



WORKTRENDS

AMERICANS' ATTITUDES ABOUT **WORK, EMPLOYERS, AND GOVERNMENT**

Healthy at Work? Unequal Access to Employer Wellness Programs

by

Allison Kopicki

Carl Van Horn, Ph.D.

Cliff Zukin, Ph.D.

May 2009

BACKGROUND

The John J. Heldrich Center for Workforce Development at the Edward J. Bloustein School of Planning and Public Policy at Rutgers, The State University of New Jersey was founded as a research and policy organization devoted to strengthening New Jersey's and the nation's workforce during a time of global economic change. The Heldrich Center researches and puts to work strategies that increase worker skills and employability, strengthen the ability of companies to compete, create jobs where they are needed, and improve the quality and performance of the workforce development system.

Since 1997, the Heldrich Center has experienced rapid growth, working with federal and state government partners, Fortune 100 companies, and major foundations. The Center embodies its slogan "Solutions at Work" by teaming with partners and clients to translate cutting-edge research and analysis into practices and programs that companies, unions, schools, community-based organizations, and government officials can leverage to strengthen the nation's workforce.

The Center's projects are grounded in a core set of organizational priorities. The Center works to confront the challenges of closing the skills and education gap, of reemploying laid-off workers, of ensuring quality education and

training for all students and job seekers, and of strengthening the management and effectiveness of government programs. Since its inception, the Heldrich Center has sought to inform employers, union leaders, policymakers, community members, the media, and academic communities about critical workforce and education issues that relate to the emerging global economy.

To better understand the public's attitudes about work, employers, and the government, and improve workplace practices and policy, the Heldrich Center produces the *Work Trends* surveys on a regular basis. (The complete set of reports is available at www.heldrich.rutgers.edu.) The surveys poll the general public on critical workforce issues facing Americans and American businesses, and promote the findings widely to the media and national constituencies. The series is now co-directed by Carl E. Van Horn, Ph.D., Director of the Heldrich Center, and Cliff Zukin, Ph.D., Senior Faculty Fellow at the Center and Professor of Public Policy and Political Science at Rutgers University.

Healthy at Work? Unequal Access to Employer Wellness Programs continues to advance the goals of the *Work Trends* series to give American workers a voice in the national economic policy debates, and thereby provides policymakers and employers with reliable insights into how workers across the nation are judging and acting upon the realities of work and the workplace.

INTRODUCTION

In an effort to reduce health care costs and improve employees' well-being, many companies have begun to implement wellness programs — preventive health care programs designed to encourage workers to engage in healthy behavior to avoid or delay disease or to better manage a chronic illness. While a large amount of debate centers around the costs and benefits of preventive care, relatively little attention has been paid to workers' perceptions of these programs.

In the most recent nationwide *Work Trends* survey, the John J. Heldrich Center for Workforce Development at Rutgers University, found widespread awareness of wellness programs among American workers, but unequal access to these programs. Workers hold a variety of opinions on what companies can do to incentivize or penalize health-related behavior, and express concerns about privacy and what employers should know about their employees' health records. The national telephone survey was conducted March 19-29, 2009, among 583 adults working full- or part-time jobs.

WELLNESS PROGRAMS: PROMOTING HEALTHY WORKERS

Numerous American companies have begun to offer various types of wellness programs — health-oriented programs designed to maintain a level of well-being in workers through proper diet, exercise, stress reduction, disease management, and illness prevention. These plans can range widely in offerings to workers. Some plans are comprehensive, offering onsite exercise equipment or gym discounts, smoking cessation programs, and disease management assistance, while other wellness programs may merely offer a health newsletter.

Many employers and policymakers see potential benefits in disease prevention or wellness programs. For employers, improving workers' health could also potentially improve a company's bottom line through reduced absenteeism and increased productivity.¹ For policymakers and health care experts, the causal relationship between wellness programs and disease prevention is unclear, and debate exists over whether prevention programs could save or cost billions of dollars.² But with public and private health spending predicted to reach \$2.5 trillion in 2009 — a 17.6% share of Gross Domestic Product — many are arguing that evidence-based, effective preventive services (such as smoking cessation programs) can offer high economic value.³

With the recession projected to shrink health care spending by the private sector, policymakers are increasingly concerned about the growth of public expenditures on health coverage. While employers are likely to be more concerned with near-term, work-related benefits of healthy lifestyle choices, policymakers may want to encourage employers to offer wellness programs for the potential long-term benefits, such as preventing or postponing heart disease, diabetes, cancer, and diseases that can be attributed to unhealthy personal behavior. For both the short and long term, effective wellness programs may offer a means to stabilizing both public and private spending on health care.

BROAD AWARENESS OF WELLNESS PROGRAMS

Nearly 4 in 10 workers (38%) say their employer provides some kind of a wellness program, ranging from classes in nutrition or healthy living to a wellness newsletter or a fitness center.

The most prevalent programs include fitness and stress management, according to respondents. Three-quarters (75%) of

those with a wellness program say their workplace offered an exercise program or gym discount, which equates to about 29% of all people in the workforce. Those with wellness programs also report diet and nutrition programs as highly prevalent (70%) and two-thirds say they have access to stress management programs (66%). (See Table 1.)

About 6 in 10 workplaces with wellness programs offer alcohol and drug rehabilitation (61%), smoking cessation (61%), weight or obesity control (58%), and regular medical check-ups paid by the employer (55%). Less than half of wellness programs offer disease management plans, such as for diabetes or asthma (46%), as reported by respondents in the survey. Disease management plans generally offer a coordinated care system designed to optimize an individual's use of services and treatments for a chronic disease in order to achieve better health outcomes.

Table 1: Program Features Among Employees with Wellness Programs

| | Percent of Workers with Wellness Plan | Percent of Entire Workforce |
|--|---------------------------------------|-----------------------------|
| Exercise Program or Gym Discount | 75% | 29% |
| Diet or Nutrition | 70% | 27% |
| Stress Management | 66% | 25% |
| Alcohol and Drug Rehabilitation | 61% | 23% |
| Smoking Cessation | 61% | 23% |
| Weight or Obesity Control | 58% | 22% |
| Regular Medical Check-ups Paid by Employer | 55% | 21% |
| Disease Management, such as for Diabetes or Asthma | 46% | 17% |

Note: The percentage of the entire workforce was calculated by multiplying the percentage of workers who indicate they have wellness programs (38%) by the percentage listed for each program feature.

According to the workers with some type of wellness program, about one-third (30%) say the wellness program has a major impact on the health of people in the workplace, about half (54%) say the impact on health is minor, and 10% say the wellness programs make no impact at all.

UNEQUAL ACCESS TO WELLNESS PROGRAMS

Access to wellness programs is more common for workers at large companies (defined here as businesses with 250 or more employees.) Six in ten workers (62%) in large companies report that their employers offer some type of wellness program (See Table 2). Large companies generally have the resources and staff to devote to promoting and organizing such programs, or have the means for more comprehensive health insurance plans that provide these wellness features.

Table 2: Access to Employer-Sponsored Wellness Programs, by Company Size

| | All Workers | Less than 25 Workers | 25 to 249 Workers | 250+ Workers |
|------------|-------------|----------------------|-------------------|--------------|
| Yes | 38% | 6% | 37% | 62% |
| No | 60% | 91% | 63% | 35% |
| Don't Know | 2% | 2% | 0% | 2% |
| N Size | 583 | 159 | 164 | 230 |

Note: Percentages may not add to 100% due to rounding.

Highly educated and more affluent workers are much more likely to have access to employer-based wellness programs, with nearly half of workers with a college degree (46%) reporting an employer wellness program, compared to just 25% of employees with a high school education or less (See Table 3).

Table 3: Access to Employer-Sponsored Wellness Programs, by Education Level

| | All Workers | High School or Less | Some College | College Graduate |
|------------|-------------|---------------------|--------------|------------------|
| Yes | 38% | 25% | 41% | 46% |
| No | 60% | 73% | 57% | 51% |
| Don't Know | 2% | 2% | 2% | 3% |
| N Size | 583 | 133 | 139 | 124 |

Forty-five percent of salaried workers report access to a wellness program, compared to 35% of hourly workers (See Table 4). Finally, about 4 in 10 workers (44%) with incomes of \$70,000 or more, say they have access to an employee wellness program, compared to just 2 in 10 (21%) of those making \$35,000 or less (See Table 5).

Table 4: Access to Employer-Sponsored Wellness Programs, Hourly vs. Salaried Workers

| | All Workers | Hourly Workers | Salaried Workers |
|------------|-------------|----------------|------------------|
| Yes | 38% | 35% | 45% |
| No | 60% | 63% | 52% |
| Don't Know | 2% | 2% | 3% |
| N Size | 583 | 279 | 244 |

Table 5: Access to Employer-Sponsored Wellness Programs, by Income

| | All Workers | <\$35,000 | \$35,000 to \$69,000 | \$70,000+ |
|------------|-------------|-----------|----------------------|-----------|
| Yes | 38% | 21% | 37% | 44% |
| No | 60% | 76% | 62% | 54% |
| Don't Know | 2% | 3% | 1% | 2% |
| N Size | 583 | 94 | 163 | 274 |

LEGAL IMPLICATIONS FOR EMPLOYERS IMPLEMENTING WELLNESS PROGRAMS

When considering adopting wellness plans or disease management programs for their workers, employers face a number of issues. Among the legal hurdles faced when attempting to incentivize employees' participation in wellness programs is the Americans with Disabilities Act of 1990, which mandates that private employers cannot discriminate against persons with a disability in hiring, terminating, promoting, training, or compensation. A medical condition or other situation that prevents an employee from participating in or achieving wellness program goals may fall under this definition of disability, and provides murky territory for human resource professionals when it comes to offering a fair incentive system for all employees. Further, civil-rights laws (Civil Rights Act of 1964, the Equal Pay Act of 1963, and the Age Discrimination in Employment Act of 1967) mandate all employees are offered the same benefits, incentives, and programs, regardless of race, national origin, religion, sex, and age.⁴

Employers also face a number of restrictions on offering lower premiums to wellness program participants under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA supports health plans that include wellness programs, but does not allow for discrimination of employees or dependents based on a health factor. For instance, health plans can offer discounts for workers who are voluntarily tested for health problems, such as high cholesterol, but the discount cannot be linked to the test result itself. Wellness programs can also offer rewards for individuals who meet health-related criteria, such as not smoking, if the wellness plan adheres to the following rules:

- The total reward is limited to 20% of the cost of the employee-only coverage.
- The design of the wellness program prevents disease or promotes good health.
- Employees have the opportunity to qualify for the discount annually.
- Practical alternative standards must be provided for those whom it is medically or unreasonably difficult to meet the criteria.
- Wellness program information must disclose the availability of reasonable alternative standards.⁵

So, for example, a worker who does not smoke could qualify for a 10% discount on her contribution to her health insurance. A co-worker who is addicted to nicotine, and for whom it would prove unreasonably difficult to quit smoking, must be given an alternative but equal opportunity for the discount, such as enrolling in a nicotine patch smoking cessation program.

WORKERS SUPPORT WELLNESS PROGRAMS BUT ARE WARY ABOUT INCENTIVES AND PRIVACY IMPLICATIONS

Researchers at the Heldrich Center were interested in finding out how employees perceive these employer health programs. The *Work Trends* survey found strong support for the plans: Seven in ten workers (70%) believe **employers should offer** some type of wellness program for their employees. This rises to 80% among workers who have a wellness program at work and are more familiar with it.

The notion that participation in a wellness program should be rewarded with extra pay or extra time off, however, is troubling to workers. When asked about incentives, the majority of workers support compensation tied directly

to their work, regardless of how much one participates in wellness activities provided by the workplace. As seen in Figure 1, two-thirds of workers (66%) feel that employers should not provide extra pay to participants, and 6 in 10 (59%) say the same about extra time off. Workers are divided about incentives such as gift certificates or gift cards, with half (50%) saying employers should be able to give them to participating employees.

According to the *Work Trends* survey, three-quarters of workers (74%) say employers should be able to give lower health care premiums to employees who participate in wellness programs — workers support a reward directly tied to the nature of the activity, in this case, agreeing that healthy behavior should be remunerated with discounted health care premiums. (See Figure 1.)

And while workers essentially think companies should reward good behavior with lower premiums, they are not supportive of penalizing employees who engage in potentially unhealthy behavior. As seen in Figure 2, just half (47%) of workers say employers should be allowed to charge more for health insurance from people who smoke, while 4 in 10 workers (43%) say people who drink too much alcohol should be charged more for insurance. Only one-quarter of workers (26%) think people who are very overweight should pay more for their health insurance. Drinking alcohol and smoking may be identified by respondents as more “controllable” behavior, while being overweight is distinguished as less about self-control.

Workers are generally in agreement about not charging employees more for health insurance for health conditions that are not under their control. Nine in ten workers say that older workers (92%), workers with genetic conditions that predict the likelihood of a major disease later in life (90%), and people with emotional problems (87%) should not be expected to pay more for their health coverage. (See Figure 2.)

Figure 1: Support of Incentives to Participate in Wellness Programs

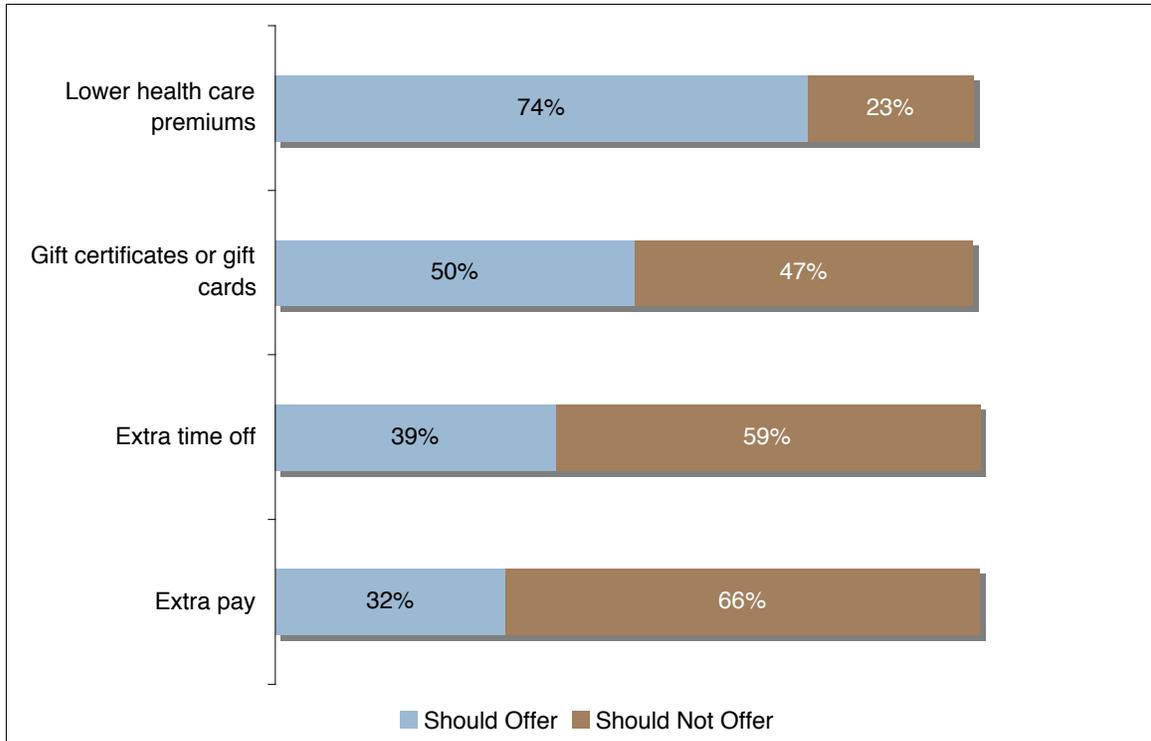
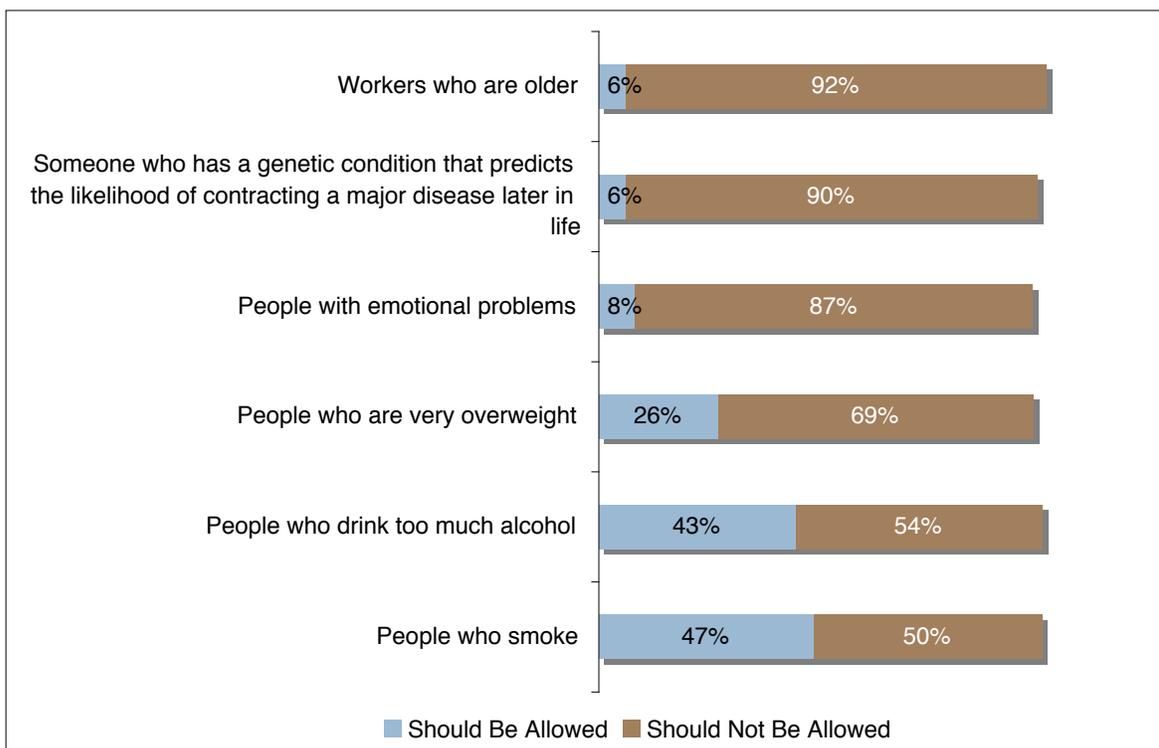


Figure 2: Charging Certain Employees More for Health Insurance



While wellness programs and disease management programs may benefit both workers with better health outcomes and companies with easing health care costs, these systems work best through the sharing of health information between care providers and patients and health program managers. But sharing of information raises privacy implications for workers, and uncertainty about what supervisors or managers should know.

When asked about their level of concern that supervisors or managers would see their insurance claims, 13% of workers are somewhat concerned, and 13% are very concerned regarding the privacy of their health and medical insurance claims. About three-quarters (72%) are not too concerned that supervisors or managers in their company will have access to their health or medical records.

ELECTRONIC MEDICAL RECORDS AND PRIVACY CONCERNS

Electronic health records — standardized, longitudinal electronic records of patient health information — are a major plank in the Obama administration's health reform strategy. The American Recovery and Reinvestment Act allocates \$21 billion toward the adoption of electronic health records, a noteworthy albeit diminutive start-up investment toward widespread implementation of an expensive technology. A nationwide system is estimated to cost between \$75 to \$100 billion.⁶ Currently, roughly 2% of all hospitals in the nation and 4% of physicians use a comprehensive electronic health records system; 8% of hospitals and 13% of physicians report having basic systems.⁷ Potential benefits cited include improved quality health care and reduced

medical error, the reduction of redundant medical tests, and enabling patients to better manage their own health care. Besides the high upfront capital cost of electronic health care records, major concerns exist with patients' privacy and the security of these personal health records in cyberspace.

The *Work Trends* survey found one-third (33%) of workers say they are very concerned about the protection of their medical privacy in the adoption of a standardized medical record system that would make the records available electronically to health care providers and patients. About 4 in 10 workers do not have privacy concerns (19% not very concerned, 19% not at all concerned). The subgroups with the most concern are perhaps the most vulnerable in terms of fears of their health records being made public and potentially causing issues with employment or attaining health coverage. (See Figure 3.)

About 4 in 10 women with no children (42%), those with a high school education or less (42%), Black and Hispanic workers (42%), and low- to middle-income workers (42% of those making less than \$35,000 and 40% of those making \$35,000 to \$69,000) say they are very concerned with the protection of their medical privacy in a standardized and electronic health record system. (See Tables 6 and 7.)

Just slightly over half of workers (55%) think the benefits of electronic medical records outweigh the risks to privacy. Overwhelmingly, workers believe that employers should not have access to their medical records. Nine in ten workers (87%) say they disagree with employers having access to their medical records, while 95% agree that individuals themselves should have full access to everything in their own medical records.

Figure 3: Privacy Concern of Electronic Medical Records

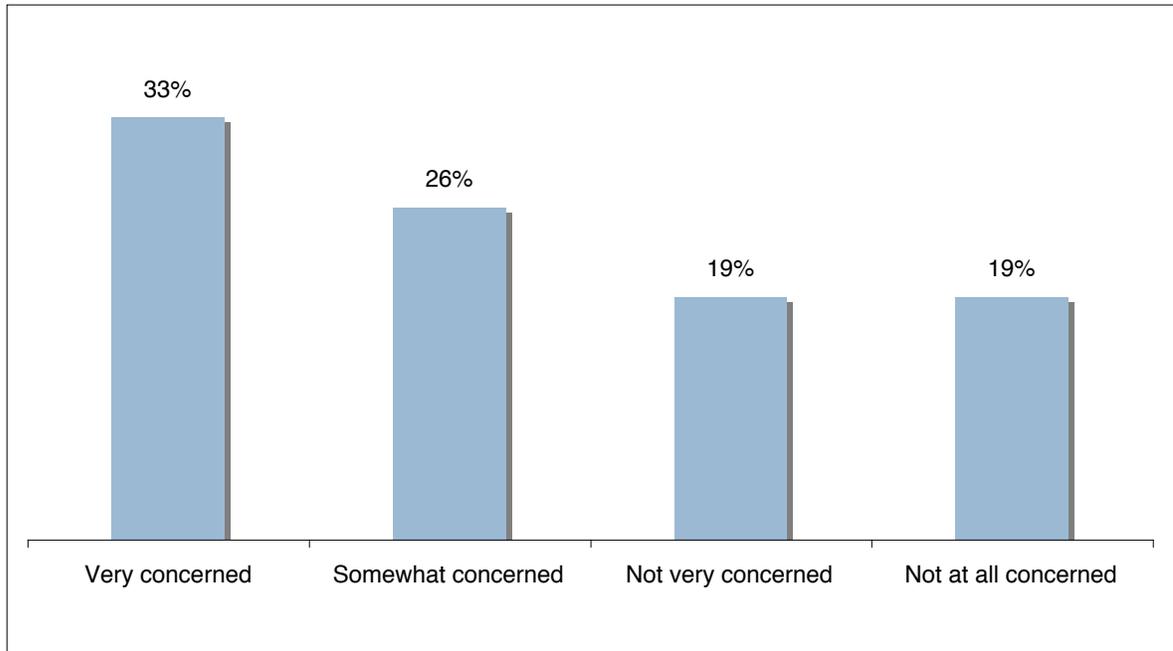


Table 6: Medical Privacy Concerns, by Education Level, and Gender and Family Status

| | All Workers | High School or Less | Some College | College Graduate | Women with Children | Women without Children | Men with Children | Men without Children |
|----------------|-------------|---------------------|--------------|------------------|---------------------|------------------------|-------------------|----------------------|
| Very Concerned | 33% | 42% | 33% | 25% | 29% | 42% | 27% | 33% |
| N Size | 583 | 193 | 179 | 210 | 133 | 139 | 124 | 185 |

Table 7: Medical Privacy Concerns, by Income and Race

| | All Workers | Less than \$35,000 | \$35,000 to \$69,000 | More than \$70,000 | White | Black/Hispanic |
|----------------|-------------|--------------------|----------------------|--------------------|-------|----------------|
| Very Concerned | 33% | 42% | 40% | 24% | 29% | 42% |
| N Size | 583 | 94 | 163 | 274 | 133 | 139 |

CONCLUSION

The *Work Trends* survey discovered a broad awareness and widespread support of wellness programs, even among workers whose employers do not offer them. And while nearly two out of five workers (38%) are offered some type of healthy lifestyle program through their employer, these benefits are generally more available to workers at large companies, and to workers with advanced educational backgrounds and with higher earnings. Workers across the board have mixed feelings about what incentives and penalties employers should be able to utilize to encourage healthy behavior. In the implementation of wellness programs, employers and human resource professionals must be sensitive to privacy and fairness concerns.

Workers on the lower rungs of the economic ladder feel highly exposed and worry about anything that could jeopardize their job security. While HIPAA and other federal and state laws have created a legal framework that should protect workers from discrimination due to health factors, the real uncertainty felt among workers is a clear message to lawmakers that these protections need be enforced. And for future widespread acceptance of electronic health records by American workers, policymakers and government officials will need to ensure safeguards are in place to protect workers' confidentiality.

ENDNOTES

1 According to a 2008 Kaiser Family Foundation survey of 2,832 employers, 4 in 10 companies (42%) say the primary reason for offering wellness programs is because it is part of the company's health plan. Another third (33%) say the primary reason is to improve the health of employees and reduce absenteeism, while

11% say reduction of health care costs is the reason. Among large employers (200 or more employees), however, nearly one-third (30%) cite reduction of health care costs as a reason. Accessed at <http://ehbs.kff.org/>.

2 Woolf, Steven H. "A Closer Look at the Economic Argument for Disease Prevention." *JAMA*, 2009, 301(5): 536-538. Accessed at <http://jama.ama-assn.org/cgi/content/full/301/5/536>.

3 Reuters, "Obama Sets Up Formal Office for Healthcare Reform," April 9, 2009
Woolf, "A Closer Look at the Economic Argument for Disease Prevention."

4 Mello, Michelle M. and Meredith B. Rosenthal, "Wellness Programs and Lifestyle Discrimination: The Legal Limits." *New England Journal of Medicine*. July 2008, 10; 359(2): 192-199. Accessed at <http://content.nejm.org/cgi/content/full/359/2/192>.

5 U.S. Department of Labor, Employee Benefits Security Administration. "Your Health Plan and HIPAA...Making the Law Work for You." July 2007. Accessed at <http://www.dol.gov/ebsa/publications/yhphippa.html>.

6 Goldman, David. "Obama's Big Idea: Digital Health Records," CNNMoney.com, January 12, 2009. Accessed at http://money.cnn.com/2009/01/12/technology/stimulus_health_care.

7 New England Journal of Medicine. April 2009, 360(16): 1628-1638. Accessed at <http://content.nejm.org/cgi/content/full/360/16/1628>.
New England Journal of Medicine. July 2008, 3: 359(1): 50-60. Accessed at <http://content.nejm.org/cgi/content/full/NEJMs0802005>.

APPENDIX A. METHODOLOGY

The latest Heldrich Center *Work Trends* survey was conducted March 19-29, 2009 with a scientifically selected random sample of 700 U.S. residents who are currently in the labor force, which is defined as working full or part time, or unemployed and currently looking for a job. A subset of questions about wellness programs and electronic health records was asked of 583 respondents — those working full or part time (117 respondents said they are currently looking for work). All surveys are subject to sampling error, which is the expected probable difference between interviewing everyone in a population versus a scientific sampling drawn from that population.

The sampling error for 583 respondents is +/- 4.1%, at a 95% confidence interval. Thus, if 50% of respondents agree that employers should be allowed to charge more for health insurance from people who

smoke, one would be 95% sure that the true figure would be between 45.9% and 54.1% (50 +/- 4.1) had all U.S. workers been interviewed, rather than just a sample.

Sampling error increases as the sample size decreases, so statements based on various population subgroups, such as separate figures reported for women or men or hourly or salaried workers, are subject to more error than are statements based on the total sample. Sampling error does not take into account other sources of variation inherent in public opinion studies, such as non-response, question wording, or contextual effects. The verbatim wording of all questions asked can be found in Appendix B.

APPENDIX B. SURVEY RESULTS

W1. In an effort to improve health and lower costs, some health plans and employers offer wellness programs. Wellness programs may range from classes in nutrition or healthy living to a wellness newsletter, or a fitness center. Does your employer offer such a wellness program or not?

Yes..... 38%
 No 60%
 (VOL) Don't Know..... 2%
 (VOL) Refused..... 0%

N = 583

IF YES TO W1, ASK

W2. I'm going to read you a list of various health improvement programs companies could sponsor for their employees. Which of these programs do you have at work? If you don't know, just say so. (RANDOMIZE ITEMS)

A. Weight or obesity control

Yes..... 58%
 No 32%
 (VOL) Don't Know..... 10%

N = 219

B. Diet and nutrition

Yes..... 70%
 No 26%
 (VOL) Don't Know..... 4%

N = 219

C. An exercise program or gym discount

Yes..... 75%
 No 22%
 (VOL) Don't Know..... 3%

N = 219

D. How to quit smoking

Yes..... 61%
 No 31%
 (VOL) Don't Know..... 8%

N = 219

E. Alcohol and drug rehabilitation

Yes..... 61%
 No 27%
 (VOL) Don't Know..... 11%

N = 219

F. Stress management

Yes..... 66%
 No 28%
 (VOL) Don't Know..... 6%

N = 219

G. Regular medical check-ups paid for by your employer

Yes..... 55%
 No 41%
 (VOL) Don't Know..... 4%

N = 219

H. Disease management, such as for diabetes or asthma

Yes..... 46%
 No 43%
 (VOL) Don't Know..... 10%

N = 219

IF YES TO ANY W2 A-H, ASK:

W3. How much impact do these wellness programs have on the health of people in your workplace — a major impact, a minor impact, or no impact at all?

Major Impact..... 30%
 Minor Impact..... 54%
 No Impact 10%
 (VOL) Don't Know..... 6%

N = 211

W4. Do you feel these wellness programs are something employers **should** offer, or should employers **not** be involved in the personal health of employees?

Should 70%
 Should Not..... 20%
 Depends (VOL)..... 5%
 (VOL) Don't Know..... 5%
 (VOL) Refused..... 0%

N = 583

W5. Some feel that workers who participate in wellness programs should be given incentives for doing so. Others feel participation in wellness programs should be separate from other parts of the job. Do you think employers **should** or should **not** be able to give employees each of the following to participate in wellness programs?

A. Extra pay

Should 32%
 Should Not..... 66%
 Depends (VOL)..... 1%
 (VOL) Don't Know..... 1%

N = 583

B. Extra time off

Should 39%
 Should Not..... 59%
 Depends (VOL)..... 1%
 (VOL) Don't Know..... 1%

N = 583

C. Lower health care premiums

Should 74%
 Should Not..... 23%
 Depends (VOL)..... 1%
 (VOL) Don't Know..... 1%

N = 583

D. Gift certificates or gift cards

Should 50%
 Should Not..... 47%
 Depends (VOL)..... 1%
 (VOL) Don't Know..... 2%

N = 583

W6. Illnesses or certain physical conditions are linked to higher health care costs. Do you think employers **should** or should **not** be allowed to charge the following types of employees more for their health insurance at work?

A. People who smoke

Should Be Allowed to Charge More..... 47%
 Should Not Be Allowed to Charge More 50%
 Depends (VOL)..... 1%
 (VOL) Don't Know..... 2%
 (VOL) Refused..... 0%

N = 583

B. People who are very overweight

Should Be Allowed to Charge More..... 26%
 Should Not Be Allowed to Charge More 69%
 Depends (VOL)..... 2%
 (VOL) Don't Know..... 3%
 (VOL) Refused..... 0%

N = 583

C. People who drink too much alcohol

Should Be Allowed to Charge More..... 43%
 Should Not Be Allowed to Charge More 54%
 Depends (VOL)..... 2%
 (VOL) Don't Know..... 2%
 (VOL) Refused..... 0%

N = 583

D. People with emotional problems

| | |
|--|-----|
| Should Be Allowed to Charge More..... | 8% |
| Should Not Be Allowed to Charge More | 87% |
| Depends (VOL)..... | 2% |
| (VOL) Don't Know..... | 4% |
| (VOL) Refused..... | 0% |

N = 583

E. Someone who has a genetic condition that predicts the likelihood of contracting a major disease later in life

| | |
|--|-----|
| Should Be Allowed to Charge More..... | 6% |
| Should Not Be Allowed to Charge More | 90% |
| Depends (VOL)..... | 2% |
| (VOL) Don't Know..... | 3% |
| (VOL) Refused..... | 0% |

N = 583

F. Workers who are older

| | |
|--|-----|
| Should Be Allowed to Charge More..... | 6% |
| Should Not Be Allowed to Charge More | 92% |
| Depends (VOL)..... | 1% |
| (VOL) Don't Know..... | 1% |
| (VOL) Refused..... | 0% |

N = 583

W7. How concerned are you that your supervisor or another manager in your company will see your health and medical insurance claims sent to the insurance company — very concerned, somewhat concerned, not very concerned, or not at all concerned?

| | |
|----------------------------|-----|
| Very Concerned..... | 13% |
| Somewhat Concerned..... | 13% |
| Not Very Concerned | 21% |
| Not At All Concerned | 51% |
| (VOL) Don't Know..... | 3% |
| (VOL) Refused..... | 0% |

N = 583

W8. There has been some discussion lately about standardizing medical records and making them available electronically to health care providers and patients to decrease the frequency of medical errors. Others say the use of electronic records makes it difficult to ensure patients' privacy. How concerned are you about the protection of your medical privacy in such a new system — very concerned, somewhat concerned, not very concerned, or not at all concerned?

| | |
|----------------------------|-----|
| Very Concerned..... | 33% |
| Somewhat Concerned | 26% |
| Not Very Concerned | 19% |
| Not At All Concerned | 19% |
| (VOL) Don't Know..... | 2% |
| (VOL) Refused..... | 1% |

N = 583

W9. Please just tell me if you agree or disagree with each of the following statements. First (RANDOMIZE)

A. The benefits of electronic medical records outweigh the risks to individuals' privacy

| | |
|-----------------------|-----|
| Agree..... | 55% |
| Disagree | 37% |
| (VOL) Don't Know..... | 8% |
| (VOL) Refused..... | 0% |

N = 583

B. Individuals should have full access to everything in their own medical record file

| | |
|-----------------------|-----|
| Agree..... | 95% |
| Disagree | 4% |
| (VOL) Don't Know..... | 1% |
| (VOL) Refused..... | 0% |

N = 583

C. Employers should have access to individual workers' medical files

| | |
|-----------------------|-----|
| Agree..... | 12% |
| Disagree | 87% |
| (VOL) Don't Know..... | 2% |
| (VOL) Refused..... | 0% |

N = 583

Note: Percentages may not add to 100% due to rounding.



JOHN J. HELDRICH CENTER FOR WORKFORCE DEVELOPMENT
Edward J. Bloustein School of Planning and Public Policy
Rutgers, The State University of New Jersey
30 Livingston Avenue
New Brunswick, NJ 08901
732.932.4100
www.heldrich.rutgers.edu