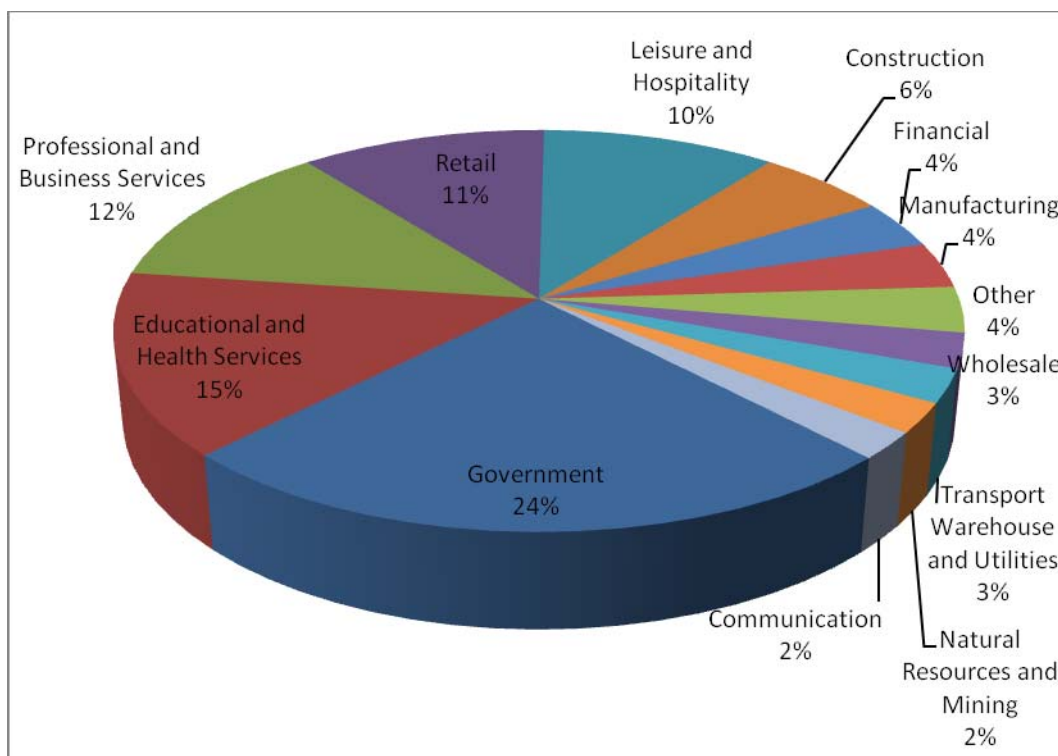


## Worksite Strategies to Address Chronic Disease among Working Age Adults in New Mexico

### The New Mexico Workforce

Among New Mexico's 2 million people,<sup>1</sup> approximately 950,000 make up the civilian labor force.<sup>2</sup> Nearly 25% of New Mexico workers are employed in government. Slightly more than 25% are employed in education, health, professional, and business services. Around 20% work in retail, leisure and hospitality occupations. Twelve percent work in construction, manufacturing and mining jobs. See Chart 1.

Chart 1: New Mexico Employment by Industry Sector, 2009<sup>3</sup>



### Chronic Diseases in New Mexico

Chronic diseases, such as heart disease, stroke, cancer, diabetes, respiratory diseases, and arthritis, are among the most common, costly, and preventable of all health problems in the United States.<sup>4</sup> According to a Milken Institute report, *An Unhealthy America: The Economic Impact of Chronic Disease*, the 2003 direct medical treatment costs for chronic diseases in New Mexico were estimated at \$1.2 billion, and the cost of lost productivity due to the conditions was estimated at \$5.8 billion.<sup>5</sup>

The risk factors responsible for much of the illness and early death related to chronic diseases are tobacco use, lack of adequate physical activity, poor nutrition, obesity, overweight, high blood pressure, and high blood cholesterol.<sup>6</sup> In New Mexico, over three-fourths of working age adults ages 18-64 do not consume enough fruits and vegetables; almost half do not get adequate physical activity; and more than two out of three are overweight or obese.<sup>7</sup> Three out of 10 working age adults in New Mexico have high cholesterol, 2 out of 10 have high blood pressure, and around 2 out of 10 smoke cigarettes.<sup>7</sup> See Table 1.

Nearly 22% of working age adults in New Mexico have arthritis, 6% have diabetes, and close to 5% have a history of cardiovascular disease.<sup>8</sup> See Table 2. Chronic diseases tend to become more common with age, so prevalence among older workers is higher than younger workers.

In 2006, approximately 3,280 New Mexicans died from heart disease, 3,004 from cancers, 903 from lower respiratory diseases, and 629 from stroke.<sup>9</sup> Table 3 contains the death rates for all ages.

**Table 1: Risk Factors for Chronic Diseases among New Mexico Working Age Adults<sup>7</sup>**

Risk Factor	Percent of NM adults ages 18 – 64 with the risk factor
Insufficient fruit & vegetable consumption <sup>a</sup>	78.5%
Insufficient physical activity <sup>a</sup>	44.6%
Overweight <sup>b</sup>	33.9%
Obesity <sup>b</sup>	26.9%
High cholesterol <sup>a</sup>	30.3%
High blood pressure <sup>a</sup>	20.1%
Current cigarette smoking <sup>b</sup>	21.4%

**Table 2: Arthritis, Diabetes, and Cardiovascular Disease among New Mexico Working Age Adults<sup>7</sup>**

Condition	Percent of NM adults ages 18 – 64 with the condition
Arthritis <sup>a</sup>	21.9%
Adults ever diagnosed with diabetes <sup>b</sup>	6.0%
History of any cardiovascular disease (stroke, angina/coronary heart disease, heart attack) <sup>b</sup>	4.5%

**Table 3: Death Rates for Heart Disease, Cancer, Chronic Lower Respiratory Diseases, and Stroke in New Mexico<sup>8</sup>**

Cause of Death	Deaths (age-adjusted per 100,000 persons, all ages), 2006
Deaths from diseases of the heart	167.8
Cancer deaths (all cancers combined)	153.7
Deaths from chronic lower respiratory diseases	46.2
Stroke deaths	32.2

<sup>a</sup> 2007

<sup>b</sup> 2008

## Worksite Wellness Programming to Reduce Chronic Disease Risk Factors

While many economic, social, and environmental conditions affect a person's ability to adopt healthy behaviors, worksite wellness programming is one effective strategy to reduce modifiable chronic disease risk factors among working age adults. Due to the interwoven relationship between individuals and their environment, comprehensive worksite programs go beyond wellness activities for individual employees by addressing social support from co-workers and family members, and seeking a "culture of wellness" that is communicated by top managers. Comprehensive programs also integrate environmental changes, policies, and practices that make it easier for employees to engage in healthy behaviors. Employers also are involved in community and public policy initiatives to support employee wellness.

## Evidence-based Worksite Interventions

The Task Force on Community Preventive Services regularly conducts scientific reviews of published studies on various health topics, and its recommendations are published in the *Guide to Community Preventive Services*. The task force has found sufficient evidence to recommend the following worksite interventions:<sup>9</sup>

1. Health education and health risk assessments with feedback to change employees' health. The task force specifically noted improvements in tobacco use, dietary fat intake, blood pressure and cholesterol with this strategy.
2. Worksite interventions that combine nutrition and physical activity to help employees lose weight and keep it off in the short term.
3. Motivational signs or other visual cues placed near stairwells, elevators and escalators to encourage people to use nearby stairs.
4. Behavior change interventions that take into account individual variability among employees. The interventions may be conducted in a one-on-one or group setting, in person, or by phone. They include individual goal setting, feedback, self-monitoring strategies, rewards, social support, and educational materials.
5. Employee programs that include social support, such as encouragement by co-workers on a team or assistance from family members.
6. Newly created or enhanced access to places for physical activity combined with informational outreach activities.
7. Smoke-free policies to reduce tobacco use among workers.
8. Incentives and competitions, when combined with additional interventions, to increase smoking cessation.

## For More Information

If you would like information about planning, implementing, and evaluating a worksite wellness program, contact Lisa McNichol Gatan, M.S., health educator, New Mexico Department of Health, Worksite Health Program. Email: [lisa.gatan@state.nm.us](mailto:lisa.gatan@state.nm.us) or phone: 505-841-5888.

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- <sup>1</sup> U.S. Census Bureau, State and County Quick Facts, <http://quickfacts.census.gov/qfd/states/35000.html>
- <sup>2</sup> New Mexico Department of Workforce Solutions. Economic Research and Analysis. Table A - civilian labor force, employment, and unemployment rate 2010. <http://www.wia.state.nm.us/LMI/pdf/TA2010.pdf>
- <sup>3</sup> New Mexico Department of Workforce Solutions. Economic Research and Analysis Bureau. 2010 *State of the Workforce Report*; January 2010. <http://www.dws.state.nm.us/LMI/pdf/2010SOW01-28-10.pdf>
- <sup>4</sup> Centers for Disease Control and Prevention. The Power of Prevention. Atlanta, GA: U.S. Department of Health and Human Services; 2009. Available from <http://www.cdc.gov/chronicdisease/overview/pop.htm>
- <sup>5</sup> Milken Institute. An Unhealthy America: Economic Burden of Chronic Disease. Santa Monica, CA; 2007. Available from <http://www.chronicdiseaseimpact.com/ebcd.taf?cat=state&state=NM>
- <sup>6</sup> Centers for Disease Control and Prevention. The Burden of Chronic Diseases and their Risk Factors. National and State Perspectives. Atlanta, GA: U.S. Department of Health and Human Services; 2004. Available from [http://www.cdc.gov/nccdphp/burdenbook2004/pdf/burden\\_book2004.pdf](http://www.cdc.gov/nccdphp/burdenbook2004/pdf/burden_book2004.pdf)
- <sup>7</sup> New Mexico Department of Health. New Mexico Behavioral Risk Factor Surveillance System. Santa Fe, NM.
- <sup>8</sup> Bureau of Vital Records and Health Statistics. New Mexico Selected Health Statistics Annual Report for 2006. New Mexico Department of Health. Santa Fe, NM; 2008.
- <sup>9</sup> Community Guide to Preventive Services. Worksite Health Promotion, last updated: 3/29/2010; Tobacco Use, last updated 3/10/2010; Obesity Prevention, last updated 2/18/2010; Promoting Physical Activity, Policy and Environmental Approaches, last updated 3/30/2010; Promoting Physical Activity, Behavioral and Social Approaches, last updated 3/30/2010. <http://www.thecommunityguide.org/index.html>