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Employed US Adults' Support for Food and Beverage Worksite Wellness Strategies and Sugar-Sweetened Beverage Intake during the Workday

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Abstract

Purpose: Sugar-sweetened beverage (SSB) consumption is high among US adults and associated with obesity. Given that over 100 million Americans consume food or beverages at work daily, the worksite may be a venue for interventions to reduce SSB consumption. However, the level of support for these interventions is unknown. We examined associations between workday SSB intake and employees' support for worksite wellness strategies (WWS).

Design: Cross-sectional study conducted using data from web-based annual surveys that gathers information on health-related attitudes and behaviors.

Setting: United States

Subjects: Randomly selected 1,924 employed adults (> 18 years) using probability-based sampling.

Measures: Self-reported independent variable was workday SSB intake (0, <1 or ≥ 1 times/day) and dependent variables were employees' support (yes/no) for the following WWS: 1) Accessible Free Water, 2) Affordable Healthy Food/Drink, 3) Available Healthy Options, and 4) Less Available SSB.

Analysis: Multivariable logistic regression was used to control for sociodemographic variables, employee size, and availability of cafeteria/VM.

Results: About half of employees supported Accessible Free Water (54%), Affordable Healthy Food/Drink (49%), and Available Healthy Options (46%), but only 28% supported Less Available SSB. Compared to non-SSB consumers, daily SSB consumers were significantly less supportive of Accessible Free Water (adjusted odds ratio [OR]=0.67, p<0.05) or Less Available SSB (OR=0.49, p<0.05).

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Conclusion: Almost half of employees supported increasing healthy options within worksites, although daily workday SSB consumers were less supportive of certain strategies. Lack of support could be a potential barrier to the successful implementation of certain worksite interventions.

Keywords

Sugar-sweetened beverage; adults; worksite; intervention; wellness; Manuscript format: Research; Research purpose: Relationship testing; Study design: Cross-sectional; Outcome measure: Behavioral; Setting: Worksite; Health Focus: Nutrition; Target population age: Adults; Target population circumstances: Employed US Adults

INTRODUCTION

Worksites are an important setting to promote behaviors associated with improving adults' dietary intake, which may also assist in preventing and controlling obesity.¹⁻³ Approximately 111.5 million US adults are employed full-time and over 100 million Americans consume food or beverages at work daily.¹ Of employed adults, a recent study found that approximately 3 of 10 employed adults were obese.⁴ The work environment has been shown to influence obesity-related behaviors due to a number of factors including sedentary work environment,⁵ worksite cafeterias,⁶ and vending machines.⁷ Obesity is associated with increased use and duration of sick leave and reductions in work productivity.⁸ In addition, obesity and other chronic diseases may lead to increasing and unsustainable health care costs for the worksites.^{8,9} For example, a morbidly obese employee (BMI >40 kg/m²) costs his or her employer \$3,800 more per year in covered health care expenditures compared to a normal weight employee.⁹ Healthy lifestyle practices throughout the workday can assist in the maintenance of good health and a healthy weight, as well as prevention of chronic diseases.¹⁰

One obesity-related behavior of employees that may be affected by their worksite nutrition environment (e.g., vending machines and cafeterias at worksites) is consumption of sugar-sweetened beverages (SSBs), which has been associated with obesity/weight gain, diabetes, and cardiovascular disease.¹¹ The 2010 Dietary Guidelines for Americans defined SSB as "liquids that are sweetened with various forms of sugars that add calories. These beverages include, but are not limited to, soda, fruit aides and fruit drinks, and sports and energy drinks."¹² SSBs are a large source of added sugars to American adults' diet.¹³ In 2009–2010, nearly half of American adults consumed SSBs on any given day, contributing on average 151 kcal per day.¹⁴ Worksites could be a venue for interventions to reduce employees' SSB consumption.

Worksite wellness strategies (WWS) are employer-sponsored initiatives directed at improving the health and well-being of workers.¹⁵ One of several factors important to successful implementation of WWS is employee support.¹⁶ It is well-documented that employee health results from a complex interplay of intrapersonal, interpersonal, organizational, and cultural factors.¹⁷⁻²⁰ According to an organization-level theory of the determinants of effective implementation of worksite health promotion programs, organizational readiness for change directly influences implementation policies and

practices.²¹ Therefore, we conceptualized that employees' support for WWS might influence organizational readiness for change and thus lead to implementation.

Food and beverage WWS, including point-of-purchase labeling, promotional materials, expanded availability of healthy foods, and targeted food placement, have shown to improve dietary quality among employees.²² The level of employees' support for food and beverage WWS is unknown, despite the importance of the worksite nutrition environment for obesity and chronic disease prevention. In this study, we 1) describe the level of support for four WWS targeting food and beverage options and associated characteristics of employees, 2) describe SSB intake during the workday among employed US adults and characteristics associated with employees' level of SSB intake during the workday, and 3) examine the relationship between employee support for WWS and SSB intake during the workday among employed US adults.

METHODS

Sample and survey administration

This cross-sectional study was conducted using data from the summer wave of Porter Novelli's 2013 ConsumerStyles survey, which is a series of web-based annual surveys that gathers information from American consumers. Included in ConsumerStyles are questions on health-related attitudes and behaviors. The survey participants were randomly selected from the GfK's Knowledge Panel® (a large-scale online panel based on a representative random sample of the US population), a pool of approximately 50,000 adults, using probability-based sampling which included respondents regardless of phone or internet access. Households without a computer or no access to internet were provided with a laptop computer and internet access. The analysis of this data was considered as exempt from the CDC Institutional Review Board, because de-identified data were provided to CDC.

In order to participate in the summer wave of ConsumerStyles survey, the respondent completed the spring wave of ConsumerStyles survey sent during April and May 2013. The spring wave of ConsumerStyles survey was sent out to 11,188 adults aged 18 years old and a response rate of 60.0% was achieved (n=6,717) (Figure 1). Subsequently, during June and July 2013, the summer wave of ConsumerStyles survey was sent to a random sample of 6,105 adults (4,497 panelists aged 18 or older plus a supplemental sample of 1,608 panelists with children aged 12–17 to collect adult-youth data) who previously completed the spring wave. A total of 4,033 of the summer wave of the ConsumerStyles survey were returned, yielding a response rate of 66.0%. The resulting data were weighted to match the US Current Population Survey 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 survey panel.

For the purpose of our study, we included adults aged 18 years old who were employed (n=2,091). We excluded a total of 164 participants (7.8%) from the study because they worked exclusively from home (n=133), refused to respond (n=13), or had missing data on SSB intake (n=21). The final analytic sample size was 1,924 adults (Figure 1).

Support for worksite wellness strategies

The outcome variables of interest were employees' support for food and beverage WWS (three accessibility and one restrictive). To measure employees' support for worksite food and beverage wellness strategies, respondents were asked "Which of the following do you think employers should do to make worksites healthier?" and to respond 'yes' or 'no' to the following four strategies that included three accessibility strategies: (1) 'Provide employees ready access to free drinking water' (Accessible Free Water); (2) 'Make healthier foods and drinks more affordable in cafeterias/vending machines' (Affordable Healthy Food/Drink); (3) 'Provide employees with healthy cafeteria/vending options' (Available Healthy Options); and one restrictive strategy (4) 'Decrease the number of sugary drinks, such as sodas, in cafeterias/vending machines' (Less Available SSB).

SSB intake

SSB intake was the main exposure variable and it was assessed using the following question: "During the last week, how many times during the workday did you drink sugary drinks such as sodas, sugar-sweetened ice tea, sports or energy drinks, and fruit drink? Do not count diet/low calorie versions". Response choices were 'I did not drink any sugary drinks at work', '1 to 4 times last week', 'once a day', or 'more than once a day'. We created three mutually exclusive categories to reflect SSB intake during the workweek: none (no SSB intake at work), 1–4 times/workweek, or 1 time/workday.

Sociodemographic and employment variables

Sociodemographic variables were age (18–24, 25–44, 45–64, and 65 years), sex, race/ethnicity (non-Hispanic white, non-Hispanic black, Hispanic, or non-Hispanic other races), education level (<high school, high school, some college, and college graduate), annual household income (<\$35,000, \$35,000–\$74,999, \$75,000–\$99,999, or \$100,000), and geographic regions (Northeast, Midwest, South, and West based on the Census regions). Employment characteristic variables were the number of employees (1–49, 50–99, 100–499, and 500) and the availability of cafeteria/vending machine (VM) (A response of 'yes' indicated that any of the following is available: food vending, drink vending, cafeteria, or snack bar; otherwise no).

Statistical Analysis

Chi-square tests were used to examine the relationship between four outcome variables and covariates. A p -value of <0.05 was used to define statistical significance. A series of independent multivariable logistic regression analyses was used to estimate adjusted odds ratios (AORs) and 95% confidence intervals (CI) for SSB intake (exposure variable) associated with employees' support on WWS (outcome) after controlling for age, sex, race/ethnicity, education level, annual household income, geographic regions, number of employees, and any availability of cafeteria/VM. All statistical analyses were performed with the Statistical Analysis Software (SAS) (version 9.3, SAS Institute Inc, Cary, NC) and all analyses accounted for the sample weights.

RESULTS

Among the 1,924 employed adults included in the analytic sample, 56% of adults did not consume SSB during the workweek, 25% consumed SSB 1–4 times/work week, and 19% consumed SSB at least once per workday (Table 1). SSB intake significantly differed by age, sex, race/ethnicity, education level, annual household income, geographic region, and any availability of cafeteria/VM (χ^2 tests, $p<0.05$). Within demographic groups with significant differences, the proportion of adults who consumed SSB at least once per workday was highest among adults aged 18–44 years, males, Hispanics, those with <high school education, those with annual household income of \leq \$74,999, and those living in the Midwest or South region (Table 1).

About half of our sample supported the accessibility strategies of Accessible Free Water (54%), Affordable Healthy Food/Drink (49%), Available Healthy Options (46%), while only 28% supported Less Available SSB strategy (Table 2). Support for all four WWS showed significant variation by certain demographic and employment characteristics (χ^2 tests, $P<0.05$). Supports for all four WWS were highest among college graduates. Female employees and those with household income \leq \$100,000 had the highest proportion of support for Accessible Free Water. Additionally, the proportion supporting Affordable Healthy Options was the highest among females. Support for Affordable Healthy Options and Available Healthy Options were higher in more populous worksites. Finally, the proportion of employees supportive of Less Available SSB was the highest among non-Hispanic other races and the South region (Table 2).

Based on multivariable logistic regression analyses (Table 3), daily SSB consumers were less supportive of Accessible Free Water (aOR=0.67; 95% CI=0.46–0.97) and decreasing the number of SSB in cafeterias/VM (aOR=0.49; 95% CI=0.31–0.79) compared with non-SSB consumers after controlling for covariates (sociodemographic characteristics, number of employees, and availability of cafeteria/VM). However, no significant associations were found for daily SSB consumers' support of Available Healthy Options or Affordable Healthy Food/Drink.

DISCUSSION

This study found that 19% of employed American adults drank a SSB at least once during the workday and 25% consumed them one or two times during a workweek. Consistent with our findings, previous studies reported higher SSB consumption among Hispanics,²³ younger adults, males, and those with less education and income.⁷ Furthermore, the proportion of non-SSB consumers was similar with or without cafeteria/VM in the present study. Previous work found that SSB consumption was associated with the total number of regular sodas available in VM,⁷ which suggests that reducing the availability and access of SSB in worksites may be an opportunity to decrease SSB consumption. However, we found only 28% of employees supported this kind of restrictive WWS strategy of making SSB less available, while finding considerably stronger support for the accessibility strategies of increasing access to free water and affordable healthy foods and beverages. Support for strategies that increase access is consistent with previous research,^{24–27} such as over 80% of

worksite cafeteria patrons supporting calorie labeling, which led to increased lower calorie side dishes and snacks purchases.²⁷ Lower support for restrictive strategy is also in line with earlier research, such as only 23% supporting a soda and candy tax.²⁸

Environmental and individual factors interrelate in many ways to shape human opportunities and actions.²⁹ Environmental factors such as ease access to food and beverage influence behavior by providing options that may be selected consciously or unconsciously.³⁰ Alternately, if no option is available, the individual is required to act intentionally and plan accordingly to meet needs. In other words, limited availability of SSB in worksites might decrease SSB consumption, because primarily only consumers who plan in advance to bring SSB to work would have access to SSB. More studies are needed to determine the combinations of environmental and individual approaches that are most effective and acceptable in worksite wellness programs after incorporating theories such as the theory of planned behavior and organization-level theory.

We also found daily SSB consumers at worksite being less supportive of free drinking water access and of decreasing SSB availability, although they were as likely as non-consumers to support healthy and affordable cafeteria/VM options. While potential underlying reasons for these findings are unclear, it may be partially due to a lack of knowledge about the negative health consequences of SSB consumption, which is associated with higher levels of SSB consumption,^{31,32} and knowledge influences individuals' attitudes and behaviors.³³ Thus, increasing SSB consumers' support for some WWS may be achieved by providing health education at worksite.³⁴

The mutual support by SSBs consumers and non-consumers for increasing healthy and affordable food/drink options provides a clear and actionable way forward. Employee support is an important factor for a strategy's success and has benefits to employees and employers.^{24,35} It is also consistent with criteria, such as public support and political will, that policy makers use to determine when to implement policies.³⁵ Employers can operationalize these strategies by integrating food and nutrition guidelines (e.g., the Health and Sustainability Guidelines for Federal Concessions and Vending Operations³⁶) into food service agreements to make worksite food environment healthier. The food and nutrition guidelines can be edited to address barriers to improve worksite food environment, such as potential decline in revenue generated by cafeteria/VM, contracts with vendors and food/beverage companies, and ability to bring less healthful food/beverage from home.

This study has several limitations. First, the findings are potentially subject to selection bias due to sampling methodology, and might not be generalizable to the entire population of employed US adults. However, Summer ConsumerStyle data is population-based and weighted to represent the distribution of the US population, to minimize any potential distortion of results due to selection bias. Second, there is possible bias due to the potential differences between the characteristics of our analytic sample and those who were excluded from the study. Third, Summer ConsumerStyle contains self-reported information, and the reliability and validity of the instruments that were used to measure support for worksite wellness strategies and SSB intake are unknown. Fourth, SSB intake question was limited to

workdays in the past week, which may not be representative of a typical week. Lastly, it is unknown where our study respondents obtained the SSB consumed during the workday.

CONCLUSIONS

Our study on employee's opinion found that almost half supported positive WWS that employers should provide access to free drinking water but daily SSB consumers were less likely to support a healthier worksite beverage environment. Lack of support could be a potential barrier to the successful implementation of certain worksite interventions. Increasing worksite choices for healthy food/beverage is a potential health promotion approach for many adults. Further research could help identify why SSB consumers do not support food and beverage WWS and inform targeted interventions to increase their support.

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SO WHAT?

What is already known on this topic?

Worksites are an important setting to promote behaviors associated with improving employee's dietary intake, which may contribute preventing and controlling obesity, because the work environment has influence on obesity-related behaviors including sedentary work environment, worksite cafeterias, and vending machines.

What does this article add?

About 1 in 5 employed adults reported consuming SSB at least once per workday. Daily workday SSB consumers were less supportive of certain wellness strategies (Accessible free water and Less available SSB).

What are the implications for health promotion practice or research?

Lack of support could be a potential barrier to the successful implementation of certain worksite interventions. Employers might benefit from prioritizing worksite wellness strategies based on employees' support. Further research could help identify why SSB consumers do not support food and beverage WWS and inform targeted interventions to increase their support.

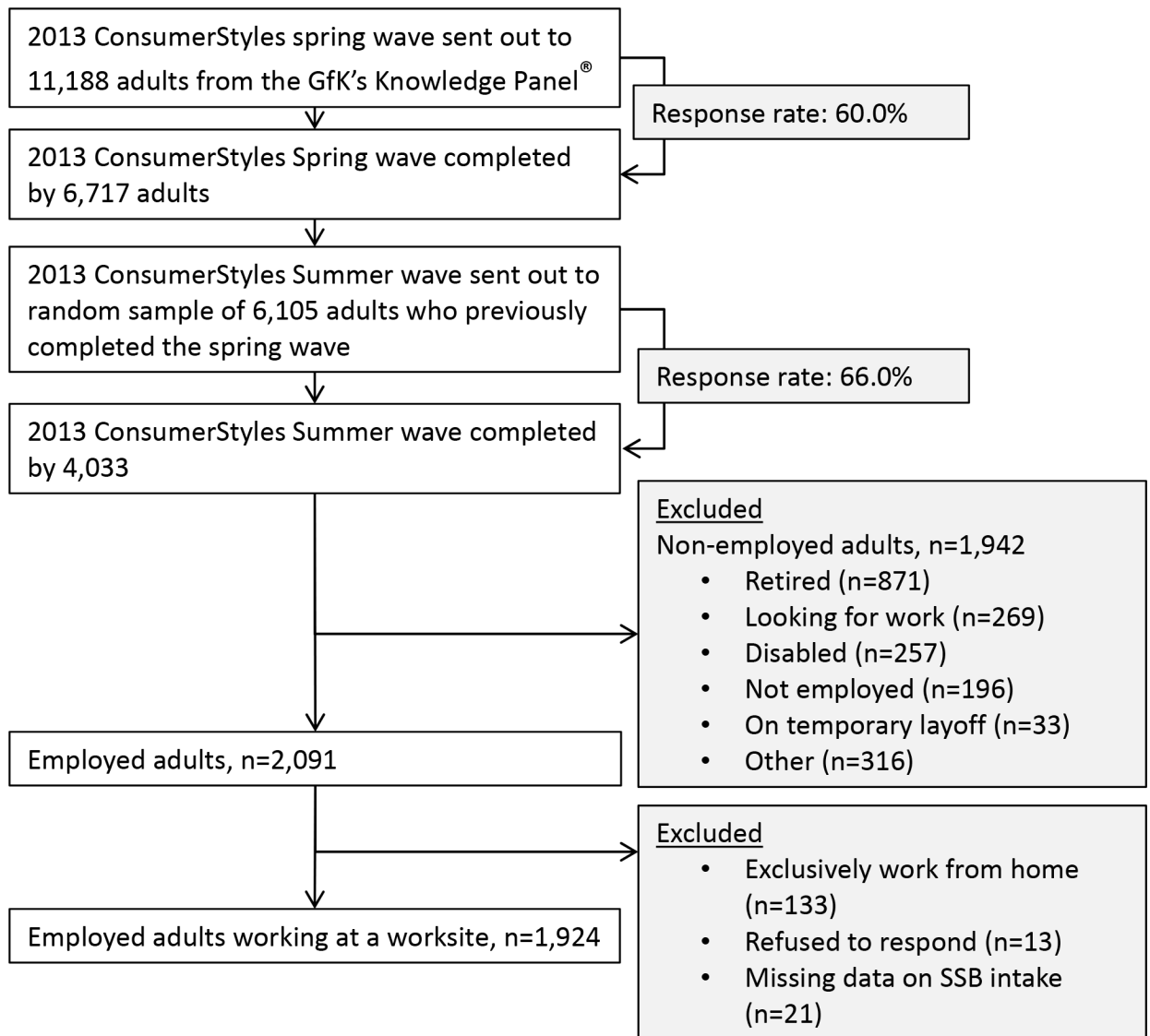


Figure 1.
Analytic Sample flowchart

Table 1.

Characteristics of employed US adults and their sugar-sweetened beverage (SSB) intake during the workday (N=1,924)—Summer ConsumerStyles Survey, 2013

Characteristics	All	SSB intake during the workweek			P value ^b
		None	1–4 times/workweek	1 times/workday	
	N (weighted %) ^a	% ± SE	% ± SE	% ± SE	
Total sample	1,924 (100)	56.1 ± 1.6	24.7 ± 1.4	19.2 ± 1.3	
Age					
18–24 y	108 (10.6)	44.4 ± 5.2	34.7 ± 5.0	20.9 ± 4.3	<0.001
25–44 y	731 (46.8)	51.8 ± 2.5	27.5 ± 2.2	20.7 ± 2.1	
45–64 y	989 (38.3)	63.5 ± 2.2	18.4 ± 1.8	18.1 ± 1.8	
65 y	96 (4.3)	71.5 ± 6.2	19.3 ± 5.9	9.1 ± 3.2	
Sex					
Male	989 (54.7)	50.2 ± 2.3	26.0 ± 2.0	23.8 ± 2.0	<0.0001
Female	935 (45.3)	62.9 ± 2.2	23.2 ± 2.0	13.9 ± 1.7	
Race/ethnicity					
NH white	1476 (68.1)	58.8 ± 1.8	22.3 ± 1.5	19.0 ± 1.5	<0.001
NH black	164 (10.1)	47.9 ± 5.3	32.9 ± 5.1	19.2 ± 4.1	
Hispanic	182 (14.8)	42.9 ± 4.7	29.8 ± 4.6	27.4 ± 4.3	
Other, non-Hispanic	102 (7.1)	69.1 ± 6.3	25.6 ± 6.0	5.3 ± 2.2	
Education level					
<High school	80 (8.0)	39.5 ± 6.2	29.6 ± 6.4	30.9 ± 6.1	<0.0001
High school	468 (28.1)	51.3 ± 3.1	24.3 ± 2.7	24.4 ± 2.8	
Some college	592 (27.5)	50.8 ± 2.9	28.5 ± 2.6	20.7 ± 2.4	
College graduate	784 (36.4)	68.3 ± 2.5	20.8 ± 2.1	10.9 ± 1.7	
Annual household income					
\$34,999	346 (17.5)	48.5 ± 3.6	26.5 ± 3.3	25.0 ± 3.1	<0.0001
\$35,000–\$74,999	703 (36.7)	49.0 ± 2.7	27.3 ± 2.4	23.6 ± 2.4	
\$75,000–\$99,999	346 (17.0)	60.7 ± 3.8	23.9 ± 3.3	15.4 ± 2.9	
\$100,000	529 (28.8)	67.1 ± 2.9	20.7 ± 2.5	12.3 ± 2.1	
Geographic regions					
Northeast	358 (19.1)	65.4 ± 3.5	20.0 ± 3.0	14.6 ± 2.5	0.02
Midwest	522 (23.4)	54.9 ± 3.3	22.6 ± 2.7	22.5 ± 2.9	
South	642 (36.9)	50.1 ± 2.7	28.3 ± 2.5	21.6 ± 2.3	
West	402 (20.7)	59.3 ± 3.5	25.0 ± 3.1	15.7 ± 2.8	
Worksite characteristics					
No. of employees (n=1,911)^c					
1–49	766 (40.5)	54.2 ± 2.7	24.2 ± 2.3	21.6 ± 2.3	0.15
50–99	264 (14.0)	48.3 ± 4.5	29.3 ± 4.2	22.4 ± 4.2	

Characteristics	All	SSB intake during the workweek			P value ^b
		None	1–4 times/workweek	1 times/workday	
	N (weighted %) ^a	% ± SE	% ± SE	% ± SE	
100–499	446 (23.2)	56.4 ± 3.5	25.1 ± 3.1	18.5 ± 2.8	
500+	435 (22.4)	64.5 ± 3.6	21.0 ± 3.0	14.5 ± 2.7	
Any availability of cafeteria/vending machine^d					
No	694 (38.3)	56.2 ± 2.8	20.9 ± 2.3	23.0 ± 2.5	0.05
Yes	1,230 (61.7)	56.5 ± 2.1	26.4 ± 1.9	17.0 ± 1.6	

^aWeighted percentage may not add up to 100% because of rounding.

^bChi-square tests were used to examine differences in SSB intake during the workweek across categories for each characteristic.

^c13 respondents refused to answer.

^dAny availability of food vending, drink vending, cafeteria or snack bar.

Table 2.

Support for food and beverage worksite wellness strategies by characteristics of employed US adults
(N=1,924)—Summer ConsumerStyles Survey, 2013^a

Characteristics	Accessible Free Water	Affordable Healthy Food/Drink	Available Healthy Options	Less Available SSB
	% ± SE	% ± SE	% ± SE	% ± SE
Total sample	54.3 ± 1.6	48.6 ± 1.6	45.8 ± 1.6	28.3 ± 1.5
Age				
18–24 y	51.1 ± 5.2	50.2 ± 5.2	37.6 ± 5.0	28.9 ± 4.7
25–44 y	53.7 ± 2.5	49.9 ± 2.5	46.7 ± 2.5	30.4 ± 2.3
45–64 y	56.3 ± 2.3	47.5 ± 2.3	48.2 ± 2.3	27.1 ± 2.1
65 y	53.3 ± 6.6	40.8 ± 6.5	40.5 ± 6.3	27.1 ± 5.5
Sex				
Male	51.8 ± 2.3 ^b	43.4 ± 2.2 ^b	43.6 ± 2.2	27.7 ± 2.0
Female	57.3 ± 2.3	54.7 ± 2.3	48.3 ± 2.3	30.1 ± 2.1
Race/ethnicity				
NH White	56.9 ± 1.8	46.9 ± 1.8 ^b	45.1 ± 1.8	24.1 ± 1.5 ^b
NH Black	45.9 ± 5.3	47.8 ± 5.3	50.6 ± 5.3	38.0 ± 5.3
Hispanic	46.8 ± 4.8	52.8 ± 4.8	41.0 ± 4.7	36.1 ± 4.6
Other, non-Hispanic	57.1 ± 7.1	58.3 ± 6.9	55.1 ± 7.0	44.8 ± 7.0
Education level				
<High school	35.1 ± 5.9 ^b	30.3 ± 5.6 ^b	39.6 ± 6.3 ^b	16.3 ± 4.4 ^b
High school	50.7 ± 3.1	42.7 ± 3.1	42.1 ± 3.0	23.3 ± 2.6
Some college	50.1 ± 2.9	51.3 ± 2.9	40.7 ± 2.8	28.1 ± 2.7
College graduate	65.4 ± 2.5	55.9 ± 2.6	54.6 ± 2.6	37.0 ± 2.6
Annual household income				
\$34,999	48.9 ± 3.6 ^b	45.9 ± 3.6	43.3 ± 3.6	26.1 ± 3.2
\$35,000–\$74,999	47.9 ± 2.7 ^b	48.8 ± 2.7	43.9 ± 2.7	26.4 ± 2.3
\$75,000–\$99,999	53.3 ± 3.9 ^b	46.0 ± 3.9	48.0 ± 3.9	32.2 ± 3.7
\$100,000	61.3 ± 3.0 ^b	51.8 ± 3.1	48.6 ± 3.1	31.6 ± 2.9
Geographic regions				
Northeast	52.4 ± 3.7	52.9 ± 3.7	50.0 ± 3.7	29.1 ± 3.3 ^b
Midwest	55.0 ± 3.2	41.9 ± 3.1	44.9 ± 3.2	20.2 ± 2.5
South	53.3 ± 2.7	48.7 ± 2.7	44.0 ± 2.7	33.0 ± 2.6
West	57.2 ± 3.6	52.3 ± 3.5	46.1 ± 3.5	31.1 ± 3.3
Worksite characteristics				
No. of employees (n=1,911)^c				

Characteristics	Accessible Free Water	Affordable Healthy Food/Drink	Available Healthy Options	Less Available SSB
	% ± SE	% ± SE	% ± SE	% ± SE
1–49	51.5 ± 2.7	40.7 ± 2.6 ^b	39.5 ± 2.6 ^b	23.4 ± 2.2
50–99	53.0 ± 4.6	46.5 ± 4.5	40.9 ± 4.4	26.4 ± 4.0
100–499	58.9 ± 3.9	55.3 ± 3.4	51.7 ± 3.5	31.3 ± 3.3
500+	56.5 ± 3.7	58.3 ± 3.6	56.8 ± 3.7	31.8 ± 3.4
Any availability of cafeteria/VM^d				
No	46.6 ± 2.8	40.3 ± 2.8	35.2 ± 2.7	20.9 ± 2.2
Yes	58.9 ± 2.1	53.9 ± 2.1	53.0 ± 2.1	31.5 ± 2.0
SSB intake during the workweek				
None	57.3 ± 2.2 ^b	49.0 ± 2.2	46.3 ± 2.2	29.6 ± 2.0 ^b
1–4 times/workweek	56.6 ± 3.5	52.6 ± 3.5	49.3 ± 3.5	32.1 ± 3.3
1 time/workday	42.2 ± 3.9	43.0 ± 4.0	41.9 ± 4.0	15.2 ± 2.6

^aWeighted percentage may not add up to 100% because of rounding.

^b χ^2 test was used for each variable to examine differences across categories, and p value was 0.05.

^c13 respondents refused to answer.

^dAny availability of food vending, drink vending, cafeteria or snack bar.

Relationship between employee's SSB intake^a and their support for food and beverage workplace wellness strategies among employed US adults — Summer ConsumerStyles Survey, 2013

Table 3.

	Support for Food and Beverage Workplace Wellness Strategies			
	Accessible Free Water AOR ^b (95% CI)	Affordable Healthy Food/Drink AOR ^b (95% CI)	Available Healthy Options AOR ^b (95% CI)	Less Available SSB AOR ^b (95% CI)
SSB intake ^a				
None	Reference	Reference	Reference	Reference
1–4 times/workweek	1.09 (0.78, 1.53)	1.22 (0.87, 1.71)	1.27 (0.90, 1.78)	1.08 (0.75, 1.56)
1 time/workday	0.67 (0.46, 0.97)	1.01 (0.69, 1.47)	1.06 (0.72, 1.56)	0.49 (0.31, 0.79)

^aDuring the last week that you were at work, how many times during the workday did you drink sugary drinks such as soda pop, sugar sweetened ice tea, sports drinks, energy drinks, or fruit drinks? Do not count diet/low calorie versions.”

^b Adjusted odds ratio, calculated from logistic regression controlling for age, sex, race/ethnicity, education level, annual household income, geographic regions, number of employees, and any availability of worksite cafeteria/vending machines.