

1992  
National  
Survey of

W O R K S T E P

# HEALTH PROMOTION

A C T I V I T I E S

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F I N A L R E P O R T



## FOREWORD

On behalf of the National Coordinating Committee on Worksite Health Promotion (NCCWHP) I am pleased to share with you the results of the 1992 National Survey of Worksite Health Promotion Activities. This survey was conducted to measure the growth of worksite health promotion activities since the first national survey in 1985. A major focus of the survey was to assess progress toward achievement of the worksite objectives in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, the Nation's prevention agenda.

The survey results reflect an overall commitment of employers to employee health. Specifically, they demonstrate an increase in worksite health promotion activities since 1985, as well as substantial progress toward achievement of many worksite-related health objectives. Though significant progress has been made, there is still much to be done. For example, the NCCWHP--convened to address policy, research, and program issues influencing employer involvement in worksite health promotion activities--has identified the need to formulate strategies for addressing issues specific to small worksites, particularly those with fewer than 50 employees. Likewise, there is still a need for improved information about employee participation and measured improvements in employee health.

The work that lies ahead will be the shared responsibility of all of us--management, unions, employee groups, employees, health promotion professionals, and government. I challenge each of you to help expand the opportunities for good health by continuing to work towards universal worksite health promotion, and I congratulate each of you for the progress that has already been made.

J. Michael McGinnis, M.D.  
Deputy Assistant Secretary for Health  
Director, Office of Disease Prevention and Health Promotion

## **ACKNOWLEDGMENTS**

The Final Report of the 1992 National Survey of Worksite Health Promotion Activities represents a collaborative effort on the part of many dedicated individuals from both the public and private sectors. Representatives from the originating agency, contract staff, and the project's Advisory Board are acknowledged below for their contributions to the successful completion of this project.

Lisa Kanner of the Office of Disease Prevention and Health Promotion, U.S. Public Health Service, Department of Health and Human Services, served as project officer for the study. Christina Wypijewski and James Harrell, also of the Office of Disease Prevention and Health Promotion, were key in providing technical and editorial assistance to the project.

The Office of Disease Prevention and Health Promotion contracted with Prospect Associates to design the survey as well as to analyze and report survey results. Marcia Carlyn, Ph.D., and Janet Greenblatt served as project managers. Other members of the Prospect Associates team included Laura Biesiadecki, Mark Sussman, and Erin Blondell. Response Analysis Corporation (RAC) served as a subcontractor on the project. Mary Kilkenny served as subcontract manager, and Lynne Firester served as sampling statistician. Other members of the RAC team included Linda Russell and Robert Benford. RAC worked with Prospect Associates on the design of the survey and administered the Computer-Assisted Telephone Interviewing (CATI) system.

Members of the 1992 National Survey of Worksite Health Promotion Activities Advisory Board were instrumental in providing guidance in questionnaire design, reviewing survey results, interpreting findings, and critiquing the Final Report, Summary Report, and Technical Appendix. Their thoughtful comments, useful suggestions, and expertise in worksite health promotion contributed greatly to the quality of the survey methodology and the presentation of research findings. A list of the names and affiliations of the Advisory Board members is provided on the following page.

Members of the Federal Interagency Committee on Worksite Health Promotion and staff from the National Center for Health Statistics and the Office of Health Planning and Evaluation within the Office of the Assistant Secretary for Health, U.S. Public Health Service, provided ongoing review and guidance. Their assistance is greatly appreciated.

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## CONTENTS

Executive Summary . . . . .	vii
Introduction . . . . .	1
Methodology . . . . .	5
Results	
General Worksite Demographics . . . . .	17
General Results . . . . .	29
General Preventive Services	
Selected Preventive Services . . . . .	43
High Blood Pressure/Cholesterol . . . . .	47
Cancer Screening and Activities . . . . .	59
HIV Infection and Sexually Transmitted Diseases . . . . .	65
Health Promotion	
Smoking Control . . . . .	71
Exercise and Fitness Activities . . . . .	77
Nutrition Education/Weight Management . . . . .	83
Prenatal Education . . . . .	93
Medical Self-Care . . . . .	97
Mental Health and Stress Management . . . . .	101
Alcohol and Other Drugs . . . . .	109
Health Protection	
General Workplace Safety and Health . . . . .	119
Back Care . . . . .	125
Off-the-Job Accidents . . . . .	129
Program Administration and Support and Activities	
Activity Coordination . . . . .	135
Department Responsible for Administration . . . . .	135
Payment for Activities . . . . .	135
Location of Activities . . . . .	136
Existence of a Budget . . . . .	136
Types of Offsite Organizations Providing Services . . . . .	136
Incentives . . . . .	149
Benefits and Evaluation	
Year Health Promotion Activities Instituted . . . . .	161
Goals and Objectives . . . . .	161
Records of Participation . . . . .	161
Evaluation Activities and Results . . . . .	162
Evaluation Results . . . . .	162
Cost-Containment Strategies . . . . .	162

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Benefits of Health Promotion Activities . . . . .	163
Reasons for Initiating Health Promotion Activities . . . . .	163
Reasons for Not Offering Health Promotion Activities . . . . .	163

## References

## Appendices

- Appendix A: Questionnaire
- Appendix B: Interview Training Manual
- Appendix C: Glossary

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## **EXECUTIVE SUMMARY**

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## EXECUTIVE SUMMARY

Interest in worksite health promotion and disease prevention has grown in the past decade, fueled in part by the increased science base supporting the role of prevention in reducing premature death and disability. Of interest to employers is the potential for worksite health promotion and disease prevention efforts to help contain health care costs while improving productivity and morale and reducing absenteeism and employee turnover. Since the early 1980s, the Federal Government has increased the level of resources devoted to worksite health promotion initiatives in both the public and private sectors. The U.S. Public Health Service, for example, has played a principal role in stimulating and coordinating projects and programs to develop model worksite interventions, develop policies, and document examples of successful worksite programs.

In 1985, the Office of Disease Prevention and Health Promotion, Public Health Service, funded a national survey to determine the degree of health promotion activities in the private sector. The study showed that the worksite was being used as a site for health promotion and provided baseline and tracking data to monitor national health objectives.

The subsequent 1992 National Survey of Worksite Health Promotion Activities, described in this report, examined worksite health promotion and disease prevention activities in 1,507 private worksites in the United States. Specifically, the survey assessed the policies, practices, services and facilities, information, and activities sponsored by employers to improve the health of their employees, dependents, and retirees.

A major focus of the survey effort was to assess the growth of worksite health promotion since the first national survey in 1985 and to document progress toward achievement of the worksite objectives in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. The 1992 survey assessed health promotion activities sponsored by worksites with 50 or more employees and across a range of industries, including manufacturing, wholesale/retail, services, finance/insurance/real estate, transportation/communications/utilities, and agriculture/mining/construction. Worksites surveyed represent a geographically dispersed, statistically valid, random sample within the United States.

Respondents were queried about their worksite's health promotion efforts in four main approaches: worksite policies, health-related screenings (including referral and followup), information or activities (including individual counseling, group classes, workshops, lectures, special events, and resource materials such as publications and videos), and facilities and services (including fitness facilities and vending machines). Where applicable, detailed questions on activities unique to a specific subject area were asked, such as fitness testing or special telephone hotlines to answer medical questions.

The survey also assessed various aspects of health promotion program administration including program coordination, budget, incentives, and payment. In an attempt to quantify both formal and informal evaluation efforts, the 1992 survey also included questions about the benefits of health promotion activities as well as whether and how these benefits are documented. A total of 18 health promotion and disease prevention subject areas were covered in the 1992 survey, compared with 9 in 1985.

Overall, the 1992 survey results reveal an increase in worksite health promotion activities since 1985 and substantial progress toward achievement of many worksite-related health objectives for the year 2000. Excluding worksites whose only health promotion activity was a formal smoking policy and using comparable categories of activities surveyed in 1985, the 1992 survey found that 81 percent of worksites offer at least one health promotion activity compared with 66 percent in 1985. Of particular note was the increase in worksite nutrition,

weight control, physical fitness, high blood pressure, and stress management activities from 1985 to 1992. Physical activity and fitness activities showed the most impressive gains, exceeding the goals for worksite fitness activities in every worksite size category.

Fewer worksites offer information and activities on off-the-job accidents than in 1985; back care activities remained about the same. Although the percentage of companies offering smoking cessation activities also remained about the same, there has been a substantial increase since 1985 in the number of worksites with formal policies that prohibit or severely restrict smoking at the workplace.

Worksite efforts to provide information and activities for employees on the topics of alcohol and other drugs, AIDS and sexually transmitted disease, mental health concerns (such as depression), cholesterol, cancer, medical self-care, prenatal care, and job hazard and injury prevention were included in the 1992 survey. Prevalence rates for offering workers information or activities to address these categories were all under 40 percent with one exception: 64 percent of worksites offered information or activities on job hazards and injury prevention.

The survey offered insight into several practices used by employers to encourage employee participation in worksite health promotion activities. Seventy-two percent of worksites allow employees to use official company time to participate in health promotion activities; 45 percent allow the use of flex-time. Several types of financial incentives are used by employers to encourage healthy practices, including flexible spending accounts (31 percent), risk-rated health insurance premiums based on smoking status (12 percent), seatbelt use (5 percent), and participation in weight loss classes (4 percent). Eight percent of worksites provide annual fixed reimbursement for expenses incurred by employees for certain types of health promotion activities, and several offer subsidized discounts or reduced fees for participation in community-based programs such as smoking cessation (16 percent), exercise or recreation clubs (13 percent), and weight loss classes (8 percent).

The survey results indicate that worksite size is a strong indicator of the quantity and type of health promotion activities offered. Worksites with 750 or more employees consistently offer a greater proportion of worksite health promotion activities and information when compared with smaller worksites. Although not as strong an indicator as worksite size, industry classification also is related to worksite health promotion. When compared with other industries, a greater percentage of worksites in the services industry and transportation/communications/utilities industry provide health promotion information and activities in high blood pressure control, exercise and physical fitness, AIDS education, and stress management. Worksites that are fully or partially self-insured are more likely to offer health promotion activities. Conversely, geographic comparison revealed little or no variation among worksites in different areas of the country.

Some interesting decreases in health promotion activity occurred since 1985. Although the proportion of worksites offering information or activities has increased since 1985, fewer worksites are extending eligibility for health promotion services to retired employees and employees' dependents. In addition, while more worksites offer health screening activities than in 1985, fewer are paying the entire cost of the screening activities. It should be noted that neither the 1985 or 1992 surveys assessed health promotion and disease prevention activities covered by employee benefits plans, where coverage for preventive services may be increasing. This could account for the decrease in both payment and provision of worksite screenings reported in the 1992 survey. Finally, fewer worksites have written goals and objectives for worksite health promotion in 1992 than in 1985.



## **Research Recommendations**

The 1992 National Survey of Worksite Health Promotion Activities presents a descriptive bivariate analysis of current employee worksite health promotion efforts. Program managers, researchers, policymakers, and academicians are encouraged to use the data to conduct further analyses to address the many research questions that remain. The following observations are offered to help guide future research:

- A lack of consensus among worksite health promotion researchers regarding the definitions of specific health promotion programs and activities presents a major barrier to effective data collection and analysis. Process and subject definitions must be universally recognized and understood by employers to enable respondents to accurately answer questions.
- The relationship between worksite health promotion and health protection must be clearly defined to avoid misrepresenting mandatory occupational health and safety activities as health promotion activities. The differences between a worker health and safety program and an employee health promotion program need to be defined.
- Survey pretest efforts revealed that most employers did not maintain records of employee participation in health promotion activities. Hence, overall participation rates for various populations, including high-risk groups, could not be investigated.

The 1992 survey provides a comprehensive set of data that should be analyzed in depth. For example, the data set could be used to investigate the following research and program areas:

- The impact of worksite policies on program activities: Are worksites that prohibit or severely restrict smoking more likely to offer smoking cessation activities or to reward nonsmoking employees?
- The relationship between employee assistance programs (EAPs) and health promotion activities: Are worksites with employee assistance programs providing a broader array of health promotion activities than worksites without EAPs?
- The relationship between worksite demographics and health promotion: Are employee age, unionization, or salary status related to health promotion activity?
- The insurance status of a worksite and certain types of activities: Are fully self-insured worksites more likely than worksites with other insurance arrangements to provide information and activities on medical self-care, for example?
- The relationship between health promotion policies/activities and outcomes: How strong is the documentation that health promotion is having an impact on employee or organizational health, and what is that impact?

Although not directly applicable to this survey, further study of Government regulations and initiatives, consumer movements in the creation of national prevention initiatives, and their relationship to worksite programs is warranted. The 1992 National Survey of Worksite Health Promotion Activities can be used to analyze trends in the private and public sectors and serve to generate increased interest and support for worksite-based prevention efforts in the future.

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## INTRODUCTION

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## INTRODUCTION

Interest in worksite health promotion and disease prevention has grown in the past decade, fueled in part by the increased science base supporting the role of prevention in reducing premature death and disability. Employers are interested in the potential for worksite health promotion and disease prevention efforts to help contain health care costs and improving productivity and morale and reducing absenteeism and employee turnover.

Since the early 1980's, the Federal Government has increased the level of resources devoted to worksite health promotion initiatives in both the public and private sectors. The Office of Disease Prevention and Health Promotion (ODPHP) of the U.S. Public Health Service (PHS), Department of Health and Human Services (DHHS), has played a principal role in stimulating and coordinating efforts in both the public and private sectors to reduce the risk of disease and early death and to promote good health. The ODPHP has undertaken this mandate by developing prevention policy, coordinating and facilitating prevention activities of the agencies of the PHS, and helping to stimulate and foster the involvement of Federal and non-Federal groups.

In 1979, the Public Health Service released *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. This report reviewed the status of public health in the United States, identified 15 priority areas for the next decade, and established broad national health goals. The goals called for an increase in the health and a decrease in the morbidity of Americans within specified age groups, including infants, children, adolescents, adults, and older Americans. Following the Surgeon General's report, in 1980, the ODPHP published *Promoting Health/Preventing Disease: Objectives for the Nation*. This report defined quantifiable health-related objectives for the Nation to achieve by 1990, based on the 15 priority areas identified in the Surgeon General's report. The 1990 objectives included, but were not limited to, high blood pressure control, occupational safety and health, sexually transmitted diseases, physical fitness and exercise, control of stress and violent behavior, and smoking and health. The 1990 objectives received broad-based interest and support throughout the 1980's, which contributed to the publication in 1990 of the comprehensive document *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*.<sup>1</sup> *Healthy People 2000* reflects a major undertaking coordinated by the U.S. Public Health Service to define goals and objectives for improving the health of Americans by the end of the century, the year 2000. It contains 300 objectives for Americans within specified age groups and includes specific targets for racial and ethnic minorities, people with low income, and people with disabilities.

In 1985, ODPHP funded a national survey to assess the level of health promotion activities in private worksites with 50 or more employees. This groundbreaking study provided quantitative evidence that the worksite was becoming a major channel for health promotion. Results of the *1985 National Survey of Worksite Health Promotion Activities*<sup>2</sup> showed that there was potential to improve the Nation's health by increasing the number and variety of

worksite health promotion activities.<sup>3</sup> In addition, survey data were useful to ODPHP in tracking progress toward achieving the 1990 national health objectives. For example, survey results indicated that, as of 1985, the number of worksites with health promotion activities, including stress management and physical fitness, exceeded the 1990 objectives; however, specific objectives related to smoking, weight control, and nutrition education appeared to fall short of the established goals.

While the growth of corporate health enhancement programs since 1985 was a subject of much interest, the *1985 National Survey of Worksite Health Promotion Activities* remained the only comprehensive, nationally representative survey of corporate involvement in employee health promotion and disease prevention. Therefore, in 1990, ODPHP commissioned a second national survey to quantify and characterize evolving trends in the nature and extent of worksite health promotion programs and, in some cases, to establish baselines for the year 2000 objectives. The survey was designed to collect data on a nationally representative unbiased sample of worksites. Specifically, the survey assessed the policies, practices, services and facilities, and information and activities sponsored by employers to improve the health of their employees, dependents, and retirees. The private sector historically has taken the lead in providing innovative and effective health promotion activities to employees. Therefore, the survey collected information to develop an understanding of new private sector policies and activities and the perceived benefits of these activities to organizations. To ensure consistency in comparing 1992 data with 1985 data, the survey targeted only private sector worksites. The new information will help the Federal Government develop worksite initiatives that are responsive to actual program needs and interests of employers and also will increase attention to worksite health promotion activities for Federal and other public sector employees.

The major objectives of the 1992 survey were to determine:

- The nature and extent of worksite health promotion activities in small, medium, and large worksites and different types of industries.
- The level of change in the nature and extent of worksite health promotion activities since 1985.
- The level of progress toward meeting the *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*.
- The administrative activities and policies used to support worksite health promotion activities.
- The employers' perceived and documented benefits derived from their efforts to promote health and prevent disease among their employees.

This report documents the results of the 1992 National Survey of Worksite Health Promotion Activities. Results are presented in a manner designed to be useful to worksite program managers, policymakers, and academicians interested in understanding the status of current worksite health promotion activities in relation to previous survey results and the year 2000 objectives. Percentages contained in the body of this report are reported as whole numbers while percentages in the tables are reported to one decimal place. For consistency, any number with five (5) in the tenths place was rounded to the nearest even whole number.

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## METHODOLOGY

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## **METHODOLOGY**

The 1992 National Survey of Worksite Health Promotion Activities was based on a stratified random sample of private worksites with 50 or more employees. To represent such worksites, the sample was stratified along two parameters: size of worksite and type of industry.

Two survey research companies, Prospect Associates and Response Analysis Corporation (RAC), were responsible for the sample design and worked closely with the ODPHP and the PHS and its advisory board of national experts in the development of the survey instrument. Prospect and RAC also assisted in obtaining Office of Management and Budget (OMB) clearance for the survey and were responsible for collecting, preparing, and analyzing data. Interviews were conducted using RAC's Computer-Assisted Telephone Interviewing (CATI) system.

The discussion which follows summarizes the methods and procedures used for the sample design and data collection activities associated with the study. A detailed discussion of survey methodology can be found in the Technical Appendix.

## **RESPONDENT UNIVERSE AND TARGET POPULATION**

The target population for this survey was the universe of private worksites located in the continental United States having 50 or more employees.

For the survey, a "worksite" was defined as the organizational entity comprised of employees working at a particular geographic location. Worksites were chosen as the unit of analysis for the study because a single corporation or company may have multiple worksites that offer different health promotion activities.

Because a corporation or company may have multiple worksites, the present study was designed to allow for the possibility that more than one worksite from the same parent company could be included in the sample.

The definition of "private" (or nongovernmental) worksites was based on Standard Industrial Classification (SIC) codes. Excluded from this definition were those worksites identified as public elementary and secondary schools; general public libraries; the U.S. Postal Service; Federal Reserve Banks; Federal and state saving institutions or credit unions; and other Federal, state, and local governments.

## **SAMPLE SELECTION & DESIGN**

### **Sampling Frame**

Dun and Bradstreet's (D&B's) list of businesses in the continental United States constituted the study's sampling frame. The D&B database covers every commercial/industrial segment in the United States and has particularly complete coverage of worksites with 50 or more employees. In addition, D&B offers detailed information on worksites, including the type of worksite (e.g., parent, single location, subsidiary), SIC code, names of key personnel, telephone numbers, and addresses.

Two types of sampling strata were used for the 1992 survey: industry and worksite size (based on number of employees and hereafter referred to as "size"). Worksites drawn for the sample list were classified according to six broad industry categories and four size categories. The six industry categories, as defined by the worksite's primary SIC code, are shown in Table 1. The four size categories are shown in Table 2.

No stratification by geographic region was implemented during the sampling process. This course was taken because the 1985 survey revealed little or no variation by geographic region in the percentage of worksites offering health promotion activities. In place of regional stratification, random sampling techniques provided a geographically representative sample.

Crossing the industry and the size categories resulted in a total of 24 (i.e., 6 x 4) sampling cells (or subcategories). The sample was drawn by randomly selecting from the D&B database a list of worksites that met the criteria for membership for each of the 24 sampling cells, with each cell's member having an equal probability of selection.

### **Strata Definition**

After initial contact had been made with the worksites in the sample, some respondents provided industry and/or size descriptions that differed from information specified in the D&B database. For reasons detailed in the Technical Appendix, analysis of the 1992 survey relied on worksite size as reported by respondents while identification of type of industry was based on D&B classifications.



TABLE 1

INDUSTRY CATEGORIES	SIC CODES
Manufacturing	2000 through 3900
Wholesale/Retail	5000 through 5900
Services	7000 through 8900 (except 821103, 823103)
Transportation/Communications/ Utilities (Trans/Pub Utilities)	4000 through 4900 (except 4300-4399)
Finance/Insurance/Real Estate (Financial)	6000 through 6700 (except 6011, 6019, 6035, 6061, 6062, 6111)
Agriculture/Mining/Construction (Ag/Mining/Const)	0100 through 1700

TABLE 2

SIZE CATEGORIES	NUMBER OF EMPLOYEES
Small	50-99
Medium	100-249
Large	250-499
Extra-Large	500 or more <sup>1</sup>

<sup>1</sup>For size categories, two definitions of "extra large" were used. One definition labeled worksites with 500 or more employees as "extra large" and was used only for purposes of sampling and weighting. A second definition of 750 or more employees was used for analysis and reporting of survey results. This latter definition corresponds to that used in the 1985 survey and its use in the body of this report allows for comparisons over time. The difference between these definitions is purely cosmetic in nature, and their dual use does not alter the survey's results or findings.

### Sampling Plan

The sampling plan was constructed to collect 1,504 completed interviews. The plan included oversampling worksites in the following size and industry categories: large, extra-large, transportation/communications/utilities (transportation and public utilities), finance/insurance/real estate (financial), and agriculture/mining/construction industries. The need for oversampling, defined here as sampling worksites in numbers greater than that demanded by their universe proportions, is detailed in the Technical Appendix.

A total of 1,507 interviews were completed based on this sampling plan. Tables 3a, 3b, and 3c outline each sampling cell's proportion in the target population, as well as the actual number and percentage of worksites included in the final sample. For analysis purposes, data were reweighted so that each sampling cell represented its true proportion in the population. Weighting and statistical analysis issues are discussed later in this section.

### Response Rates

The overall response rate among eligible worksites sampled was 74 percent. Worksites were only considered eligible if they had 50 or more employees and were in the private sector. A detailed description of sample disposition can be found in the Technical Appendix.

## **WEIGHTING AND STATISTICAL ANALYSIS ISSUES**

### Weighting

The achieved sample of 1,507 responding worksites was weighted to reflect their actual distribution in the target population as measured by the D&B database for each of the 24 sampling cells. Specifically, the computed weights adjusted for disproportional sampling resulting from oversampling (as described above) in three categories within the industry strata (transportation and public utilities, financial, and agriculture/mining/construction industries) and the two largest size categories within the worksite size strata.

Weighting was conducted at the level of the 24 sampling cells so as to achieve two goals: (1) to minimize differences between weighted and population distributions within the industry and worksite size strata, and (2) to minimize adjustments due to weighting of the sampling cells' frequencies.

### Statistical Analysis

The weighting techniques used for this survey artificially inflated the respondent count to 9,172 from the 1,507 worksites that were actually sampled. See Technical Appendix for complete details. As a result, special procedures must be used with respect to sample size

TABLE 3a

ACTUAL PROPORTIONS OF WORKSITES FOUND IN TARGET POPULATION							
SIZE	INDUSTRY						
	TOTAL	Manufacturing	Wholesale/ Retail	Services	Trans/Pub Utilities	Financial	Ag/Min- ing/Const
TOTAL	100.0%	22.4%	24.3%	35.5%	5.9%	6.0%	5.9%
Small	56.4%	10.0%	15.8%	20.2%	3.2%	3.4%	3.8%
Medium	30.1%	7.7%	7.0%	10.4%	1.8%	1.6%	1.6%
Large	7.9%	2.8%	1.1%	2.6%	0.5%	0.5%	0.3%
Extra-Large	5.6%	1.9%	0.4%	2.3%	0.4%	0.4%	0.2%

TABLE 3b

PROPORTIONS OF WORKSITES SAMPLED IN 1992 SURVEY							
SIZE	INDUSTRY STRATA						
	TOTAL	Manufacturing	Wholesale/ Retail	Services	Trans/Pub Utilities	Financial	Ag/Min- ing/Const
TOTAL	100.0%	22.9%	22.0%	25.0%	10.1%	10.7%	9.3%
Small	31.1%	7.2%	7.0%	7.4%	3.0%	3.6%	3.1%
Medium	29.4%	6.6%	6.2%	8.0%	3.0%	3.0%	2.7%
Large	20.7%	4.4%	4.6%	5.3%	2.3%	2.1%	2.1%
Extra-Large	18.8%	4.8%	4.3%	4.3%	1.9%	2.1%	1.5%

TABLE 3c

NUMBER OF WORKSITES SAMPLED FOR 1992 SURVEY							
SIZE	INDUSTRY						
	TOTAL	Manufacturing	Wholesale/ Retail	Services	Trans/Pub Utilities	Financial	Ag/Min- ing/Const
TOTAL	1507	345	332	376	152	162	140
Small	469	108	105	111	45	54	46
Medium	443	99	93	120	45	45	41
Large	312	66	69	80	35	31	31
Extra-Large	283	72	65	65	27	32	22

when conducting statistical analyses. Such special procedures are not available on all currently available statistical packages. Thus, if the data set from this survey is obtained for further analysis, care should be taken to account for differences between weighted and unweighted sample sizes.

Use of weighted data did allow for comparisons across size and industry categories and between the 1985 and 1992 surveys. Such comparisons were valid because, as mentioned above, worksites were weighted to reflect their actual distribution in the target population.

### Confidence Intervals

Confidence intervals for measuring statistical differences between estimated proportions are provided in Tables 4a and 4b. Figures in these tables are based on a 95 percent confidence level for the overall sample as well as for each of the industry and size categories.

## **COMPARISONS WITH 1985 SURVEY**

As mentioned in the "Strata Definition" section, the D&B dataset contained some errors with respect to worksite size. Often these errors were due to corporate downsizing after D&B data were collected. To protect against including ineligible worksites, the 1992 questionnaire screened respondents on worksite size and eliminated any respondents who cited fewer than 50 employees at their worksites. In contrast, the 1985 survey did not exclude such respondents. As a result, 10 percent of the 1,376 worksites included in the 1985 survey had fewer than 50 employees.

Respondents to the 1992 survey also were screened to ensure that all worksites included in the study were part of the private sector. Fourteen percent of those contacted answered "yes" to the following question and therefore were eliminated from the sample:

"Is your organization a part of the Federal, state, or local government?"

Because no such question was included in the 1985 survey, it is likely that results from the earlier survey were based, in part, on data obtained from nonprivate worksites.

## **SURVEY INSTRUMENT DESIGN**

The survey was divided into seven sections as outlined below. Sections 2 through 4 correspond to the broad approaches outlined in *Healthy People 2000*. The complete questionnaire is presented in Appendix A.

**TABLE 4a**  
**Ninety-five percent confidence intervals for estimates**  
**by worksite size, 1992**

		ESTIMATED PERCENT				
Number of Employees	Sample Size	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Total	1507	1.5	2.0	2.3	2.5	2.5
50 - 99	469	2.7	3.6	4.2	4.4	4.5
100 - 249	443	2.8	3.7	4.3	4.6	4.7
250 - 749	403	2.9	3.9	4.5	4.8	4.9
750 +	192	4.2	5.7	6.5	6.9	7.1

\*\*Calculated using the formula:  $p \pm 1.96 \sqrt{\frac{pq}{n}}$  where  $p$  = the estimated percent found in survey data  
 $q = 1 - p$   
 $n$  = sample size

#### How to Calculate Confidence Limits

1. Round the estimated percent up to the next highest percent found in the table's columns.
2. Find the row representing the size category of interest.
3. Locate the confidence interval at the column/row intersection.
4. The Lower Confidence Limit = Estimated percent - confidence interval.
5. The Upper Confidence Limit = Estimated percent + confidence interval.

Example 1: For worksites with 750 or more employees, if the estimated percent is 10%, the confidence interval would be  $10\% \pm 4.24\%$  or a lower confidence limit of 5.76% and an upper confidence limit of 14.24%.

TABLE 4b  
Ninety-five percent confidence intervals for estimates  
by industry, 1992

Industry	Sample Size	ESTIMATED PERCENT				
		10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Manufacturing	345	3.2	4.2	4.8	5.2	5.3
Wholesale/Retail	332	3.2	4.3	4.9	5.3	5.4
Services	376	3.0	4.0	4.6	5.0	5.0
Trans/Pub utilities	152	4.8	6.4	7.3	7.8	8.0
Financial	162	4.6	6.2	7.1	7.5	7.7
Ag/Mining/Const	140	5.0	6.6	7.6	8.1	8.3

\*\*Calculated using the formula:  $p \pm 1.96 \sqrt{\frac{pq}{n}}$  where  $p$  = the estimated percent found in survey data  
 $q = 1 - p$   
 $n$  = sample size

#### How to Calculate Confidence Limits

1. Round the estimated percent up to the next highest percent found in the table's columns.
2. Find the row representing the industry category of interest.
3. Locate the confidence interval at the column/row intersection.
4. The Lower Confidence Limit = Estimated percent - confidence interval.
5. The Upper Confidence Limit = Estimated percent + confidence interval.

Example 2: For worksites in the service industry, if the estimated percent is 29%, the confidence interval would be  $29\% \pm 4.63$  or a lower confidence limit of 24.4% and an upper confidence limit of 33.6%.

- Section 1. General worksite demographics. The relationships between size, demographics, and type of worksite; and the prevalence of worksite health promotion and disease prevention activities.
- Section 2. General preventive services. The degree to which employers are using the worksite to provide screening, immunization, and counseling services in key prevention areas.
- Section 3. Health promotion. The health promotion and disease prevention activities that are related to the *Healthy People 2000* goals of modifying lifestyle factors that influence risk for disease and disability.
- Section 4. Health protection. Selected occupational health and safety areas commonly included in employer-sponsored programs to improve employee health habits. Not included were those health protection topics that are surveyed by other agencies, such as the Environmental Protection Agency and the Occupational Safety and Health Administration.
- Section 5. Program administration and support. Information on the management, coordination, budget, and personnel involved with health promotion activities, designed to generate a better understanding of employer commitment to health promotion activities and national expenditures on prevention programs.
- Section 6. Incentives. The use of incentives by employers to encourage employee participation in worksite programs.
- Section 7. Program evaluation. The scope of employer evaluations of worksite health promotion programs, including a description of the evaluation tools used and whether employees found their programs to be beneficial.

### Pretesting

One pretest and one pilot test were conducted before fielding the survey.

The pretest was conducted among eight respondents in the Princeton, New Jersey, area. This pretest elicited comments from respondents on the questionnaire's understandability, clarity, and applicability to their worksites. Additional guidance was provided by respondents on:

- Time required to complete the questionnaire.
- Clarity and comprehensiveness of instructions.

- Logic of question sequence.
- Activities not covered by the questionnaire.

As a result of the pretest, changes were made in the questionnaire to meet the needs of the study's objectives and to enhance respondent understandability.

A pilot test was subsequently conducted among nine respondents from different areas of the country. The purpose of the pilot test was to test questionnaire revisions resulting from the pretest and to test the procedures and systems to be used for the survey.

The pilot test was conducted in the same manner as the full scale study (as outlined below), including use of RAC's telephone CATI system and preliminary contact letters. Experienced interviewers were used to administer the questionnaire and conduct an in-depth debriefing of respondents to better understand respondents' perspective of the entire process.

Results of the pilot test were used to modify procedures for locating appropriate persons at worksites. Survey data from the pilot test's nine respondents were included in the survey's final results.

### Survey Implementation

Before any telephone contact, a letter signed by Dr. J. Michael McGinnis, Deputy Assistant Secretary for Health, Director, Office of Disease Prevention and Health Promotion, was sent to each potential respondent. Included with the letter was a brief description of the study's background and objectives. The letter is provided in the Technical Appendix.

Intensive efforts were made to (1) contact every worksite, (2) identify the appropriate individual to respond to the survey, and (3) maximize the response rate. These procedures included:

- Scheduling followup appointments for administering the questionnaire.
- Having the interviewer who made the original contact conduct the survey, when possible.
- Providing an 800 toll-free number for respondents to verify RAC's authenticity and/or schedule a followup appointment.
- Forwarding further information via mail or facsimile when requested.

The prompts that interviewers used to identify appropriate personnel are described in Appendix B. A more detailed explanation of the steps taken to maximize the response rate is provided in the Technical Appendix.



The CATI system developed by RAC guaranteed that questions were asked in the correct order, that responses were relevant to the question asked, and that sampling was handled correctly. Open-ended responses were reviewed by Prospect and RAC, and additional codes were developed where needed.

Some 1,507 interviews were conducted from February 11 to April 21, 1992. The average interview length was 29 minutes. The number of calls needed to complete an interview ranged from a low of 4 to a high of 20, with an average of 8 calls required per interview.

### Interviewer Training

As soon as the questionnaire was finalized, development of the interviewer training program began. The program included a study-specific training manual explaining the survey's sponsorship and objectives, a review of interviewing techniques, and a question-by-question discussion of the survey instrument. Training exercises, a final training test, and calling procedures constituted the program's remaining components. Special emphasis was placed on techniques for obtaining cooperation and countering a respondent's objections to participating in the survey. These techniques were included in the training manual, which can be found in the Technical Appendix. Definitions of lay terms provided to the interviewers are provided in Appendix C.

Training was conducted with the study's 20 interviewers. All of the interviewers were experienced in executive interviews and had conducted a minimum of 10 surveys using the CATI system.

### Quality Control

Floor supervision and remote monitoring were used as quality-control procedures for the survey. Visible floor supervision operated constantly throughout the interviewing. Highly trained supervisors were present in a ratio of one supervisor to every four or five interviewers.

Specially designed computer software was used to allow supervisors to view interviewers' CRT screens while monitoring their telephone calls. This quality-control mechanism allowed a supervisor to observe the entire interaction between an interviewer and respondent. Approximately 10 percent of each interviewer's work was monitored in this way. Because the equipment permitted monitoring interviewers without their knowledge, the monitoring also served as a means of improving the validity of responses.

As noted above, the results reported in this document are based on interviews conducted among a random sample of private worksites located in the continental United States with 50 or more employees at the worksite. Application and/or projection of these results to any worksites outside of this target audience would be fallacious and should be avoided.

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## RESULTS

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## **GENERAL WORKSITE DEMOGRAPHICS**

## **GENERAL WORKSITE DEMOGRAPHICS**

### **Worksite Size**

Four worksite size categories were sampled for the 1992 survey. The sample contained an approximately equal number of worksites in the three smaller worksite size categories: 50 to 99 employees (469 worksites), 100 to 249 employees (443 worksites), and 250 to 749 employees (403 worksites). The largest size category, 750 or more employees, contained 192 worksites.

### **Industry Classification**

Six industry categories were sampled for the survey. The sample contained 376 worksites from the services industry, 345 from the manufacturing industry, 332 from the wholesale/retail industry, 162 from the financial/insurance/real estate industry, 152 from the transportation/communications/utilities industry, and 140 worksites from the agricultural/mining/construction industries. For the sake of brevity, the financial/insurance/real estate industry is referred to as the "financial industry," and the transportation/communications/utilities industry is referred to as "transportation and public utilities industry" throughout this report.

### **Description of Company's Profit**

Survey respondents were asked to describe the profitability of their companies in 1991. Results showed that 11 percent of worksites were very profitable, 33 percent were moderately profitable, 26 percent were slightly profitable, and 10 percent were not profitable. Worksites with 750 or more employees were two times as likely to report being very profitable compared with worksites with 50 to 99 employees. Worksites in the wholesale/retail industry were most likely to have been very profitable in 1991. See Tables 5a and 5b.

### **Change in the Size of Workforce**

Nearly one-half (47 percent) of the workforces remained about the same in the past 3 months, 3 out of every 10 (29 percent) worksites downsized their workforce, and 21 percent increased the size of their workforce. Worksites with 750 or more employees were least likely to report that the size of their workforce had stayed the same. See Tables 5a and 5b.

## Characteristics of the Workforce

Survey results revealed the following:

- Percent of employees salaried--In only 7 percent of the worksites are 100 percent of the employees salaried (i.e., receiving a fixed paycheck for a fixed time period). Rates vary by the size of the worksite. The percent of worksites in which 50 percent or more of their employees are salaried varies from 23 percent in worksites with 50 to 99 employees to 39 percent in worksites with 750 or more employees. There is a broad range among the different industry categories, from a high of 47 percent of worksites in the financial industry to a low of 22 percent of worksites in the wholesale/retail industry. See Tables 6a and 6b.
- Percent of employees under 30 years of age--In 52 percent of worksites, less than one-half of all employees are under the age of 30. Rates are consistent across size categories and industry categories, except for manufacturing in which 63 percent of employees are under the age of 30. See Tables 6a and 6b.
- Percent of employees represented by a union--In a majority of the worksites (82 percent), none of the employees are represented by a union. The rates are consistent across size and industry categories except for worksites in the transportation and public utilities industry. In 25 percent of these worksites, at least one-half of the employees are represented by a union. See Tables 6a and 6b.
- Percent of employees who were shift workers--In nearly four out of every 10 worksites (39 percent), none of the employees are shift workers (i.e., working other than standard daylight hours, 9 a.m. to 5 p.m. or 8 a.m. to 4 p.m.). Worksites with 50 to 99 employees are less likely to have no employees that are shift workers than worksites with 750 or more employees (45 percent compared with 13 percent, respectively). In one-quarter of worksites in the services industry, 75 percent or more of their employees are shift workers. In 6 percent of worksites in the financial industry, 75 percent or more of the employees are shift workers. See Tables 7a and 7b.
- Percent of employees working full-time--In nearly three-fourths (74 percent) of worksites, at least 75 percent of employees work full-time (35 or more hours per week). Rates are consistent across size categories. In a majority of worksites (83 percent) in the financial industry, at least 75 percent of employees are full-time workers compared with 56 percent of worksites in the wholesale/retail industry. See Tables 7a and 7b.

- Percent of employees working away from the worksite--In a majority of worksites (83 percent), less than 25 percent of employees routinely work at least one-half of their hours away from the worksite, for example, in traveling, sales, or delivery. This rate is consistent across size categories. In 94 percent of worksites in the manufacturing industry, less than 25 percent of the employees spend more than one-half of their hours away from their worksites compared with 46 percent in the transportation and public utilities industry. See Tables 7a and 7b.

#### Health Insurance and Employee Eligibility

Almost all (97 percent) worksites with 50 or more employees offer their employees a health insurance plan. Worksites with less than 250 employees are more likely to be fully insured through an insurance company (53 percent of worksites with 50 to 99 employees, and 48 percent of worksites with 100 to 249 employees). In contrast, worksites with 250 or more employees are more likely to be fully self-insured (42 percent of worksites with 250 to 749 employees, and 56 percent of worksites with 750 or more employees). The rates are consistent across industry strata. See Tables 8a and 8b and Figure 1.

**TABLE 5a**  
**Percent of private worksites with 50 or more employees**  
**by company profitability and change in worksite size,**  
**by size, 1992**

WORKSITE DEMOGRAPHICS		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Company profitability in 1991:						
Very profitable		11.3	8.9	12.8	16.4	19.9
Moderately profitable		32.6	31.6	33.1	35.2	36.6
Slightly profitable		26.2	28.2	25.2	22.7	13.2
Not profitable		10.1	10.9	9.6	8.8	6.2
Non-profit organization		9.3	10.8	6.5	7.3	14.7
Change in worksite size in past 12 months:						
Increased		21.3	21.2	19.4	27.0	25.0
Stayed the same		47.1	48.7	47.2	40.7	38.7
Downsized		29.4	27.4	32.8	28.8	34.2

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



TABLE 5b  
Percent of private worksites with 50 or more employees  
by company profitability and change in worksite size,  
by industry, 1992

WORKSITE DEMOGRAPHICS		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Company profitability in 1991:								
Very profitable	11.3	8.4	16.0	9.6	10.9	17.2	6.7	
Moderately profitable	32.6	39.7	34.8	24.4	35.9	39.5	35.9	
Slightly profitable	26.2	29.0	25.9	25.0	20.9	21.9	33.4	
Not profitable	10.1	13.8	11.4	5.4	18.5	8.0	12.6	
Non-profit organization	9.3	2.5	1.3	22.0	4.8	4.6	1.2	
Change in worksite size in past 12 months:								
Increased	21.3	21.2	18.0	24.6	23.4	20.5	14.9	
Stayed the same	47.1	42.4	52.2	47.4	41.4	47.3	47.3	
Downsized	29.4	34.9	28.0	25.9	30.9	30.8	33.1	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 6a**  
**Percent of private worksites with 50 or more employees**  
**with employees who are salaried, under the age of 30, and represented by a union,**  
**by size, 1992**

WORKSITE DEMOGRAPHICS		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Percent of the employees at the worksite who are salaried:						
None	3.4	4.6	2.2	0.6	1.9	
1 - 24%	49.6	56.6	46.2	32.2	18.2	
25 - 49%	14.8	12.1	15.8	25.4	19.6	
50 - 74%	10.4	7.9	13.5	13.0	15.4	
75 - 99%	10.0	8.3	10.8	14.5	15.5	
100%	7.2	7.1	7.1	7.4	8.1	
Percent of the employees at the worksite who are under the age of 30:						
0 - 24%	23.4	27.8	20.1	12.8	15.4	
25 - 49%	29.0	27.0	31.0	33.6	31.0	
50 - 74%	23.2	23.9	23.2	21.3	18.0	
75 - 100%	6.8	8.3	5.6	4.1	1.8	
Percent of the employees at the worksite who are represented by a union:						
None	82.5	86.4	78.2	77.5	74.4	
1 - 49%	3.1	1.3	3.7	7.5	12.8	
50 - 74%	4.9	2.7	8.1	7.0	4.3	
75 - 100%	7.5	7.9	8.0	6.0	2.6	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 6b**  
Percent of private worksites with 50 or more employees  
with employees who are salaried, under the age of 30, and represented by a union,  
by industry, 1992

WORKSITE DEMOGRAPHICS		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Percent of the employees at the worksite who are salaried:								
None	3.4	3.0	2.9	4.1	5.5	1.9	1.5	
1 - 24%	49.6	48.3	56.2	50.4	50.6	24.9	45.8	
25 - 49%	14.8	21.8	13.3	9.2	15.1	22.4	20.7	
50 - 74%	10.4	8.6	11.8	10.5	10.6	12.6	8.8	
75 - 99%	10.0	7.9	6.3	11.9	9.3	18.8	13.2	
100%	7.2	7.3	4.0	7.7	5.4	16.0	9.0	
Percent of the employees at the worksite who are under the age of 30:								
0 - 24%	23.4	33.5	14.3	22.8	24.3	14.4	30.4	
25 - 49%	29.0	29.5	30.7	31.7	33.9	34.3	29.0	
50 - 74%	23.2	19.1	25.5	16.4	17.5	23.1	18.6	
75 - 100%	6.8	3.7	12.9	5.6	6.0	7.1	2.5	
Percent of the employees at the worksite who are represented by a union:								
None	82.5	77.5	83.6	86.8	66.9	94.2	74.7	
1 - 49%	3.1	4.3	2.6	2.0	6.8	1.0	5.7	
50 - 74%	4.9	8.1	2.7	3.2	12.7	0.9	8.0	
75 - 100%	7.5	9.4	9.0	4.2	12.6	2.2	11.3	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 7a  
Percent of private worksites with 50 or more employees  
with employees who are shift workers, work full-time, and work away from the worksite,  
by size, 1992

WORKSITE DEMOGRAPHICS		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Percent of the employees at the worksite who are shift workers:						
None		39.4	45.3	35.4	28.1	13.4
1 - 24%		20.3	15.6	22.2	31.6	43.9
25 - 49%		8.2	5.8	11.4	11.5	9.5
50 - 74%		9.2	8.0	9.7	13.0	13.8
75 - 99%		12.9	12.3	15.2	10.2	9.0
100%		6.4	9.5	3.1	1.6	0.7
Percent of the employees at the worksite who work full-time:						
0 - 24%		4.8	6.5	2.9	1.7	2.2
25 - 49%		6.7	7.6	6.6	4.9	0.3
50 - 74%		12.4	11.9	12.8	11.8	17.4
75 - 99%		47.5	43.4	48.1	63.0	61.7
100%		27.0	29.0	28.4	16.3	13.8
Percent of the employees at the worksite who work at least half of their hours away from the worksite:						
None		42.4	47.4	41.3	28.8	13.9
1 - 24%		40.7	36.1	40.5	54.8	67.7
25 - 49%		5.3	4.0	6.9	7.2	5.0
50 - 74%		4.2	4.9	3.6	2.5	1.7
75 - 100%		4.3	5.2	3.7	2.4	0.0

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 7b  
Percent of private worksites with 50 or more employees  
with employees who are shift workers, work full-time, and work away from the worksite.  
by industry, 1992

WORKSITE DEMOGRAPHICS		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Percent of the employees at the worksite who are shift workers:								
None	39.4	37.6	41.7	32.6	36.3	56.2	62.5	
1 - 24%	20.3	25.0	15.6	15.6	30.8	26.7	21.0	
25 - 49%	8.2	11.8	6.3	8.8	9.7	3.7	2.4	
50 - 74%	9.2	10.0	7.7	10.9	8.3	5.3	7.2	
75 - 99%	12.9	13.0	10.2	18.3	8.5	3.7	4.2	
100%	6.4	1.6	13.8	6.3	3.1	2.2	2.4	
Percent of the employees at the worksite who work full-time:								
0 - 24%	4.8	0.0	9.2	5.4	3.4	3.0	3.4	
25 - 49%	6.7	2.4	18.1	4.4	1.2	1.5	1.3	
50 - 74%	12.4	5.4	15.4	17.2	7.4	10.7	4.7	
75 - 99%	47.5	4.2	35.0	57.5	49.7	63.4	39.8	
100%	27.0	49.6	20.6	12.6	36.7	20.0	50.4	
Percent of the employees at the worksite who work at least half of their hours away from the worksite:								
None	42.4	31.6	54.0	50.4	13.0	35.1	24.8	
1 - 24%	40.7	62.5	31.6	33.5	32.9	49.4	38.4	
25 - 49%	5.3	2.1	6.6	4.2	15.0	6.5	7.1	
50 - 74%	4.2	1.3	2.8	3.4	18.0	2.2	13.3	
75 - 100%	4.3	0.1	2.3	4.3	19.3	3.9	14.4	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 8a**  
Percent of private worksites with 50 or more employees  
that offer a health insurance plan and type of plan,  
by size, 1992

HEALTH INSURANCE ELIGIBILITY		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer employees a health insurance plan	97.2	96.0	98.5	99.2	99.4	
Of those that offer plan:						
• Fully insured through insurance company	48.9	52.7	48.5	37.4	26.7	
• Fully self-insured	27.8	21.5	30.8	42.2	55.8	
• Partially self-insured	19.2	21.2	16.9	18.5	13.0	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

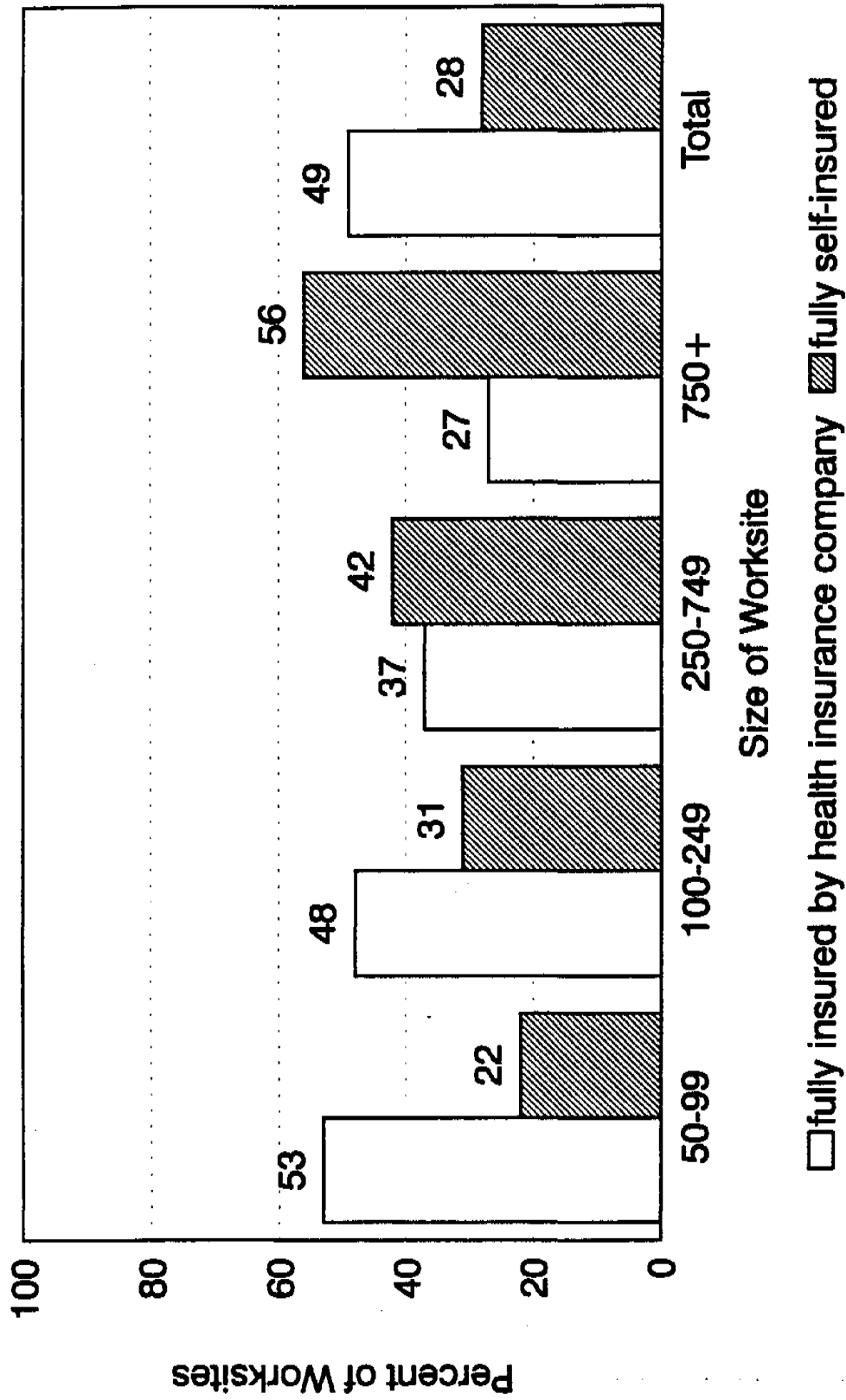
**TABLE 8b**  
**Percent of private worksites with 50 or more employees**  
**that offer a health insurance plan and type of plan,**  
**by industry, 1992**

HEALTH INSURANCE ELIGIBILITY		INDUSTRY					
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)
Offer employees a health insurance plan	97.2	98.7	98.0	95.4	98.1	98.9	97.3
Of those that offer a plan:							
• Fully insured through insurance company	48.9	48.0	48.8	50.0	39.0	53.0	51.2
• Fully self-insured	27.8	25.2	29.6	27.7	35.1	27.4	23.9
• Partially self-insured	19.2	25.2	15.6	17.4	18.9	17.8	24.3

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 1

Percent of private workplaces with 50 or more employees  
by type of health insurance by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



## **GENERAL RESULTS**



## **GENERAL RESULTS**

The 1992 National Survey of Worksite Health Promotion activities was designed to assess the nature and extent of worksite health promotion activities in private worksites with 50 or more employees. The scope of this survey excluded those health promotion activities that existed as part of a health insurance plan and health protection activities implemented by employers to meet Occupational Safety and Health Administration (OSHA) standards or other mandatory workplace health and safety standards. Respondents were queried about their worksite's health promotion efforts in four main approaches: worksite policies, health-related screenings, information or activities (including individual counseling, group classes, workshops, lectures, special events, and resource materials such as videotapes), and facilities and services (including fitness facilities and vending machines).

A series of cross tabulations were run to explore the relationship between demographic characteristics and the likelihood of offering selected worksite health promotion activities. The results of these analyses are described in this section.

### **Number of Employees**

The percentage of worksites offering health promotion activities is consistently and positively related to the number of employees. The number of worksites offering activities increased with the number of employees in every subject area except for back care and job hazards and injury prevention. See Table 9.

### **Industry**

In almost every subject area, the services industry or the transportation and public utilities industry are more likely to offer health promotion activities than other industries. These areas include, but are not limited to, blood pressure screenings, cholesterol screenings, exercise and physical fitness, nutrition education, and sexually transmitted diseases, including AIDS. See Table 10.

### **Region of the Country**

Region of the country was not found to be an indicator of whether or not a worksite offers health promotion activities. Rates for activities were generally consistent across the four regions of the country: Northeast, Southeast, West/Southwest, and Midwest. See Table 11.

### **Union Representation**

A higher proportion of worksites in which some of their employees belonged to a union offer worksite health promotion screenings and activities than worksites with no union representation, particularly screening for high blood pressure (41 percent of worksites with a

union compared with 30 percent without a union); information or activities concerning job hazards and injury prevention (83 percent compared with 61 percent), back care (44 percent compared with 31 percent), and off-the-job accidents (29 percent compared with 16 percent). Details are presented in Table 12.

### Change in Size of Workforce in the Past 12 Months

Worksites that have, during the past 12 months, downsized their workforce are as likely to provide health promotion information or activities as those that have increased the size of their workforce, or remained the same size. The only notable difference is in the area of information or activities related to job hazards and injury prevention, with worksites that have increased in size being more likely to have activities in this area than those that have down-sized (71 percent and 60 percent, respectively). See Table 13.

### Health Insurance

Worksites that are fully or partially self-insured are more likely to have health promotion activities than those that are fully insured through an insurance company, perhaps because the self-insured worksites are more likely to be larger (250 or more employees). Fifty-six percent of surveyed worksites with 750 or more employees are fully self-insured compared with 22 percent of worksites having 50 to 99 employees). See Tables 8a, 8b, and 14.

### Evolution of Policies and Practices

Figure 2 depicts the subject areas covered in the 1992 survey and compares results of the 1992 survey with those of the 1985 survey. Overall, 85 percent of worksites with 50 or more employees offer at least one health promotion activity in 17 of the 18 subject areas covered in the 1992 survey (job hazards and injury prevention are excluded). Including job hazards and injury prevention, 92 percent offer at least one health promotion activity. See Tables 15a and 15b.

In 1985, 66 percent of the worksites reported offering at least one health promotion activity; excluding worksites whose only activity is a formal smoking policy and using categories comparable to the 1985 survey, 81 percent of private worksites with 50 or more employees offer at least one health promotion activity. *Healthy People 2000* calls for at least 85 percent of worksites with 50 or more employees to offer health promotion activities to their employees, preferably as part of a comprehensive health promotion program. Baseline data for this objective included any worksite that reported at least one of the following: a health status/risk questionnaire; blood pressure, cholesterol, or cancer screening tests; or activities and/or information concerning blood pressure, smoking, exercise/fitness, nutrition/weight control, stress management, back care, or off-the-job accidents. See Figure 3.

As in 1985, the rate increased with worksite size. Smoking control and health risk assessment were the most prevalent activities in 1985. In 1992, excluding job hazards and injury prevention, worksites are most likely to provide information or activities concerning exercise and physical fitness and smoking control.

Figure 2 depicts the percentage of worksites with health promotion activities by number of employees for 1992 and the year 2000 objective.

**TABLE 9**  
**Percent of private worksites with 50 or more employees**  
**that offer health promotion activities,**  
**by size, 1992**

HEALTH PROMOTION ACTIVITIES		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer health status questionnaire	14.5	11.9	16.3	15.6	34.3	
Offer blood pressure screenings	31.5	22.0	38.2	45.9	78.5	
Offer cholesterol screenings	20.4	9.6	27.4	39.4	70.7	
Offer cancer screenings	12.0	6.2	13.4	22.7	57.5	
Offer information or activities on:						
Blood pressure	29.4	23.1	32.4	40.3	67.8	
Cholesterol	26.7	20.1	28.5	41.4	71.1	
Cancer	23.0	17.2	25.2	33.2	63.5	
Smoking	40.0	32.0	43.5	58.9	78.9	
Exercise/fitness	40.7	31.6	45.2	63.8	79.0	
Nutrition	31.4	22.1	37.5	46.7	77.6	
Weight control	24.3	14.2	28.2	48.0	77.9	
Prenatal education	9.0	5.4	9.0	16.5	40.4	
Medical self-care	18.3	14.4	19.6	28.5	38.6	
Mental health	25.4	18.2	29.7	38.1	62.4	
Stress management	37.1	29.3	41.5	50.8	78.6	
Alcohol/other drugs	36.4	30.4	40.3	45.1	70.5	
Sexually transmitted diseases	10.4	8.1	11.4	12.4	30.6	
AIDS education	28.0	22.9	29.6	37.9	61.9	
Job hazards/injury prevention	63.8	61.4	67.8	64.0	64.6	
Back care	32.5	27.8	38.8	36.0	51.4	
Off-the-job accidents	17.8	13.6	22.0	22.3	32.5	

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

TABLE 10  
Percent of private worksites with 50 or more employees  
that offer health promotion activities,  
by industry, 1992

HEALTH PROMOTION ACTIVITIES		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Offer health status questionnaire	14.5	9.6	12.3	18.7	17.6	10.6	16.7	
Offer blood pressure screenings	31.5	33.0	18.4	40.4	39.3	24.6	25.8	
Offer cholesterol screenings	20.4	20.0	16.9	22.7	24.0	20.4	18.4	
Offer cancer screenings	12.0	10.1	9.0	14.9	15.8	12.1	9.5	
Offer information or activities on:								
Blood pressure	29.4	29.2	21.9	34.3	27.3	30.5	32.0	
Cholesterol	26.7	24.8	23.1	30.4	24.6	27.6	28.2	
Cancer	23.0	19.1	19.1	28.2	23.3	26.7	18.9	
Smoking	40.0	44.6	33.1	40.8	49.0	40.4	36.7	
Exercise/fitness	40.7	41.3	37.8	40.8	47.8	47.6	36.3	
Nutrition	31.4	27.1	27.4	39.9	31.0	25.1	20.1	
Weight control	24.3	20.3	20.8	29.6	22.4	25.5	22.5	
Prenatal education	9.0	5.4	8.3	12.8	6.6	9.8	3.9	
Medical self-care	18.3	18.6	16.8	18.2	22.8	15.7	22.6	
Mental health	25.4	23.4	22.6	28.5	28.8	28.0	19.8	
Stress management	37.1	31.5	30.1	47.6	34.3	39.3	24.4	
Alcohol/other drugs	36.4	36.9	30.6	35.7	62.7	25.4	47.9	
Sexually transmitted diseases	10.4	5.1	5.5	19.0	9.1	5.2	5.2	
AIDS education	28.0	20.1	15.5	44.2	24.9	21.8	20.2	
Job hazards/injury prevention	63.8	65.1	63.4	64.0	73.5	35.5	77.2	
Back care	32.5	38.8	31.8	28.8	34.2	17.8	49.1	
Off-the-job accidents	17.8	21.5	11.8	16.5	28.8	13.8	29.0	

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

**TABLE 11**  
**Percent of private worksites with 50 or more employees**  
**that offer health promotion activities,**  
**by region of the country, 1992**

HEALTH PROMOTION ACTIVITIES		REGION			
(Number)	Total (1,507)	Northeast (375)	Southeast (434)	West/Southwest (381)	Midwest (317)
Offer health status questionnaire	14.5	16.3	14.4	11.4	16.4
Offer blood pressure screenings	31.5	33.0	34.4	26.9	32.0
Offer cholesterol screenings	20.4	23.6	23.8	16.1	18.0
Offer cancer screenings	12.0	13.4	14.2	7.9	12.6
Offer information or activities on:					
Blood pressure	29.4	29.0	30.8	27.8	29.9
Cholesterol	26.7	26.9	28.5	22.6	29.4
Cancer	23.0	25.9	24.2	20.0	22.4
Smoking	40.0	48.2	43.0	33.1	36.4
Exercise/fitness	40.7	39.4	41.4	41.2	40.7
Nutrition	31.4	32.1	34.8	28.3	30.3
Weight control	24.3	27.6	23.4	22.1	24.7
Prenatal education	9.0	8.6	7.1	9.6	10.9
Medical self-care	18.3	14.6	17.7	18.3	22.9
Mental health	25.4	28.3	26.2	21.5	26.2
Stress management	37.1	39.8	38.8	35.3	34.5
Alcohol/other drugs	36.4	42.0	34.8	33.8	36.0
Sexually transmitted diseases	10.4	11.9	11.4	8.7	9.6
AIDS education	28.0	29.9	30.7	26.1	24.8
Job hazards/injury prevention	63.8	62.5	60.5	66.0	66.3
Back care	32.5	25.3	31.4	42.0	30.7
Off-the-job accidents	17.8	17.8	21.6	15.6	15.7

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



TABLE 12  
Percent of private worksites with 50 or more employees  
that offer health promotion activities,  
by union representation, 1992

HEALTH PROMOTION ACTIVITIES	EMPLOYEES REPRESENTED BY A UNION	
(Number)	None (1,192)	1-100% (282)
Offer health status questionnaire	14.1	18.1
Offer blood pressure screenings	29.7	40.8
Offer cholesterol screenings	19.0	26.0
Offer cancer screenings	11.4	13.6
Offer information or activities on:		
Blood pressure	28.5	34.0
Cholesterol	26.4	28.7
Cancer	21.5	28.7
Smoking	39.0	46.0
Exercise/fitness	40.9	41.0
Nutrition	31.1	32.2
Weight control	24.7	21.8
Prenatal education	9.3	6.5
Medical self-care	17.8	21.4
Mental health	24.5	30.8
Stress management	37.4	38.4
Alcohol/other drugs	35.1	45.1
Sexually transmitted diseases	10.0	12.6
AIDS education	27.0	32.8
Job hazards/injury prevention	60.8	82.7
Back care	31.3	43.8
Off-the-job accidents	15.8	28.7

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 13**  
**Percent of private worksites with 50 or more employees**  
**that offer health promotion activities,**  
**by change in size of workforce, 1992**

HEALTH PROMOTION ACTIVITIES	WORKFORCE DOWN-SIZED OR INCREASED IN PAST 12 MONTHS		
	Down Sized (465)	Increased (336)	Stayed Same (671)
(Number)			
Offer health status questionnaire	12.5	12.0	17.4
Offer blood pressure screenings	27.9	32.4	34.2
Offer cholesterol screenings	22.0	19.1	19.8
Offer cancer screenings	13.9	10.8	11.2
Offer information or activities on:			
Blood Pressure	29.2	28.9	30.4
Cholesterol	28.3	25.8	26.6
Cancer	25.0	18.2	24.3
Smoking	43.0	41.1	37.8
Exercise/fitness	41.7	41.1	40.6
Nutrition	33.1	35.4	29.2
Weight control	27.3	22.7	23.8
Prenatal education	9.5	9.8	7.7
Medical self-care	19.1	17.8	18.6
Mental health	31.9	24.0	22.5
Stress management	36.2	40.4	36.9
Alcohol/other drugs	37.4	38.4	36.0
Sexually transmitted diseases	9.4	13.7	9.7
AIDS education	25.8	35.5	26.9
Job hazards/injury prevention	59.6	70.9	64.7
Back care	34.4	36.2	30.2
Off-the-job accidents	18.7	20.6	16.4

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

**TABLE 14**  
**Percent of private worksites with 50 or more employees**  
**that offer health promotion activities,**  
**type of health insurance plan, 1992**

HEALTH PROMOTION ACTIVITIES	TYPE OF HEALTH INSURANCE PLAN		
	Fully Insured (643)	Fully Self-insured (511)	Partially Self-insured (276)
(Number)			
Offer health status questionnaire	12.6	16.8	17.0
Offer blood pressure screenings	28.2	37.7	33.8
Offer cholesterol screenings	16.9	27.0	21.0
Offer cancer screenings	9.5	17.0	10.4
Offer information or activities on:			
Blood pressure	27.3	34.6	32.3
Cholesterol	21.6	34.5	28.7
Cancer	21.0	27.5	22.9
Smoking	35.1	49.7	42.6
Exercise/fitness	36.0	49.2	40.5
Nutrition	26.6	39.3	34.5
Weight control	20.4	35.5	21.7
Prenatal education	6.8	14.2	7.4
Medical self-care	12.9	26.2	23.5
Mental health	22.1	31.0	27.0
Stress management	34.4	43.0	39.1
Alcohol/other drugs	32.1	44.5	38.4
Sexually transmitted diseases	8.1	13.1	10.2
AIDS education	25.4	31.4	29.2
Job hazards/injury prevention	61.7	66.3	68.6
Back care	29.8	34.8	38.7
Off-the-job accidents	15.5	22.9	17.3

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 15a**  
Percent of private worksites with 50 or more employees  
that offer at least one health promotion activity,  
by size, 1992

WORKSITES WITH ACTIVITIES		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Worksites with at least one health promotion activity, 1985 criteria *	80.8	75.2	85.7	90.4	99.0	
Worksites with at least one health promotion activity, 1992 criteria **	92.2	89.9	94.0	97.0	100.0	
Worksites with at least one health promotion activity, 1992 criteria, except job hazards/injury prevention	84.9	80.2	88.6	93.3	100.0	

\* Includes a health risk questionnaire; physical exams; indoor/outdoor exercise facilities; blood pressure, cholesterol, or cancer screenings; information or activities concerning blood pressure, smoking, exercise/fitness, nutrition, weight control, stress management, back care, or off-the-job accidents.

\*\* Includes a health risk questionnaire; physical exams; indoor/outdoor exercise facilities; blood pressure, cholesterol, or cancer screenings; information or activities concerning blood pressure, cholesterol, cancer, smoking, exercise/fitness, nutrition, weight control, prenatal education, medical self-care, mental health, stress management, alcohol/other drugs, sexually transmitted diseases, AIDS education, job hazards/injury prevention, back care, or off-the-job accidents.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 15b  
Percent of private worksites with 50 or more employees  
that offer at least one health promotion activity,  
by industry, 1992

WORKSITES WITH ACTIVITIES		INDUSTRY					
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)
Worksites with at least one health promotion activity, 1985 criteria *	80.8	81.5	73.9	84.6	87.7	80.8	77.6
Worksites with at least one health promotion activity, 1992 criteria **	92.2	93.5	91.0	92.8	95.1	86.6	92.3
Worksites with at least one health promotion activity, 1992 criteria, except job hazards/injury prevention	84.9	84.3	79.2	88.0	93.9	84.7	83.1

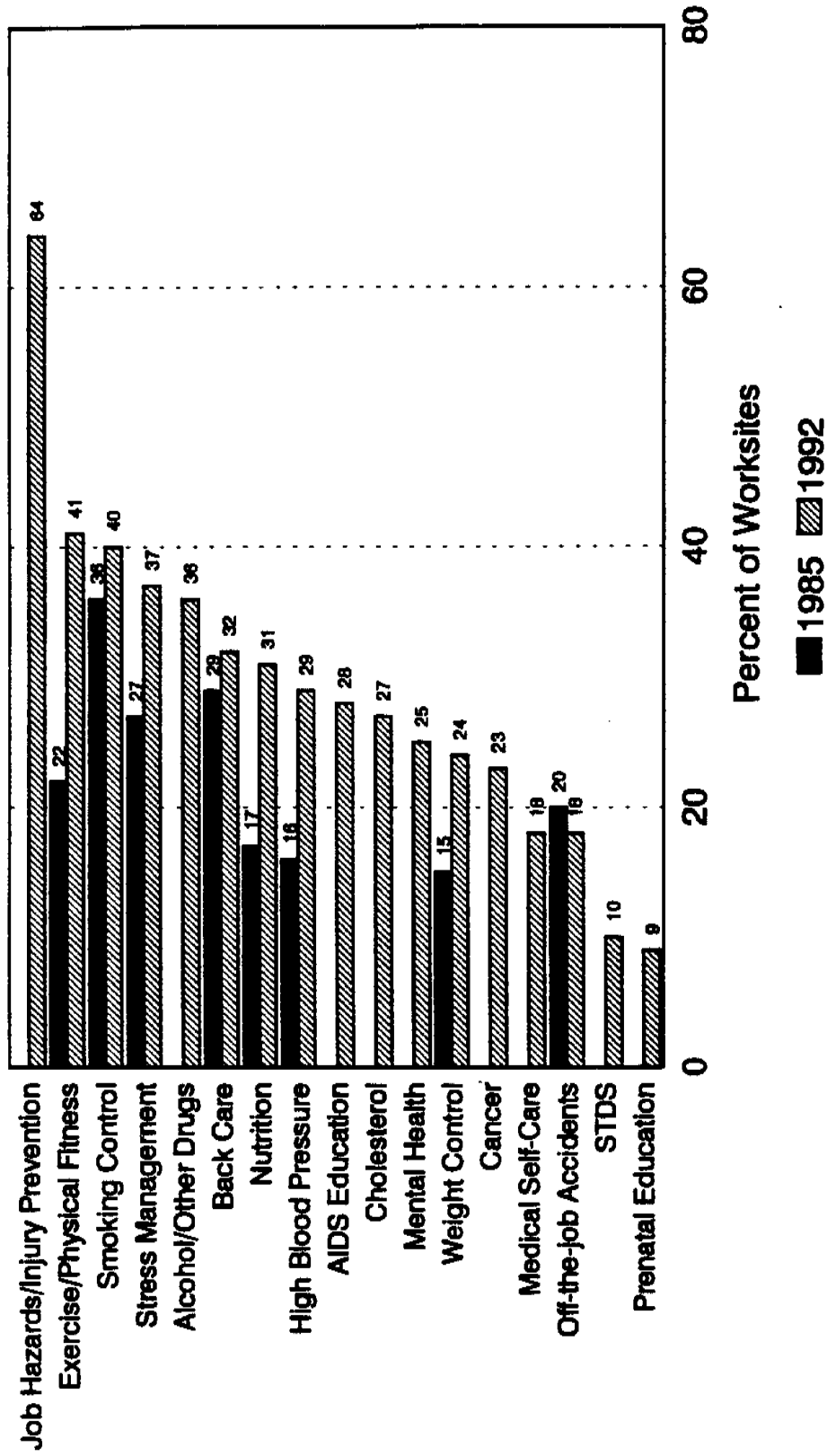
\* Includes a health risk questionnaire; physical exams; indoor/outdoor exercise facilities; blood pressure, cholesterol, or cancer screenings; information or activities concerning blood pressure, smoking, exercise/fitness, nutrition, weight control, stress management, back care, or off-the-job accidents.

\*\* Includes a health risk questionnaire; physical exams; indoor/outdoor exercise facilities; blood pressure, cholesterol, or cancer screenings; information or activities concerning blood pressure, cholesterol, cancer, smoking, exercise/fitness, nutrition, weight control, prenatal education, medical self-care, mental health, stress management, alcohol/other drugs, sexually transmitted diseases, AIDS education, job hazards/injury prevention, back care, or off-the-job accidents.

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

# Figure 2

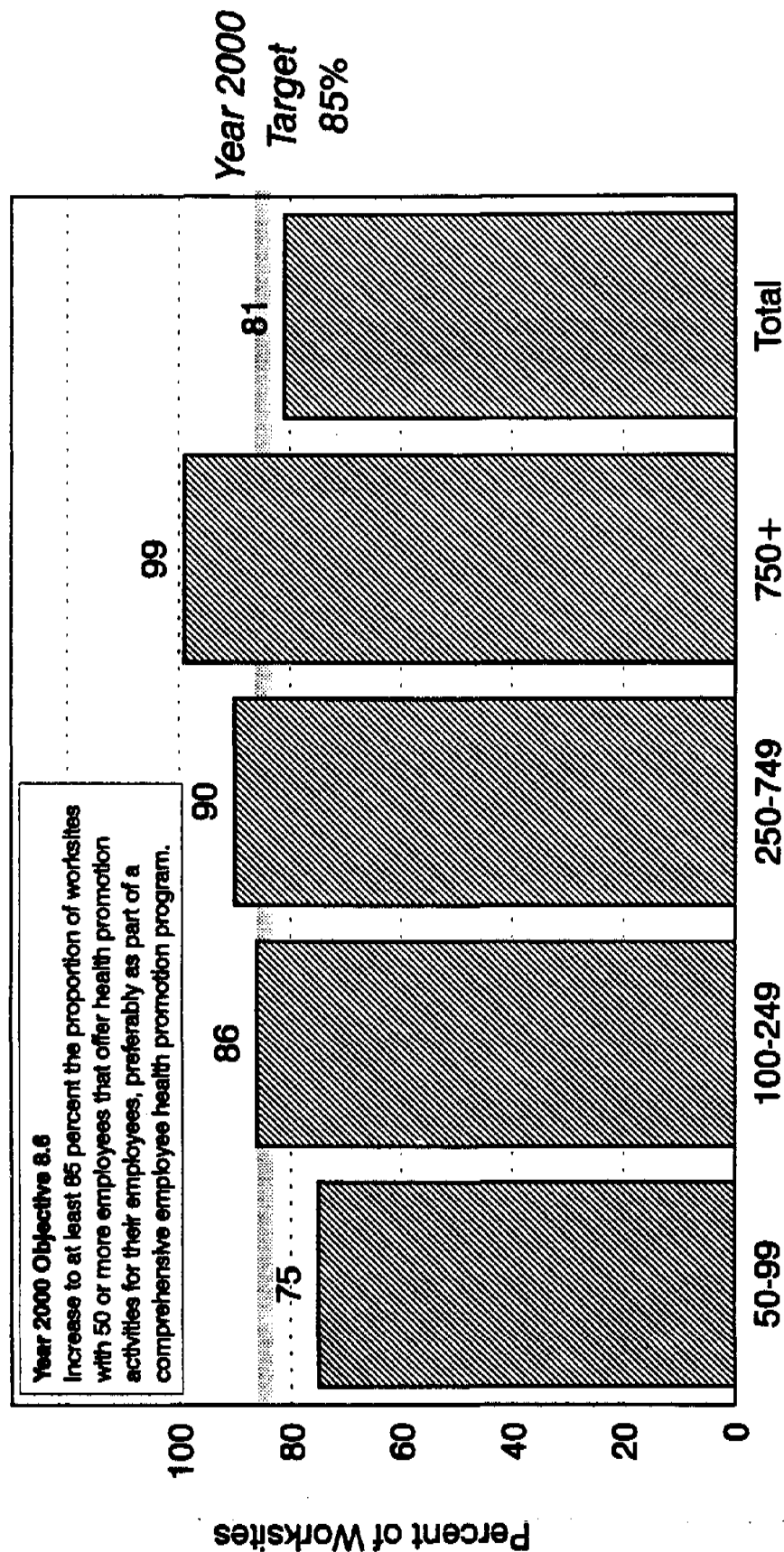
Health promotion information or activities offered by subject, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 3

Percent of worksites with 50 or more employees with at least one health promotion activity\*, 1992



Size of Worksite

\*Includes a health risk questionnaire; physical exams; indoor/outdoor exercise facilities; blood pressure, cholesterol, or cancer screenings; information or activities concerning blood pressure, smoking, exercise/fitness, nutrition, weight control, stress management, back care, or off-the-job accidents.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.





## **GENERAL PREVENTIVE SERVICES**

## **SELECTED PREVENTIVE SERVICES**

## **SELECTED PREVENTIVE SERVICES**

The 1992 survey of private worksites with 50 or more employees examined provision of selected preventive services, including health status/risk questionnaires, periodic physical examinations, screenings, and immunizations offered. The results are discussed below.

### **Health Status/Risk Questionnaires**

Fourteen percent of worksites offer a questionnaire that measures an employee's health status. A greater proportion of worksites with 750 or more employees than worksites in other size categories offer a questionnaire. There was no notable variation across industry categories. See Tables 9 through 14.

### **Periodic Physical Examinations**

Thirty-two percent of worksites offer periodic physical examinations. Worksites with 750 or more employees are more likely to provide physical examinations than worksites with 50 to 99 employees. More than one-half (58 percent) of the worksites in the transportation and public utilities industry offer physical examinations compared with 18 percent of worksites from the wholesale/retail industry. See Tables 16a and 16b.

### **Blood Sugar Tests**

Survey results revealed that 16 percent of worksites offer blood tests to measure blood sugar. Fifty-five percent of worksites with 750 or more employees offer such a test, a rate double that of worksites with 250 to 749 employees. Worksites from the transportation and public utilities industry are more likely to test for blood sugar than are worksites from the wholesale/retail industry (31 percent compared with 9 percent). See Tables 16a and 16b.

### **Immunizations**

Twenty-four percent of worksites offer immunizations, such as flu shots. The rate increases with the size of the worksite. Worksites with 750 or more employees are most likely to offer immunizations (55 percent) compared with worksites with 250 to 749 employees (32 percent), 100 to 249 employees (27 percent), and 50 to 99 employees (20 percent). Forty-one percent of worksites in the services industry offer immunizations, a substantially higher percentage than the wholesale/retail industry (9 percent). See Tables 16a and 16b.

### Evolution of Policies and Practices

There has been a 73 percent increase in the percentage of worksites offering health risk assessments since 1985. In 1985, 30 percent of worksites reported offering activities to measure employee health status or health risk (e.g., health examinations, physicals, screenings, or health risk appraisals). In 1992, 52 percent offer activities to measure employee health status or health risk (e.g., periodic health or physical exams in addition to physical examinations covered by their health insurance plan; blood pressure, cholesterol, or cancer screenings; or a questionnaire that measures an employee's health status).

**TABLE 16a**  
**Percent of private worksites with 50 or more employees**  
**that offer health assessment activity,**  
**by size, 1992**

WORKSITES WITH ACTIVITIES		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Offer periodic health or physical exams		32.2	26.1	35.1	43.2	69.8
Offer blood tests to measure blood sugar		16.5	10.9	18.7	26.5	54.8
Offer immunizations such as flu shots		24.3	19.5	26.7	32.0	54.8
Health Risk Assessment*		51.7	41.9	59.5	66.4	91.4

\* Includes health status questionnaire; high blood pressure, cholesterol, or cancer screenings; or periodic physical examinations.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 16b**  
Percent of private worksites with 50 or more employees  
that offer health assessment activity,  
by industry, 1992

WORKSITES WITH ACTIVITIES		INDUSTRY					
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)
Offer periodic health or physical exams	32.2	37.3	17.6	37.3	57.7	23.1	27.1
Offer blood tests to measure blood sugar	16.5	16.7	9.0	19.8	30.7	17.8	11.5
Offer immunizations such as flu shots	24.3	17.5	8.7	41.3	20.6	20.2	19.6
Health Risk Assessment*	51.7	53.5	36.7	61.6	66.6	42.6	41.1

\* Includes health status questionnaire; high blood pressure, cholesterol, or cancer screenings; or periodic physical examinations.

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

## **HIGH BLOOD PRESSURE/CHOLESTEROL**





## **HIGH BLOOD PRESSURE/CHOLESTEROL**

High blood pressure is one of the three modifiable risk factors for cardiovascular disease identified in *Healthy People 2000*. Early detection and treatment of high blood pressure is an essential step in reducing the risk of heart attack and stroke.<sup>1</sup> Worksite programs can provide access to screening and information on high blood pressure to increase the number of individuals aware of their risk for hypertension and ultimately increase the number of persons who have taken steps to control their condition. In this section, 1992 survey results regarding worksite high blood pressure screening and information or activities are discussed.

### **Screening**

Nearly one-third (32 percent) of worksites with 50 or more employees offer blood pressure screenings. The rate rises with the size of the worksite. Twenty-two percent of worksites with 50 to 99 employees offer high blood pressure screenings compared with 78 percent of worksites with 750 or more employees. Worksites in the services industry are more likely to provide blood pressure screenings than worksites in the wholesale/retail industry (40 percent compared with 18 percent, respectively). See Tables 17a and 17b and Figure 4.

### **Referral and Followup or Tracking**

Of the worksites that offer blood pressure screening services, 72 percent refer individuals with elevated blood pressure readings to a physician. Rates are consistent across all worksite size categories. Worksites in the wholesale/retail industry are least likely to refer individuals to a physician.

Of the worksites that offer blood pressure screening services, 39 percent offer followup or tracking of individuals with elevated blood pressure readings. Worksites with 750 or more employees are more likely to offer followup or tracking than worksites with 50 to 99 employees (58 percent compared with 28 percent, respectively). Worksites in the wholesale/retail industry are the least likely to offer followup or tracking. See Tables 17a and 17b.

### **Information or Activities**

Nearly 3 out of 10 (29 percent) worksites with 50 or more employees offer information or activities (not including screening) concerning high blood pressure to their employees. Worksites with 750 or more employees are three times more likely to offer information or activities than worksites with 50 to 99 employees (68 percent compared with 23 percent, respectively). There is no notable variation across industry categories. See Figure 5.

Nearly all worksites that offer information or activities on high blood pressure offer resource materials such as posters, brochures, pamphlets, or videos (94 percent); 37 percent offer group classes, workshops, lectures, or special events; and 26 percent offer individual counseling. All of the worksites (100 percent) in the transportation and public utilities industry that offer information or activities on high blood pressure, offer resource materials. See Tables 17a and 17b.

### **Blood Pressure Machines**

Nearly one-quarter (24 percent) of worksites with 50 or more employees have a blood pressure machine available for employee use. A higher proportion of worksites with 750 or more employees compared with worksites with 50 to 99 employees have machines. Worksites in the services industry are most likely to have them; worksites in the agriculture/mining/construction industry are least likely to have machines. See Tables 17a and 17b.

### **Evolution of Policies and Practices**

There has been a 13 percentage point increase since 1985 in the percent of worksites with 50 or more employees that report offering high blood pressure information and activities (16 percent in 1985 compared with 29 percent in 1992). For worksites with 50 to 99 employees, the increase is particularly notable. In 1985, 9 percent of worksites with 50 to 99 employees provided information or activities concerning high blood pressure; in 1992, the proportion is 23 percent. Substantial increases have also occurred for worksites with 100 to 249 employees (from 18 percent to 32 percent) and worksites with 250 to 749 employees (from 24 percent to 40 percent). See Figure 5.

## **CHOLESTEROL**

Cardiovascular disease remains one of the leading causes of death in the United States.<sup>1</sup> Worksite health promotion programs can help directly (through screening programs and education) and indirectly (through nutrition and weight loss programs) to increase the awareness of cholesterol as a risk factor for cardiovascular disease and decrease the prevalence of high blood cholesterol. Results of the 1992 survey regarding cholesterol screening and information or activities are discussed in this section.

### **Screenings**

Twenty percent of worksites with 50 or more employees offer cholesterol screening. Seventy-one percent of worksites with 750 or more employees offer cholesterol screening compared with 10 percent of worksites with 50 to 99 employees. Rates are consistent across industry categories. See Tables 18a and 18b and Figure 6.

### **Referrals and Followup**

Of the worksites that offer cholesterol screening, 72 percent refer individuals with elevated cholesterol readings to a physician and 28 percent offer followup or tracking. Worksites with 750 or more employees are over two times more likely to offer followup or tracking than worksites with 50 to 99 employees (46 percent compared with 18 percent, respectively). Worksites in the financial industry are most likely to provide followup or tracking. See Tables 18a and 18b.

### **Information or Activities**

Twenty-seven percent of worksites with 50 or more employees offer information or activities concerning cholesterol education and control. Of those that offer information or activities, 95 percent provide resource materials such as posters, brochures, pamphlets, or videos; 36 percent provide group classes, workshops, lectures, or special events; and 22 percent provide individual counseling. Worksites with 750 or more employees are more likely to offer information or activities than worksites with 50 to 99 employees (71 percent compared with 20 percent, respectively). Rates are consistent across industry categories. See Tables 18a and 18b.

### Evolution of Policies and Practices

The 1985 *National Survey of Worksite Health Promotion Activities* did not directly examine how many worksites offered cholesterol-related activities. However, 1985 survey results revealed that cholesterol blood tests were offered at 29 percent of the worksites offering physical examinations.<sup>2</sup>

### **HEALTHY PEOPLE 2000 HIGH BLOOD PRESSURE/CHOLESTEROL OBJECTIVE**

The year 2000 objective 15.16 calls for an increase to at least 50 percent in the proportion of worksites with 50 or more employees offering high blood pressure and/or cholesterol education and control activities to their employees. In 1992, 35 percent of the respondents reported offering information or activities concerning high blood pressure and/or cholesterol. The 1985 baseline for this objective is 17 percent. Figure 7 depicts the percentage of worksites offering information or activities concerning high blood pressure and/or cholesterol in 1985 and 1992 and compares it with the year 2000 objective.

**TABLE 17a**  
**Percent of private worksites with 50 or more employees**  
**that offer screening, information, or activities concerning high blood pressure,**  
**by size, 1992**

BLOOD PRESSURE		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer blood pressure screenings	31.5	22.0	38.2	45.9	78.5	
Of those that offer blood pressure screenings: <ul style="list-style-type: none"><li>• Refer individuals with elevated blood pressure readings to a physician</li><li>• Offer followup of individuals with elevated blood pressure readings</li></ul>	71.8  38.7	69.2  27.5	72.5  45.9	69.0  37.6	83.6  57.8	
Offer information or activities concerning high blood pressure	29.4	23.1	32.4	40.3	67.8	
Of those that offer information or activities: <ul style="list-style-type: none"><li>• Individual counseling</li><li>• Group classes, workshops, lectures, special events</li><li>• Resource materials</li></ul>	25.7  36.9 94.0	19.4  28.8 93.2	23.7  42.0 93.9	28.7  37.0 95.4	60.2  57.1 96.8	
Blood pressure machine available for employee use	24.3	18.6	29.4	30.0	50.6	

Source: National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 17b**  
Percent of private worksites with 50 or more employees  
that offer screening, information, or activities concerning high blood pressure,  
by industry, 1992

BLOOD PRESSURE		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Offer blood pressure screenings	31.5	33.0	18.4	40.4	39.3	24.6	25.8	
Of those that offer blood pressure screenings: <ul style="list-style-type: none"><li>• Refer individuals with elevated blood pressure readings to a physician</li><li>• Offer followup of individuals with elevated blood pressure readings</li></ul>	71.8	73.0	57.5	74.9	72.4	70.7	78.2	
Offer information or activities concerning high blood pressure	38.7	37.9	23.8	40.0	53.9	41.7	49.5	
Of those that offer information or activities: <ul style="list-style-type: none"><li>• Individual counseling</li><li>• Group classes, workshops, lectures, special events</li><li>• Resource materials</li></ul>	29.4  25.7 36.9 94.0	29.2  21.4 22.9 95.1	21.9  18.9 26.0 97.6	34.3  30.3 50.9 92.8	27.3  35.2 41.2 100.0	30.5  25.6 34.9 84.5	32.0  22.8 24.4 92.6	
Blood pressure machine available for employee use	24.3	17.6	13.0	41.0	14.1	14.3	16.2	

Source: National Survey of Worksites Health Promotion Activities, 1992.

TABLE 18a  
Percent of private worksites with 50 or more employees  
that offer screening, information, or activities concerning cholesterol,  
by size, 1992

CHOLESTEROL		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Offer cholesterol screenings		20.4	9.6	27.4	39.4	70.7
Of those that offer cholesterol screenings:						
• Refer individuals with elevated cholesterol readings to a physician		71.8	70.5	69.7	71.4	81.0
• Offer followup of individuals with elevated cholesterol readings		27.6	17.9	28.6	26.0	45.7
Offer information or activities concerning cholesterol control		26.7	20.1	28.5	41.4	71.1
Of those that offer information or activities:						
• Individual counseling		21.9	12.7	23.1	25.2	50.6
• Group classes, workshops, lectures, special events		35.6	25.8	38.8	37.4	62.4
• Resource materials		95.4	92.9	97.5	97.1	96.7

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

TABLE 18b  
Percent of private worksites with 50 or more employees  
that offer screening, information, or activities concerning cholesterol,  
by industry, 1992

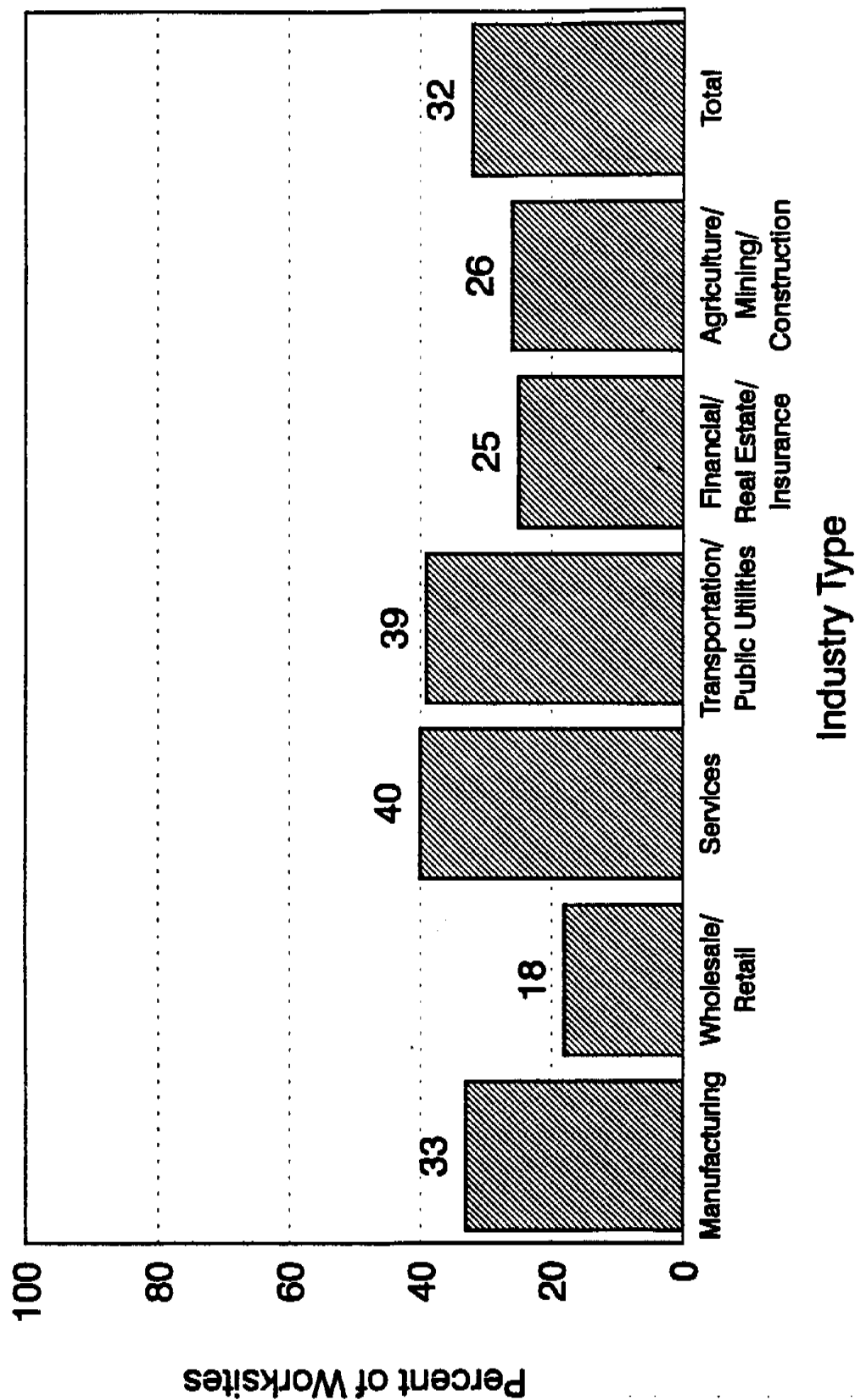
CHOLESTEROL		INDUSTRY						
	(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)
Offer cholesterol screenings		20.4	20.0	16.9	22.7	24.0	20.4	18.4
Of those that offer cholesterol screenings:								
• Refer individuals with elevated cholesterol readings to a physician		71.8	73.4	68.6	77.1	56.8	69.9	58.4
• Offer followup of individuals with elevated cholesterol readings		27.6	33.5	17.0	29.7	25.9	30.5	26.1
Offer information or activities concerning cholesterol control		26.7	24.8	23.1	30.4	24.6	27.6	28.2
Of those that offer information or activities:								
• Individual counseling		21.9	24.8	13.3	25.3	26.7	25.7	10.9
• Group classes, workshops, lectures, special events		35.6	23.6	28.1	45.8	40.7	29.7	36.4
• Resource materials		95.4	96.8	98.7	92.5	96.2	96.2	97.4

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



# Figure 4

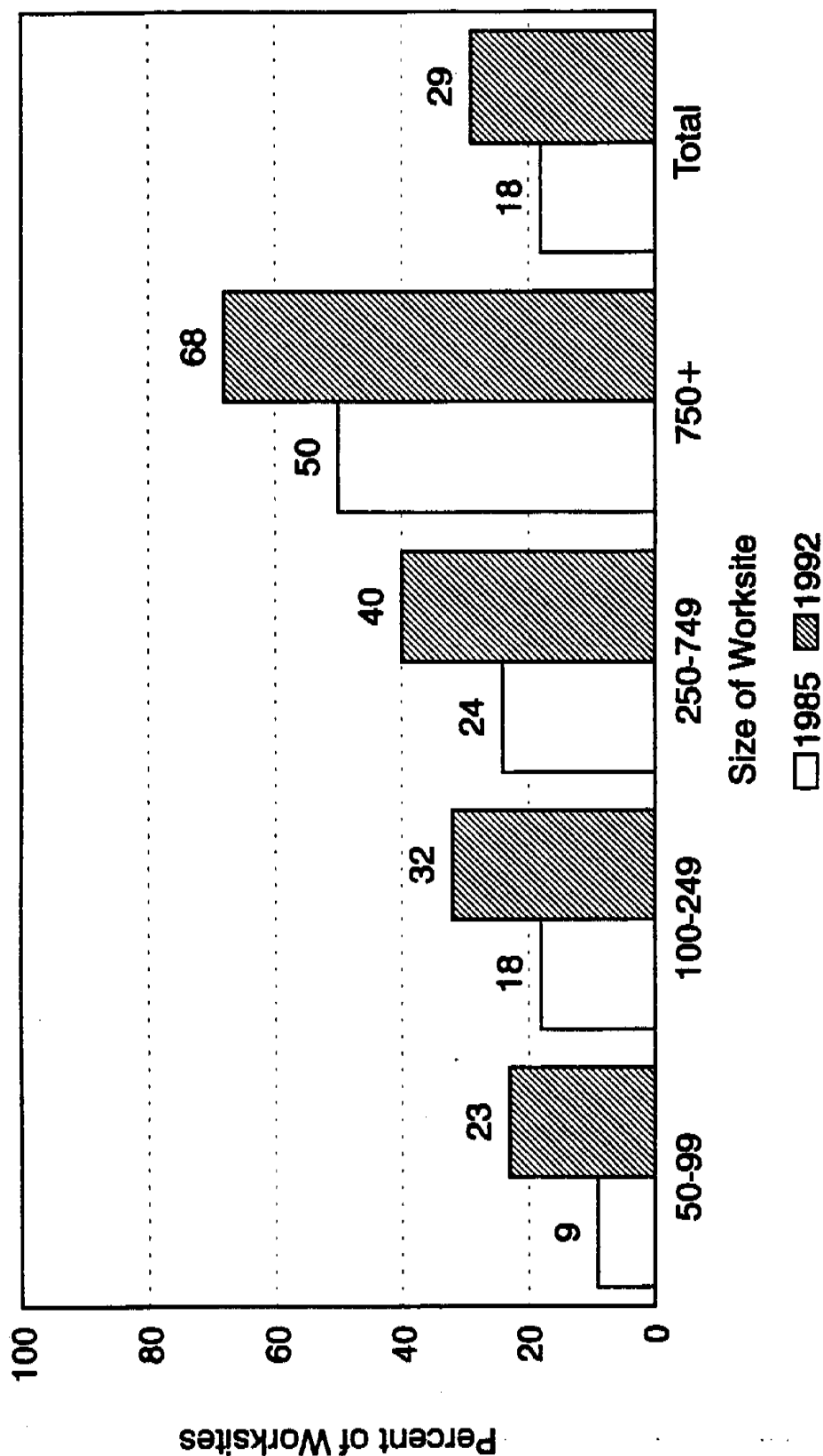
Percent of private worksites with 50 or more employees offering high blood pressure screenings by industry, 1992



Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

# Figure 5

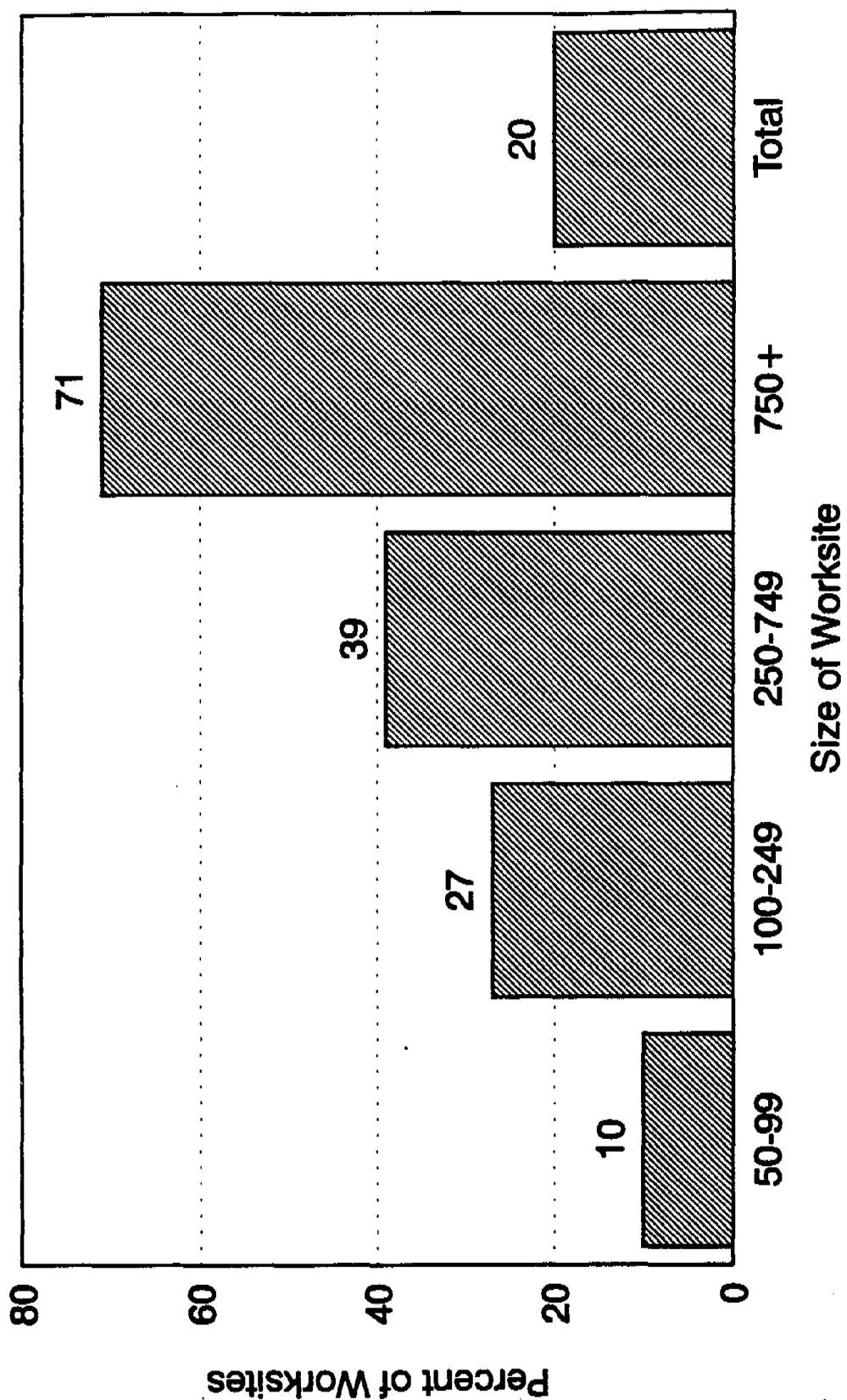
Percent of private worksites with 50 or more employees offering information or activities concerning high blood pressure control by size, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**Figure 6**

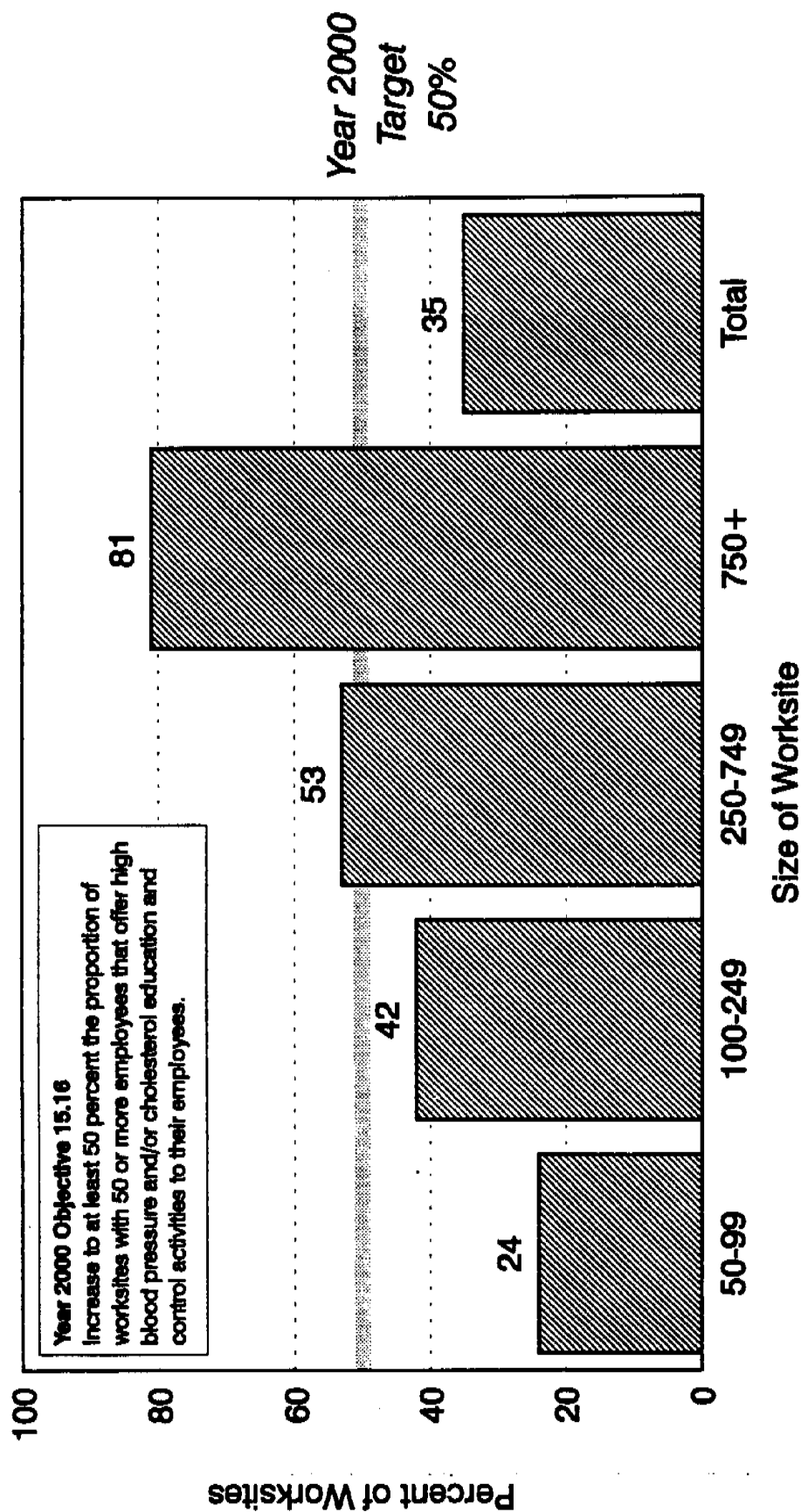
Percent of workplaces with 50 or more employees offering  
cholesterol screenings by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 7

Percent of workplaces with 50 or more employees offering high blood pressure and/or cholesterol education and control activities by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **CANCER SCREENING AND ACTIVITIES**



## CANCER SCREENING AND ACTIVITIES

Cancer accounts for one out of every five deaths in the United States. Early detection and intervention can significantly reduce cancer mortality for some cancers.<sup>1</sup> Worksite health promotion programs can be used to educate employees on high-risk lifestyle choices and environmental factors and provide cancer screenings. Worksite efforts in the area of cancer prevention are discussed in this section.

### Screening

Respondents for the 1992 survey were asked whether or not their worksite offered specific types of cancer screenings. The different types of reported screenings and the percentage of positive responses are shown below.

#### Type of Screening

Tests for blood in stool--7 percent.  
Pap smears--3 percent.  
Exams for skin cancer--3 percent.  
Breast exams by medical personnel--5 percent.  
Mammography--8 percent.  
Exams for oral cancer--2 percent.  
Other (colon/rectal/prostate)--0.4 percent.

Results showed that 12 percent of worksites with 50 or more employees offer at least one of the types of cancer screening mentioned above. Screening rates vary greatly among worksites in different size strata. As shown in Figure 8, 6 percent of worksites with 50 to 99 employees compared with 58 percent of worksites with 750 or more employees offer one or more cancer screening activities.

Worksites with 50 to 99 employees that offer a cancer screening are more likely than larger companies to offer tests for blood in the stool and pap smears. Although the overall proportion of worksites offering at least one type of cancer screening is consistent across industry strata, rates for the specific screening tests vary greatly among and within industry categories. See Tables 19a and 19b.

### Referrals and Followup

Of those worksites that offer any cancer screenings, 60 percent refer individuals with positive results to a physician and 30 percent offer followup or tracking services. Worksites with 750 or more employees that report offering cancer screenings are more likely than worksites in the other size categories to offer referral, followup, or tracking services. Worksites representing the manufacturing industry and services industry are more likely than worksites in the other industry categories to refer individuals with positive screening results to a physician. Thirty-six percent of worksites representing the services industry offer followup or tracking of individuals who have positive screening results compared with 14 percent of worksites in the wholesale/retail industry. See Tables 19a and 19b.

### Information or Activities

Nearly one-quarter (23 percent) of worksites with 50 or more employees offer cancer-related information or activities to their employees. Of those that provide information or activities, 97 percent provide resource materials; 36 percent provide group classes, workshops, lectures or special events; and 13 percent provide individual counseling. Thirty-one percent of the worksites that offer cancer-related activities teach women how to conduct breast self-examinations. Worksites with 750 or more employees are more likely than worksites with 50 to 99 employees to offer cancer-related information and activities. Nearly all of the worksites across industry categories offer resource materials to their employees concerning cancer. See Tables 19a and 19b.

### Evolution of Policies and Practices

In the *1985 National Survey of Worksite Health Promotion Activities*, cancer screening activities were offered by 20 percent of worksites that provided physical examinations.<sup>2</sup> A majority of the worksites that provided cancer screenings offered blood in stool tests and pap smears; less than half offered mammograms. In the 1992 survey, more worksites reported offering mammograms than reported offering blood in stool tests or pap smears.

*Healthy People 2000* does not contain an objective directly related to worksite cancer screening activities or worksite information or activities concerning cancer.



**TABLE 19a**  
Percent of private worksites with 50 or more employees  
that offer screening, information, or activities concerning cancer,  
by size, 1992

CANCER		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer:						
Test for blood in the stool	6.6	3.9	6.8	10.8	32.4	
Pap smear	3.4	2.2	3.8	4.5	15.7	
Exams for skin cancer	2.8	1.2	2.7	4.7	23.3	
Breast exams by medical personnel	5.3	2.5	5.4	9.4	35.6	
Mammography	7.5	3.0	8.4	16.0	42.1	
Exams for oral cancer	1.8	0.8	1.9	2.7	12.9	
Prostate/colon/rectal exams (volunteered response)	0.4	0.2	0.2	0.0	5.9	
Offer any of above cancer screenings	12.0	6.2	13.4	22.7	57.5	
Of those that offer any cancer screenings:						
• Refer individuals with positive cancer test results to a physician	60.5	57.2	53.7	57.3	82.3	
• Offer followup of individuals with positive cancer test results	29.8	23.4	28.0	28.2	45.6	
Offer information or activities concerning cancer	23.0	17.2	25.2	33.2	63.5	
Of those that offer information or activities:						
• Individual counseling	13.1	9.0	7.0	16.8	44.0	
• Group classes, workshops, lectures, special events	36.4	30.5	32.5	45.2	60.1	
• Resource materials	96.9	99.3	95.2	93.5	97.7	
• Instruction on examining breasts	30.6	21.2	28.3	39.6	62.8	

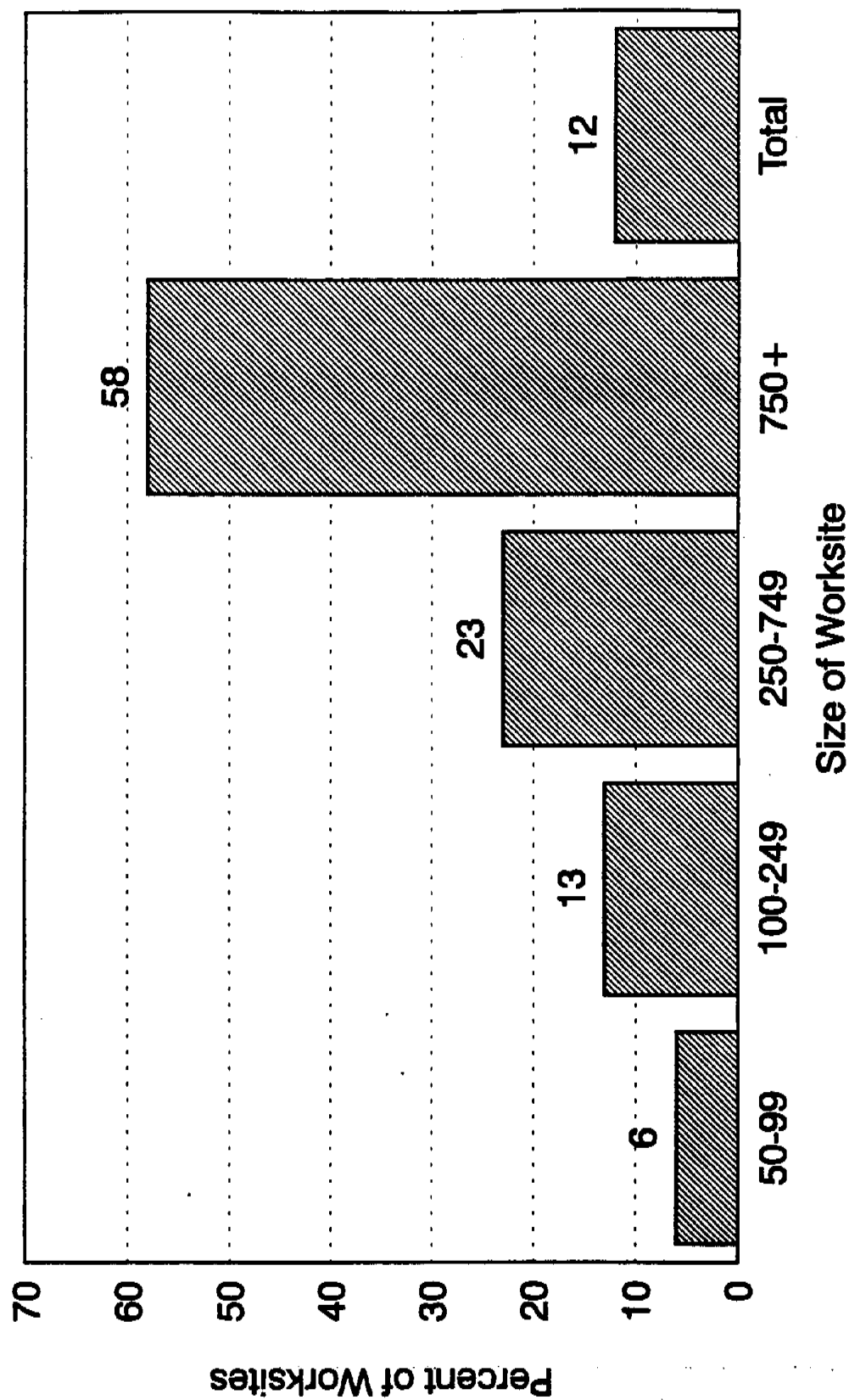
TABLE 19b  
Percent of private worksites with 50 or more employees  
that offer screening, information, or activities concerning cancer,  
by industry, 1992

CANCER		INDUSTRY						
	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Hin- ing/Const (140)	
Offer:								
Test for blood in the stool	6.6	5.8	3.9	8.8	8.3	5.6	6.2	
Pap smear	3.4	3.0	1.7	4.8	4.1	2.3	4.5	
Exams for skin cancer	2.8	2.9	2.8	3.0	3.2	1.0	3.5	
Breast exams by medical personnel	5.3	4.1	5.3	6.4	5.2	4.8	4.6	
Mammography	7.5	5.7	6.4	9.0	9.5	7.7	6.9	
Exams for oral cancer	1.8	1.3	1.0	3.1	0.4	1.2	1.2	
Prostate/colon/rectal exams (volunteered response)	0.4	1.0	0.1	0.4	0.0	0.2	0.2	
Offer any of above cancer screenings	12.0	10.1	9.0	14.9	15.8	12.1	9.5	
Of those that offer any cancer screenings:								
• Refer individuals with positive cancer test results to a physician	60.5	68.7	51.1	68.7	39.5	36.1	49.5	
• Offer followup of individuals with positive cancer test results	29.8	32.7	13.6	36.4	20.7	21.5	39.2	
Offer information or activities concerning cancer	23.0	19.1	19.1	28.2	23.3	26.7	18.9	
Of those that offer information or activities:								
• Individual counseling	13.1	18.0	9.1	12.7	11.3	17.3	11.0	
• Group classes, workshops, lectures, special events	36.4	22.5	24.4	46.8	44.5	38.8	32.8	
• Resource materials	96.9	97.8	99.4	95.8	97.8	92.7	98.9	
• Instruction on examining breasts	30.6	29.3	28.2	35.8	21.7	22.9	20.1	

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

# Figure 8

Percent of private worksites with 50 or more employees offering cancer screenings by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES**

## **HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES**

In the United States, AIDS is the seventh leading cause of years of potential life lost (before age 65). In addition, almost 12 million cases of sexually transmitted diseases occur annually<sup>1</sup>. Worksite efforts in these areas may include screening, information, and medical services. The existence of formal worksite AIDS policies, information, or activities concerning HIV infection and sexually transmitted diseases are examined in this section.

### **Policies**

The 1992 survey found that 22 percent of worksites with 50 or more employees have a formal AIDS policy or a formal life-threatening disease policy that would include AIDS. As depicted in Figure 9, rates increase with the size of the worksite. Worksites with 750 or more employees are more likely than worksites with 250 to 749 employees to have a formal AIDS policy (53 percent compared with 36 percent, respectively). Worksites in the services industry are more likely than worksites in the agriculture/mining/construction industry to have a formal AIDS policy (36 percent compared with 10 percent, respectively). See Tables 20a and 20b.

### **Information or Activities**

Nearly 3 out of every 10 (28 percent) worksites with 50 or more employees offer information or activities concerning AIDS education. Worksites with 750 or more employees are more likely than worksites with fewer than 750 employees to offer information or activities (62 percent of worksites with 750 or more employees compared with 23 percent of worksites with 50 to 99 employees). Of those worksites providing AIDS-related information or activities, nearly all (94 percent) offer resource materials such as posters, brochures, pamphlets, or videos; 62 percent offer group classes, workshops, lectures, or special events; and 22 percent offer individual counseling. The rates for individual counseling vary with worksite size, but the percentage of worksites offering group classes, workshops, lectures, or special events and resource materials is consistent across size categories. Worksites in the services industry are more likely than worksites in the wholesale/retail industry to offer information or activities concerning AIDS education (44 percent compared with 16 percent, respectively).

Ten percent of worksites offer information or activities concerning sexually transmitted diseases other than AIDS (31 percent of those with 750 or more employees compared with 8 percent of those with 50 to 99 employees). A substantially higher number of worksites in the services industry offer information or activities than worksites in other industry categories. See Tables 20a and 20b.

### Evolution of Policies and Practices

The *1985 National Survey of Worksite Health Promotion Activities* did not report on activities concerning sexually transmitted diseases or HIV infection. Therefore, the information obtained from the 1992 survey will serve as baseline data for future program and data collection efforts.

*Healthy People 2000* does not contain a specific objective related to information or activities concerning sexually transmitted disease education in the workplace. The objectives do, however, call for the extension of regulations to protect workers from exposure to bloodborne infections, including HIV infection, to all facilities where workers are at risk for occupational transmission of HIV. The Occupational Safety and Health Administration (OSHA) published regulations in December 1991 requiring worker protection from exposure to bloodborne infection and began collecting data using the standards in March 1992.

**TABLE 20a**  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning HIV infection and sexually transmitted diseases,  
by size, 1992

HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Have formal policy for AIDS/life threatening diseases under which AIDS falls	22.1	14.9	26.7	35.8	53.4	
Offer information or activities concerning AIDS education	28.0	22.9	29.6	37.9	61.9	
Of those that offer information or activities: <ul style="list-style-type: none"><li>• Individual counseling</li><li>• Group classes, workshops, lectures, special events</li><li>• Resource materials</li></ul>	21.8 61.6 93.8	15.4 58.9 93.0	19.3 64.2 93.4	27.1 59.4 95.2	57.7 69.6 97.3	
Offer information or activities concerning sexually transmitted diseases other than AIDS	10.4	8.0	11.4	12.4	30.6	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 20b**  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning HIV infection and sexually transmitted diseases,  
by industry, 1992

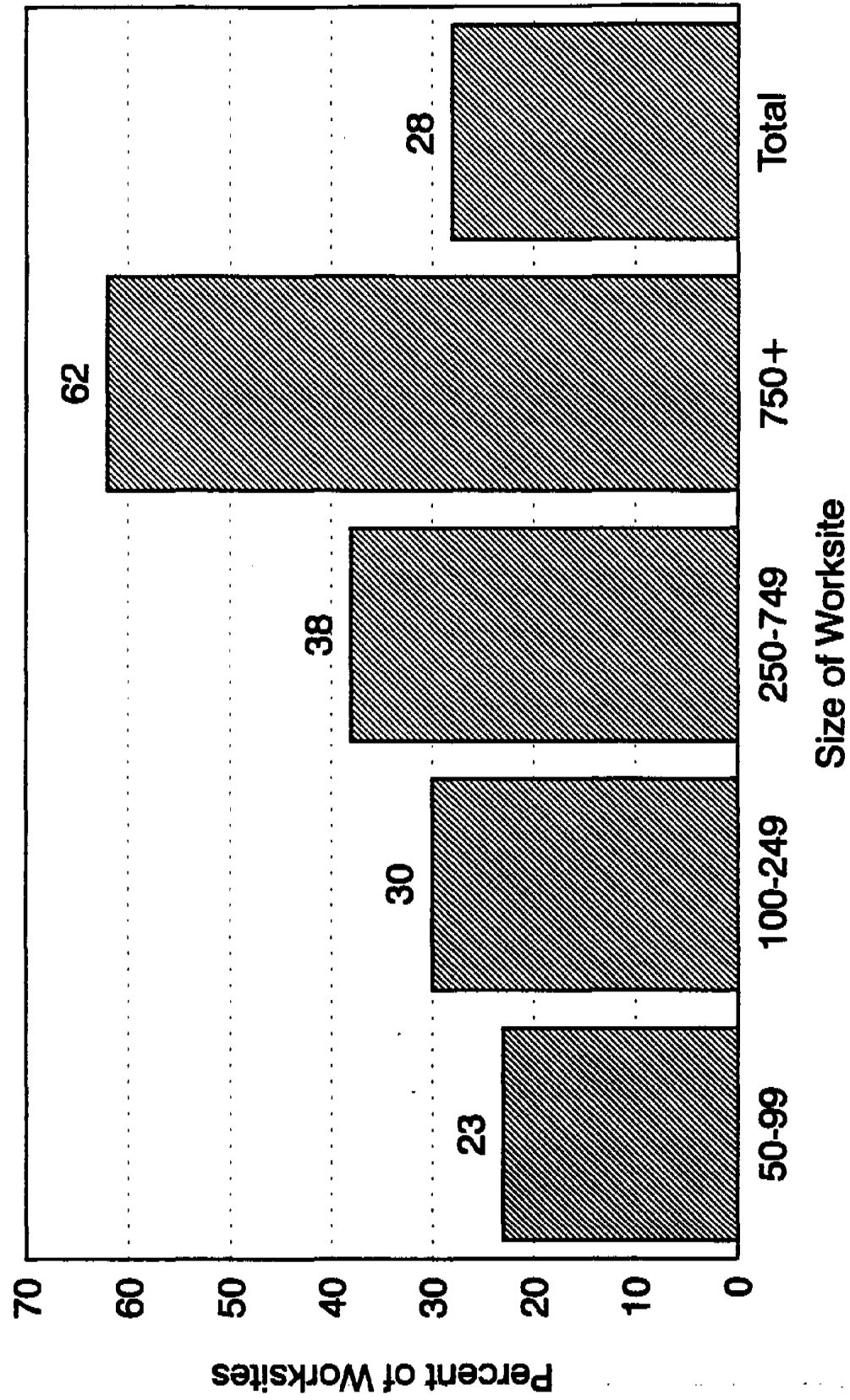
HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Have formal policy for AIDS/life threatening diseases under which AIDS falls	22.1	11.7	13.5	36.0	22.3	25.2	9.9	
Offer information or activities concerning AIDS education	28.0	20.1	15.5	44.2	24.9	21.8	20.2	
Of those that offer information or activities:								
• Individual counseling	21.8	10.7	12.2	28.8	17.3	24.6	5.4	
• Group classes, workshops, lectures, special events	61.6	37.4	41.4	76.7	64.8	38.3	40.5	
• Resource materials	93.8	99.1	98.5	91.4	95.2	94.2	88.2	
Offer information or activities concerning sexually transmitted diseases other than AIDS	10.4	5.1	5.5	19.0	9.1	5.2	5.2	

Source: ODPHP National Survey of Workplace Health Promotion Activities, 1992.



**Figure 9**

Percent of private worksites with 50 or more employees offering information or activities concerning AIDS education by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



# **HEALTH PROMOTION**

## **SMOKING CONTROL**

## SMOKING CONTROL

Cigarette smoking accounts for about 390,000 deaths annually, including 21 percent of all coronary heart disease deaths, 87 percent of lung cancer deaths, and 30 percent of all cancer deaths. Smoking in the workplace has become an important public health issue in recent years as the health effects of environmental tobacco smoke have been documented. Thirty-one states have enacted legislation restricting smoking in public workplaces, and 13 states have implemented legislation restricting smoking in private sector worksites.<sup>1</sup> The nature of individual worksite smoking policies and the information or activities offered by worksites to help employees stop smoking are presented in this section.

### Policy

For the 1992 survey, worksites were asked to describe what, if any, restriction on smoking exists at their worksite. Results showed that a majority (86 percent) of worksites with 50 or more employees indicated that their worksite had a formal smoking policy that prohibits or severely restricts smoking using this broad definition. When queried further on the nature of their smoking rules, 34 percent have a smoking policy that states that smoking is not allowed anywhere inside, 25 percent have rules permitting smoking only in separately ventilated smoking areas, and 28 percent have rules that permit smoking only in designated smoking areas without separate ventilation. In general, smoking policies have been adopted voluntarily. However, a small percentage adopted a policy as a result of state or local legislation (16 percent and 17 percent, respectively). Worksites in the wholesale/retail industry are less likely to have a policy that prohibits smoking anywhere inside the workplace than worksites in the services industry and financial industry (26 percent compared with 42 percent, respectively). See Tables 21a and 21b.

### Information or Activities

Forty percent of worksites with 50 or more employees offer information or activities to help employees stop smoking. Of those, 91 percent offer resource materials such as posters, brochures, pamphlets, or videos; 56 percent offer group classes, workshops, lectures, or special events; and 23 percent offer individual counseling. Ninety-one percent of worksites with 750 or more employees offer group classes, workshops, lectures, or special events to help employees stop smoking. In comparison, 41 percent of worksites with 50 to 99 employees offer group classes, workshops, lectures, or special events. See Tables 21a and 21b.

### Evolution of Policies and Activities

In 1985, smoking control activities were reported as including information, a formal smoking policy, individual counseling, group classes or workshops, self-help materials, and special events or contests. In that survey, it was found that 36 percent of worksites had smoking control activities, and 27 percent had formal smoking policies.

The *Healthy People 2000* Workgroup for Tobacco, led by the Office of Smoking and Health, Centers for Disease Control, has defined a smoking control policy that "prohibits or severely restricts" worksite smoking as one that does not allow smoking anywhere inside the workplace or does not allow smoking anywhere inside except in separately ventilated smoking areas.<sup>1</sup> This definition will be used to track progress in worksite smoking policies through the decade. Using this definition, the 1992 survey found that 59 percent of worksites with 50 or more employees have a formal smoking policy that prohibits or severely restricts smoking in the workplace.

The goal for the year 2000 is an increase to at least 75 percent in "formal smoking policies that prohibit or severely restrict smoking at the workplace." Figure 10 depicts the increase in smoking control policies from 1985 to 1992, showing the progress that has been made in this area during the last few years.

**TABLE 21a**  
Percent of private worksites with 50 or more employees  
that have smoking policy and offer information or activities concerning smoking,  
by size, 1992

SMOKING CONTROL		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Have formal smoking policy that prohibits or severely restricts smoking onsite	86.0	82.5	88.5	93.4	97.2	
Smoking rules (volunteered responses):						
Not allowed anywhere inside	34.2	32.2	32.9	41.6	55.0	
Not allowed except in separately ventilated smoking areas	24.6	23.2	27.7	24.8	19.5	
Not allowed except in smoking areas without separate ventilation	28.0	30.5	26.4	23.7	17.2	
Allowed everywhere except a few no smoking areas	4.4	4.5	4.9	3.1	2.9	
Each area decides on its own policy	1.8	2.0	1.4	1.6	2.3	
Permitted everywhere/no rules	3.8	4.1	4.2	2.0	0.0	
Of those with policy, policy adapted as result of:						
• State legislation	15.6	12.9	18.8	19.5	18.6	
• Local legislation	16.9	14.9	20.4	17.6	15.3	
Offer information or activities to help employees stop smoking	40.0	32.0	43.5	58.9	78.9	
Of those that offer information or activities:	23.4	20.1	21.7	24.7	47.6	
• Individual counseling						
• Group classes, workshops, lectures, special events	55.8	41.3	61.2	69.6	91.4	
• Resource materials	90.9	90.4	91.2	88.6	96.6	

TABLE 21b  
Percent of private worksites with 50 or more employees  
that have smoking policy and offer information or activities concerning smoking,  
by industry, 1992

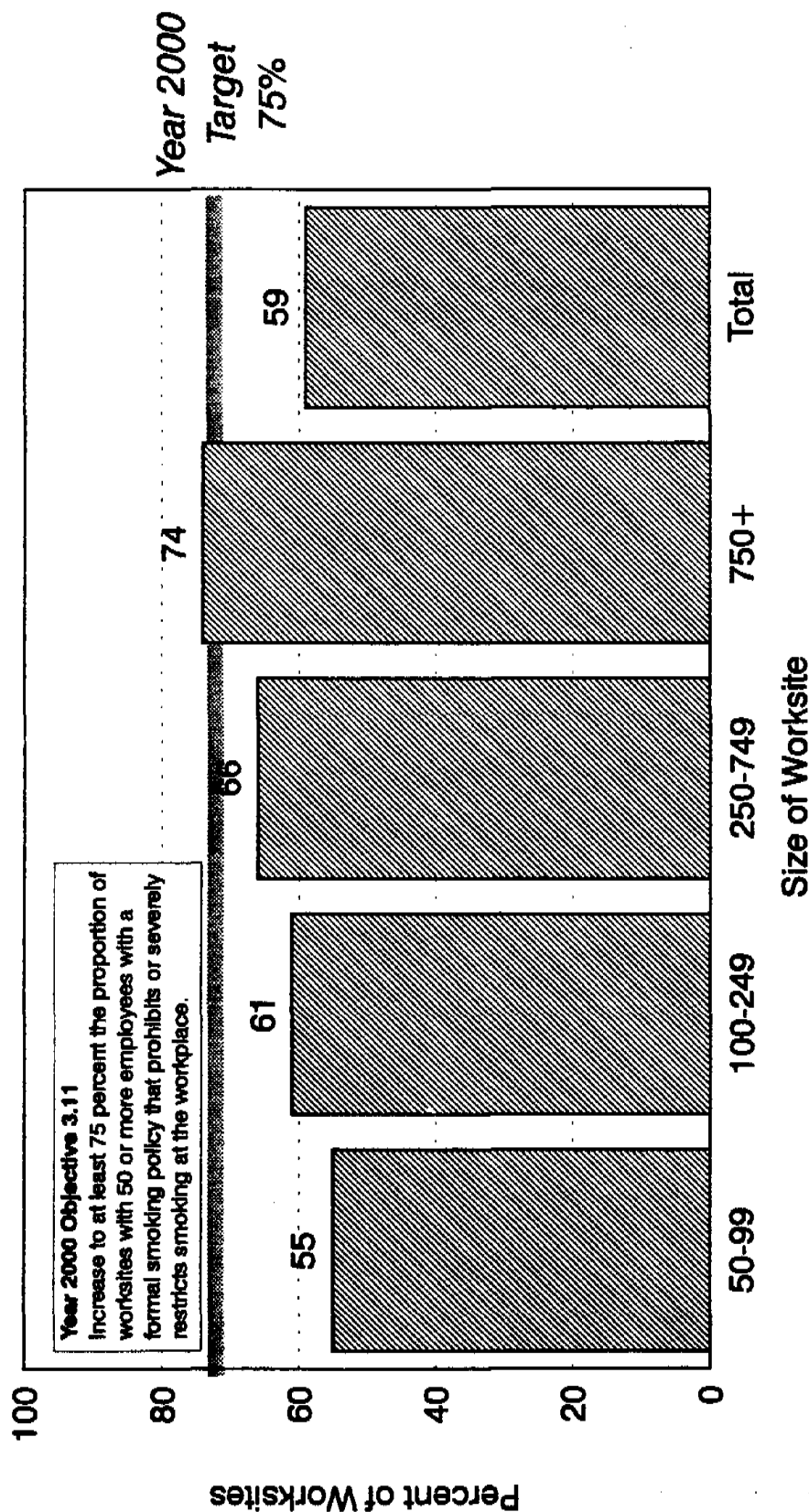
SMOKING CONTROL		INDUSTRY					
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)
Have formal smoking policy that prohibits or severely restricts smoking onsite	86.0	86.2	84.2	88.1	86.0	88.3	77.9
Smoking rules (volunteered responses):							
Not allowed anywhere inside	34.2	28.3	26.5	41.7	34.5	42.0	35.3
Not allowed except in separately ventilated smoking areas	24.6	29.9	25.7	22.9	23.1	19.4	17.5
Not allowed except in smoking areas without separate ventilation	28.0	28.9	31.5	26.1	24.6	24.3	29.1
Allowed everywhere except a few no smoking areas	4.4	5.4	6.8	1.6	3.6	7.1	5.9
Each area decides on its own policy	1.8	2.2	0.9	1.7	4.2	0.6	3.5
Permitted everywhere/no rules	3.8	4.3	4.3	2.6	5.0	4.0	4.5
Of those with policy, policy adapted as result of:							
• State legislation	15.6	14.5	16.0	16.8	10.5	18.9	12.8
• Local legislation	16.9	13.8	17.7	18.9	13.9	18.6	14.4
Offer information or activities to help employees stop smoking	40.0	44.6	33.1	40.8	49.0	40.4	36.7
Of those that offer information or activities:							
• Individual counseling	23.4	21.6	22.0	23.6	40.2	18.2	18.5
• Group classes, workshops, lectures, special events	55.8	52.4	50.6	57.4	72.4	55.0	59.5
• Resource materials	90.9	88.1	90.5	92.4	97.1	90.4	86.7

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



# Figure 10

Percent of worksites with 50 or more employees with a formal smoking policy that prohibits or severely restricts\* smoking at the workplace by size, 1992



\*Defined by the Office of Smoking and Health, Centers for Disease Control, as a policy which does not allow smoking anywhere inside the workplace or which does not allow smoking anywhere inside except in separately ventilated smoking areas.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **EXERCISE AND FITNESS ACTIVITIES**

## **EXERCISE AND FITNESS ACTIVITIES**

Regular physical activity can help in the management of coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, and mental health problems.<sup>1</sup> Providing physical activity and fitness opportunities at worksites or providing incentives for employees to exercise regularly may help improve employee health, morale, and productivity, and may enhance employee recruitment. Survey results on worksite activities related to physical activity and fitness, including equipment and facilities, are presented in this section.

### **Equipment and Facilities**

Many worksites with 50 or more employees have facilities for their employees to participate in physical activity and fitness programs. Twenty-four percent of worksites have a locker room with showers, 12 percent have an indoor area set aside specifically for exercise and physical fitness activities, 10 percent have aerobic exercise equipment, 9 percent have strength training equipment, and 9 percent have outdoor activity facilities. Only 1 out of 10 worksites that have exercise facilities charge employees for their use.

Rates vary with the number of employees. Nearly one-half (44 percent) of worksites with 750 or more employees have an indoor area for exercise and physical fitness activities compared with 8 percent of worksites with 50 to 99 employees. Worksites in the wholesale/retail industry are one-half as likely (12 percent) to have a locker room with showers than worksites in manufacturing (31 percent); and worksites in the services industry, financial industry, and agricultural/mining/construction industry are more likely to have an exercise area than other industry categories. See Tables 23a and 23b.

### **Information or Activities**

Forty-one percent of worksites with 50 or more employees offer information or activities to promote exercise or physical fitness. Of those worksites, 72 percent offer resource materials such as posters, brochures, pamphlets, or videos; 61 percent offer recreational programs such as softball teams; 52 percent offer group classes, workshops, lectures, or special events; 32 percent offer formal fitness challenges or campaigns; 22 percent offer individual counseling; and 20 percent offer fitness evaluations or testing.

Worksites with 750 or more employees are five times more likely to provide fitness evaluation or testing than worksites with 50 to 99 employees (10 percent compared with 55 percent, respectively). Worksites in the services industry are nearly twice as likely to provide individual counseling to their employees than any other industry category. See Tables 23a and 23b.

### Evolution of Policies and Practices

Results from the 1992 survey indicate that 42 percent of worksites with 50 or more employees have physical fitness activities, compared with 22 percent in 1985. Criteria used to define a physical fitness program include having any of the following: an indoor area set aside for exercise; a jogging trail; fitness evaluation/testing; individual counseling; group classes, workshops, lectures, or special events; formal fitness challenges/campaigns; and resource materials.

The year 2000 objective 1.10 calls for an increase in the proportion of worksites offering employer-sponsored physical activity and fitness programs by worksite size category.\* According to the chart below, worksites in all of the size categories have met and/or exceeded the year 2000 target, increasing by an average of 26 percentage points from the 1985 baseline. Figure 11 depicts the comparison.

TABLE 22

Worksite Size	1985 Survey Results (Baseline)	1992 Survey Results	Year 2000 Goal
50 to 99 employees	14 %	33 %	20 %
100 to 249 employees	23 %	47 %	35 %
250 to 749 employees	32 %	66 %	50 %
750 or more employees	54 %	83 %	80 %

\* It should be noted that the data chosen to mark progress does not include worksites offering recreational activities, such as softball teams, since recreational activities were not included in the 1985 baseline statistics. The 1992 survey found that 61 percent of worksites offering information or activities on exercise and physical fitness offer recreational programs.

**TABLE 23a**  
Percent of private worksites with 50 or more employees  
that offer facilities, information, or activities to promote exercise and physical fitness,  
by size, 1992

PHYSICAL ACTIVITY AND FITNESS		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Physical Activities and Fitness Program*		42.2	32.6	46.9	65.7	83.0
Offer:						
Locker room with showers		24.2	18.7	26.4	38.9	49.9
Indoor area for exercise and physical fitness activities*		12.3	8.0	13.4	20.4	44.3
Aerobic exercise equipment		10.5	6.4	11.4	18.5	42.2
Strength training equipment		9.2	5.0	11.0	16.0	39.2
Outdoor facilities*		9.4	6.7	10.0	15.0	29.4
Of those that offer any of above:						
• Employees are charged to use exercise facilities		9.8	2.3	9.4	16.8	39.9
Offer information or activities to promote exercise or physical fitness		40.7	31.6	45.2	63.8	79.0
Of those that offer information or activities:						
• Fitness evaluation/testing*		20.1	10.4	21.8	26.4	55.0
• Individual counseling*		22.2	13.8	23.7	25.4	57.2
• Group classes, workshops, lectures, special events*		52.3	42.3	55.3	59.8	81.0
• Recreational programs		61.2	52.3	60.4	75.0	87.6
• Formal fitness challenges/campaigns*		31.8	22.6	32.4	44.4	57.2
• Resource materials*		72.1	65.9	71.2	81.0	93.7

\* If worksite has any one of the starred items, it is counted as a physical fitness program for purposes of comparison to 1985 and tracking the Year 2000 objective.

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

TABLE 23b  
Percent of private worksites with 50 or more employees  
that offer facilities, information, or activities to promote exercise and physical fitness,  
by industry, 1992

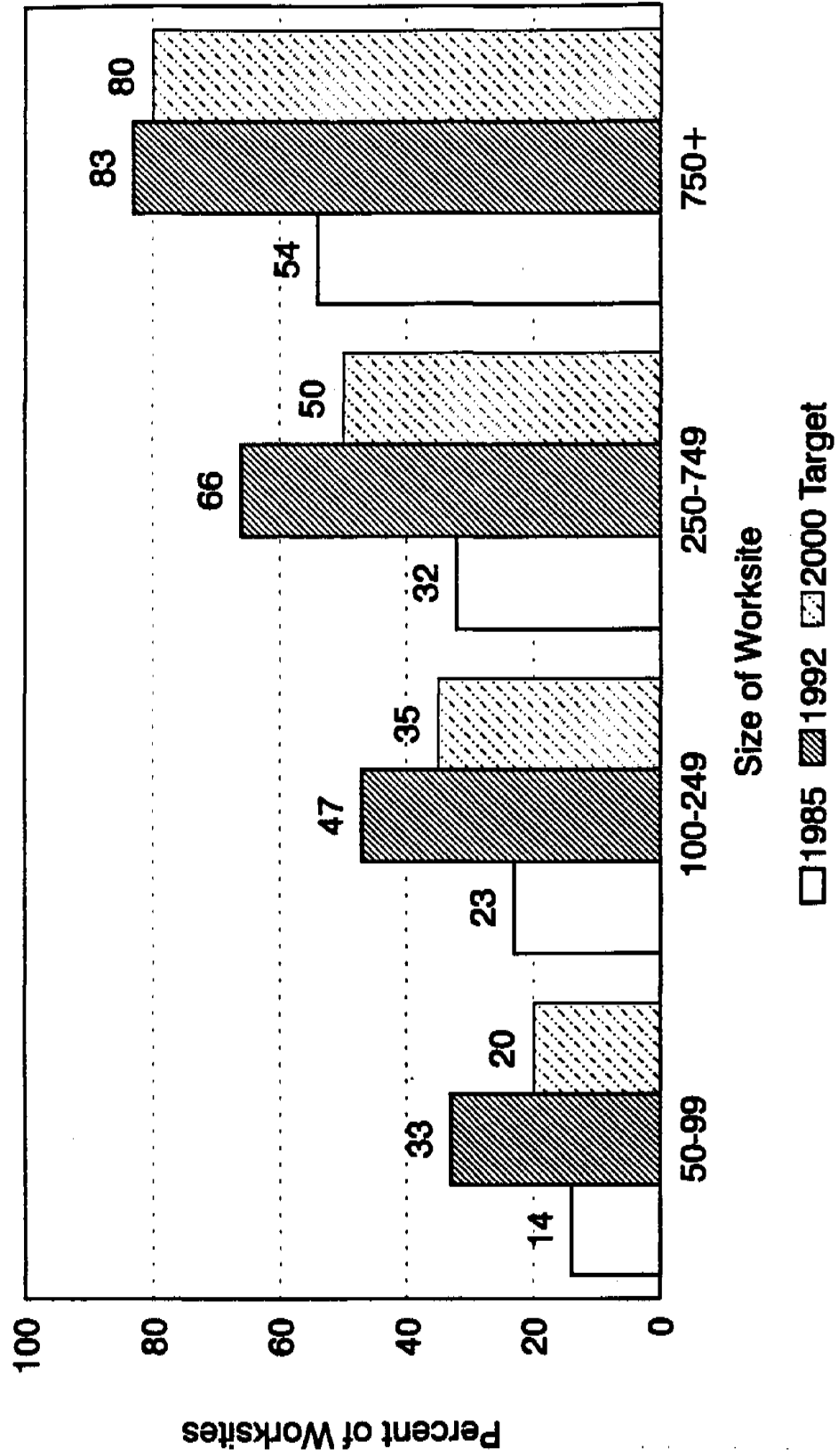
PHYSICAL ACTIVITY AND FITNESS		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Physical Activities and Fitness Program*	42.2	39.2	35.3	46.5	49.0	51.6	39.8	
Offer:								
Locker room with showers	24.2	30.9	12.0	28.4	29.4	14.3	29.3	
Indoor area for exercise and physical fitness activities*	12.3	7.9	7.2	18.2	9.2	15.6	13.7	
Aerobic exercise equipment	10.5	6.8	6.1	15.7	8.8	13.3	11.0	
Strength training equipment	9.2	5.5	5.7	14.2	7.4	9.4	9.8	
Outdoor facilities*	9.4	8.0	5.0	14.0	9.2	6.8	9.1	
Of those that offer any above:								
• Employees are charged to use exercise facilities	9.8	5.0	15.5	11.8	5.7	9.2	9.4	
Offer information or activities to promote exercise or physical fitness	40.7	41.3	37.8	40.8	47.8	47.6	36.3	
Of those that offer information or activities:								
• Fitness evaluation/testing*								
• Individual counseling*	20.1	15.4	21.8	23.1	15.9	16.1	22.5	
• Group classes, workshops, lectures, special events*	22.2	18.0	18.5	30.9	12.7	16.5	17.8	
• Recreational programs	52.3	41.7	47.4	62.4	46.7	53.8	55.9	
• Formal fitness challenges/campaigns*	61.2	65.1	66.2	57.1	62.1	52.3	60.8	
• Resource materials*	31.8	24.5	30.8	37.8	25.6	39.3	25.4	
	72.1	68.6	71.2	74.0	80.4	76.2	62.4	

\* If worksite has any one of the starred items, it is counted as a physical fitness program for purposes of comparison to 1985 and tracking the Year 2000 objective.

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

# Figure 11

Percent of private worksites with 50 or more employees offering exercise or fitness program by size, 1985, 1992, Year 2000 target



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **NUTRITION EDUCATION/WEIGHT MANAGEMENT**



## NUTRITION EDUCATION

Dietary factors are associated with 5 of the leading causes of death: coronary heart disease, some types of cancer, stroke, noninsulin-dependent diabetes mellitus, and atherosclerosis. According to *Healthy People 2000*, "Worksite (nutrition) programs provide a mechanism for reaching a large number of employees with information, activities, and services that encourage and facilitate the adoption of dietary practices conducive to health."<sup>1</sup> Survey results regarding worksite cafeterias, vending machines, and other food establishments are discussed in this section, along with information or activities about nutrition education.

### Facilities

The 1992 survey found that 43 percent of worksites with 50 or more employees have a cafeteria, snack bar, or food service. Rates vary by number of employees in the worksite and by industry. Ninety-one percent of worksites with 750 or more employees have a cafeteria, snack bar, or food service compared with 34 percent of worksites with 50 to 99 employees. A higher proportion of worksites in the services industry have a cafeteria, snack bar, or food service than worksites in each of the other industry categories.

Of those worksites offering some kind of food service, 31 percent label foods on the basis of nutritional value (i.e., fat, salt, fiber content, or calories). Worksites with 750 or more employees are twice as likely than worksites with 50 to 99 employees to label foods for nutritional value (58 percent compared with 26 percent, respectively).

Nearly all worksites (90 percent) have vending or drink machines, and two-thirds (66 percent) of these worksites stock the vending machines with fruits, juices, or low-fat snacks. See Tables 25a and 25b.

### Information or Activities

Nearly one-third (31 percent) of worksites with 50 or more employees offer their employees information or activities concerning nutrition, such as individual counseling, group classes, workshops, lectures, special events, or resource materials. Worksites with 750 or more employees are much more likely to report offering nutrition education than worksites with 50 to 99 employees (78 percent compared with 22 percent, respectively). Forty percent of worksites in the services industry offer nutrition education activities compared with 25 percent of worksites in the financial industry. See Tables 25a and 25b.

### Evolution of Policies and Practices

The 1992 survey found that 31 percent of worksites with 50 or more employees offer nutrition information or activities. This finding represents an 82 percent increase from 1985. In 1985, 17 percent of the worksites surveyed offered nutrition education activities, including providing nutrition information, individual counseling, group classes, workshops, healthy cafeteria/food service selections, healthy vending machine selections, and special events. For the 1992 survey, healthy food services have been reported separately.

Results show that there has been an increase in nutrition education activities in every worksite size category since 1985, with the largest increases occurring in worksites with 100 to 249 employees.

## **WEIGHT MANAGEMENT**

Being overweight is associated with high serum cholesterol levels, elevated blood pressure, and noninsulin-dependent diabetes mellitus, as well as an increased risk for certain types of cancer, osteoarthritis, and gallbladder disease.<sup>1</sup> Weight management programs at worksites can reach large numbers of individuals and provide activities to support weight control efforts. Survey results regarding activities and information concerning weight management are discussed in this section.

### **Facilities**

The 1992 survey found that 43 percent of worksites with 50 or more employees have a scale for measuring weight available on the premises. Worksites with 750 or more employees are more than twice as likely to have a scale than worksites with 50 to 99 employees (77 percent compared with 38 percent, respectively). Compared with worksites in the other industry categories, worksites in the wholesale/retail industry are least likely to have a scale available. See Tables 26a and 26b.

### **Information or Activities**

About one-quarter (24 percent) of worksites with 50 or more employees offer information or activities to help employees control their weight. Worksites with 750 or more employees are more likely to offer these activities than worksites with 50 to 99 employees (78 percent compared with 14 percent, respectively). Rates are consistent across industry categories.

Of the worksites that offer information or activities about weight control, a majority (87 percent) offer resource materials such as posters, brochures, pamphlets, or videos. Individual counseling is offered by less than one-third (31 percent) of the worksites that offer weight control information or activities. Rates are consistent across industry strata. See Tables 26a and 26b.

### **Evolution of Policies and Practices**

The 1985 *National Survey of Worksite Health Promotion Activities* found that 17 percent of worksites offered nutrition education activities, and 15 percent offered weight control activities.<sup>2</sup>

There has been an increase in these activities in every worksite size category since 1985, with the greatest increases occurring in the two largest size categories (a 25 percentage point increase for worksites with 250 to 749 employees, and a 29 percentage point increase for worksites with 750 or more employees).

## **HEALTHY PEOPLE 2000 NUTRITION/WEIGHT MANAGEMENT OBJECTIVE**

*Healthy People 2000* objective 2.20 calls for an increase to at least 50 percent in the proportion of worksites with 50 or more employees offering nutrition education and/or weight management programs for employees. Figure 12 graphically depicts progress toward achieving this objective. Table 24 displays data relevant to this objective.

TABLE 24

Type of Activity	1985 Survey Results (Baseline)	1992 Survey Results	Year 2000 Goal
Nutrition Education Activities	17%	31%	Not applicable
Weight Control Activities	15%	24%	Not applicable
Nutrition/Weight Control Activities	Joint data point not available	37%	50%

**TABLE 25a**  
Percent of private workplaces with 50 or more employees  
that offer information or activities concerning nutrition,  
by size, 1992

NUTRITION EDUCATION		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Cafeteria/snack bar/food service at worksite		42.8	34.0	45.5	65.6	90.7
Of those that offer service:						
• Label food on the basis of nutritional value		31.1	26.4	29.6	33.4	57.8
Vending/drink machines at worksite		90.0	86.6	93.9	93.8	97.3
Of those that offer machines:						
• Fruits/juices/low fat snacks available in vending machines		66.3	58.1	73.0	81.9	80.8
Offer information or activities concerning nutrition education		31.4	22.1	37.5	46.7	77.6
Of those that offer information or activities:						
• Individual counseling		18.4	13.4	17.5	17.8	43.3
• Group classes, workshops, lectures, special events		53.2	41.6	54.9	66.3	74.7
• Resource materials		94.5	95.3	92.2	96.4	97.7

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 25b  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning nutrition,  
by industry, 1992

NUTRITION EDUCATION		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Cafeteria/snack bar/food service at worksite	42.8	36.7	38.6	57.5	26.0	37.8	17.4	
Of those that offer service:								
• Label food on the basis of nutritional value	31.1	34.7	39.6	27.2	15.1	25.5	35.9	
Vending/drink machines at worksites	90.0	96.8	81.5	91.9	93.4	89.3	84.5	
Of those that offer machines:								
• Fruits/juices/low fat snacks available in vending machines	66.3	68.8	64.6	67.1	69.1	65.4	54.7	
Offer information or activities concerning nutrition education	31.4	27.1	27.4	39.9	31.0	25.1	20.1	
Of those that offer information or activities:								
• Individual counseling	18.4	19.5	13.6	21.8	14.0	12.9	12.9	
• Group classes, workshops, lectures, special events	53.2	45.1	37.1	64.8	47.5	59.7	47.5	
• Resource materials	94.5	91.3	96.2	94.4	97.8	95.8	96.4	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 26a**  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning weight control,  
by size, 1992

WEIGHT CONTROL ACTIVITIES		NUMBER OF EMPLOYEES				
(Number)	Total	50-99	100-249	250-749	750+	
	(1,507)	(469)	(443)	(403)	(192)	
Scale available at worksite	42.7	38.2	44.2	49.3	77.4	
Offer information or activities to help control weight	24.3	14.2	28.2	48.0	77.9	
Of those that offer information or activities:						
• Individual counseling	31.0	25.6	30.8	24.7	55.3	
• Group classes, workshops, lectures, special events	61.1	43.4	62.0	73.1	87.2	
• Resource materials	86.7	83.4	86.4	86.4	96.4	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 26b  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning weight control,  
by industry, 1992

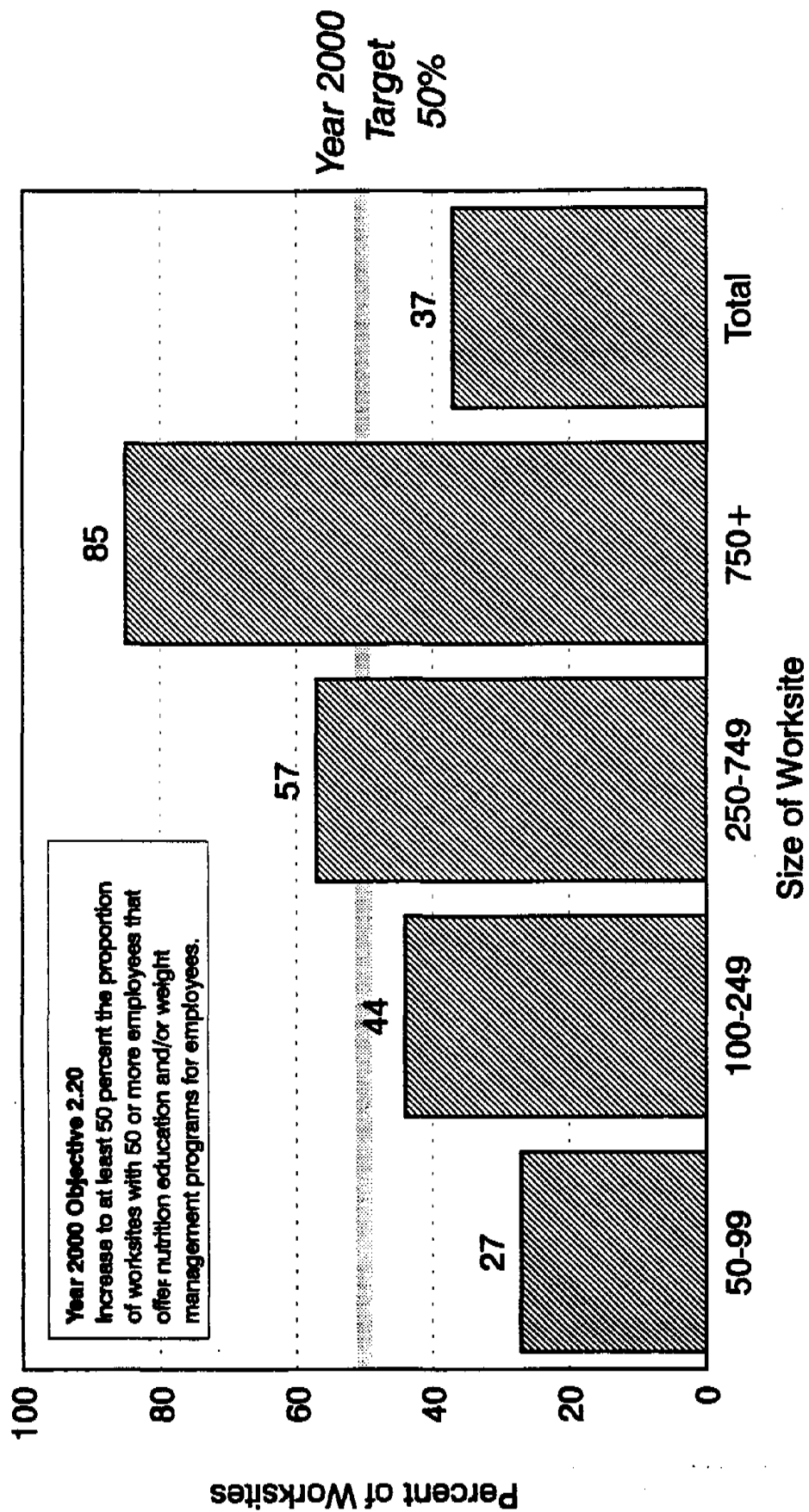
WEIGHT CONTROL ACTIVITIES		INDUSTRY						
	- Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Scale available at worksite	42.7	43.1	23.7	57.0	35.4	40.0	43.2	
Offer information or activities to help control weight	24.3	20.3	20.8	29.6	22.4	25.5	22.5	
Of those that offer information or activities:								
• Individual counseling	31.0	32.6	22.4	38.7	15.6	28.7	14.6	
• Group classes, workshops, lectures, special events	61.1	58.7	60.4	63.9	53.8	61.2	57.9	
• Resource materials	86.7	92.0	85.2	83.5	98.0	81.6	94.0	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



# Figure 12

Percent of workplaces with 50 or more employees offering nutrition education and/or weight management programs by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **PRENATAL EDUCATION**

## **PRENATAL EDUCATION**

Early, high-quality prenatal care is critical to improving pregnancy outcomes.<sup>1</sup> Worksites have the potential to inform employees about the importance of prenatal care by providing educational activities and materials in this area. The 1992 survey results concerning information and activities on prenatal education are presented in this section.

### **Information or Activities**

Information or activities concerning prenatal education are offered by 9 percent of worksites with 50 or more employees. Rates vary by the size of the worksite. Forty percent of worksites with 750 or more employees, 16 percent of worksites with 250 to 749 employees, 9 percent of worksites with 100 to 249 employees, and 5 percent of worksites with 50 to 99 employees offer information or activities concerning prenatal education.

Ninety-three percent of worksites that offer information or activities offer resource materials; 53 percent offer group classes, workshops, lectures, or special events; and 44 percent offer individual counseling. A higher proportion of worksites in the services industry offer prenatal education group classes, workshops, lectures, and special events than worksites in the other industry categories. The 1992 survey found that all of the worksites in the wholesale/retail industry that provided prenatal information or activities also provided resource materials. See Tables 27a and 27b and Figure 13.

### **Evolution of Policies and Practices**

The *1985 National Survey of Worksite Health Promotion Activities* did not survey worksites for data on information/activities concerning prenatal education. Data collected from the 1992 survey will therefore serve as baseline data for future program and data collection efforts.

*Healthy People 2000* does not contain an objective specifically related to prenatal education activities in the worksite.

**TABLE 27a**  
**Percent of private worksites with 50 or more employees**  
**that offer information or activities concerning prenatal education,**  
**by size, 1992**

PRENATAL EDUCATION		NUMBER OF EMPLOYEES			
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Offer information or activities concerning prenatal education	9.0	5.4	9.0	16.5	40.4
Of those that offer information or activities:					
• Individual counseling	43.9	51.5	35.8	33.4	54.5
• Group classes, workshops, lectures, special events	53.1	45.4	44.4	64.0	72.6
• Resource materials	93.4	97.8	84.6	96.6	97.5

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

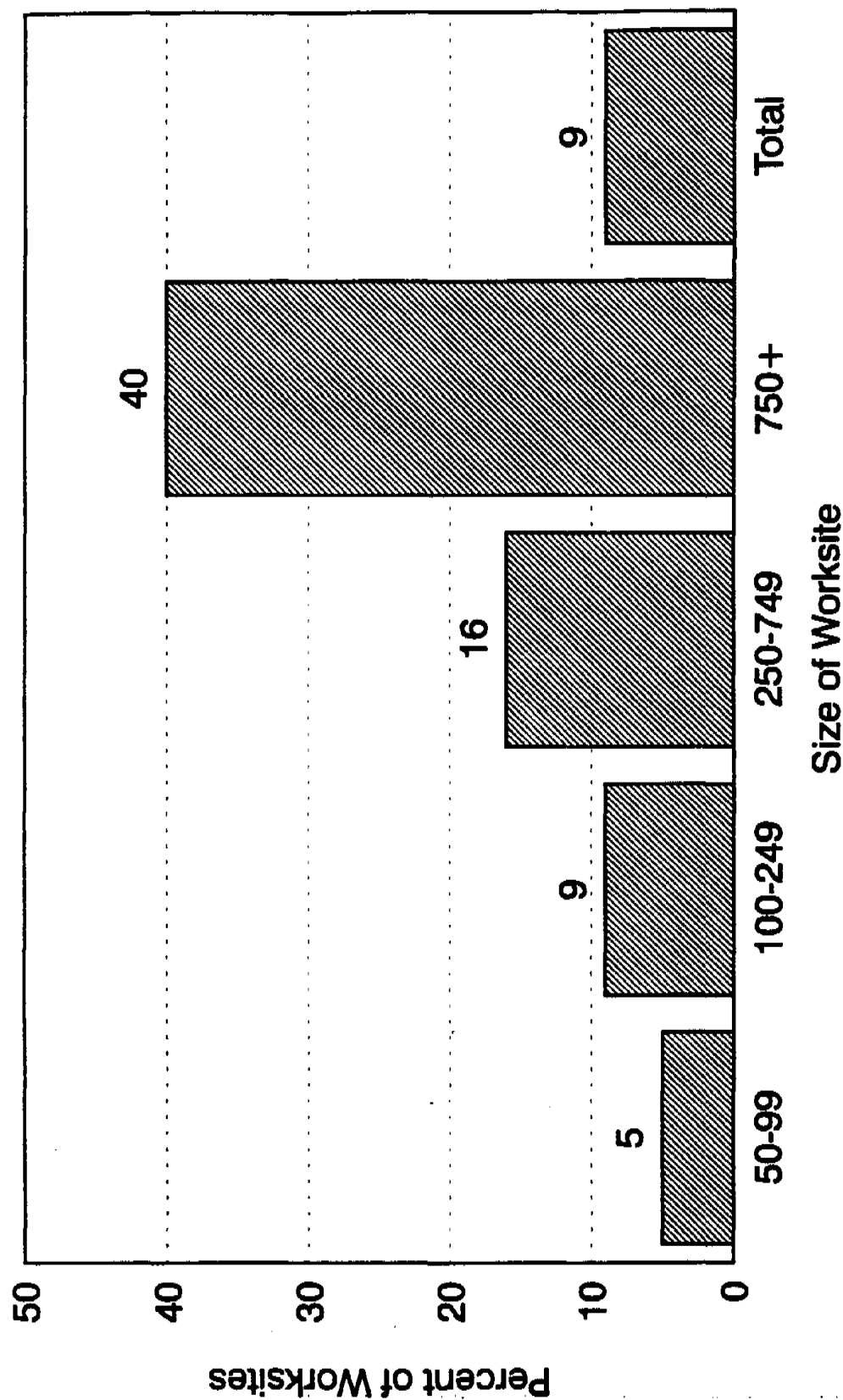
TABLE 27b  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning prenatal education,  
by industry, 1992

PRENATAL EDUCATION		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Hin- ing/Const (140)	
Offer information or activities concerning prenatal education	9.0	5.4	8.3	12.8	6.6	9.8	3.9	
Of those that offer information or activities:								
• Individual counseling	43.9	30.5	33.8	54.1	35.2	37.8	30.5	
• Group classes, workshops, lectures, special events	53.1	43.0	39.2	67.0	34.3	35.1	30.5	
• Resource materials	93.4	94.7	100.0	91.4	96.1	86.4	81.6	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 13

Percent of private workplaces with 50 or more employees offering information or activities concerning prenatal education by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **MEDICAL SELF-CARE**





## **MEDICAL SELF-CARE**

Employers pay approximately 80 percent of all private health insurance premiums, thereby assuming responsibility for between one-fifth and one-fourth of the nation's entire bill for personal health care services.<sup>4</sup> Because of this financial obligation, companies have a vested interest in their employees becoming knowledgeable consumers of health care services. In addition, the consumer movement has played an important role in stimulating the area of worksite health promotion referred to as "medical self-care." The 1992 survey defined medical self-care as "efficient, appropriate use of the medical care system, which includes such skills as knowing when and when not to see a physician, when to obtain a second medical opinion, how to be an assertive patient, and when to use outpatient rather than inpatient services."

### **Information or Activities**

The 1992 survey found that 18 percent of worksites with 50 or more employees offer information or activities concerning medical self-care (39 percent of worksites with 750 or more employees; 14 percent of worksites with 50 to 99 employees).

Of the worksites that offer medical self-care information or activities, 84 percent provide employees with resource materials such as posters, brochures, pamphlets, or videos; 36 percent offer group classes, workshops, lectures, or special events; and 31 percent provide individual counseling. About one-quarter (26 percent) of worksites with medical self-care activities offer employees access to a telephone counseling service other than that which might be available through an employee assistance program (EAP). See Tables 28a and 28b.

### **Evolution of Policies and Practices**

The *1985 National Survey of Worksite Health Promotion Activities* did not report on activities concerning medical self-care. Therefore, the information obtained in the 1992 survey will serve as baseline data for future program and data collection efforts.

*Heathy People 2000* does not contain a worksite-related objective concerning medical self-care.

TABLE 28a  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning medical self-care,  
by size, 1992

MEDICAL SELF-CARE		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Offer information or activities concerning medical self-care		18.3	14.4	19.6	28.5	38.6
Of those that offer information or activities:						
• Individual counseling		30.7	31.8	25.8	26.4	52.6
• Group classes, workshops, lectures, special events		36.4	36.8	32.7	36.7	49.3
• Resource materials		83.5	78.4	87.6	86.7	87.9
• Access to a telephone counseling service other than an EAP		26.1	27.4	22.2	20.8	44.5

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 28b  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning medical self-care,  
by industry, 1992

MEDICAL SELF-CARE		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Offer information or activities concerning medical self-care	18.3	18.6	16.8	18.2	22.8	15.7	22.6	
Of those that offer information or activities:								
• Individual counseling	30.7	31.30	30.4	36.3	16.0	22.2	22.7	
• Group classes, workshops, lectures, special events	36.4	35.0	27.2	51.4	27.3	12.8	22.1	
• Resource materials	83.5	85.6	81.3	79.8	95.0	89.4	85.6	
• Access to a telephone counseling service other than an EAP	26.1	31.4	23.3	26.0	19.4	16.8	31.5	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **MENTAL HEALTH AND STRESS MANAGEMENT**

## **MENTAL HEALTH AND STRESS MANAGEMENT**

Mental health is a term for describing not only the absence of mental disorders but also the ability of an individual to negotiate the daily challenges and social interactions of life without experiencing cognitive, emotional, or behavioral dysfunction.<sup>1</sup> Drug addiction, stress management, self-esteem, and depression all fall under the auspices of mental health programs/activities. Worksites are in a unique position to offer such programs/activities to their employees, particularly those related to stress management and depression. Survey results dealing with worksite health promotion activities concerning mental health are discussed in this section.

### **Facilities**

The 1992 survey found that about two-thirds (64 percent) of all worksites with 50 or more employees offer special places or rooms where employees can relax. Rates are consistent across worksite size categories. A higher proportion (74 percent) of worksites in the financial industry offer this facility compared with worksites in the agriculture/mining/construction industry (44 percent). See Tables 29a and 29b.

### **Information or Activities Concerning Mental Health**

One-quarter of worksites with 50 or more employees offer information or activities concerning mental health issues (62 percent of worksites with 750 or more employees; 18 percent of worksites with 50 to 99 employees). Rates are consistent across industry categories.

Worksites that offer information or activities concerning mental health issues were asked, in an open-ended question format, to list the mental health topics covered in their efforts. The topics mentioned most often were addiction (38 percent), stress management (35 percent), an employee assistance program (24 percent), depression (19 percent), and job stress (16 percent). See Tables 29a and 29b and Figure 14.

### **Information or Activities Concerning Stress Management**

In addition to its inclusion as a topic offered by worksites with mental health activities, survey respondents were asked about information or activities concerning stress management activities. As seen in Tables 30a and 30b, 37 percent of worksites offer information or activities concerning stress management (79 percent of worksites with 750 or more employees; 29 percent of worksites with 50 to 99 employees). Of these worksites, 86 percent offer resource materials such as posters, brochures, pamphlets, or videos; 69 percent offer group classes, workshops, lectures, or special events; and 27 percent offer individual counseling. One-quarter of the worksites offering such activities offer job redesign or personnel reassignments in relation to stress management. See Tables 30a and 30b.

### Evolution of Policies and Practices

There was a 10 percentage point increase since 1985 in the number of worksites that reported offering stress management activities (27 percent in 1985; 37 percent in 1992). See Figure 15. Worksites in all size categories reported increases, but worksites with 50 to 99 employees showed the largest percentage increase (107 percent). Respondents to the 1985 questionnaire were not surveyed for information related to other mental health activities. Therefore, no further data are available for comparison.

Objective 6.11 of *Healthy People 2000* calls for at least 40 percent of worksites with 50 or more employees to offer programs to reduce employee stress. Figure 15 depicts the percentage of worksites offering stress management activities in 1985 and 1992 and compares these survey results with the year 2000 objective.

**TABLE 29a**  
**Percent of private worksites with 50 or more employees**  
**that offer information or activities concerning mental health,**  
**by size, 1992**

MENTAL HEALTH		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer information or activities concerning mental health issues	25.4	18.2	29.7	38.1	62.4	
Of those that offer information or activities, issues covered are (volunteered responses):						
• Addiction	37.8	35.0	40.4	33.4	46.6	
• Stress management	35.0	25.9	39.4	40.4	48.6	
• EAP	24.4	22.8	24.5	27.2	25.9	
• Depression	18.7	15.2	20.3	16.7	30.8	
• Job stress	16.4	20.8	14.7	11.8	11.1	
• Balancing work/family roles	8.8	10.1	7.9	4.4	13.5	
• Support groups	3.0	0.8	5.9	3.7	0.0	
• Coping with change	3.9	4.5	3.2	4.2	3.3	
• Child/spouse/elder abuse	3.7	0.0	6.1	5.4	7.7	
• Suicide	2.8	1.7	2.6	4.7	5.6	
• Self-esteem	2.5	1.7	2.1	2.7	7.0	
Offer an Employee Assistance Program (EAP)	40.3	29.5	49.1	57.1	82.4	

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

TABLE 29b  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning mental health,  
by industry, 1992

MENTAL HEALTH		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Hin- ing/Const (140)	
Offer information or activities concerning mental health issues	25.4	23.4	22.6	28.5	28.8	28.0	19.8	
Of those that offer information or activities, issues covered are (volunteered responses):								
• Addiction	37.8	45.4	39.9	33.7	36.3	27.4	46.6	
• Stress management	35.0	39.8	30.6	36.0	36.1	38.5	20.1	
• EAP	24.4	28.0	27.4	18.8	37.0	34.8	9.2	
• Depression	18.7	17.5	12.0	23.5	27.7	14.8	8.1	
• Job stress	16.4	21.2	13.7	16.7	15.6	10.9	13.1	
• Balancing work/family roles	8.8	12.0	8.3	8.3	10.3	6.0	3.4	
• Support groups	3.0	0.5	2.8	4.8	0.0	0.0	7.4	
• Coping with change	3.9	2.7	2.4	5.6	7.9	0.6	0.0	
• Child/spouse/elder abuse	3.7	1.7	0.8	7.9	0.0	0.6	0.0	
• Suicide	2.8	0.0	1.7	5.6	3.1	0.0	0.0	
• Self-esteem	2.5	0.0	1.3	5.4	0.0	0.6	0.0	
Offer an Employee Assistance Program (EAP)	40.3	41.8	40.9	34.4	56.6	48.2	42.7	

Source: ODPHP National Survey of Workplace Health Promotion Activities, 1992.



TABLE 30a  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning stress management,  
by size, 1992

STRESS MANAGEMENT		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer information or activities concerning stress management	37.1	29.3	41.5	50.8	78.6	
Of those that offer information or activities:						
• Individual counseling	27.1	23.6	27.0	23.5	52.3	
• Group classes, workshops, lectures, special events	69.0	59.2	72.4	80.8	87.3	
• Resource materials	85.6	82.6	87.6	86.6	91.3	
• Job redesign/personnel reassignments	25.3	22.6	24.8	28.3	37.5	
Offer special places/rooms for relaxing	64.3	64.3	65.4	61.4	61.4	

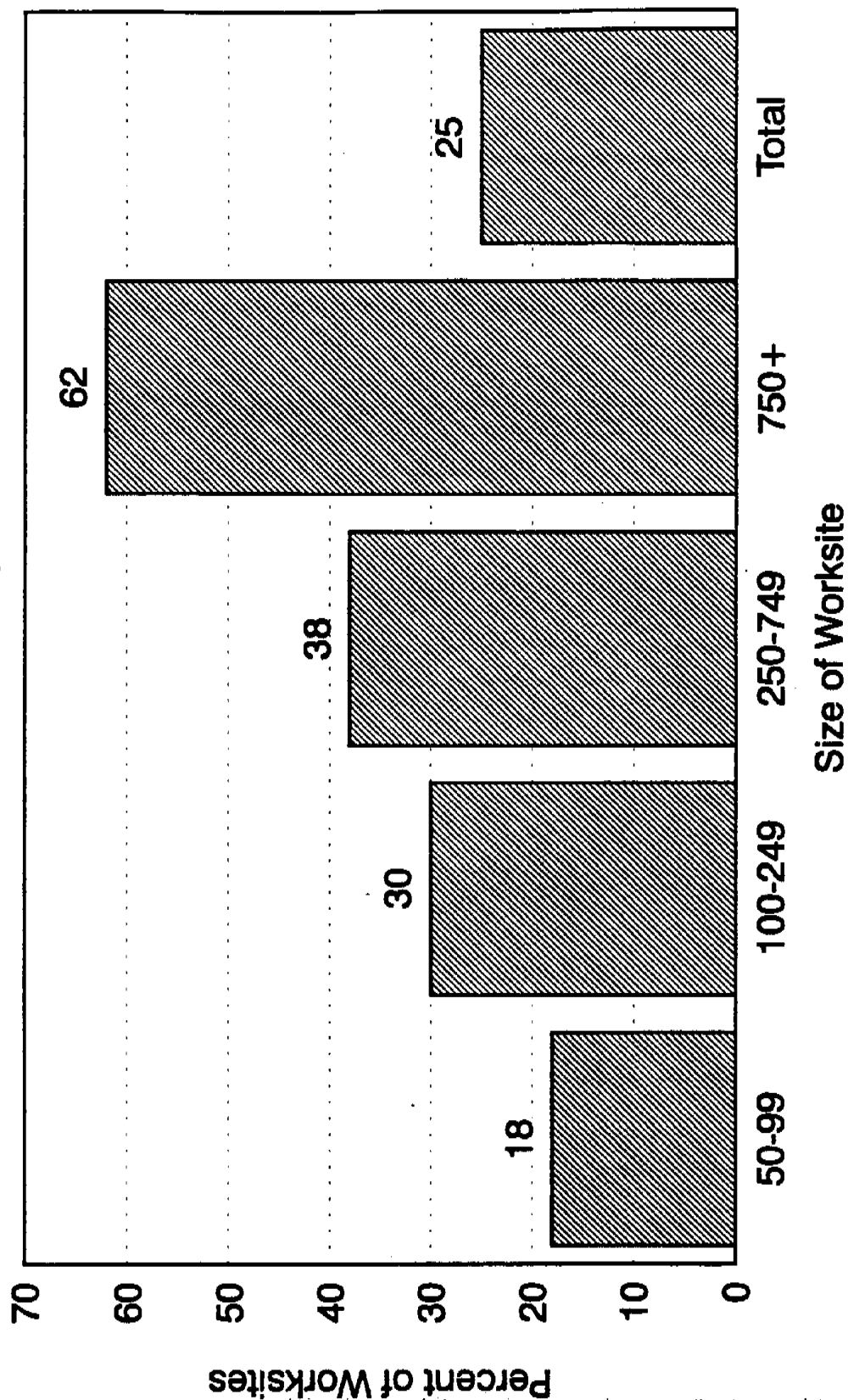
Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 30b  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning stress management,  
by industry, 1992

STRESS MANAGEMENT		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Offer information or activities concerning stress management	37.1	31.5	30.1	47.6	34.3	39.3	24.4	
Of those that offer information or activities:								
• Individual counseling	27.1	35.1	25.3	24.8	36.3	30.6	7.2	
• Group classes, workshops, lectures, special events	69.0	55.6	62.3	78.2	80.5	62.5	55.2	
• Resource materials	85.6	87.5	87.7	84.4	83.7	84.8	83.6	
• Job redesign/personnel reassignments	25.3	24.5	31.0	24.9	17.4	23.6	20.0	
Offer special places/rooms for relaxing	64.3	53.4	64.9	71.5	70.8	73.6	44.0	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

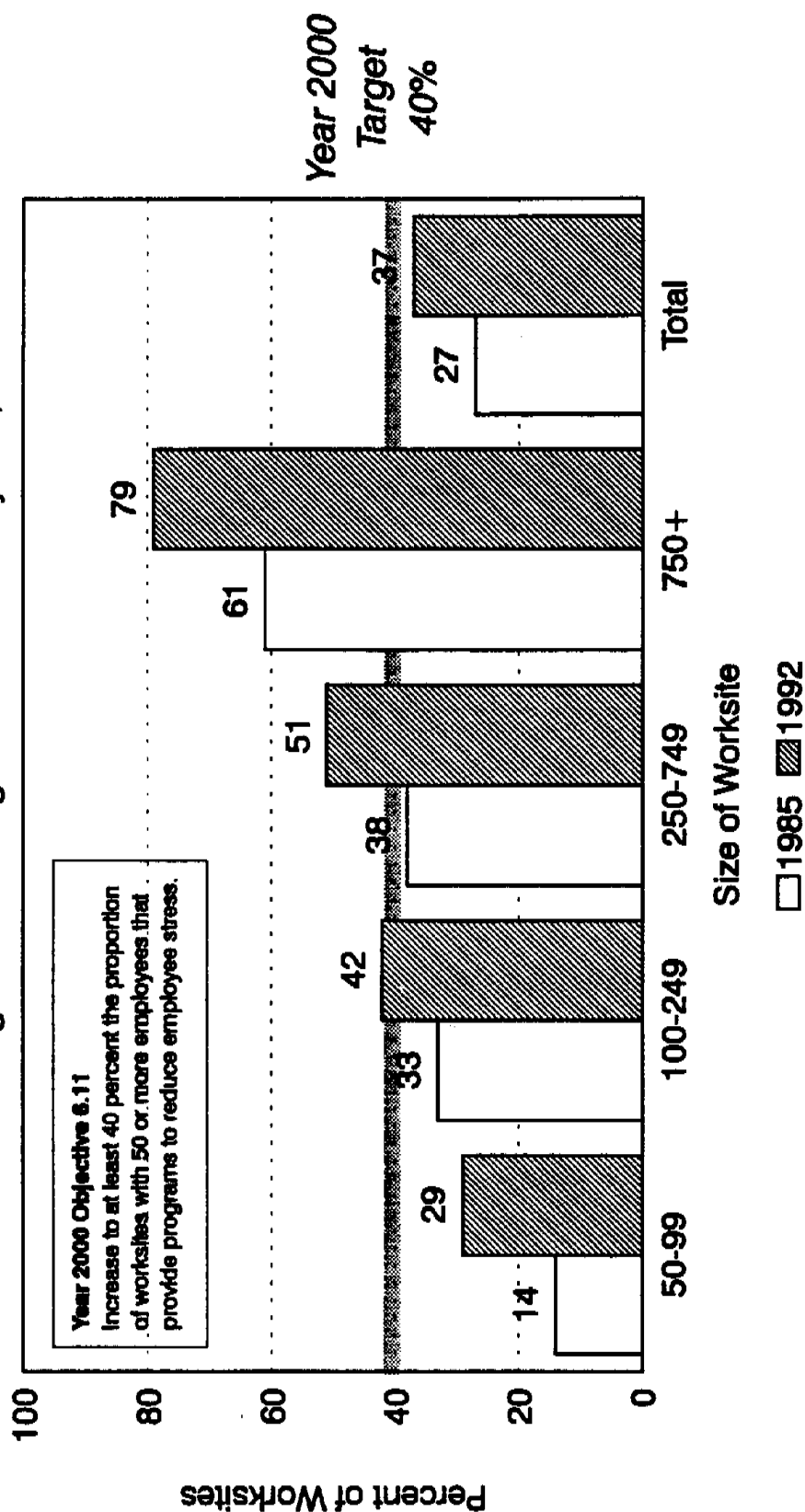
**Figure 14**  
**Percent of workplaces offering information or activities**  
**concerning mental health by size, 1992**



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 15

Percent of private workplaces with 50 or more employees offering information or activities concerning stress management activities by size, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **ALCOHOL AND OTHER DRUGS**



## ALCOHOL AND OTHER DRUGS

The results of a study conducted in 1983 found that the estimated costs of alcohol problems in America exceed \$70 billion per year, with the majority of these costs attributed to reduced productivity. Drug problems were estimated to cost another \$44 billion.<sup>1</sup> Through policies, prevention and intervention programs, and employee assistance programs (EAPs), worksites can provide a means for educating employees about the harmful effects of alcohol and other drugs and provide access to corrective resources needed for rehabilitation. In the 1992 survey, respondents were questioned about the existence of an EAP, a formal policy on alcohol and drugs, a drug testing program, and information or activities offered to employees on alcohol and other drugs.

### Employee Assistance Program (EAP)

It was found that 40 percent of worksites with 50 or more employees offer an EAP either directly or indirectly through outside contracts. The rate varies with the size of the worksite (30 percent of worksites with 50 to 99 employees; 82 percent of worksites with 750 or more employees). Companies in the transportation and public utilities industry are most likely to offer an EAP (57 percent), and those in the services industry least likely (34 percent). See Tables 31a and 31b.

### Policies

A large proportion of worksites with 50 or more employees have a formal policy regarding the use of alcohol (88 percent) and other drugs (89 percent). Rates are consistent across size and industry categories.

Respondents who stated that their worksite had a formal policy regarding the use of alcohol and other drugs were asked to describe their worksite's formal alcohol and drug policy using an open-ended question format. The most frequently mentioned responses were policies prohibiting the use of alcohol onsite (80 percent), "drug-free workplace" policies (71 percent), and policies where being drunk or drugged on the job is grounds for dismissal (30 percent). In addition, 16 percent of the respondents mentioned that, as part of their worksite's formal policy, an EAP is provided to those who request help. See Tables 31a and 31b.

### Drug Testing Programs

The 1992 survey also found that 26 percent of worksites with 50 or more employees have an employee drug testing program for all their employees, and 14 percent have a program for only some of their employees. Of those worksites with drug testing programs, 86 percent do preemployment screening, 73 percent test if they suspect an employee of being a drug user, and 56 percent test after an accident or incident. Forty-three percent of worksites with a drug testing program perform random testing on their employees. See Tables 32a and 32b.

### Information or Activities

Tables 32a and 32b show that approximately one-third (36 percent) of worksites with 50 or more employees offer information or activities on alcohol or other drug usage (70 percent of worksites with 750 or more employees and 30 percent of worksites with 50 to 99 employees). Of those worksites with activities, nearly all (94 percent) provide resource materials such as posters, brochures, pamphlets, or videos; 46 percent offer group classes, workshops, lectures, or special events; and 32 percent offer individual counseling. See Tables 32a and 32b and Figures 16-18.

### Evolution of Policies, Information, and Activities

*The 1985 National Survey of Worksite Health Promotion Activities* did not collect data concerning alcohol and other drugs. Data collected from the 1992 survey will, therefore, serve as baseline for future program and data collection efforts.

*Healthy People 2000* objective 4.14 calls for at least 60 percent of worksites with 50 or more employees to adopt alcohol and drug policies for the work environment. Results of the 1992 survey show that 87 percent of worksites have a formal policy regarding the use of alcohol and drugs, clearly exceeding the year 2000 objectives.



**TABLE 31a**  
**Percent of private worksites with 50 or more employees**  
**that have policy concerning use of alcohol and other drugs,**  
**by size, 1992**

ALCOHOL AND OTHER DRUGS		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Offer an Employee Assistance Program (EAP)		40.3	29.5	49.0	57.1	82.4
Have formal policy concerning use of:						
Alcohol		88.0	85.8	90.1	91.6	93.7
Other drugs		89.0	87.1	90.9	91.5	94.3
Of those that have formal policy (volunteered responses):						
• Prohibit alcohol usage onsite		80.0	82.5	77.4	78.9	69.7
• Have drug-free workplace		71.4	73.7	70.1	63.9	67.9
• EAP offered to those who request help		15.6	12.8	18.0	21.2	22.1
• Grounds for dismissal if drunk/drugged on the job		30.2	28.4	32.0	35.5	26.6
• Use federal guidelines		3.6	3.3	3.6	5.1	2.8

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

**TABLE 31b**  
Percent of private worksites with 50 or more employees  
that have policy concerning use of alcohol and other drugs,  
by industry, 1992

ALCOHOL AND OTHER DRUGS		INDUSTRY						
	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Offer an Employee Assistance Program (EAP)	40.3	41.8	40.9	34.4	56.6	48.2	42.7	
Have formal policy concerning use of:								
Alcohol	88.0	88.6	88.0	88.0	92.7	79.8	88.8	
Other drugs	89.0	88.5	89.4	90.1	94.3	78.1	88.1	
Of those that have formal policy (volunteered responses):								
• Prohibit alcohol usage onsite	80.0	83.5	77.1	81.2	73.2	78.4	79.9	
• Have drug-free workplace	71.4	69.8	70.9	74.8	66.0	66.0	69.4	
• EAP offered to those who request help	15.6	22.6	12.4	12.3	28.1	12.4	13.1	
• Grounds for dismissal if drunk/drugged on the job	30.2	39.4	32.2	24.4	30.0	27.2	24.9	
• Use federal guidelines	3.6	1.8	1.5	4.6	13.3	2.1	3.4	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 32a**  
Percent of private worksites with 50 or more employees  
that have testing for and offer information or activities concerning alcohol and other drugs,  
by size, 1992

ALCOHOL AND OTHER DRUGS		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Have drug testing program for:						
All employees		25.9	24.0	26.6	30.4	35.9
Some employees		13.8	12.2	14.4	15.9	25.4
Of those that have drug testing, testing conducted for:						
• Preemployment		86.5	85.2	88.6	87.3	83.7
• Cause		72.9	68.0	76.9	78.0	82.8
• Post accident/incident		55.9	50.7	62.3	62.2	53.1
• Random testing		43.1	47.0	38.9	38.2	41.1
Offer information or activities concerning alcohol or other drugs usage		36.4	30.4	40.3	45.1	70.5
Of those that offer information or activities:						
• Individual counseling		32.2	28.0	29.7	37.8	61.4
• Group classes, workshops, lectures, special events		46.0	38.1	51.4	47.2	68.5
• Resource materials		93.7	93.5	92.1	95.6	97.2

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

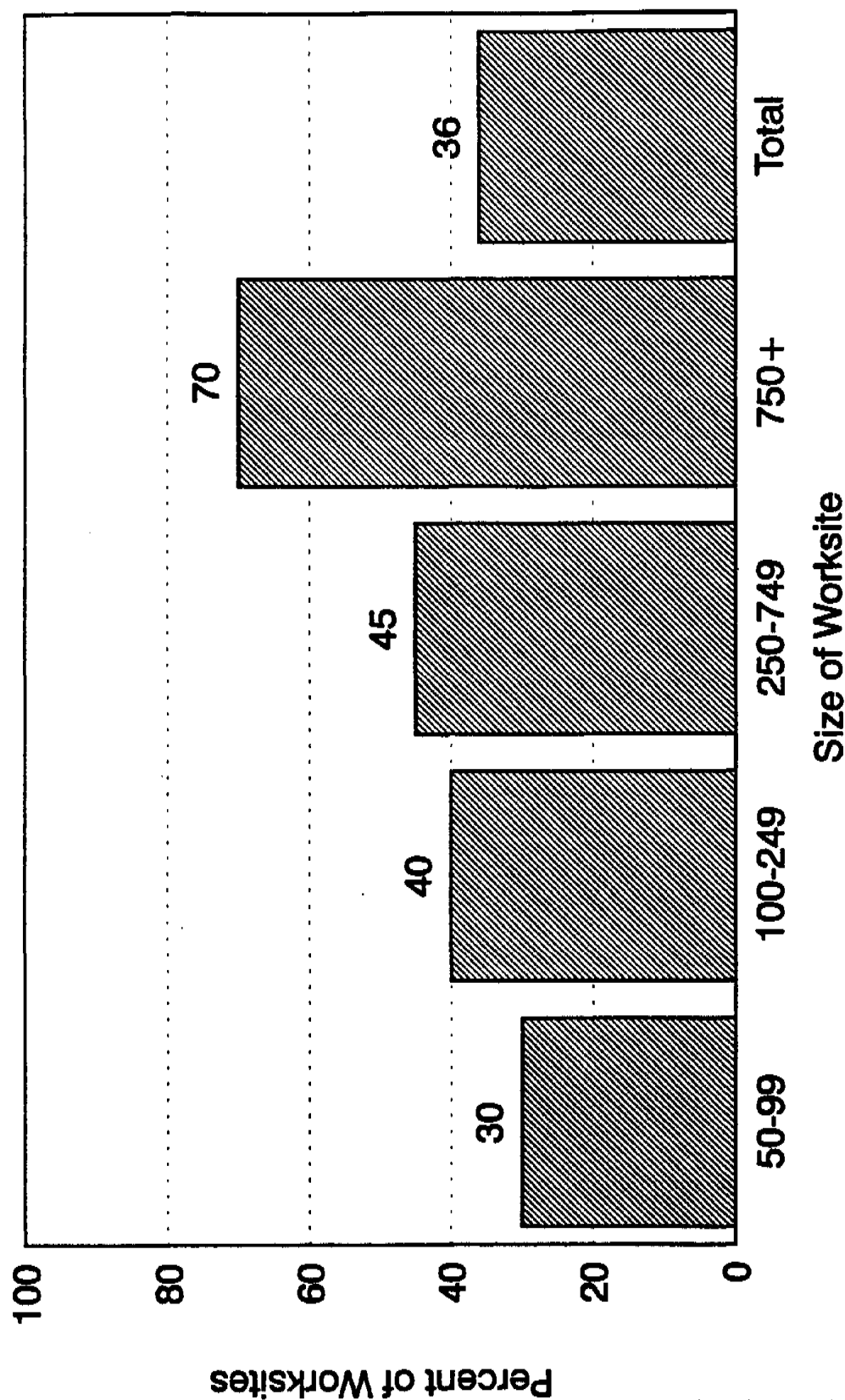
**TABLE 32b**  
Percent of private worksites with 50 or more employees  
that have testing for and offer information or activities concerning alcohol and other drugs,  
during the past 12 months, by industry, 1992

ALCOHOL AND OTHER DRUGS		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Have drug testing program for:								
All employees	25.9	33.7	21.6	19.2	52.5	11.7	41.5	
Some employees	13.8	17.2	14.6	8.5	33.0	8.6	14.9	
Of those that have drug testing, testing conducted for:								
• Preemployment	86.5	92.0	91.4	69.3	94.7	85.5	93.1	
• Cause	72.9	68.7	69.3	76.2	82.8	51.2	79.8	
• Post accident/post incident	55.9	57.5	50.9	45.2	77.2	32.6	71.4	
• Random testing	43.1	28.5	49.0	38.6	70.6	19.5	58.1	
Offer information or activities concerning alcohol or other drugs usage	36.4	36.9	30.6	35.7	62.7	25.4	47.9	
Of those that offer information or activities:								
• Individual counseling	32.2	33.8	33.5	30.7	34.4	28.7	30.6	
• Group classes, workshops, lectures, special events	46.0	34.6	38.0	57.4	60.4	24.0	43.1	
• Resource materials	93.6	94.5	89.3	94.4	97.4	93.2	94.4	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 16

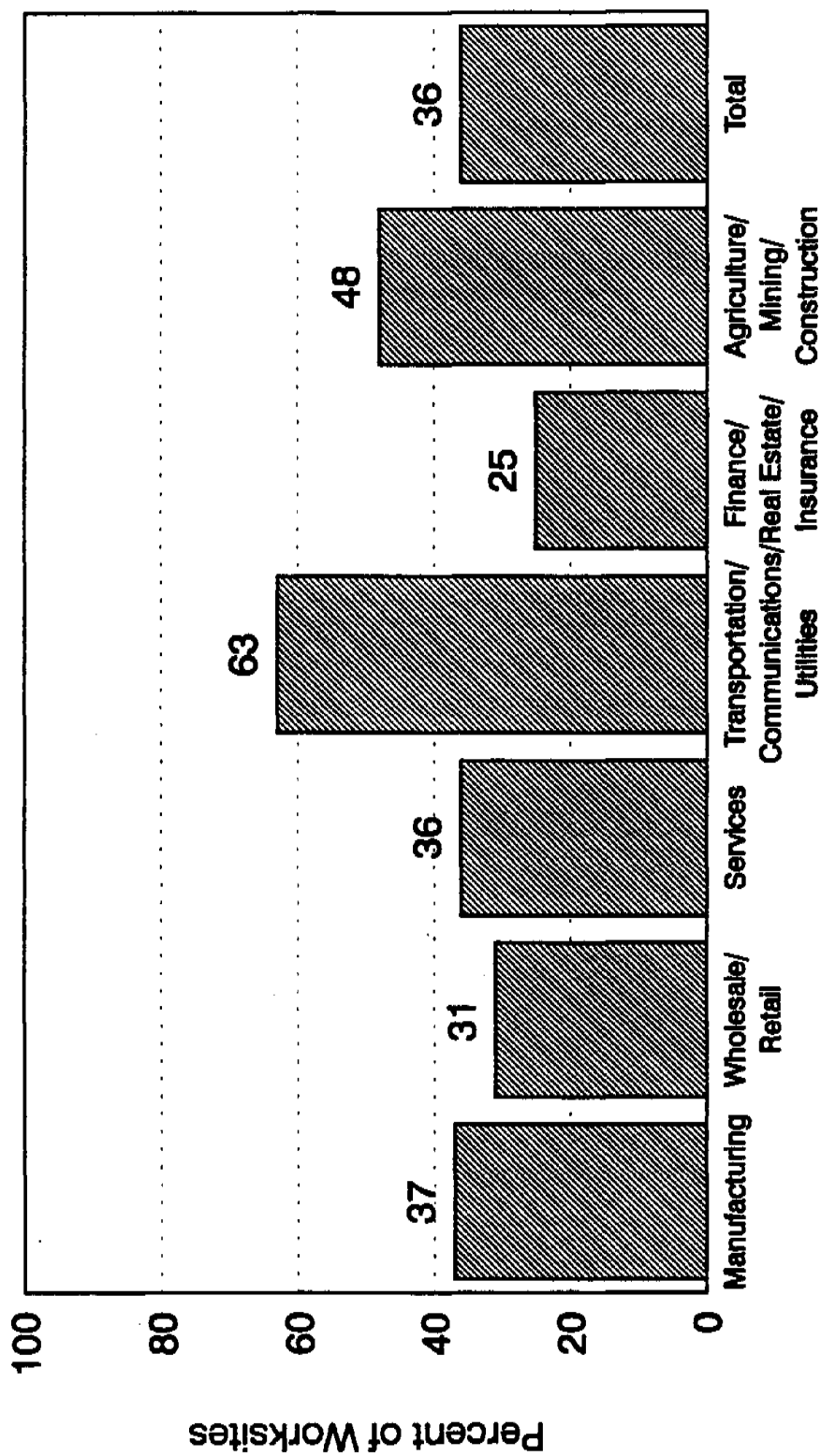
Percent of private worksites with 50 or more employees offering information or activities concerning alcohol or other drugs by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 17

Percent of private worksites with 50 or more employees offering information or activities concerning alcohol or other drugs by industry, 1992

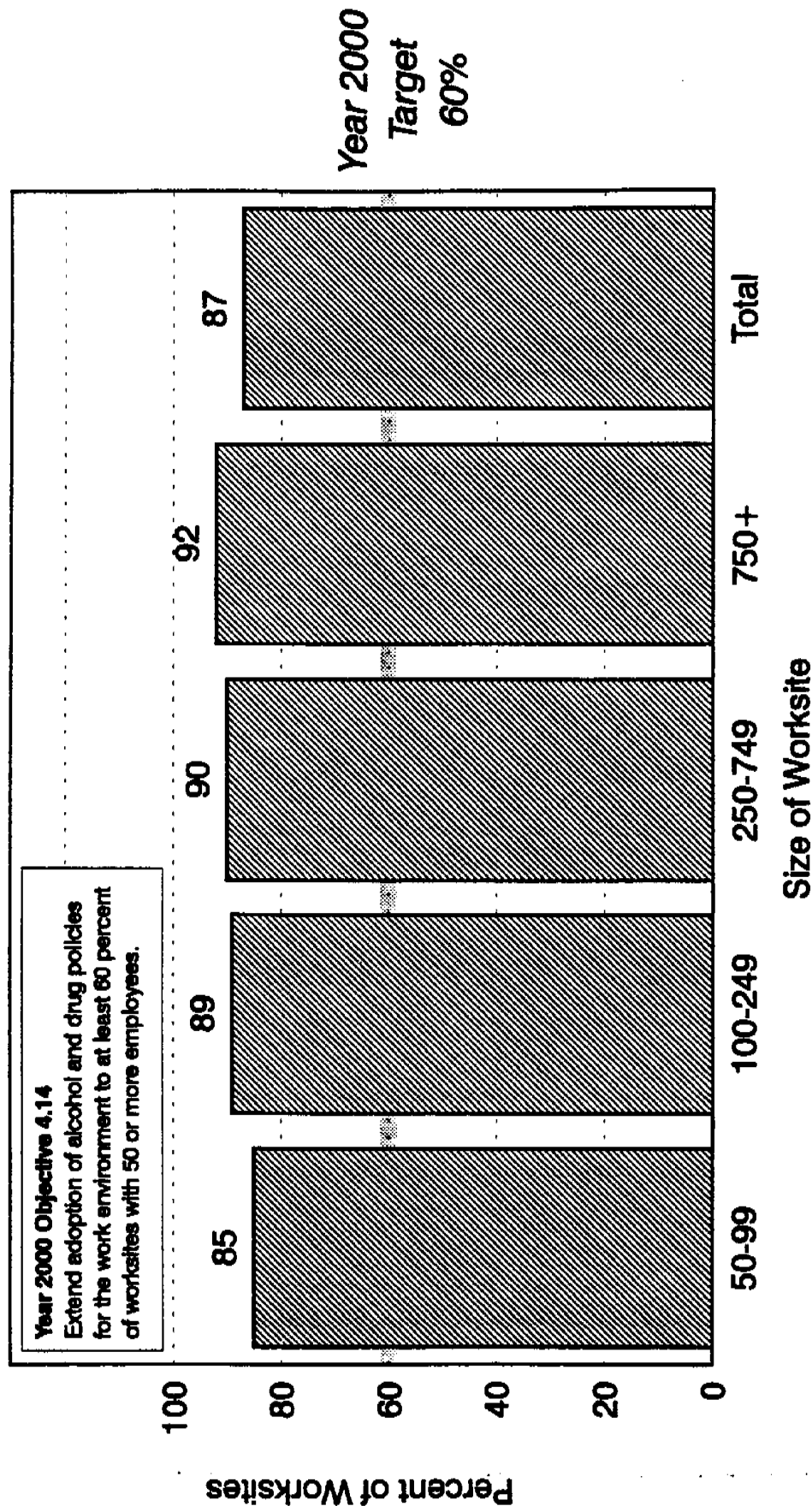


Type of Industry

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

# Figure 18

Percent of worksites with 50 or more employees that have alcohol and drug policies for the work environment by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.





## **HEALTH PROTECTION**

## **GENERAL WORKPLACE SAFETY AND HEALTH**

## GENERAL WORKPLACE SAFETY AND HEALTH

Although the number of fatal occupational injuries has declined in recent years, work-related illnesses and nonfatal injuries appear to be increasing.<sup>1</sup> Further reduction of deaths from work-related injuries and a reversal of the trend in nonfatal, work-related injuries are specific goals of *Healthy People 2000*. Survey results concerning information about current general worksite safety and health education programs are discussed in this section. It should be noted that although the intent of the 1992 survey was to gather data only on information or activities related to job hazards and injury prevention which are provided as a part of the worksite's health promotion efforts, reported findings include training and hazard identification activities.

### Information or Activities

Overall, 64 percent of the worksites provide education on job hazards and injury prevention. Rates do not vary noticeably across size categories. However, there are differences across industry groups. Thirty-six percent of worksites in the financial industry offer education compared with 77 percent of worksites in the agriculture/mining/construction industry.

Worksites that provide education on job hazards and injury prevention were asked to list the topics that are covered in their activities. The topics mentioned most frequently were lifting/back injury (54 percent), machinery/equipment hazards (37 percent), and general safety/risk management (30 percent). See Tables 33a and 33b and Figure 19.

### Motor Vehicle Travel

The 1992 survey found that 69 percent of worksites with 50 or more employees have at least some employees who perform work involving motor vehicle travel. Of these worksites, 82 percent require the use of occupant protection systems during work-related travel. The percentage of worksites that require the use of protection systems does not appear to vary with the size of the worksite. Worksites in the transportation and public utilities industry are most likely to require use of occupant protection systems (93 percent); worksites in the financial industry are least likely (76 percent). See Tables 33a and 33b.

### Evolution of Policies and Practices

The *1985 National Survey of Worksite Health Promotion Activities* did not survey worksites for data on information or activities concerning additional education on job hazards and injury prevention. Therefore, the information obtained from this survey will serve as baseline data for future program and data collection efforts.

*Healthy People 2000* objective 10.06 calls for at least 75 percent of worksites with 50 or more employees to mandate employee use of occupant protection systems, such as seatbelts, during all work-related vehicle travel. Figure 20 depicts a comparison between 1992 survey results for each worksite size category and the year 2000 objective. Approximately two-thirds of worksites have employees who do work-related motor vehicle travel. Use of occupant protection systems, such as seatbelts, are required by 82 percent of those worksites with work-related motor vehicle travel.

**TABLE 33a**  
Percent of private worksites with 50 or more employees  
that offer education on job hazards and injury prevention,  
by size, 1992

GENERAL WORKPLACE SAFETY AND HEALTH		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer education on job hazards/injury prevention (beyond OSHA standards)	63.8	61.4	67.8	64.0	64.6	
Of those that offer education, issues covered are (volunteered responses):						
• Lifting/back injury	53.8	49.0	58.1	62.0	64.2	
• Machinery equipment hazards	37.3	37.9	37.9	32.3	36.2	
• General safety/risk management	30.4	33.1	29.4	23.2	18.2	
• Toxic chemicals	23.0	24.3	19.6	23.6	31.6	
• CPR/first aid	18.7	19.3	17.4	20.2	19.1	
• Fire safety	10.2	10.1	9.6	12.9	11.1	
• Repetitive motion	7.4	5.8	8.1	11.1	13.8	
• Noise	4.9	5.5	4.5	4.4	2.5	
Have work-related motor vehicle travel	68.8	65.4	68.9	79.6	89.0	
Of those that have work-related motor vehicle travel:						
• Require use of occupant protection systems during work-related travel	82.4	84.9	78.3	82.7	80.9	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

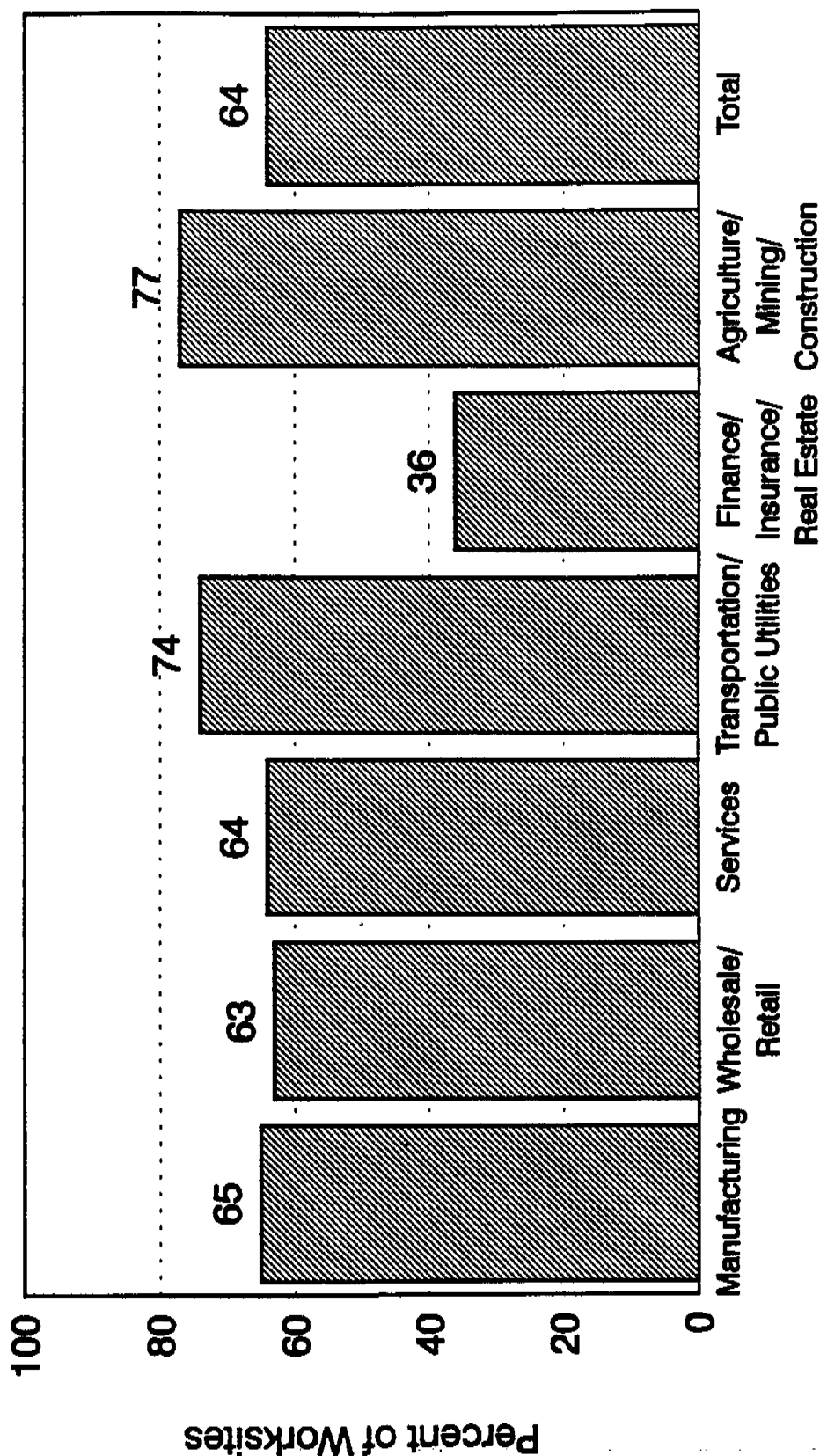
**TABLE 33b**  
Percent of private worksites with 50 or more employees  
that offer education on job hazards and injury prevention,  
by industry, 1992

GENERAL WORKPLACE SAFETY AND HEALTH		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Offer education or activities on job hazards/injury prevention (beyond OSHA standards)	63.8	65.1	63.4	64.0	73.5	35.5	77.2	
Of those that offer education issues covered are (volunteered responses):								
• Lifting/back injury	53.8	57.5	54.1	54.4	62.4	47.7	34.0	
• Machinery equipment hazards	37.3	49.7	43.4	24.2	38.6	28.1	45.1	
• General safety/risk management	30.4	26.1	27.0	36.4	23.3	31.0	31.6	
• Toxic chemicals	23.0	27.0	20.4	24.4	17.1	13.7	21.4	
• CPR/first aid	18.7	18.1	16.2	20.6	16.1	11.3	25.7	
• Fire safety	10.2	7.6	9.3	12.8	6.2	14.5	10.5	
• Repetitive motion	7.4	6.0	6.8	8.6	8.9	15.0	2.8	
• Noise	4.9	7.7	2.7	3.4	7.5	0.0	11.2	
Have work-related motor vehicle travel	68.8	74.6	53.2	68.8	88.5	72.3	86.9	
Of those that have work-related motor vehicle travel:								
• Require use of occupant protection systems during work-related travel	82.4	85.0	77.7	81.1	92.9	76.5	86.3	

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

# Figure 19

Percent of private worksites with 50 or more employees offering information or activities concerning job hazards and injury prevention by industry, 1992

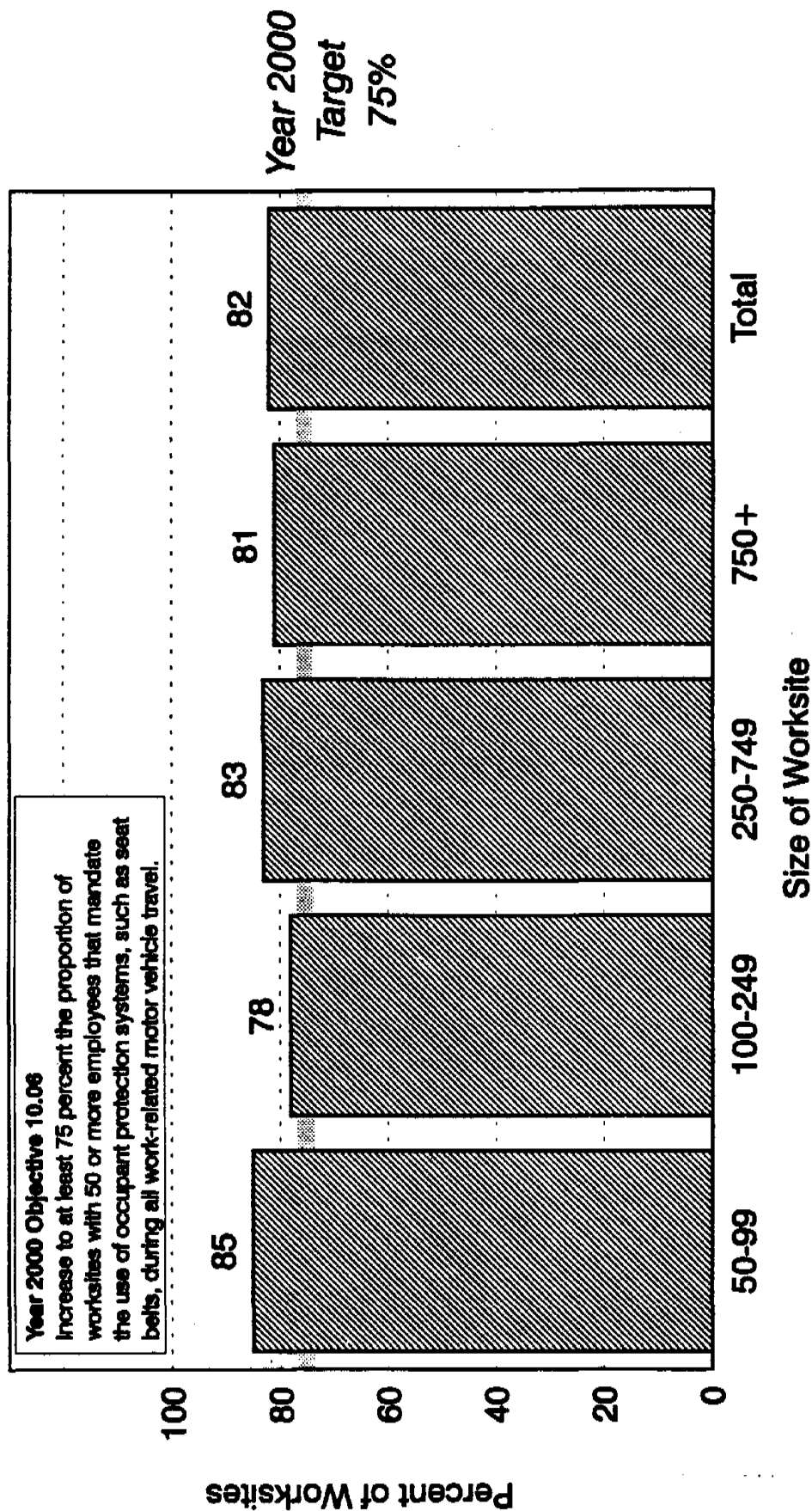


Type of Industry

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 20

Percent of workplaces with 50 or more employees that conduct work-related motor vehicle travel requiring occupant protection systems by size, 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



## **BACK CARE**

124-a



## BACK CARE

In heavy industry, as many as one in five workers may be affected by back injuries.<sup>1</sup> In 1985, back injury prevention and rehabilitation programs were second in number to smoking control activities with respect to specific health promotion programs offered at the worksite. In this section, 1992 survey results are presented showing the status of current worksite efforts to provide information and activities concerning back care.

### Information or Activities

Thirty-two percent of worksites with 50 or more employees offer information or activities concerning back care. A greater proportion of worksites with 750 or more employees offer information or activities concerning back care compared with those with 50 to 99 employees (51 percent compared with 28 percent). Companies in the agriculture/mining/construction industry are most likely to offer activities relating to back care (49 percent); worksites in the financial industry are least likely (18 percent).

Among the worksites offering information or activities concerning back care, nearly all (90 percent) offer resource materials such as posters, brochures, pamphlets, or videos; 7 out of every 10 worksites offer group classes, workshops, lectures, or special events; and 35 percent offer individual counseling. Nearly two-thirds (64 percent) of these worksites provide mechanical aids to their employees to ease the burden of lifting tasks, and 41 percent redesign certain job tasks to reduce the risk of lifting or overexertion. See Tables 34a and 34b.

### Evolution of Policies and Practices

The proportion of worksites offering activities on back care rose from 29 percent of worksites in 1985 to 32 percent in 1992.

*Healthy People 2000* calls for at least 50 percent of worksites with 50 or more employees to offer back injury prevention and rehabilitation programs. The 1992 survey results indicate that worksites with 750 or more employees already have met this objective. Figure 21 depicts the percentage of worksites offering back care activities by number of employees for 1985 and 1992 and compares the survey results with the year 2000 objective.

TABLE 34a  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning back care,  
by size, 1992

BACK CARE		NUMBER OF EMPLOYEES				
	(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)
Offer information or activities concerning back care		32.5	27.8	38.8	36.0	51.4
Of those that offer information or activities:						
• Individual counseling		35.1	29.2	38.1	39.4	63.2
• Group classes, workshops, lectures, special events		70.5	68.9	70.8	72.9	78.6
• Resource materials		90.2	87.5	93.5	90.0	94.9
• Redesign job tasks to reduce lifting/overexertion risks		40.8	38.2	41.0	47.2	51.4
• Provide mechanical aids to ease burden of lifting		63.9	62.3	68.0	57.3	65.1

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

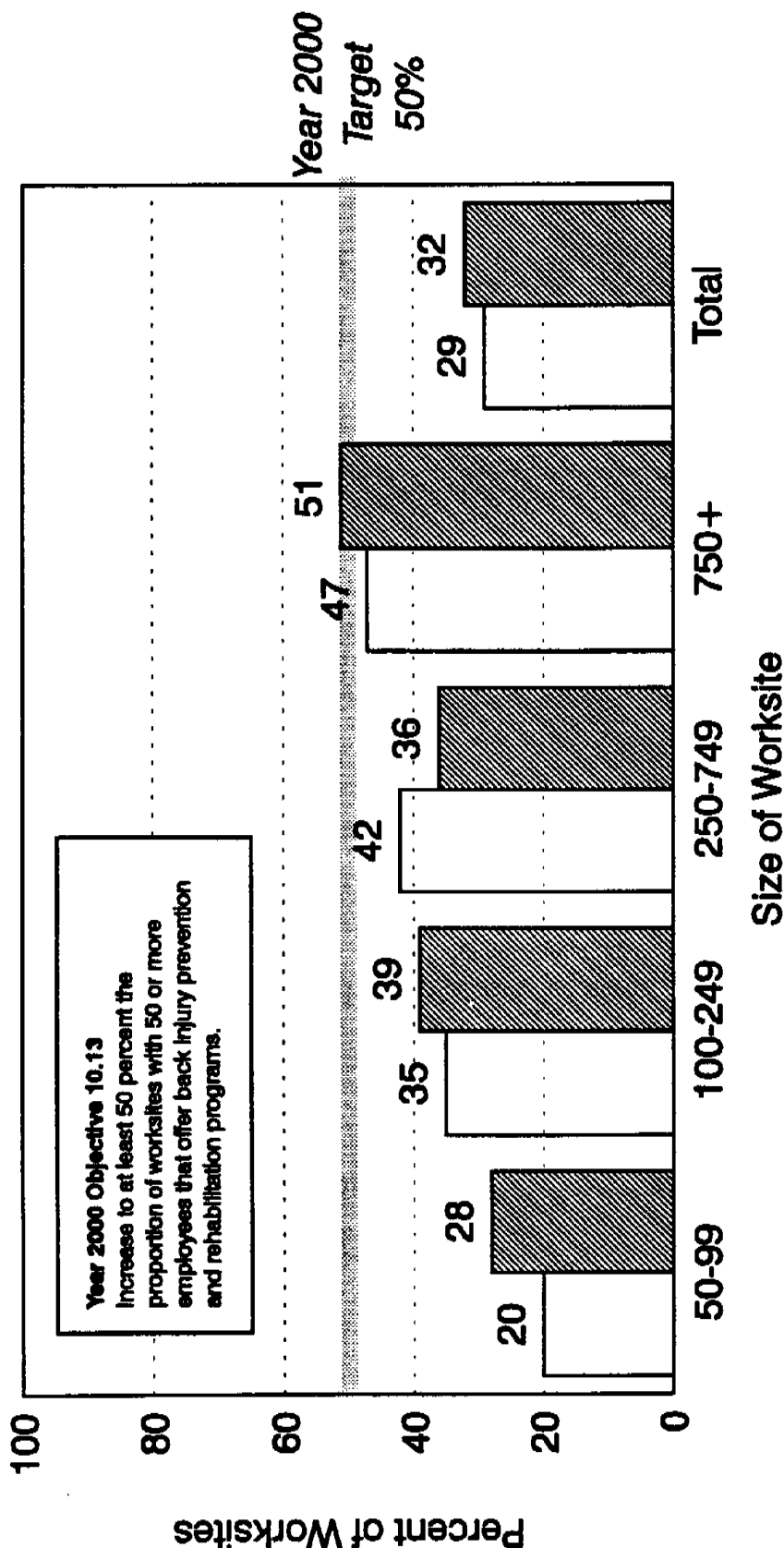
TABLE 34b  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning back care,  
by industry, 1992

BACK CARE		INDUSTRY					
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans./Pub Utilities (152)	Financial (162)	Ag./Min- ing/Const (140)
Offer information or activities concerning back care	32.5	38.8	31.8	28.8	34.2	17.8	49.1
Of those that offer information or activities:							
• Individual counseling	35.1	35.0	34.4	40.8	25.8	25.0	23.2
• Group classes, workshops, lectures, special events	70.5	69.2	59.3	81.5	74.8	41.6	70.1
• Resource materials	90.2	92.5	88.2	88.3	93.8	85.8	98.0
• Redesign job tasks to reduce lifting/over- exertion risks	40.8	53.4	36.2	36.7	40.9	33.7	34.8
• Provide mechanical aids to ease burden of lifting	63.9	73.7	59.7	63.0	67.4	30.5	60.1

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 21

Percent of private worksites with 50 or more employees offering information or activities concerning back care by size, 1985 and 1992



\* In 1985 back care activities were defined as information, group classes/workshops, special events; in 1992 back care activities were individual counselling, group classes, workshops, lectures, or special events, resource materials, redesigned job tasks to reduce lifting/overexertion risks, provide mechanical aids to ease burden of lifting.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **OFF-THE-JOB ACCIDENTS**





## OFF-THE-JOB ACCIDENTS

Accidents account for approximately 100,000 deaths each year in the United States.<sup>1</sup> Although occupational injuries constitute a large number of the fatalities, automobile accidents, home accidents, and recreational accidents remain a large, preventable public health problem. Worksite information and prevention activities in this area can help to reduce the rate of disabilities from off-the-job injuries and the resulting loss of productivity.

### Information or Activities

The 1992 survey found that 18 percent of worksites with 50 or more employees offer information or activities concerning off-the-job accidents. See Figure 22 for a comparison of 1985 and 1992 findings by worksite size. Worksites with 750 or more employees are more likely than worksites with 50 to 99 employees to offer information or activities related to off-the-job accidents (32 percent of worksites with 750 or more employees compared with 14 percent of worksites with 50 to 99 employees). Twenty-nine percent of worksites in the transportation and public utilities industry and agriculture/mining/construction industry offer information or activities concerning off-the-job accidents compared with 12 percent of worksites in the wholesale/retail industry.

Of those that offer information or activities concerning off-the-job accidents, 79 percent offer information or activities concerning home accidents; 60 percent concerning automobile accidents; and 56 percent concerning recreational accidents. Worksites with 750 or more employees are most likely to offer activities about recreational accidents (74 percent); worksites with 100 to 249 employees are least likely (52 percent).

Of those worksites that offer information or activities related to off-the-job accidents, 89 percent offer resource materials such as posters, brochures, pamphlets, or videos; 46 percent offer group classes, workshops, lectures, or special events; and 15 percent offer individual counseling. Worksites with 750 or more employees are almost twice as likely than worksites with 50 to 99 employees to offer individual counseling. Companies in the services industry and financial industry are more likely than companies in the agriculture/mining/construction industry to provide individual counseling. See Tables 35a and 35b.

### Evolution of Policies and Practices

Results from the 1992 survey showed there was a 2 percentage point decrease since 1985 in the proportion of worksites that offer information or activities concerning off-the-job accidents (20 percent in 1985 compared with 18 percent in 1992). Rates have not changed in worksites with 50 to 99 and 100 to 249 employees but have dropped in worksites with 250 or more employees. Figure 22 shows the percentage of worksites offering activities concerning off-the-job accidents by number of employees in 1985 and 1992.

**TABLE 35a**  
**Percent of private worksites with 50 or more employees**  
**that offer information or activities concerning off-the-job accidents,**  
**by size, 1992**

OFF-THE-JOB ACCIDENTS		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer information or activities concerning off-the-job accidents	17.8	13.6	22.0	22.3	32.5	
Of those that offer information or activities:						
• Individual counseling	14.5	14.7	12.1	13.7	27.5	
• Group classes, workshops, lectures, special events	46.5	51.0	41.9	45.8	45.3	
• Resource materials	88.7	85.6	91.1	89.4	93.6	
Issues covered are:						
• Auto accidents	60.4	64.2	54.1	67.7	59.4	
• Home accidents	79.1	79.2	78.4	76.4	87.1	
• Recreational accidents	56.1	56.6	51.6	58.1	73.6	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

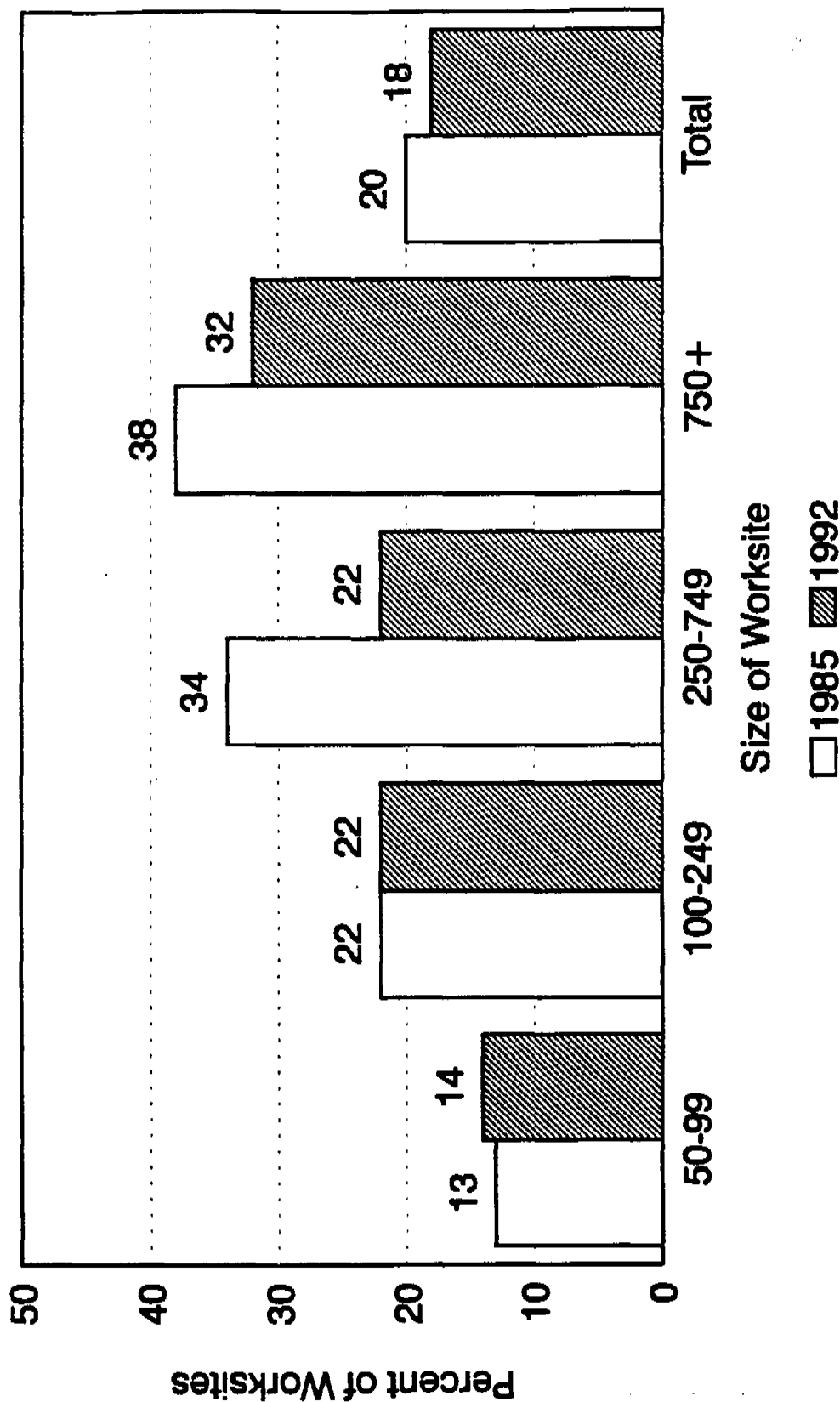
**TABLE 35b**  
Percent of private worksites with 50 or more employees  
that offer information or activities concerning off-the-job accidents,  
by industry, 1992

OFF-THE-JOB ACCIDENTS		INDUSTRY					
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)
Offer information or activities concerning off-the-job accidents	17.8	21.5	11.8	16.5	28.8	13.8	29.0
Of those that offer information or activities:							
• Individual counseling	14.5	5.1	8.6	29.7	2.3	21.6	7.3
• Group classes, workshops, lectures, special events	46.4	38.3	33.9	53.6	62.9	34.7	55.5
• Resource materials	88.7	86.3	93.4	84.6	95.8	92.1	93.1
Issues covered are:							
• Auto accidents	60.4	62.2	48.2	51.6	80.4	77.0	78.5
• Home accidents	79.1	87.4	75.8	71.9	76.5	67.2	94.0
• Recreational accidents	56.1	64.9	41.7	47.5	66.5	45.6	79.0

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

# Figure 22

Percent of workplaces with 50 or more employees offering information or activities concerning off-the-job accidents by size, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **PROGRAM ADMINISTRATION AND SUPPORT ACTIVITIES**

## **PROGRAM ADMINISTRATION AND SUPPORT ACTIVITIES**

An organization's corporate culture can have an important effect on the success of worksite health promotion programs. The 1992 survey obtained information from respondents on the issues pertinent to the administration of worksite health promotion programs, such as funding sources and employer incentives to encourage participation. Such information can be used to monitor the relationship between corporate culture and health and to identify the key factors that create a supportive corporate environment for health promotion. Survey responses to questions on administrative factors of corporate health promotion programs are discussed in this section.

### **Activity Coordination**

Approximately two-thirds (67 percent) of health promotion programs at worksites with 50 or more employees are coordinated primarily in-house, 23 percent are coordinated both in-house and by an outside group, and 7 percent are coordinated primarily by an outside group. This pattern is consistent across industry and worksite size categories. See Tables 36a and 36b.

### **Department Responsible for Administration**

Respondents were asked to identify the department primarily responsible for the administration of most or all of the health promotion activities. Results show that the personnel/human resources department primarily is responsible in 59 percent of worksites with 50 or more employees, the benefits department is responsible in 16 percent of worksites, the occupational health and safety department in 7 percent, the medical department in 6 percent, and the health promotion department in 2 percent. Across all worksite size and industry categories, the personnel/human resources department is the department primarily responsible for the administration of health promotion activities. See Tables 36a and 36b.

### **Payment for Activities**

The 1992 survey also found that, in 66 percent of worksites with 50 or more employees, the full cost for all screenings or exams is paid by the company; in 17 percent, the cost is shared between the company and employees; in 10 percent, the cost is paid by some other arrangement; and in 6 percent of worksites, the employees pay the full cost of screenings and exams. See Table 37.

In a large majority (83 percent) of worksites, the company pays for most of the health promotion activities. The costs for activities are split between the company and the employees in 11 percent, and employees pay for a majority of the activities in 2 percent of worksites. See Tables 36a and 36b for a breakdown by size and industry categories.

### Location of Activities

Overall, 73 percent of worksites with 50 or more employees offer screenings or examinations primarily onsite, 21 percent offsite, and 6 percent equally onsite and offsite. Individual counseling is offered primarily onsite in 67 percent of worksites, equally onsite and offsite in 15 percent, and primarily offsite in 16 percent. Eighty-nine percent of worksites offer group classes, workshops, or lectures primarily onsite; 6 percent offer them equally onsite and offsite, and 4 percent offer them primarily offsite. See Tables 38 and 39.

### Existence of a Budget

One quarter of worksites with 50 or more employees have a budget or money specifically allocated for health promotion activities. The existence of a budget or money varies with worksite size (17 percent of worksites with 50 to 99 employees; 67 percent of worksites with 750 or more employees). Worksites in the transportation and public utilities industry are most likely to have budgets (31 percent), and those in the wholesale/retail industry are least likely (20 percent). See Tables 40a and 40b.

### Types of Offsite Organizations Providing Services

The 1992 survey found that, at 53 percent of worksites, outside organizations are used to provide products, services, or personnel to assist with health promotion activities. Voluntary/not-for-profit organizations such as the American Heart Association or the American Cancer Society are used at 62 percent of worksites; local hospitals are used at 55 percent; and private, for-profit health promotion providers, consultants, or clubs are used at 50 percent. See Tables 41a and 41b for a breakdown by size and industry categories.

### Evolution of Policies and Practices

Since 1985, the percentage of worksites reporting that health screenings and examinations are paid for by the employer has decreased (87 percent in 1985; 68 percent in 1992). Similarly, the percentage of worksites reporting that the employee pays has increased fivefold, and there has been a twofold increase in the percentage reporting that the cost is shared by the company and the employees. See Table 37 and Figure 23.

The proportion of worksites offering screenings or examinations primarily onsite has increased approximately 31 percentage points between 1985 and 1992, whereas the percentage of worksites offering screenings or exams offsite decreased by 29 percentage points. The proportion of worksites offering group classes, workshops, or lectures on health promotion primarily onsite has increased 9 percentage points between 1985 and 1992, and the percentage offering group classes, workshops, or lectures primarily offsite and equally onsite and offsite has decreased. Since 1985, the proportion of worksites offering individual counseling primarily onsite has decreased 10 percentage points, and individual counseling offered primarily onsite and offsite has increased in the same time period.



Voluntary or nonprofit organizations were used by 57 percent of worksites in 1985 to assist in program planning. Private, for-profit providers, consultants, and local hospitals insurance companies also were used (50 percent and 44 percent, respectively). The same organizations were cited in the 1992 survey as the most frequently used outside organizations.

TABLE 36a

Percent of private worksites with 50 or more employees  
by coordination, administration, and payment arrangement of health promotion activities,  
by size, 1992

PROGRAM ADMINISTRATION AND SUPPORT		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (448)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Activities coordinated:						
Primarily in-house	66.7	67.3	64.6	69.2	68.8	
Both in-house and by an outside group	23.2	20.8	26.7	23.8	27.6	
Primarily by an outside group	6.8	7.4	6.8	5.5	3.3	
Department responsible for administration of activities (volunteered responses):						
Personnel/human resources	59.4	55.6	61.2	76.2	56.2	
Benefits	16.3	20.4	12.8	6.9	9.7	
Occupational health/safety	7.2	7.2	8.0	4.4	6.5	
Medical	6.5	4.6	9.6	6.2	9.1	
Health promotion	2.4	2.3	1.6	2.2	11.3	
Cost of majority of activities paid by:						
Company	83.0	81.6	85.3	84.1	81.9	
Participants	1.5	1.6	1.4	1.4	1.4	
Shared by company/participants	11.0	11.3	9.5	12.4	15.8	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 36b**  
Percent of private worksites with 50 or more employees  
by coordination, administration, and payment arrangement of health promotion activities,  
by industry, 1992

PROGRAM ADMINISTRATION AND SUPPORT		INDUSTRY						
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Hin- ing/Const (137)*	
Activities coordinated:								
Primarily in-house	66.7	59.4	67.8	71.9	64.2	60.4	67.9	
Both in-house and by an outside group	23.2	29.6	22.4	18.6	26.0	24.7	26.0	
Primarily by an outside group	6.8	8.5	4.8	7.1	8.2	8.4	4.6	
Department responsible for administration of activities (volunteered responses):								
Personnel/human resources	59.4	71.7	63.2	48.6	56.7	70.0	54.4	
Benefits	16.3	11.0	24.2	15.1	11.5	12.4	18.7	
Occupational health/safety	7.2	8.1	3.8	5.6	18.7	2.4	19.0	
Medical	6.5	2.5	0.4	14.8	3.4	4.4	2.2	
Health promotion	2.4	1.6	0.7	4.1	2.4	2.2	2.0	
Cost of majority of activities paid by:								
Company	83.0	85.8	75.3	84.0	90.8	82.4	91.2	
Participants	1.5	1.1	1.1	2.5	0.0	2.5	0.0	
Shared by company/participants	11.0	9.3	17.1	9.3	7.9	9.7	7.3	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 37  
Percent of private worksites with 50 or more employees  
by payment arrangement for screenings and exams,  
1985 and 1992

PAYMENT ARRANGEMENT	SCREENINGS AND EXAMS	
(Number)	1985 (382)	1992* (700)
Of those that offer screenings and exams:		
• Company pays	87.4	65.8
• Participants pays	1.3	5.7
• Costs shared by company/participants	8.7	16.9
• Some other arrangement	2.6	10.5**

\* Included in the 1992 survey were 1.0% of respondents who did not know their worksites payment arrangement for screenings and exams. Thus, 1992 responses do not add to 100%.

\*\* "Other arrangements" for 1992 includes health care providers (3.0%) who pay for screenings and exams as well as worksites where the screenings and exams are obtained free of charge (2.3%).

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

TABLE 38  
Percent of private worksites with 50 or more employees  
by location of screenings and exams,  
1985 and 1992

LOCATION	SCREENINGS AND EXAMS
(Number)	1985 (382)
Of those that offer screenings and exams:	1992* (700)
• Primarily on-site	41.9
• About equally on-site and off-site	7.7
• Primarily off-site	50.5
	72.8
	5.8
	20.9

\* Included in the 1992 survey were 0.5% of respondents who do not know where their worksites conduct screenings and exams. Thus, 1992 responses do not add to 100%.

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

**TABLE 39**  
**Percent of private worksites with 50 or more employees**  
**by location of individual counseling and group classes, lectures, or workshops,**  
**1985 and 1992**

LOCATION (Number)	INDIVIDUAL COUNSELING		GROUP CLASSES, WORKSHOPS, OR LECTURES	
	1985 (292)	1992* (718)	1985 (557)	1992* (1,108)
Of those that offer either counseling or group classes, lectures, or workshops:				
• Primarily on-site	76.8%	66.7	79.8	88.6
• About equally on-site and off-site	12.1	14.6	11.0	6.4
• Primarily off-site	11.1	16.0	9.2	4.1

\* Included in the 1992 survey were 2.7% (for counseling) and 0.8% (for classes, workshops, or lectures) of respondents who did not know where their worksites conduct counseling, classes, workshops, or lectures. Thus, 1992 responses do not add to 100%.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 40a**  
Percent of private worksites with 50 or more employees  
that have budgets for health promotion activities,  
by size, 1992

BUDGET ALLOCATIONS		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (448)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Have budget for activities	25.4	17.3	31.6	33.3	67.1	
Of those that have budget:						
• \$1 - 4,999	22.2	25.7	21.2	27.0	7.4	
• \$5,000 - 9,999	12.6	14.0	13.4	10.2	8.0	
• \$10,000 - 49,999	17.0	11.0	18.1	21.1	29.4	
• \$50,000 - 499,999	7.7	7.0	3.8	10.0	21.4	
• \$500,000 or more	1.7	0.7	1.6	2.9	3.8	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey on Worksite Health Promotion Activities, 1992.

TABLE 40b  
Percent of private worksites with 50 or more employees  
that have budgets for health promotion activities,  
by industry, 1992

BUDGET ALLOCATIONS		INDUSTRY					
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*
Have budget for activities	25.4	21.9	20.3	29.6	30.9	26.3	26.8
Of those that have budget:							
• \$1 - 4,999	22.2	29.2	13.1	24.7	17.1	24.2	16.3
• \$5,000 - 9,999	12.6	11.9	17.8	11.7	6.8	11.1	12.5
• \$10,000 - 49,999	17.0	20.4	12.3	16.8	22.2	11.6	22.1
• \$50,000 - 499,999	7.7	5.6	9.7	8.6	5.6	4.8	7.1
• \$500,000 or more	1.7	0.0	2.0	1.0	2.9	8.5	2.4

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey on Worksite Health Promotion Activities, 1992.



**TABLE 41a**  
**Percent of private worksites with 50 or more employees**  
**who use outside organizations to provide health promotion services,**  
**by size, 1992**

OUTSIDE SERVICES USED		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (448)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Use outside organizations to provide health promotion services	53.3	45.5	59.5	65.7	79.6	
Of those that use outside services, organizations used are:						
• Voluntary/not for profit organizations	62.3	51.8	66.9	77.4	87.1	
• Local hospitals	55.1	49.6	56.7	65.0	67.4	
• Private/for-profit health promotion providers/consultants/clubs	49.5	41.0	57.4	54.2	60.1	
• Insurance companies (other than HMO's)	46.3	49.2	46.9	41.7	28.5	
• State and local gov't agencies	32.7	33.4	30.2	32.5	42.7	
• Health maintenance organizations	26.6	20.2	28.5	36.9	43.2	
• Federal gov't agencies	16.9	11.5	18.7	19.2	43.2	
• Sports medicine centers	13.5	10.2	13.4	18.8	30.1	
• Unions or employee associations	9.6	8.1	10.0	12.1	13.4	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey on Worksite Health Promotion Activities, 1992.

**TABLE 41b**  
Percent of private worksites with 50 or more employees  
who use outside organizations to provide health promotion services,  
by industry, 1992

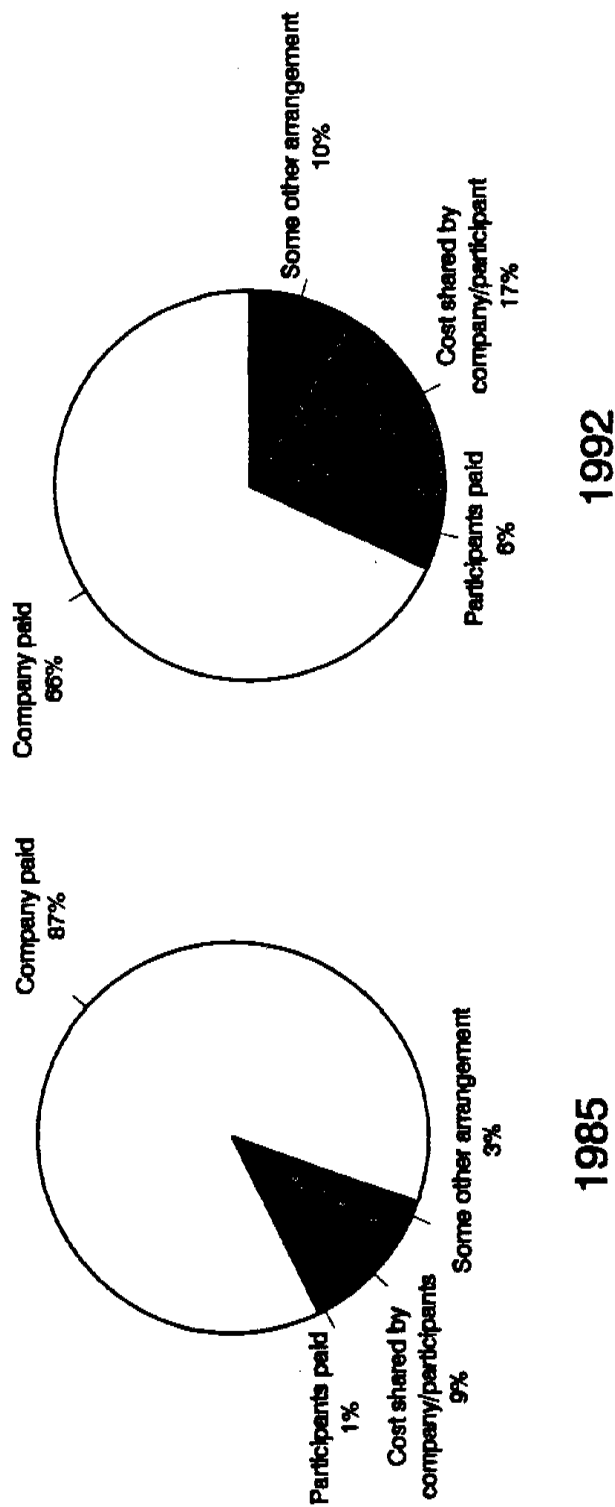
OUTSIDE SERVICES USED		INDUSTRY					
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*
Use outside organizations to provide health promotion services	53.3	58.6	44.1	54.0	57.3	56.0	59.2
Of those that use outside services, organizations used are:							
• Voluntary/not for profit organizations	62.3	54.4	58.6	71.2	66.6	68.1	46.5
• Local hospitals	55.1	58.4	50.2	55.0	64.4	62.1	42.8
• Private/for-profit health promotion providers/ consultants/clubs	49.5	52.7	50.5	43.9	56.2	54.5	53.5
• Insurance companies (other than HMO's)	46.3	52.7	44.6	41.3	48.9	45.8	51.6
• State and local gov't agencies	32.7	29.3	21.5	42.9	39.5	25.3	25.2
• Health maintenance organizations	26.6	21.8	31.7	26.1	29.1	30.7	24.9
• Federal gov't agencies	16.9	12.2	11.1	22.7	17.8	21.8	14.8
• Sports medicine centers	13.5	15.5	15.1	9.8	18.0	15.1	16.2
• Unions employee associations	9.6	9.1	9.9	5.4	23.6	4.8	23.5

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey on Worksite Health Promotion Activities, 1992.

# Figure 23

Percent of private worksites with 50 or more employees by payment arrangement of screenings or exams, 1985 and 1992



Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **INCENTIVES**

## INCENTIVES

Incentives are important tools for encouraging and motivating employees to participate in worksite health promotion activities. The 1992 survey gathered information about (1) financial incentives, (2) scheduling (time) incentives, and (3) employee eligibility for health promotion activities. Responses to these questions are discussed in this section.

### Financial Incentives

Several monetary incentives were examined in the 1992 survey, including flexible spending accounts, annual fixed amount reimbursement, risk rating, and subsidized discounts on reduced fees.

Results showed that flexible spending accounts (accounts that allow employees to contribute tax-free dollars to pay for certain health care and/or health promotion expenses) are available at 31 percent of the worksites with 50 or more employees. Availability of such accounts increases as the size of the worksite increases (26 percent of worksites with 50 to 99 employees, and 63 percent of worksites with 750 or more employees). Worksites in the financial industry are most likely to offer flexible spending accounts (44 percent); worksites in the agriculture/mining/construction industry category are least likely (27 percent). See Tables 42a and 42b.

Eight percent of worksites provide annual, fixed-amount reimbursement for expenses incurred by employees for certain types of health promotion activities. This type of incentive covers, for example, exercise classes, health education classes, smoking cessation programs, health club memberships, and certain types of equipment (e.g., exercise bikes, rowing machines). The likelihood of providing reimbursement varies by the size of the worksite (7 percent in worksites with 50 to 99 employees; 13 percent of worksites with 750 or more employees). Worksites in the financial industry are most likely and worksites in the wholesale/retail industry are least likely to provide annual, fixed-amount reimbursement for expenses related to health promotion (16 percent and 5 percent, respectively). See Tables 42a and 42b.

Risk rating (providing health insurance premium discounts based on an individual employee's health risk) is practiced in worksites as an incentive to encourage healthy lifestyle behaviors. The 1992 survey examined the proportion of worksites offering health insurance policies with a rating structure based on smoking status, seatbelt use, physical activity participation, blood pressure, or weight. Special rate structures are available in different worksites based on employee's smoking status (12 percent), seatbelt use (5 percent), participation in weight loss classes (4 percent), blood pressure level (4 percent), and participation in physical activity (3 percent). Worksites with 750 or more employees are most likely to have a health insurance rating structure based on employee smoking status (13 percent) but least likely to have one based on weight or blood pressure level (1 percent). Across industry categories,

financial industry worksites are most likely to have a health insurance rating structure based on smoking status (14 percent) while worksites in the agriculture/mining/construction industry category are most likely to have one based on seatbelt use (7 percent). See Tables 42a and 42b.

Subsidized discounts or reduced fees for participation in community-based programs are available for employees attending community-based smoking cessation classes (16 percent of worksites), exercise clubs or recreation programs (13 percent), and weight loss classes (8 percent). The likelihood that cost reductions are provided for participation in community-based smoking cessation classes is greater for worksites with 750 or more employees than those with 50 to 99 employees (42 percent compared with 11 percent, respectively). Worksites in the financial industry are most likely to offer cost reductions for employee participation in community-based smoking cessation classes (23 percent), exercise club or recreation programs (18 percent), and weight loss classes (10 percent). Wholesale/retail companies are least likely to lower costs for employee participation in smoking cessation classes and exercise club or recreation programs (12 percent and 9 percent, respectively). See Tables 42a and 42b.

### Scheduling

Seventy-two percent of worksites with 50 or more employees allow their employees to use official company time for health promotion activities, and 45 percent allow employees to schedule flexible time for these activities. The rates of use for each of these incentives increases with the size of the worksite. Among industry groups, worksites in the transportation and public utilities industry are most likely to allow employees to use official company time for health promotion activities (78 percent) and wholesale/retail worksites are least likely (65 percent). Worksites in the services industry are most likely to allow flexible time scheduling (51 percent); manufacturing worksites are least likely (36 percent). See Tables 43a through 44b.

### Eligibility

In 90 percent of worksites surveyed, all employees are eligible to participate in the health promotion activities; in 22 percent, spouses and dependents are eligible; and in 16 percent, all retirees are eligible.

Worksites in the manufacturing industry are most likely to have all employees eligible to participate (93 percent) while wholesale/retail and agriculture/mining/construction worksites are least likely (86 percent). All spouses and dependents are eligible in 24 percent of worksites in the financial industry and 19 percent of worksites in the manufacturing industry. See Tables 45a and 45b.

### Evolution of Policies and Practices

Although there has been an increase in the proportion of worksites where all permanent employees are eligible to participate in health promotion activities (from 85 percent in 1985 to 90 percent in 1992), there has been a decline in the percentage of worksites where dependents are eligible (from 30 percent in 1985 to 21 percent in 1992) and in the proportion of worksites where retirees are eligible (from 30 percent in 1985 to 16 percent in 1992).

TABLE 42a  
Percent of private worksites with 50 or more employees  
who use financial incentives to encourage healthy behaviors,  
by size, 1992

FINANCIAL INCENTIVES		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Offer flexible spending accounts	31.2	25.5	33.4	44.8	63.2	
Offer annual fixed amount reimbursement	7.7	6.7	7.8	11.0	12.7	
Of those that offer reimbursement:						
• \$100 or less	13.4	14.6	9.2	13.1	24.8	
• \$101 - 200	11.2	3.5	20.7	16.8	8.5	
• \$201 or more	31.9	36.6	26.5	31.4	22.9	
Offer special rating structures for health insurance based on:						
Smoking status	11.6	12.3	10.5	10.5	12.9	
Seat belt use	5.1	5.5	4.6	5.5	4.1	
Weight	4.0	4.4	4.1	3.0	1.3	
Blood pressure level	3.5	3.9	3.0	3.1	1.3	
Physical activity participation	2.7	2.6	2.8	3.0	1.8	
Offer subsidized discounts/reduced fees for participation in community based:						
Smoking cessation classes	15.6	10.7	16.2	31.2	41.6	
Exercise club/recreation facilities	13.1	7.4	16.6	26.3	34.3	
Weight loss classes	8.4	5.3	8.7	19.0	23.9	
Stress management classes						
(volunteered response)	0.4	0.3	0.5	0.4	1.3	

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



TABLE 42b  
Percent of private worksites with 50 or more employees  
who use financial incentives to encourage healthy behaviors,  
by industry, 1992

FINANCIAL INCENTIVES		INDUSTRY						
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Trans/Pub Utilities (152)	Financial (162)	Ag/Min- ing/Const (140)	
Offer flexible spending accounts	31.2	28.1	29.8	32.2	34.6	44.0	26.9	
Offer annual fixed amount reimbursement	7.7	7.2	5.2	8.3	10.1	16.1	5.6	
Of those that offer reimbursement:								
• \$100 or less	13.4	7.8	3.9	15.0	3.9	26.5	39.8	
• \$101 - 200	11.2	20.6	14.3	7.9	14.4	2.6	0.0	
• \$201 or more	31.9	46.8	40.6	15.3	35.1	38.7	46.1	
Offer special rating structures for health insurance based on:								
Smoking status	11.6	8.4	12.8	13.0	13.0	14.0	6.5	
Seat belt use	5.1	6.4	4.6	4.1	6.4	5.2	7.2	
Weight	4.0	3.7	3.0	5.2	4.7	2.8	2.8	
Blood pressure level	3.5	5.1	2.3	3.7	3.1	2.1	2.8	
Physical activity participation	2.7	2.6	3.0	2.2	3.3	3.7	3.0	
Offer subsidized discounts/ reduced fees for participation in community based:								
Smoking cessation classes	15.6	18.8	12.1	14.1	22.8	23.3	12.0	
Exercise club/recreation facilities	13.1	14.5	9.4	15.6	12.6	18.3	16.1	
Weight loss classes	8.4	6.7	7.7	9.8	8.9	10.1	7.1	
Stress management classes (volunteered response)	0.4	0.3	0.2	0.6	0.7	0.2	0.7	

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

TABLE 43a  
Percent of private worksites with 50 or more employees  
that allow use of company time for health promotion activities,  
by size, 1992

ALLOW USE OF COMPANY TIME		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (449)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Allow use of company time	71.7	67.7	73.9	81.5	85.4	
Of those that allow company time use (volunteered responses):						
• All employees	94.3	93.5	95.6	93.8	95.4	
• Full time employees	0.9	0.3	2.0	0.7	1.3	
• Top management/executives	2.1	2.8	1.2	2.2	0.6	
• Salaried employees	0.3	0.3	0.2	0.9	0.0	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 43b  
Percent of private worksites with 50 or more employees  
that allow use of company time for health promotion activities,  
by industry, 1992

ALLOW USE OF COMPANY TIME		INDUSTRY					
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*
Allow use of company time	71.7	72.3	65.1	74.6	78.5	67.8	76.6
Of those that allow company time use (volunteered responses):							
• All employees	94.3	95.0	92.8	94.7	94.6	97.8	91.5
• Full time employees	0.9	1.0	0.7	1.2	0.9	1.3	0.3
• Top management/executives	2.1	2.9	3.8	1.1	0.0	0.4	2.6
• Salaried employees	0.3	0.9	0.0	0.0	0.6	0.0	1.3

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 44a  
Percent of private worksites with 50 or more employees  
that allow use of flex-time for health promotion activities,  
by size, 1992

ALLOW USE OF FLEX-TIME		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (449)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Allow use of flex-time	45.4	41.2	49.2	50.0	60.5	
Of those that allow flex-time use (volunteered responses):						
• All employees	90.2	92.8	89.8	83.0	83.5	
• Full time employees	1.2	0.7	1.6	1.6	2.5	
• Top management/executives	1.3	1.5	0.5	2.2	2.6	
• Salaried employees	1.4	1.7	0.7	3.1	3.1	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 44b  
Percent of private worksites with 50 or more employees  
that allow use of flex-time for health promotion activities,  
by industry, 1992

ALLOW USE OF FLEX-TIME		INDUSTRY						
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Hin- ing/Const (137)*	
Allow use of flex-time	45.4	35.8	46.3	51.2	50.0	46.1	38.1	
Of those that allow flex-time use (volunteered responses):								
• All employees	90.2	87.6	93.6	90.6	84.8	92.3	84.1	
• Full time employees	1.2	0.9	0.3	1.3	2.4	1.5	3.9	
• Top management/executives	1.3	2.4	2.2	0.2	0.4	0.5	4.1	
• Salaried employees	1.4	3.4	0.4	1.1	2.7	0.4	4.1	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 45a  
Percent of private worksites with 50 or more employees  
by type of person eligible for health promotion activities,  
by size, 1992

ELIGIBILITY FOR ACTIVITIES		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (449)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Employees eligible (volunteered responses):						
All employees	89.7	87.9	90.3	93.9	98.6	
Full time employees	4.6	5.7	3.6	3.3	1.1	
Top management/executives	0.9	0.9	1.1	0.6	0.0	
Salaried employees	0.3	0.3	0.4	0.0	0.0	
Spouses/dependents eligible for:						
All activities	21.8	23.6	21.2	16.4	16.6	
Some activities	26.3	19.7	29.3	40.3	57.1	
Retirees eligible for:						
All activities	16.1	15.4	18.5	13.1	15.7	
Some activities	12.6	7.9	14.3	23.4	36.9	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 45b  
Percent of private worksites with 50 or more employees  
by type of person eligible for health promotion activities,  
by industry, 1992

ELIGIBILITY FOR ACTIVITIES		INDUSTRY						
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*	
Employees eligible (volunteered responses):								
All employees	89.7	93.2	86.0	90.7	89.5	88.6	86.4	
Full time employees	4.6	3.0	6.1	4.6	3.3	5.6	5.6	
Top management/executives	0.9	0.4	2.0	0.3	0.3	2.1	0.7	
Salaried employees	0.3	0.0	0.0	0.5	0.0	0.0	2.2	
Spouses/dependents eligible for:								
All activities	21.8	19.0	23.2	21.9	21.7	23.8	24.4	
Some activities	26.3	26.7	21.8	28.4	34.5	25.4	22.8	
Retirees eligible for:								
All activities	16.1	14.6	16.0	17.9	12.6	14.7	17.1	
Some activities	12.6	12.3	12.2	12.4	16.3	19.2	6.3	

\* Questions relevant to this table were only asked of work sites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

## **BENEFITS AND EVALUATION**



## **BENEFITS AND EVALUATION**

Worksite health promotion activities are evaluated both formally (e.g., participation records) and informally (e.g., the benefits perceived by the employer). In this survey, an attempt was made to assess the nature and extent of program evaluation tools, including goals and objectives, participation records, and data collection activities. In addition, worksites were asked for reasons for initiating health promotion activities, the perceived benefits, and the documented data collection results. Responses to questions concerning evaluation and benefits of worksite health promotion activities are discussed in this section.

### **Year Health Promotion Activities Instituted**

The majority (36 percent) of worksites surveyed instituted health promotion activities between 1986 and 1990; 14 percent instituted activities between 1980 and 1985, 8 percent between 1991 and 1992, and 6 percent before 1980. Rates varied across size and industry categories. See Tables 46a and 46b.

### **Goals and Objectives**

The 1992 survey found that 17 percent of worksites with 50 or more employees have a written set of goals and objectives for their health promotion activities. Worksites with more than 750 employees are more likely than worksites with 50 to 99 employees to have a written set of goals and objectives (41 percent compared with 13 percent, respectively). Companies in the transportation and public utilities industry are more likely to have a written set of goals and objectives (26 percent) than worksites in the wholesale/retail industry (11 percent).

Almost one-half (49 percent) of the worksites analyzed health care costs before implementing health promotion activities, and 28 percent examined death and disability reports. Overall, 27 percent of worksites conducted needs assessments before implementing health promotion activities. See Tables 47a and 47b.

### **Records of Participation**

Thirty-one percent of worksites keep employee participation records for all worksite health promotion activities; 20 percent keep records of the number of participants for some activities. The likelihood of keeping employee participation records varies with worksite size. Worksites in the services industry are most likely to keep track of participants for all activities (35 percent) while worksites in the transportation and public utilities industry are most likely to track some activities (30 percent). See Tables 47a and 47b.

### Evaluation Activities and Results

Overall, 12 percent of worksites conduct formal evaluations. Rates vary by the size of the worksite: 24 percent of worksites with 750 or more employees conduct formal evaluations compared with 10 percent of worksites with 50 to 99 employees. Companies in the transportation and public utilities industry are the most likely to conduct formal evaluations (19 percent); worksites in the financial industry are least likely (10 percent).

Of those worksites that conduct formal evaluations, 55 percent collect data on health care costs, and 50 percent collect data on disability. Worksites also collect data about employee morale (40 percent), health status (38 percent), absenteeism (36 percent), productivity (34 percent), and health behaviors (29 percent). See Tables 47a through 48.

### Evaluation Results

Among the 55 percent of worksites that reported measuring health care costs as part of a formal evaluation of health promotion activities, 44 percent stated that data collected indicate a reduction in health costs due in part to health promotion activities. Worksites also reported data showed reductions in absenteeism (57 percent) and disability (42 percent). See Table 48.

### Cost-Containment Strategies

Forty-three percent of worksites implement cost-containment strategies. The likelihood of implementing these strategies varies with worksite size: 74 percent of the worksites with 750 or more employees, 62 percent of the worksites with 250 to 749 employees, 48 percent of the worksites with 100 to 249 employees, and 36 percent of the worksites with 50 to 99 employees. Worksites in the transportation and public utilities industry are more likely than services industry worksites to implement cost-containment strategies (51 percent compared with 39 percent, respectively).

Second opinion programs were mentioned most frequently among the strategies implemented; health promotion activities were mentioned by 6 percent of worksites. See Tables 49a and 49b.

### Benefits of Health Promotion Activities

Respondents were asked for the top two or three benefits derived from health promotion activities at their worksite; the following eight responses were given most frequently.

- Improved employee health--28 percent.
- Improved employee morale--26 percent.
- Reduced health insurance costs--19 percent.
- Reduced absenteeism--19 percent.
- Increased output/productivity--16 percent.
- Reduced accidents on the job--9 percent.
- Improved education on health issues--7 percent.
- Reduced worker compensation claims--4 percent.

See Tables 50a and 50b.

### Reasons For Initiating Health Promotion Activities

Respondents were also asked for the top two or three reasons for initiating health promotion programs; the following eight responses were given most frequently.

- To improve employee health--41 percent.
- To reduce health insurance costs--27 percent.
- To improve employee morale--17 percent.
- To respond to employee requests--13 percent.
- To reduce accidents on the job--9 percent.
- To reduce absenteeism--8 percent.
- To respond to management requests/corporate mandate--8 percent.
- To increase output/productivity--8 percent.

See Tables 51a and 51b.

### Reasons For Not Offering Health Promotion Activities

Only 38 of the 1,507 respondents (2 percent) stated that no health promotion activities were offered at their worksite. Respondents were asked to cite the top two or three reasons for not offering health promotion activities. The responses most frequently given were too costly (27 percent); no management support (14 percent); and employees not interested/won't participate (13 percent). See Table 52.

### Evolution of Policies and Practices

In 1985, 73 percent of worksites did not have a written set of goals and objectives for their health promotion activities. According to the data collected in the 1992 survey, this figure has increased to 83 percent.

The *1985 National Survey of Worksite Health Promotion Activities* did not report data on the self-reported reasons why worksites did not offer health promotion activities. Instead, the survey reported on the perceived problems with initiating programs. In 1985, the three most frequently reported problems with initiating health promotion programs were "too costly," "employees not interested," and "time limitations."<sup>2</sup> These are similar to the reasons given for not offering activities in the 1992 survey.

TABLE 46a  
Percent of private worksites with 50 or more employees  
by year of initial health promotion activities,  
by size, 1992

HEALTH PROMOTION ACTIVITIES		NUMBER OF EMPLOYEES				
	(Number)	Total (1,469)*	50-99 (448)*	100-249 (431)*	250-749 (398)*	750+ (192)*
Year health promotion activities were instituted:						
Before 1980		6.5	7.4	4.7	5.3	10.5
1980 - 1985		13.8	12.1	14.3	16.9	24.5
1986 - 1990		35.7	33.5	40.4	33.6	34.1
1991 - 1992		8.1	8.4	8.2	8.6	2.0

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 46b  
Percent of private worksites with 50 or more employees  
by year of initial health promotion activities,  
by industry, 1992

HEALTH PROMOTION ACTIVITIES		INDUSTRY					
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*
Year health promotion activities were instituted:							
Before 1980	6.5	7.1	3.7	8.5	3.2	5.3	7.5
1980 - 1985	13.8	13.0	12.6	14.9	20.3	13.7	7.9
1986 - 1990	35.7	42.4	33.2	30.2	40.2	43.1	41.0
1991 - 1992	8.1	10.1	8.2	7.4	2.3	7.3	10.8

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 47a

Percent of private worksites with 50 or more employees  
who conduct evaluations of health promotion activities,  
by size, 1992

PROGRAM EVALUATION		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (448)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Written set of objectives and goals	16.7	12.7	20.4	17.4	40.8	
Before implementing activities:						
Conducted needs assessment	27.4	22.2	31.5	35.7	46.2	
Analyzed health care costs	48.7	45.1	51.7	53.7	63.0	
Examined death and disability reports	28.2	26.5	29.8	30.2	34.0	
Records kept of the number of people who participate in worksite activities for:						
All activities	31.4	26.4	37.7	34.6	43.3	
Some activities	19.7	17.4	19.9	27.5	30.4	
Conduct formal evaluations of activities	12.5	10.0	14.8	14.3	24.4	
Of those that conduct formal evaluations, data are collected on:						
• Health care costs	54.8	60.0	48.6	56.6	52.1	
• Disability	49.8	51.4	49.3	52.9	38.9	
• Employee morale	40.3	37.5	41.1	46.6	43.1	
• Employee health status	37.5	37.6	37.7	28.6	48.9	
• Absenteeism	36.2	43.8	31.7	25.8	30.9	
• Productivity	33.8	46.1	23.0	28.2	25.3	
• Employee health behaviors	29.3	28.8	30.6	23.6	34.6	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 47b  
Percent of private worksites with 50 or more employees  
who conduct evaluations of health promotion activities,  
by industry, 1992

PROGRAM EVALUATION		INDUSTRY						
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*	
Written set of objectives and goals	16.7	15.7	10.8	20.1	25.6	16.5	15.2	
Before implementing activities:								
Conducted needs assessment	27.4	25.4	26.4	28.7	34.6	26.1	24.9	
Analyzed health care costs	48.7	52.7	50.2	44.8	54.3	42.0	51.9	
Examined death and disability reports	28.2	29.3	28.9	27.0	33.0	15.2	36.5	
Records kept of the number of people who participate in worksite activities for:								
All activities	31.4	31.6	26.0	34.9	29.2	33.4	32.7	
Some activities	19.7	19.1	15.4	21.4	29.6	20.0	19.2	
Conduct formal evaluations of activities	12.5	10.2	13.1	13.1	18.6	9.8	11.8	
Of those that conduct formal evaluations, data are collected on:								
• Health care costs	54.8	49.6	56.6	49.2	59.4	76.9	74.4	
• Disability	49.8	49.6	37.7	54.8	59.4	68.1	42.8	
• Employee morale	40.3	34.4	36.3	47.0	39.5	34.6	39.5	
• Employee health status	37.5	38.2	25.6	46.6	30.5	23.4	50.3	
• Absenteeism	36.2	36.3	35.4	30.6	42.2	48.6	57.2	
• Productivity	33.8	40.6	27.4	29.4	35.7	34.8	65.7	
• Employee health behaviors	29.3	34.7	17.8	36.5	25.8	22.9	26.8	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.



TABLE 48  
Percent of private worksites with 50 or more employees  
who conduct evaluations of health promotion activities,  
1992

PROGRAM EVALUATION				
(Number)	Total (1,469)*			
Conduct formal evaluations of activities	12.5			
	DATA COLLECTED ON	OF THOSE THAT COLLECT DATA, CHANGES INDICATED ARE:		
		Reduction in	Increase in	No change
Of those that conduct formal evaluations, data are collected on:				
• Health care costs	54.8	43.7	15.4	20.6
• Disability	49.8	42.0	2.5	37.0
• Employee morale	40.3	3.0	65.8	19.7
• Employee health status	37.5	15.9	38.6	21.5
• Absenteeism	36.2	57.0	3.9	19.4
• Productivity	33.8	8.7	55.9	22.5
• Employee health behaviors	29.3	5.4	52.1	14.2

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksites Health Promotion Activities, 1992.

**TABLE 49a**  
Percent of private worksites with 50 or more employees  
who implemented cost containment strategies in past 3 years,  
by size, 1992

COST CONTAINMENT		NUMBER OF EMPLOYEES				
(Number)	Total (1,507)	50-99 (469)	100-249 (443)	250-749 (403)	750+ (192)	
Implemented cost containment strategies	43.4	35.5	48.1	61.5	74.0	
Of those that implemented then, strategy utilized was (volunteered responses):						
• Second opinion program	19.8	19.0	21.5	19.4	17.6	
• Increased deductible	18.4	17.8	19.6	18.8	15.9	
• Hospital admission review	18.2	16.2	20.7	19.5	16.9	
• Preferred provider arrangement	15.2	16.3	12.2	17.6	18.4	
• Increased cost sharing	12.6	9.7	17.1	10.9	12.5	
• Managed care/HMO/IPA	11.1	10.5	10.2	14.7	9.5	
• Analysis of claims data	7.9	7.2	8.1	7.5	13.0	
• Changed carriers/plans	6.3	9.4	4.1	3.4	2.7	
• Health promotion activities	6.1	6.4	6.3	4.3	6.5	
• Medical expense account	5.9	5.2	5.8	7.4	8.2	
• Membership in health care coalition	2.8	2.7	3.4	2.1	0.8	

Source: ODPHP National Survey of Health Promotion Activities, 1992.

**TABLE 49b**  
**Percent of private workites with 50 or more employees**  
**who implemented cost containment strategies in past 3 years**  
**by industry, 1992**

COST CONTAINMENT		INDUSTRY					
(Number)	Total (1,507)	Manufacturing (345)	Wholesale/ Retail (332)	Services (376)	Utilities (152)	Financial (162)	Other (140)
Implemented cost containment strategies	43.4	49.2	41.4	38.9	51.0	44.5	48.2
Of those that implemented then, strategy utilized was (volunteered responses):							
• Second opinion program	19.8	16.8	16.1	20.5	34.0	18.1	27.5
• Increased deductible	18.4	23.0	17.3	18.2	15.4	9.7	16.7
• Hospital admission review	18.2	21.4	20.2	14.1	30.0	12.5	12.4
• Preferred provider arrangement	15.2	14.2	15.4	15.7	24.2	9.1	12.6
• Increased cost sharing	12.6	12.8	9.7	14.1	13.3	15.6	11.4
• Managed care/HMO/IPA	11.1	10.0	14.4	8.2	9.1	17.2	16.1
• Analysis of claims data	7.9	8.7	9.7	6.1	9.6	4.2	9.0
• Changed carriers/plans	6.3	5.4	6.6	6.6	5.6	8.2	6.7
• Health promotion activities	6.1	4.7	4.8	7.6	4.6	4.4	11.3
• Medical expense account	5.9	5.5	7.3	5.2	6.5	6.4	5.1
• Membership in health care coalition	2.8	2.0	5.4	1.7	3.7	0.0	3.2

Source: ODPHP National Survey of Health Promotion Activities, 1992.

TABLE 50a

Percent of private worksites with 50 or more employees  
citing top 2 or 3 benefits derived from health promotion activities,  
by size, 1992

BENEFITS OF ACTIVITIES		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (448)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Respondents' volunteered responses:						
Improved employee health	28.5	26.4	28.7	35.9	37.4	
Improved employee morale	26.1	19.4	31.2	39.1	44.4	
Reduced health insurance costs	19.3	17.0	19.8	23.3	37.9	
Reduced absenteeism	19.1	18.6	20.4	16.6	20.7	
Increased output/productivity	16.1	14.4	18.6	17.6	15.4	
Reduced accidents on the job	8.7	11.3	6.1	5.0	1.8	
Improved education on health issues	7.2	6.6	8.6	6.5	6.9	
Reduced workers compensation claims	4.0	3.2	5.8	2.2	5.0	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 50b**  
Percent of private worksites with 50 or more employees  
citing top 2 or 3 benefits derived from health promotion activities,  
by industry, 1992

BENEFITS OF ACTIVITIES		INDUSTRY					
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*
Respondents' volunteered responses:							
Improved employee health	28.5	32.7	25.8	27.4	30.9	31.1	24.7
Improved employee morale	26.1	25.4	28.2	22.7	32.7	36.5	23.0
Reduced health insurance costs	19.3	24.4	17.8	16.5	27.2	17.9	16.8
Reduced absenteeism	19.1	19.6	14.8	20.8	21.8	21.3	19.7
Increased output/productivity	16.1	13.4	14.2	18.8	12.4	17.6	19.7
Reduced accidents on the job	8.7	10.5	6.7	8.6	12.3	4.2	11.1
Improved education on health issues	7.2	6.4	6.0	10.1	7.0	2.9	3.2
Reduced workers compensation claims	4.0	3.0	5.8	4.4	3.8	0.0	2.0

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

**TABLE 51a**  
**Percent of private worksites with 50 or more employees**  
**citing top 2 or 3 reasons for initiating health promotion activities,**  
**by size, 1992**

REASONS FOR INITIATING ACTIVITIES		NUMBER OF EMPLOYEES				
(Number)	Total (1,469)*	50-99 (448)*	100-249 (431)*	250-749 (398)*	750+ (192)*	
Respondents' volunteered responses:						
Improve employee health	40.7	38.9	42.6	41.9	47.6	
Reduce health insurance costs	26.8	22.1	28.1	38.5	52.2	
Improve employee morale	16.9	13.9	18.2	23.8	30.2	
Employees wanted it	12.6	9.4	15.5	19.7	17.1	
Reduce accidents on the job	9.3	11.3	7.7	5.8	3.7	
Reduce absenteeism	8.2	7.8	7.7	9.4	14.2	
Management wanted it/corporate mandate	8.2	6.7	9.5	9.8	14.0	
Increase output/productivity	7.8	7.4	6.8	10.9	13.3	

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 51b  
Percent of private worksites with 50 or more employees  
citing top 2 or 3 reasons for initiating health promotion activities  
by industry, 1992

REASONS FOR INITIATING ACTIVITIES		INDUSTRY					
(Number)	Total (1,469)*	Manufacturing (339)*	Wholesale/ Retail (324)*	Services (366)*	Trans/Pub Utilities (150)*	Financial (153)*	Ag/Min- ing/Const (137)*
Respondents' volunteered responses:							
Improve employee health	40.7	40.9	32.7	45.5	45.0	44.3	36.5
Reduce health insurance costs	26.8	34.7	25.0	19.1	41.4	29.0	33.0
Improve employee morale	16.9	13.8	16.6	18.0	21.0	18.6	17.2
Employees wanted it	12.6	12.5	13.3	12.1	9.4	17.8	11.8
Reduce accidents on the job	9.3	12.8	10.0	7.1	7.8	3.3	14.5
Reduce absenteeism	8.2	8.6	5.0	10.4	5.6	12.3	4.9
Management wanted it/corporate mandate	8.2	6.9	6.9	9.8	7.1	14.0	4.5
Increase output/productivity	7.8	6.4	6.4	8.8	8.7	12.1	8.6

\* Questions relevant to this table were only asked of worksites that reported offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.

TABLE 52  
Percent of private worksites with 50 or more employees  
citing top 2 or 3 reasons for not offering health promotion activities,  
1992

REASONS FOR NOT OFFERING ACTIVITIES	
(Number)	Total (38)*
Respondents' volunteered responses:	
Too costly	27.2
No management support	14.1
Employees not interested/would not participate	12.8
Worksite lacks facilities	12.1
High employee turnover	6.7
Dispersed workforce	6.0
Other priorities	5.6
Worksite lacks expertise/staff	4.9

\* Questions relevant to this table were only asked of worksites that reported NOT offering information or activities in at least one of the areas covered by the 1992 survey.

Source: ODPHP National Survey of Worksite Health Promotion Activities, 1992.



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## REFERENCES

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## REFERENCES

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## **APPENDICES**

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## **APPENDIX A: QUESTIONNAIRE**

**NOTE: THE PERCENTAGE OF WORKSITES RESPONDING TO EACH QUESTION  
IS INDICATED IN BOLDED TEXT ON THE QUESTIONNAIRE**

NATIONAL SURVEY OF WORKSITE HEALTH PROMOTION ACTIVITIES 1992  
QUESTIONNAIRE  
February 1992

GENERAL WORKSITE DEMOGRAPHICS

- S1-A Is your organization a part of the Federal, State, or Local Government?
- 1 YES Thank you for your time but government worksites are not part of this study.
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED
- S1-1. How many permanent full and part-time employees are currently employed at this worksite? [THESE ARE EMPLOYEES WHO ARE CONTINUOUSLY EMPLOYED BY THIS PARTICULAR WORKSITE, NOT THE ENTIRE ORGANIZATION IF IT HAS MORE THAN ONE SITE.]

- IF LESS THAN 50 THANK AND DISQUALIFY

GENERAL PREVENTIVE SERVICES

Next are a few questions about assessing the health risks of your employees.

- S2-1. During the past 12 months, has a questionnaire that measures an employee's health status been offered to employees at your worksite?
- 14.5 1 = YES
- 84.5 2 = NO
- 1.0 0/3 = DON'T KNOW
- S2-2. During the past 12 months, other than what is covered in your health insurance plan, did your worksite offer periodic health or physical exams to any employees?
- 32.2 1 = YES
- 67.3 2 = NO
- 0.5 0/3 = DON'T KNOW
- S2-3. During the past 12 months, did your worksite offer blood tests to measure blood sugar?
- 16.5 1 = YES
- 83.2 2 = NO
- 0.3 0/3 = DON'T KNOW

S2-4. During the past 12 months, did your worksite offer immunizations such as flu shots to your employees?

24.3	1	=	YES
75.6	2	=	NO
0.1	0/3	=	DON'T KNOW

### 3. BLOOD PRESSURE

The following series of questions deals with specific kinds of health screening activities your company may have offered.

#### Screenings

S3-1. During the past 12 months did your worksite offer blood pressure screenings to any employees?

31.5	1	=	YES
68.0	2	=	NO (SKIP TO S3-4)
0.5	0/3	=	DON'T KNOW

S3-2. Did your worksite refer individuals with elevated blood pressure readings to a physician?

71.8	1	=	YES
24.0	2	=	NO
4.2	0/3	=	DON'T KNOW

S3-3. Did your worksite offer follow-up or tracking of individuals with elevated blood pressure readings?

38.7	1	=	YES
58.8	2	=	NO
2.5	0/3	=	DON'T KNOW

S3-4. Does your worksite have a blood pressure machine available for employee use?

24.3	1	=	YES
75.0	2	=	NO
0.7	0/3	=	DON'T KNOW

#### Screener Question

S3-5. During the past 12 months, [other than the blood pressure screening] [DO NOT READ IF S3-1=NO], did your worksite offer any information or activities concerning high blood pressure?

29.4	1	=	YES
70.0	2	=	NO (SKIP TO S4-1)
0.6	0/3	=	DON'T KNOW

#### Education and Control

S3-6. Which of the following were offered ... [READ CATEGORIES]

	YES	NO	DK
A. Individual counseling	25.7	74.1	0.2
B. Group classes, workshops, lectures, or special events	36.9	62.9	0.2
C. Resource materials such as posters, brochures, pamphlets, or videos	94.0	5.4	0.5

#### 4. CHOLESTEROL

##### Screenings

S4-1. During the past 12 months, did your worksite offer cholesterol screenings to any employees?

20.4	1	=	YES
79.6	2	=	NO (SKIP TO S4-4)
0.1	0/3	=	DON'T KNOW

S4-2. Did your worksite refer individuals with elevated cholesterol readings to a physician?

71.8	1	=	YES
25.2	2	=	NO
3.1	0/3	=	DON'T KNOW

S4-3. Did your worksite offer follow-up or tracking of individuals with elevated cholesterol readings?

27.6	1	=	YES
70.3	2	=	NO
2.1	0/3	=	DON'T KNOW



### Screener Question

S4-4. During the past 12 months, [other than cholesterol screenings] [DO NOT READ IF S4-1=NO], did your worksite offer any information or activities in the area of cholesterol control?

26.7	1	=	YES
72.8	2	=	NO (SKIP TO S5-1)
0.4	0/3	=	DON'T KNOW

### Education and Control

S4-5. Which of the following were offered...

	YES	NO	DK
A. Individual counseling	21.9	78.1	0.0
B. Group classes, workshops, lectures, or special events	35.6	64.4	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	95.4	4.6	0.0

### 5. CANCER

#### Screening

S5-1. During the past 12 months, other than what is available through your health insurance plan did your worksite offer any of the following cancer screenings to your employees?

Note: 12.0% of worksites indicated offering at least one of the cancer screenings listed below.

	YES	NO	DK
A. Tests for blood in the stool	6.6	93.2	0.2
B. Pap smears	3.4	96.3	0.2
C. Exams for skin cancer	2.8	96.9	0.3
D. Breast exams by medical personnel	5.3	94.6	0.1
E. Mammography	7.5	92.4	0.2
F. Exams for oral cancer	1.8	97.7	0.5
G. Other (Specify) _____	0.8	98.0	1.2
H. PROSTATE/COLON/RECTAL (VOLUNTEERED RESPONSE)	0.4	99.6	0.0

[IF ALL S5-1 A-G = NO, SKIP TO S5-4]

S5-2. Did your worksite refer individuals with positive cancer test results to a physician?

60.5	1	=	YES
35.6	2	=	NO
3.9	0/3	=	DON'T KNOW

S5-3. Did your worksite offer follow-up or tracking of individuals with positive cancer test results?

29.8	1	=	YES
65.2	2	=	NO
5.0	0/3	=	DON'T KNOW

#### Screener Question

S5-4. During the past 12 months, [other than cancer tests or exams] [DO NOT READ IF S5-1=NO], did your worksite offer any information or activities concerning cancer?

23.0	1	=	YES
75.7	2	=	NO (SKIP TO S5-6)
1.3	0/3	=	DON'T KNOW

#### Education and Control

S5-5. Which of the following were offered...

	YES	NO	DK
A. Individual counseling	13.1	86.5	0.4
B. Group classes, workshops, lectures, or special events	36.4	63.5	0.1
C. Resource materials such as posters, brochures, pamphlets, or videos	96.9	3.1	0.0
D. Teaching women to examine their own breasts for lumps	30.6	66.0	3.4

[IF S3-1 AND S4-1 AND S5-1 = NO, SKIP TO S6-1]

S5-6. Who paid for the cost of all your screening tests and exams? Did the company pay, the participants pay, was the cost shared by the company and the participants or was it some other arrangement?

65.8	1 = THE COMPANY PAID
5.7	2 = THE PARTICIPANTS PAID
16.9	3 = THE COST WAS SHARED BY THE COMPANY/PARTICIPANTS
5.2	4 = SOME OTHER ARRANGEMENT (SPECIFY) _____
3.0	7 = INSURANCE CARRIER/PROVIDER/HMO
2.3	8 = FREE/NO CHARGE
1.0	0/5 = DON'T KNOW
0.0	6 = REFUSED

S5-7. Where were your screening tests or exams offered, primarily on-site or primarily off-site?

72.8	1 = PRIMARILY ON-SITE
20.9	2 = PRIMARILY OFF-SITE
5.8	3 = HALF ON-SITE/HALF OFF-SITE
0.4	0/4 = DON'T KNOW

#### HEALTH PROMOTION

#### 6. SMOKING CESSATION AND POLICY

Now I have some questions about smoking policy and smoking cessation activities.

##### Policy

S6-1. Does your worksite have a formal smoking policy that prohibits or severely restricts smoking at the workplace?

86.0	1 = YES
13.5	2 = NO
0.5	0/3 = DON'T KNOW

S6-2. How would you describe the rules on smoking at the worksite? [DO NOT READ ANSWERS.]

34.2	1 = SMOKING NOT ALLOWED ANYWHERE INSIDE/SMOKE FREE ENVIRONMENT
24.6	2 = SMOKING NOT ALLOWED EXCEPT IN SEPARATELY VENTILATED SMOKING AREAS
28.0	3 = SMOKING NOT ALLOWED EXCEPT IN DESIGNATED AREAS WITHOUT SEPARATE VENTILATION
4.4	4 = SMOKING ALLOWED EVERYWHERE EXCEPT IN A FEW NO SMOKING AREAS
1.8	5 = EACH AREA DECIDES ON ITS OWN POLICY
3.8	9 = SMOKING PERMITTED EVERYWHERE/NO RULES
2.0	10 = DESIGNATED AREAS, VENTILATION UNKNOWN
0.2	6 = OTHER
0.9	0/7 = DON'T KNOW
0.0	8 = REFUSED

S6-3. Was your smoking policy adopted as a result of...

	YES	NO	DK
A. STATE LEGISLATION	15.6	78.6	5.7
B. LOCAL LEGISLATION	16.9	77.9	5.2

#### Screening Question

S6-4. During the past 12 months, did your worksite offer any information or activities to help employees stop smoking?

40.0	1	=	YES
59.3	2	=	NO (SKIP TO S7-1)
0.8	0/3	=	DON'T KNOW

#### Education and Control

S6-5. Which of the following were offered?

	YES	NO	DK
A. Individual counseling	23.4	76.6	0.0
B. Group classes, workshops, lectures, or special events	55.8	44.2	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	90.9	8.7	0.4

#### 7. EXERCISE AND FITNESS ACTIVITIES

The next few questions deal with exercise and fitness activities.

##### Facilities

S7-1. Does your worksite have:

	YES	NO	DK
A. Locker room with showers	24.2	75.3	0.5
B. An indoor area set aside specifically for exercise and physical fitness activities	12.3	86.9	0.8
C. Aerobic exercise equipment such as stationary cycles, stairmasters, or indoor running tracks	10.5	88.9	0.6
D. Strength training equipment	9.2	90.0	0.8
E. Outdoor facilities such as a jogging trail	9.4	90.3	0.2

[IF ALL S7-1 = NO, SKIP TO S7-3]

S7-2. Is there a charge made to employees to use your worksite's exercise facilities?

9.8 1 = YES  
89.5 2 = NO  
0.6 0/3 = DON'T KNOW

#### Screener Question

S7-3. During the past 12 months, did your worksite offer any information or activities to promote exercise or physical fitness?

40.7 1 = YES  
59.2 2 = NO (SKIP TO S8-1)  
0.1 0/3 = DON'T KNOW

#### Education and Control

S7-4. Which of the following were offered?

	YES	NO	DK
A. Fitness evaluations or testing	20.1	79.6	0.3
B. Individual counseling	22.2	77.5	0.3
C. Group classes, workshops, lectures, or special events	52.3	47.1	0.6
D. Recreational programs such as softball teams	61.2	36.6	2.2
E. Formal fitness challenges or campaigns	31.8	67.9	0.3
F. Resource materials such as posters, brochures, pamphlets, or videos	72.1	27.9	0.0

#### 8. NUTRITION EDUCATION

Now, I'd like to ask you about nutrition education.

#### Facilities

S8-1. Does your worksite have a cafeteria, snack bar, or food service?

42.8 1 = YES  
56.9 2 = NO (SKIP TO S8-3)  
0.3 0/3 = DON'T KNOW

S8-2. Does the cafeteria, snack bar, or food service label foods on the basis of nutritional value? (EGG, FAT, SALT, FIBER CONTENT OR CALORIES)

31.1 1 = YES  
66.8 2 = NO  
2.2 0/3 = DON'T KNOW

S8-3. Does your worksite have vending or drink machines?

90.0      1    =   YES  
 10.0      2    =   NO (SKIP TO S8-5)  
   0.0      0/3   =   DON'T KNOW

S8-4.      Are fruits, juices, or low fat snacks usually available in these vending machines?

66.3      1    =   YES  
 30.5      2    =   NO  
   3.2      0/3   =   DON'T KNOW

#### Screener Question

S8-5.      During the past 12 months, did your worksite offer any information or activities concerning nutrition education?

31.4      1    =   YES  
 67.8      2    =   NO (SKIP TO S9-1)  
   0.8      0/3   =   DON'T KNOW

#### Education and Control

S8-6.      Which of the following were offered?

	YES	NO	DK
A. Individual counseling	18.4	80.8	0.8
B. Group classes, workshops, lectures or special events	53.2	46.7	0.1
C. Resource materials such as posters, brochures, pamphlets, or videos	94.5	5.2	0.3

#### 9. WEIGHT CONTROL ACTIVITIES

S9-1.      Is there a scale at the worksite that is available for employee use?

42.7      1    =   YES  
 56.1      2    =   NO  
   1.2      0/3   =   DON'T KNOW

**Screening Question**

S9-2. During the past 12 months, did your worksite offer any information or activities to help employees control their weight?

24.3      1    =   YES  
75.1      2    =   NO (SKIP TO S10-1)  
0.6      0/3   =   DON'T KNOW

**Education and Control**

S9-3. Which of the following were offered?

	YES	NO	DK
A. Individual counseling	31.0	68.2	0.8
B. Group classes, workshops, lectures or special events	61.1	38.6	0.3
C. Resource materials such as posters, brochures, pamphlets, or videos	86.7	12.2	1.2

**10. PRENATAL EDUCATION**

**Screening Question**

S10-1. During the past 12 months, did your worksite offer any information or activities concerning prenatal education?

9.0      1    =   YES  
90.6      2    =   NO (SKIP TO S11-1)  
0.4      0/3   =   DON'T KNOW

**Education and Control**

S10-2. Which of the following were offered...

	YES	NO	DK
A. Individual counseling	43.9	56.1	0.0
B. Group classes, workshops, lectures, or special events	53.1	46.9	0.0
C. Resource materials such as posters, brochures, pamphlets or videos	93.4	6.4	0.2

## 11. MEDICAL SELF CARE

### Screener Question

S11-1. During the past 12 months, did your worksite offer any information or activities concerning medical self care? Medical self care includes such skills as knowing when and when not to see a physician and when to obtain a second medical opinion.

18.3	1	=	YES
80.6	2	=	NO (SKIP TO S12-1)
1.0	0/3	=	DON'T KNOW

### Education and Control

S11-2. Which of the following were offered ...

	YES	NO	DK
A. Individual counseling	30.7	69.1	0.2
B. Group classes, workshops, lectures, or special events	36.4	63.6	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	83.5	16.5	0.0
D. Access to a telephone counseling service other than an EAP	26.1	72.6	1.3

## 12. MENTAL HEALTH

### Screener Questions

S12-1. During the past 12 months, did your worksite offer any information or activities concerning mental health issues?

25.4	1	=	YES
74.2	2	=	NO (SKIP TO S12-3)
0.4	0/3	=	DON'T KNOW



S12-2. What mental health topics were included? [DO NOT READ ANSWERS.  
CHECK ALL MENTIONED.]

- 2.2 A. SINGLE PARENT ISSUES..... ( )
- 2.5 B. SELF ESTEEM ..... ( )
- 18.7 C. DEPRESSION ..... ( )
- 2.8 D. SUICIDE ..... ( )
- 37.8 E. ADDICTION ..... ( )
- 3.0 F. SUPPORT GROUPS ..... ( )
- 35.0 G. STRESS MANAGEMENT ..... ( )
- 3.9 H. COPING WITH CHANGE ..... ( )
- 3.7 I. CHILD/SPOUSE/ELDER ABUSE ..... ( )
- 2.7 J. MANAGING FINANCES ..... ( )
- 16.4 K. JOB STRESS ..... ( )
- 1.3 L. CARING FOR ELDERLY PARENTS..... ( )
- 8.8 M. BALANCING WORK AND FAMILY ROLES..... ( )
- 24.4 N. EAP (Employee Assistance Program)..... ( )
- 6.2 O. GENERAL MENTAL HEALTH..... ( )

[IF S12-2 G MENTIONED, SKIP TO S12-4]

S12-3. During the past 12 months, did your worksite offer any information or activities concerning stress management?

- 37.1 1 = YES
- 62.4 2 = NO (SKIP TO S12-5)
- 0.5 0/3 = DON'T KNOW

#### Education and Control

S12-4. Which of the following were offered relating to stress management:

	YES	NO	DK
A. Individual counseling	27.1	72.6	0.3
B. Group classes, workshops, lectures, or special events	69.0	30.8	0.2
C. Resource materials such as posters, brochures, pamphlets, or videos	85.6	13.0	1.4
D. Job redesign, personnel reassignments	25.3	71.4	3.3

#### Facilities

S12-5. Does your worksite offer special places or rooms where employees can relax?

- 64.3 1 = YES
- 35.7 2 = NO
- 0.0 0/3 = DON'T KNOW

### 13. ALCOHOL AND OTHER DRUG POLICIES

Next, we will ask about some specific kinds of health education.

S13-1. Does your worksite offer employees an Employee Assistance Program (EAP) either directly or indirectly through outside contracts?

40.3	1	=	YES
57.7	2	=	NO
2.1	0/3	=	DON'T KNOW

#### Policies

S13-2. Does your worksite have a formal policy regarding the use of...

Note: 87.2% of worksites indicated having a formal policy regarding alcohol and other drugs.

	YES	NO	DK
A. Alcohol	88.0	11.3	0.7
B. Other drugs	82.0	10.2	0.8

[IF S13-2A AND S13-2B = NO, SKIP TO S13-4]

S13-3. What is your worksite's formal policy? [DO NOT READ ANSWERS. CHECK ALL MENTIONED]

80.0	A.	PROHIBITING ALCOHOL USAGE ONSITE	( )
71.4	B.	HAVING A DRUG FREE WORKPLACE	( )
15.6	C.	EAP OFFERED TO THOSE WHO REQUEST HELP	( )
30.2	D.	GROUNDS FOR DISMISSAL IF DRUNK/DRUGGED ON JOB	( )
3.6	E.	USE FEDERAL GUIDELINES	( )

S13-4. Does your worksite have an employee drug testing program?

25.9	1	=	YES, FOR ALL EMPLOYEES
13.8	2	=	YES, FOR SOME EMPLOYEES
60.0	3	=	NO [SKIP TO S13-6]
0.4	0/4	=	DON'T KNOW

S13-5. Is the drug testing program for...

	YES	NO	DK
A. Pre-employment screening	86.5	12.8	0.8
B. Cause (Suspected of use)	72.9	23.9	3.3
C. Post accident or post incident	55.9	39.8	4.3
D. Random testing	43.1	56.4	0.5

### Screening Question

S13-6. During the past 12 months, did your worksite offer any information or activities concerning alcohol or other drug usage?

36.4	1	=	YES
62.7	2	=	NO (SKIP TO S14-1)
0.9	0/3	=	DON'T KNOW

### Education and Control

S13-7. Which of the following were offered ...

	YES	NO	DK
A. Individual counseling	32.2	67.1	0.7
B. Group classes, workshops, lectures, or special events	46.0	53.4	0.5
C. Resource materials such as posters, brochures, pamphlets, or videos	93.6	6.3	0.0

### 14. SEXUALLY TRANSMITTED DISEASES EDUCATION

#### Policy

S14-1. Does your worksite have a formal AIDS policy or formal life-threatening disease policy under which AIDS falls?

22.1	1	=	YES
74.7	2	=	NO
3.3	0/3	=	DON'T KNOW

### Screening Question

S14-2. During the past 12 months did your worksite offer any information or activities concerning AIDS education?

28.0	1	=	YES
71.5	2	=	NO (SKIP TO S14-4)
0.6	0/3	=	DON'T KNOW

### Education and Control

S14-3. Which of the following were offered...

	YES	NO	DK
A. Individual counseling	21.8	77.1	1.1
B. Group classes, workshops, lectures, or special events	61.6	38.4	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	93.8	5.8	0.4

S14-4. During the past 12 months did your worksite offer any information or activities concerning sexually transmitted diseases other than AIDS?

10.4 1 = YES  
89.3 2 = NO  
0.4 0/3 = DON'T KNOW

#### HEALTH PROTECTION

#### 15. GENERAL WORKPLACE SAFETY/HEALTH QUESTIONS

These next questions deal with general safety and accident prevention activities.

S15-1. Aside from compliance with applicable OSHA standards, in the past 12 months did your worksite offer added education on job hazards and injury prevention?

63.8 1 = YES  
34.9 2 = NO (SKIP TO S15-3)  
1.4 0/3 = DON'T KNOW

S15-2. What topics were covered? [DO NOT READ ANSWERS.]

53.8	A.	LIFTING/BACK INJURY	( )
23.0	B.	TOXIC CHEMICALS	( )
4.9	C.	NOISE	( )
7.4	D.	REPETITIVE MOTION	( )
37.3	E.	MACHINERY/EQUIPMENT HAZARDS	( )
18.7	F.	CPR/FIRST AID	( )
10.2	G.	FIRE SAFETY	( )
30.4	H.	GENERAL SAFETY	( )

S15-3. Do any employees at your worksite do work-related motor vehicle travel?

68.8 1 = YES  
31.0 2 = NO (SKIP TO S15-5)  
0.3 0/3 = DON'T KNOW

S15-4. Does your worksite require employee use of occupant protection systems, such as seat belts, during all work-related motor vehicle travel?

82.4 1 = YES  
14.4 2 = NO  
3.2 0/3 = DON'T KNOW

[IF S15-2,A CHECKED, SKIP TO S15-6]

### Screener Question

S15-5. During the past 12 months, did your worksite offer any information or activities concerning back care?

32.5      1    =   YES  
65.8      2    =   NO (SKIP TO S16-1)  
1.7      0/3   =   DON'T KNOW

### Education and Control

S15-6. Which of the following were offered concerning back care?

	YES	NO	DK
A. Individual counseling	35.1	64.4	0.6
B. Group classes, workshops, lectures, or special events	70.5	29.2	0.3
C. Resource materials such as posters, brochures, pamphlets, or videos	90.2	8.3	1.4

S15-7. During the past 12 months, to prevent back injury did your worksite...

	YES	NO	NA
A. Redesign certain job tasks to reduce lifting/overexertion risks	40.8	56.2	3.0
B. Provide mechanical aids to ease the burden of lifting tasks	63.9	34.5	1.6

### 16. OFF-THE-JOB ACCIDENTS

#### Screener Question

S16-1. During the past 12 months, did your worksite offer any information or activities concerning off-the-job accidents? These might include automobile accidents and campaigns to promote seat belt use, and address hazards in the home.

17.8      1    =   YES  
81.3      2    =   NO (SKIP TO S17-1)  
0.9      0/3   =   DON'T KNOW

S16-2. Did your worksite offer any information or activities concerning...

	YES	NO	DK
A. Auto accidents	60.4	37.9	1.7
B. Home accidents	79.1	20.2	0.6
C. Recreational accidents	56.1	42.4	1.5
D. Other accidents (SPECIFY) _____	11.6	85.6	2.8

## Education and Control

S16-3. Which of the following were offered relating to off-the-job accidents:

	YES	NO	DK
A. Individual counseling	14.5	85.3	0.2
B. Group classes, workshops, lectures, or special events	46.5	53.3	0.3
C. Resource materials such as posters, brochures, pamphlets, or videos	88.7	10.8	0.5

## 17. PROGRAM ADMINISTRATION AND SUPPORT

[IF NO HEALTH PROMOTION ACTIVITIES, SKIP TO S17-14]

I'd like to continue the interview with some general questions.

S17-1. Please describe how your health promotion activities are coordinated; is this done primarily in-house, both in-house and by an outside group, or primarily by an outside group?

66.7	1	=	PRIMARYLY IN-HOUSE
23.2	2	=	BOTH IN-HOUSE AND BY AN OUTSIDE GROUP
6.8	3	=	PRIMARYLY BY AN OUTSIDE GROUP
3.1	0/4	=	DON'T KNOW

S17-2. What department is primarily responsible for the administration of most or all of your health promotion activities? [DO NOT READ ANSWERS.]

59.4	1	=	PERSONNEL OR HUMAN RESOURCES
6.5	2	=	MEDICAL DEPARTMENT
2.4	3	=	HEALTH PROMOTION DEPARTMENT
16.3	4	=	BENEFITS DEPARTMENT/CONTROLLER/ACCOUNTING/MANAGEMENT/ ADMINISTRATION/EDUCATION
2.4	5	=	TRAINING AND DEVELOPMENT DEPARTMENT
0.0	6	=	EAP DEPARTMENT
0.1	7	=	UNION OFFICE
0.5	8	=	EMPLOYEE COMMITTEE
7.2	9	=	OCCUPATIONAL HEALTH AND SAFETY/ACCIDENT PREVENTION
1.6	10	=	OTHER (SPECIFY) _____
1.7	11	=	DON'T KNOW
1.9	13	=	NO DEPARTMENT

S17-3. Who pays for the cost of the majority of your health promotion activities? Does the company pay, the participants pay, is the cost shared by the company and the participants or is it some other arrangement?

- 83.0 1 = THE COMPANY PAYS
- 1.5 2 = THE PARTICIPANTS PAYS
- 11.0 3 = THE COST IS SHARED BY THE COMPANY/PARTICIPANTS
- 0.5 4 = SOME OTHER ARRANGEMENT (SPECIFY) \_\_\_\_\_
- 2.2 0/5 = DON'T KNOW

S17-4. Does your worksite have a budget or money specifically allocated for health promotion activities?

- 25.4 1 = YES
- 70.4 2 = NO (SKIP TO S17-6)
- 4.2 0.3 = DON'T KNOW

S17-5. What was the budget allocated for fiscal year 1991? \_\_\_\_\_

[IF DON'T KNOW PROMPT WITH CATEGORIES]

- 22.2 1 = Less than \$5,000
- 12.6 2 = 5,000 to 9,999
- 17.0 3 = 10,000 to 24,999 AND 4 = 25,000 to 49,999
- 2.9 5 = 50,000 to 99,999
- 4.7 6 = 100,000 to 499,999
- 1.7 7 = 500,000 or more

S17-6. Does your worksite use any outside organizations to provide products, services, or personnel to assist you with health promotion activities?

- 53.3 1 = YES
- 45.2 2 = NO (SKIP TO S17-8)
- 1.6 0/3 = DON'T KNOW

S17-7.	Does your worksite use:	YES	NO	DK
A.	Voluntary or not-for-profit organizations such as the American Heart Association, the American Cancer Society, or a "Y"	62.3	37.0	0.7
B.	Federal government agencies such as the National Cancer Institute or the National Heart, Lung, and Blood Institute	16.9	81.8	1.3
C.	State and local government agencies such as public health departments	32.7	66.4	0.8
D.	Private, for-profit health promotion providers, consultants, or clubs	49.5	49.2	1.3
E.	Local hospitals	55.1	44.8	0.2
F.	Sports medicine centers	13.5	86.0	0.5
G.	Does your worksite use a health maintenance organization (HMO) to assist with health promotion activities?	26.6	72.8	0.6
F.	What about insurance companies other than an HMO?	46.3	53.1	0.7
H.	What about unions or employee associations?	9.6	89.3	1.1

#### Location of Activities

S17-8. [If S3-6A or S4-5A or S5-5A or S6-5A or S7-4B or S8-6A or S9-3A or S10-2A or S11-2A or S12-4A or S13-7A or S14-4A or S15-6A or S16-3A  
= YES, ELSE SKIP TO S17-9]

INTERVIEWER: IF INDIVIDUAL COUNSELING EVER MENTIONED, ASK:

Where are your individual counseling sessions held? [READ CHOICES.]

66.7	1	=	Primarily on-site
16.0	2	=	Primarily off-site
14.6	3	=	About equally on and off-site
2.6	0/4	=	DON'T KNOW

S17-9. [If S3-6B or S4-5B or S5-5B or S6-5B or S7-4C or S8-6B or S9-3B or S10-2B or S11-2B or S12-4B or S13-7B or S14-4B or S15-6B or S16-3B  
= YES, ELSE SKIP TO S17-10]

INTERVIEWER: IF GROUP CLASSES, LECTURES, OR WORKSHOPS EVER MENTIONED, ASK:



Where are your group classes, lectures, or workshops held? [READ CHOICES]

88.6      1    =    Primarily on-site  
 4.1      2    =    Primarily off-site  
 6.4      3    =    About equally on and off-site  
 0.8      0/4   =    DON'T KNOW

S17-10.      Does your worksite allow employees to use official company time to participate in any health promotion activities?

71.7      1    =    YES  
 25.8      2    =    NO (SKIP TO S17-12)  
 2.5      0/3   =    DON'T KNOW

S17-11.      Which employees are allowed to use official company time? [DO NOT READ ANSWERS. CIRCLE ALL THAT APPLY.]

<u>Percent of Worksites</u>		YES	NO
94.3	A. ALL EMPLOYEES [IF YES, GO TO S17-12]	1	2
0.9	B. FULL TIME ONLY	1	2
0.0	C. HIGH RISK ONLY	1	2
0.1	D. UNION MEMBERS ONLY	1	2
2.1	E. TOP MANAGEMENT OR EXECUTIVES ONLY	1	2
0.3	F. SALARIED ONLY	1	2
0.6	G. HOURLY WORKERS ONLY	1	2
10.0	H. OTHER (SPECIFY) _____	1	2
0.9	DEPARTMENT'S DISCRETION		
0.3	DON'T KNOW		

S17-12.      Does your worksite allow employees to use flexible time scheduling (flex-time) to participate in any health promotion activities?

45.4      1    =    YES  
 50.4      2    =    NO (SKIP TO S17-14)  
 4.2      0/3   =    DON'T KNOW

S17-13. Which employees are allowed to use flexible time scheduling? [DO NOT READ ANSWERS. CIRCLE ALL THAT APPLY.]

Percent of worksites		YES	NO
90.2	A. ALL EMPLOYEES	1	2
1.2	B. FULL TIME ONLY	1	2
0.0	C. HIGH RISK ONLY	1	2
0.4	D. UNION MEMBERS ONLY	1	2
1.3	E. TOP MANAGEMENT OR EXECUTIVES ONLY	1	2
1.4	F. SALARIED ONLY	1	2
1.0	G. HOURLY WORKERS ONLY	1	2
0.9	H. ADMINISTRATIVE STAFF ONLY	1	2
2.0	I. OTHER (SPECIFY) _____	1	2
0.4	DON'T KNOW		

#### Financial Incentives

[ASK OF ALL WORKSITES]

S17-14. Does your worksite have flexible spending accounts to pay for nonreimbursed medical expenses with before-tax dollars?

31.2 1 = YES  
62.0 2 = NO  
6.7 0/3 = DON'T KNOW

S17-15. Does your worksite offer employees an annual fixed amount reimbursement for the costs of health related activities?

7.7 1 = YES  
88.7 2 = NO (SKIP TO S17-17)  
3.5 0/3 = DON'T KNOW

S17-16. How much is that annual reimbursement?

4.3 1 = \$50  
2.0 2 = \$75  
7.1 3 = \$100  
2.2 4 = \$125  
3.8 5 = \$150  
5.2 6 = \$200  
8.7 7 = \$201-\$299  
8.0 10 = \$300-\$499  
1.2 11 = \$500-\$999  
13.9 12 = \$1000 AND UP  
38.3 0/8 = DON'T KNOW  
3.8 9 = REFUSED  
1.6 13 = NO ANSWER

S17-17. Does your worksite offer any health insurance policies with a rating structure based on...

	YES	NO	DK
A. Smoking status	11.6	83.5	4.9
B. Seat belt use	5.1	90.6	4.2
C. Participation in physical activity	2.7	93.2	4.1
D. Blood pressure level	3.5	93.0	3.5
E. Weight	4.0	92.2	3.7
F. Other (specify) _____	0.3	95.3	4.4

S17-18. Does your worksite offer subsidized discounts or reduced fees for participation in community-based ... [NOT INCLUDING WORKSITE SPONSORED ACTIVITIES]

	YES	NO	DK
A. Exercise club or recreation facilities	13.1	85.7	1.2
B. Smoking cessation classes	15.6	83.6	0.8
C. Weight loss classes	8.4	90.6	1.0
D. Other (specify) _____	0.5	98.0	1.5
STRESS MANAGEMENT CLASSES (VOLUNTEERED RESPONSE)	0.4	99.6	0.0
CPR/FIRST AID (VOLUNTEERED RESPONSE)	0.2	99.8	0.0

S17-19. Has your worksite implemented any health care cost containment strategies during the past 3 years?

43.4	1	=	YES
49.7	2	=	NO (SKIP TO S17-21)
6.9	0/3	=	DON'T KNOW

S17-20. What strategies has your worksite implemented? [DO NOT READ RESPONSES. RECORD ALL MENTIONED.]

19.8	A.	SECOND OPINION PROGRAM	( )
18.4	B.	INCREASED DEDUCTIBLE IN HEALTH INSURANCE	( )
18.2	C.	HOSPITAL ADMISSION REVIEW PROGRAM	( )
12.6	D.	INCREASED COST SHARING IN HEALTH INSURANCE	( )
7.9	E.	ANALYSIS OF MEDICAL CLAIMS DATA	( )
15.2	F.	PREFERRED PROVIDER ARRANGEMENTS	( )
2.8	G.	MEMBERSHIP IN A HEALTH CARE COALITION	( )
5.9	H.	MEDICAL EXPENSE ACCOUNTS	( )
6.1	I.	HEALTH PROMOTION ACTIVITIES	( )
0.0	J.	INCREASED STOP LOSS	( )
11.1	K.	HMO/IPA/MANAGED CARE	( )
4.4	L.	FLEXIBLE BENEFITS/DEDUCTIBLES	( )
6.3	M.	CHANGED CARRIERS/PLAN	( )
1.1	N.	OTHER (SPECIFY) _____	( )

[IF WORKSITE HAS NO ACTIVITIES, SKIP TO S17-34]

# PROGRAM EVALUATION

S17-21. Of the health promotion activities your worksite offers, in what year was the first one started?

6.5 BEFORE 1980  
 2.1 1980  
 1.2 1981  
 1.8 1982  
 1.4 1983  
 2.6 1984  
 4.7 1985  
 4.4 1986  
 6.8 1987  
 7.3 1988  
 9.8 1989  
 7.4 1990  
 6.7 1991  
 1.4 1992  
 36.0 DON'T KNOW

S17-22. Is there a written set of objectives and goals for the health promotion activities at your worksite?

16.7 1 = YES  
 80.8 2 = NO  
 2.5 0/3 = DON'T KNOW

S17-23. Before implementing your health promotion activities...

	YES	NO	DK
A. Was a needs assessment conducted	27.4	63.1	9.5
B. Were health care costs analyzed	48.7	42.3	9.0
C. Were death and disability reports examined	28.2	58.1	13.7
D. Some other activity done (specify) _____	4.8	85.2	10.0

S17-24. Which employees are eligible for any health promotion activities? [DO NOT READ ANSWERS. CIRCLE ALL THAT APPLY.]

Percent of worksites		YES	NO
89.7	A. ALL EMPLOYEES	1	2
4.6	B. FULL TIME ONLY	1	2
0.2	C. HIGH RISK ONLY	1	2
0.1	D. UNION MEMBERS ONLY	1	2
0.9	E. TOP MANAGEMENT OR EXECUTIVES ONLY	1	2
0.3	F. SALARIED ONLY	1	2
0.1	G. MEMBERS OF EMPLOYEE ASSOCIATION ONLY	1	2
0.3	H. HOURLY WORKERS ONLY	1	2
0.5	I. OTHER (SPECIFY) _____	1	2
2.2	DON'T KNOW		

S17-25. Are spouses and dependents eligible for all, some, or none of your health promotion activities?

21.8 1 = ALL  
 26.3 2 = SOME  
 45.4 3 = NONE  
 6.6 0/4 = DON'T KNOW

S17-26. Are retirees eligible for all, some or none of your health promotion activities?

16.1 1 = ALL  
 12.6 2 = SOME  
 58.6 3 = NONE  
 12.7 0/4 = DON'T KNOW

S17-27. Does your worksite keep records of the number of people who have participated in worksite sponsored health promotion activities?

31.4 1 = YES FOR ALL ACTIVITIES  
 19.7 2 = YES FOR SOME ACTIVITIES  
 44.7 3 = NO  
 4.2 0/4 = DON'T KNOW

S17-28. Has a formal evaluation of your health promotion activities been conducted?

12.5 1 = YES  
 82.6 2 = NO [SKIP TO S17-32]  
 4.9 0/3 = DON'T KNOW

S17-29. Does your worksite collect data to evaluate the effects of your health promotion activities on...

	YES	NO	DK
A. Absenteeism	36.2	61.0	2.8
B. Productivity	33.8	64.2	2.0
C. Health care costs	54.8	42.3	2.9
D. Disability	49.8	47.0	3.2
E. Employee health status	37.5	60.1	2.4
F. Employee health behaviors	29.3	66.3	4.4
G. Employee morale	40.3	56.3	3.4

[IF S17-29 A-G = NO, SKIP TO S17-32]

S17-30. From these data, have changes been shown in... [ONLY ASK FOR S17-29 A-G THAT WERE ANSWERED = YES]

	YES	NO	DK
A. Absenteeism	66.1	19.4	14.6
B. Productivity	65.0	22.5	12.6
C. Health care costs	64.8	20.6	14.6
D. Disability	45.4	37.0	17.6
E. Employee health status	63.7	21.5	14.8
F. Employee health behaviors	72.7	14.2	13.1
G. Employee morale	69.1	19.7	11.2

[FOR EACH S17-30 = YES, ASK S17-31]

S17-31. From these data, did you see a reduction or increase in...

	REDUCTION	INCREASE	DK
A. Absenteeism	86.2	5.9	7.9
B. Productivity	13.4	86.0	0.6
C. Health care costs	67.3	23.8	8.9
D. Disability	92.4	5.5	2.1
E. Employee health status	25.0	60.7	14.3
F. Employee health behaviors	7.5	71.7	20.8
G. Employee morale	4.3	95.3	0.4

S17-32. What are the top 2 or 3 reasons that your worksite initiated health promotion activities? [DO NOT READ ANSWERS].

Any Mention		1ST	2ND	3RD
16.9	A. TO IMPROVE EMPLOYEE MORALE	( )	( )	( )
40.7	B. TO IMPROVE EMPLOYEE HEALTH	( )	( )	( )
3.8	C. TO IMPROVE CORPORATE IMAGE	( )	( )	( )
7.8	D. TO INCREASE OUTPUT/PRODUCTIVITY	( )	( )	( )
1.3	E. TO HELP WITH RECRUITMENT	( )	( )	( )
8.2	F. TO REDUCE ABSENTEEISM	( )	( )	( )
9.3	G. TO REDUCE ACCIDENTS ON THE JOB	( )	( )	( )
1.8	H. TO REDUCE ACCIDENTS OFF THE JOB	( )	( )	( )
2.0	I. TO REDUCE DISABILITY CLAIMS	( )	( )	( )
26.8	J. TO REDUCE HEALTH INSURANCE COSTS (COST CONTAINMENT)	( )	( )	( )
0.9	K. TO REDUCE TURNOVER	( )	( )	( )
4.3	L. TO REDUCE WORKERS COMPENSATION CLAIMS	( )	( )	( )
0.7	M. TO DECREASE HOSPITAL AND MEDICAL UTILIZATION	( )	( )	( )
8.2	N. BECAUSE MANAGEMENT WANTED IT- CORPORATE MANDATE	( )	( )	( )
12.6	O. BECAUSE EMPLOYEES WANTED IT	( )	( )	( )
0.0	P. BECAUSE UNION WANTED IT	( )	( )	( )
1.8	Q. BECAUSE OTHER COMPANIES WERE DOING IT	( )	( )	( )
3.6	R. OTHER (SPECIFY) _____	( )	( )	( )
2.3	S. SMOKE FREE ENVIRONMENT	( )	( )	( )
2.2	T. RIGHT THING TO DO/MORAL	( )	( )	( )
3.6	U. IMPROVED EDUCATION ON HEALTH ISSUES	( )	( )	( )
2.3	V. OSHA/FEDERAL/STATE/LOCAL GOV'T COMPLIANCE	( )	( )	( )
1.0	W. STRESS	( )	( )	( )

S17-33. What are the top 2 or 3 benefits your worksite derives from its health promotion activities? [DO NOT READ ANSWERS.]

<u>Any Mention</u>		1ST	2ND	3RD
26.1	A. IMPROVED EMPLOYEE MORALE	( )	( )	( )
28.5	B. IMPROVED EMPLOYEE HEALTH	( )	( )	( )
2.5	C. IMPROVED CORPORATE IMAGE	( )	( )	( )
16.1	D. INCREASED OUTPUT/PRODUCTIVITY	( )	( )	( )
0.8	E. HELPED WITH RECRUITMENT	( )	( )	( )
19.1	F. REDUCED ABSENTEEISM	( )	( )	( )
8.7	G. REDUCED ACCIDENTS ON THE JOB	( )	( )	( )
1.9	H. REDUCED ACCIDENTS OFF THE JOB	( )	( )	( )
1.4	I. REDUCED DISABILITY CLAIMS	( )	( )	( )
19.3	J. REDUCED HEALTH INSURANCE COSTS (COST CONTAINMENT)	( )	( )	( )
1.7	K. REDUCED TURNOVER	( )	( )	( )
4.0	L. REDUCED WORKERS COMPENSATION CLAIMS	( )	( )	( )
0.3	M. MET CORPORATE MANDATE	( )	( )	( )
1.6	N. PLACATED EMPLOYEES	( )	( )	( )
0.0	O. PLACATED UNION	( )	( )	( )
2.2	P. OTHER (SPECIFY) _____	( )	( )	( )
2.8	Q. NO BENEFIT DERIVED	( )	( )	( )
7.2	R. IMPROVED EDUCATION ON HEALTH ISSUES	( )	( )	( )
2.0	S. SMOKE FREE ENVIRONMENT	( )	( )	( )
0.7	T. REDUCED STRESS	( )	( )	( )
0.4	U. COMPLIANCE WITH REGULATIONS	( )	( )	( )

[IF HAVE PROGRAMS, SKIP TO S17-35]

#### No Programs

S17-34. [IF WORKSITE HAS NO HEALTH PROMOTION PROGRAMS ] What are the top 2 or 3 reasons your worksite does not offer worksite health promotion activities? [DO NOT READ RESPONSES.]

<u>Any Mention</u>		1ST	2ND	3RD
27.2	A. TOO COSTLY	( )	( )	( )
12.8	B. EMPLOYEES NOT INTERESTED/WON'T PARTICIPATE	( )	( )	( )
14.1	C. CAN'T GET MANAGEMENT/EXECUTIVE SUPPORT	( )	( )	( )
12.1	D. WORKSITE LACKS FACILITIES	( )	( )	( )
6.0	E. DISPERSED WORKFORCE	( )	( )	( )
4.9	F. WORKSITE LACKS EXPERTISE, STAFF	( )	( )	( )
0.0	G. ORGANIZATION DOESN'T BELIEVE IT WILL SAVE MONEY	( )	( )	( )
0.3	H. UNIONS MAKE IT DIFFICULT	( )	( )	( )
5.6	I. OTHER PRIORITIES	( )	( )	( )
6.7	J. HIGH EMPLOYEE TURNOVER	( )	( )	( )
4.3	K. SATISFIED WITH CURRENT PROGRAM	( )	( )	( )
1.9	L. EMPLOYEES ARE HEALTHY	( )	( )	( )
10.8	M. OTHER _____	( )	( )	( )

# Concluding Questions

S17-35. Which of the following best describes how profitable your company was during 1991. Was it...

- 11.3 1 = Very profitable
- 32.6 2 = Moderately profitable
- 26.2 3 = Slightly profitable
- 10.1 4 = Not at all profitable
- 9.3 5 = Non-profit or not for profit
- 8.6 0/6 = DON'T KNOW
- 2.0 7 = REFUSED

S1-2. What is the total number of permanent employees in all locations of the entire company?

- 27.1 <100 employees
- 28.3 100-499 employees
- 7.6 500-999 employees
- 12.2 1,000-4,999 employees
- 7.7 5,000-49,999 employees
- 3.2 50,000 or more employees
- 14.0 DON'T KNOW

S1-3. Which of the following categories best describes the kind of work done at this worksite?

- 23.4 1 = Manufacturing
- 19.5 2 = Wholesale/Retail
- 6.9 3 = Utilities/Transportation/Communications
- 10.4 4 = Finance/Real Estate/Insurance
- 36.6 5 = Services
- 0.8 6 = Other (SPECIFY) \_\_\_\_\_
- 2.3 9 = PROFESSIONAL (VOLUNTEERED RESPONSE)
- 0.0 0/7 = DON'T KNOW

S1-4. Approximately what percent of the employees at this worksite are:

- |  |         |      |
|--|---------|------|
| A. Full-time (35 HOURS OR MORE A WEEK)                   | 75-100% | 74.5 |
| B. Salaried (AS OPPOSED TO HOURLY)                       | 75-100% | 17.2 |
| C. Under the age of 30                                   | 75-100% | 6.8  |
| D. Represented by a union                                | 75-100% | 7.5  |
| E. Shift workers (WORK OTHER THAN 9-5<br>8-4, 7-3, etc.) | 75-100% | 19.3 |

S1-5. What percent of employees routinely work at least half of their hours away from the worksite, for example in traveling sales or delivery?

75-100% 4.3



S1-6. In the past 12 months, did your worksite either down-size, increase the size of the work force, or stay the same size?

29.4	1	=	Down-sized
21.3	2	=	Increased
47.1	3	=	Stayed the same
1.4	4	=	Both down-sized and increased
0.7	0/5	=	DON'T KNOW

#### HEALTH INSURANCE ELIGIBILITY

S1-7. Does your worksite offer employees a health insurance plan?

97.2	1	=	YES
2.8	2	=	NO (SKIP TO S17-36)
0.0	0/3	=	DON'T KNOW

S1-8. Is your health insurance plan . . . ?

48.9	1	=	Fully insured through an insurance company
27.8	2	=	Fully self-insured
19.2	3	=	Partially self-insured
4.0	4	=	DON'T KNOW
0.1	5	=	REFUSED

S1-9. What percentage of the workforce at your worksite is eligible for your health insurance plan(s)? [THIS INCLUDES HEALTH INSURANCE PLANS BUT NOT HEALTH PROMOTION ACTIVITIES]

8.6	<50% ELIGIBLE
11.2	50-79% ELIGIBLE
27.8	80-99% ELIGIBLE
51.2	100% ELIGIBLE
0.2	DON'T KNOW
1.1	REFUSED

S17-36. Have you ever heard of Healthy People 2000: National Health Promotion/Disease Prevention Objectives for the Year 2000?

11.5	1	=	YES
88.2	2	=	NO
0.3	0/3	=	DON'T KNOW

S17-37. What is your position or title with this company?

---

Could I have the correct spelling of your name?

RESPONDENT REQUESTED RESULTS OF THE STUDY:  
(DO NOT OFFER)

- 1 YES
- 2 NO

IF YES, ASK:

Address report should be sent to:

- 1 Same as worksite
- 2 other (GET ADDRESS)

## **APPENDIX B: INTERVIEW TRAINING MANUAL**

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**PROSPECT ASSOCIATES**  
**HEALTH PROMOTION IN THE WORKSITE**  
**INTERVIEWER'S TRAINING MANUAL**

**FEBRUARY 11, 1992**

**Response Analysis Corporation**  
**Princeton, New Jersey**

**PROSPECT ASSOCIATES  
HEALTH PROMOTION IN THE WORKSITE**

**Interviewer's Training Manual**

**BACKGROUND**

This nationwide study of worksite health promotion activities is sponsored by the U.S. Department of Health and Human Services (DHHS). This survey will allow the DHHS to measure progress since the 1985 survey, assess the degree of success in achieving the worksite objectives outlined in the *1990 Health Objectives for the Nation*, and provide a baseline for measuring the year 2000 disease prevention and health promotion objectives.

The survey is designed to determine the nature and extent of worksite health promotion activities. It is primarily concerned with health promotion activities beyond those provided to employees through their health insurance plans. You will ask questions about four major areas that the study will examine:

- The extent of health promotion/disease prevention programs (including the range of prevention services offered at the workplace).
- Characteristics of the activities and participants (including minority groups, dependents, and retirees) in these activities.
- Administration and sponsorship of health promotion programs.
- Characteristics and demographics of the worksite.

The sample consists of small, medium, large, and extra-large size companies. A total of 1,504 CATI interviews will be completed. Companies with less than 50 employees will not qualify for this study. Federal, state, and local government worksites also will be ineligible. The sample will be managed on the CATI system.

Advance letters have been sent, about a week in advance, to potential respondents on Health and Human Services letterhead. If there was a specific health promotion coordinator identified in the sample, the advance letter was sent to that person. In most instances, the letter was addressed to the Director of Human Resources/Personnel. If a name was available, that name will appear on the CATI screen.

You will be interviewing individuals who have knowledge about the company's health promotion activities at a specific worksite. For example, RAC has two worksites; and if only the telephone center were in the sample, you would want to speak to someone who knew about health promotion issues at the telephone center, not the Princeton office. (A detailed discussion of identifying the worksite appears later.)

## **GENERAL INSTRUCTIONS**

You should keep in mind during the interview that the "past 12 months" is the frame of reference for all activities.

To obtain a comprehensive view of what health promotion activities companies offer, the questionnaire covers many types of subjects and health promotion activities. Larger companies are more likely than smaller companies to be involved in these activities. Therefore, respondents from small companies may be more likely to feel uncomfortable or embarrassed that they are not involved in many of the activities you ask about. If you sense that a respondent is not at ease, show your empathy towards the respondent's situation by saying something like:

"I understand. We are a small company too and do not have a lot of health promotion activities asked about in the questionnaire."

As you administer the questionnaire, a respondent may indicate they are concerned about confidentiality or you may sense that they are hesitant to give responses because of a concern about confidentiality. In this case, reassure the respondent that no government agency will ever receive their name or company name in association with their response.

Ask each question exactly as it is worded in the questionnaire. The respondent's answer is prompted by the words in the questionnaire; thus, a change in wording can very easily produce a change in the response.

Be sure to read each question slowly. A slow and deliberate pace gives the respondent time to fully understand the question and carefully formulate an answer. Although you will quickly become very familiar with the survey instrument, remember that each interview is the first time the respondent hears the question.

Do not provide the respondent with off-the-cuff explanations to the questions. Should the respondent fail to understand a question, repeat it slowly and with proper emphasis; if an explanation is needed, offer only those authorized in your instructions. If the respondent still does not understand, note the problem in the escape notes on CATI.

In the back of this manual is a glossary that you should review. It will help you become familiar with definitions and terms you will encounter during the interview. Further probes and clarifications to certain questions will be given on the CATI screen.

The questionnaire contains nine main sections or groups of questions. These nine sections are outlined below. A discussion is included within each section as deemed necessary.

## **SCREENING**

Getting to the right person is perhaps the most difficult part of the interview. You will have the name and/or title, address, and telephone number of the respondent on the screen. Ask to speak to the respondent by name and, if no name is given, by title. If no one by that title or similar title exists, you are to ask to speak with the person who is responsible for health promotion activities. This may end up being someone other than the person to whom we sent the advance letter. Remember, we are talking about the specific worksite, not all of the company's sites.

Avoid dialogue with the receptionist or secretary if at all possible. It is the secretary or receptionist's job to screen any "unnecessary" calls for the respondent and prevent unwanted callers from talking to the respondent. Often, they may have been instructed to enforce a company policy against employee participation in surveys. You may encounter difficulty in getting through to the respondent from the receptionist or secretary, for which you need to be prepared with answers to any objections they may have. You should say you are calling about a letter sent by the DHHS. Do not mention RAC. We state that we are calling on behalf of the DHHS. Possible questions/objections you may encounter are listed with recommended responses in the appendix of this training manual. You should review them.

The CATI screen will provide you with the instructions and text needed to find the correct respondent. Included on one of the screens will be a summary of the DHHS letter for you to avoid resending the letter. Once the respondent is on the telephone, you will read the introduction on the screen.

If the respondent wants the letter before completing the survey, offer to fax or mail it. Do not schedule a general callback, make a specific appointment. Arrange for a callback time that allows for the respondent to receive the materials. Remember that you have a summary of the letter and that you should do your best to get the respondent to complete the interview at this time.

In the event you are referred to someone else who is more knowledgeable, be sure to get the name, title, and telephone number of the referral. In some instances, you may be speaking with someone at a location other than the specific worksite in which we are interested. For example, if the RAC telephone center were in the sample, you might

be asking \_\_\_\_\_ in Princeton about the telephone center in Hamilton. You must make it very clear for which worksite we are seeking information.

If the name of the company suggests it may be affiliated with the Government (e.g., a utility regulatory commission), you should screen for eligibility before spending unnecessary time tracking the proper respondent. Likewise, if you suspect a company may have less than 50 employees (e.g., a real estate office), screen immediately for number of employees.

## GENERAL WORKSITE QUESTIONS

This section of demographic questions will be asked at the end of the interview but are introduced now because they help define the worksite as it pertains to this study.

These questions, with the exception of Q S-12, ask about this worksite only. A worksite is defined by a geographic location of a company. In geographic terms, a worksite is a location where a group of people work or work out of. If the group of people representing a company work in more than one building and the buildings are close to each other, then this is considered one worksite. As an example, RAC has two worksites. If the RAC telephone center was in the sample, information on the Princeton office should not be reported.

If an office park or campus has more than one company, the worksite is the portion of that campus that belongs to the company being interviewed. For example, although the companies at Research Park in Princeton are all close to one another, they are not considered to be at the same worksite as RAC headquarters because they are separate companies from RAC.

Pay careful attention to questions for which a percentage is requested. If a respondent reports a number, probe for the percentage that number represents. If a range (e.g., 85% to 90%) is reported, force the respondent's answer.

Q.S1-2 By "entire company" we mean all the companies bearing the same name. For example, Johnson and Johnson has many companies in its "family." If Johnson and Johnson Baby Products were in the sample, the number of employees reported should be the number of people who work for that specific company, not the number of employees who work for all of the Johnson and Johnson companies combined. Because this question may be interpreted differently by respondents, accept their answer as given. Do not probe as to how they arrived at that answer. The only discrepancy to resolve would be if the number of employees in all locations of the entire company were less than the number of employees at that particular worksite.



Q. S1-4 The categories may overlap. Therefore, they do not have to add up to 100 percent.

The figures reported do not necessarily relate to each other. Each item is independent of the information provided for the previous item. In other words, for item E, we are not asking about shift workers who are represented by a union (Item D). We simply want to know what percent of the employees are shift workers. It is important that you do not "string" these items together implying a relationship between them.

Shift workers are defined here as employees who do not work what is known as traditional day hours. A person working 4 to 12 midnight would be a shift worker as would be someone who worked rotating shifts (i.e., 8-4, 4-12, 12-8).

Q. S1-8 At any worksite, employees may be eligible for health promotion activities but not the health insurance benefits. This question refers only to the number eligible for health insurance benefits.

#### **GENERAL PREVENTIVE SERVICES**

This series of self-explanatory questions explores ways in which a company assesses the health risks of employees.

Q. S2-2 If senior officers or top management executives are required to take a periodic physical exam, a "YES" should be recorded.

#### **SPECIFIC KINDS OF HEALTH SCREENING**

This series of questions deals with specific kinds of health screening activities that the worksite may or may not offer. Some points to keep in mind are given below. If the only screenings offered are those that are part of a pre-employment physical, "NO" is the correct answer.

##### **■ Blood Pressure**

Q. S3-1 By "blood pressure screening," we do not mean donating blood or the taking of blood pressure that may occur when someone donates blood. If this is the case, the answer to this questions is "NO."

Q. S3-5 This is the first time you will see this screening question asking if the worksite offered information or activities concerning a specific health promotion activity. Listen carefully for qualified "NOs" in these questions. A respondent may answer, "NO, only pamphlets." Pamphlets are considered information and require a "YES" answer.

- **Cholesterol**

- **Cancer**

Q. S5-1 Obtain a response of "YES" or "NO" for each item listed. If the worksite offered any other cancer screening test, record the test as an "other" and specify.

The intent of this question is to inventory cancer screenings that are made available by the worksite above and beyond that offered through its health insurance plan.

Q. S5-7 "Onsite" refers to activities that take place at the worksite location. "Offsite" refers to activities that take place at a location other than the worksite.

## **HEALTH PROMOTION**

These questions will pertain to certain policies, facilities, or activities, including:

- **Smoking Cessation and Policy**

Q. S6-2 If a respondent answers that smoking is not allowed except in special areas, you will need to probe further by reading the distinction between codes "2" and "3."

- **Exercise and Fitness Activities**

Q. S7-4 If discounts for health or exercise clubs are mentioned, enter this information in the NOTES section.

- **Nutrition Education**

Q. S8-1 If a company has a "lunchroom" or "kitchen" but no food can be purchased, "NO" is the appropriate answer.

Q. S8-5 This question refers specifically to nutrition, not weight control. There is a separate weight control section.

- **Weight Control Activities**

- **Prenatal Education**

- **Medical Self-Care**

Q. S11-1 A definition of Medical Self-Care is provided in the glossary of this manual. The definition will be on the CATI screen during the interview and should be read.

- **Mental Health**

Q. S12-1 "Mental health" is a broad term. The answers to Q. S12-2 are examples of mental health topics. If a respondent asks what you mean by "mental health issues," refer to these examples and then back up to enter the response.

Q. S12-2 Item "G" is the correct answer for a general "stress" response. Item "K" should be used when the respondent specifically mentions stress in relation to their job.

If the respondent reports that their EAP offers assistance for a variety of mental health issues, use code "14."

Q. S12-5 If a smoking lounge is the only place where employees can relax, the answer is "NO."

- **Alcohol and Other Drug Policies**

Q. S13-1 An Employee Assistance Program (EAP) is a referral program for employees who have persistent problems that adversely affect their personal relationship and/or performance at work. These problems may be financial, emotional, marital, legal, or drug or alcohol-related.

See glossary for other types of testing.

- **Sexually Transmitted Diseases Education**

## **HEALTH PROTECTION**

Contains general workplace safety and health questions aside from OSHA standards and a section of questions pertaining to off-the-job accidents about the worksite.

- **General Workplace Safety/Health Questions**

- **Off-the-job Accidents**

Q. S15-3 Travel to and from work is excluded here.

## **PROGRAM ADMINISTRATION AND SUPPORT**

Covers general questions about health promotion at the worksite, the location of these activities, and financial incentives for health promotion at the worksite.

### ■ **Location of Activities**

Q. S17-7 Pay careful attention to the respondent's answers to Items G-1. We are not asking if they have an HMO, other insurance company, or a union. We want to know if these organizations assist them with their health promotion activities.

Q. S17-11 Familiarize yourself with the definitions given in the glossary for the types of employees listed. These definitions will help you to get the appropriate answer for this question.

Breaks and lunch hours are not considered official company time.

Q. S17-12 We are not asking if the company offers flex time. We are asking if the employees have any flexibility within their job that allows them to participate in health promotion activities.

### ■ **Financial Incentives**

Q. S17-17 Make sure the respondent is not summarizing what health promotion activities the worksite offers. If you sense he or she is, repeat the introduction.

Qs. S17-20, S17-32, and S17-33 These questions require that you familiarize yourself with the list of responses. You will not be reading the categories and it will help make these questions go more smoothly. If you cannot quickly locate the reason, note it in the OTHER category.

Q.S17-33 The company, not the employees, is the focus of this question.

Q.S17-35 There is a difference between codes 4 and 5. Some companies are structured not to make a profit (code "5"). Code 4 is reserved for companies who hoped to make a profit but unfortunately did not.

Q. S17-36 If a respondent reports having heard of the "Wellness Council of America," record a "NO."

Because of the many referrals possible before reaching the appropriate respondent, it is important for us to know who completed the interview.

You are not to ask if the respondent would like the results of the survey. If one is requested, you must obtain the address to which it should be sent.

## **PROGRAM EVALUATION**

Questions pertaining to the health promotion program at the worksite, who is eligible, and when and how the program was derived.

## **CONCLUDING QUESTIONS**

Following is the definition of "National Health Promotion/Disease Prevention Objectives for the Year 2000."

ODHPH targets for health improvement on a national level for the year 2000. The plan includes objectives for the worksite and other objectives important to employers, employees, and unions.

## **OVERCOMING RESPONDENT OBJECTIONS**

- IF RESPONDENT SAYS HE/SHE NEVER PARTICIPATES IN SURVEYS, SAY:

I understand that someone in your position may often get requests for surveys on many different subjects, but this is not a commercial survey. This study is being sponsored by the U.S. Government.

- IF RESPONDENT SAYS HIS/HER COMPANY REALLY DOESN'T OFFER (ANY/MANY) OF THOSE KINDS OF PROGRAMS, SAY:

Your worksite does not have to offer (any/many) health promotion activities to participate in the study. We need to interview companies of all sizes with different levels of programs. It is important to have a cross section of all businesses represented in the study. Your company was randomly selected by a scientific procedure; and if you don't participate, we cannot substitute another company.

- IF RESPONDENT SAYS SHE/HE ONLY KNOWS A SMALL AMOUNT ABOUT THE COMPANY'S HEALTH PROMOTION ACTIVITIES, SAY:

Can you refer me to someone in the company who is responsible for your company's health promotion activities?

- IF THE RESPONDENT ASKS HOW THE INFORMATION WILL BE USED, SAY:

The data will be presented in a report to the Office of Disease Prevention and Health Promotion. No individually identifiable information will be used. Your responses will appear in aggregate form based on the size of your worksite and the type of industry your company represents.

- IF THE RESPONDENT ASKS WHAT KIND OF INFORMATION YOU ARE LOOKING FOR, SAY:

I'm going to be asking your questions about activities such as health screenings, helping your employees to stop smoking, improving physical fitness, preventing back injuries, etc.

### **MAXIMIZING RESPONSE RATE**

Procedures for obtaining the maximum degree of cooperation include:

- The callback schedule will include an original and four callbacks to locate the appropriate respondent and an additional two callbacks to reach a respondent.
- Once the appropriate respondent has been identified, interviewers will be instructed to set up as many callbacks as necessary to obtain all of the required information.
- Attempts will be made to convert those who initially refused to participate in the survey, active refusers, and those who are too busy to respond, passive refuser.
- Interviewers will be instructed to gather as much information as possible so that a refusal conversion can be attempted by a member of the refusal conversion team.
- All refusals will be reviewed by a supervisor before any subsequent course of action is taken.
- A letter will be sent to respondents who request further information about the study either by telecopier or mail.
- An 800 toll-free number will be provided for respondents to return our call at their convenience.

- Business establishments that appear to have gone out of business or have relocated within or outside of the area will be tracked using methods such as a telephone search with operator assistance and a letter with "address correction" requested. Confirmation may also be obtained from local business organizations, such as the Better Business Bureau or the Chamber of Commerce.
- Assuming that a telephone number is found, contacts will be made with the worksites that have moved out of the city or state to ascertain their eligibility for inclusion in the survey.

## PROCEDURES FOR HANDLING CORPORATE/MULTI-WORKSITES

1. If at the worksite the respondent refers you to a corporate office, say:

Is there someone at this location who is responsible for the administration of health promotion activities?

2. If they persist in saying "I can't answer these questions, you have to talk with someone in our corporate office," obtain the name of someone to contact, if possible.

3. When talking to the corporate office, say:

We are only interested in the health promotion activities that are conducted in the location at "123 Broadway in Santa Monica, California. Is there someone at that location who is responsible for the administration of their health promotion activities who could answer these questions?"

4. If you cannot obtain a contact at the location sampled, you will have to ask the questions of the corporate contact. Say to them:

"We are only interested in the health promotion activities that are available to employees at the worksite located at 123 Broadway in Santa Monica, California. Please answer the questions for that worksite only."

5. If you are referred to the same corporate contact for more than one sampled worksite, again request a contact at the worksite that is in the sample (#3 above).

6. If possible, have the corporate contact answer the questions for the worksite that is in the sample (#4 above).

7. If the corporate contact says, "I am the only one who can answer the questions and I have already given you the same answers for another location," terminate the interview and call the sampled worksite a duplicate.

8. You must call every worksite in the sample and try to administer the questionnaire to that worksite. Should you be referred to the same corporate contact for a company again (for a third or fourth time, etc.) terminate the interview and count the sampled worksite a duplicate.



## **APPENDIX C: GLOSSARY**

## **GLOSSARY**

### **General/Miscellaneous**

#### **Worksite Health Promotion Activities**

Are those policies, information campaigns, education and counseling (workshops, etc.), services (healthy food in cafeteria, fitness facilities, etc.) and environmental support (job redesign, etc.) designed to help the worker (dependents and retirees in some cases) change unhealthy behaviors and lifestyles.

Most commonly included topics are: smoking, physical activity and fitness, nutrition, stress management, alcohol and other drugs, and mental health.

Many companies enhance their efforts to assist employees in leading healthier lifestyles by providing access to preventive services such as cholesterol and hypertension (high blood pressure) screenings, among others.

Worksite health promotion activities are most often described in the context beyond what is included in an employer's health benefit plan. However, an increasing number of employers are integrating their worksite health promotion activities with benefits plan offerings to provide comprehensive programming to employees.

This survey is primarily concerned with health promotion activities beyond those provided to employees through their health insurance plans. Also, questions are asked to see if activities are made available to dependents and retirees. The activities are either:

1. Fully paid for by the employer,
2. Fully paid for by the employee (but made available and/or promoted by the employer), or
3. Paid for through a cost-sharing arrangement between employer and employee.

#### **In-house**

"Coordinated in-house" means coordinated by employees of the company.

Outside Group	"Coordinated by an outside group" means coordinated by a group outside of the company.
Medical Self-Care	Efficient and appropriate use of the Medical Care System, which includes such skills as knowing when and when not to see a physician, when to obtain a second medical opinion, how to be an assertive patient, and when to use out-patient rather than in-patient services.
Onsite/offsite	"Onsite" refers to activities that take place at the worksite. "Offsite" refers to activities that take place at a location other than the worksite.
EAP or Employee Assistance Program	An Employee Assistance Program (EAP) is a referral program for employees who have persistent problems that adversely affect their personal relationships and/or performance at work. These problems may be financial, emotional, marital, legal, or drug or alcohol-related.
Worksite	Entity that is made up of employees of one company at one geographical location.
Downsized	Reduced the number of employees.
Turnover	Refers to the degree to which employees leave the company. "A lot of turnover" means proportionally many employees leave the company. "A little turnover" means that proportionally fewer employees leave the company.
Employee Morale	"Good employee morale" refers to positive feelings and attitudes of the employees toward their company, organization, jobs, or working conditions. "Bad morale" refers to negative feelings and attitudes of employees toward the same.
HMO or Health Maintenance Organization	The HMO's basic functions are to provide comprehensive health care services to subscribers; to contract with or employ physicians and other health care professionals who will provide the covered medical services; and to contract with one or more hospitals to provide covered hospital care (a few HMOs own and operate hospitals).

<b>Disability Claims</b>	When a worker with disability insurance becomes disabled, he or she must file a "disability claim" to obtain benefits from their disability insurance policy.
<b>Screening</b>	Screening is the process of identifying whether or not someone has a health problem or a potential health problem. Examples of screening are: cancer screening, in which employees would be tested for signs of cancer; or blood cholesterol screening, in which employees would be tested for problems with their blood cholesterol level.
<b>Smoking Cessation</b>	Stopping smoking. A smoking cessation program is one that facilitates smokers to stop smoking.
<b>STD</b>	Sexually transmitted disease (e.g., AIDS, herpes, syphilis).
<b>Health Insurance Premium</b>	The premium is the total cost of the insurance to the company and the employee. Usually, a company will pay a large proportion of the premium and require that the employee pay a smaller portion of the premium.
<b>Health Care Cost-Containment Strategies</b>	Strategies for minimizing the cost of health care.
<b>National Health Disease Prevention Objectives for the year 2000</b>	Targets for health improvement on a national level for the year 2000, established by the ODPHP (Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services). The plan includes objectives for the worksite and other objectives important to employers, employees, and unions.
<b>Prenatal Education</b>	Education regarding pregnancy, birth, and child care for prospective mothers and/or fathers.
<b>Corporate Image</b>	The image of the company in the eyes of employees or the public.
<b>Recruitment</b>	Recruiting or hiring of new employees.
<b>Hospital and Medical Utilization</b>	Employee use of medical care providers or hospitalization.

### Government Agencies

DHHS	U.S. Department of Health and Human Services
ODPHP	Office of Disease Prevention and Health Promotion of the U.S. Public Health Service (PHS), U.S. Department of Health and Human Services (DHHS)
OSHA	Occupational Safety and Health Administration, Department of Labor
PHS	U.S. Public Health Service

### Tests for Cancer

Tests for Blood in Stool	An exam that checks for the possible presence of blood in the stool that one cannot see in the stool.
PAP Smear	Also known as a Cervical Smear. It is a routine test in which the doctor examines the female internal organs, takes a swab of the cervix, and sends a cell sample to the lab.
Mammography	An X-ray taken of the breasts by a machine that presses the breasts flat. It is not a chest X-ray like you would have for pneumonia. This X-ray takes a picture to check for early breast cancer.

### Mental Health

Stress Management	An individual's ability to cope with personal stress related to either their work or personal life.
Job Stress	Stress whose source is work-related.
Elder Abuse	Abuse of an elderly parent by an adult relative or caretaker.

### Drug Related

#### **Types of Drug Testing:**

##### **Pre-Employment Drug Screening**

Screening potential employees for nondrug use as a qualification for employment.

##### **Postaccident or Incident Drug Testing**

Testing an employee for drug use soon after an accident or incident to determine whether or not the employee was under the influence of drugs at the time of the accident or incident.

##### **Random Drug Testing**

Testing of employees at random (at any time, without prior notification) for drug use. Companies use this policy to deter employees from drug use.

### Types of Employees

#### **High-Risk Employees**

Those employees who have a high likelihood of getting a disease or having a health problem. These employees are considered to be at "high risk" for developing the problem.

#### **Nonexempt Employees**

These employees are not exempt from minimum wage and overtime provisions of the Fair Labor Standards Act (Wage and Hour Law) and are entitled to overtime pay.

#### **Exempt Employees**

These employees are exempt from the minimum wage and overtime provisions of the Fair Labor Standards Act (Wage and Hour Law). They do not receive overtime pay.

#### **Shift workers:**

Shift workers are defined here as employees who do not work what is known as traditional day hours. A person working 4 to 12 midnight would be a shift worker as would be someone who worked rotating shifts (i.e., 8-4, 4-12, 12-8).

### Health Care Cost-Containment Strategies

Second Opinion Program	A health insurance policy program that requires employees for whom surgery is recommended to obtain a second opinion before hospital admission. This type of program is used by many health insurance companies.
Hospital Admission Review Program	A health insurance policy program that requires pre-surgical review by the health insurance company of the need for surgery in nonemergency cases.
Preferred Provider Arrangements (or Preferred Provider Organization, PPO)	This is a type of insurance benefit plan in which subscribers are free to choose any physician or hospital they wish but are given financial incentives to use the services of preferred providers. These incentives may or include expanded benefits and lower costs for certain services of the preferred providers. Employers may offer a PPO benefit plan instead of, or in addition to, a traditional indemnity plan and/or health maintenance organization.

### Monetary Incentives to Employees

Flexible spending accounts (FSA's)	Pay for nonreimbursed medical expenses with before-tax dollars.
Annual Fixed Cost Reimbursement	Reimbursement for the costs of health promotion activities.





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# **1992 NATIONAL SURVEY OF WORKSITE HEALTH PROMOTION ACTIVITIES**

## **TECHNICAL APPENDIX**

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Public Health Service**  
**1992**

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REPRODUCED BY  
U.S. DEPARTMENT OF COMMERCE  
NATIONAL TECHNICAL  
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SPRINGFIELD, VA 22161

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## **TECHNICAL APPENDIX**

The "1992 National Survey of Worksite Health Promotion Activities" was based on a stratified random sample of private worksites with 50 or more employees. To represent such worksites, the sample was stratified along two parameters: size of worksite and type of industry.

Two survey research companies, Prospect Associates and Response Analysis Corporation (RAC), were responsible for the sample design and worked closely with the Office of Disease Prevention and Health Promotion (ODPHP), U.S. Public Health Service, and its advisory board of national experts in the development of the survey instrument. Prospect and RAC also assisted in obtaining Office of Management and Budget (OMB) clearance for the survey and were responsible for collecting, preparing, and analyzing data. Interviews were conducted using RAC's Computer-Assisted Telephone Interviewing (CATI) system.

A data set containing responses from all of the survey's respondents is available from the National Technical Information Service. Accompanying the data set is a Codebook that details variable positions in the data file, their corresponding questions, and values associated with each variable.

When using the survey's data set for further analysis, it is important to note that the weighting technique associated with this data set artificially inflates the respondent count (n) from 1,507 to 9,172. Conducting statistical analyses with the data set's weighting variable without correcting for this inflated sample size may produce invalid statistical significance. A complete discussion of the weighting methodology used can be found under the heading, "Weighting and Statistical Analysis Issues" on page 9 of the Technical Appendix.

### **RESPONDENT UNIVERSE AND TARGET POPULATION**

The target population for this survey was the universe of private worksites located in the continental United States having 50 or more employees.

For the survey, a "worksite" was defined as the organizational entity comprised of employees working at a particular geographic location. Worksites were chosen as the unit of analysis for the study because a single corporation or company may have multiple worksites that offer different health promotion activities.

Because a corporation or company may have multiple worksites, the present study was designed to allow for the possibility that more than one worksite from the same parent company could be included in the sample.

The definition of "private" (or nongovernmental) worksites was based on Standard Industrial Classification (SIC) codes. Excluded from this definition were those worksites identified as public elementary and secondary schools; general public libraries; the U.S. Postal Service; Federal Reserve Banks; Federal and state saving institutions or credit unions; and other Federal, state, and local governments. Table 1 below details SIC codes included in this study.

## **SAMPLE SELECTION & DESIGN**

### **Sampling Frame**

Dun and Bradstreet's (D&B's) list of businesses in the continental United States constituted the study's sampling frame. The D&B database covers every commercial/industrial segment in the United States and has particularly complete coverage of worksites with 50 or more employees. In addition, D&B offers detailed information on worksites including the type of worksite (e.g., parent, single location, subsidiary), SIC code, names of key personnel, telephone numbers, and addresses.

Two types of sampling strata were used for the 1992 survey: industry and worksite size (based on number of employees and hereafter referred to as "size"). Worksites drawn for the sample list were classified according to six broad industry categories and four size categories. The six industry categories, as defined by the worksite's primary SIC code, are shown in Table 1. The four size categories are shown in Table 2. No stratification by geographic region was implemented for reasons cited on page 5.

Crossing the industry and the size categories resulted in a total of 24 (i.e., 6 x 4) sampling cells (or subcategories). The sample was drawn by randomly selecting from the D&B database a list of worksites that met the criteria for membership for each of the 24 sampling cells, with each cell's member having an equal probability of selection.

### **Sample Collection**

RAC used a direct computer link to access D&B's database. Prior to drawing the sample from the database, the 24 sampling cells were defined and each eligible business in the D&B database was assigned to an appropriate cell, based on worksite size and type of industry. Worksites within each cell were then randomly sorted and this random ordering was saved for future use. An initial sample of worksites was drawn from the database for each of the 24 sampling cells. This process was repeated on an as-needed basis, with groups of worksites in each cell being accessed sequentially without changing the initial random order.

These data collection methods provided a randomly selected sample within each of the 24 sampling cells. Altogether, a total of 4,173 worksites were drawn from D&B's database. The final disposition of each of these sampled worksites can be found in Table 4a on page 7.

TABLE 1

INDUSTRY CATEGORIES	SIC CODES
Manufacturing	2000 through 3900
Wholesale/Retail	5000 through 5900
Services	7000 through 8900 (except 821103, 823103)
Transportation/Communications/ Utilities (Trans/Pub Utilities)	4000 through 4900 (except 4300-4399)
Finance/Insurance/Real Estate (Financial)	6000 through 6700 (except 6011, 6019, 6035, 6061, 6062, 6111)
Agriculture/Mining/Construction (Ag/Mining/Const)	0100 through 1700

TABLE 2

SIZE CATEGORIES	NUMBER OF EMPLOYEES
Small	50-99
Medium	100-249
Large	250-499
Extra-large	500 or more <sup>1</sup>

<sup>1</sup>For size categories, two definitions of "extra-large" were used. One definition labeled worksites with 500 or more employees as "extra-large" and was used only for purposes of sampling and weighting. A second definition of 750 or more employees was used for analysis and reporting of survey results. This latter definition corresponds to that used in the 1985 survey and its use in the body of this report allows for comparisons over time. The difference between these definitions is purely cosmetic in nature and their dual use does not alter the survey's results or findings.

### Strata Definition

After initial contact had been made with the worksites in the sample, some respondents provided industry and/or size descriptions that differed from information specified in the D&B database. In-depth telephone followup interviews with 50 respondents revealed that respondents' knowledge of the number of employees at their worksites was more accurate than D&B information. It was found that the primary reason for the discrepancies was companies' downsizing after the D&B data were gathered. Worksite size as reported by respondents was used when such discrepancies did occur.

Another set of 50 telephone followup interviews revealed that D&B's primary SIC code generally was more accurate than respondent answers. An example was one worksite within a toy manufacturing company that had responsibility for transporting the finished product. The respondent classified the worksite's primary industry as transportation while D&B correctly identified the worksite as being in the manufacturing industry. Thus, identification of type of industry was based on D&B classifications.

### Sampling Plan

The sampling plan was constructed to collect 1,504 completed interviews. The plan included oversampling worksites in the following size and industry categories: large, extra-large, transportation/communications/utilities (transportation and public utilities), financial/insurance/real estate (financial), and agriculture/mining/construction industries. The need for oversampling, defined here as sampling worksites in numbers greater than that demanded by their universe proportions, is outlined below.

A sampling plan that did not oversample would have resulted in size and industry categories with small numbers of completed interviews. The financial industry category offers an example of how this would occur.

The financial industry constituted 6 percent of all worksites found in the target population. See Table 3a. Use of a plan that sampled worksites in proportion to their actual numbers in the target population would have yielded responses from fewer than 100 worksites in the financial industry.<sup>2</sup> Allowing for so few respondents from any one size or industry category (such as the financial industry) would have resulted in wide margins of error. This, in turn, would have weakened statistical analyses of that category and, in particular, comparisons between categories.

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<sup>2</sup>1,504 \* 6% = 90 interviewed worksites, where the sampling plan calls for a total of 1,504 interviews and the financial industry comprise 6% of all worksites in the target population.

Robust comparisons between size and industry categories were critical because there was substantial variation across worksite size and industry in the number offering health promotion activities. For example, the 1985 *National Survey of Worksite Health Promotion Activities* revealed that only 30 percent of small worksites (50 to 99 employees) had health promotion activities while a full 82 percent of the largest worksites (750 or more employees) offered such activities. The 1985 survey also reported substantial differences between industries, which ranged from a low of 28 percent for worksites in the agriculture/mining/construction industry to a high of 58 percent for worksites in the transportation and public utilities industry.

No explicit effort was made in this study to create and maintain separate regional categories (or strata). This decision was made because the 1985 survey revealed little or no variation by geographic region in the percentage of worksites having health promotion activities. Instead, random sampling techniques were used for the 1992 survey to ensure that responding worksites represented their actual geographic distributions as found in the target population.

Telephone interviews were initiated using interviewing lists containing 25 worksites each. Lists were produced for each of the 24 sampling cells. Interviewing lists were generated from the drawn sample until a prescribed number of respondents within the sampling cell had completed the survey questionnaire. Once work began on an interviewing list, attempts were made to contact all of the worksites contained on that list.

A total of 1,507 interviews were completed based on this sampling plan. Tables 3a, 3b, and 3c outline each sampling cell's proportion in the target population as well as the actual number and percentage of worksites included in the final sample. For analysis purposes, data were reweighted so that each sampling cell represented its true proportion in the population. Weighting and statistical analysis issues can be found on page 9.

#### Response Rates

The overall response rate among eligible worksites sampled was 74 percent. Worksites were only considered eligible if they had 50 or more employees and were in the private sector. Tables 4a, 4b, and 4c provide breakdowns of sample disposition and response rates.

TABLE 3a

ACTUAL PROPORTIONS OF WORKSITES FOUND IN TARGET POPULATION							
SIZE	INDUSTRY						
	TOTAL	Manufacturing	Wholesale/ Retail	Services	Trans/Pub Utilities	Financial	Ag/Min- ing/Const
TOTAL	100.0%	22.4%	24.3%	35.5%	5.9%	6.0%	5.9%
Small	56.4%	10.0%	15.8%	20.2%	3.2%	3.4%	3.8%
Medium	30.1%	7.7%	7.0%	10.4%	1.8%	1.6%	1.6%
Large	7.9%	2.8%	1.1%	2.6%	0.5%	0.5%	0.3%
Extra-Large	5.6%	1.9%	0.4%	2.3%	0.4%	0.4%	0.2%

TABLE 3b

PROPORTIONS OF WORKSITES SAMPLED IN 1992 SURVEY							
SIZE	INDUSTRY						
	TOTAL	Manufacturing	Wholesale/ Retail	Services	Trans/Pub Utilities	Financial	Ag/Min- ing/Const
TOTAL	100.0%	22.9%	22.0%	25.0%	10.1%	10.7%	9.3%
Small	31.1%	7.2%	7.0%	7.4%	3.0%	3.6%	3.1%
Medium	29.4%	6.6%	6.2%	8.0%	3.0%	3.0%	2.7%
Large	20.7%	4.4%	4.6%	5.3%	2.3%	2.1%	2.1%
Extra-Large	18.8%	4.8%	4.3%	4.3%	1.9%	2.1%	1.5%

TABLE 3c

NUMBER OF WORKSITES SAMPLED FOR 1992 SURVEY							
SIZE	INDUSTRY						
	TOTAL	Manufacturing	Wholesale/ Retail	Services	Trans/Pub Utilities	Financial	Ag/Min- ing/Const
TOTAL	1507	345	332	376	152	162	140
Small	469	108	105	111	45	54	46
Medium	443	99	93	120	45	45	41
Large	312	66	69	80	35	31	31
Extra-Large	283	72	65	65	27	32	22



TABLE 4a

SAMPLE DISPOSITION & RESPONSE RATES		
	<u>Number</u>	<u>%</u>
<u>Original Sample</u>	<u>4173</u>	<u>100.0%</u>
LESS		
<u>Unusable Sample</u>	<u>819</u>	<u>19.6%</u>
Gov't worksites <sup>1</sup>	20	0.5%
Disconnected	92	2.2%
Duplicate worksites on list	21	0.5%
Unlisted	47	11.3%
Worksite closed	743	1.8%
Excess contacts <sup>2</sup>	565	13.5%
<u>Sample Outside of Target Population<sup>3</sup></u>	<u>1224</u>	<u>29.3%</u>
Fed, state, local gov't <sup>4</sup>	403	9.7%
Less than 50 employees	471	11.3%
Refused during screening - estimated <sup>5</sup>	311	7.4%
Unable to contact - estimated <sup>5</sup>	156	3.7%
<u>Active Eligible Sample</u>	<u>2130</u>	<u>100.0%</u>
Total completed interviews	1507	70.8%
Incomplete interviews <sup>6</sup>	13	0.6%
Refused during screening - estimated <sup>5</sup>	328	16.1%
Unable to contact - estimated <sup>5</sup>	165	8.1%
Response Rate - Calculated as "Total Completed Interviews" divided by "Active Eligible Sample" (i.e., 1,507/2,036)		74.0%

<sup>1</sup> Government worksite as determined by worksite/company name.

<sup>2</sup> No interviews were completed for a sampling cell once the needed number of interviews for that cell (i.e., as indicated in sampling plan) were completed. Often, the number of employees at a worksite had changed since D&B data were collected. Such mislabeling often resulted in inadvertently beginning interviews in "full" cells. These "Excess Contacts" were counted as unusable because interviews beyond the prescribed number were not needed.

<sup>3</sup> "Sample Outside of Target Population" includes respondents who, upon questioning, stated they were a Government worksite or had fewer than 50 employees at the worksite.

<sup>4</sup> Answered "Yes" to question S1-A.

<sup>5</sup> These were respondents for whom eligibility was unknown either because the respondent terminated the interview before completing screening questions (639) or interviewers were never able to locate the worksite's appropriate staff member (321). It was assumed that some of these respondents were eligible for inclusion in the survey. Therefore, an estimate of how many were "Active Eligible Sample" (vs. "Sample Outside of Target Population") was derived based on the number for whom eligibility was known. See also Tables 4b and 4c.

<sup>6</sup> Respondents who completed at least the screening questions (i.e., S1-A and S1-1) and then terminated.

TABLE 4b

RESPONDENTS WITH KNOWN ELIGIBILITY	
<u>Eligibility Known - TOTAL</u>	<u>2394</u>
<u>Eligible</u>	<u>1520</u>
Completed interviews	1507
Refused during interview	13
<u>Outside of Target Population</u>	<u>874</u>
Fed, state, local gov't	403
Less than 50 employees	471
Eligibility rate - Calculated as "Eligible" divided by "Total" for whom eligibility was known (i.e., 1520/2394)	
	63.5%

TABLE 4c

RESPONDENTS WITH UNKNOWN ELIGIBILITY			
	<u>OVERALL</u>	<u>ESTIMATED ELIGIBLE<sup>1</sup></u>	<u>ESTIMATED OUTSIDE TG'T POPULATION<sup>2</sup></u>
<u>Eligibility Unknown - TOTAL</u>	<u>960</u>	<u>610</u>	<u>350</u>
Refused during screening <sup>3</sup>	639	328	311
Unable to Contact <sup>4</sup>	321	165	156

<sup>1</sup> "Estimated Eligible" was calculated as "TOTAL" times "Eligibility Rate" (e.g., 960 \* 63.5% = 610).

<sup>2</sup> "Estimated Outside Target Population" was calculated as "TOTAL" minus "Estimated Eligible" (e.g., 960 - 610 = 350).

<sup>3</sup> Respondent terminated before completing questions S1-A and/or S1-1.

<sup>4</sup> Includes those for whom eight unsuccessful attempts were made to contact the appropriate person (306) as well as worksites which continually did not answer the phone (15).

## WEIGHTING AND STATISTICAL ANALYSIS ISSUES

### Weighting

The achieved sample of 1,507 responding worksites was weighted to reflect their actual distribution in the target population as measured by the D&B database for each of the 24 sampling cells. The weights were determined using a sampling balancing algorithm based on the least squares adjustment of W.E. Deming (*Statistical Adjustment of Data*, New York: John Wiley & Sons, 1943). P-STAT statistical software was used to implement this algorithm. Final weights used for each cell can be found in Table 5.

Weighting was conducted at the level of the 24 sampling cells so as to achieve two goals: (1) to minimize differences between weighted and population distributions within the industry and worksite size strata; and (2) to minimize adjustments due to weighting of the sampling cells' frequencies.

Weights were normalized to reflect the magnitude of weighting on the individual sampling cells. For instance, the weight for small worksites in the services industry (15.4) was 15 times as large as the weight for extra-large worksites in the financial industry (1.0). As the lowest and highest weights, these two weights also represented the range of weights of 1.0 to 15.4. See Table 5. The weights developed provided a total weighted count of 9,172 worksites.

The final weights for the six industry and four size categories matched those of the target population within a threshold of less than 0.05. That is, the sum of the squared residuals (differences) between the frequencies for the target population and the weighted sample was less than 0.05.

The computed weights adjusted for disproportional sampling resulting from oversampling (as described above) in three categories within the industry stratas (transportation and public utilities, financial, and agriculture/mining/construction industries) and the two largest size categories within the worksite size strata.

TABLE 5

WEIGHTS USED FOR EACH SAMPLING CELL							
SIZE	INDUSTRY						
	Manufacturing	Wholesale/ Retail	Services	Trans/Pub Utilities	Financial	Ag/Min- ing/Const	
Small	10.63	11.96	15.44	6.36	6.02	6.87	
Medium	6.21	6.98	9.01	3.71	3.52	4.01	
Large	2.27	2.55	3.29	1.36	1.28	1.47	
Extra-Large	1.76	1.99	2.56	1.06	1.00	1.14	

### Statistical Analysis

The use of normalized weights for this survey, as described above, artificially inflated the respondent count to 9,172 from the 1,507 worksites that were actually sampled. As a result, special procedures must be used with respect to sample size when conducting statistical analyses. Such special procedures are not available on all currently available statistical packages. Thus, if the data set from this survey is obtained for further analysis, care should be taken to account for differences between weighted and unweighted sample sizes.

Use of weighted data did allow for comparisons across size and industry categories and between the 1985 and 1992 surveys. Such comparisons were valid because, as mentioned above, worksites were weighted to reflect their actual distribution in the target population.

### Confidence Intervals

Confidence intervals for measuring statistical differences between estimated proportions are provided in Tables 6a and 6b. Figures in these tables are based on a 95 percent confidence level for the overall sample as well as for each of the industry and size categories.

TABLE 6a

NINETY-FIVE PERCENT CONFIDENCE INTERVALS FOR ESTIMATES BY WORKSITE SIZE, 1992						
Number of Employees	Sample Size	ESTIMATED PERCENT				
		10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Total	1,507	1.51	2.02	2.31	2.47	2.52
50 - 99	469	2.72	3.62	4.15	4.43	4.53
100 - 249	443	2.79	3.72	4.27	4.56	4.66
250 - 749	403	2.93	3.91	4.47	4.78	4.88
750 +	192	4.24	5.66	6.48	6.93	7.07

\*\*Calculated using the formula:  $p \pm 1.96 \sqrt{\frac{pq}{n}}$  where  $p$  = the estimated percent found in survey data

$$q = 1 - p$$

$n$  = sample size

#### How to Calculate Confidence Limits

1. Round the estimated percent up to the next highest percent found in the table's columns.
2. Find the row representing the size category of interest.
3. Locate the confidence interval at the column/row intersection.
4. The Lower Confidence Limit = Estimated percent - confidence interval.
5. The Upper Confidence Limit = Estimated percent + confidence interval.

Example 1: For worksites with 750 or more employees, if the estimated percent is 10%, the confidence interval would be  $10\% \pm 4.24\%$  or a lower confidence limit of 5.76% and an upper confidence limit of 14.24%.

TABLE 6b

NINETY-FIVE PERCENT CONFIDENCE INTERVALS FOR ESTIMATES BY INDUSTRY, 1992						
Industry	Sample Size	ESTIMATED PERCENT				
		10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Manufacturing	345	3.17	4.22	4.84	5.17	5.28
Wholesale/Retail	332	3.23	4.30	4.93	5.27	5.38
Services	376	3.03	4.04	4.63	4.95	5.05
Trans/Pub Utilities	152	4.77	6.36	7.29	7.79	7.95
Financial	162	4.62	6.16	7.06	7.54	7.70
Ag/Mining/Const	140	4.97	6.63	7.59	8.12	8.28

\*\*Calculated using the formula:  $p \pm 1.96 \sqrt{\frac{pq}{n}}$  where  $p$  = the estimated percent found in survey data

$q = 1 - p$

$n$  = sample size

#### How to Calculate Confidence Limits

1. Round the estimated percent up to the next highest percent found in the table's columns.
2. Find the row representing the industry category of interest.
3. Locate the confidence interval at the column/row intersection.
4. The Lower Confidence Limit = Estimated percent - confidence interval.
5. The Upper Confidence Limit = Estimated percent + confidence interval.

Example 2: For work sites in the services industry, if the estimated percent is 29%, the confidence interval would be  $29\% \pm 4.63$  or a lower confidence limit of 24.4% and an upper confidence limit of 33.6%.

## COMPARISONS WITH 1985 SURVEY

In addition to differences between the questionnaires used for the 1985 and 1992 surveys, the two studies differed in three other areas: (1) sampling goals, (2) screening criteria, and (3) weighting.

### Sampling Goals

For the 1985 survey, the D&B sample was drawn and sampling plans were developed based on only two size categories: worksites with 50 to 99 employees and worksites with more than 100 employees. Other strata (specifically industry and geographic region) were maintained through simple random selection and weighted postsampling to reflect their actual proportions in the target population.

As mentioned above, the results of the 1985 survey were used to develop a 1992 sampling plan designed to maximize cross-category comparisons. Table 7 outlines differences in sample sizes between the 1985 and 1992 studies. The sample for the more recent survey included fewer manufacturing worksites, fewer medium size worksites, and nearly the same number of worksites in the services industry. The sizes of all other sampling cells increased from their 1985 counts.

The last column of Table 7 provides a measure of the effect of these changes. Specifically, this column shows differences between the two surveys in standard errors resulting from changes in sample size. (Standard errors found in this table are the standard errors for the percentage of worksites with health promotion activities, as measured in 1992, based on both the 1985 and 1992 sample sizes.) For example, increasing the sample size of extra-large worksites from 115 to 284 resulted in lowering the standard error by 36 percent. The greatest increase in standard error was among manufacturing worksites (19%). Overall, the standard error (as used here) for the 1992 survey was 7 percent lower than for the 1985 survey.

### Screening Criteria

As mentioned in the "Strata Definition" section, the D&B dataset contained some errors with respect to worksite size. Often these errors were due to corporate downsizing after D&B data were collected. To protect against including ineligible worksites, the 1992 questionnaire screened respondents on worksite size and eliminated any respondents who cited fewer than 50 employees at their worksites. In contrast, the 1985 survey did not exclude such respondents. As a result, 10 percent of the 1,376 worksites included in the 1985 survey had fewer than 50 employees.



TABLE 7

SAMPLING DIFFERENCES BETWEEN 1985 & 1992 SURVEYS			
CATEGORIES	SAMPLE SIZE		CHANGE IN STD. ERROR <sup>1</sup>
	1985	1992	
TOTAL	1304	1507	-7.0%
<u>Industry</u>			
Manufacturing	492	346	19.2%
Wholesale/Retail	225	332	-17.7%
Services	379	376	0.4%
Trans/Pub Utilities	68	152	-33.1%
Financial	83	162	-28.4%
Ag/Mining/Const	111	140	-11.0%
<u>Number of Employees</u>			
50-99	393	476	-9.1%
100-249	530	435	10.4%
250-749	266	312	-7.7%
750+	115	284	-36.4%
<u>NOTE:</u>			
<sup>1</sup> Differences in standard errors for the percentage of worksites with health promotion activities, as measured in 1992, based on 1985 and 1992 sample sizes.			

Respondents to the 1992 survey also were screened to ensure that all worksites included in the study were part of the private sector. Fourteen percent (14%) of those contacted answered "yes" to the following question and therefore were eliminated from the sample:

"Is your organization a part of the Federal, state, or local government?"

Because no such question was included in the 1985 survey, it is likely that results from the earlier survey were based, in part, on data obtained from nonprivate worksites.

#### Weighting

Weights for the 1985 were based on the following industry, worksite size, and geographic region strata:

##### Worksite Size

50 to 99 employees  
100 or more employees

##### Geographic Region

Northeast  
North Central  
South  
West

##### Industry

Manufacturing  
Wholesale/Retail  
Transportation and Public Utilities  
Financial  
Services  
Agriculture/Mining/Construction

Results from the 1985 study, as mentioned above, showed substantial variance in the responses of worksites of different sizes. Therefore, the 1992 survey used finer definitions of worksite size for purposes of sampling and weighting.

Because the 1985 study revealed little variation in health promotion activities among worksites located in different geographic regions, the 1992 survey did not stratify or weight the responses along this parameter. Rather, regional representation was maintained through random sampling techniques.

## SURVEY INSTRUMENT DESIGN

The survey was divided into seven sections as outlined below. Sections 2 through 4 correspond to the broad approaches outlined in *Healthy People 2000*. The complete questionnaire is presented in Appendix A.

- Section 1. General worksite demographics. The relationships between size, demographics, and type of worksite and the prevalence of worksite health promotion and disease prevention activities.
- Section 2. General preventive services. The degree to which employers are using the worksite to provide screening, immunization, and counseling services in key prevention areas.
- Section 3. Health promotion. The health promotion and disease prevention activities that are related to the *Healthy People 2000* goals of modifying lifestyle factors that influence risk for disease and disability.
- Section 4. Health protection. Selected occupational health and safety areas commonly included in employer-sponsored programs to improve employee health habits. Not included were those health protection topics that are surveyed by agencies other than ODPHP, such as the Environmental Protection Agency and the Occupational Safety and Health Administration.
- Section 5. Program administration and support. Information on the management, coordination, budget, and personnel involved with health promotion activities, designed to generate a better understanding of employer commitment to health promotion activities and national expenditures on prevention programs.
- Section 6. Incentives. The use of incentives by employers to encourage employee participation in worksite programs.
- Section 7. Program evaluation. The scope of employer evaluations of worksite health promotion programs, including a description of the evaluation tools used and whether employees found their programs to be beneficial.

### Pretesting

One pretest and one pilot test were conducted before fielding the survey.

The pretest was conducted among eight respondents in the Princeton, New Jersey, area. This pretest elicited comments from respondents on the questionnaire's understandability, clarity, and applicability to their worksites. Additional guidance was provided by respondents on:

- Time required to complete the questionnaire.
- Clarity and comprehensiveness of instructions.
- Logic of question sequence.
- Activities not covered by the questionnaire.

As a result of the pretest, changes were made in the questionnaire to meet the needs of the study's objectives and enhance respondent understandability.

A pilot test was subsequently conducted among nine respondents from different areas of the country. The purpose of the pilot test was to test questionnaire revisions resulting from the pretest and to test the procedures and systems to be used for the survey.

The pilot test was conducted in the same manner as the full-scale study (as outlined below), including use of RAC's telephone CATI system and preliminary contact letters. Experienced interviewers were used to administer the questionnaire and conduct an in-depth debriefing of respondents to better understand respondents' perspective of the entire process.

Results of the pilot test were used to modify procedures for locating appropriate persons at worksites. Survey data from the pilot test's nine respondents were included in the survey's final results.

### Survey Implementation

Before any telephone contact, a letter signed by Dr. J. Michael McGinnis, Deputy Assistant Secretary for Health, Director, Office of Disease Prevention and Health Promotion, was sent to each potential respondent. Included with the letter was a brief description of the study's background and objectives. See Appendix B.

Intensive efforts were made to (1) contact every worksite, (2) identify the appropriate individual to respond to the survey, and (3) maximize the response rate. These procedures included:

- Scheduling followup appointments for administering the questionnaire.
- Having the interviewer who made the original contact conduct the survey, when possible.
- Providing an 800 toll-free number for respondents to verify RAC's authenticity and/or schedule a followup appointment.
- Forwarding further information via mail or facsimile when requested.

The prompts that interviewers used to identify appropriate personnel and steps taken to maximize response rates are described in the Interviewer's Training Manual. See Appendix C.

The CATI system developed by RAC guaranteed that questions were asked in the correct order, that responses were relevant to the question asked, and that sampling was handled correctly. Open-ended responses were reviewed by Prospect and RAC, and additional codes were developed where needed.

A total of 1,507 interviews were conducted from February 11 to April 21, 1992. The average interview length was 29 minutes. The number of calls needed to complete an interview ranged from a low of 4 to a high of 20, with an average of 8 calls required per interview.

#### Survey Tables

For worksite size, two definitions of "extra-large" were used. One definition labeled worksites with 500 or more employees as "extra-large" and was used only for purposes of sampling and weighting. A second definition of 750 or more employees was used for analysis and reporting of survey results. This latter definition corresponds to that used in the 1985 survey, and its use in the body of this report allows for comparisons over time. The difference between these definitions is purely cosmetic in nature, and their dual use does not alter the survey's results or findings.

### Interviewer Training

As soon as the questionnaire was finalized, development of the interviewer training program began. The program included a study-specific training manual explaining the survey's sponsorship and objectives, a review of interviewing techniques, and a question-by-question discussion of the survey instrument. Training exercises, a final training test, and calling procedures constituted the program's remaining components. Special emphasis was placed on techniques for obtaining cooperation and countering a respondent's objections to participating in the survey. These techniques were included in the training manual, which can be found in Appendix C.

Training was conducted with the study's 20 interviewers. All of the interviews were experienced in executive interviews and had conducted a minimum of 10 surveys using the CATI system.

### Quality Control

Floor supervision and remote monitoring were used as quality-control procedures for the survey. Visible floor supervision operated constantly throughout the interviewing. Highly trained supervisors were present in a ratio of one supervisor to every four or five interviewers.

Specially designed computer software was used to allow supervisors to view interviewers' CRT screens while also monitoring their telephone calls. This quality-control mechanism allowed a supervisor to observe the entire interaction between an interviewer and respondent. Approximately 10 percent of each interviewer's work was monitored in this way. Because the equipment permitted monitoring interviewers without their knowledge, the monitoring also served as a means of improving the validity of responses.

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## APPENDICES

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## **APPENDIX A: QUESTIONNAIRE**

NOTE: THE PERCENTAGE OF WORKSITES RESPONDING TO EACH QUESTION  
IS INDICATED IN BOLDED TEXT ON THE QUESTIONNAIRE



NATIONAL SURVEY OF WORKSITE HEALTH PROMOTION ACTIVITIES 1992  
QUESTIONNAIRE  
February 1992

GENERAL WORKSITE DEMOGRAPHICS

- S1-A Is your organization a part of the Federal, State, or Local Government?
- 1 YES Thank you for your time but government worksites are not part of this study.
- 2 NO
- 3 DON'T KNOW
- 4 REFUSED
- S1-1. How many permanent full and part-time employees are currently employed at this worksite? [THESE ARE EMPLOYEES WHO ARE CONTINUOUSLY EMPLOYED BY THIS PARTICULAR WORKSITE, NOT THE ENTIRE ORGANIZATION IF IT HAS MORE THAN ONE SITE.]

- IF LESS THAN 50 THANK AND DISQUALIFY

GENERAL PREVENTIVE SERVICES

Next are a few questions about assessing the health risks of your employees.

- S2-1. During the past 12 months, has a questionnaire that measures an employee's health status been offered to employees at your worksite?
- 14.5 1 - YES
- 84.5 2 - NO
- 1.0 0/3 - DON'T KNOW
- S2-2. During the past 12 months, other than what is covered in your health insurance plan, did your worksite offer periodic health or physical exams to any employees?
- 32.2 1 - YES
- 67.3 2 - NO
- 0.5 0/3 - DON'T KNOW
- S2-3. During the past 12 months, did your worksite offer blood tests to measure blood sugar?
- 16.5 1 - YES
- 83.2 2 - NO
- 0.3 0/3 - DON'T KNOW

S2-4. During the past 12 months, did your worksite offer immunizations such as flu shots to your employees?

24.3	1	-	YES
75.6	2	-	NO
0.1	0/3	-	DON'T KNOW

### 3. BLOOD PRESSURE

The following series of questions deals with specific kinds of health screening activities your company may have offered.

#### Screenings

S3-1. During the past 12 months did your worksite offer blood pressure screenings to any employees?

31.5	1	-	YES
68.0	2	-	NO (SKIP TO S3-4)
0.5	0/3	-	DON'T KNOW

S3-2. Did your worksite refer individuals with elevated blood pressure readings to a physician?

71.8	1	-	YES
24.0	2	-	NO
4.2	0/3	-	DON'T KNOW

S3-3. Did your worksite offer follow-up or tracking of individuals with elevated blood pressure readings?

38.7	1	-	YES
58.8	2	-	NO
2.5	0/3	-	DON'T KNOW

S3-4. Does your worksite have a blood pressure machine available for employee use?

24.3	1	-	YES
75.0	2	-	NO
0.7	0/3	-	DON'T KNOW

#### Screener Question

S3-5. During the past 12 months, [other than the blood pressure screening] [DO NOT READ IF S3-1=NO], did your worksite offer any information or activities concerning high blood pressure?

29.4	1	-	YES
70.0	2	-	NO (SKIP TO S4-1)
0.6	0/3	-	DON'T KNOW

#### Education and Control

S3-6. Which of the following were offered ... [READ CATEGORIES]

	YES	NO	DK
A. Individual counseling	25.7	74.1	0.2
B. Group classes, workshops, lectures, or special events	36.9	62.9	0.2
C. Resource materials such as posters, brochures, pamphlets, or videos	94.0	5.4	0.5

#### 4. CHOLESTEROL

##### Screenings

S4-1. During the past 12 months, did your worksite offer cholesterol screenings to any employees?

20.4	1	-	YES
79.6	2	-	NO (SKIP TO S4-4)
0.1	0/3	-	DON'T KNOW

S4-2. Did your worksite refer individuals with elevated cholesterol readings to a physician?

71.8	1	-	YES
25.2	2	-	NO
3.1	0/3	-	DON'T KNOW

S4-3. Did your worksite offer follow-up or tracking of individuals with elevated cholesterol readings?

27.6	1	-	YES
70.3	2	-	NO
2.1	0/3	-	DON'T KNOW

# Screener Question

S4-4. During the past 12 months, [other than cholesterol screenings] [DO NOT READ IF S4-1=NO], did your worksite offer any information or activities in the area of cholesterol control?

26.7	1	-	YES
72.8	2	-	NO (SKIP TO S5-1)
0.4	0/3	-	DON'T KNOW

## Education and Control

S4-5. Which of the following were offered...

	YES	NO	DK
A. Individual counseling	21.9	78.1	0.0
B. Group classes, workshops, lectures, or special events	35.6	64.4	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	95.4	4.6	0.0

## 5. CANCER

### Screening

S5-1. During the past 12 months, other than what is available through your health insurance plan did your worksite offer any of the following cancer screenings to your employees?

Note: 12.0% of worksites indicated offering at least one of the cancer screenings listed below.

	YES	NO	DK
A. Tests for blood in the stool	6.6	93.2	0.2
B. Pap smears	3.4	96.3	0.2
C. Exams for skin cancer	2.8	96.9	0.3
D. Breast exams by medical personnel	5.3	94.6	0.1
E. Mammography	7.5	92.4	0.2
F. Exams for oral cancer	1.8	97.7	0.5
G. Other (Specify) _____	0.8	98.0	1.2
H. PROSTATE/COLON/RECTAL (VOLUNTEERED RESPONSE)	0.4	99.6	0.0

[IF ALL S5-1 A-G = NO, SKIP TO S5-4]

S5-2. Did your worksite refer individuals with positive cancer test results to a physician?

60.5	1	-	YES
35.6	2	-	NO
3.9	0/3	-	DON'T KNOW

S5-3. Did your worksite offer follow-up or tracking of individuals with positive cancer test results?

29.8	1	-	YES
65.2	2	-	NO
5.0	0/3	-	DON'T KNOW

#### Screener Question

S5-4. During the past 12 months, [other than cancer tests or exams] [DO NOT READ IF S5-1=NO], did your worksite offer any information or activities concerning cancer?

23.0	1	-	YES
75.7	2	-	NO (SKIP TO S5-6)
1.3	0/3	-	DON'T KNOW

#### Education and Control

S5-5. Which of the following were offered...

	YES	NO	DK
A. Individual counseling	13.1	86.5	0.4
B. Group classes, workshops, lectures, or special events	36.4	63.5	0.1
C. Resource materials such as posters, brochures, pamphlets, or videos	96.9	3.1	0.0
D. Teaching women to examine their own breasts for lumps	30.6	66.0	3.4

[IF S3-1 AND S4-1 AND S5-1 = NO, SKIP TO S6-1]

S5-6. Who paid for the cost of all your screening tests and exams? Did the company pay, the participants pay, was the cost shared by the company and the participants or was it some other arrangement?

65.8	1 - THE COMPANY PAID
5.7	2 - THE PARTICIPANTS PAID
16.9	3 - THE COST WAS SHARED BY THE COMPANY/PARTICIPANTS
5.2	4 - SOME OTHER ARRANGEMENT (SPECIFY) _____
3.0	7 - INSURANCE CARRIER/PROVIDER/HMO
2.3	8 - FREE/NO CHARGE
1.0	0/5 - DON'T KNOW
0.0	6 - REFUSED

S5-7. Where were your screening tests or exams offered, primarily on-site or primarily off-site?

72.8	1 - PRIMARILY ON-SITE
20.9	2 - PRIMARILY OFF-SITE
5.8	3 - HALF ON-SITE/HALF OFF-SITE
0.4	0/4 - DON'T KNOW

#### HEALTH PROMOTION

#### 6. SMOKING CESSATION AND POLICY

Now I have some questions about smoking policy and smoking cessation activities.

#### Policy

S6-1. Does your worksite have a formal smoking policy that prohibits or severely restricts smoking at the workplace?

86.0	1 - YES
13.5	2 - NO
0.5	0/3 - DON'T KNOW

S6-2. How would you describe the rules on smoking at the worksite? [DO NOT READ ANSWERS.]

34.2	1 - SMOKING NOT ALLOWED ANYWHERE INSIDE/SMOKE FREE ENVIRONMENT
24.6	2 - SMOKING NOT ALLOWED EXCEPT IN SEPARATELY VENTILATED SMOKING AREAS
28.0	3 - SMOKING NOT ALLOWED EXCEPT IN DESIGNATED AREAS WITHOUT SEPARATE VENTILATION
4.4	4 - SMOKING ALLOWED EVERYWHERE EXCEPT IN A FEW NO SMOKING AREAS
1.8	5 - EACH AREA DECIDES ON ITS OWN POLICY
3.8	9 - SMOKING PERMITTED EVERYWHERE/NO RULES
2.0	10 - DESIGNATED AREAS, VENTILATION UNKNOWN
0.2	6 - OTHER
0.9	0/7 - DON'T KNOW
0.0	8 - REFUSED



S6-3. Was your smoking policy adopted as a result of...

	YES	NO	DK
A. STATE LEGISLATION	15.6	78.6	5.7
B. LOCAL LEGISLATION	16.9	77.9	5.2

#### Screener Question

S6-4. During the past 12 months, did your worksite offer any information or activities to help employees stop smoking?

40.0	1	-	YES
59.3	2	-	NO (SKIP TO S7-1)
0.8	0/3	-	DON'T KNOW

#### Education and Control

S6-5. Which of the following were offered?

	YES	NO	DK
A. Individual counseling	23.4	76.6	0.0
B. Group classes, workshops, lectures, or special events	55.8	44.2	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	90.9	8.7	0.4

#### 7. EXERCISE AND FITNESS ACTIVITIES

The next few questions deal with exercise and fitness activities.

#### Facilities

S7-1. Does your worksite have:

	YES	NO	DK
A. Locker room with showers	24.2	75.3	0.5
B. An indoor area set aside specifically for exercise and physical fitness activities	12.3	86.9	0.8
C. Aerobic exercise equipment such as stationary cycles, stairmasters, or indoor running tracks	10.5	88.9	0.6
D. Strength training equipment	9.2	90.0	0.8
E. Outdoor facilities such as a jogging trail	9.4	90.3	0.2

[IF ALL S7-1 - NO, SKIP TO S7-3]

S7-2. Is there a charge made to employees to use your worksite's exercise facilities?

9.8 1 - YES  
89.5 2 - NO  
0.6 0/3 - DON'T KNOW

#### Screener Question

S7-3. During the past 12 months, did your worksite offer any information or activities to promote exercise or physical fitness?

40.7 1 - YES  
59.2 2 - NO (SKIP TO S8-1)  
0.1 0/3 - DON'T KNOW

#### Education and Control

S7-4. Which of the following were offered?

	YES	NO	DK
A. Fitness evaluations or testing	20.1	79.6	0.3
B. Individual counseling	22.2	77.5	0.3
C. Group classes, workshops, lectures, or special events	52.3	47.1	0.6
D. Recreational programs such as softball teams	61.2	36.6	2.2
E. Formal fitness challenges or campaigns	31.8	67.9	0.3
F. Resource materials such as posters, brochures, pamphlets, or videos	72.1	27.9	0.0

#### 8. NUTRITION EDUCATION

Now, I'd like to ask you about nutrition education.

##### Facilities

S8-1. Does your worksite have a cafeteria, snack bar, or food service?

42.8 1 - YES  
56.9 2 - NO (SKIP TO S8-3)  
0.3 0/3 - DON'T KNOW

S8-2. Does the cafeteria, snack bar, or food service label foods on the basis of nutritional value? (EGG, FAT, SALT, FIBER CONTENT OR CALORIES)

31.1 1 - YES  
66.8 2 - NO  
2.2 0/3 - DON'T KNOW

S8-3. Does your worksite have vending or drink machines?

90.0	1	-	YES
10.0	2	-	NO (SKIP TO S8-5)
0.0	0/3	-	DON'T KNOW

S8-4. Are fruits, juices, or low fat snacks usually available in these vending machines?

66.3	1	-	YES
30.5	2	-	NO
3.2	0/3	-	DON'T KNOW

#### Screening Question

S8-5. During the past 12 months, did your worksite offer any information or activities concerning nutrition education?

31.4	1	-	YES
67.8	2	-	NO (SKIP TO S9-1)
0.8	0/3	-	DON'T KNOW

#### Education and Control

S8-6. Which of the following were offered?

	YES	NO	DK
A. Individual counseling	18.4	80.8	0.8
B. Group classes, workshops, lectures or special events	53.2	46.7	0.1
C. Resource materials such as posters, brochures, pamphlets, or videos	94.5	5.2	0.3

#### 9. WEIGHT CONTROL ACTIVITIES

S9-1. Is there a scale at the worksite that is available for employee use?

42.7	1	-	YES
56.1	2	-	NO
1.2	0/3	-	DON'T KNOW

# Screenener Question

S9-2. During the past 12 months, did your worksite offer any information or activities to help employees control their weight?

24.3 1 - YES  
75.1 2 - NO (SKIP TO S10-1)  
0.6 0/3 - DON'T KNOW

## Education and Control

S9-3. Which of the following were offered?

	YES	NO	DK
A. Individual counseling	31.0	68.2	0.8
B. Group classes, workshops, lectures or special events	61.1	38.6	0.3
C. Resource materials such as posters, brochures, pamphlets, or videos	86.7	12.2	1.2

## 10. PRENATAL EDUCATION

### Screenener Question

S10-1. During the past 12 months, did your worksite offer any information or activities concerning prenatal education?

9.0 1 - YES  
90.6 2 - NO (SKIP TO S11-1)  
0.4 0/3 - DON'T KNOW

## Education and Control

S10-2. Which of the following were offered ...

	YES	NO	DK
A. Individual counseling	43.9	56.1	0.0
B. Group classes, workshops, lectures, or special events	53.1	46.9	0.0
C. Resource materials such as posters, brochures, pamphlets or videos	93.4	6.4	0.2

## 11. MEDICAL SELF CARE

### Screeners Question

S11-1. During the past 12 months, did your worksite offer any information or activities concerning medical self care? Medical self care includes such skills as knowing when and when not to see a physician and when to obtain a second medical opinion.

18.3	1	-	YES
80.6	2	-	NO (SKIP TO S12-1)
1.0	0/3	-	DON'T KNOW

### Education and Control

S11-2. Which of the following were offered ...

	YES	NO	DK
A. Individual counseling	30.7	69.1	0.2
B. Group classes, workshops, lectures, or special events	36.4	63.6	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	83.5	16.5	0.0
D. Access to a telephone counseling service other than an EAP	26.1	72.6	1.3

## 12. MENTAL HEALTH

### Screeners Questions

S12-1. During the past 12 months, did your worksite offer any information or activities concerning mental health issues?

25.4	1	-	YES
74.2	2	-	NO (SKIP TO S12-3)
0.4	0/3	-	DON'T KNOW

S12-2. What mental health topics were included? [DO NOT READ ANSWERS.  
CHECK ALL MENTIONED.]

- 2.2 A. SINGLE PARENT ISSUES..... ( )
- 2.5 B. SELF ESTEEM ..... ( )
- 18.7 C. DEPRESSION ..... ( )
- 2.8 D. SUICIDE ..... ( )
- 37.8 E. ADDICTION ..... ( )
- 3.0 F. SUPPORT GROUPS ..... ( )
- 35.0 G. STRESS MANAGEMENT ..... ( )
- 3.9 H. COPING WITH CHANGE ..... ( )
- 3.7 I. CHILD/SPOUSE/ELDER ABUSE ..... ( )
- 2.7 J. MANAGING FINANCES ..... ( )
- 16.4 K. JOB STRESS ..... ( )
- 1.3 L. CARING FOR ELDERLY PARENTS..... ( )
- 8.8 M. BALANCING WORK AND FAMILY ROLES..... ( )
- 24.4 N. EAP (Employee Assistance Program)..... ( )
- 6.2 O. GENERAL MENTAL HEALTH..... ( )

[IF S12-2 G MENTIONED, SKIP TO S12-4]

S12-3. During the past 12 months, did your worksite offer any information or activities concerning stress management?

- 37.1 1 - YES
- 62.4 2 - NO (SKIP TO S12-5)
- 0.5 0/3 - DON'T KNOW

#### Education and Control

S12-4. Which of the following were offered relating to stress management:

	YES	NO	DK
A. Individual counseling	27.1	72.6	0.3
B. Group classes, workshops, lectures, or special events	69.0	30.8	0.2
C. Resource materials such as posters, brochures, pamphlets, or videos	85.6	13.0	1.4
D. Job redesign, personnel reassignments	25.3	71.4	3.3

#### Facilities

S12-5. Does your worksite offer special places or rooms where employees can relax?

- 64.3 1 - YES
- 35.7 2 - NO
- 0.0 0/3 - DON'T KNOW

### 13. ALCOHOL AND OTHER DRUG POLICIES

Next, we will ask about some specific kinds of health education.

S13-1. Does your worksite offer employees an Employee Assistance Program (EAP) either directly or indirectly through outside contracts?

40.3	1	-	YES
57.7	2	-	NO
2.1	0/3	-	DON'T KNOW

#### Policies

S13-2. Does your worksite have a formal policy regarding the use of...

Note: 87.2% of worksites indicated having a formal policy regarding alcohol and other drugs.

	YES	NO	DK
A. Alcohol	88.0	11.3	0.7
B. Other drugs	82.0	10.2	0.8

[IF S13-2A AND S13-2B - NO, SKIP TO S13-4]

S13-3. What is your worksite's formal policy? [DO NOT READ ANSWERS. CHECK ALL MENTIONED]

80.0	A.	PROHIBITING ALCOHOL USAGE ONSITE	( )
71.4	B.	HAVING A DRUG FREE WORKPLACE	( )
15.6	C.	EAP OFFERED TO THOSE WHO REQUEST HELP	( )
30.2	D.	GROUNDS FOR DISMISSAL IF DRUNK/DRUGGED ON JOB	( )
3.6	E.	USE FEDERAL GUIDELINES	( )

S13-4. Does your worksite have an employee drug testing program?

25.9	1	-	YES, FOR ALL EMPLOYEES
13.8	2	-	YES, FOR SOME EMPLOYEES
60.0	3	-	NO [SKIP TO S13-6]
0.4	0/4	-	DON'T KNOW

S13-5. Is the drug testing program for...

	YES	NO	DK
A. Pre-employment screening	86.5	12.8	0.8
B. Cause (Suspected of use)	72.9	23.9	3.3
C. Post accident or post incident	55.9	39.8	4.3
D. Random testing	43.1	56.4	0.5

**Screeners Question**

S13-6. During the past 12 months, did your worksite offer any information or activities concerning alcohol or other drug usage?

36.4	1	-	YES
62.7	2	-	NO (SKIP TO S14-1)
0.9	0/3	-	DON'T KNOW

**Education and Control**

S13-7. Which of the following were offered ...

	YES	NO	DK
A. Individual counseling	32.2	67.1	0.7
B. Group classes, workshops, lectures, or special events	46.0	53.4	0.5
C. Resource materials such as posters, brochures, pamphlets, or videos	93.6	6.3	0.0

**14. SEXUALLY TRANSMITTED DISEASES EDUCATION**

**Policy**

S14-1. Does your worksite have a formal AIDS policy or formal life-threatening disease policy under which AIDS falls?

22.1	1	-	YES
74.7	2	-	NO
3.3	0/3	-	DON'T KNOW

**Screeners Question**

S14-2. During the past 12 months did your worksite offer any information or activities concerning AIDS education?

28.0	1	-	YES
71.5	2	-	NO (SKIP TO S14-4)
0.6	0/3	-	DON'T KNOW

**Education and Control**

S14-3. Which of the following were offered...

	YES	NO	DK
A. Individual counseling	21.8	77.1	1.1
B. Group classes, workshops, lectures, or special events	61.6	38.4	0.0
C. Resource materials such as posters, brochures, pamphlets, or videos	93.8	5.8	0.4



S14-4. During the past 12 months did your worksite offer any information or activities concerning sexually transmitted diseases other than AIDS?

10.4 1 - YES  
89.3 2 - NO  
0.4 0/3 - DON'T KNOW

#### HEALTH PROTECTION

#### 15. GENERAL WORKPLACE SAFETY/HEALTH QUESTIONS

These next questions deal with general safety and accident prevention activities.

S15-1. Aside from compliance with applicable OSHA standards, in the past 12 months did your worksite offer added education on job hazards and injury prevention?

63.8 1 - YES  
34.9 2 - NO (SKIP TO S15-3)  
1.4 0/3 - DON'T KNOW

S15-2. What topics were covered? [DO NOT READ ANSWERS.]

53.8	A.	LIFTING/BACK INJURY	( )
23.0	B.	TOXIC CHEMICALS	( )
4.9	C.	NOISE	( )
7.4	D.	REPETITIVE MOTION	( )
37.3	E.	MACHINERY/EQUIPMENT HAZARDS	( )
18.7	F.	CPR/FIRST AID	( )
10.2	G.	FIRE SAFETY	( )
30.4	H.	GENERAL SAFETY	( )

S15-3. Do any employees at your worksite do work-related motor vehicle travel?

68.8 1 - YES  
31.0 2 - NO (SKIP TO S15-5)  
0.3 0/3 - DON'T KNOW

S15-4. Does your worksite require employee use of occupant protection systems, such as seat belts, during all work-related motor vehicle travel?

82.4 1 - YES  
14.4 2 - NO  
3.2 0/3 - DON'T KNOW

[IF S15-2,A CHECKED, SKIP TO S15-6]

# Screeners Question

S15-5. During the past 12 months, did your worksite offer any information or activities concerning back care?

32.5	1	-	YES
65.8	2	-	NO (SKIP TO S16-1)
1.7	0/3	-	DON'T KNOW

## Education and Control

S15-6. Which of the following were offered concerning back care?

	YES	NO	DK
A. Individual counseling	35.1	64.4	0.6
B. Group classes, workshops, lectures, or special events	70.5	29.2	0.3
C. Resource materials such as posters, brochures, pamphlets, or videos	90.2	8.3	1.4

S15-7. During the past 12 months, to prevent back injury did your worksite...

	YES	NO	NA
A. Redesign certain job tasks to reduce lifting/overexertion risks	40.8	56.2	3.0
B. Provide mechanical aids to ease the burden of lifting tasks	63.9	34.5	1.6

## 16. OFF-THE-JOB ACCIDENTS

### Screeners Question

S16-1. During the past 12 months, did your worksite offer any information or activities concerning off-the-job accidents? These might include automobile accidents and campaigns to promote seat belt use, and address hazards in the home.

17.8	1	-	YES
81.3	2	-	NO (SKIP TO S17-1)
0.9	0/3	-	DON'T KNOW

S16-2. Did your worksite offer any information or activities concerning...

	YES	NO	DK
A. Auto accidents	60.4	37.9	1.7
B. Home accidents	79.1	20.2	0.6
C. Recreational accidents	56.1	42.4	1.5
D. Other accidents (SPECIFY) _____	11.6	85.6	2.8

## Education and Control

S16-3. Which of the following were offered relating to off-the-job accidents:

	YES	NO	DK
A. Individual counseling	14.5	85.3	0.2
B. Group classes, workshops, lectures, or special events	46.5	53.3	0.3
C. Resource materials such as posters, brochures, pamphlets, or videos	88.7	10.8	0.5

## 17. PROGRAM ADMINISTRATION AND SUPPORT

[IF NO HEALTH PROMOTION ACTIVITIES, SKIP TO S17-14]

I'd like to continue the interview with some general questions.

S17-1. Please describe how your health promotion activities are coordinated; is this done primarily in-house, both in-house and by an outside group, or primarily by an outside group?

66.7	1	-	PRIMARYLY IN-HOUSE
23.2	2	-	BOTH IN-HOUSE AND BY AN OUTSIDE GROUP
6.8	3	-	PRIMARYLY BY AN OUTSIDE GROUP
3.1	0/4	-	DON'T KNOW

S17-2. What department is primarily responsible for the administration of most or all of your health promotion activities? [DO NOT READ ANSWERS.]

59.4	1	-	PERSONNEL OR HUMAN RESOURCES
6.5	2	-	MEDICAL DEPARTMENT
2.4	3	-	HEALTH PROMOTION DEPARTMENT
16.3	4	-	BENEFITS DEPARTMENT/CONTROLLER/ACCOUNTING/MANAGEMENT/ ADMINISTRATION/EDUCATION
2.4	5	-	TRAINING AND DEVELOPMENT DEPARTMENT
0.0	6	-	EAP DEPARTMENT
0.1	7	-	UNION OFFICE
0.5	8	-	EMPLOYEE COMMITTEE
7.2	9	-	OCCUPATIONAL HEALTH AND SAFETY/ACCIDENT PREVENTION
1.6	10	-	OTHER (SPECIFY) _____
1.7	11	-	DON'T KNOW
1.9	13	-	NO DEPARTMENT

S17-3. Who pays for the cost of the majority of your health promotion activities? Does the company pay, the participants pay, is the cost shared by the company and the participants or is it some other arrangement?

83.0 1 - THE COMPANY PAYS  
1.5 2 - THE PARTICIPANTS PAYS  
11.0 3 - THE COST IS SHARED BY THE COMPANY/PARTICIPANTS  
0.5 4 - SOME OTHER ARRANGEMENT (SPECIFY) \_\_\_\_\_  
2.2 0/5 - DON'T KNOW

S17-4. Does your worksite have a budget or money specifically allocated for health promotion activities?

25.4 1 - YES  
70.4 2 - NO (SKIP TO S17-6)  
4.2 0.3 - DON'T KNOW

S17-5. What was the budget allocated for fiscal year 1991? \_\_\_\_\_

[IF DON'T KNOW PROMPT WITH CATEGORIES]

22.2 1 - Less than \$5,000  
12.6 2 - 5,000 to 9,999  
17.0 3 - 10,000 to 24,999 AND 4 - 25,000 to 49,999  
2.9 5 - 50,000 to 99,999  
4.7 6 - 100,000 to 499,999  
1.7 7 - 500,000 or more

S17-6. Does your worksite use any outside organizations to provide products, services, or personnel to assist you with health promotion activities?

53.3 1 - YES  
45.2 2 - NO (SKIP TO S17-8)  
1.6 0/3 - DON'T KNOW

S17-7.	Does your worksite use:	YES	NO	DK
	A. Voluntary or not-for-profit organizations such as the American Heart Association, the American Cancer Society, or a "Y"	62.3	37.0	0.7
	B. Federal government agencies such as the National Cancer Institute or the National Heart, Lung, and Blood Institute	16.9	81.8	1.3
	C. State and local government agencies such as public health departments	32.7	66.4	0.8
	D. Private, for-profit health promotion providers, consultants, or clubs	49.5	49.2	1.3
	E. Local hospitals	55.1	44.8	0.2
	F. Sports medicine centers	13.5	86.0	0.5
	G. Does your worksite use a health maintenance organization (HMO) to assist with health promotion activities?	26.6	72.8	0.6
	F. What about insurance companies other than an HMO?	46.3	53.1	0.7
	H. What about unions or employee associations?	9.6	89.3	1.1

Location of Activities

S17-8. [If S3-6A or S4-5A or S5-5A or S6-5A or S7-4B or S8-6A or S9-3A or S10-2A or S11-2A or S12-4A or S13-7A or S14-4A or S15-6A or S16-3A  
- YES, ELSE SKIP TO S17-9]

INTERVIEWER: IF INDIVIDUAL COUNSELING EVER MENTIONED, ASK:

Where are your individual counseling sessions held? [READ CHOICES.]

- 66.7      1 - Primarily on-site
- 16.0      2 - Primarily off-site
- 14.6      3 - About equally on and off-site
- 2.6      0/4 - DON'T KNOW

S17-9. [If S3-6B or S4-5B or S5-5B or S6-5B or S7-4C or S8-6B or S9-3B or S10-2B or S11-2B or S12-4B or S13-7B or S14-4B or S15-6B or S16-3B  
- YES, ELSE SKIP TO S17-10]

INTERVIEWER: IF GROUP CLASSES, LECTURES, OR WORKSHOPS EVER MENTIONED, ASK:

Where are your group classes, lectures, or workshops held? [READ CHOICES]

88.6	1	-	Primarily on-site
4.1	2	-	Primarily off-site
6.4	3	-	About equally on and off-site .
0.8	0/4	-	DON'T KNOW

S17-10. Does your worksite allow employees to use official company time to participate in any health promotion activities?

71.7	1	-	YES
25.8	2	-	NO (SKIP TO S17-12]
2.5	0/3	-	DON'T KNOW

S17-11. Which employees are allowed to use official company time? [DO NOT READ ANSWERS. CIRCLE ALL THAT APPLY.]

<u>Percent of Worksites</u>		YES	NO
94.3	A. ALL EMPLOYEES [IF YES, GO TO S17-12]	1	2
0.9	B. FULL TIME ONLY	1	2
0.0	C. HIGH RISK ONLY	1	2
0.1	D. UNION MEMBERS ONLY	1	2
2.1	E. TOP MANAGEMENT OR EXECUTIVES ONLY	1	2
0.3	F. SALARIED ONLY	1	2
0.6	G. HOURLY WORKERS ONLY	1	2
10.0	H. OTHER (SPECIFY) _____	1	2
0.9	DEPARTMENT'S DISCRETION		
0.3	DON'T KNOW		

S17-12. Does your worksite allow employees to use flexible time scheduling (flex-time) to participate in any health promotion activities?

45.4	1	-	YES
50.4	2	-	NO (SKIP TO S17-14)
4.2	0/3	-	DON'T KNOW

S17-13. Which employees are allowed to use flexible time scheduling? [DO NOT READ ANSWERS. CIRCLE ALL THAT APPLY.]

<u>Percent of worksites</u>		YES	NO
90.2	A. ALL EMPLOYEES	1	2
1.2	B. FULL TIME ONLY	1	2
0.0	C. HIGH RISK ONLY	1	2
0.4	D. UNION MEMBERS ONLY	1	2
1.3	E. TOP MANAGEMENT OR EXECUTIVES ONLY	1	2
1.4	F. SALARIED ONLY	1	2
1.0	G. HOURLY WORKERS ONLY	1	2
0.9	H. ADMINISTRATIVE STAFF ONLY	1	2
2.0	I. OTHER (SPECIFY) _____	1	2
0.4	DON'T KNOW		

#### Financial Incentives

[ASK OF ALL WORKSITES]

S17-14. Does your worksite have flexible spending accounts to pay for nonreimbursed medical expenses with before-tax dollars?

31.2	1	-	YES
62.0	2	-	NO
6.7	0/3	-	DON'T KNOW

S17-15. Does your worksite offer employees an annual fixed amount reimbursement for the costs of health related activities?

7.7	1	-	YES
88.7	2	-	NO (SKIP TO S17-17)
3.5	0/3	-	DON'T KNOW

S17-16. How much is that annual reimbursement?

4.3	1	-	\$50
2.0	2	-	\$75
7.1	3	-	\$100
2.2	4	-	\$125
3.8	5	-	\$150
5.2	6	-	\$200
8.7	7	-	\$201-\$299
8.0	10	-	\$300-\$499
1.2	11	-	\$500-\$999
13.9	12	-	\$1000 AND UP
38.3	0/8	-	DON'T KNOW
3.8	9	-	REFUSED
1.6	13	-	NO ANSWER

S17-17. Does your worksite offer any health insurance policies with a rating structure based on...

	YES	NO	DK
A. Smoking status	11.6	83.5	4.9
B. Seat belt use	5.1	90.6	4.2
C. Participation in physical activity	2.7	93.2	4.1
D. Blood pressure level	3.5	93.0	3.5
E. Weight	4.0	92.2	3.7
F. Other (specify) _____	0.3	95.3	4.4

S17-18. Does your worksite offer subsidized discounts or reduced fees for participation in community-based ... [NOT INCLUDING WORKSITE SPONSORED ACTIVITIES]

	YES	NO	DK
A. Exercise club or recreation facilities	13.1	85.7	1.2
B. Smoking cessation classes	15.6	83.6	0.8
C. Weight loss classes	8.4	90.6	1.0
D. Other (specify) _____	0.5	98.0	1.5
STRESS MANAGEMENT CLASSES (VOLUNTEERED RESPONSE)	0.4	99.6	0.0
CPR/FIRST AID (VOLUNTEERED RESPONSE)	0.2	99.8	0.0

S17-19. Has your worksite implemented any health care cost containment strategies during the past 3 years?

43.4 1 - YES  
49.7 2 - NO (SKIP TO S17-21)  
6.9 0/3 - DON'T KNOW

S17-20. What strategies has your worksite implemented? [DO NOT READ RESPONSES. RECORD ALL MENTIONED.]

19.8 A.	SECOND OPINION PROGRAM	( )
18.4 B.	INCREASED DEDUCTIBLE IN HEALTH INSURANCE	( )
18.2 C.	HOSPITAL ADMISSION REVIEW PROGRAM	( )
12.6 D.	INCREASED COST SHARING IN HEALTH INSURANCE	( )
7.9 E.	ANALYSIS OF MEDICAL CLAIMS DATA	( )
15.2 F.	PREFERRED PROVIDER ARRANGEMENTS	( )
2.8 G.	MEMBERSHIP IN A HEALTH CARE COALITION	( )
5.9 H.	MEDICAL EXPENSE ACCOUNTS	( )
6.1 I.	HEALTH PROMOTION ACTIVITIES	( )
0.0 J.	INCREASED STOP LOSS	( )
11.1 K.	HMO/IPA/MANAGED CARE	( )
4.4 L.	FLEXIBLE BENEFITS/DEDUCTIBLES	( )
6.3 M.	CHANGED CARRIERS/PLAN	( )
1.1 N.	OTHER (SPECIFY) _____	( )

[IF WORKSITE HAS NO ACTIVITIES, SKIP TO S17-34]



# PROGRAM EVALUATION

S17-21. Of the health promotion activities your worksite offers, in what year was the first one started?

6.5 BEFORE 1980  
 2.1 1980  
 1.2 1981  
 1.8 1982  
 1.4 1983  
 2.6 1984  
 4.7 1985  
 4.4 1986  
 6.8 1987  
 7.3 1988  
 9.8 1989  
 7.4 1990  
 6.7 1991  
 1.4 1992  
 36.0 DON'T KNOW

S17-22. Is there a written set of objectives and goals for the health promotion activities at your worksite?

16.7 1 - YES  
 80.8 2 - NO  
 2.5 0/3 - DON'T KNOW

S17-23. Before implementing your health promotion activities...

	YES	NO	DK
A. Was a needs assessment conducted	27.4	63.1	9.5
B. Were health care costs analyzed	48.7	42.3	9.0
C. Were death and disability reports examined	28.2	58.1	13.7
D. Some other activity done(specify) _____	4.8	85.2	10.0

S17-24. Which employees are eligible for any health promotion activities? [DO NOT READ ANSWERS. CIRCLE ALL THAT APPLY.]

<u>Percent of worksites</u>		YES	NO
89.7	A. ALL EMPLOYEES	1	2
4.6	B. FULL TIME ONLY	1	2
0.2	C. HIGH RISK ONLY	1	2
0.1	D. UNION MEMBERS ONLY	1	2
0.9	E. TOP MANAGEMENT OR EXECUTIVES ONLY	1	2
0.3	F. SALARIED ONLY	1	2
0.1	G. MEMBERS OF EMPLOYEE ASSOCIATION ONLY	1	2
0.3	H. HOURLY WORKERS ONLY	1	2
0.5	I. OTHER (SPECIFY) _____	1	2
2.2	DON'T KNOW		

S17-25. Are spouses and dependents eligible for all, some, or none of your health promotion activities?

21.8	1	-	ALL
26.3	2	-	SOME
45.4	3	-	NONE
6.6	0/4	-	DON'T KNOW

S17-26. Are retirees eligible for all, some or none of your health promotion activities?

16.1	1	-	ALL
12.6	2	-	SOME
58.6	3	-	NONE
12.7	0/4	-	DON'T KNOW

S17-27. Does your worksite keep records of the number of people who have participated in worksite sponsored health promotion activities?

31.4	1	-	YES FOR ALL ACTIVITIES
19.7	2	-	YES FOR SOME ACTIVITIES
44.7	3	-	NO
4.2	0/4	-	DON'T KNOW

S17-28. Has a formal evaluation of your health promotion activities been conducted?

12.5	1	-	YES
82.6	2	-	NO [SKIP TO S17-32]
4.9	0/3	-	DON'T KNOW

S17-29. Does your worksite collect data to evaluate the effects of your health promotion activities on...

	YES	NO	DK
A. Absenteeism	36.2	61.0	2.8
B. Productivity	33.8	64.2	2.0
C. Health care costs	54.8	42.3	2.9
D. Disability	49.8	47.0	3.2
E. Employee health status	37.5	60.1	2.4
F. Employee health behaviors	29.3	66.3	4.4
G. Employee morale	40.3	56.3	3.4

[IF S17-29 A-G - NO, SKIP TO S17-32]

S17-30. From these data, have changes been shown in... [ONLY ASK FOR S17-29 A-G THAT WERE ANSWERED - YES]

	YES	NO	DK
A. Absenteeism	66.1	19.4	14.6
B. Productivity	65.0	22.5	12.6
C. Health care costs	64.8	20.6	14.6
D. Disability	45.4	37.0	17.6
E. Employee health status	63.7	21.5	14.8
F. Employee health behaviors	72.7	14.2	13.1
G. Employee morale	69.1	19.7	11.2

[FOR EACH S17-30 - YES, ASK S17-31]

S17-31. From these data, did you see a reduction or increase in...

	REDUCTION	INCREASE	DK
A. Absenteeism	86.2	5.9	7.9
B. Productivity	13.4	86.0	0.6
C. Health care costs	67.3	23.8	8.9
D. Disability	92.4	5.5	2.1
E. Employee health status	25.0	60.7	14.3
F. Employee health behaviors	7.5	71.7	20.8
G. Employee morale	4.3	95.3	0.4

S17-32. What are the top 2 or 3 reasons that your worksite initiated health promotion activities? [DO NOT READ ANSWERS].

<u>Any Mention</u>		1ST	2ND	3RD
16.9	A. TO IMPROVE EMPLOYEE MORALE	( )	( )	( )
40.7	B. TO IMPROVE EMPLOYEE HEALTH	( )	( )	( )
3.8	C. TO IMPROVE CORPORATE IMAGE	( )	( )	( )
7.8	D. TO INCREASE OUTPUT/PRODUCTIVITY	( )	( )	( )
1.3	E. TO HELP WITH RECRUITMENT	( )	( )	( )
8.2	F. TO REDUCE ABSENTEEISM	( )	( )	( )
9.3	G. TO REDUCE ACCIDENTS ON THE JOB	( )	( )	( )
1.8	H. TO REDUCE ACCIDENTS OFF THE JOB	( )	( )	( )
2.0	I. TO REDUCE DISABILITY CLAIMS	( )	( )	( )
26.8	J. TO REDUCE HEALTH INSURANCE COSTS (COST CONTAINMENT)	( )	( )	( )
0.9	K. TO REDUCE TURNOVER	( )	( )	( )
4.3	L. TO REDUCE WORKERS COMPENSATION CLAIMS	( )	( )	( )
0.7	M. TO DECREASE HOSPITAL AND MEDICAL UTILIZATION	( )	( )	( )
8.2	N. BECAUSE MANAGEMENT WANTED IT- CORPORATE MANDATE	( )	( )	( )
12.6	O. BECAUSE EMPLOYEES WANTED IT	( )	( )	( )
0.0	P. BECAUSE UNION WANTED IT	( )	( )	( )
1.8	Q. BECAUSE OTHER COMPANIES WERE DOING IT	( )	( )	( )
3.6	R. OTHER (SPECIFY) _____	( )	( )	( )
2.3	S. SMOKE FREE ENVIRONMENT	( )	( )	( )
2.2	T. RIGHT THING TO DO/MORAL	( )	( )	( )
3.6	U. IMPROVED EDUCATION ON HEALTH ISSUES	( )	( )	( )
2.3	V. OSHA/FEDERAL/STATE/LOCAL GOV'T COMPLIANCE	( )	( )	( )
1.0	W. STRESS	( )	( )	( )

S17-33. What are the top 2 or 3 benefits your worksite derives from its health promotion activities? [DO NOT READ ANSWERS.]

<u>Any Mention</u>		1ST	2ND	3RD
26.1	A. IMPROVED EMPLOYEE MORALE	( )	( )	( )
28.5	B. IMPROVED EMPLOYEE HEALTH	( )	( )	( )
2.5	C. IMPROVED CORPORATE IMAGE	( )	( )	( )
16.1	D. INCREASED OUTPUT/PRODUCTIVITY	( )	( )	( )
0.8	E. HELPED WITH RECRUITMENT	( )	( )	( )
19.1	F. REDUCED ABSENTEEISM	( )	( )	( )
8.7	G. REDUCED ACCIDENTS ON THE JOB	( )	( )	( )
1.9	H. REDUCED ACCIDENTS OFF THE JOB	( )	( )	( )
1.4	I. REDUCED DISABILITY CLAIMS	( )	( )	( )
19.3	J. REDUCED HEALTH INSURANCE COSTS(COST CONTAINMENT)	( )	( )	( )
1.7	K. REDUCED TURNOVER	( )	( )	( )
4.0	L. REDUCED WORKERS COMPENSATION CLAIMS	( )	( )	( )
0.3	M. MET CORPORATE MANDATE	( )	( )	( )
1.6	N. PLACATED EMPLOYEES	( )	( )	( )
0.0	O. PLACATED UNION	( )	( )	( )
2.2	P. OTHER (SPECIFY) _____	( )	( )	( )
2.8	Q. NO BENEFIT DERIVED	( )	( )	( )
7.2	R. IMPROVED EDUCATION ON HEALTH ISSUES	( )	( )	( )
2.0	S. SMOKE FREE ENVIRONMENT	( )	( )	( )
0.7	T. REDUCED STRESS	( )	( )	( )
0.4	U. COMPLIANCE WITH REGULATIONS	( )	( )	( )

[IF HAVE PROGRAMS, SKIP TO S17-35]

#### No Programs

S17-34. [IF WORKSITE HAS NO HEALTH PROMOTION PROGRAMS ] What are the top 2 or 3 reasons your worksite does not offer worksite health promotion activities? [DO NOT READ RESPONSES.]

<u>Any Mention</u>		1ST	2ND	3RD
27.2	A. TOO COSTLY	( )	( )	( )
12.8	B. EMPLOYEES NOT INTERESTED/WON'T PARTICIPATE	( )	( )	( )
14.1	C. CAN'T GET MANAGEMENT/EXECUTIVE SUPPORT	( )	( )	( )
12.1	D. WORKSITE LACKS FACILITIES	( )	( )	( )
6.0	E. DISPERSED WORKFORCE	( )	( )	( )
4.9	F. WORKSITE LACKS EXPERTISE, STAFF	( )	( )	( )
0.0	G. ORGANIZATION DOESN'T BELIEVE IT WILL SAVE MONEY ( )	( )	( )	( )
0.3	H. UNIONS MAKE IT DIFFICULT	( )	( )	( )
5.6	I. OTHER PRIORITIES	( )	( )	( )
6.7	J. HIGH EMPLOYEE TURNOVER	( )	( )	( )
4.3	K. SATISFIED WITH CURRENT PROGRAM	( )	( )	( )
1.9	L. EMPLOYEES ARE HEALTHY	( )	( )	( )
10.8	M. OTHER _____	( )	( )	( )

# Concluding Questions

S17-35. Which of the following best describes how profitable your company was during 1991. Was it...

- 11.3 1 - Very profitable
- 32.6 2 - Moderately profitable
- 26.2 3 - Slightly profitable
- 10.1 4 - Not at all profitable
- 9.3 5 - Non-profit or not for profit
- 8.6 0/6 - DON'T KNOW
- 2.0 7 - REFUSED

S1-2. What is the total number of permanent employees in all locations of the entire company?

- 27.1 <100 employees
- 28.3 100-499 employees
- 7.6 500-999 employees
- 12.2 1,000-4,999 employees
- 7.7 5,000-49,999 employees
- 3.2 50,000 or more employees
- 14.0 DON'T KNOW

S1-3. Which of the following categories best describes the kind of work done at this worksite?

- 23.4 1 - Manufacturing
- 19.5 2 - Wholesale/Retail
- 6.9 3 - Utilities/Transportation/Communications
- 10.4 4 - Finance/Real Estate/Insurance
- 36.6 5 - Services
- 0.8 6 - Other (SPECIFY) \_\_\_\_\_
- 2.3 9 - PROFESSIONAL (VOLUNTEERED RESPONSE)
- 0.0 0/7 - DON'T KNOW

S1-4. Approximately what percent of the employees at this worksite are:

- |  |         |      |
|--|---------|------|
| A. Full-time (35 HOURS OR MORE A WEEK)                   | 75-100% | 74.5 |
| B. Salaried (AS OPPOSED TO HOURLY)                       | 75-100% | 17.2 |
| C. Under the age of 30                                   | 75-100% | 6.8  |
| D. Represented by a union                                | 75-100% | 7.5  |
| E. Shift workers (WORK OTHER THAN 9-5<br>8-4, 7-3, etc.) | 75-100% | 19.3 |

S1-5. What percent of employees routinely work at least half of their hours away from the worksite, for example in traveling sales or delivery?

75-100% 4.3

S1-6. In the past 12 months, did your worksite either down-size, increase the size of the work force, or stay the same size?

29.4	1	-	Down-sized
21.3	2	-	Increased
47.1	3	-	Stayed the same
1.4	4	-	Both down-sized and increased
0.7	0/5	-	DON'T KNOW

#### HEALTH INSURANCE ELIGIBILITY

S1-7. Does your worksite offer employees a health insurance plan?

97.2	1	-	YES
2.8	2	-	NO (SKIP TO S17-36)
0.0	0/3	-	DON'T KNOW

S1-8. Is your health insurance plan . . . ?

48.9	1	-	Fully insured through an insurance company
27.8	2	-	Fully self-insured
19.2	3	-	Partially self-insured
4.0	4	-	DON'T KNOW
0.1	5	-	REFUSED

S1-9. What percentage of the workforce at your worksite is eligible for your health insurance plan(s)? [THIS INCLUDES HEALTH INSURANCE PLANS BUT NOT HEALTH PROMOTION ACTIVITIES]

8.6	<50% ELIGIBLE
11.2	50-79% ELIGIBLE
27.8	80-99% ELIGIBLE
51.2	100% ELIGIBLE
0.2	DON'T KNOW
1.1	REFUSED

S17-36. Have you ever heard of Healthy People 2000: National Health Promotion/Disease Prevention Objectives for the Year 2000?

11.5	1	-	YES
88.2	2	-	NO
0.3	0/3	-	DON'T KNOW

S17-37. What is your position or title with this company?

---

Could I have the correct spelling of your name?

RESPONDENT REQUESTED RESULTS OF THE STUDY:  
(DO NOT OFFER)

- 1 YES
- 2 NO

IF YES, ASK:

Address report should be sent to:

- 1 Same as worksite
- 2 other (GET ADDRESS)





## **APPENDIX B: ADVANCE LETTER**





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary  
for Health  
Washington DC 20201

January, 1992

Dear Sir/Madam:

The Office of Disease Prevention and Health Promotion (ODPHP) of the U.S. Public Health Service (PHS) is sponsoring a nationwide study of worksite health promotion activities. These activities would include, for example, those which help employees to stop smoking, increase exercise, or manage stress. The background and objectives of the study are explained in the enclosed information sheet.

Your organization is one of 2,000 selected at random as part of our coordinated national approach. Your voluntary participation is extremely important if we are to achieve an accurate representation of the Nation's worksites. Regardless of the extent of your involvement in health promotion activities, your responses are extremely important.

Prospect Associates and Response Analysis Corporation (RAC) are the research organizations we have chosen to conduct this study. All information that would permit identification of an individual or worksite will be available only to researchers involved in the study and will be destroyed at the completion of the study unless otherwise required by law. Results of the study will be reported only in aggregate form and will be available for public use.

One of RAC's staff will call you within the week to set up a convenient day and time to conduct the interview with you or someone you designate to respond to the survey. If you have any questions, please feel free to contact the study's Project Director Janet Greenblatt at (301) 468-6555.

Thank you in advance for your time and support. Your participation in this study is essential and will be greatly appreciated.

Sincerely,

J. Michael McGinnis, M.D.  
Deputy Assistant Secretary for Health  
Director, Office of Disease Prevention  
and Health Promotion

B-21



## **APPENDIX C: INTERVIEWER'S TRAINING MANUAL**

OMB# 0937-0194  
Exp. Date: 1-31-95  
Revised 10-92

**PROSPECT ASSOCIATES**  
**HEALTH PROMOTION IN THE WORKSITE**

**INTERVIEWER'S TRAINING MANUAL**

**FEBRUARY 11, 1992**

**Response Analysis Corporation**  
**Princeton, New Jersey**

**PROSPECT ASSOCIATES  
HEALTH PROMOTION IN THE WORKSITE**

**Interviewer's Training Manual**

**BACKGROUND**

This nationwide study of worksite health promotion activities is sponsored by the U.S. Department of Health and Human Services (DHHS). This survey will allow the DHHS to measure progress since the 1985 survey, assess the degree of success in achieving the worksite objectives outlined in the *1990 Health Objectives for the Nation*, and provide a baseline for measuring the year 2000 disease prevention and health promotion objectives.

The survey is designed to determine the nature and extent of worksite health promotion activities. It is primarily concerned with health promotion activities beyond those provided to employees through their health insurance plans. You will ask questions about four major areas that the study will examine:

- The extent of health promotion/disease prevention programs (including the range of prevention services offered at the workplace).
- Characteristics of the activities and participants (including minority groups, dependents, and retirees) in these activities.
- Administration and sponsorship of health promotion programs.
- Characteristics and demographics of the worksite.

The sample consists of small, medium, large, and extra-large size companies. A total of 1,504 CATI interviews will be completed. Companies with less than 50 employees will not qualify for this study. Federal, state, and local government worksites also will be ineligible. The sample will be managed on the CATI system.

Advance letters have been sent, about a week in advance, to potential respondents on Health and Human Services letterhead. If there was a specific health promotion coordinator identified in the sample, the advance letter was sent to that person. In most instances, the letter was addressed to the Director of Human Resources/Personnel. If a name was available, that name will appear on the CATI screen.

You will be interviewing individuals who have knowledge about the company's health promotion activities at a specific worksite. For example, RAC has two worksites; and if only the telephone center were in the sample, you would want to speak to someone who knew about health promotion issues at the telephone center, not the Princeton office. (A detailed discussion of identifying the worksite appears later.)

## **GENERAL INSTRUCTIONS**

You should keep in mind during the interview that the "past 12 months" is the frame of reference for all activities.

To obtain a comprehensive view of what health promotion activities companies offer, the questionnaire covers many types of subjects and health promotion activities. Larger companies are more likely than smaller companies to be involved in these activities. Therefore, respondents from small companies may be more likely to feel uncomfortable or embarrassed that they are not involved in many of the activities you ask about. If you sense that a respondent is not at ease, show your empathy towards the respondent's situation by saying something like:

"I understand. We are a small company too and do not have a lot of health promotion activities asked about in the questionnaire."

As you administer the questionnaire, a respondent may indicate they are concerned about confidentiality or you may sense that they are hesitant to give responses because of a concern about confidentiality. In this case, reassure the respondent that no government agency will ever receive their name or company name in association with their response.

Ask each question exactly as it is worded in the questionnaire. The respondent's answer is prompted by the words in the questionnaire; thus, a change in wording can very easily produce a change in the response.

Be sure to read each question slowly. A slow and deliberate pace gives the respondent time to fully understand the question and carefully formulate an answer. Although you will quickly become very familiar with the survey instrument, remember that each interview is the first time the respondent hears the question.

Do not provide the respondent with off-the-cuff explanations to the questions. Should the respondent fail to understand a question, repeat it slowly and with proper emphasis; if an explanation is needed, offer only those authorized in your instructions. If the respondent still does not understand, note the problem in the escape notes on CATI.



In the back of this manual is a glossary that you should review. It will help you become familiar with definitions and terms you will encounter during the interview. Further probes and clarifications to certain questions will be given on the CATI screen.

The questionnaire contains nine main sections or groups of questions. These nine sections are outlined below. A discussion is included within each section as deemed necessary.

## **SCREENING**

Getting to the right person is perhaps the most difficult part of the interview. You will have the name and/or title, address, and telephone number of the respondent on the screen. Ask to speak to the respondent by name and, if no name is given, by title. If no one by that title or similar title exists, you are to ask to speak with the person who is responsible for health promotion activities. This may end up being someone other than the person to whom we sent the advance letter. Remember, we are talking about the specific worksite, not all of the company's sites.

Avoid dialogue with the receptionist or secretary if at all possible. It is the secretary or receptionist's job to screen any "unnecessary" calls for the respondent and prevent unwanted callers from talking to the respondent. Often, they may have been instructed to enforce a company policy against employee participation in surveys. You may encounter difficulty in getting through to the respondent from the receptionist or secretary, for which you need to be prepared with answers to any objections they may have. You should say you are calling about a letter sent by the DHHS. Do not mention RAC. We state that we are calling on behalf of the DHHS. Possible questions/objections you may encounter are listed with recommended responses in the appendix of this training manual. You should review them.

The CATI screen will provide you with the instructions and text needed to find the correct respondent. Included on one of the screens will be a summary of the DHHS letter for you to avoid resending the letter. Once the respondent is on the telephone, you will read the introduction on the screen.

If the respondent wants the letter before completing the survey, offer to fax or mail it. Do not schedule a general callback, make a specific appointment. Arrange for a callback time that allows for the respondent to receive the materials. Remember that you have a summary of the letter and that you should do your best to get the respondent to complete the interview at this time.

In the event you are referred to someone else who is more knowledgeable, be sure to get the name, title, and telephone number of the referral. In some instances, you may be speaking with someone at a location other than the specific worksite in which we are interested. For example, if the RAC telephone center were in the sample, you might

be asking \_\_\_\_\_ in Princeton about the telephone center in Hamilton. You must make it very clear for which worksite we are seeking information.

If the name of the company suggests it may be affiliated with the Government (e.g., a utility regulatory commission), you should screen for eligibility before spending unnecessary time tracking the proper respondent. Likewise, if you suspect a company may have less than 50 employees (e.g., a real estate office), screen immediately for number of employees.

## GENERAL WORKSITE QUESTIONS

This section of demographic questions will be asked at the end of the interview but are introduced now because they help define the worksite as it pertains to this study.

These questions, with the exception of Q S-12, ask about this worksite only. A worksite is defined by a geographic location of a company. In geographic terms, a worksite is a location where a group of people work or work out of. If the group of people representing a company work in more than one building and the buildings are close to each other, then this is considered one worksite. As an example, RAC has two worksites. If the RAC telephone center was in the sample, information on the Princeton office should not be reported.

If an office park or campus has more than one company, the worksite is the portion of that campus that belongs to the company being interviewed. For example, although the companies at Research Park in Princeton are all close to one another, they are not considered to be at the same worksite as RAC headquarters because they are separate companies from RAC.

Pay careful attention to questions for which a percentage is requested. If a respondent reports a number, probe for the percentage that number represents. If a range (e.g., 85% to 90%) is reported, force the respondent's answer.

Q.S1-2 By "entire company" we mean all the companies bearing the same name. For example, Johnson and Johnson has many companies in its "family." If Johnson and Johnson Baby Products were in the sample, the number of employees reported should be the number of people who work for that specific company, not the number of employees who work for all of the Johnson and Johnson companies combined. Because this question may be interpreted differently by respondents, accept their answer as given. Do not probe as to how they arrived at that answer. The only discrepancy to resolve would be if the number of employees in all locations of the entire company were less than the number of employees at that particular worksite.

Q. S1-4 The categories may overlap. Therefore, they do not have to add up to 100 percent.

The figures reported do not necessarily relate to each other. Each item is independent of the information provided for the previous item. In other words, for item E, we are not asking about shift workers who are represented by a union (Item D). We simply want to know what percent of the employees are shift workers. It is important that you do not "string" these items together implying a relationship between them.

Shift workers are defined here as employees who do not work what is known as traditional day hours. A person working 4 to 12 midnight would be a shift worker as would be someone who worked rotating shifts (i.e., 8-4, 4-12, 12-8).

Q. S1-8 At any worksite, employees may be eligible for health promotion activities but not the health insurance benefits. This question refers only to the number eligible for health insurance benefits.

#### **GENERAL PREVENTIVE SERVICES**

This series of self-explanatory questions explores ways in which a company assesses the health risks of employees.

Q. S2-2 If senior officers or top management executives are required to take a periodic physical exam, a "YES" should be recorded.

#### **SPECIFIC KINDS OF HEALTH SCREENING**

This series of questions deals with specific kinds of health screening activities that the worksite may or may not offer. Some points to keep in mind are given below. If the only screenings offered are those that are part of a pre-employment physical, "NO" is the correct answer.

##### **■ Blood Pressure**

Q. S3-1 By "blood pressure screening," we do not mean donating blood or the taking of blood pressure that may occur when someone donates blood. If this is the case, the answer to this questions is "NO."

Q. S3-5 This is the first time you will see this screening question asking if the worksite offered information or activities concerning a specific health promotion activity. Listen carefully for qualified "NOs" in these questions. A respondent may answer, "NO, only pamphlets." Pamphlets are considered information and require a "YES" answer.

- **Cholesterol**
- **Cancer**

Q. S5-1 Obtain a response of "YES" or "NO" for each item listed. If the worksite offered any other cancer screening test, record the test as an "other" and specify.

The intent of this question is to inventory cancer screenings that are made available by the worksite above and beyond that offered through its health insurance plan.

Q. S5-7 "Onsite" refers to activities that take place at the worksite location. "Offsite" refers to activities that take place at a location other than the worksite.

## **HEALTH PROMOTION**

These questions will pertain to certain policies, facilities, or activities, including:

- **Smoking Cessation and Policy**

Q. S6-2 If a respondent answers that smoking is not allowed except in special areas, you will need to probe further by reading the distinction between codes "2" and "3."

- **Exercise and Fitness Activities**

Q. S7-4 If discounts for health or exercise clubs are mentioned, enter this information in the NOTES section.

- **Nutrition Education**

Q. S8-1 If a company has a "lunchroom" or "kitchen" but no food can be purchased, "NO" is the appropriate answer.

Q. S8-5 This question refers specifically to nutrition, not weight control. There is a separate weight control section.

- **Weight Control Activities**
- **Prenatal Education**
- **Medical Self-Care**

Q. S11-1 A definition of Medical Self-Care is provided in the glossary of this manual. The definition will be on the CATI screen during the interview and should be read.

- **Mental Health**

Q. S12-1 "Mental health" is a broad term. The answers to Q. S12-2 are examples of mental health topics. If a respondent asks what you mean by "mental health issues," refer to these examples and then back up to enter the response.

Q. S12-2 Item "G" is the correct answer for a general "stress" response. Item "K" should be used when the respondent specifically mentions stress in relation to their job.

If the respondent reports that their EAP offers assistance for a variety of mental health issues, use code "14."

Q. S12-5 If a smoking lounge is the only place where employees can relax, the answer is "NO."

- **Alcohol and Other Drug Policies**

Q. S13-1 An Employee Assistance Program (EAP) is a referral program for employees who have persistent problems that adversely affect their personal relationship and/or performance at work. These problems may be financial, emotional, marital, legal, or drug or alcohol-related.

See glossary for other types of testing.

- **Sexually Transmitted Diseases Education**

## **HEALTH PROTECTION**

Contains general workplace safety and health questions aside from OSHA standards and a section of questions pertaining to off-the-job accidents about the worksite.

- **General Workplace Safety/Health Questions**

- **Off-the-job Accidents**

Q. S15-3 Travel to and from work is excluded here.

## **PROGRAM ADMINISTRATION AND SUPPORT**

Covers general questions about health promotion at the worksite, the location of these activities, and financial incentives for health promotion at the worksite.

### ■ **Location of Activities**

Q. S17-7 Pay careful attention to the respondent's answers to Items G-1. We are not asking if they have an HMO, other insurance company, or a union. We want to know if these organizations assist them with their health promotion activities.

Q. S17-11 Familiarize yourself with the definitions given in the glossary for the types of employees listed. These definitions will help you to get the appropriate answer for this question.

Breaks and lunch hours are not considered official company time.

Q. S17-12 We are not asking if the company offers flex time. We are asking if the employees have any flexibility within their job that allows them to participate in health promotion activities.

### ■ **Financial Incentives**

Q. S17-17 Make sure the respondent is not summarizing what health promotion activities the worksite offers. If you sense he or she is, repeat the introduction.

Qs. S17-20, S17-32, and S17-33 These questions require that you familiarize yourself with the list of responses. You will not be reading the categories and it will help make these questions go more smoothly. If you cannot quickly locate the reason, note it in the OTHER category.

Q.S17-33 The company, not the employees, is the focus of this question.

Q.S17-35 There is a difference between codes 4 and 5. Some companies are structured not to make a profit (code "5"). Code 4 is reserved for companies who hoped to make a profit but unfortunately did not.

Q. S17-36 If a respondent reports having heard of the "Wellness Council of America," record a "NO."

Because of the many referrals possible before reaching the appropriate respondent, it is important for us to know who completed the interview.

You are not to ask if the respondent would like the results of the survey. If one is requested, you must obtain the address to which it should be sent.

## **PROGRAM EVALUATION**

Questions pertaining to the health promotion program at the worksite, who is eligible, and when and how the program was derived.

## **CONCLUDING QUESTIONS**

Following is the definition of "National Health Promotion/Disease Prevention Objectives for the Year 2000."

ODHPH targets for health improvement on a national level for the year 2000. The plan includes objectives for the worksite and other objectives important to employers, employees, and unions.

## **OVERCOMING RESPONDENT OBJECTIONS**

- IF RESPONDENT SAYS HE/SHE NEVER PARTICIPATES IN SURVEYS, SAY:

I understand that someone in your position may often get requests for surveys on many different subjects, but this is not a commercial survey. This study is being sponsored by the U.S. Government.

- IF RESPONDENT SAYS HIS/HER COMPANY REALLY DOESN'T OFFER (ANY/MANY) OF THOSE KINDS OF PROGRAMS, SAY:

Your worksite does not have to offer (any/many) health promotion activities to participate in the study. We need to interview companies of all sizes with different levels of programs. It is important to have a cross section of all businesses represented in the study. Your company was randomly selected by a scientific procedure; and if you don't participate, we cannot substitute another company.

- IF RESPONDENT SAYS SHE/HE ONLY KNOWS A SMALL AMOUNT ABOUT THE COMPANY'S HEALTH PROMOTION ACTIVITIES, SAY:

Can you refer me to someone in the company who is responsible for your company's health promotion activities?

- IF THE RESPONDENT ASKS HOW THE INFORMATION WILL BE USED, SAY:

The data will be presented in a report to the Office of Disease Prevention and Health Promotion. No individually identifiable information will be used. Your responses will appear in aggregate form based on the size of your worksite and the type of industry your company represents.

- IF THE RESPONDENT ASKS WHAT KIND OF INFORMATION YOU ARE LOOKING FOR, SAY:

I'm going to be asking your questions about activities such as health screenings, helping your employees to stop smoking, improving physical fitness, preventing back injuries, etc.

### **MAXIMIZING RESPONSE RATE**

Procedures for obtaining the maximum degree of cooperation include:

- The callback schedule will include an original and four callbacks to locate the appropriate respondent and an additional two callbacks to reach a respondent.
- Once the appropriate respondent has been identified, interviewers will be instructed to set up as many callbacks as necessary to obtain all of the required information.
- Attempts will be made to convert those who initially refused to participate in the survey, active refusers, and those who are too busy to respond, passive refuser.
- Interviewers will be instructed to gather as much information as possible so that a refusal conversion can be attempted by a member of the refusal conversion team.
- All refusals will be reviewed by a supervisor before any subsequent course of action is taken.
- A letter will be sent to respondents who request further information about the study either by telecopier or mail.
- An 800 toll-free number will be provided for respondents to return our call at their convenience.



- Business establishments that appear to have gone out of business or have relocated within or outside of the area will be tracked using methods such as a telephone search with operator assistance and a letter with "address correction" requested. Confirmation may also be obtained from local business organizations, such as the Better Business Bureau or the Chamber of Commerce.
- Assuming that a telephone number is found, contacts will be made with the worksites that have moved out of the city or state to ascertain their eligibility for inclusion in the survey.

## PROCEDURES FOR HANDLING CORPORATE/MULTI-WORKSITES

1. If at the worksite the respondent refers you to a corporate office, say:  
  
Is there someone at this location who is responsible for the administration of health promotion activities?
2. If they persist in saying "I can't answer these questions, you have to talk with someone in our corporate office," obtain the name of someone to contact, if possible.
3. When talking to the corporate office, say:  
  
We are only interested in the health promotion activities that are conducted in the location at "123 Broadway in Santa Monica, California. Is there someone at that location who is responsible for the administration of their health promotion activities who could answer these questions?"
4. If you cannot obtain a contact at the location sampled, you will have to ask the questions of the corporate contact. Say to them:  
  
"We are only interested in the health promotion activities that are available to employees at the worksite located at 123 Broadway in Santa Monica, California. Please answer the questions for that worksite only."
5. If you are referred to the same corporate contact for more than one sampled worksite, again request a contact at the worksite that is in the sample (#3 above).
6. If possible, have the corporate contact answer the questions for the worksite that is in the sample (#4 above).
7. If the corporate contact says, "I am the only one who can answer the questions and I have already given you the same answers for another location," terminate the interview and call the sampled worksite a duplicate.
8. You must call every worksite in the sample and try to administer the questionnaire to that worksite. Should you be referred to the same corporate contact for a company again (for a third or fourth time, etc.) terminate the interview and count the sampled worksite a duplicate.

## GLOSSARY

### General/Miscellaneous

#### Worksite Health Promotion Activities

Are those policies, information campaigns, education and counseling (workshops, etc.), services (healthy food in cafeteria, fitness facilities, etc.) and environmental support (job redesign, etc.) designed to help the worker (dependents and retirees in some cases) change unhealthy behaviors and lifestyles.

Most commonly included topics are: smoking, physical activity and fitness, nutrition, stress management, alcohol and other drugs, and mental health.

Many companies enhance their efforts to assist employees in leading healthier lifestyles by providing access to preventive services such as cholesterol and hypertension (high blood pressure) screenings, among others.

Worksite health promotion activities are most often described in the context beyond what is included in an employer's health benefit plan. However, an increasing number of employers are integrating their worksite health promotion activities with benefits plan offerings to provide comprehensive programming to employees.

This survey is primarily concerned with health promotion activities beyond those provided to employees through their health insurance plans. Also, questions are asked to see if activities are made available to dependents and retirees. The activities are either:

1. Fully paid for by the employer,
2. Fully paid for by the employee (but made available and/or promoted by the employer), or
3. Paid for through a cost-sharing arrangement between employer and employee.

#### In-house

"Coordinated in-house" means coordinated by employees of the company.

Outside Group	"Coordinated by an outside group" means coordinated by a group outside of the company.
Medical Self-Care	Efficient and appropriate use of the Medical Care System, which includes such skills as knowing when and when not to see a physician, when to obtain a second medical opinion, how to be an assertive patient, and when to use out-patient rather than in-patient services.
Onsite/offsite	"Onsite" refers to activities that take place at the worksite. "Offsite" refers to activities that take place at a location other than the worksite.
EAP or Employee Assistance Program	An Employee Assistance Program (EAP) is a referral program for employees who have persistent problems that adversely affect their personal relationships and/or performance at work. These problems may be financial, emotional, marital, legal, or drug or alcohol-related.
Worksite	Entity that is made up of employees of one company at one geographical location.
Downsized	Reduced the number of employees.
Turnover	Refers to the degree to which employees leave the company. "A lot of turnover" means proportionally many employees leave the company. "A little turnover" means that proportionally fewer employees leave the company.
Employee Morale	"Good employee morale" refers to positive feelings and attitudes of the employees toward their company, organization, jobs, or working conditions. "Bad morale" refers to negative feelings and attitudes of employees toward the same.
HMO or Health Maintenance Organization	The HMO's basic functions are to provide comprehensive health care services to subscribers; to contract with or employ physicians and other health care professionals who will provide the covered medical services; and to contract with one or more hospitals to provide covered hospital care (a few HMOs own and operate hospitals).

Disability Claims	When a worker with disability insurance becomes disabled, he or she must file a "disability claim" to obtain benefits from their disability insurance policy.
Screening	Screening is the process of identifying whether or not someone has a health problem or a potential health problem. Examples of screening are: cancer screening, in which employees would be tested for signs of cancer; or blood cholesterol screening, in which employees would be tested for problems with their blood cholesterol level.
Smoking Cessation	Stopping smoking. A smoking cessation program is one that facilitates smokers to stop smoking.
STD	Sexually transmitted disease (e.g., AIDS, herpes, syphilis).
Health Insurance Premium	The premium is the total cost of the insurance to the company and the employee. Usually, a company will pay a large proportion of the premium and require that the employee pay a smaller portion of the premium.
Health Care Cost-Containment Strategies	Strategies for minimizing the cost of health care.
National Health Disease Prevention Objectives for the year 2000	Targets for health improvement on a national level for the year 2000, established by the ODPHP (Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services). The plan includes objectives for the worksite and other objectives important to employers, employees, and unions.
Prenatal Education	Education regarding pregnancy, birth, and child care for prospective mothers and/or fathers.
Corporate Image	The image of the company in the eyes of employees or the public.
Recruitment	Recruiting or hiring of new employees.
Hospital and Medical Utilization	Employee use of medical care providers or hospitalization.

### Government Agencies

DHHS	U.S. Department of Health and Human Services
ODPHP	Office of Disease Prevention and Health Promotion of the U.S. Public Health Service (PHS), U.S. Department of Health and Human Services (DHHS)
OSHA	Occupational Safety and Health Administration, Department of Labor
PHS	U.S. Public Health Service

### Tests for Cancer

Tests for Blood in stool	An exam that checks for the possible presence of blood in the stool that one cannot see in the stool.
PAP Smear	Also known as a Cervical Smear. It is a routine test in which the doctor examines the female internal organs, takes a swab of the cervix, and sends a cell sample to the lab.
Mammography	An X-ray taken of the breasts by a machine that presses the breasts flat. It is not a chest X-ray like you would have for pneumonia. This X-ray takes a picture to check for early breast cancer.

### Mental Health

Stress Management	An individual's ability to cope with personal stress related to either their work or personal life.
Job Stress	Stress whose source is work-related.
Elder Abuse	Abuse of an elderly parent by an adult relative or caretaker.

### Drug Related

Types of Drug Testing:	<b>Pre-Employment Drug Screening</b>  Screening potential employees for nondrug use as a qualification for employment.
	<b>Postaccident or Incident Drug Testing</b>  Testing an employee for drug use soon after an accident or incident to determine whether or not the employee was under the influence of drugs at the time of the accident or incident.
	<b>Random Drug Testing</b>  Testing of employees at random (at any time, without prior notification) for drug use. Companies use this policy to deter employees from drug use.

### Types of Employees

High-Risk Employees	Those employees who have a high likelihood of getting a disease or having a health problem. These employees are considered to be at "high risk" for developing the problem.
Nonexempt Employees	These employees are not exempt from minimum wage and overtime provisions of the Fair Labor Standards Act (Wage and Hour Law) and are entitled to overtime pay.
Exempt Employees	These employees are exempt from the minimum wage and overtime provisions of the Fair Labor Standards Act (Wage and Hour Law). They do not receive overtime pay.
Shift workers:	Shift workers are defined here as employees who do not work what is known as traditional day hours. A person working 4 to 12 midnight would be a shift worker as would be someone who worked rotating shifts (i.e., 8-4, 4-12, 12-8).

### Health Care Cost-Containment Strategies

Second Opinion Program	A health insurance policy program that requires employees for whom surgery is recommended to obtain a second opinion before hospital admission. This type of program is used by many health insurance companies.
Hospital Admission Review Program	A health insurance policy program that requires pre-surgical review by the health insurance company of the need for surgery in nonemergency cases.
Preferred Provider Arrangements (or Preferred Provider Organization, PPO)	This is a type of insurance benefit plan in which subscribers are free to choose any physician or hospital they wish but are given financial incentives to use the services of preferred providers. These incentives may or include expanded benefits and lower costs for certain services of the preferred providers. Employers may offer a PPO benefit plan instead of, or in addition to, a traditional indemnity plan and/or health maintenance organization.

### Monetary Incentives to Employees

Flexible spending accounts (FSA's)	Pay for nonreimbursed medical expenses with before-tax dollars.
Annual Fixed Cost Reimbursement	Reimbursement for the costs of health promotion activities.



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# **1992 NATIONAL SURVEY OF WORKSITE HEALTH PROMOTION ACTIVITIES**

## **CODEBOOK FOR DATASET**

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Public Health Service**  
**1992**

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REPRODUCED BY  
U.S. DEPARTMENT OF COMMERCE  
NATIONAL TECHNICAL  
INFORMATION SERVICE  
SPRINGFIELD, VA 22161

Prepared by Prospect Associates  
and Response Analysis Corporation  
with support provided  
by U.S. Public Health Service  
contract 282-90-0044.

## Computer Data Tape Specifications

FILE NAME: ODPHP92.DAT  
HIGH DENSITY  
LRECL = 80  
BLKSIZE = 880

N = 1,507 respondents  
11 = cards per respondent

### Notes on Use of Codebook

Each questionnaire item in the codebook is identified by a question number as well as its location on the data tape (i.e., card number and column number).

Respondent #'s are not consecutive but are inclusive.

The case weights are included on this file.

Where the codes fall into columns by order of mention, not all columns may be used. More columns were allocated than necessary.

Confidential information such as respondent's phone and D & B number have been removed from the data tape to conform with confidentiality agreements.

A set of unweighted and weighted marginal counts are included in this codebook.



Card No.	Column No.	Question No. /Item	Codes
1	1-5	Respondent #	1 - 28788
1	6-8	Blank	Blank
1	9-16	Interview date	Slashes that separate the month, day, and year appear in cols. 111 & 114 (MM/DD/YY)
1	17-22	phone number	National (Area code and prefix)
1	23-26	Blank	Blank
1	27-31	Weights	Case weights with decimal always in col. 129
1	32-35	Blank	Blank
1	36-38	Interview length	In minutes
1	39-47	Blank	Blank
1	48	Screening Question	Part of Fed., State, Local Government 1 Yes (Code '1' won't appear on tape) 2 No 3 Don't Know 4 Refuse
1	49-53	S1-1	How many permanent full and part-time empl- oyed at this worksite 99997 or more 99998 Don't Know 99999 Refused

1	54-55	Size * Industry	1 Small Manufacturing 2 Small Wholesale/Retail 3 Small Services 4 Small Utilities 5 Small Financial 6 Small Other 7 Medium Manufacturing 8 Medium Wholesale/Retail 9 Medium Services 10 Medium Utilities 11 Medium Financial 12 Medium Other 13 Large Manufacturing 14 Large Wholesale/Retail 15 Large Services 16 Large Utilities 17 Large Financial 18 Large Other 19 Extra Large Manufacturing 20 Extra Large Wholesale/Retail 21 Extra Large Services 22 Extra Large Utilities 23 Extra Large Financial 24 Extra Large Other
1	56	S2-1	1 Yes 2 No 3 Don't Know 4 Refused
1	57	S2-2	1 Yes 2 No 3 Don't Know 4 Refused
1	58	S2-3	1 Yes 2 No 3 Don't Know 4 Refused
1	59	S2-4	1 Yes 2 No 3 Don't Know 4 Refused
1	60	S3-1	1 Yes 2 No 3 Don't Know 4 Refused

1	61	S3-2	1 Yes 2 No 3 Don't Know 4 Refused
1	62	S3-3	1 Yes 2 No 3 Don't Know 4 Refused
1	63	S3-4	1 Yes 2 No 3 Don't Know 4 Refused
1	64	S3-5	1 Yes 2 No 3 Don't Know 4 Refused
1	65	S3-6	Individual counseling 1 Yes 2 No 0 Don't Know
1	66	S3-6	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
1	67	S3-6	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
1	68	S4-1	1 Yes 2 No 3 Don't Know 4 Refused
1	69	S4-2	1 Yes 2 No 3 Don't Know 4 Refused
1	70	S4-3	1 Yes 2 No 3 Don't Know 4 Refused

1	71	S4-4	1 Yes 2 No 3 Don't Know 4 Refused
1	72	S4-5	Individual counseling 1 Yes 2 No 0 Don't Know
1	73	S4-5	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
1	74	S4-5	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
1	75	S5-1	Tests for blood in the stool 1 Yes 2 No 0 Don't Know
1	76	S5-1	Pap smears 1 Yes 2 No 0 Don't Know
1	77	S5-1	Exams for skin cancer 1 Yes 2 No 0 Don't Know
1	78	S5-1	Breast exams by medical personnel 1 Yes 2 No 0 Don't Know
1	79-80	End of Card	01
2	1-5	Respondent #	1 - 28788
2	6	S5-1	Mammography 1 Yes 2 No 0 Don't Know



2	7	S5-1	Exams for oral cancer 1 Yes 2 No 0 Don't Know
2	8	S5-1	Other - see verbatim list of others for this question 1 Yes 2 No 0 Don't Know
2	9	S5-1	Prostate/Colon/Rectal 1 Yes 2 No 0 Don't Know
2	10-13	SIC code	Standard Industrial Code
2	14-17	Blank	Blank
2	18-28	Sales	Total sales in dollars
2	29	S5-2	1 Yes 2 No 3 Don't Know 4 Refused
2	30	S5-3	1 Yes 2 No 3 Don't Know 4 Refused
2	31	S5-4	1 Yes 2 No 3 Don't Know 4 Refused
2	32	S5-5	Individual counseling 1 Yes 2 No 0 Don't Know
2	33	S5-5	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
2	34	S5-5	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know

2	35	S5-5	Teaching women to examine their own breasts for lumps 1 Yes 2 No 0 Don't Know
2	36	S5-6	1 The company paid 2 The participants paid 3 The cost was shared by company/participants 4 Some other arrangement 5 Don't Know 6 Refused 7 Insurance carrier/Provider/HMO 8 Free/No charge
2	37-38	Blank	Blank
2	39	S5-7	1 Primarily on-site 2 Primarily off-site 3 Half on-site/half off-site 4 Don't Know 5 Refused
2	40	S6-1	1 Yes 2 No 3 Don't Know 4 Refused
2	41-42	S6-2	1 Smoking not allowed anywhere/Smoke free environment 2 Smoking not allowed except in separately ventilated smoking areas 3 Smoking not allowed except in designated areas w/o separate ventilation 4 Smoking allowed everywhere except in a few no smoking areas 5 Each area decides on its own policy 6 Other 7 Don't Know 8 Refused 9 Smoking permitted everywhere/no rules 10 Designated area ventilation unknown 11 Federal, State, Local guidelines
2	43	Blank	Blank
2	44	S6-3	State legislation 1 Yes 2 No 0 Don't Know

2	45	S6-3	Local legislation 1 Yes 2 No 0 Don't Know
2	46	S6-4	1 Yes 2 No 3 Don't Know 4 Refused
2	47	S6-5	Individual counseling 1 Yes 2 No 0 Don't Know
2	48	S6-5	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
2	49	S6-5	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
2	50	S7-1	A locker room with showers 1 Yes 2 No 0 Don't Know
2	51	S7-1	An indoor area set aside specifically for exercise and physical fitness activities 1 Yes 2 No 0 Don't Know
2	52	S7-1	Aerobic exercise equipment such as stationary cycles, stairmasters or indoor running tracks 1 Yes 2 No 0 Don't Know
2	53	S7-1	Strength training equipment 1 Yes 2 No 0 Don't Know

2	54	S7-1	Outdoor facilities such as a jogging trail 1 Yes 2 No 0 Don't Know
2	55	S7-2	1 Yes 2 No 3 Don't Know 4 Refused
2	56	S7-3	1 Yes 2 No 3 Don't Know 4 Refused
2	57	S7-4	Fitness evaluations or testing 1 Yes 2 No 0 Don't Know
2	58	S7-4	Individual counseling 1 Yes 2 No 0 Don't Know
2	59	S7-4	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
2	60	S7-4	Recreational programs such as softball teams 1 Yes 2 No 0 Don't Know
2	61	S7-4	Formal fitness challenges or campaigns 1 Yes 2 No 0 Don't Know
2	62	S7-4	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
2	63	S8-1	1 Yes 2 No 3 Don't Know 4 Refused

2	64	S8-2	1 Yes 2 No 3 Don't Know 4 Refused
2	65	S8-3	1 Yes 2 No 3 Don't Know 4 Refused
2	66	S8-4	1 Yes 2 No 3 Don't Know 4 Refused
2	67	S8-5	1 Yes 2 No 3 Don't Know 4 Refused
2	68	S8-6	Individual counseling 1 Yes 2 No 0 Don't Know
2	69	S8-6	Group classes, workshops, lectures or special events 1 Yes 2 No 0 Don't Know
2	70	S8-6	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
2	71	S9-1	1 Yes 2 No 3 Don't Know 4 Refused
2	72	S9-2	1 Yes 2 No 3 Don't Know 4 Refused
2	73	S9-3	Individual counseling 1 Yes 2 No 0 Don't Know

2	74	S9-3	Group classes, workshops, lectures or special events 1 Yes 2 No 0 Don't Know
2	75	S9-3	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
2	76	S10-1	1 Yes 2 No 3 Don't Know 4 Refused
2	77	S10-2	Individual counseling 1 Yes 2 No 0 Don't Know
2	78	S10-2	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
2	79-80	End of Card	02
3	1-5	Respondent #	1 - 28788
3	6	S10-2	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
3	7	S11-1	1 Yes 2 No 3 Don't Know 4 Refused
3	8	S11-2	Individual counseling 1 Yes 2 No 0 Don't Know

3	9	S11-2	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
3	10	S11-2	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
3	11	S11-2	Access to a telephone counseling service other than an Employee Assistance Program 1 Yes 2 No 0 Don't Know
3	12	S12-1	1 Yes 2 No 3 Don't Know 4 Refused
3	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48	S12-2 Codes fall into cols. by order of mention	1 Single parent issues 2 Self esteem 3 Depression 4 Suicide 5 Addiction 6 Support groups 7 Stress management 8 Coping with change 9 Child/Spouse/Elder abuse 10 Managing finances 11 Job stress 12 Carrying for elderly parents 13 Balancing work and family roles 14 EAP (Employee Assistance Program) 15 Other 16 Don't Know 17 Refused 18 General mental health
3	49-63	Blank	Blank
3	64-68	# of employees	Greater than or equal to 50
3	69	S12-3	1 Yes 2 No 3 Don't Know 4 Refused

3	70	S12-4	Individual counseling 1 Yes 2 No 0 Don't Know
3	71	S12-4	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
3	72	S12-4	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
3	73	S12-4	Job redesign, personnel reassignments 1 Yes 2 No 0 Don't Know
3	74	S12-5	1 Yes 2 No 3 Don't Know 4 Refused
3	75	S13-1	1 Yes 2 No 3 Don't Know 4 Refused
3	76	S13-2	Alcohol 1 Yes 2 No 0 Don't Know
3	77	S13-2	Other drugs 1 Yes 2 No 0 Don't Know



3 4	78 6 7 8 9 10 11 12 13	S13-3 Codes fall into cols. by order of men- tion	1 Prohibiting alcohol usage on-site 2 Having a drug free workplace 3 EAP offered to those who request help/counseling/referral 4 Grounds for dismissal if drunk/drugged on job 5 Use federal guidelines 6 Other 7 Don't Know 8 Refused 9 Drug testing/Pre-employment/For cause
3	79-80	End of Card	03
4	1-5	Respondent #	1 - 28788
4	14-33	Blank	Blank
4	34	S13-4	1 Yes, for all employees 2 Yes, for some employees 3 No 4 Don't Know 5 Refused
4	35	S13-5	Pre-employment screening 1 Yes 2 No 0 Don't Know
4	36	S13-5	Cause (When use is suspected) 1 Yes 2 No 0 Don't Know
4	37	S13-5	Post accident or post incident 1 Yes 2 No 0 Don't Know
4	38	S13-5	Random testing 1 Yes 2 No 0 Don't Know
4	39	S13-6	1 Yes 2 No 3 Don't Know 4 Refused

4	40	S13-7	Individual counseling 1 Yes 2 No 0 Don't Know
4	41	S13-7	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
4	42	S13-7	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
4	43	S14-1	1 Yes 2 No 3 Don't Know 4 Refused
4	44	S14-4	1 Yes 2 No 3 Don't Know 4 Refused
4	45	S14-2	1 Yes 2 No 3 Don't Know 4 Refused
4	46	S14-3	Individual counseling 1 Yes 2 No 0 Don't Know
4	47	S14-3	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
4	48	S14-3	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know

4	49	S15-1	1 Yes 2 No 3 Don't Know 4 Refused
4	50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73 74-75 76-77	S15-2 Codes fall into cols. by order of mention	1 Lifting/back injury 2 Toxic chemicals 3 Radiation 4 Noise 5 Repetitive motion 6 Machinery/Equipment hazards 7 First aid/CPR 8 Other 9 Don't Know 10 Refused 11 Fire safety 12 Food safety 13 Self defense/Crime prevention 14 Ergonomics 15 General safety/Risk management 16 Driving safety/Traffic safety/Seat belts 17 Electrical safety 18 Earthquake/Tornado preparedness 19 Lockout 20 Eye protection/Care 21 Housekeeping 22 Protective equipment 23 No code 23 24 Video Display Terminal (VDT) 25 Infectious disease
5	6-7		
4	78	Blank	Blank
4	79-80	End of Card	04
5	1-5	respondent #	1 - 28788
5	8-27	Blank	Blank
5	28	S15-3	1 Yes 2 No 3 Don't Know 4 Refused
5	29	S15-4	1 Yes 2 No 3 Don't Know 4 Refused

5	30	S15-5	1 Yes 2 No 3 Don't Know 4 Refused
5	31	S15-6	Individual counseling 1 Yes 2 No 0 Don't Know
5	32	S15-6	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
5	33	S15-6	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
5	34	S15-7	Redesign certain job tasks to reduce lifting/overexertion risks 1 Yes 2 No 0 Don't Know
5	35	S15-7	Provide mechanical aids to ease the burden of lifting tasks 1 Yes 2 No 0 Don't Know
5	36	S16-1	1 Yes 2 No 3 Don't Know 4 Refused
5	37	S16-2	Auto accidents 1 Yes 2 No 0 Don't Know
5	38	S16-2	Home accidents 1 Yes 2 No 0 Don't Know

5	39	S16-2	Recreational accidents 1 Yes 2 No 0 Don't Know
5	40	S16-2	Other 1 Yes 2 No 0 Don't Know
5	41-60	Blank	Blank
5	61	S16-3	Individual counseling 1 Yes 2 No 0 Don't Know
5	62	S16-3	Group classes, workshops, lectures, or special events 1 Yes 2 No 0 Don't Know
5	63	S16-3	Resource materials such as posters, brochures, pamphlets, or videos 1 Yes 2 No 0 Don't Know
5	64	Blank	Blank
5	65	S17-1	1 Primarily in-house 2 Both in-house and by an outside group 3 Primarily by an outside group 4 Don't Know 5 Refused

5	66-67	S17-2	1 Personnel or human resources 2 Medical department/Nursing 3 Health promotion department/Wellness 4 Benefits department/Controller/Accounting /Management/Administration/Education 5 Training and development department 6 EAP department 7 Union office 8 Employee committee 9 Occupational health and safety/Accident prevention 10 Other 11 Don't Know 12 Refused 13 No department 14 Outside agency/Insurance provider
5	68-69	Blank	Blank
5	70	S17-3	1 The company pays 2 The participants pay 3 The cost is shared by the company/particip- ants 4 Some other arrangement 5 Don't Know 6 Refused 7 Insurance carrier/Provider/HMO 8 Free/No charge
5	71-72	Blank	Blank
5	73	S17-4	1 Yes 2 No 3 Don't Know 4 Refused
5	74-78	Blank	Blank
5	79-80	End of Card	05
6	1-5	Respondent #	1 - 28788
6	6-11	S17-5	Budget for fiscal year 1991 999997 999,997 or more 999998 Don't Know 999999 Refused

6	12	S17-5	Probe if S17-5 is not a numeric answer 1 less than \$5,000 2 5,000 to 9,999 3 10,000 to 24,999 4 25,000 to 49,999 5 50,000 to 99,999 6 100,000 to 499,999 7 500,000 or more 8 Don't Know
6	13	S17-6	1 Yes 2 No 3 Don't Know 4 Refused
6	14	S17-7	Voluntary or not-for-profit organizations such as the American Heart Association, the American Cancer Society, or a "Y" 1 Yes 2 No 0 Don't Know
6	15	S17-7	Federal government agencies such as the National Cancer Institute or the National Heart, Lung, and Blood Institute 1 Yes 2 No 0 Don't Know
6	16	S17-7	State and local government agencies such as public health departments 1 Yes 2 No 0 Don't Know
6	17	S17-7	Private, for-profit health promotion providers, consultants or clubs 1 Yes 2 No 0 Don't Know
6	18	S17-7	Local hospitals 1 Yes 2 No 0 Don't Know
6	19	S17-7	Sports medicine centers 1 Yes 2 No 0 Don't Know

6	20	S17-7	Does the worksite use a health maintenance organization (HMO) to assist you with health promotion activities 1 Yes 2 No 0 Don't Know
6	21	S17-7	What about insurance companies other than an HMO 1 Yes 2 No 0 Don't Know
6	22	S17-7	What about unions or employee associations 1 Yes 2 No 0 Don't Know
6	23	Blank	Blank
6	24	S17-8	1 Primarily on-site 2 Primarily off-site 3 About equally on and off-site 4 Don't Know 5 Refused
6	25	Blank	Blank
6	26	S17-9	1 Primarily on-site 2 Primarily off-site 3 About equally on and off-site 4 Don't Know 5 Refused
6	27	S17-10	1 Yes 2 No 3 Don't Know 4 Refused
6	28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49	S17-11 Codes fall into cols. by order of mention	1 All employees 2 Full time only 3 High risk only 4 Union members only 5 Top management or executives only 6 Salaried only 7 Hourly workers only 8 Other 9 Don't Know 10 Refused 11 Departments discretion
6	50-69	Blank	Blank



6	70	S17-12	1 Yes 2 No 3 Don't Know 4 Refused
6    7	71-72 73-74 75-76 77-78 6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21	S17-13 Codes fall into cols. by order of men- tion	1 All employees 2 Full time only 3 High risk only 4 Union members only 5 Top management or executives only 6 Administrative staff only 7 Salaried only 8 Hourly workers only 9 Other 10 Don't Know 11 Refused 12 Departments discretion
6	79-80	End of Card	06
7	1-5	Respondent #	1 - 28788
7	22-41	Blank	Blank
7	42	S17-14	1 Yes 2 No 3 Don't Know 4 Refused
7	43	S17-15	1 Yes 2 No 3 Don't Know 4 Refused
7	44-45	S17-16	1 \$50 2 \$75 3 \$100 4 \$125 5 \$150 6 \$200 7 \$200 to \$299 8 Don't Know 9 Refused 10 \$300 to \$499 11 \$500 to \$999 12 \$1,000 and up 13 Does not answer question
7	46	Blank	Blank

7	47	S17-17	Smoking status 1 Yes 2 No 0 Don't Know
7	48	S17-17	Seat belt use 1 Yes 2 No 0 Don't Know
7	49	S17-17	Participation in physical activity 1 Yes 2 No 0 Don't Know
7	50	S17-17	Blood pressure level 1 Yes 2 No 0 Don't Know
7	51	S17-17	Weight 1 Yes 2 No 0 Don't Know
7	52	S17-17	Other 1 Yes 2 No 0 Don't Know
7	53	S17-17	Diabetes/Heart disease 1 Yes 2 No 0 Don't Know
7	54	S17-17	Cholesterol 1 Yes 2 No 0 Don't Know
7	55-72	Blank	Blank
7	73	S17-18	Exercise club or recreation facilities 1 Yes 2 No 0 Don't Know
7	74	S17-18	Smoking cessation classes 1 Yes 2 No 0 Don't Know

7	75	S17-18	Weight loss classes 1 Yes 2 No 0 Don't Know
7	76	S17-18	Other 1 Yes 2 No 0 Don't Know
7	77	S17-18	Stress management classes 1 Yes 2 No 0 Don't Know
7	78	S17-18	CPR/First aid 1 Yes 2 No 0 Don't Know
7	79-80	End of Card	07
8	1-5	Respondent #	1 - 28788
8	6-23	Blank	Blank
8	24	S17-19	1 Yes 2 No 3 Don't Know 4 Refused

8	25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58	S17-20 Codes fall into cols. by order of men- tion	1 Second opinion program 2 Increased deductible in health insurance 3 Hospital admission review program/Pre- certification 4 Increased cost sharing in health insurance 5 Analysis of medical claims data/Utilization review 6 Preferred provider arrangements 7 Membership in a health care coalition 8 Medical expense accounts 9 Health promotion activities/Wellness pro gram 10 Increased stop loss 11 Other 12 Don't Know 13 Refused 14 HMO/IPA 15 Managed care 16 Flexible benefits/Deductibles 17 Changed carriers/Plan 18 Generic drug use 19 Use of outpatient services
8	59-78	Blank	Blank
8	79-80	End of Card	08
9	1-5	Respondent #	1 - 28788
9	6	Blank	Blank
9	7-8	S17-21	Year first health promotion activity started 99 Don't Know
9	9	S17-22	1 Yes 2 No 3 Don't Know 4 Refused
9	10	S17-23	Was a needs assessment conducted 1 Yes 2 No 0 Don't Know
9	11	S17-23	Were health care costs analyzed 1 Yes 2 No 0 Don't Know

9	12	S17-23	Were death and disability reports examined 1 Yes 2 No 0 Don't Know
9	13	S17-23	Some other activity done 1 Yes 2 No 0 Don't Know
9	14-33	Blank	Blank
9	34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57	S17-24 Codes fall into cols. by order of men- tion	1 All employees 2 Full time only 3 High risk only 4 Union members only 5 Top management or executives only 6 Salaried only 7 Members of employee association only 8 Hourly workers only 9 Other 10 Don't Know 11 Refused 12 None
9	58-77	Blank	Blank
9	78	S17-25	1 All 2 Some 3 None 4 Don't Know 5 Refused
9	79-80	End of Card	09
10	1-5	Respondent #	1 - 28788
10	6	S17-26	1 All 2 Some 3 None 4 Don't Know 5 Refused
10	7	S17-27	1 Yes for all activities 2 Yes for some activities 3 No 4 Don't Know 5 Refused

10	8	S17-28	1 Yes 2 No 3 Don't Know 4 Refused
10	9	S17-29	Absenteeism 1 Yes 2 No 0 Don't Know
10	10	S17-29	Productivity 1 Yes 2 No 0 Don't Know
10	11	S17-29	Health care costs 1 Yes 2 No 0 Don't Know
10	12	S17-29	Disability 1 Yes 2 No 0 Don't Know
10	13	S17-29	Employee health status 1 Yes 2 No 0 Don't Know
10	14	S17-29	Employee health behaviors 1 Yes 2 No 0 Don't Know
10	15	S17-29	Employee morale 1 Yes 2 No 0 Don't Know
10	16	S17-30	Absenteeism 1 Yes 2 No 0 Don't Know
10	17	S17-30	Productivity 1 Yes 2 No 0 Don't Know

10	18	S17-30	Health care costs 1 Yes 2 No 0 Don't Know
10	19	S17-30	Disability 1 Yes 2 No 0 Don't Know
10	20	S17-30	Employee health status 1 Yes 2 No 0 Don't Know
10	21	S17-30	Employee health behaviors 1 Yes 2 No 0 Don't Know
10	22	S17-30	Employee morale 1 Yes 2 No 0 Don't Know
10	23	S17-31	Absenteeism 1 Reduction 2 Increase 0 Don't Know
10	24	S17-31	Productivity 1 Reduction 2 Increase 0 Don't Know
10	25	S17-31	Health care costs 1 Reduction 2 Increase 0 Don't Know
10	26	S17-31	Disability 1 Reduction 2 Increase 0 Don't Know
10	27	S17-31	Employee health status 1 Reduction 2 Increase 0 Don't Know

10	28	S17-31	Employee health behaviors 1 Reduction 2 Increase 0 Don't Know
10	29	S17-31	Employee morale 1 Reduction 2 Increase 0 Don't Know
10	30-31	S17-32 First Mention	1 To improve employee morale 2 To improve employee health 3 To improve corporate image 4 To increase output/productivity 5 To help with recruitment 6 To reduce absenteeism 7 To reduce accidents on the job 8 To reduce accidents off the job 9 To reduce disability claims 10 To reduce health insurance costs(cost containment) 11 To reduce turnover 12 To reduce workers compensation claims 13 To decrease hospital and medical utiliza- tion 14 Because management wanted it - corporate mandate 15 Because employees wanted it 16 Because union wanted it 17 Because other companies were doing it 18 Other 19 Don't Know 20 Refused 21 Smoke free environment 22 It was the right thing to do/Moral 23 Improved education on health issues 24 OSHA - Federal, State, Local Government compliance 25 Stress 26 Employee benefits
10	32-33	Blank	Blank



10	34-35	S17-32 Second mention	1 To improve employee morale 2 To improve employee health 3 To improve corporate image 4 To increase output/productivity 5 To help with recruitment 6 To reduce absenteeism 7 To reduce accidents on the job 8 To reduce accidents off the job 9 To reduce disability claims 10 To reduce health insurance costs(cost containment) 11 To reduce turnover 12 To reduce workers compensation claims 13 To decrease hospital and medical utiliza- tion 14 Because management wanted it - corporate mandate 15 Because employees wanted it 16 Because union wanted it 17 Because other companies were doing it 18 Other 19 Don't Know 20 Refused 21 Smoke free environment 22 It was the right thing to do/Moral 23 Improved education on health issues 24 OSHA - Federal, State, Local Government compliance 25 Stress 26 Employee benefits
10	36-37	Blank	Blank

10	38-39	S17-32 Third mention	1 To improve employee morale 2 To improve employee health 3 To improve corporate image 4 To increase output/productivity 5 To help with recruitment 6 To reduce absenteeism 7 To reduce accidents on the job 8 To reduce accidents off the job 9 To reduce disability claims 10 To reduce health insurance costs(cost containment) 11 To reduce turnover 12 To reduce workers compensation claims 13 To decrease hospital and medical utiliza- tion 14 Because management wanted it - corporate mandate 15 Because employees wanted it 16 Because union wanted it 17 Because other companies were doing it 18 Other 19 Don't Know 20 Refused 21 Smoke free environment 22 It was the right thing to do/Moral 23 Improved education on health issues 24 OSHA - Federal, State, Local Government compliance 25 Stress 26 Employee benefits
10	40-41	Blank	Blank

10	42-43	S17-33 First mention	1 Improved employee morale 2 Improved employee health 3 Improved corporate image 4 Increased output/productivity 5 Helped with recruitment 6 Reduced absenteeism 7 Reduced accidents on the job 8 Reduced accidents off the job 9 Reduced disability claims 10 Reduced health insurance costs(cost con- tainment) 11 Reduced turnover 12 Reduced workers compensation claims 13 Met corporate mandate 14 Placated employees 15 Placated union 16 Other 17 Don't Know 18 Refused 19 No benefit derived 20 Improved education on health issues 21 Smoke free environment 22 Reduced stress 23 Compliance with regulations 24 Improved benefits
10	44-45	Blank	Blank

10	46-47	S17-33 Second mention	1 Improved employee morale 2 Improved employee health 3 Improved corporate image 4 Increased output/productivity 5 Helped with recruitment 6 Reduced absenteeism 7 Reduced accidents on the job 8 Reduced accidents off the job 9 Reduced disability claims 10 Reduced health insurance costs(cost con- tainment) 11 Reduced turnover 12 Reduced workers compensation claims 13 Met corporate mandate 14 Placated employees 15 Placated union 16 Other 17 Don't Know 20 Improved education on health issues 21 Smoke free environment 22 Reduced stress 23 Compliance with regulations 24 Improved benefits
10	48-49	Blank	Blank
10	50-51	S17-33 Third mention	1 Improved employee morale 2 Improved employee health 3 Improved corporate image 4 Increased output/productivity 5 Helped with recruitment 6 Reduced absenteeism 7 Reduced accidents on the job 8 Reduced accidents off the job 9 Reduced disability claims 10 Reduced health insurance costs(cost con- tainment) 11 Reduced turnover 12 Reduced workers compensation claims 13 Met corporate mandate 14 Placated employees 15 Placated union 16 Other 17 Don't Know 20 Improved education on health issues 21 Smoke free environment 22 Reduced stress 23 Compliance with regulations 24 Improved benefits

10	52-53	Blank	Blank
10	54-55	S17-34 First mention	1 Too costly 2 Employees not interested/Won't participate 3 Can't get management/Executive support 4 Worksite lacks facilities 5 Dispersed workforce 6 Worksite lacks expertise, staff 7 Organization doesn't believe it will save money 8 Unions make it difficult 9 Other priorities 10 High employee turnover 11 Satisfied with current program 12 Employees are healthy 13 Other 14 Don't Know 15 Refused
10	56-57	Blank	Blank
10	58-59	S17-34 Second mention	1 Too costly 2 Employees not interested/Won't participate 3 Can't get management/Executive support 4 Worksite lacks facilities 5 Dispersed workforce 6 Worksite lacks expertise, staff 7 Organization doesn't believe it will save money 8 Unions make it difficult 9 Other priorities 10 High employee turnover 11 Satisfied with current program 12 Employees are healthy 13 Other 14 Don't Know
10	60-61	Blank	Blank

10	62-63	S17-34 Third mention	1 Too costly 2 Employees not interested/Won't participate 3 Can't get management/Executive support 4 Worksite lacks facilities 5 Dispersed workforce 6 Worksite lacks expertise, staff 7 Organization doesn't believe it will save money 8 Unions make it difficult 9 Other priorities 10 High employee turnover 11 Satisfied with current program 12 Employees are healthy 13 Other 14 Don't Know
10	64-65	Blank	Blank
10	66	S17-35	1 Very profitable 2 Moderately profitable 3 Slightly profitable 4 Not at all profitable 5 Non-profit/Not for profit 6 Don't Know 7 Refused
10	67	S17-36	1 Yes 2 No 3 Don't Know 4 Refused
10	68	S17-37	Position or title with company 1 Personnel 2 Human Resources 3 Executive, CEO, CFO, VP, Accountant, Controller, Bookkeeper, payroll, Administrator 4 Benefits 5 Administrative Assistant/Secretary 6 Health Promotions/Health Department/ Nurse/Medical 7 Manager/Director/Supervisor 8 Owner 9 Other
10	69-74	S1-2	Total number of permanent employees in all location of company 999997 999,997 or more 999998 Don't Know 999999 Refused

10	75	S1-3	1 Manufacturing/Construction/Mining 2 Wholesale/Retail 3 Utilities/Transportation/Communications 4 Finance/Real Estate/Insurance 5 Services/Health/Nursing/Travel 6 Other 7 Don't Know 8 Refused 9 Professional
10	76-77	Blank	Blank
10	78	Blank	Blank
10	79-80	End of Card	10
11	1-5	Respondent #	1 - 28788
11	6-8	S1-4	Full-time (35 Hours or more a week)
11	9-11	S1-4	Salaried (as opposed to hourly)
11	12-14	S1-4	Under the age of 30
11	15-17	S1-4	Represented by a union
11	18-20	S1-4	Shift workers (work other than 9-5, 8-4, 7-3, etc.)
11	21-23	S1-5	Percent of employees who routinely work at least half of their hours away from the worksite 999 Don't Know
11	24	S1-6	1 Down-sized 2 Increased 3 Stayed the same 4 Both down-sized and increased 5 Don't Know 6 Refused
11	25	S1-7	1 Yes 2 No 3 Don't Know 4 Refused
11	26	S1-8	1 Fully insured through an insurance company 2 Fully self-insured 3 Partially self-insured 4 Don't Know 5 Refused

11	27-29	S1-9	Percentage of worksite eligible for health insurance plans 998 Refused 999 Don't Know
11	30-69	Blank	Blank
11	70	Results of study	1 Yes 2 No
11	71	Send results to...	1 Same as worksite 2 New address
11	72-78	Blank	Blank
11	79-80	End of Card	11



**UNWEIGHTED MARGINALS**



8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
111	856	530	0	0	0	0	0	0	0	121	0	0	1507	0
	56.6	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	100	0.0
112	156	160	127	149	132	119	142	128	81	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.6	0.0	0.0	100	0.0
113	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	6.6	14.2	0.0	0.0	100	0.0
114	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
115	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.6	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
119	0	0	0	0	0	0	0	0	0	1507	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
1110	0	243	876	388	0	0	0	0	0	0	0	0	1507	0
	0.0	16.1	58.1	25.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1111	1507	0	0	0	0	0	0	0	0	1507	0	0	1507	1507
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	100
1112	538	548	71	0	0	0	0	0	0	350	0	0	1507	0
	35.7	36.4	4.7	0.0	0.0	0.0	0.0	0.0	0.0	23.2	0.0	0.0	100	0.0
1113	109	88	194	152	159	215	193	115	95	167	0	0	1507	0
	7.2	5.6	12.9	10.1	10.6	14.3	12.8	7.6	6.3	12.4	0.0	0.0	100	0.0
1114	1507	0	0	0	0	0	0	0	0	1507	0	0	1507	1507
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	100
1115	0	0	0	0	0	0	0	0	1507	0	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	100	0.0
1116	0	1507	0	0	0	0	0	0	0	0	0	0	1507	0
	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1117	1	276	216	192	160	201	179	150	132	0	0	0	1507	0
	0.1	18.3	14.3	12.7	10.6	13.3	11.9	10.0	8.8	0.0	0.0	0.0	100	0.0
1118	872	0	0	0	0	0	0	0	0	635	0	0	1507	0
	57.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	42.1	0.0	0.0	100	0.0

72

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* S-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
1119	93	207	241	226	190	132	131	133	120	32	0	0	1507	0
	6.2	13.7	16.0	15.1	12.6	8.8	8.7	8.8	8.0	2.1	0.0	0.0	100	0.0
1120	1	239	224	193	181	180	199	171	119	0	0	0	1507	0
	0.1	15.9	14.9	12.8	12.0	11.9	13.2	11.3	7.9	0.0	0.0	0.0	100	0.0
1121	15	214	196	208	173	186	170	187	146	12	0	0	1507	0
	1.0	14.2	13.0	13.8	11.5	12.3	11.3	12.4	9.7	0.8	0.0	0.0	100	0.0
1122	169	166	158	159	155	177	175	141	132	75	0	0	1507	0
	11.2	11.0	10.5	10.6	10.3	11.7	11.6	9.4	8.8	5.0	0.0	0.0	100	0.0
1127	330	0	0	0	0	0	0	0	0	1177	0	0	1507	0
	21.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	78.1	0.0	0.0	100	0.0
1128	251	371	209	0	114	335	0	117	0	110	0	0	1507	0
	16.7	24.6	13.9	0.0	7.6	22.2	0.0	7.8	0.0	7.3	0.0	0.0	100	0.0
1129	0	0	1507	0	0	0	0	1507	0	0	1507	0	1507	1507
	0.0	0.0	100	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0	100	100
1130	119	98	114	121	248	44	182	0	296	285	0	0	1507	0
	7.9	6.5	7.6	8.0	16.5	2.9	12.1	0.0	19.6	18.9	0.0	0.0	100	0.0
1131	145	164	0	22	209	275	183	214	171	124	0	0	1507	0
	9.6	10.9	0.0	1.5	13.9	18.2	12.1	14.2	11.3	8.2	0.0	0.0	100	0.0
1136	1	0	0	0	0	0	0	0	0	0	0	1506	1	0
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1	0.0
1137	177	761	363	124	38	19	7	2	1	0	0	15	1492	0
	11.7	58.5	24.1	8.2	2.5	1.3	0.5	0.1	0.1	0.0	0.0	1.0	99.0	0.0
1138	153	142	151	165	143	150	151	142	136	174	0	0	1507	0
	10.2	9.4	10.0	10.9	9.5	10.0	10.0	9.4	9.0	11.5	0.0	0.0	100	0.0
1148	0	1507	0	0	0	0	0	0	0	0	0	0	1507	0
	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1149	0	0	0	0	0	0	0	0	0	27	1480	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	98.2	0.0	0.0	100	0.0
1150	90	15	11	6	5	3	0	1	31	1345	0	0	1507	0
	6.0	1.0	0.7	0.4	0.3	0.2	0.0	0.1	2.1	89.3	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
1151	358	185	144	95	66	21	45	30	52	511	0	0	1507	0
	23.6	12.3	9.6	6.3	4.4	1.4	3.0	2.0	3.5	33.9	0.0	0.0	100	0.0
1152	53	97	61	38	316	157	175	134	97	379	0	0	1507	0
	3.5	6.4	4.0	2.5	21.0	10.4	11.6	8.9	6.4	25.1	0.0	0.0	100	0.0
1153	32	54	40	33	232	41	43	75	30	927	0	0	1507	0
	2.1	3.6	2.7	2.2	15.4	2.7	2.9	5.0	2.0	61.5	0.0	0.0	100	0.0
1154	513	212	0	0	0	0	0	0	0	782	0	0	1507	0
	34.0	14.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	51.9	0.0	0.0	100	0.0
1155	219	175	212	137	134	80	129	123	189	109	0	0	1507	0
	14.5	11.6	14.1	9.1	8.9	5.3	8.6	8.2	12.5	7.2	0.0	0.0	100	0.0
1156	252	1239	16	0	0	0	0	0	0	0	0	0	1507	0
	16.7	82.2	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1157	585	917	5	0	0	0	0	0	0	0	0	0	1507	0
	38.8	60.8	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1158	342	1158	7	0	0	0	0	0	0	0	0	0	1507	0
	22.7	76.8	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1159	418	1087	2	0	0	0	0	0	0	0	0	0	1507	0
	27.7	72.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1160	598	903	6	0	0	0	0	0	0	0	0	0	1507	0
	39.7	59.9	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1161	437	139	22	0	0	0	0	0	0	0	0	0	909	598
	29.0	9.2	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	60.3	39.7
1162	267	317	14	0	0	0	0	0	0	0	0	0	909	598
	17.7	21.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	60.3	39.7
1163	403	1091	13	0	0	0	0	0	0	0	0	0	1507	0
	26.7	72.4	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1164	541	953	13	0	0	0	0	0	0	0	0	0	1507	0
	35.9	63.2	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1165	181	359	0	0	0	0	0	0	0	0	1	0	966	541
	12.0	23.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	64.1	35.9

7. 4

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
1166	218	321	0	0	0	0	0	0	0	0	2	0	966	541
	14.5	21.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	64.1	35.9	0.0
1167	512	27	0	0	0	0	0	0	0	0	2	0	966	541
	34.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	64.1	35.9	0.0
1168	454	1050	3	0	0	0	0	0	0	0	0	0	1507	0
	30.1	69.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1169	328	111	15	0	0	0	0	0	0	0	0	0	1053	454
	21.8	7.4	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	69.9	30.1
1170	148	294	12	0	0	0	0	0	0	0	0	0	1053	454
	9.8	19.5	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	69.9	30.1
1171	520	979	8	0	0	0	0	0	0	0	0	0	1507	0
	34.5	65.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1172	149	371	0	0	0	0	0	0	0	0	0	0	987	520
	9.9	24.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	65.5	34.5
1173	215	305	0	0	0	0	0	0	0	0	0	0	987	520
	14.3	20.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	65.5	34.5
1174	501	19	0	0	0	0	0	0	0	0	0	0	987	520
	33.2	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	65.5	34.5
1175	150	1351	0	0	0	0	0	0	0	0	6	0	1507	0
	10.0	89.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	100	0.0
1176	75	1427	0	0	0	0	0	0	0	0	5	0	1507	0
	5.0	94.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	100	0.0
1177	79	1422	0	0	0	0	0	0	0	0	6	0	1507	0
	5.2	94.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	100	0.0
1178	136	1367	0	0	0	0	0	0	0	0	4	0	1507	0
	9.0	90.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	100	0.0
1179	0	0	0	0	0	0	0	0	0	0	1507	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	100	0.0
1180	1507	0	0	0	0	0	0	0	0	0	0	0	1507	0
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
211	856	530	0	0	0	0	0	0	0	121	0	0	1507	0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	100	0.0
212	156	160	127	149	132	119	142	128	81	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	100	0.0
213	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0
214	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
215	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
216	198	1305	0	0	0	0	0	0	0	4	0	0	1507	0
	13.1	86.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	100	0.0
217	44	1451	0	0	0	0	0	0	0	12	0	0	1507	0
	2.9	96.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	100	0.0
218	21	1455	0	0	0	0	0	0	0	31	0	0	1507	0
	1.4	96.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.0	100	0.0
219	12	1495	0	0	0	0	0	0	0	0	0	0	1507	0
	0.8	99.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2110	115	136	214	149	335	154	108	271	0	25	0	0	1507	0
	7.6	9.0	14.2	9.9	22.2	10.2	7.2	18.0	0.0	1.7	0.0	0.0	100	0.0
2111	101	128	208	118	131	99	163	132	87	340	0	0	1507	0
	6.7	8.5	13.8	7.8	8.7	6.6	10.8	8.8	5.8	22.6	0.0	0.0	100	0.0
2112	475	210	131	145	155	134	59	99	99	0	0	0	1507	0
	31.5	13.9	8.7	9.6	10.3	8.9	3.9	6.6	6.6	0.0	0.0	0.0	100	0.0
2113	683	303	142	83	59	28	22	16	171	0	0	0	1507	0
	45.3	20.1	9.4	5.5	3.9	1.9	1.5	1.1	11.3	0.0	0.0	0.0	100	0.0
2118	5	2	2	0	0	1	0	0	0	0	0	0	1497	10
	0.3	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	99.3	0.7
2119	20	14	7	2	3	2	1	1	1	2	0	0	1454	53
	1.3	0.9	0.5	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.0	96.5	3.5

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	8L	10I	MP
2120	80	31	25	19	15	12	16	14	5	13	0	1277	230	0
	5.3	2.1	1.7	1.3	1.0	0.6	1.1	0.9	0.3	0.9	0.0	64.7	15.3	0.0
2121	166	88	57	39	52	36	29	42	32	44	0	920	587	0
	11.0	5.8	3.8	2.6	3.5	2.5	1.9	2.8	2.1	2.9	0.0	61.0	39.0	0.0
2122	90	107	92	85	114	64	64	63	56	124	0	648	859	0
	6.0	7.1	6.1	5.6	7.6	4.2	4.2	4.2	3.7	6.2	0.0	43.0	57.0	0.0
2123	72	73	62	55	97	63	62	51	57	274	0	641	866	0
	4.8	4.8	4.1	3.6	6.4	4.2	4.1	3.4	3.8	18.2	0.0	42.5	57.5	0.0
2124	29	39	46	36	47	36	50	37	32	514	0	639	868	0
	1.9	2.6	3.1	2.4	3.1	2.5	3.3	2.5	2.1	34.1	0.0	42.4	57.6	0.0
2125	46	44	40	46	34	35	40	35	45	503	0	639	868	0
	3.1	2.9	2.7	3.1	2.3	2.3	2.7	2.3	3.0	33.4	0.0	42.4	57.6	0.0
2126	28	35	26	20	18	24	27	28	24	638	0	639	868	0
	1.9	2.3	1.7	1.3	1.2	1.6	1.8	1.9	1.6	42.3	0.0	42.4	57.6	0.0
2127	25	25	34	18	26	26	29	31	21	633	0	639	868	0
	1.7	1.7	2.3	1.2	1.7	1.7	1.9	2.1	1.4	42.0	0.0	42.4	57.6	0.0
2128	22	24	38	21	21	26	28	25	34	629	0	639	868	0
	1.5	1.6	2.5	1.4	1.4	1.7	1.9	1.7	2.3	41.7	0.0	42.4	57.6	0.0
2129	185	91	18	0	0	0	0	0	0	0	0	1213	294	0
	12.3	6.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	80.5	19.5	0.0
2130	101	176	17	0	0	0	0	0	0	0	0	1213	294	0
	6.7	11.7	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	80.5	19.5	0.0
2131	442	1047	18	0	0	0	0	0	0	0	0	0	1507	0
	29.3	69.5	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2132	69	352	0	0	0	0	0	0	0	0	1	1065	442	0
	5.9	23.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	70.7	29.3	0.0
2133	198	251	0	0	0	0	0	0	0	0	1	1065	442	0
	12.6	16.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	70.7	29.3	0.0
2134	426	16	0	0	0	0	0	0	0	0	0	1065	442	0
	28.3	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.7	29.3	0.0

E-7



8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
2135	166	263	0	0	0	0	0	0	0	13	0	1065	442	0
	11.0	17.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	70.7	29.3	0.0
2136	457	40	136	30	6	0	18	13	0	0	0	807	700	0
	30.3	2.7	9.0	2.0	0.4	0.0	1.2	0.9	0.0	0.0	0.0	53.6	46.4	0.0
2139	541	121	36	2	0	0	0	0	0	0	0	807	700	0
	35.9	8.0	2.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	53.6	46.4	0.0
2140	1335	169	3	0	0	0	0	0	0	0	0	0	1507	0
	88.6	11.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2141	35	0	0	0	0	0	0	0	0	0	1472	0	0	1507
	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	97.7	0.0	0.0	100
2142	562	371	386	66	28	4	9	0	48	33	0	0	1507	0
	37.3	24.6	25.6	4.4	1.9	0.3	0.6	0.0	3.2	2.2	0.0	0.0	100	0.0
2144	249	1129	0	0	0	0	0	0	0	0	81	0	48	1459
	16.5	74.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.4	0.0	3.2	96.8
2145	246	1133	0	0	0	0	0	0	0	0	80	0	48	1459
	16.3	75.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.0	3.2	96.8
2146	729	769	9	0	0	0	0	0	0	0	0	0	0	1507
	48.4	51.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
2147	205	523	0	0	0	0	0	0	0	0	1	0	778	729
	13.6	34.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	51.6	48.4
2148	485	244	0	0	0	0	0	0	0	0	0	0	778	729
	32.2	16.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	51.6	48.4
2149	566	60	0	0	0	0	0	0	0	0	3	0	778	729
	44.2	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	51.6	48.4
2150	449	1051	0	0	0	0	0	0	0	0	7	0	0	1507
	29.8	69.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	100
2151	255	1245	0	0	0	0	0	0	0	0	7	0	0	1507
	16.9	82.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	100
2152	225	1277	0	0	0	0	0	0	0	0	5	0	0	1507
	14.9	64.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	100

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
2153	200	1299	0	0	0	0	0	0	0	0	0	0	1507	0
	13.3	86.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	100	0.0
2154	186	1314	0	0	0	0	0	0	0	7	0	0	1507	0
	12.3	87.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	100	0.0
2155	90	465	3	1	0	0	0	0	0	0	0	0	948	559
	6.0	30.9	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	62.9	37.1
2156	761	743	3	0	0	0	0	0	0	0	0	0	1507	0
	50.5	49.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2157	202	558	0	0	0	0	0	0	0	1	0	0	746	761
	13.4	37.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	49.5	50.5
2158	208	550	0	0	0	0	0	0	0	3	0	0	746	761
	13.8	36.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	49.5	50.5
2159	443	315	0	0	0	0	0	0	0	3	0	0	746	761
	29.4	20.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	49.5	50.5
2160	525	226	0	0	0	0	0	0	0	10	0	0	746	761
	34.8	15.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	49.5	50.5
2161	295	464	0	0	0	0	0	0	0	2	0	0	746	761
	19.6	30.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	49.5	50.5
2162	591	170	0	0	0	0	0	0	0	0	0	0	746	761
	39.2	11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	49.5	50.5
2163	758	746	3	0	0	0	0	0	0	0	0	0	1507	0
	50.3	49.5	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2164	271	471	16	0	0	0	0	0	0	0	0	0	749	758
	18.0	31.3	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	49.7	50.3
2165	1385	120	2	0	0	0	0	0	0	0	0	0	1507	0
	91.9	8.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2166	1002	350	33	0	0	0	0	0	0	0	0	0	122	1385
	66.5	23.2	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.1	91.9
2167	586	911	10	0	0	0	0	0	0	0	0	0	1507	0
	38.9	60.5	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
2168	131	451	0	0	0	0	0	0	0	0	4	0	921	586
	8.7	29.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	61.1	38.9
2169	353	232	0	0	0	0	0	0	0	0	1	0	921	586
	23.4	15.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	61.1	38.9
2170	560	24	0	0	0	0	0	0	0	0	2	0	921	586
	37.2	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	61.1	38.9
2171	702	706	19	0	0	0	0	0	0	0	0	0	1507	0
	46.6	52.2	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2172	522	977	8	0	0	0	0	0	0	0	0	0	1507	0
	34.6	64.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2173	175	343	0	0	0	0	0	0	0	0	4	0	985	522
	11.6	22.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	65.4	34.6
2174	369	152	0	0	0	0	0	0	0	0	1	0	965	522
	24.5	10.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	65.4	34.6
2175	465	53	0	0	0	0	0	0	0	0	4	0	985	522
	30.9	3.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	65.4	34.6
2176	198	1299	10	0	0	0	0	0	0	0	0	0	1507	0
	13.1	86.2	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2177	85	113	0	0	0	0	0	0	0	0	0	0	1309	198
	5.6	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	86.9	13.1
2178	114	84	0	0	0	0	0	0	0	0	0	0	1309	198
	7.6	5.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	86.9	13.1
2179	0	0	0	0	0	0	0	0	0	0	1507	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	100	0.0
2180	0	1507	0	0	0	0	0	0	0	0	0	0	1507	0
	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
311	856	530	0	0	0	0	0	0	0	0	121	0	1507	0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	100	0.0
312	156	160	127	149	132	119	142	128	81	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	8L	10L	MP
313	109	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.6	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0
314	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
315	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
316	187	10	0	0	0	0	0	0	0	0	1	0	1309	198
	12.4	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	86.9	13.1
317	349	1143	15	0	0	0	0	0	0	0	0	0	0	1507
	23.2	75.8	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
318	111	236	0	0	0	0	0	0	0	0	2	0	1158	349
	7.4	15.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	76.8	23.2
319	124	225	0	0	0	0	0	0	0	0	0	0	1158	349
	8.2	14.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	76.8	23.2
3110	302	47	0	0	0	0	0	0	0	0	0	0	1158	349
	20.0	3.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	76.8	23.2
3111	99	244	0	0	0	0	0	0	0	0	6	0	1158	349
	6.6	16.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	76.8	23.2
3112	485	1015	7	0	0	0	0	0	0	0	0	0	1507	0
	32.2	67.4	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
3113	172	0	0	0	0	0	0	0	0	0	313	0	1022	485
	11.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.8	0.0	67.8	32.2
3114	28	8	57	101	110	25	134	12	7	3	0	1022	485	0
	1.9	0.5	3.8	6.7	7.3	1.7	8.9	0.8	0.5	0.2	0.0	67.8	32.2	0.0
3115	81	0	0	0	0	0	0	0	0	0	169	0	1257	250
	5.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.2	0.0	83.4	16.6
3116	32	5	48	20	77	5	40	12	4	7	0	1257	250	0
	2.1	0.3	3.2	1.3	5.1	0.3	2.7	0.8	0.3	0.5	0.0	83.4	16.6	0.0
3117	49	0	0	0	0	0	0	0	0	0	65	0	1393	114
	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.3	0.0	92.4	7.6

E-11

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
3118	15	3	25	12	26	1	19	5	7	1	0	1393	114	0
	1.0	0.2	1.7	0.8	1.7	0.1	1.3	0.3	0.5	0.1	0.0	92.4	7.6	0.0
3119	28	0	0	0	0	0	0	0	0	0	17	0	1462	45
	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	97.0	3.0
3120	7	2	9	7	6	5	3	4	0	2	0	1462	45	0
	0.5	0.1	0.6	0.5	0.4	0.3	0.2	0.3	0.0	0.1	0.0	97.0	3.0	0.0
3121	6	0	0	0	0	0	0	0	0	0	7	0	1494	13
	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	99.1	0.9
3122	1	1	1	2	5	0	1	1	1	0	0	1494	13	0
	0.1	0.1	0.1	0.1	0.3	0.0	0.1	0.1	0.1	0.0	0.0	99.1	0.9	0.0
3123	4	0	0	0	0	0	0	0	0	0	2	0	1501	6
	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.6	0.4
3124	0	0	2	0	1	1	0	2	0	0	0	1501	6	0
	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	99.6	0.4	0.0
3125	1	0	0	0	0	0	0	0	0	0	1	0	1505	2
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.9	0.1
3126	0	0	0	0	0	0	1	1	0	0	0	1505	2	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	99.9	0.1	0.0
3127	0	0	0	0	0	0	0	0	0	0	1	0	1506	1
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.9	0.1
3128	0	0	0	0	0	0	0	1	0	0	0	1506	1	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	99.9	0.1	0.0
3129	0	0	0	0	0	0	0	0	0	0	1	0	1506	1
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.9	0.1
3130	0	0	0	0	0	0	0	0	0	0	0	1506	1	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1	0.0
3131	1	0	0	0	0	0	0	0	0	0	0	1506	1	0
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1	0.0
3132	0	1	0	0	0	0	0	0	0	0	0	1506	1	0
	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COT	1	2	3	4	5	6	7	8	9	0	12	BL	101	MP
3133	1	0	0	0	0	0	0	0	0	0	0	0	1506	1 0
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1 0.0
3134	0	0	0	0	0	0	0	0	1	0	0	0	1506	1 0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	99.9	0.1 0.0
3164	1	1	0	0	0	0	0	0	0	0	0	0	1505	2 0
	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1 0.0
3165	79	16	2	4	0	0	1	1	1	1	0	0	1403	104 0
	5.2	1.1	0.1	0.3	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.0	93.1	6.9 0.0
3166	356	225	194	109	87	29	22	20	20	32	0	413	1094	0 0
	23.6	14.9	12.9	7.2	5.8	1.9	1.5	1.3	1.3	2.1	0.0	27.4	72.6	0.0 0.0
3167	68	80	56	43	344	149	152	104	56	445	0	0	1507	0 0
	4.5	5.3	3.7	2.9	22.8	9.9	10.1	6.9	4.4	29.5	0.0	0.0	100	0.0 0.0
3168	20	40	36	31	236	32	23	44	15	1030	0	0	1507	0 0
	1.3	2.7	2.4	2.1	15.7	2.1	1.5	2.9	1.0	68.3	0.0	0.0	100	0.0 0.0
3169	468	846	5	1	0	0	0	0	0	0	0	187	1320	0 0
	31.1	56.1	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.4	87.6	0.0 0.0
3170	204	448	0	0	0	0	0	0	0	0	3	0	852	655 0
	13.5	29.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	56.5	43.5 0.0
3171	489	164	0	0	0	0	0	0	0	0	2	0	852	655 0
	32.4	10.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	56.5	43.5 0.0
3172	570	81	0	0	0	0	0	0	0	0	4	0	852	655 0
	37.8	5.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	56.5	43.5 0.0
3173	182	442	0	0	0	0	0	0	0	0	31	0	852	655 0
	12.1	29.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.0	56.5	43.5 0.0
3174	941	564	2	0	0	0	0	0	0	0	0	0	1507	0 0
	62.4	37.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0 0.0
3175	767	719	21	0	0	0	0	0	0	0	0	0	1507	0 0
	50.9	47.7	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0 0.0
3176	1350	148	0	0	0	0	0	0	0	0	9	0	1507	0 0
	89.6	9.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	100	0.0 0.0

E-13

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
3177	1358	137	0	0	0	0	0	0	0	12	0	0	1507	0
	90.1	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	100	0.0
3178	996	184	32	103	14	24	12	2	7	0	0	133	1374	0
	66.1	12.2	2.1	6.8	0.9	1.6	0.8	0.1	0.5	0.0	0.0	8.6	91.2	0.0
3179	0	0	0	0	0	0	0	0	0	1507	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
3180	0	0	1507	0	0	0	0	0	0	0	0	0	1507	0
	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
411	856	530	0	0	0	0	0	0	0	121	0	0	1507	0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	100	0.0
412	156	160	127	149	132	119	142	128	81	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.6	0.0	0.0	100	0.0
413	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0
414	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
415	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
416	63	725	65	84	11	3	1	0	16	0	0	539	968	0
	4.2	48.1	4.3	5.6	0.7	0.2	0.1	0.0	1.1	0.0	0.0	35.8	64.2	0.0
417	12	30	114	191	11	7	1	0	15	0	0	1126	381	0
	0.8	2.0	7.6	12.7	0.7	0.5	0.1	0.0	1.0	0.0	0.0	74.7	25.3	0.0
418	1	4	39	51	7	3	0	0	7	0	0	1395	112	0
	0.1	0.3	2.6	3.4	0.5	0.2	0.0	0.0	0.5	0.0	0.0	92.6	7.4	0.0
419	0	0	0	2	11	1	0	0	1	0	0	1492	15	0
	0.0	0.0	0.0	0.1	0.7	0.1	0.0	0.0	0.1	0.0	0.0	99.0	1.0	0.0
4110	0	0	0	0	0	0	0	0	1	0	0	1506	1	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	99.9	0.1	0.0
4134	447	251	804	5	0	0	0	0	0	0	0	0	1507	0
	29.7	15.7	53.4	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
4135	617	78	0	0	0	0	0	0	0	0	3	0	809	698
	40.9	5.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	53.7	46.3
4136	532	150	0	0	0	0	0	0	0	0	16	0	809	698
	35.3	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	53.7	46.3
4137	416	254	0	0	0	0	0	0	0	0	26	0	809	698
	27.7	16.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	53.7	46.3
4138	304	392	0	0	0	0	0	0	0	0	2	0	809	698
	20.2	26.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	53.7	46.3
4139	650	845	12	0	0	0	0	0	0	0	0	0	0	1507
	43.1	56.1	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
4140	248	397	0	0	0	0	0	0	0	0	5	0	857	650
	16.5	26.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	56.9	43.1
4141	329	317	0	0	0	0	0	0	0	0	4	0	857	650
	21.8	21.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	56.9	43.1
4142	614	35	0	0	0	0	0	0	0	0	1	0	857	650
	40.7	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	56.9	43.1
4143	408	1055	44	0	0	0	0	0	0	0	0	0	0	1507
	27.1	70.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
4144	179	1317	11	0	0	0	0	0	0	0	0	0	0	1507
	11.9	87.4	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
4145	475	1024	8	0	0	0	0	0	0	0	0	0	0	1507
	31.5	67.9	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
4146	135	338	0	0	0	0	0	0	0	0	2	0	1032	475
	9.0	22.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	68.5	31.5
4147	284	191	0	0	0	0	0	0	0	0	0	0	1032	475
	18.6	12.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	68.5	31.5
4148	452	22	0	0	0	0	0	0	0	0	1	0	1032	475
	30.0	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	68.5	31.5
4149	965	517	25	0	0	0	0	0	0	0	0	0	0	1507
	64.0	34.3	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100

E14<sup>a</sup>



8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
4150	182	3	0	0	0	0	0	0	0	0	780	0	542	965
	12.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	51.8	0.0	36.0	64.0
4151	456	83	3	15	164	136	36	16	55	1	0	542	965	0
	30.3	5.5	0.2	1.0	10.9	9.0	2.4	1.1	3.6	0.1	0.0	36.0	64.0	0.0
4152	110	17	0	0	0	0	0	0	0	0	457	0	915	592
	7.8	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	30.3	0.0	60.7	39.3
4153	116	94	4	21	103	167	60	21	1	5	0	915	592	0
	7.7	6.2	0.3	1.4	6.8	11.1	4.0	1.4	0.1	0.3	0.0	60.7	39.3	0.0
4154	73	10	0	0	0	0	0	0	0	0	195	0	1229	270
	4.6	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.9	0.0	61.6	18.4
4155	37	38	8	25	50	57	46	11	1	5	0	1229	270	0
	2.5	2.5	0.5	1.7	3.3	3.8	3.1	0.7	0.1	0.3	0.0	61.6	18.4	0.0
4156	32	2	0	0	0	0	0	0	0	0	75	0	1398	109
	2.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	92.8	7.2
4157	21	9	2	11	13	26	19	3	4	1	0	1398	109	0
	1.4	0.6	0.1	0.7	0.9	1.7	1.3	0.2	0.3	0.1	0.0	92.8	7.2	0.0
4158	17	3	0	0	0	0	0	0	0	0	29	0	1458	49
	1.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	96.7	3.3
4159	9	2	0	3	8	6	16	3	1	1	0	1458	49	0
	0.6	0.1	0.0	0.2	0.5	0.4	1.1	0.2	0.1	0.1	0.0	96.7	3.3	0.0
4160	12	2	0	0	0	0	0	0	0	0	11	0	1482	25
	0.8	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	98.3	1.7
4161	5	3	2	1	3	3	7	1	0	0	0	1482	25	0
	0.3	0.2	0.1	0.1	0.2	0.2	0.5	0.1	0.0	0.0	0.0	98.3	1.7	0.0
4162	10	0	0	0	0	0	0	0	0	0	5	0	1492	15
	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	99.0	1.0
4163	1	1	3	0	4	0	4	2	0	0	0	1492	15	0
	0.1	0.1	0.2	0.0	0.3	0.0	0.3	0.1	0.0	0.0	0.0	99.0	1.0	0.0
4164	5	0	0	0	0	0	0	0	0	0	0	1502	5	0
	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.7	0.3	0.0

E-15

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
4165	1	1	0	1	2	0	0	0	0	0	0	0	1502	5
	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.7	0.3
4166	2	0	0	0	0	0	0	0	0	0	0	0	1505	2
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1
4167	0	1	0	0	1	0	0	0	0	0	0	0	1505	2
	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1
4168	1	0	0	0	0	0	0	0	0	0	0	0	1506	1
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1
4169	0	0	0	0	1	0	0	0	0	0	0	0	1506	1
	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1
4179	0	0	0	0	0	0	0	0	0	0	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
4180	0	0	0	1507	0	0	0	0	0	0	0	0	0	1507
	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
511	856	530	0	0	0	0	0	0	0	0	121	0	0	1507
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	100
512	156	160	127	149	132	119	142	128	81	313	0	0	0	1507
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	0.0	100
513	189	143	141	132	155	151	133	119	130	214	0	0	0	1507
	12.5	9.5	9.4	8.6	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	0.0	100
514	163	165	146	156	179	139	133	144	132	150	0	0	0	1507
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	0.0	100
515	147	142	152	146	158	164	136	156	156	150	0	0	0	1507
	9.8	9.4	10.1	9.7	10.5	10.9	9.8	10.4	10.4	10.0	0.0	0.0	0.0	100
5128	1131	373	3	0	0	0	0	0	0	0	0	0	0	1507
	75.0	24.8	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
5129	934	144	53	0	0	0	0	0	0	0	0	0	0	376
	62.0	9.6	3.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0
5130	345	604	16	0	0	0	0	0	0	0	0	0	0	542
	22.9	40.1	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	36.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	8L	TOT	MP
5131	343	541	0	0	0	0	0	0	0	0	3	0	620	887
	22.8	35.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	41.1	58.9
5132	632	254	0	0	0	0	0	0	0	0	1	0	620	887
	41.9	16.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	41.1	58.9
5133	814	66	0	0	0	0	0	0	0	0	7	0	620	887
	54.0	4.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	41.1	58.9
5134	387	466	0	0	0	0	0	0	0	0	34	0	620	887
	25.7	30.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.3	0.0	41.1	58.9
5135	550	301	0	0	0	0	0	0	0	0	28	0	620	887
	37.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	41.1	58.9
5136	331	1163	13	0	0	0	0	0	0	0	0	0	0	1507
	22.0	77.2	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
5137	211	113	0	0	0	0	0	0	0	0	7	0	1176	331
	14.0	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	78.0	22.0
5138	267	61	0	0	0	0	0	0	0	0	3	0	1176	331
	17.7	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	78.0	22.0
5139	202	125	0	0	0	0	0	0	0	0	4	0	1176	331
	13.4	8.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	78.0	22.0
5140	38	283	0	0	0	0	0	0	0	0	10	0	1176	331
	2.5	18.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	78.0	22.0
5161	46	283	0	0	0	0	0	0	0	0	2	0	1176	331
	3.1	18.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	78.0	22.0
5162	152	177	0	0	0	0	0	0	0	0	2	0	1176	331
	10.1	11.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	78.0	22.0
5163	302	27	0	0	0	0	0	0	0	0	2	0	1176	331
	20.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	78.0	22.0
5165	969	372	93	33	2	0	0	0	0	0	0	0	38	1469
	64.3	24.7	6.2	2.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5
5166	55	0	0	0	0	0	0	0	0	0	0	0	38	1469
	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
5167	954	91	62	196	29	0	1	11	108	17	0	38	1469	0
	63.3	6.0	4.1	13.0	1.9	0.0	0.1	0.7	7.2	1.1	0.0	2.5	97.5	0.0
5170	1231	21	168	5	22	1	11	10	0	0	0	36	1469	0
	81.7	1.4	11.1	0.3	1.5	0.1	0.7	0.7	0.0	0.0	0.0	2.5	97.5	0.0
5173	473	931	64	1	0	0	0	0	0	0	0	36	1469	0
	31.4	61.8	4.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5	0.0
5179	0	0	0	0	0	0	0	0	0	0	0	1507	0	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0
5180	0	0	0	0	0	0	0	0	0	0	0	1507	0	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
611	856	530	0	0	0	0	0	0	0	0	121	0	1507	0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	100	0.0
612	156	160	127	149	132	119	142	128	81	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	100	0.0
613	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0
614	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
615	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
616	18	5	2	0	4	1	0	0	244	200	0	1033	474	0
	1.2	0.3	0.1	0.0	0.3	0.1	0.0	0.0	16.2	13.3	0.0	68.5	31.5	0.0
617	37	25	10	9	17	1	2	0	271	102	0	1033	474	0
	2.5	1.7	0.7	0.6	1.1	0.1	0.1	0.0	16.0	6.8	0.0	68.5	31.5	0.0
618	13	16	8	11	38	8	6	4	274	96	0	1033	474	0
	0.9	1.1	0.5	0.7	2.5	0.5	0.4	0.3	18.2	6.4	0.0	68.5	31.5	0.0
619	1	3	0	1	15	4	1	1	274	174	0	1033	474	0
	0.1	0.2	0.0	0.1	1.0	0.3	0.1	0.1	18.2	11.5	0.0	68.5	31.5	0.0
6110	0	0	0	1	1	0	0	0	274	198	0	1033	474	0
	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	18.2	13.1	0.0	68.5	31.5	0.0

E-18

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
6111	1	2	0	0	0	0	5	253	20	193	0	1033	474	0
	0.1	0.1	0.0	0.0	0.0	0.0	0.3	16.8	1.3	12.8	0.0	68.5	31.5	0.0
6112	37	23	23	5	8	3	4	118	0	0	0	1286	221	0
	2.5	1.5	1.5	0.3	0.5	0.2	0.3	7.8	0.0	0.0	0.0	85.3	14.7	0.0
6113	887	565	17	0	0	0	0	0	0	0	0	38	1469	0
	58.9	37.5	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5	0.0
6114	618	262	0	0	0	0	0	0	0	0	7	0	620	887
	41.0	17.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	41.1	58.9
6115	187	680	0	0	0	0	0	0	0	0	20	0	620	887
	12.4	45.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.0	41.1	58.9
6116	290	590	0	0	0	0	0	0	0	0	7	0	620	887
	19.2	39.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	41.1	58.9
6117	482	393	0	0	0	0	0	0	0	0	12	0	620	887
	32.0	26.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	41.1	58.9
6118	535	350	0	0	0	0	0	0	0	0	2	0	620	887
	35.5	23.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	41.1	58.9
6119	157	724	0	0	0	0	0	0	0	0	6	0	620	887
	10.4	48.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	41.1	58.9
6120	278	604	0	0	0	0	0	0	0	0	5	0	620	887
	18.4	40.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	41.1	58.9
6121	386	496	0	0	0	0	0	0	0	0	5	0	620	887
	25.6	32.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	41.1	58.9
6122	105	774	0	0	0	0	0	0	0	0	8	0	620	887
	7.0	51.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	41.1	58.9
6124	470	112	122	13	1	0	0	0	0	0	0	0	789	718
	31.2	7.4	8.1	0.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	52.4	47.6
6126	989	42	70	7	0	0	0	0	0	0	0	0	399	1108
	65.6	2.8	4.6	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	26.5	73.5
6127	1108	332	29	0	0	0	0	0	0	0	0	0	38	1469
	73.5	22.0	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5

E-19

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-i-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
6128	9	0	0	0	0	0	0	0	0	0	1099	0	399	1108
	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	72.9	0.0	26.5	73.5
6129	1054	11	0	1	19	5	4	9	5	0	0	0	399	1108
	69.9	0.7	0.0	0.1	1.3	0.3	0.3	0.6	0.3	0.0	0.0	0.0	26.5	73.5
6130	1	0	0	0	0	0	0	0	0	0	4	0	1502	5
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	99.7	0.3
6131	1	1	0	0	0	1	1	1	0	0	0	0	1502	5
	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	99.7	0.3
6170	701	717	51	0	0	0	0	0	0	0	0	0	38	1469
	46.5	47.6	3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5
6171	25	0	0	0	0	0	0	0	0	0	0	0	806	701
	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	53.5	46.5
6172	610	20	1	1	12	0	14	5	16	6	0	0	806	701
	40.5	1.9	0.1	0.1	0.8	0.5	0.9	0.3	1.1	0.4	0.0	0.0	53.5	46.5
6173	0	0	0	0	0	0	0	0	0	0	7	0	1500	7
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	99.5	0.5
6174	0	1	0	1	0	2	2	1	0	0	0	0	1500	7
	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	99.5	0.5
6175	0	0	0	0	0	0	0	0	0	0	1	0	1506	1
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.9	0.1
6176	0	0	0	0	0	0	1	0	0	0	0	0	1506	1
	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	99.9	0.1
6179	0	0	0	0	0	0	0	0	0	0	1507	0	0	1507
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100
6180	0	0	0	0	0	1507	0	0	0	0	0	0	0	1507
	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
711	856	530	0	0	0	0	0	0	0	0	121	0	0	1507
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	100
712	156	160	127	149	132	119	142	128	81	313	0	0	0	1507
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	0.0	100

E-20

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
713	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0
714	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
715	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
7142	574	836	97	0	0	0	0	0	0	0	0	0	1507	0
	38.1	55.5	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7143	140	1313	53	1	0	0	0	0	0	0	0	0	1507	0
	9.3	87.1	3.5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7144	35	0	0	0	0	0	0	0	0	105	0	1367	140	0
	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.0	0.0	90.7	9.3	0.0
7145	9	21	13	2	9	8	12	47	5	14	0	1367	140	0
	0.6	1.4	0.9	0.1	0.6	0.5	0.8	3.1	0.3	0.9	0.0	90.7	9.3	0.0
7147	165	1280	0	0	0	0	0	0	0	62	0	0	1507	0
	10.9	84.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.1	0.0	0.0	100	0.0
7148	78	1374	0	0	0	0	0	0	0	55	0	0	1507	0
	5.2	91.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.6	0.0	0.0	100	0.0
7149	42	1414	0	0	0	0	0	0	0	51	0	0	1507	0
	2.8	93.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.4	0.0	0.0	100	0.0
7150	46	1415	0	0	0	0	0	0	0	46	0	0	1507	0
	3.1	93.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.1	0.0	0.0	100	0.0
7151	52	1408	0	0	0	0	0	0	0	47	0	0	1507	0
	3.5	93.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.1	0.0	0.0	100	0.0
7152	6	1438	0	0	0	0	0	0	0	53	0	0	1507	0
	0.4	95.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2	0.0	0.0	100	0.0
7153	1	1506	0	0	0	0	0	0	0	0	0	0	1507	0
	0.1	99.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7154	4	1503	0	0	0	0	0	0	0	0	0	0	1507	0
	0.3	99.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
7173	287	1206	0	0	0	0	0	0	0	14	0	0	1507	0
	19.0	80.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	100	0.0
7174	334	1163	0	0	0	0	0	0	0	10	0	0	1507	0
	22.2	77.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	100	0.0
7175	186	1310	0	0	0	0	0	0	0	11	0	0	1507	0
	12.3	86.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	100	0.0
7176	13	1468	0	0	0	0	0	0	0	26	0	0	1507	0
	0.9	97.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.0	100	0.0
7177	8	1499	0	0	0	0	0	0	0	0	0	0	1507	0
	0.5	99.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7178	3	1504	0	0	0	0	0	0	0	0	0	0	1507	0
	0.2	99.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7179	0	0	0	0	0	0	0	0	0	1507	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
7180	0	0	0	0	0	0	1507	0	0	0	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	100	0.0
811	856	530	0	0	0	0	0	0	0	121	0	0	1507	0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	100	0.0
812	156	160	127	149	132	119	142	128	81	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	100	0.0
813	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.6	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0
814	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
815	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
8124	791	620	96	0	0	0	0	0	0	0	0	0	1507	0
	52.5	41.1	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
8125	214	0	0	0	0	0	0	0	0	577	0	716	791	0
	14.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	38.3	0.0	47.5	52.5	0.0

E 22



0614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
	153	127	83	82	65	99	38	21	120	3	0	716	791	0
	10.2	6.4	5.5	5.4	4.3	6.6	2.5	1.4	8.0	0.2	0.0	47.5	52.5	0.0
0127	47	0	0	0	0	0	0	0	0	0	261	0	1199	308
	3.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.3	0.0	79.6	20.4
0128	50	46	53	37	31	38	11	14	25	3	0	1199	308	0
	3.3	3.1	3.5	2.5	2.1	2.5	0.7	0.9	1.7	0.2	0.0	79.6	20.4	0.0
0129	20	0	0	0	0	0	0	0	0	0	77	0	1410	97
	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.1	0.0	93.6	6.4
0130	9	9	17	13	20	16	2	2	6	1	0	1410	97	0
	0.6	0.6	1.1	0.9	1.3	1.1	0.1	0.1	0.5	0.1	0.0	93.6	6.4	0.0
0131	6	0	0	0	0	0	0	0	0	0	19	0	1482	25
	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.0	98.3	1.7
0132	2	0	2	6	4	4	1	1	4	1	0	1482	25	0
	0.1	0.0	0.1	0.4	0.3	0.3	0.1	0.1	0.3	0.1	0.0	98.3	1.7	0.0
0133	1	0	0	0	0	0	0	0	0	0	11	0	1495	12
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	99.2	0.8
0134	0	0	0	0	3	6	1	0	1	1	0	1495	12	0
	0.0	0.0	0.0	0.0	0.2	0.4	0.1	0.0	0.1	0.1	0.0	99.2	0.8	0.0
0135	2	0	0	0	0	0	0	0	0	0	7	0	1498	9
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	99.4	0.6
0136	0	0	0	1	1	3	2	0	1	1	0	1498	9	0
	0.0	0.0	0.0	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.0	99.4	0.6	0.0
0137	1	0	0	0	0	0	0	0	0	0	2	0	1504	3
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.8	0.2
0138	0	0	0	0	0	0	1	1	0	1	0	1504	3	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.0	99.8	0.2	0.0
0139	1	0	0	0	0	0	0	0	0	0	2	0	1504	3
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.8	0.2
0140	0	0	0	0	1	0	0	1	1	0	0	1504	3	0
	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.0	0.0	99.8	0.2	0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
8141	1	0	0	0	0	0	0	0	0	0	0	0	1506	1 0
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1 0.0
8142	0	0	0	0	0	0	0	0	0	0	1	0	1506	1 0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.9	0.1 0.0
8179	0	0	0	0	0	0	0	0	0	0	0	0	1507	0 0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0 0.0
8180	0	0	0	0	0	0	0	0	0	0	0	0	1507	0 0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0 0.0
911	856	530	0	0	0	0	0	0	0	0	0	121	0	0 1507 0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0 100 0.0
912	156	160	127	149	132	119	142	128	81	313	0	0	1507	0 0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	100	0.0 0.0
913	109	143	141	132	155	151	133	119	130	214	0	0	1507	0 0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0 0.0
914	163	165	146	156	179	139	133	144	132	150	0	0	1507	0 0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0 0.0
915	147	142	152	146	158	164	136	156	156	150	0	0	1507	0 0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0 0.0
917	1	0	1	2	5	12	63	660	719	6	0	38	1469	0 0
	0.1	0.0	0.1	0.1	0.3	0.8	4.2	43.8	47.7	0.4	0.0	2.5	97.5	0.0 0.0
918	116	75	25	42	92	67	110	130	649	163	0	38	1469	0 0
	7.7	5.0	1.7	2.8	6.1	4.4	7.3	8.6	43.1	10.8	0.0	2.5	97.5	0.0 0.0
919	294	1142	33	0	0	0	0	0	0	0	0	38	1469	0 0
	19.5	75.8	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5	0.0 0.0
9110	465	883	0	0	0	0	0	0	0	0	121	0	38	1469 0
	30.9	58.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	2.5	97.5 0.0
9111	766	588	0	0	0	0	0	0	0	0	115	0	38	1469 0
	50.8	39.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.6	0.0	2.5	97.5 0.0
9112	432	848	0	0	0	0	0	0	0	0	189	0	38	1469 0
	28.7	56.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.5	0.0	2.5	97.5 0.0

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
9113	92	1246	0	0	0	0	0	0	0	0	131	0	38 1469	0
	6.1	82.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.7	0.0	2.5 97.5	0.0
9134	35	0	0	0	0	0	0	0	0	0	1434	0	38 1469	0
	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	95.2	0.0	2.5 97.5	0.0
9135	1344	71	1	1	12	4	1	4	10	21	0	0	38 1469	0
	69.2	4.7	0.1	0.1	0.6	0.3	0.1	0.3	0.7	1.4	0.0	0.0	2.5 97.5	0.0
9136	0	0	0	0	0	0	0	0	0	0	4	0	1503	4
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	99.7	0.3
9137	0	0	0	0	0	0	0	2	2	0	0	0	1503	4
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	99.7	0.3
9178	293	485	628	63	0	0	0	0	0	0	0	0	38 1469	0
	19.4	32.2	41.7	4.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5 97.5	0.0
9179	0	0	0	0	0	0	0	0	0	0	1507	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100
9180	0	0	0	0	0	0	0	0	0	1507	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	100
1011	856	530	0	0	0	0	0	0	0	121	0	0	1507	0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	0.0	100
1012	156	160	127	149	132	119	142	128	81	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	0.0	100
1013	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	0.0	100
1014	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	0.0	100
1015	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	0.0	100
1016	226	269	634	141	0	0	0	0	0	0	0	0	38 1469	0
	15.0	17.8	55.3	9.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5 97.5	0.0
1017	504	333	581	51	0	0	0	0	0	0	0	0	38 1469	0
	33.4	22.1	38.6	3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5 97.5	0.0

E-25

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
1010	212	1196	61	0	0	0	0	0	0	0	0	0	38 1469	0
	14.1	79.4	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5 97.5	0.0
1019	74	133	0	0	0	0	0	0	0	0	5	0	1295 212	0
	4.9	8.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	85.9 14.1	0.0
10110	67	141	0	0	0	0	0	0	0	0	4	0	1295 212	0
	4.4	9.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	85.9 14.1	0.0
10111	119	69	0	0	0	0	0	0	0	0	4	0	1295 212	0
	7.9	5.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	85.9 14.1	0.0
10112	105	101	0	0	0	0	0	0	0	0	6	0	1295 212	0
	7.0	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	85.9 14.1	0.0
10113	78	130	0	0	0	0	0	0	0	0	4	0	1295 212	0
	5.2	8.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	85.9 14.1	0.0
10114	62	139	0	0	0	0	0	0	0	0	11	0	1295 212	0
	4.1	9.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	85.9 14.1	0.0
10115	88	119	0	0	0	0	0	0	0	0	5	0	1295 212	0
	5.8	7.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	85.9 14.1	0.0
10116	49	13	0	0	0	0	0	0	0	0	12	0	1433 74	0
	3.3	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	95.1 4.9	0.0
10117	45	15	0	0	0	0	0	0	0	0	7	0	1440 67	0
	3.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	95.6 4.4	0.0
10118	79	20	0	0	0	0	0	0	0	0	20	0	1388 119	0
	5.2	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.0	92.1 7.9	0.0
10119	48	33	0	0	0	0	0	0	0	0	24	0	1402 105	0
	3.2	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	0.0	93.0 7.0	0.0
10120	53	15	0	0	0	0	0	0	0	0	10	0	1429 78	0
	3.5	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	94.8 5.2	0.0
10121	46	9	0	0	0	0	0	0	0	0	7	0	1445 62	0
	3.1	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	95.9 4.1	0.0
10122	66	12	0	0	0	0	0	0	0	0	10	0	1419 88	0
	4.4	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	94.2 5.8	0.0

E-26

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
10123	44	2	0	0	0	0	0	0	0	0	3	0	1450	49
	2.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	96.7	3.3
10124	7	37	0	0	0	0	0	0	0	0	1	0	1462	45
	0.5	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	97.0	3.0
10125	54	10	0	0	0	0	0	0	0	0	7	0	1420	79
	3.6	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	94.0	5.2
10126	42	3	0	0	0	0	0	0	0	0	3	0	1459	48
	2.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	96.8	3.2
10127	11	31	0	0	0	0	0	0	0	0	11	0	1454	53
	0.7	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	96.5	3.5
10128	5	33	0	0	0	0	0	0	0	0	0	0	1461	46
	0.3	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	96.9	3.1
10129	5	60	0	0	0	0	0	0	0	0	1	0	1441	66
	0.3	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	95.6	4.4
10130	710	97	0	0	0	0	0	0	0	0	0	0	1469	0
	47.1	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5
10131	149	404	40	120	165	30	84	37	130	206	0	0	1469	0
	9.9	26.0	3.2	0.5	10.9	2.5	5.6	2.5	0.6	19.0	0.0	0.0	2.5	97.5
10134	752	40	0	0	0	0	0	0	0	0	0	0	164	1343
	49.9	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.9	89.1
10135	139	233	41	122	65	65	51	23	441	163	0	0	164	1343
	9.2	15.5	2.7	0.1	4.3	4.3	3.4	1.5	29.3	10.6	0.0	0.0	10.9	69.1
10138	680	10	0	0	0	0	0	0	0	0	0	0	592	915
	45.1	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	39.3	60.7
10139	57	61	30	47	24	30	12	9	582	55	0	0	592	915
	3.0	4.0	2.0	3.1	1.6	2.5	0.8	0.6	38.6	3.6	0.0	0.0	39.3	60.7
10142	526	76	0	0	0	0	0	0	0	0	0	0	38	1469
	34.9	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	97.5
10143	296	304	29	101	0	144	326	13	43	205	0	0	38	1469
	19.6	20.2	1.9	6.7	0.5	9.6	21.6	0.9	2.9	13.6	0.0	0.0	2.5	97.5

8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
10146	535	48	0	0	0	0	0	0	0	0	597	0	327	1100
	35.5	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	39.6	0.0	21.7	78.3
10147	170	178	21	123	3	130	383	8	9	155	0	327	1100	0
	11.3	11.8	1.4	8.2	0.2	8.6	25.4	0.5	0.6	10.3	0.0	21.7	78.3	0.0
10150	588	16	0	0	0	0	0	0	0	0	221	0	682	825
	39.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.7	0.0	45.3	54.7
10151	67	46	10	56	6	39	513	3	8	77	0	682	825	0
	4.4	3.1	0.7	3.7	0.4	2.6	34.0	0.2	0.5	5.1	0.0	45.3	54.7	0.0
10154	16	0	0	0	0	0	0	0	0	0	22	0	1469	38
	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	97.5	2.5
10155	12	2	4	13	2	1	0	0	2	2	0	1469	38	0
	0.8	0.1	0.3	0.9	0.1	0.1	0.0	0.0	0.1	0.1	0.0	97.5	2.5	0.0
10158	17	0	0	0	0	0	0	0	0	0	11	0	1479	28
	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	98.1	1.9
10159	2	3	5	15	0	2	0	1	0	0	0	0	1479	28
	0.1	0.2	0.3	1.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	98.1	1.9
10162	13	0	0	0	0	0	0	0	0	0	3	0	1491	16
	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	98.9	1.1
10163	0	1	1	14	0	0	0	0	0	0	0	0	1491	16
	0.0	0.1	0.1	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	98.9	1.1
10166	205	528	361	154	109	123	27	0	0	0	0	0	0	1507
	13.6	35.0	24.0	10.2	7.2	8.2	1.6	0.0	0.0	0.0	0.0	0.0	0.0	100.0
10167	217	1285	5	0	0	0	0	0	0	0	0	0	0	1507
	14.4	85.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
10168	259	352	236	149	41	122	292	10	46	0	0	0	0	1507
	17.2	23.4	15.7	9.9	2.7	8.1	19.4	0.7	3.1	0.0	0.0	0.0	0.0	100.0
10169	9	1	5	0	0	0	0	0	0	161	1331	0	0	1507
	0.6	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	10.7	88.3	0.0	0.0	100.0
10170	71	28	17	10	16	6	3	6	181	1169	0	0	0	1507
	4.7	1.9	1.1	0.7	1.1	0.4	0.2	0.4	12.0	77.6	0.0	0.0	0.0	100.0

E-28

0614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	NP
10171	144	99	57	22	46	27	27	15	192	878	0	0	1507	0
	9.6	6.6	3.0	1.5	3.1	1.8	1.8	1.0	12.7	58.3	0.0	0.0	100	0.0
10172	208	153	100	75	113	54	59	40	204	501	0	0	1507	0
	13.8	10.2	6.6	5.0	7.5	3.6	3.9	2.7	13.5	33.2	0.0	0.0	100	0.0
10173	48	65	37	48	181	80	86	79	224	659	0	0	1507	0
	3.2	4.3	2.5	3.2	12.0	5.3	5.7	5.2	14.9	43.7	0.0	0.0	100	0.0
10174	28	33	29	20	145	27	37	186	24	978	0	0	1507	0
	1.9	2.2	1.9	1.3	9.6	1.8	2.5	12.3	1.6	64.9	0.0	0.0	100	0.0
10175	310	278	144	280	444	16	1	0	26	0	0	0	1507	0
	21.1	18.4	9.6	18.6	29.5	1.1	0.1	0.0	1.7	0.0	0.0	0.0	100	0.0
10179	1507	0	0	0	0	0	0	0	0	0	0	0	1507	0
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
10180	0	0	0	0	0	0	0	0	0	1507	0	0	1507	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
1111	856	530	0	0	0	0	0	0	0	121	0	0	1507	0
	56.8	35.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	0.0	100	0.0
1112	156	160	127	149	132	119	142	128	61	313	0	0	1507	0
	10.4	10.6	8.4	9.9	8.8	7.9	9.4	8.5	5.4	20.8	0.0	0.0	100	0.0
1113	189	143	141	132	155	151	133	119	130	214	0	0	1507	0
	12.5	9.5	9.4	8.8	10.3	10.0	8.8	7.9	8.6	14.2	0.0	0.0	100	0.0
1114	163	165	146	156	179	139	133	144	132	150	0	0	1507	0
	10.8	10.9	9.7	10.4	11.9	9.2	8.8	9.6	8.8	10.0	0.0	0.0	100	0.0
1115	147	142	152	146	158	164	136	156	156	150	0	0	1507	0
	9.8	9.4	10.1	9.7	10.5	10.9	9.0	10.4	10.4	10.0	0.0	0.0	100	0.0
1116	386	0	0	0	0	0	0	0	0	27	1094	0	1507	0
	25.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	72.6	0.0	0.0	100	0.0
1117	21	22	22	44	51	68	118	161	596	404	0	0	1507	0
	1.4	1.5	1.5	2.9	3.4	4.5	7.8	10.7	39.5	26.8	0.0	0.0	100	0.0
1118	3	11	16	9	333	19	28	129	124	835	0	0	1507	0
	0.2	0.7	1.1	0.6	22.1	1.3	1.9	8.6	8.2	55.4	0.0	0.0	100	0.0

0614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	101	MP
11119	116	0	0	0	0	0	0	0	0	96	1295	0	0	1507
	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.4	85.9	0.0	0.0	100
11110	245	210	127	84	110	50	57	52	191	301	0	0	0	1507
	16.3	13.9	8.4	5.6	7.3	3.3	3.8	3.5	12.7	25.3	0.0	0.0	0.0	100
11111	51	67	51	15	328	15	23	142	23	792	0	0	0	1507
	3.4	4.4	3.4	1.0	21.8	1.0	1.5	9.4	1.5	52.6	0.0	0.0	0.0	100
11112	2	0	0	0	0	0	0	0	0	327	1178	0	0	1507
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	21.7	78.2	0.0	0.0	100
11113	121	223	177	179	201	89	71	26	345	75	0	0	0	1507
	8.0	14.8	11.7	11.9	13.3	5.9	4.7	1.7	22.9	5.0	0.0	0.0	0.0	100
11114	14	6	19	1	311	2	8	325	14	807	0	0	0	1507
	0.9	0.4	1.3	0.1	20.6	0.1	0.5	21.6	0.9	53.6	0.0	0.0	0.0	100
11115	0	0	0	0	0	0	0	0	0	32	1467	0	0	1507
	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	97.3	0.0	0.0	100
11116	10	21	11	11	41	31	40	46	68	1228	0	0	0	1507
	0.7	1.4	0.7	0.7	2.7	2.1	2.7	3.1	4.5	81.5	0.0	0.0	0.0	100
11117	0	10	5	6	65	7	9	42	4	1351	0	0	0	1507
	0.5	0.7	0.3	0.4	4.3	0.5	0.6	2.8	0.3	89.6	0.0	0.0	0.0	100
11118	59	0	0	0	0	0	0	0	0	59	1389	0	0	1507
	3.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.9	92.2	0.0	0.0	100
11119	117	89	59	43	81	49	47	79	117	826	0	0	0	1507
	7.8	5.9	3.9	2.9	5.4	3.3	3.1	5.2	7.8	54.8	0.0	0.0	0.0	100
11120	68	49	23	8	248	10	7	73	7	1014	0	0	0	1507
	4.5	3.3	1.5	0.5	16.5	0.7	0.5	4.6	0.5	67.3	0.0	0.0	0.0	100
11121	6	0	0	0	0	0	0	0	0	63	1438	0	0	1507
	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2	95.4	0.0	0.0	100
11122	160	91	53	16	31	18	26	21	86	1005	0	0	0	1507
	10.6	6.0	3.5	1.1	2.1	1.2	1.7	1.4	5.7	66.7	0.0	0.0	0.0	100
11123	172	105	49	19	237	9	10	14	66	826	0	0	0	1507
	11.4	7.0	3.3	1.3	15.7	0.6	0.7	0.9	4.4	54.8	0.0	0.0	0.0	100

E-30



8614 Health Promotions Activities 1991 \* Clean Unweighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	8L	TOT	MP
11124	465	336	671	25	9	1	0	0	0	0	0	0	0 1507	0
	30.9	22.3	44.5	1.7	0.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0 100	0.0
11125	1481	26	0	0	0	0	0	0	0	0	0	0	0 1507	0
	98.3	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 100	0.0
11126	643	511	276	50	1	0	0	0	0	0	0	0	0 26 1481	0
	42.7	33.9	18.3	3.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 1.7 98.3	0.0
11127	755	0	0	0	0	0	0	0	0	20	706	0	0 26 1481	0
	50.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	46.8	0.0	0.0 1.7 98.3	0.0
11128	15	22	21	23	32	50	76	120	355	767	0	0	0 26 1481	0
	1.0	1.5	1.4	1.5	2.1	3.3	5.0	6.0	23.6	50.9	0.0	0.0	0.0 1.7 98.3	0.0
11129	2	13	15	6	239	10	11	48	81	1056	0	0	0 26 1481	0
	0.1	0.9	1.0	0.4	15.9	0.7	0.7	3.2	5.4	70.1	0.0	0.0	0.0 1.7 98.3	0.0
11170	430	965	0	0	0	0	0	0	0	0	0	0	0 112 1395	0
	28.5	64.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 7.4 92.6	0.0
11171	302	128	0	0	0	0	0	0	0	0	0	0	0 1077 430	0
	20.0	8.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 71.5 28.5	0.0
11179	1507	0	0	0	0	0	0	0	0	0	0	0	0 0 1507	0
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 0.0 100	0.0
11180	1507	0	0	0	0	0	0	0	0	0	0	0	0 0 1507	0
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 0.0 100	0.0



WEIGHTED MARGINALS

F. 1

F-2

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	8L	TOT	MP
111	4906	3822	0	0	0	0	0	0	0	444	0	0	9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0	100	0.0
112	885	1035	788	908	908	820	920	848	479	1562	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.8	9.2	5.2	17.2	0.0	0.0	100	0.0
113	888	884	872	849	1037	885	900	812	807	1238	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0	100	0.0
114	880	960	774	951	1089	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
115	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
119	0	0	0	0	0	0	0	0	0	9172	0	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
1110	0	1231	4928	3013	0	0	0	0	0	0	0	0	9172	0
	0.0	13.4	53.7	32.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1111	9172	0	0	0	0	0	0	0	0	9172	0	0	9172	9172
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	100
1112	3447	3212	406	0	0	0	0	0	0	2107	0	0	9172	0
	37.6	35.0	4.4	0.0	0.0	0.0	0.0	0.0	0.0	23.0	0.0	0.0	100	0.0
1113	672	456	1081	946	967	1355	1276	594	584	1239	0	0	9172	0
	7.3	5.0	11.8	10.3	10.5	14.8	13.9	6.5	6.4	13.5	0.0	0.0	100	0.0
1114	9172	0	0	0	0	0	0	0	0	9172	0	0	9172	9172
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	100
1115	0	0	0	0	0	0	0	0	9172	0	0	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	100	0.0
1116	0	9172	0	0	0	0	0	0	0	0	0	0	9172	0
	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1117	1	1504	1232	1281	986	1150	1152	1010	855	0	0	0	9172	0
	0.0	16.4	13.4	14.0	10.7	12.5	12.6	11.0	9.3	0.0	0.0	0.0	100	0.0
1118	5146	0	0	0	0	0	0	0	0	4026	0	0	9172	0
	56.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	43.9	0.0	0.0	100	0.0

7-83

## 8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
1119	575	1189	1489	1276	1096	879	792	809	839	229	0	0	9172	0
	6.3	13.0	16.2	13.9	11.9	9.6	8.6	8.8	9.1	2.5	0.0	0.0	100	0.0
1120	1	1499	1305	1184	1006	1151	1253	1044	728	0	0	0	9172	0
	0.0	16.3	14.2	12.9	11.0	12.5	13.7	11.4	7.9	0.0	0.0	0.0	100	0.0
1121	63	1385	1270	1247	987	1114	1005	1150	904	40	0	0	9172	0
	0.7	15.1	13.8	13.6	10.8	12.1	11.0	12.6	9.9	0.4	0.0	0.0	100	0.0
1122	926	1052	1098	960	960	1098	1059	863	786	371	0	0	9172	0
	10.1	11.5	12.0	10.5	10.5	12.0	11.5	9.4	8.6	4.0	0.0	0.0	100	0.0
1127	4236	0	0	0	0	0	0	0	0	4936	0	0	9172	0
	46.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	53.8	0.0	0.0	100	0.0
1128	347	1908	741	0	1775	2174	0	1047	0	1179	0	0	9172	0
	3.8	20.8	8.1	0.0	19.4	23.7	0.0	11.4	0.0	12.9	0.0	0.0	100	0.0
1129	0	0	9172	0	0	0	0	9172	0	0	9172	0	9172	9172
	0.0	0.0	100	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0	100	100
1130	623	191	311	492	2121	162	1307	0	2166	1799	0	0	9172	0
	6.8	2.1	3.4	5.4	23.1	1.8	14.3	0.0	23.6	19.6	0.0	0.0	100	0.0
1131	395	1504	0	25	1687	1033	1952	482	1450	644	0	0	9172	0
	4.3	16.4	0.0	0.3	18.4	11.3	21.3	5.2	15.8	7.0	0.0	0.0	100	0.0
1136	2	0	0	0	0	0	0	0	0	0	0	9170	2	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1137	1335	4909	2008	553	139	72	22	12	3	0	0	120	9052	0
	14.6	53.5	21.9	6.0	1.5	0.8	0.2	0.1	0.0	0.0	0.0	1.3	98.7	0.0
1138	937	868	966	1065	914	945	885	804	759	1029	0	0	9172	0
	10.2	9.5	10.5	11.6	10.0	10.3	9.6	8.8	8.3	11.2	0.0	0.0	100	0.0
1148	0	9172	0	0	0	0	0	0	0	0	0	0	9172	0
	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1149	0	0	0	0	0	0	0	0	0	129	9043	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	98.6	0.0	100	0.0
1150	176	25	20	11	9	7	0	2	135	8787	0	0	9172	0
	1.9	8.3	0.2	0.1	0.1	0.1	0.0	0.0	1.5	95.8	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	101	MP
1151	2240	743	326	213	119	33	79	51	178	5189	0	0	9172	0
	24.4	8.1	3.6	2.3	1.3	0.4	0.9	0.6	1.9	56.6	0.0	0.0	100	0.0
1152	292	469	300	187	2040	1337	1411	1108	746	1283	0	0	9172	0
	3.2	5.1	3.3	2.0	22.2	14.6	15.4	12.1	8.1	14.0	0.0	0.0	100	0.0
1153	218	416	278	225	1788	295	358	485	241	4869	0	0	9172	0
	2.4	4.5	3.0	2.5	19.5	3.2	3.9	5.3	2.6	53.1	0.0	0.0	100	0.0
1154	1330	386	0	0	0	0	0	0	0	7457	0	0	9172	0
	14.5	4.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	81.3	0.0	0.0	100	0.0
1155	1500	1474	1957	497	590	364	638	685	1175	293	0	0	9172	0
	16.4	16.1	21.3	5.4	6.4	4.0	7.0	7.5	12.6	3.2	0.0	0.0	100	0.0
1156	1326	7751	96	0	0	0	0	0	0	0	0	0	9172	0
	14.5	84.5	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1157	2957	6172	43	0	0	0	0	0	0	0	0	0	9172	0
	32.2	67.3	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1158	1513	7635	24	0	0	0	0	0	0	0	0	0	9172	0
	16.5	83.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1159	2227	6933	12	0	0	0	0	0	0	0	0	0	9172	0
	24.3	75.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1160	2890	6236	46	0	0	0	0	0	0	0	0	0	9172	0
	31.5	68.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1161	2075	693	123	0	0	0	0	0	0	0	0	0	6282	2890
	22.6	7.6	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	68.5	31.5
1162	1120	1699	71	0	0	0	0	0	0	0	0	0	6282	2890
	12.2	18.5	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	68.5	31.5
1163	2230	6877	65	0	0	0	0	0	0	0	0	0	9172	0
	24.3	75.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1164	2695	6422	55	0	0	0	0	0	0	0	0	0	9172	0
	29.4	70.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1165	693	1998	0	0	0	0	0	0	0	0	4	0	6477	2695
	7.6	21.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.6	29.4

75

## 8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
1166	994	1696	0	0	0	0	0	0	0	0	5	0	6477	2695
	10.8	18.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	70.6	29.4	0.0
1167	2535	146	0	0	0	0	0	0	0	0	15	0	6477	2695
	27.6	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	70.6	29.4	0.0
1168	1868	7299	6	0	0	0	0	0	0	0	0	0	9172	0
	20.4	79.6	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1169	1340	471	57	0	0	0	0	0	0	0	0	0	7304	1868
	14.6	5.1	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	79.6	20.4
1170	515	1313	39	0	0	0	0	0	0	0	0	0	7304	1868
	5.6	14.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	79.6	20.4
1171	2453	6678	41	0	0	0	0	0	0	0	0	0	9172	0
	26.7	72.8	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
1172	536	1916	0	0	0	0	0	0	0	0	0	0	6719	2453
	5.8	20.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	73.3	26.7
1173	873	1580	0	0	0	0	0	0	0	0	0	0	6719	2453
	9.5	17.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	73.3	26.7
1174	2341	112	0	0	0	0	0	0	0	0	0	0	6719	2453
	25.5	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	73.3	26.7
1175	601	8552	0	0	0	0	0	0	0	0	18	0	9172	0
	6.6	93.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	100	0.0
1176	315	8836	0	0	0	0	0	0	0	0	20	0	9172	0
	3.4	96.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	100	0.0
1177	260	8887	0	0	0	0	0	0	0	0	25	0	9172	0
	2.8	96.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	100	0.0
1178	490	8674	0	0	0	0	0	0	0	0	8	0	9172	0
	5.3	94.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	100	0.0
1179	0	0	0	0	0	0	0	0	0	0	9172	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
1180	9172	0	0	0	0	0	0	0	0	0	0	0	9172	0
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0

F-6



8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
211	4906	3822	0	0	0	0	0	0	0	444	0	0	9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0	100	0.0
212	885	1035	788	908	908	820	920	848	479	1582	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	100	0.0
213	888	884	872	849	1037	885	900	812	807	1238	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0	100	0.0
214	880	960	774	951	1069	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
215	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
216	684	8472	0	0	0	0	0	0	0	16	0	0	9172	0
	7.5	92.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	100	0.0
217	165	8964	0	0	0	0	0	0	0	43	0	0	9172	0
	1.8	97.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	100	0.0
218	76	8985	0	0	0	0	0	0	0	111	0	0	9172	0
	0.8	98.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	100	0.0
219	38	9135	0	0	0	0	0	0	0	0	0	0	9172	0
	0.4	99.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2110	463	802	1274	533	2233	533	947	2297	0	89	0	0	9172	0
	5.1	8.7	13.9	5.8	24.3	5.8	10.3	25.0	0.0	1.0	0.0	0.0	100	0.0
2111	533	642	1320	765	760	677	945	799	466	2257	0	0	9172	0
	5.8	7.0	14.4	8.3	8.4	7.4	10.3	8.7	5.1	24.6	0.0	0.0	100	0.0
2112	2927	972	680	872	1242	818	350	589	722	0	0	0	9172	0
	31.9	10.6	7.4	9.5	13.5	8.9	3.8	6.4	7.9	0.0	0.0	0.0	100	0.0
2113	4403	1701	690	459	278	149	185	105	1203	0	0	0	9172	0
	48.0	18.5	7.5	5.0	3.0	1.6	2.0	1.1	13.1	0.0	0.0	0.0	100	0.0
2118	10	5	3	0	0	1	0	0	0	0	0	0	9154	19
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.8	0.2
2119	54	27	12	5	7	2	2	1	1	5	0	0	9057	115
	0.6	0.3	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	98.7	1.3

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
2120	250	103	69	59	25	21	41	32	11	28	0	8533	639	0
	2.7	1.1	0.8	0.6	0.3	0.2	0.4	0.3	0.1	0.3	0.0	93.0	7.0	0.0
2121	1015	366	257	191	241	131	77	142	100	139	0	6512	2660	0
	11.1	4.0	2.8	2.1	2.6	1.4	0.8	1.5	1.1	1.5	0.0	71.0	29.0	0.0
2122	778	753	671	561	639	362	255	337	289	664	0	3863	5310	0
	8.5	8.2	7.3	6.1	7.0	3.9	2.8	3.7	3.2	7.2	0.0	42.1	57.9	0.0
2123	478	480	379	346	608	385	392	288	367	1688	0	3760	5412	0
	5.2	5.2	4.1	3.8	6.6	4.2	4.3	3.1	4.0	18.4	0.0	41.0	59.0	0.0
2124	167	199	183	245	194	146	276	211	195	3608	0	3748	5424	0
	1.8	2.2	2.0	2.7	2.1	1.6	3.0	2.3	2.1	39.3	0.0	40.9	59.1	0.0
2125	241	216	181	227	155	177	264	159	239	3565	0	3748	5424	0
	2.6	2.4	2.0	2.5	1.7	1.9	2.9	1.7	2.6	38.9	0.0	40.9	59.1	0.0
2126	155	205	133	118	127	174	177	178	112	4046	0	3748	5424	0
	1.7	2.2	1.4	1.3	1.4	1.9	1.9	1.9	1.2	44.1	0.0	40.9	59.1	0.0
2127	143	152	236	112	157	134	174	182	131	4003	0	3748	5424	0
	1.6	1.7	2.6	1.2	1.7	1.5	1.9	2.0	1.4	43.6	0.0	40.9	59.1	0.0
2128	140	146	213	123	127	150	177	129	202	4018	0	3748	5424	0
	1.5	1.6	2.3	1.3	1.4	1.6	1.9	1.4	2.2	43.8	0.0	40.9	59.1	0.0
2129	690	405	45	0	0	0	0	0	0	0	0	8033	1140	0
	7.5	4.4	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	87.6	12.4	0.0
2130	340	744	56	0	0	0	0	0	0	0	0	8033	1140	0
	3.7	8.1	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	87.6	12.4	0.0
2131	2110	6944	118	0	0	0	0	0	0	0	0	0	9172	0
	23.0	75.7	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
2132	277	1825	0	0	0	0	0	0	0	0	9	7062	2110	0
	3.0	19.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	77.0	23.0	0.0
2133	767	1341	0	0	0	0	0	0	0	0	3	7062	2110	0
	8.4	14.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	77.0	23.0	0.0
2134	2046	65	0	0	0	0	0	0	0	0	0	7062	2110	0
	22.3	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	77.0	23.0	0.0

F.8

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

CDL	1	2	3	4	5	6	7	8	9	0	12	BL	TOI	MP
2135	645	1393	0	0	0	0	0	0	0	0	73	0	7062	2110
	7.0	15.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	77.0	23.0
2136	2208	192	566	174	35	0	102	76	0	0	0	0	5818	3354
	24.1	2.1	6.2	1.9	0.4	0.0	1.1	0.8	0.0	0.0	0.0	0.0	63.4	36.6
2139	2442	702	196	14	0	0	0	0	0	0	0	0	5818	3354
	26.6	7.7	2.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	63.4	36.6
2140	7889	1240	43	0	0	0	0	0	0	0	0	0	0	9172
	86.0	13.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
2141	103	0	0	0	0	0	0	0	0	0	0	0	0	9172
	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
2142	3141	2260	2572	406	163	21	86	0	344	179	0	0	0	9172
	34.2	24.6	28.0	4.4	1.8	0.2	0.9	0.0	3.7	2.0	0.0	0.0	0.0	100
2144	1380	6944	0	0	0	0	0	0	0	0	0	0	344	8828
	15.0	75.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.7	96.3
2145	1491	6879	0	0	0	0	0	0	0	0	0	0	344	8828
	16.3	75.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.7	96.3
2146	3667	5435	70	0	0	0	0	0	0	0	0	0	0	9172
	40.0	59.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
2147	857	2809	0	0	0	0	0	0	0	0	2	0	5505	3667
	9.3	30.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	60.0	40.0
2148	2048	1619	0	0	0	0	0	0	0	0	0	0	5505	3667
	22.3	17.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	60.0	40.0
2149	3333	320	0	0	0	0	0	0	0	0	15	0	5505	3667
	36.3	3.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	60.0	40.0
2150	2223	6907	0	0	0	0	0	0	0	0	42	0	0	9172
	24.2	75.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	100
2151	1126	7971	0	0	0	0	0	0	0	0	76	0	0	9172
	12.3	86.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	100
2152	966	8154	0	0	0	0	0	0	0	0	52	0	0	9172
	10.5	88.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	100

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

CDL	1	2	3	4	5	6	7	8	9	0	12	8L	10I	MP
2153	848	8252	0	0	0	0	0	0	0	0	72	0	0	9172 0
	9.2	90.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100 0.0
2154	865	8284	0	0	0	0	0	0	0	0	23	0	0	9172 0
	9.4	90.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	100 0.0
2155	272	2493	16	4	0	0	0	0	0	0	0	0	0	6388 2784 0
	3.0	27.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	69.6 30.4 0.0
2156	3736	5430	6	0	0	0	0	0	0	0	0	0	0	9172 0
	40.7	59.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100 0.0
2157	750	2974	0	0	0	0	0	0	0	0	12	0	0	5436 3736 0
	8.2	32.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	59.3 40.7 0.0
2158	830	2896	0	0	0	0	0	0	0	0	11	0	0	5436 3736 0
	9.0	31.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	59.3 40.7 0.0
2159	1954	1761	0	0	0	0	0	0	0	0	21	0	0	5436 3736 0
	21.3	19.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	59.3 40.7 0.0
2160	2286	1369	0	0	0	0	0	0	0	0	82	0	0	5436 3736 0
	24.9	14.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	59.3 40.7 0.0
2161	1109	2538	0	0	0	0	0	0	0	0	10	0	0	5436 3736 0
	13.0	27.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	59.3 40.7 0.0
2162	2694	1043	0	0	0	0	0	0	0	0	0	0	0	5436 3736 0
	29.4	11.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	59.3 40.7 0.0
2163	3927	5215	31	0	0	0	0	0	0	0	0	0	0	9172 0
	42.8	56.9	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100 0.0
2164	1220	2622	84	0	0	0	0	0	0	0	0	0	0	5246 3927 0
	13.3	28.6	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	57.2 42.6 0.0
2165	8251	917	4	0	0	0	0	0	0	0	0	0	0	9172 0
	90.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100 0.0
2166	5468	2517	266	0	0	0	0	0	0	0	0	0	0	921 8251 0
	59.6	27.4	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0 90.0 0.0
2167	2880	6224	68	0	0	0	0	0	0	0	0	0	0	9172 0
	31.4	67.9	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100 0.0

F-10

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
2168	530	2328	0	0	0	0	0	0	0	0	22	0	6292	2880
	5.8	25.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	60.6	31.4
2169	1533	1344	0	0	0	0	0	0	0	0	3	0	6292	2880
	16.7	14.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	68.6	31.4
2170	2722	149	0	0	0	0	0	0	0	0	9	0	6292	2880
	29.7	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	68.6	31.4
2171	3914	5149	110	0	0	0	0	0	0	0	0	0	0	9172
	42.7	56.1	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
2172	2228	6884	60	0	0	0	0	0	0	0	0	0	0	9172
	24.3	75.1	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
2173	690	1520	0	0	0	0	0	0	0	0	18	0	6944	2228
	7.5	16.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	75.7	24.3
2174	1362	860	0	0	0	0	0	0	0	0	6	0	6944	2228
	14.8	9.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	75.7	24.3
2175	1931	271	0	0	0	0	0	0	0	0	26	0	6944	2228
	21.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	75.7	24.3
2176	822	8308	42	0	0	0	0	0	0	0	0	0	0	9172
	9.0	90.6	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
2177	361	461	0	0	0	0	0	0	0	0	0	0	8350	822
	3.9	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	91.0	9.0
2178	436	386	0	0	0	0	0	0	0	0	0	0	8350	822
	4.6	4.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	91.0	9.0
2179	0	0	0	0	0	0	0	0	0	0	9172	0	0	9172
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100
2180	0	9172	0	0	0	0	0	0	0	0	0	0	0	9172
	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
311	4906	3822	0	0	0	0	0	0	0	0	444	0	0	9172
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0	100
312	885	1035	788	908	908	820	920	848	479	1582	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
313	888	884	872	849	1037	885	900	812	807	1238	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0	100	0.0
314	880	960	774	951	1089	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
315	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
316	768	53	0	0	0	0	0	0	0	0	1	0	8350	822
	8.4	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	91.0	9.0
317	1682	7395	95	0	0	0	0	0	0	0	0	0	9172	0
	18.3	80.6	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
318	516	1162	0	0	0	0	0	0	0	0	4	0	7490	1682
	5.6	12.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	81.7	18.3
319	612	1070	0	0	0	0	0	0	0	0	0	0	7490	1682
	6.7	11.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	81.7	18.3
3110	1404	278	0	0	0	0	0	0	0	0	0	0	7490	1682
	15.3	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	81.7	18.3
3111	439	1221	0	0	0	0	0	0	0	0	22	0	7490	1682
	4.8	13.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	81.7	18.3
3112	2330	6802	41	0	0	0	0	0	0	0	0	0	9172	0
	25.4	74.2	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
3113	880	0	0	0	0	0	0	0	0	0	1450	0	6843	2330
	9.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.8	0.0	74.6	25.4
3114	159	46	242	475	582	104	596	94	17	14	0	0	6843	2330
	1.7	0.5	2.6	5.2	6.3	1.1	6.5	1.0	0.2	0.2	0.0	0.0	74.6	25.4
3115	385	0	0	0	0	0	0	0	0	0	730	0	8058	1114
	4.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	87.9	12.1
3116	149	19	229	89	325	23	189	43	22	28	0	0	8058	1114
	1.6	0.2	2.5	1.0	3.5	0.2	2.1	0.5	0.2	0.3	0.0	0.0	87.9	12.1
3117	263	0	0	0	0	0	0	0	0	0	246	0	8664	509
	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.7	0.0	94.5	5.5

F-12

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
3118	94	6	119	42	108	9	48	46	35	2	0	8664	509	0
	1.0	0.1	1.3	0.5	1.2	0.1	0.5	0.5	0.4	0.0	0.0	94.5	5.5	0.0
3119	115	0	0	0	0	0	0	0	0	0	74	0	8983	189
	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	97.9	2.1
3120	23	6	39	23	31	23	5	21	0	19	0	8983	189	0
	0.2	0.1	0.4	0.3	0.3	0.2	0.1	0.2	0.0	0.2	0.0	97.9	2.1	0.0
3121	27	0	0	0	0	0	0	0	0	0	33	0	9113	59
	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	99.4	0.5
3122	9	9	3	4	20	0	2	4	9	0	0	9113	59	0
	0.1	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.0	99.4	0.6	0.0
3123	23	0	0	0	0	0	0	0	0	0	12	0	9137	35
	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.6	0.4
3124	0	0	11	0	9	3	0	12	0	0	0	9137	35	0
	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	99.6	0.4	0.0
3125	9	0	0	0	0	0	0	0	0	0	3	0	9160	12
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1	0.0
3126	0	0	0	0	0	0	3	9	0	0	0	9160	12	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	99.9	0.1	0.0
3127	0	0	0	0	0	0	0	0	0	0	3	0	9169	3
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0
3128	0	0	0	0	0	0	0	3	0	0	0	9169	3	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0
3129	0	0	0	0	0	0	0	0	0	3	0	9169	3	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0
3130	0	0	0	0	0	0	0	0	3	0	0	9169	3	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0
3131	3	0	0	0	0	0	0	0	0	0	0	9169	3	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0
3132	0	3	0	0	0	0	0	0	0	0	0	9169	3	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	101	MP
3133	3	0	0	0	0	0	0	0	0	0	0	0	9169	3 0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0100.0	0.0 0.0
3134	0	0	0	0	0	0	0	3	0	0	0	0	9169	3 0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0100.0	0.0 0.0
3164	2	6	0	0	0	0	0	0	0	0	0	0	9164	8 0
	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.099.9	0.1 0.0
3165	192	49	3	16	0	0	2	1	9	0	0	0	8900	273 0
	2.1	0.5	0.0	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.097.0	3.0 0.0
3166	2608	987	582	276	239	79	42	61	50	114	0	4056	5116	0
	29.3	10.6	6.3	3.0	2.6	0.9	0.5	0.7	0.5	1.2	0.0	44.2	55.8	0.0
3167	429	474	276	210	2185	1135	1160	834	455	2014	0	0	9172	0
	4.7	5.2	3.0	2.3	23.8	12.4	12.6	9.1	5.0	22.0	0.0	0.0	100	0.0
3168	130	275	217	182	1766	182	142	291	120	5869	0	0	9172	0
	1.4	3.0	2.4	2.0	19.3	2.0	1.5	3.2	1.3	64.0	0.0	0.0	100	0.0
3169	2578	5751	46	2	0	0	0	0	0	0	0	0	795	8377 0
	26.1	62.7	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.7	91.3 0.0
3170	915	2440	0	0	0	0	0	0	0	0	10	0	5799	3374 0
	10.0	26.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	63.2	36.8	0.0
3171	2328	1038	0	0	0	0	0	0	0	0	0	0	5799	3374 0
	25.4	11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	63.2	36.8	0.0
3172	2887	438	0	0	0	0	0	0	0	0	48	0	5799	3374 0
	31.5	4.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	63.2	36.8	0.0
3173	855	2408	0	0	0	0	0	0	0	0	110	0	5799	3374 0
	9.3	26.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	63.2	36.8	0.0
3174	5895	3273	3	0	0	0	0	0	0	0	0	0	9172	0
	64.3	35.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
3175	3693	5289	190	0	0	0	0	0	0	0	0	0	9172	0
	40.3	57.7	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
3176	8070	1039	0	0	0	0	0	0	0	0	64	0	9172	0
	88.0	11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	100	0.0

F-14



8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
3177	8162	937	0	0	0	0	0	0	0	0	73	0	0 9172	0
	89.0	10.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0 100	0.0
3178	6208	969	182	505	96	133	84	9	45	0	0	0	941 8232	0
	67.7	10.6	2.0	5.5	1.0	1.5	0.9	0.1	0.5	0.0	0.0	0.0	10.3 89.7	0.0
3179	0	0	0	0	0	0	0	0	0	0	0	0	0 9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 100	0.0
3180	0	0	9172	0	0	0	0	0	0	0	0	0	0 9172	0
	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 100	0.0
411	4906	3822	0	0	0	0	0	0	0	0	444	0	0 9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0 100	0.0
412	885	1035	788	908	908	820	920	848	479	1582	0	0	0 9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	0.0 100	0.0
413	888	884	872	849	1037	885	900	812	807	1238	0	0	0 9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0	0.0 100	0.0
414	880	960	774	951	1089	922	937	907	876	875	0	0	0 9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	0.0 100	0.0
415	894	803	925	828	1036	1022	824	978	956	907	0	0	0 9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	0.0 100	0.0
416	294	4722	292	474	44	10	6	0	104	0	0	0	3227 5945	0
	3.2	51.5	3.2	5.2	0.5	0.1	0.1	0.0	1.1	0.0	0.0	0.0	35.2 64.8	0.0
417	80	150	613	1163	51	52	3	0	85	0	0	0	8975 2197	0
	0.9	1.6	6.7	12.7	0.6	0.6	0.0	0.0	0.9	0.0	0.0	0.0	76.1 23.9	0.0
418	2	34	202	329	28	10	0	0	24	0	0	0	8543 630	0
	0.0	0.4	2.2	3.6	0.3	0.1	0.0	0.0	0.3	0.0	0.0	0.0	93.1 6.9	0.0
419	0	0	0	11	74	1	0	0	6	0	0	0	9080 92	0
	0.0	0.0	0.0	0.1	0.8	0.0	0.0	0.0	0.1	0.0	0.0	0.0	99.0 1.0	0.0
4110	0	0	0	0	0	0	0	0	3	0	0	0	9169 3	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0 0.0	0.0
4134	2372	1262	5501	37	0	0	0	0	0	0	0	0	0 9172	0
	25.9	13.8	60.8	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 100	0.0

F-15

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

CDL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
4135	3142	464	0	0	0	0	0	0	0	28	0	5538	3634	0
	34.3	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	60.4	39.6	0.0
4136	2648	867	0	0	0	0	0	0	0	119	0	5538	3634	0
	28.9	9.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.0	60.4	39.6	0.0
4137	2030	1448	0	0	0	0	0	0	0	156	0	5538	3634	0
	22.1	15.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	60.4	39.6	0.0
4138	1566	2050	0	0	0	0	0	0	0	18	0	5538	3634	0
	17.1	22.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	60.4	39.6	0.0
4139	3340	5754	79	0	0	0	0	0	0	0	0	0	9172	0
	36.4	62.7	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
4140	1077	2241	0	0	0	0	0	0	0	22	0	5832	3340	0
	11.7	24.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	63.6	36.4	0.0
4141	1538	1785	0	0	0	0	0	0	0	17	0	5832	3340	0
	16.8	19.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	63.6	36.4	0.0
4142	3128	210	0	0	0	0	0	0	0	2	0	5832	3340	0
	34.1	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	63.6	36.4	0.0
4143	2024	6849	299	0	0	0	0	0	0	0	0	0	9172	0
	22.1	74.7	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
4144	951	8188	34	0	0	0	0	0	0	0	0	0	9172	0
	10.4	89.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
4145	2563	6557	52	0	0	0	0	0	0	0	0	0	9172	0
	27.9	71.5	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
4146	560	1976	0	0	0	0	0	0	0	28	0	6609	2563	0
	6.1	21.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	72.1	27.9	0.0
4147	1579	984	0	0	0	0	0	0	0	0	0	6609	2563	0
	17.2	10.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
4148	2405	150	0	0	0	0	0	0	0	9	0	6609	2563	0
	26.2	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	72.1	27.9	0.0
4149	5847	3201	124	0	0	0	0	0	0	0	0	0	9172	0
	63.7	34.9	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0

F-16

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
4150	1172	19	0	0	0	0	0	0	0	0	4656	0	3325	5847
	12.6	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.8	0.0	36.3	63.7
4151	2709	529	9	54	1052	860	232	92	308	2	0	3325	5847	0
	29.5	5.8	0.1	0.6	11.5	9.4	2.5	1.0	3.4	0.0	0.0	36.3	63.7	0.0
4152	727	69	0	0	0	0	0	0	0	0	2648	0	5729	3443
	7.9	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.9	0.0	62.5	37.5
4153	633	530	23	107	638	959	390	143	4	15	0	5729	3443	0
	6.9	5.8	0.3	1.2	7.0	10.5	4.2	1.6	0.0	0.2	0.0	62.5	37.5	0.0
4154	437	36	0	0	0	0	0	0	0	0	1101	0	7598	1574
	4.8	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	0.0	62.8	17.2
4155	211	252	25	164	325	280	243	54	1	19	0	7598	1574	0
	2.3	2.7	0.3	1.6	3.5	3.1	2.6	0.6	0.0	0.2	0.0	62.8	17.2	0.0
4156	176	18	0	0	0	0	0	0	0	0	452	0	8526	647
	1.9	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.9	0.0	93.0	7.0
4157	126	65	7	58	91	175	94	5	19	6	0	8526	647	0
	1.4	0.7	0.1	0.6	1.0	1.9	1.0	0.1	0.2	0.1	0.0	93.0	7.0	0.0
4158	117	12	0	0	0	0	0	0	0	0	200	0	8843	329
	1.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2	0.0	96.4	3.6
4159	47	12	0	12	49	46	125	35	3	2	0	8843	329	0
	0.5	0.1	0.0	0.1	0.5	0.5	1.4	0.4	0.0	0.0	0.0	96.4	3.6	0.0
4160	90	3	0	0	0	0	0	0	0	0	59	0	9020	152
	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	98.3	1.7
4161	44	12	12	6	19	6	49	3	0	0	0	9020	152	0
	0.5	0.1	0.1	0.1	0.2	0.1	0.5	0.0	0.0	0.0	0.0	98.3	1.7	0.0
4162	82	0	0	0	0	0	0	0	0	0	15	0	9075	97
	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	98.9	1.1
4163	16	16	28	0	20	0	9	9	0	0	0	9075	97	0
	0.2	0.2	0.3	0.0	0.2	0.0	0.1	0.1	0.0	0.0	0.0	98.9	1.1	0.0
4164	47	0	0	0	0	0	0	0	0	0	0	9125	47	0
	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.5	0.5	0.0

F-17

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
4165	3	16	0	16	12	0	0	0	0	0	0	0	9125	47
	0.0	0.2	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.5	0.5
4166	19	0	0	0	0	0	0	0	0	0	0	0	9153	19
	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.8	0.2
4167	0	3	0	0	16	0	0	0	0	0	0	0	9153	19
	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.8	0.2
4168	3	0	0	0	0	0	0	0	0	0	0	0	9169	3
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0
4169	0	0	0	0	3	0	0	0	0	0	0	0	9169	3
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0
4179	0	0	0	0	0	0	0	0	0	0	0	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
4180	0	0	0	9172	0	0	0	0	0	0	0	0	9172	0
	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
511	4905	3822	0	0	0	0	0	0	0	0	444	0	9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	100	0.0
512	885	1035	788	908	908	820	920	848	479	1582	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	100	0.0
513	888	884	872	849	1037	885	900	812	807	1236	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0	100	0.0
514	880	960	774	951	1089	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
515	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
5128	6306	2841	25	0	0	0	0	0	0	0	0	0	9172	0
	68.7	31.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
5129	5194	910	201	0	0	0	0	0	0	0	0	0	2867	6306
	56.6	9.9	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	31.3	68.7
5130	1956	3964	103	0	0	0	0	0	0	0	0	0	3149	6024
	21.3	43.2	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	34.3	65.7

F-18

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
5131	1791	3285	0	0	0	0	0	0	0	28	0	4068	5105	0
	19.5	35.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	44.3	55.7	0.0
5132	3598	1491	0	0	0	0	0	0	0	16	0	4068	5105	0
	39.2	16.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	44.3	55.7	0.0
5133	4607	425	0	0	0	0	0	0	0	73	0	4068	5105	0
	50.2	4.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	44.3	55.7	0.0
5134	2082	2867	0	0	0	0	0	0	0	156	0	4068	5105	0
	22.7	31.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	44.3	55.7	0.0
5135	3260	1762	0	0	0	0	0	0	0	82	0	4068	5105	0
	35.5	19.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	44.3	55.7	0.0
5136	1631	7461	80	0	0	0	0	0	0	0	0	0	9172	0
	17.8	81.3	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
5137	906	618	0	0	0	0	0	0	0	28	0	7541	1631	0
	10.7	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	82.2	17.8	0.0
5138	1291	330	0	0	0	0	0	0	0	10	0	7541	1631	0
	14.1	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	82.2	17.8	0.0
5139	914	692	0	0	0	0	0	0	0	25	0	7541	1631	0
	10.0	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	82.2	17.8	0.0
5140	190	1396	0	0	0	0	0	0	0	45	0	7541	1631	0
	2.1	15.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	82.2	17.8	0.0
5161	236	1392	0	0	0	0	0	0	0	3	0	7541	1631	0
	2.6	15.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	82.2	17.8	0.0
5162	758	869	0	0	0	0	0	0	0	4	0	7541	1631	0
	8.3	9.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	82.2	17.8	0.0
5163	1447	176	0	0	0	0	0	0	0	6	0	7541	1631	0
	15.8	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	82.2	17.8	0.0
5165	5904	2057	606	273	9	0	0	0	0	0	0	322	8850	0
	64.4	22.4	6.6	3.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	3.5	96.5	0.0
5166	473	0	0	0	0	0	0	0	0	8378	0	322	8850	0
	5.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	91.3	0.0	3.5	96.5	0.0

F-19

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	IOY	MP
5167	5409	575	382	1451	209	0	7	45	633	140	0	322	8850	0
		59.0	6.3	4.2	15.6	2.3	0.0	0.1	0.5	6.9	1.5	0.0	3.5	96.5
5170	7308	135	974	48	192	7	76	70	0	0	0	322	8850	0
		60.1	1.5	10.6	0.5	2.1	0.1	0.8	0.0	0.0	0.0	3.5	96.5	0.0
5173	2245	6230	369	7	0	0	0	0	0	0	0	322	8850	0
		24.5	67.9	4.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	3.5	96.5	0.0
5179	0	0	0	0	0	0	0	0	0	0	0	9172	0	0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
5180	0	0	0	0	9172	0	0	0	0	0	0	0	9172	0
		0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
611	4906	3822	0	0	0	0	0	0	0	444	0	0	9172	0
		53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.6	0.0	0.0	100
612	885	1035	788	908	908	820	920	848	479	1582	0	0	9172	0
		9.6	11.3	8.6	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	100	0.0
613	888	884	872	849	1037	885	900	812	807	1238	0	0	9172	0
		9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.6	13.5	0.0	0.0	100
614	888	960	774	951	1089	922	937	907	876	875	0	0	9172	0
		9.6	10.5	6.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100
615	894	803	925	820	1036	1022	824	978	956	907	0	0	9172	0
		9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100
616	56	40	4	0	14	3	0	0	1225	906	0	6924	2248	0
		0.6	0.4	0.0	0.0	0.2	0.0	0.0	0.0	13.4	9.9	0.0	75.5	24.5
617	156	96	31	34	43	3	4	0	1341	540	0	6924	2248	0
		1.7	1.0	0.3	0.4	0.5	0.0	0.0	0.0	14.6	5.9	0.0	75.5	24.5
618	88	91	25	47	162	45	27	16	1364	383	0	6924	2248	0
		1.0	1.0	0.3	0.5	1.8	0.5	0.3	0.2	14.9	4.2	0.0	75.5	24.5
619	2	18	0	16	90	29	7	3	1370	714	0	6924	2248	0
		0.0	0.2	0.0	0.2	1.0	0.3	0.1	0.0	14.9	7.8	0.0	75.5	24.5
6110	0	0	0	3	4	0	0	0	1370	871	0	6924	2248	0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.9	9.5	0.0	75.5	24.5

F-20

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
6111	6	14	0	0	0	0	13	1280	89	845	0	6924	2248	0
	0.1	0.2	0.0	0.0	0.0	0.0	0.1	14.0	1.0	9.2	0.0	75.5	24.5	0.0
6112	215	119	98	9	30	7	7	654	0	0	0	8034	1138	0
	2.3	1.3	1.1	0.1	0.3	0.1	0.1	7.1	0.0	0.0	0.0	87.6	12.4	0.0
6113	4713	3996	141	0	0	0	0	0	0	0	0	322	8850	0
	51.4	43.6	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	96.5	0.0
6114	2938	1744	0	0	0	0	0	0	0	0	32	0	4459	4713
	32.0	19.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	48.6	51.4
6115	795	3857	0	0	0	0	0	0	0	0	61	0	4459	4713
	8.7	42.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	48.6	51.4
6116	1542	3132	0	0	0	0	0	0	0	0	39	0	4459	4713
	16.8	34.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	48.6	51.4
6117	2333	2319	0	0	0	0	0	0	0	0	62	0	4459	4713
	25.4	25.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	48.6	51.4
6118	2596	2110	0	0	0	0	0	0	0	0	0	0	4459	4713
	28.3	23.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	48.6	51.4
6119	638	4051	0	0	0	0	0	0	0	0	24	0	4459	4713
	7.0	44.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	48.6	51.4
6120	1251	3434	0	0	0	0	0	0	0	0	28	0	4459	4713
	13.6	37.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	48.6	51.4
6121	2180	2502	0	0	0	0	0	0	0	0	31	0	4459	4713
	23.8	27.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	48.6	51.4
6122	451	4209	0	0	0	0	0	0	0	0	54	0	4459	4713
	4.9	45.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	48.6	51.4
6124	2522	605	551	97	6	0	0	0	0	0	0	0	5391	3781
	27.5	6.6	6.0	1.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	58.8	41.2
6126	5490	256	397	52	0	0	0	0	0	0	0	0	2978	6194
	59.9	2.8	4.3	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	32.5	67.5
6127	6347	2281	221	0	0	0	0	0	0	0	0	0	322	8850
	69.2	24.9	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	96.5

F 21

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* S-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	101	MP
6128	53	0	0	0	0	0	0	0	0	0	6295	0	2825	6347
	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	68.6	0.0	30.8	69.2
6129	6039	53	0	4	133	10	33	55	21	0	0	2825	6347	0
	65.8	0.6	0.0	0.0	1.4	0.1	0.4	0.6	0.2	0.0	0.0	30.8	69.2	0.0
6130	2	0	0	0	0	0	0	0	0	0	29	0	9142	30
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	99.7	0.3
6131	2	7	0	0	0	11	4	7	0	0	0	0	9142	30
	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	99.7	0.3
6170	4014	4461	375	0	0	0	0	0	0	0	0	0	322	8850
	43.8	48.6	4.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	98.5
6171	85	0	0	0	0	0	0	0	0	0	3929	0	5158	4014
	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	42.8	0.0	56.2	43.8
6172	3630	104	1	9	52	30	54	39	79	17	0	5158	4014	0
	39.6	1.1	0.0	0.1	0.6	0.3	0.6	0.4	0.9	0.2	0.0	56.2	43.8	0.0
6173	0	0	0	0	0	0	0	0	0	0	18	0	9154	18
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	99.8	0.2
6174	0	3	0	6	0	5	3	2	0	0	0	9154	18	0
	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	99.8	0.2
6175	0	0	0	0	0	0	0	0	0	0	6	0	9166	6
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.9	0.1
6176	0	0	0	0	0	0	6	0	0	0	0	9166	6	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	99.9	0.1
6179	0	0	0	0	0	0	0	0	0	0	9172	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100
6180	0	0	0	0	0	9172	0	0	0	0	0	0	9172	0
	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
711	4906	3822	0	0	0	0	0	0	0	0	444	0	9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0	100
712	885	1035	788	908	908	820	920	848	479	1582	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	0.0	100

F.22



8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
713	888	884	872	849	1037	885	900	812	807	1238	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.6	13.5	0.0	0.0	100	0.0
714	880	960	774	951	1089	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
715	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
7142	2867	5890	616	0	0	0	0	0	0	0	0	0	9172	0
	31.3	62.0	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7143	707	8134	319	12	0	0	0	0	0	0	0	0	9172	0
	7.7	80.7	3.5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7144	175	0	0	0	0	0	0	0	0	0	532	0	8465	707
	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.6	0.0	92.3	7.7
7145	39	112	62	15	27	36	61	271	27	57	0	8465	707	0
	0.4	1.2	0.7	0.2	0.3	0.4	0.7	3.0	0.3	0.6	0.0	92.3	7.7	0.0
7147	1062	7660	0	0	0	0	0	0	0	450	0	0	9172	0
	11.6	83.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.9	0.0	0.0	100	0.0
7148	471	8312	0	0	0	0	0	0	0	389	0	0	9172	0
	5.1	90.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2	0.0	0.0	100	0.0
7149	245	8549	0	0	0	0	0	0	0	378	0	0	9172	0
	2.7	93.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.1	0.0	0.0	100	0.0
7150	319	8531	0	0	0	0	0	0	0	323	0	0	9172	0
	3.5	93.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	0.0	0.0	100	0.0
7151	368	8460	0	0	0	0	0	0	0	343	0	0	9172	0
	4.0	92.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.7	0.0	0.0	100	0.0
7152	28	8737	0	0	0	0	0	0	0	406	0	0	9172	0
	0.3	95.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.4	0.0	0.0	100	0.0
7153	11	9161	0	0	0	0	0	0	0	0	0	0	9172	0
	0.1	99.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7154	23	9149	0	0	0	0	0	0	0	0	0	0	9172	0
	0.2	99.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

CON	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	WP
7173	1204	7857	0	0	0	0	0	0	0	111	0	0	9172	0
	13.1	85.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	100	0.0
7174	1431	7665	0	0	0	0	0	0	0	76	0	0	9172	0
	15.6	83.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	100	0.0
7175	769	8310	0	0	0	0	0	0	0	93	0	0	9172	0
	8.4	90.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	100	0.0
7176	47	8984	0	0	0	0	0	0	0	141	0	0	9172	0
	0.5	98.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	0.0	100	0.0
7177	38	9134	0	0	0	0	0	0	0	0	0	0	9172	0
	0.4	99.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7178	19	9153	0	0	0	0	0	0	0	0	0	0	9172	0
	0.2	99.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
7179	0	0	0	0	0	0	0	0	0	9172	0	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
7180	0	0	0	0	0	0	9172	0	0	0	0	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	100	0.0
811	4986	3822	0	0	0	0	0	0	0	444	0	0	9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0	100	0.0
812	885	1035	788	908	908	820	920	848	479	1582	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	100	0.0
813	888	884	872	849	1037	885	900	812	807	1238	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0	100	0.0
814	880	960	774	951	1089	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
815	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
8124	3982	4560	630	0	0	0	0	0	0	0	0	0	9172	0
	43.4	49.7	6.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
8125	1101	0	0	0	0	0	0	0	0	2881	0	5190	3982	0
	12.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	31.4	0.0	56.6	43.4	0.0

F.24

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
8126	751	666	358	419	290	464	253	112	651	19	0	5190	3982	0
	0.2	7.3	3.9	4.6	3.2	5.1	2.8	1.2	7.1	0.2	0.0	56.6	43.4	0.0
8127	222	0	0	0	0	0	0	0	0	0	1306	0	7644	1528
	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.2	0.0	83.3	16.7
8128	240	246	258	171	133	193	64	51	141	32	0	7644	1528	0
	2.6	2.7	2.8	1.9	1.5	2.1	0.7	0.5	1.5	0.4	0.0	83.3	16.7	0.0
8129	91	0	0	0	0	0	0	0	0	0	393	0	8688	484
	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.3	0.0	94.7	5.3
8130	28	63	100	72	87	60	16	13	36	9	0	8688	484	0
	0.3	0.7	1.1	0.8	0.9	0.7	0.2	0.1	0.4	0.1	0.0	94.7	5.3	0.0
8131	32	0	0	0	0	0	0	0	0	0	79	0	9060	112
	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	98.6	1.2
8132	6	0	11	26	24	17	3	6	12	4	0	9060	112	0
	0.1	0.0	0.1	0.3	0.3	0.2	0.0	0.1	0.1	0.0	0.0	98.8	1.2	0.0
8133	3	0	0	0	0	0	0	0	0	0	54	0	9115	57
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	99.4	0.6
8134	0	0	0	0	18	31	1	0	4	3	0	9115	57	0
	0.0	0.0	0.0	0.0	0.2	0.3	0.0	0.0	0.0	0.0	0.0	99.4	0.6	0.0
8135	10	0	0	0	0	0	0	0	0	0	38	0	9125	47
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	99.5	0.5	0.0
8136	0	0	0	7	6	19	11	0	1	3	0	9125	47	0
	0.0	0.0	0.0	0.1	0.1	0.2	0.1	0.0	0.0	0.0	0.0	99.5	0.5	0.0
8137	3	0	0	0	0	0	0	0	0	0	14	0	9155	17
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	99.8	0.2	0.0
8138	0	0	0	0	0	0	12	2	0	3	0	9155	17	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	99.8	0.2	0.0
8139	3	0	0	0	0	0	0	0	0	0	14	0	9155	17
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	99.8	0.2	0.0
8140	0	0	0	0	3	0	0	12	2	0	0	9155	17	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	99.8	0.2	0.0

F-25

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	8L	TOT	MP
8141	12	0	0	0	0	0	0	0	0	0	0	0	9160	12
	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.9	0.1
8142	0	0	0	0	0	0	0	0	0	0	12	0	9160	12
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	99.9	0.1	0.0
8179	0	0	0	0	0	0	0	0	0	0	9172	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	100	0.0
8180	0	0	0	0	0	0	0	0	0	0	9172	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
911	4906	3822	0	0	0	0	0	0	0	444	0	0	9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0	100	0.0
912	885	1035	786	908	908	820	920	840	479	1582	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	100	0.0
913	888	884	872	849	1037	885	900	812	607	1238	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	6.8	13.5	0.0	0.0	100	0.0
914	880	960	774	951	1089	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
915	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
917	3	0	2	22	35	103	371	3722	4554	38	0	322	8850	0
	0.0	0.0	0.0	0.2	0.4	1.1	4.0	40.6	49.7	0.4	0.0	3.5	96.5	0.0
918	707	399	157	256	475	390	673	744	4139	910	0	322	8850	0
	7.7	4.3	1.7	2.8	5.2	4.3	7.3	8.1	45.1	9.9	0.0	3.5	96.5	0.0
919	1477	7153	220	0	0	0	0	0	0	0	0	322	8850	0
	16.1	78.0	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	96.5	0.0
9110	2424	5587	0	0	0	0	0	0	0	840	0	322	8850	0
	26.4	60.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.2	0.0	3.5	96.5	0.0
9111	4312	3744	0	0	0	0	0	0	0	794	0	322	8850	0
	47.0	40.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.7	0.0	3.5	96.5	0.0
9112	2498	5140	0	0	0	0	0	0	0	1213	0	322	8850	0
	27.2	56.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.2	0.0	3.5	96.5	0.0

F-26

0614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
9113	423	7540	0	0	0	0	0	0	0	0	887	0	322 8850	0
	4.6	82.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.7	0.0	3.5 96.5	0.0
9134	301	0	0	0	0	0	0	0	0	0	8549	0	322 8850	0
	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	93.2	0.0	3.5 96.5	0.0
9135	7937	518	16	6	77	27	7	26	43	191	0	322 8850	0	
	86.5	5.7	0.2	0.1	0.8	0.3	0.1	0.3	0.5	2.1	0.0	3.5 96.5	0.0	
9136	0	0	0	0	0	0	0	0	0	0	22	0	9150 22	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0 99.8	0.2	0.0
9137	0	0	0	0	0	0	0	0	0	0	14	0	9150 22	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.0 99.8	0.2
9178	1931	2324	4014	591	0	0	0	0	0	0	0	0	322 8850	0
	21.0	25.3	43.8	6.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5 96.5	0.0
9179	0	0	0	0	0	0	0	0	0	0	9172	0	0 9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 100	0.0
9180	0	0	0	0	0	0	0	0	0	0	9172	0	0 9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0 100	0.0
1011	4906	3822	0	0	0	0	0	0	0	0	444	0	0 9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0 100	0.0
1012	885	1035	788	908	908	820	920	848	479	1582	0	0 9172	0	
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0 100	0.0	
1013	888	884	872	849	1037	885	900	812	807	1238	0	0 9172	0	
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0 100	0.0	
1014	880	960	774	951	1089	922	937	907	876	875	0	0 9172	0	
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0 100	0.0	
1015	894	803	925	828	1036	1022	824	978	956	907	0	0 9172	0	
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0 100	0.0	
1016	1427	1117	5183	1123	0	0	0	0	0	0	0	0	322 8850	0
	15.6	12.2	56.5	12.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5 96.5	0.0
1017	2784	1741	3954	371	0	0	0	0	0	0	0	0	322 8850	0
	30.4	19.0	43.1	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5 96.5	0.0

F. 27

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
10108	1106	7311	433	0	0	0	0	0	0	0	0	0	322	8850
	12.1	79.7	4.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	96.5
10109	401	674	0	0	0	0	0	0	0	0	31	0	8067	1106
	4.4	7.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	87.9	12.1
10110	374	710	0	0	0	0	0	0	0	0	22	0	8067	1106
	4.1	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	87.9	12.1
10111	606	468	0	0	0	0	0	0	0	0	32	0	8067	1106
	6.6	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	87.9	12.1
10112	551	520	0	0	0	0	0	0	0	0	35	0	8067	1106
	6.0	5.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	87.9	12.1
10113	414	665	0	0	0	0	0	0	0	0	26	0	8067	1106
	4.5	7.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	87.9	12.1
10114	324	733	0	0	0	0	0	0	0	0	49	0	8067	1106
	3.5	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	87.9	12.1
10115	446	622	0	0	0	0	0	0	0	0	38	0	8067	1106
	4.9	6.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	87.9	12.1
10116	265	78	0	0	0	0	0	0	0	0	58	0	8771	401
	2.9	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	95.6	4.4
10117	243	84	0	0	0	0	0	0	0	0	47	0	8798	374
	2.7	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	95.9	4.1
10118	393	124	0	0	0	0	0	0	0	0	88	0	8567	606
	4.3	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	93.4	6.6
10119	250	204	0	0	0	0	0	0	0	0	97	0	8621	551
	2.7	2.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	94.0	6.0
10120	264	89	0	0	0	0	0	0	0	0	61	0	8758	414
	2.9	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	95.5	4.5
10121	236	46	0	0	0	0	0	0	0	0	42	0	8848	324
	2.6	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	96.5	3.5
10122	308	88	0	0	0	0	0	0	0	0	50	0	8726	446
	3.4	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	95.1	4.9

7.28

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	HP
10123	228	16	0	0	0	0	0	0	0	0	21	0	8907	265
	2.5	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	97.1	2.9
10124	32	209	0	0	0	0	0	0	0	0	1	0	8929	243
	0.4	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	97.3	2.7
10125	264	93	0	0	0	0	0	0	0	0	35	0	8779	393
	2.9	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	95.7	4.3
10126	231	14	0	0	0	0	0	0	0	0	5	0	8922	250
	2.5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	97.3	2.7
10127	66	160	0	0	0	0	0	0	0	0	38	0	8908	264
	0.7	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	97.1	2.9
10128	18	169	0	0	0	0	0	0	0	0	49	0	8936	236
	0.2	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	97.4	2.6
10129	13	293	0	0	0	0	0	0	0	0	1	0	8864	308
	0.1	3.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	96.6	3.4
10130	4154	618	0	0	0	0	0	0	0	0	4078	0	322	8850
	45.3	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	44.5	0.0	3.5	96.5
10131	782	2481	295	784	909	250	596	303	1047	1402	0	322	8850	0
	6.5	27.1	3.2	8.5	9.9	2.7	6.5	3.3	11.4	15.3	0.0	3.5	96.5	0.0
10134	4479	329	0	0	0	0	0	0	0	0	3023	0	1342	7830
	48.8	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.0	0.0	14.6	85.4
10135	770	1349	218	624	316	301	351	144	3021	736	0	1342	7830	0
	8.4	14.7	2.4	6.8	3.4	3.3	3.8	1.6	32.9	8.0	0.0	14.6	85.4	0.0
10138	3739	116	0	0	0	0	0	0	0	0	1024	0	4293	4879
	40.8	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.2	0.0	46.8	53.2
10139	219	343	203	213	99	190	41	32	3263	276	0	4293	4879	0
	2.4	3.7	2.2	2.3	1.1	2.1	0.4	0.3	35.6	3.0	0.0	46.8	53.2	0.0
10142	3493	532	0	0	0	0	0	0	0	0	4826	0	322	8850
	38.1	5.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	52.6	0.0	3.5	96.5
10143	1412	1665	161	637	39	911	2392	100	298	1235	0	322	8850	0
	15.4	18.2	1.8	6.9	0.4	9.9	26.1	1.1	3.3	13.5	0.0	3.5	96.5	0.0

F-29

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
10146	3201	259	0	0	0	0	0	0	0	3207	0	2425	6747	0
	34.9	2.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	35.8	0.0	26.4	73.6	0.0
10147	872	1020	68	598	8	814	2526	79	31	731	0	2425	6747	0
	9.5	11.1	0.7	6.5	0.1	8.9	27.5	0.9	0.3	8.0	0.0	26.4	73.6	0.0
10150	3122	124	0	0	0	0	0	0	0	1104	0	4741	4431	0
	34.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.9	0.0	51.7	48.3	0.0
10151	351	247	57	335	28	161	2804	20	43	305	0	4741	4431	0
	3.8	2.7	0.6	3.7	0.3	1.8	30.6	0.2	0.5	4.2	0.0	51.7	48.3	0.0
10154	158	0	0	0	0	0	0	0	0	164	0	8850	322	0
	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	96.5	3.5	0.0
10155	79	22	24	132	19	6	0	0	18	22	0	8850	322	0
	0.9	0.2	0.3	1.4	0.2	0.1	0.0	0.0	0.2	0.2	0.0	96.5	3.5	0.0
10158	125	0	0	0	0	0	0	0	0	80	0	8967	205	0
	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	97.8	2.2	0.0
10159	23	20	40	112	0	10	0	1	0	0	0	8967	205	0
	0.2	0.2	0.4	1.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	97.8	2.2	0.0
10162	93	0	0	0	0	0	0	0	0	23	0	9056	116	0
	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	98.7	1.3	0.0
10163	0	6	16	94	0	0	0	0	0	0	0	9056	116	0
	0.0	0.1	0.2	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	98.7	1.3	0.0
10166	1033	2992	2403	926	851	785	181	0	0	0	0	9172	0	0
	11.3	32.6	26.2	10.1	9.3	8.6	2.0	0.0	0.0	0.0	0.0	0.0	100	0.0
10167	1055	8086	31	0	0	0	0	0	0	0	0	9172	0	0
	11.5	88.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
10168	1464	1720	2031	580	274	524	2217	111	250	0	0	9172	0	0
	16.0	18.7	22.1	6.3	3.0	5.7	24.2	1.2	2.7	0.0	0.0	0.0	100	0.0
10169	72	9	32	0	0	0	0	0	1242	7818	0	9172	0	0
	0.8	0.1	0.3	0.0	0.0	0.0	0.0	0.0	13.5	85.2	0.0	0.0	100	0.0
10170	333	99	77	23	55	29	22	15	1365	7155	0	9172	0	0
	3.6	1.1	0.8	0.3	0.6	0.3	0.2	0.2	14.9	78.0	0.0	0.0	100	0.0

F-30



8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
10171	555	422	223	90	182	90	92	44	1407	6058	0	0	9172	0
	6.1	4.6	2.4	1.0	2.0	1.1	1.0	0.5	15.3	66.1	0.0	0.0	100	0.0
10172	1451	840	438	327	406	229	227	181	1452	3622	0	0	9172	0
	15.8	9.2	4.8	3.6	4.4	2.5	2.5	2.0	15.8	39.5	0.0	0.0	100	0.0
10173	328	399	244	250	1220	714	686	634	1751	2945	0	0	9172	0
	3.6	4.4	2.7	2.7	13.3	7.8	7.5	6.9	19.1	32.1	0.0	0.0	100	0.0
10174	175	277	239	125	1168	189	258	1459	193	5090	0	0	9172	0
	1.9	3.0	2.6	1.4	12.7	2.1	2.8	15.9	2.1	55.5	0.0	0.0	100	0.0
10175	2149	1790	631	951	3359	78	4	0	210	0	0	0	9172	0
	23.4	19.5	6.9	10.4	36.6	0.9	0.0	0.0	2.3	0.0	0.0	0.0	100	0.0
10179	9172	0	0	0	0	0	0	0	0	0	0	0	9172	0
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0
10180	0	0	0	0	0	0	0	0	0	9172	0	0	9172	0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	100	0.0
1111	4906	3822	0	0	0	0	0	0	0	444	0	0	9172	0
	53.5	41.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0	100	0.0
1112	885	1035	788	908	908	820	920	848	479	1582	0	0	9172	0
	9.6	11.3	8.6	9.9	9.9	8.9	10.0	9.2	5.2	17.2	0.0	0.0	100	0.0
1113	888	884	872	849	1037	885	900	812	807	1238	0	0	9172	0
	9.7	9.6	9.5	9.3	11.3	9.7	9.8	8.9	8.8	13.5	0.0	0.0	100	0.0
1114	880	960	774	951	1089	922	937	907	876	875	0	0	9172	0
	9.6	10.5	8.4	10.4	11.9	10.1	10.2	9.9	9.5	9.5	0.0	0.0	100	0.0
1115	894	803	925	828	1036	1022	824	978	956	907	0	0	9172	0
	9.7	8.8	10.1	9.0	11.3	11.1	9.0	10.7	10.4	9.9	0.0	0.0	100	0.0
1116	2474	0	0	0	0	0	0	0	154	6545	0	0	9172	0
	27.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	71.4	0.0	0.0	100	0.0
1117	189	201	190	340	373	469	706	886	3210	2606	0	0	9172	0
	2.1	2.2	2.1	3.7	4.1	5.1	7.7	9.7	35.0	28.4	0.0	0.0	100	0.0
1118	25	76	106	48	1940	126	157	672	666	5355	0	0	9172	0
	0.3	0.8	1.2	0.5	21.2	1.4	1.7	7.3	7.3	58.4	0.0	0.0	100	0.0

F-31

8614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
11119	650	0	0	0	0	0	0	0	0	429	8086	0	0	9172
	7.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.7	88.2	0.0	0.0	100
11110	1746	1205	625	382	615	216	320	305	835	2915	0	0	9172	0
	19.0	13.1	6.8	4.2	6.7	2.4	3.6	3.3	9.1	31.8	0.0	0.0	100	0.0
11111	416	517	360	76	1996	113	120	751	125	4690	0	0	9172	0
	4.5	5.6	3.9	0.8	21.8	1.2	1.4	8.2	1.4	51.1	0.0	0.0	100	0.0
11112	24	0	0	0	0	0	0	0	1610	7530	0	0	9172	0
	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.5	82.2	0.0	0.0	100	0.0
11113	906	1351	1012	951	1308	571	475	198	1787	613	0	0	9172	0
	9.9	14.7	11.0	10.4	14.3	6.2	5.2	2.2	19.5	6.7	0.0	0.0	100	0.0
11114	154	46	130	12	1963	14	43	1591	96	5122	0	0	9172	0
	1.7	0.5	1.4	0.1	21.4	0.2	0.5	17.4	1.0	55.8	0.0	0.0	100	0.0
11115	64	0	0	0	0	0	0	0	186	8923	0	0	9172	0
	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	97.3	0.0	0.0	100	0.0
11116	40	90	45	29	203	156	196	250	454	7711	0	0	9172	0
	0.4	1.0	0.5	0.3	2.2	1.7	2.1	2.7	5.0	84.1	0.0	0.0	100	0.0
11117	27	52	25	26	309	25	54	235	40	8379	0	0	9172	0
	0.3	0.6	0.3	0.3	3.4	0.3	0.6	2.6	0.4	91.4	0.0	0.0	100	0.0
11118	500	0	0	0	0	0	0	0	336	8240	0	0	9172	0
	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.7	89.9	0.0	0.0	100	0.0
11119	576	500	334	259	482	276	287	523	795	5132	0	0	9172	0
	6.3	5.5	3.6	2.8	5.3	3.0	3.1	5.7	8.7	56.0	0.0	0.0	100	0.0
11120	243	204	123	21	1407	68	31	432	57	6585	0	0	9172	0
	2.6	2.2	1.3	0.2	15.3	0.7	0.3	4.7	0.6	71.8	0.0	0.0	100	0.0
11121	60	0	0	0	0	0	0	0	282	8829	0	0	9172	0
	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.1	96.3	0.0	0.0	100	0.0
11122	789	436	269	86	191	119	132	109	446	6594	0	0	9172	0
	8.6	4.8	2.9	0.9	2.1	1.3	1.4	1.2	4.9	71.9	0.0	0.0	100	0.0
11123	963	669	272	121	1091	64	40	76	305	5571	0	0	9172	0
	10.5	7.3	3.0	1.3	11.9	0.7	0.4	0.8	3.3	60.7	0.0	0.0	100	0.0

R-32

0614 Health Promotions Activities 1991 \* Clean Weighted Data \* 5-1-92

COL	1	2	3	4	5	6	7	8	9	0	12	BL	TOT	MP
11124	2701	1956	4317	133	61	3	0	0	0	0	0	0	0	9172
	29.5	21.3	47.1	1.4	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
11125	8919	253	0	0	0	0	0	0	0	0	0	0	0	9172
	97.2	2.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
11126	4359	2481	1717	356	7	0	0	0	0	0	0	0	253	8919
	47.5	27.0	16.7	3.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.8	97.2
11127	4564	0	0	0	0	0	0	0	0	112	4244	0	253	8919
	49.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	46.3	0.0	2.8	97.2
11128	124	165	208	158	262	345	391	635	1952	4680	0	253	8919	0
	1.4	1.6	2.3	1.7	2.9	3.8	4.3	6.9	21.3	51.0	0.0	2.8	97.2	0.0
11129	25	107	110	29	1405	67	50	239	425	6463	0	253	8919	0
	0.3	1.2	1.2	0.3	15.3	0.7	0.5	2.6	4.6	70.5	0.0	2.8	97.2	0.0
11170	2502	6296	0	0	0	0	0	0	0	0	0	0	375	8797
	27.3	68.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.1	95.9
11171	1794	707	0	0	0	0	0	0	0	0	0	0	6671	2502
	19.6	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	72.7	27.3
11179	9172	0	0	0	0	0	0	0	0	0	0	0	0	9172
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100
11180	9172	0	0	0	0	0	0	0	0	0	0	0	0	9172
	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100

F-33

