porter Novelli (a market research firm). Analyses of these data were exempt from institutional review board approval because personal identifiers were not included in the data file.

We included respondents who were currently employed, worked at least part of the time outside of their home, and provided information regarding the number of people employed at the worksite (N = 2,101). Employment status was classified based upon the question "Which of the following best describes your current employment site?" Respondents were included if they selected the option "I work only outside my home" or "I work both outside my home and from my home (e.g., telework)". Respondents were excluded if they selected the option "I work only from my home, not at an employer office or worksite (e.g., telework)" (N = 181), or "I am not employed" (N = 1,705), or were missing a response (N = 29). Because analyses were stratified by employer size, respondents were also excluded if they were missing information on the number of employees at their worksite (N = 17).

Measures

Response options for the number of employees included 1–49, 50–99, 100–249, 250–499, 500–999, or 1000 or more employees. Other workplace characteristics included the availability of employer-provided health insurance and insurance coverage of preventative services. Demographic variables included age (18–29, 30–44, 45–59, 60 years), sex, education (< high school, high school, some college, or bachelor's degree), race/ethnicity (non-Hispanic white, non-Hispanic black, Hispanic, other race/ethnic group), and weight status (underweight, normal weight, overweight, obese, or missing). Worksite food, PA, and wellness variables are described below. Wording of these items on the actual survey corresponds with the variable descriptions presented in our results tables (Tables 1–4). Most items were adapted from the CDC Worksite Health Scorecard²² or the Checklist of Health Promotion Environments²³ and have been shown to be a reasonably valid and reliable measure for assessing worksite health.²⁴

Food environment supports that we assessed included the availability of food and drink vending machines, cafeterias or snack bars, and break rooms with a refrigerator and

microwave. The availability of healthy items in food or drink vending machines and cafeterias or snack bars was assessed among respondents who reported having these amenities available. Other food environment supports included the availability of drinking water in the workplace, the availability of healthy food and drink choices during meetings, employer provision of information on nutrition and healthy eating, and the presence of signs or labels in the cafeteria or vending area to help employees select healthy foods.

Employee-reported characteristics of the PA environment were assessed with 7 items relevant to policy and worksite PA^{22, 23}: on-site exercise facilities, time off to be physically active, subsidized or discounted costs of exercise facilities, stair use, organized PA programs, other organized environmental supports (i.e., trails and showers), and presence of organized individual or group PA programs.

Wellness program and culture measures included the availability of a wellness/worksite health promotion program, offering health risk assessments, stress management opportunities, and flexible work scheduling policies. Measures of employer support for wellness programs included the presence of a health promotion committee, promotion of wellness programs to employees, incentives to increase participation, availability of programs to family members, and communication from senior leadership regarding worksite health promotion.

Specific obesity prevention measures included opportunities to manage weight; free or subsidized body composition measurement; provision of videos, print, or online information on the risks of overweight or obesity; educational seminars, workshops, or classes on weight management; and free or subsidized one-on-one or group lifestyle counseling and/or self-management programs for employees who are overweight or obese.

Analysis

Weighted frequencies and associated 95% confidence intervals (CI) for demographic characteristics, the food environment, PA programs, health and wellness culture, and supports for weight management were calculated for respondents, overall and by employer size. For the purposes of this study, smaller employers were defined as those with 1–99 employees and larger employers were defined as those with 100 or more employees. This classification was chosen for optimizing power to compare prevalence between small and large employers and because it has been used in previous studies.⁶ Differences according to employer size were assessed using chi-square tests with the significance level set at $p < .05$. With the exception of demographic characteristics described in Table 1, respondents were excluded when calculating the frequencies of worksite supports if they had missing or “not sure” responses for that item. The combined frequency of excluded missing and “not sure” responses was < 2% for all worksite environment survey items. For demographic variables, the frequency of missing/not sure responses is included in table 1. All data analyses were conducted with SAS-Callable SUDAAN version 9.0 software (Research Triangle Institute, Research Triangle Park, NC) to account for the survey weights.

RESULTS

Demographic and General Worksite Characteristics

There were no differences in age, sex, race, or weight status of respondents according to employer size but there was a difference in education status with 43.5% of employees for larger employers reporting a bachelor degree or higher (> 100 employees) compared with 30.7% among those working for smaller employers reporting a bachelor degree or higher (Table 1). Most respondents (88.8%) worked only outside of the home and 11.2% worked both at home and outside the home. More than half of respondents (56.0%) were employed by employers with fewer than 100 employees and 15.1% reported working for employers with > 1000 employees. In addition, respondents employed by larger employers were more likely to report health insurance was offered and that the plan covered preventative services.

Worksite Food Environment

Only 19.6% of respondents (Table 2) reported their employer provides opportunities to eat a healthy diet, with employees from larger employers more likely to agree than those from smaller employers (26.3% vs. 14.3%). Food vending machines were reported to be available by 45.3% of respondents and 53.6% reported the availability of a beverage vending machine. Thirty percent reported that their workplace had a cafeteria or snack bar and 73.0% reported their work place was equipped with a break room that had a refrigerator and microwave. All of these amenities were reported to be available more frequently by respondents who worked for larger employers.

Of those who reported having either a food or beverage vending machine, approximately 65% reported few or no healthy items available for sale and less than 5% reported that more than 50% of the selections were healthy. Among those who reported having a cafeteria, 56.5% reported that some items (10%–50%) were healthy and 22.2% reported that more than 50% of the items offered were healthy. The availability of healthy items in food vending machines and cafeterias did not differ according to employer size. Respondents from larger employers reported twice as frequently compared with those from small employers that their employer provided signs or labels to help employees choose healthier options (21.2% vs 10.3%) and were also more likely to report that healthy food and drink choices were available at meetings when food was served (24.0% vs. 14.3%). Availability of free drinking water on each floor was also reported more frequently among respondents from larger than from smaller employers (71.0% vs. 52.2%) and large employer respondents were also three times more likely to indicate (23.8% vs. 6.5%) that their employer provided information on nutrition and healthy eating (brochures, posters, or classes). Finally, all worksite breastfeeding supports were reported to be available more frequently among respondents from larger employers compared with smaller employers including paid maternity leave (45.2% vs. 21.4%), onsite or near worksite child care (14.9% vs. 4.5%), and provision of a private space to pump breast milk or breastfeed (23.9% vs. 10.4%).

Worksite PA Environment

About 31% of overall respondents reported that their employer provided the opportunity to be physically active or exercise (Table 3). Respondents from larger employers were more

likely to report PA opportunities than those of smaller employers (40.6% vs. 23.3%). Less than a fourth of overall respondents reported their employer provides specific supports for PA such as on-site exercise facilities (17.6%) or other supports such as walking trails, bicycle racks, or shower facilities (20.5%). Both exercise facilities (29.9% vs. 7.7%) and other environmental supports (31.8% vs. 11.4%) were more likely to be reported by respondents who are employed by large employers. Only 10.7% of respondents reported their employer supports taking time off from work to be physically active and the frequency did not differ according to employer size. All other supports were more frequently reported by respondents employed by larger employers including subsidizes or discounts for exercise facilities (28.8% vs. 9.4%), signage to promote stair use (25.0% vs. 8.4%), and organized individual or group PA programs (28.1% vs. 7.8).

Health and Wellness Culture

All worksite health and wellness culture variables differed significantly according to employer size (Table 4). Worksite health promotion programs were reported by 53.2% of respondents employed by larger employers, but only 18.1% of those employed by smaller employers. Wellness programs were reported to be made available to family members by only 20.8% and 7.2% of larger and smaller employer respondents, respectively. Supports for health promotion activities—including program participation incentives, health promotion committees, and promotion/marketing of programs to employees—were each reported by 20%–25% of employees of large employers but only 5%–10% of respondents employed by small employers. Senior leadership communication with employees about worksite health promotion was reported less commonly (12.1% of large vs 3.2% of smaller employers). Regarding specific wellness program features, employer-provided health risk assessments were reported by 8.1% of respondents employed by smaller employers and 30.7% of respondents from larger employers; flexible work scheduling was offered by 11.9% of respondents employed by smaller employers and 17.7% of respondents from larger employers. Stress management opportunities were reported as offered by 11.6% of employees from smaller employers and 22.5% of employees of larger employers.

Supports for Weight Management

Weight management opportunities were reported as offered by 14.3% of employees from smaller employers and 27.8% of employees of larger employers. Educational seminars (12.1%) and body composition measurement (10.3%) were the most commonly reported weight management program features, followed by weight control-related videos, print, or online information (6.5%), and weight control counseling (5.8%). All weight management supports were reported more commonly by those employed by large employers.

DISCUSSION

The results of our study suggest that most employed US adults do not think that their employer provides them opportunities to eat a healthy diet or be physically active. Furthermore, only a third of respondents reported their employer provides a worksite wellness program. Similar to findings reported by employers in the National Worksite Health Promotion Survey and the 2013 KFF survey,^{6, 18} supports for healthy eating, PA, and

wellness program amenities were consistently reported more frequently among employees working for larger employers than for smaller ones. To our knowledge, there are no other national employee-reported surveys of the worksite food, PA, and wellness environment. However, some of our findings can be compared with results from more localized employee-reported studies and existing employer-reported studies provide additional contextual information on how frequently wellness supports are reported by employers.

Although there have been no previous national employee-reported assessments of the worksite wellness environment in two decades,¹⁶ we are able to compare our results with several more recent local employee-reported studies. We found that 20% of respondents reported that their employer provided opportunities to eat a healthy diet, which can be compared with the 15%–17% of respondents who reported that it was easy to eat healthily at work reported in a worksite intervention among Minneapolis transit workers.²⁵ Regarding PA, our study found 18% of adults reported an on-site exercise facility, 21% reported environmental supports for PA (e.g., walking trails, bike racks, or showers), 17% reported the presence of organized PA programs (e.g., walking or exercise groups), 18% reported subsidies or discounts on on-site or offsite exercise facilities, and 11% reported taking time off from work to be physically active. This can be compared national employee reported data from 1994, where 20% of employees reported the availability of a gym/exercise room and 9% reported free or partially subsidized health club memberships.¹⁷ In a more recent study of employed adults from 6 Midwestern communities where 15% of employees reported that their worksites had facilities for exercise (gym, showers, and/or lockers) and less than 10% reported that their worksite had subsidized health club memberships, group services, and time off or breaks during the day.²⁶ Another study of employed adults randomly selected from 32 neighborhoods in the Seattle–King County, Washington, and Baltimore, Maryland–Washington, D.C., regions found PA supports to be somewhat more common with 35%–42% of participants reporting that their worksites had exercise facilities, showers, lockers, and safe bike storage.²⁷ Other PA supports in that study were less common, with 21% reporting regular exercise programs (e.g., aerobic classes or walking groups) and 4% had paid time off to exercise.²⁷

While it is not possible to directly compare our estimates of availability of wellness supports with those from employer-reported studies due to differences in the sampling unit, such studies can provide perspective on how often specific wellness supports are offered by employers and illustrate differences according to employer size. For example, in the 2004 National Worksite Health Promotion Survey, 24% of employers reported having a cafeteria, but cafeterias were only reported by 12.9% of small employers (50–100 employees) compared with 74.1% of large employers (> 750 employees).⁶ Likewise, in the same study, labeling of healthy choices in cafeterias was reported by 37.4% of employers overall but among 34.6% of small employers (50–100 employees) and 73.1% of large employers (>750 employees).⁶ Regarding PA supports, 14.6% of employers reported on-site fitness facilities, with the prevalence ranging from 9.6% of small employers (50–100 employees) to 49.6% of large employers (> 750 employees).⁶ Although they used different employer size cutoffs and wellness component definitions, the 2013 KFF survey reported 21% of firms with < 200 employees and 69% of those with ≥ 200 employees offered gym membership discounts or on-site fitness facilities.¹⁸ Regarding wellness program features, in the 2004 National

Worksite Health Promotion Survey, 11.0% of small employers (50–100 employees) reported offering nutrition programs or activities and 11.3% reported weight management programs, while 43% of large employers (> 750 employees) offered nutrition programs and 56.1% offered weight management programs.⁶ In the 2013 KFF survey, 20% of employers of < 200 employees and 50% of employers with 200 employees offered classes in nutrition or healthy living and 31% of employers of < 200 employees and 58% of employers with 200 employees offered weight-loss programs.¹⁸

In our study, supports for healthy eating and PA and wellness program supports were consistently reported more frequently among employees of larger employers than those of smaller employers. Our findings are consistent with previous studies that larger employers offer more wellness programs and opportunities to eat a healthy diet and be physically active.^{6, 18, 26, 28} While it is possible that employees could rely on food sources outside the worksite food environment, the worksite food environment is a venue that could directly influence food and beverage consumption among US adults. For example, a recent worksite weight management study found that medium-sized worksites (300–599 employees) had more vending machines than small worksites (< 300 employees) did and that the number of vending machines was associated with higher sugar-sweetened beverage consumption.²⁸ Although cafeterias and vending machines were reported more frequently by employees of larger employers, the availability of healthy foods in these venues did not differ greatly by employer size, suggesting that it is feasible for smaller employers with cafeterias or vending to offer healthy foods.

Research suggests that cost is a barrier for small employers in implementing wellness programs.¹⁹ Although some wellness supports may not be feasible for smaller employers, there are examples of effective low-cost interventions. For example, a study examining a Danish workplace fruit program that assessed employees' fruit intake when a free fruit basket was available found that the mean daily fruit intake increased significantly from baseline.²⁹ The Seattle 5-a-Day intervention designed to increase fruit and vegetable consumption among blue collar and service industry employees found sustained increased fruits and vegetable consumption intake more than 2 years after the intervention ended.³⁰ Small worksites can also promote physical activity among employees by providing flexible schedules that allow time to exercise,³¹ creating walking routes, purchasing exercise equipment, or subsidizing access to local fitness clubs.³² Implementing inexpensive yet effective health promotion activities may help small employers create a culture of health among employees. For example, where employers are located in multi-floor facilities, promoting use of stairs instead of elevators is a low cost and effective way of increasing physical activity among employees.³³ Despite the inequity observed in supports by employer size, smaller employers may have some advantages to promote wellness. For example, smaller employers have fewer layers of management with greater access to leadership that may enable employers to more easily implement and promote wellness programs.¹⁹ Furthermore, qualitative research suggests that small worksites may provide a more supportive social environment to enable behavior change among employees.³⁴

Our study has several limitations. Sampling subjects from a web-based panel may have resulted in selection bias. However, research suggests that findings from probability samples

reached via random- digit dialing who were invited to join a web-based panel were comparable to surveys conducted via the telephone.³⁵ Another limitation is the study only measured perceptions of the presence of worksite supports. The existence of reported supports was not confirmed or validated and employees who do not use healthy eating, PA, or wellness programs may be unaware of their existence or details concerning them, which may have led to reporting biases. For example, employees who do not purchase food from their worksite cafeteria may be unaware of the food offerings. However, research suggests that subjective perceptions of the food and physical activity environment are associated with health behaviors.^{36, 37} Understanding employee perceptions of the worksite wellness environment may be helpful in planning and implementing wellness programs. Also, because employees may also be unaware of the number of employees at their employer, it is possible that some misclassification of employer size occurred. In addition, this study did not evaluate whether employees used supports when present, and thus impact of supports could not be evaluated. Finally, it is difficult to compare our study with previous studies because of the different survey methodologies and differences in how supports were grouped or defined. For example, the use of employees as the unit of analysis limits our ability to compare prevalence of supports to other studies, which have largely been conducted using employers as the unit of analysis. As an example of differences in classification of supports, walking paths were included among “other environmental supports” in our study but among “exercise facilities” in a previous study. A major strength of our study is that it was drawn from a large, nationwide population that allowed us to look at differences by employer size. Another strength of our study was our assessment of worksite health and wellness programs and supports across multiple domains (healthy eating, PA, and weight management), which is unique among studies examining the worksite environment.

Based on the workers perception, workplace supports for healthy eating, PA, and wellness in the American workplace are currently limited, especially among those who work for small employers. Some wellness amenities and programs may not be feasible for all small employers due to financial constraints, the physical attributes of worksite facilities, or other limitations. Despite the challenges, a recent review on health promotion in small worksites summarized that there is evidence that health promotion can be successful in small workplaces.^{19, 20, 38} Although workplace wellness programs offer an effective way for employers to lower their health care costs and increase employee productivity, our research suggests that many employees in the US are not employed at workplaces that support healthy eating, PA, and wellness.

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SO WHAT?

What is already known on this topic?

The workplace environment can support the health of employees and provide opportunities for healthy eating and active living during the work day. Current studies are limited but suggest workplace food, physical activity, and wellness supports are more common among larger employers.

What does this article add?

Our study provides the first employee-reported national prevalence estimates of specific workplace wellness supports in nearly two decades and is the first to assess many aspects of the worksite food and physical activity environment at the national level.

What are the implications for health promotion practice or research?

Our results suggest that workplace supports for healthy eating, physical activity, and wellness reported by employees were limited in 2013, and were less common among smaller employers. Although small employers face barriers to implementing wellness programs, there are examples of low-cost supports for healthy eating and physical activity that may be use useful to small employers to promote wellness. Future research should find ways to make wellness programs more available to smaller employers, who represent the majority of American workplaces.

Table 1
Demographic and General Worksite Characteristics of 2013 Summer ConsumerStyles Participants

Characteristic	Total Employed (N = 2101) ^a			Employed at Workplaces with 1–99 Employees (N = 1159) ^a			Employed at Workplaces with 100 or More Employees (N = 942) ^a		
	n	% ^a	95% CI ^a	n	% ^a	95% CI ^a	m	% ^a	95% CI ^a
Age, years									
18–29	293	22.6	(19.9, 25.6)	175	24.4	(20.7, 28.6)	118	20.2	(16.4, 24.7)
30–44	626	35.5	(32.5, 38.7)	331	33.2	(29.2, 37.4)	295	38.5	(33.9, 43.3)
45–59	888	31.7	(29, 34.5)	476	31.4	(27.8, 35.1)	412	32.2	(28.1, 36.5)
60	294	10.2	(8.7, 11.9)	177	11.0	(9.0, 13.4)	117	9.1	(7.0, 11.8)
Sex									
Male	1072	53.8	(50.6, 56.9)	599	55.9	(51.7, 60.0)	473	51.1	(46.4, 55.9)
Female	1029	46.2	(43.1, 49.4)	560	44.1	(40.0, 48.3)	469	48.9	(44.1, 53.6)
Education[*]									
Less than high school	84	7.7	(5.9, 9.9)	59	9.4	(6.9, 12.6)	25	5.5	(3.4, 8.8)
High school	491	26.4	(23.7, 29.3)	309	30.4	(26.7, 34.5)	182	21.3	(17.6, 25.5)
Some college	665	29.6	(26.8, 32.5)	375	29.4	(25.8, 33.3)	290	29.7	(25.6, 34.2)
Bachelor's degree or higher	861	36.3	(33.4, 39.4)	416	30.7	(27.1, 34.7)	445	43.5	(38.8, 48.2)
Race/Ethnicity^b									
White, non-Hispanic	1617	68.8	(65.6, 71.8)	920	71.4	(67.1, 75.3)	697	65.5	(60.5, 70)
Black, non-Hispanic	177	10.0	(8.2, 12.2)	80	7.9	(5.8, 10.8)	97	12.7	(9.7, 16.3)
Hispanic	191	14.2	(11.9, 16.9)	96	14.6	(11.4, 18.4)	95	13.8	(10.7, 17.7)
Other race	116	7.0	(5.4, 9.1)	63	6.1	(4.4, 8.6)	53	8.1	(5.4, 11.9)
Weight Status^c									
Underweight	33	2.0	(1.3, 3.1)	18	1.8	(1.0, 3.3)	15	2.2	(1.1, 4.3)
Normal weight	664	33.9	(30.9, 37.0)	362	33.6	(29.8, 37.8)	302	34.1	(29.7, 38.9)
Overweight	680	33.2	(30.2, 36.2)	391	33.5	(29.6, 37.5)	289	32.8	(28.4, 37.5)
Obese	680	28.7	(26.1, 31.5)	363	29.6	(25.9, 33.5)	317	27.7	(24.0, 31.7)
Missing	44	2.3	(1.4, 3.5)	25	1.5	(0.9, 2.7)	19	3.2	(1.7, 5.9)
Workplace Setting									
Work only outside the home	1829	88.8	(86.8, 90.6)	976	87.3	(84.4, 89.7)	853	90.7	(87.6, 93.1)

Characteristic	Total Employed (N = 2101) ^a			Employed at Workplaces with 1–99 Employees (N = 1159) ^a			Employed at Workplaces with 100 or More Employees (N = 942) ^a		
	n	% ^a	95% CI ^a	n	% ^a	95% CI ^a	m	% ^a	95% CI ^a
Work both outside the home and from the home	272	11.2	(9.4, 13.2)	183	12.7	(10.3, 15.6)	89	9.3	(6.9, 12.4)
Number of employees									
1–49	871	42.0	(38.9, 45.1)	n/a	n/a	n/a	n/a	n/a	n/a
50–99	288	14.0	(11.9, 16.4)	n/a	n/a	n/a	n/a	n/a	n/a
100–249	288	13.8	(11.8, 16.2)	n/a	n/a	n/a	n/a	n/a	n/a
250–499	190	8.6	(7.0, 10.4)	n/a	n/a	n/a	n/a	n/a	n/a
500–999	143	6.4	(5.0, 8.2)	n/a	n/a	n/a	n/a	n/a	n/a
1,000	321	15.1	(13.0, 17.6)	n/a	n/a	n/a	n/a	n/a	n/a
Employer Offers Health Insurance[*]									
Yes, and I am covered	1288	57.6	(54.5, 60.7)	538	42.6	(38.6, 46.8)	750	76.7	(72.3, 80.7)
Yes, but I am not covered	353	18.6	(16.2, 21.2)	218	19.8	(16.7, 23.3)	135	17.0	(13.5, 21.1)
No	401	19.3	(17.0, 22.0)	359	31.7	(27.9, 35.8)	42	3.6	(2.4, 5.4)
Not sure/Missing	59	4.5	(3.1, 6.3)	44	5.9	(3.9, 8.7)	15	2.7	(1.3, 5.5)
Employer-Offered Health Insurance Covers Preventative Services^{*,d}									
Yes	1288	62.7	(59.2, 66.1)	407	51.7	(46.6, 56.8)	662	72.0	(67.3, 76.2)
No	353	9.1	(7.3, 11.3)	97	12.0	(9.0, 15.7)	63	6.8	(4.8, 9.5)
Not sure/Missing	412	28.2	(25.1, 31.5)	252	36.3	(31.5, 41.4)	160	21.2	(17.4, 25.6)

^aUnweighted sample size, weighted percentage and 95% confidence interval (95% CI); total employed outside the home and both outside and in the home.

^bOther race includes: American Indian, Alaska Native, Asian, Native Hawaiian, other Pacific Islander, and multiracial.

^cUnderweight, normal weight, overweight, and obese classifications are based on body mass index, which is weight (kg)/height (m)². Underweight < 18.5; normal: 18.5–24.9; overweight: 25.0–29.9; and obese: ≥ 30.0. Height and weight were self-reported; the missing responses were not included in chi-square test of difference according to number of employees at workplace setting.

^dOnly asked among those who said yes to “Employer offers health insurance” (N = 1,671); most responses for “Not sure/missing” were “Not sure.”

^{*} Significant difference at *p* < .05 according to number of employees at workplace setting.

Table 2
Employee-Reported Worksite Food Environment among 2013 Summer ConsumerStyles Respondents Who Work Outside of the Home

Worksite Food Environment	N ^a	Total Employed		Employed at Workplaces with 1–99 Employees		Employed at Workplaces with 100 or More Employees	
		% ^a	95% CI ^a	% ^a	95% CI ^a	% ^a	95% CI ^a
My employer provides opportunities to eat a healthy diet*	2077	19.6	(17.3, 22.2)	14.3	(11.7, 17.4)	26.3	(22.4, 30.7)
Which of the following are available where you work ...	2086						
Food vending machine*		45.3	(42.2, 48.5)	25.5	(22.2, 29.2)	70.3	(65.7, 74.5)
Drink vending machine*		53.6	(50.5, 56.8)	35.4	(31.5, 39.4)	76.7	(72.1, 80.6)
Cafeteria or snack bar*		30.0	(27.2, 33.0)	13.7	(11.1, 16.7)	50.5	(45.8, 55.3)
Break room with refrigerator & microwave*		73.0	(70.1, 75.8)	63.2	(59, 67.3)	85.3	(81.7, 88.4)
Employee Reported Availability of Healthy Options in Food Vending Machines^b	980						
None are healthy		14.5	(11.7, 17.9)	18.7	(13.2, 26)	12.5	(9.6, 16.2)
Few are healthy (Less than 10%)		49.8	(45.2, 54.3)	48.6	(40.9, 56.3)	50.3	(44.6, 56.0)
Some are healthy (10–50%)		31.2	(27.0, 35.7)	29.1	(22.5, 36.8)	32.2	(27, 37.9)
Many are healthy (More than 50%)		4.5	(2.9, 7.0)	3.5	(1.2, 9.5)	5.0	(3.0, 8.0)
Employee Reported Availability of Healthy Options in Beverage Vending Machines^{b,*}	1179						
None are healthy		14.9	(12.3, 18.0)	20.5	(16, 25.9)	11.7	(8.7, 15.5)
Few are healthy (Less than 10%)		49.0	(44.8, 53.2)	48.8	(42.1, 55.5)	49.1	(43.8, 54.4)
Some are healthy (10–50%)		31.2	(27.4, 35.3)	24.4	(19.2, 30.6)	35.2	(30.2, 40.6)
Many are healthy (More than 50%)		4.9	(3.4, 6.8)	6.3	(3.6, 10.9)	4.0	(2.7, 6.0)
Employee Reported Availability of Healthy Options in Cafeteria or Snack Bar^b	631						
None are healthy		1.4	(0.7, 2.7)	2.9	(1.2, 6.8)	0.9	(0.3, 2.4)
Few are healthy (Less than 10%)		19.9	(15.6, 25.1)	21.7	(14.3, 31.4)	19.3	(14.3, 25.6)
Some are healthy (10–50%)		56.5	(50.6, 62.1)	47.6	(36.9, 58.6)	59.4	(52.6, 65.9)
Many are healthy (More than 50%)		22.2	(17.8, 27.5)	27.8	(18.8, 39.1)	20.4	(15.4, 26.3)
There are signs or labels in the cafeteria or vending area to help employees pick healthy food or drink options^{b,*}	1311	17.0	(14.2, 20.2)	10.3	(7.2, 14.4)	21.2	(17.2, 25.7)
Healthy food and drink choices are available during meetings when food is served*	2076	18.6	(16.3, 21.1)	14.3	(11.6, 17.5)	24.0	(20.2, 28.1)

Worksite Food Environment	N ^a	Total Employed		Employed at Workplaces with 1–99 Employees		Employed at Workplaces with 100 or More Employees	
		% ^a	95% CI ^a	% ^a	95% CI ^a	% ^a	95% CI ^a
There is at least one water fountain, cooler, or filtered water station per floor of my workplace*	2076	60.5	(57.4, 63.6)	52.2	(48.0, 56.5)	71.0	(66.4, 75.2)
My employer provides information on nutrition and healthy eating (brochures, posters, classes)*	2076	14.1	(12.0, 16.6)	6.5	(4.7, 8.9)	23.8	(19.8, 28.2)
Worksite supports for breastfeeding							
Employer provides paid maternity leave*	2086	31.9	(29.1, 34.9)	21.4	(18.2, 25)	45.2	(40.5, 50.0)
Worksite offers onsite or near worksite child care*	2086	9.1	(7.4, 11.0)	4.5	(3.2, 6.3)	14.9	(11.8, 18.7)
Worksite provides a private space to pump breast milk or breastfeed*	2083	16.4	(14.1, 18.9)	10.4	(8.2, 13.2)	23.9	(19.9, 28.3)

^aUnweighted sample size, weighted percentage and 95% confidence interval (95% CI); total employed outside the home and both outside and in the home

^bQuestion only asked of respondents who reported having this type of food source available at their worksite

* Significant difference at $p < .05$ according to number of employees at workplace setting.

Table 3

Employee-Reported Worksite Physical Activity Environment among 2013 Summer ConsumerStyles Respondents Who Work Outside of the Home

Worksite Physical Activity Environment	N ^a	Total Employed		Employed at Workplaces with 1–99 Employees		Employed at Workplaces with 100 or More Employees	
		% ^a	95% CI ^a	% ^a	95% CI ^a	% ^a	95% CI ^a
Employer provides opportunity to be physically active/exercise*	2077	30.9	(28.1, 33.9)	23.3	(20.0, 27.0)	40.6	(36.1, 45.4)
An on-site exercise facility is provided*	2073	17.6	(15.4, 20.1)	7.7	(5.8, 10.3)	29.9	(25.8, 34.3)
Other environmental supports for physical activity (e.g., trails for walking, bicycle racks, shower facility) are provided*	2074	20.5	(18.1, 23.1)	11.4	(9.0, 14.4)	31.8	(27.6, 36.3)
Worksite management supports employees taking time off from work to be physically active	2071	10.7	(8.9, 12.8)	9.5	(7.3, 12.2)	12.2	(9.6, 15.5)
Worksite subsidizes or discounts the cost of on-site or offsite exercise facilities*	2064	18.0	(15.7, 20.6)	9.4	(7.2, 12.2)	28.8	(24.8, 33.3)
Worksite encourages employees to use the stairs by providing signs at elevators, stairwell entrances and exits, and other key locations*	2068	15.8	(13.6, 18.3)	8.4	(6.4, 10.9)	25.0	(21.0, 29.5)
Presence of organized individual or group physical activity programs (e.g., walking program, self-guided walking maps, group exercise)*	2065	16.8	(14.5, 19.3)	7.8	(5.9, 10.1)	28.1	(23.9, 32.6)

^aUnweighted sample size, weighted percentage and 95% confidence interval (95%CI); total employed outside the home and both outside and in the home.

* Significant difference at $p < .05$ according to number of employees at workplace setting.

Table 4
Employee-Reported Workplace Health and Wellness Culture and Supports for Weight Management among 2013 Summer ConsumerStyle/les Respondents who Work Outside of the Home

Health and Wellness Culture and Supports for Weight Management	N ^a	Total employed		Employed at workplaces with 1–99 employees		Employed at workplaces with 100 or more employees	
		% ^a	95% CI ^a	% ^a	95% CI ^a	% ^a	95% CI ^a
Worksite health and wellness culture							
A wellness/worksite health promotion program is provided*	2,073	33.5	(30.6, 36.6)	18.1	(15.1, 21.4)	53.2	(48.4, 57.9)
Health promotion program(s) are made available to family members*	2073	13.2	(11.3, 15.4)	7.2	(5.4, 9.5)	20.8	(17.2, 24.9)
Incentives used to increase participation in health promotion programs*	2073	14.3	(12.2, 16.6)	6.8	(5.0, 9.2)	23.7	(19.8, 28.0)
Employer has an active health promotion committee that plans and implements programs*	2073	13.9	(11.8, 16.3)	5.4	(3.7, 7.6)	24.7	(20.7, 29.2)
Health promotion programs are promoted and marketed to employees*	2073	12.2	(10.3, 14.5)	5.9	(4.3, 8.1)	20.3	(16.6, 24.4)
Senior leaders communicate with employees about worksite health promotion*	2073	7.2	(5.8, 8.8)	3.2	(2.1, 5.0)	12.1	(9.5, 15.3)
Employer conducts employee health risk assessments (HRA) with individual feedback and education*	2073	18.1	(15.9, 20.6)	8.1	(6.3, 10.5)	30.7	(26.6, 35.2)
Employer provides flexible work scheduling policies**	2073	14.5	(12.5, 16.8)	11.9	(9.5, 14.9)	17.7	(14.5, 21.5)
Employer provides opportunities to manage stress*	2077	16.4	(14.3, 18.7)	11.6	(9.3, 14.3)	22.5	(18.9, 26.6)
Worksite supports for weight management:							
Employer provides opportunities to manage weight*	2077	20.3	(17.9, 22.9)	14.3	(11.6, 17.6)	27.8	(23.9, 32.2)
Educational seminars, workshops, or classes on weight management are offered (may be included with other health topics)*	2062	12.1	(10.2, 14.3)	5.1	(3.6, 7.3)	21.1	(17.5, 25.4)
Worksite provides free or subsidized body composition measurement, (e.g., height, weight, body mass index) followed by feedback and clinical referral when appropriate*	2062	10.3	(8.5, 12.3)	3.0	(2.0, 4.5)	19.6	(16.1, 23.6)
Worksite provides videos, print, or online information on the risks of overweight or obesity (may be included with other health topics)*	2062	6.5	(5.1, 8.2)	2.5	(1.6, 3.9)	11.6	(8.8, 15.0)
Worksite provides free or subsidized one-on-one or group lifestyle counseling and/or self-management programs for employees who are overweight or obese*	2062	5.8	(4.5, 7.4)	2.2	(1.5, 3.4)	10.4	(7.8, 13.7)

^aUnweighted sample size, weighted percentage and 95% confidence interval (95%CI); total employed outside the home and both outside and in the home

* Significant difference at p < 0.05 according to number of employees at workplace setting