

# Health, Wellness, and Employee Assistance: A Holistic Approach to Employee Benefits

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*Many employers are taking measures to combat rising health care costs, in some cases by providing access to employee assistance programs and wellness benefits, both of which attempt to help people adopt preventive health measures and more healthful habits. Data from the National Compensation Survey show that a relatively small percentage of workers have access to these kinds of benefits, but the trends suggest that the proportion is increasing over time.*

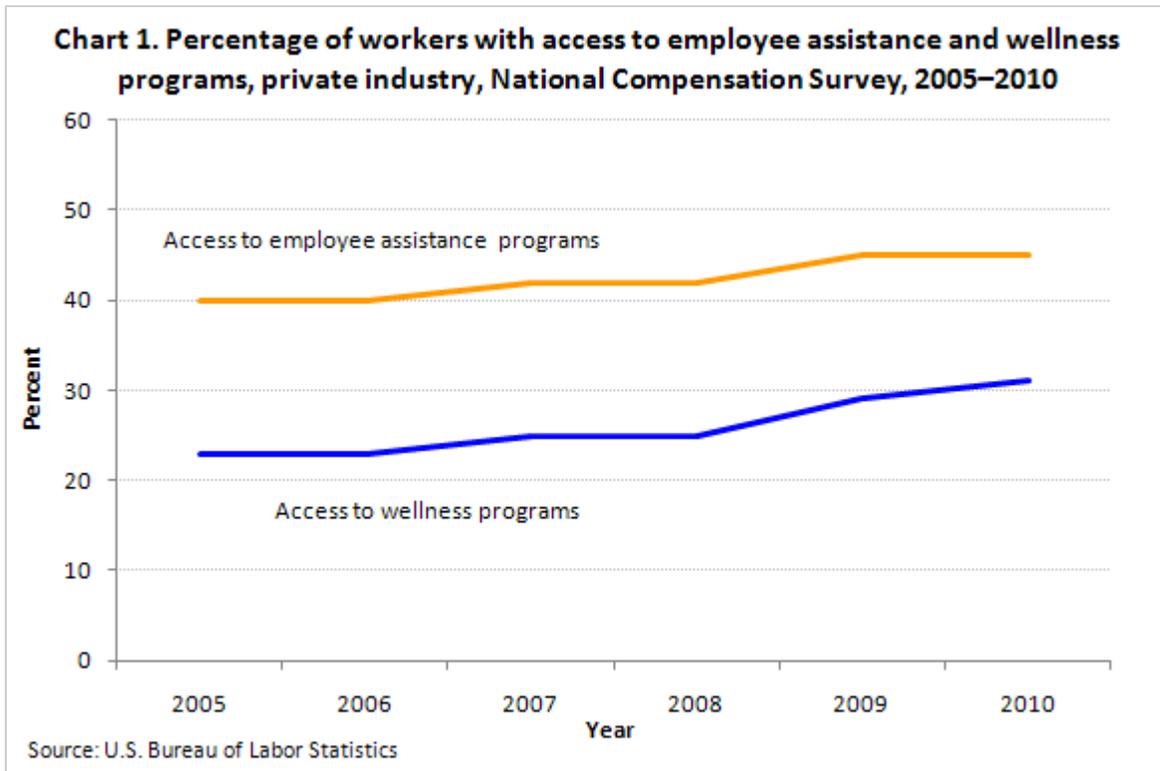
Data from the [National Compensation Survey \(NCS\)](#) for March 2010 show that three-fifths of private employers made health care benefits available to their workers.<sup>1</sup> These benefits were available to almost three-fourths of private sector workers and covered such things as visits to the doctor, hospital stays, and some of the cost of prescription drugs. Some employers, perhaps heeding the wisdom of Benjamin Franklin that “an ounce of prevention is worth a pound of cure,” elect to do more for their employees. Employer-sponsored wellness programs that include help with nutrition, incentives to exercise, or smoking cessation are available to a third of private sector workers. Almost half of private sector workers have access to an employee assistance plan (EAP), which provides psychological counseling or referral services. Data from the NCS can shed light on what groups of workers have these benefits and how their availability has changed in recent years.

In today's economy, employers may be more interested than ever in making their limited budgets stretch further. This is a difficult task given the increasing cost of providing employee health-care benefits. One might assume that in this climate, companies would be reluctant to offer benefits to employees. But, in fact, this is not the case. The percentage of private industry establishments offering health care benefits to their employees has remained steady over the past several years, ranging from 60 to 63 percent. And while cost shifting from employer to employee is a common way that employers reduce their costs for health benefits, NCS data show that over the past several years the share of medical plan premiums paid by employers in private industry has remained roughly 80 percent for individual worker coverage and 70 percent for family coverage.<sup>2</sup> Most employers realize that it is necessary to offer competitive benefits packages in order to attract and retain qualified employees. Therefore, employers are trying to find ways to lower their costs while maintaining quality benefits packages. The rising cost of health care services and of health insurance premiums was analyzed in a 2008 study conducted by Price-Waterhouse Cooper in 2008.<sup>3</sup> The study noted that “health insurance premiums generally track the underlying growth of the cost of health services.” This implies that if the cost of health services can be lowered, premiums will follow. The rising costs of health care present a problem that affects virtually everyone; hence, lowering the costs will require widespread efforts on multiple fronts. Many organizations are already working to accomplish this goal.

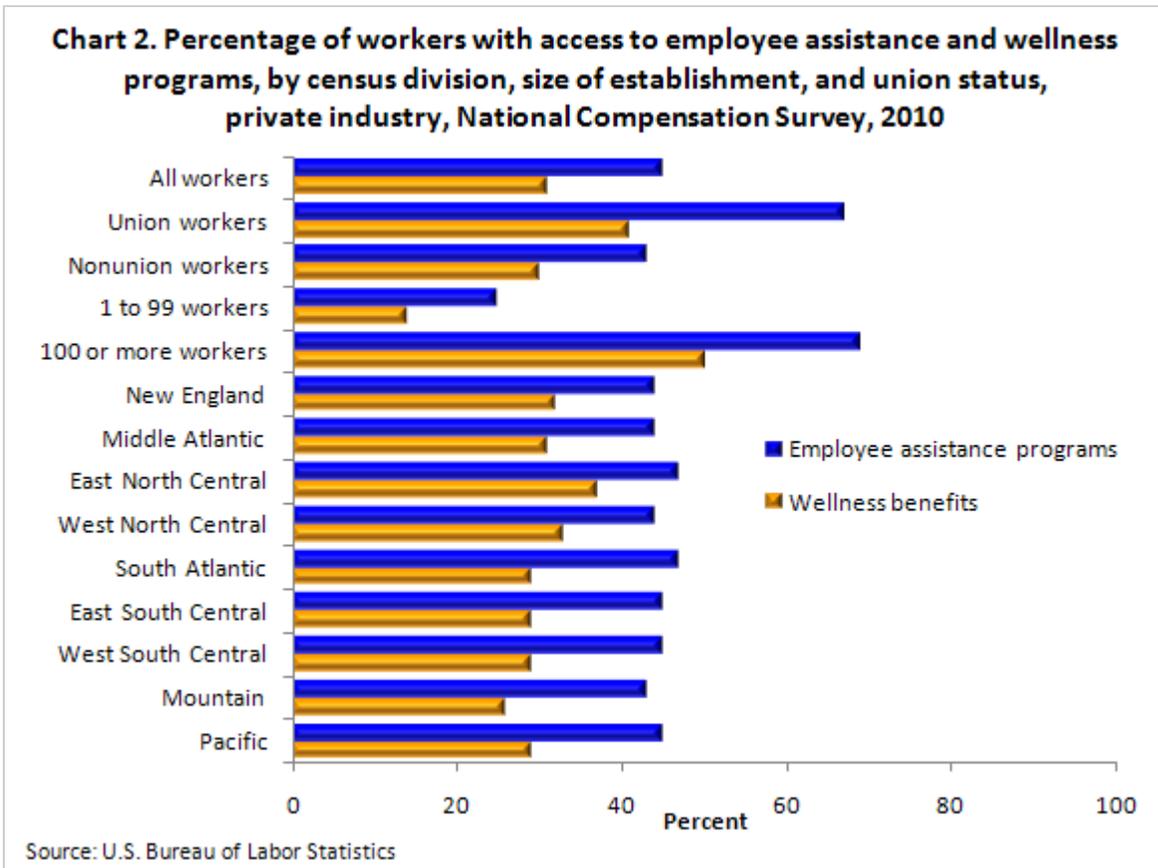
This article examines access to employee assistance plans and wellness programs among private industry and state and local government workers and discusses recent Federal initiatives that promote EAPs and wellness. One such initiative is the Patient Protection and Affordable Care Act (PPACA), which President Barack Obama signed into law on March 23, 2010.<sup>4</sup> The Federal Government is not only offering incentives to deter employers from making cuts to health care benefits, but it is also promoting wellness programs as a means to reduce overall health care costs.

## EAPs And Wellness Benefits In Private Industry

In recent decades, EAPs and wellness programs have increased in popularity among employers.<sup>5</sup> As shown in chart 1, between 2005 and 2010, access to EAPs among all workers in private industry ranged from 40 to 45 percent, and access to wellness programs ranged from 23 to 31 percent.



While these estimates suggest continued growth in EAPs and wellness programs, another important aspect of the story involves the differences in access to these programs that currently exist among different groups of workers. In 2010, access to EAPs and wellness programs by census division of the establishment, establishment size, and bargaining status of the worker showed distinct differences among worker groups.<sup>6</sup> Chart 2 gives an overview of private industry workers access to EAPs and wellness benefits in 2010.



Considering the differences in availability of EAPs and wellness benefits, it is important to distinguish between the two. The NCS defines an employer-provided wellness program as a program (independent from health insurance) that provides a structured plan offering employees two or more of the following benefits: smoking cessation programs, exercise or physical fitness programs, weight control programs, nutrition education, hypertension tests, periodic physical examinations, stress management programs, back-care courses, and lifestyle assessment tests.<sup>7</sup> The NCS defines an employee assistance program as one providing a structured plan that typically deals with more serious personal and emotional problems than the problems covered by wellness programs. Examples of such problems include marital difficulties and substance abuse issues, as well as financial, emotional and legal matters. EAPs can offer referral services alone or referral services in combination with counseling services. Both referral services and counseling services may be supplied by company personnel, by an outside organization under contract, or by a combination of both.

**Private Industry By Census Division**

In all but one census division,<sup>8</sup> EAPs were offered to a greater portion of private industry workers in 2010 than in 2005.<sup>9</sup> (See table 1.) In 2010, the percentage of workers with access to EAPs ranged from 43 percent of private industry workers in the Mountain division to 47 percent in the East North Central and South Atlantic divisions. Access to wellness benefits appears to have grown in each of the 9 census divisions between 2005 and 2010. In 2010, estimates by census division show that about a third of workers have access to wellness programs, although remaining at lower proportions than access to EAPs.

**Table 1. Percent of workers with access to employee assistance and wellness programs, by census division, private industry, National Compensation Survey 2005 and 2010**

Census Divisions	2005		2010	
	Employee assistance programs	Wellness programs	Employee assistance programs	Wellness programs
New England	47	29	44	32
Middle Atlantic	39	23	44	31
East North Central	38	25	47	37
West North Central	39	26	44	33
South Atlantic	40	21	47	29
East South Central	36	19	45	29
West South Central	41	20	45	29
Mountain	40	24	43	26
Pacific	42	24	45	29

**Union And Nonunion Access In Private Industry**

Access to EAPs has been more common than access to wellness programs among union and nonunion workers in recent years; however, wellness programs appear to be gaining ground. As table 2 shows, the percentage of union workers with access to wellness programs ranged from 36 percent in 2005 to 41 percent in 2010. Meanwhile, access to wellness programs among nonunion workers in private industry ranged from 22 percent in 2005 to 30 percent in 2010. By contrast, 64 percent of union workers in private industry had access to EAPs in 2005 and 67 percent had access in 2010; among nonunion workers, access to EAPs ranged from 37 percent in 2005 to 43 percent in 2010.

**Table 2. Percent of workers with access to employee assistance and wellness programs, by bargaining status, private industry workers, National Compensation Survey, 2005-2010**

Characteristics	2005		2010	
	Employee assistance programs	Wellness programs	Employee assistance programs	Wellness programs
Union workers	64	36	67	41
Nonunion workers	37	22	43	30

More notable are the differences between union and nonunion member access to these two types of benefits in 2010. Currently, 67 percent of union workers have access to EAPs, a significantly greater proportion than the 43 percent of nonunion workers who have this benefit. Also, 41 percent of union members have access to wellness programs, a greater proportion than the 30 percent of nonunion workers who have access to the benefit.

**Private Industry By Establishment Size**

Establishment size appears to play a part in workers access to wellness programs and EAPs. As can be seen in table 3, while the ratio of workers with access to EAPs to those with wellness benefits appears to have remained stable between 2005 and 2010, the proportion with each of these benefits seems to have grown between 2005 and 2010, both for workers in establishments with 199 employees and for workers in establishments with 100 or more employees. However, the growth in these estimates cannot be confirmed by a statistical test because standard errors were not developed for the 2005 estimates.

**Table 3. Percent of workers with access to employee assistance and wellness programs, by establishment size, private industry, National Compensation Survey 2005 and 2010**

Establishment size	2005		2010	
	Employee assistance programs	Wellness programs	Employee assistance programs	Wellness programs
1—99 workers	19	10	25	14
100 workers or more	66	40	69	50

Perhaps more pertinent is that, in 2010, workers in establishments with 100 or more employees are about 3 times more likely to have access to EAPs than those in establishments with 199 employees (at 69 percent and 25 percent, respectively). Also, workers in larger establishments are about 3 times more likely to be offered wellness benefits than workers in smaller establishments (at 50 percent and 14 percent, respectively).

**EAPs And Wellness Programs In State And Local Government**

In the wake of increasing deficits and reduced revenue from a weak economy, state and local government employers are under tremendous pressure to make the most of their limited budgets. The NCS does not have data on the percentage of state and local government establishments offering health benefits to its employees; however, in March 2010, 88 percent of state and local government workers had access to health care benefits.<sup>10</sup> State and local government employers covered 89 percent of medical plan premiums for individuals and 73 percent of medical plan premiums for families. This is about the same as in March 2007. (NCS data on state and local government medical plan access are not available prior to 2007, and participation and share of medical premium costs are not available from 1999 through 2006.) Data from the Employee Benefits Survey, a precursor to the NCS, suggest that substantial cost-shifting occurred during the 1990s as the percentage of individual and family medical plans requiring an employee contribution rose, and the percentage not requiring an employee contribution fell substantially.<sup>11</sup>

As table 4 shows, access to EAPs and wellness programs through state and local government employers as a whole from 2007 to 2010 has remained virtually constant. This is also true in small establishments (1—99 workers) and in larger (100 workers or more) and among union and nonunion workers.<sup>12</sup>

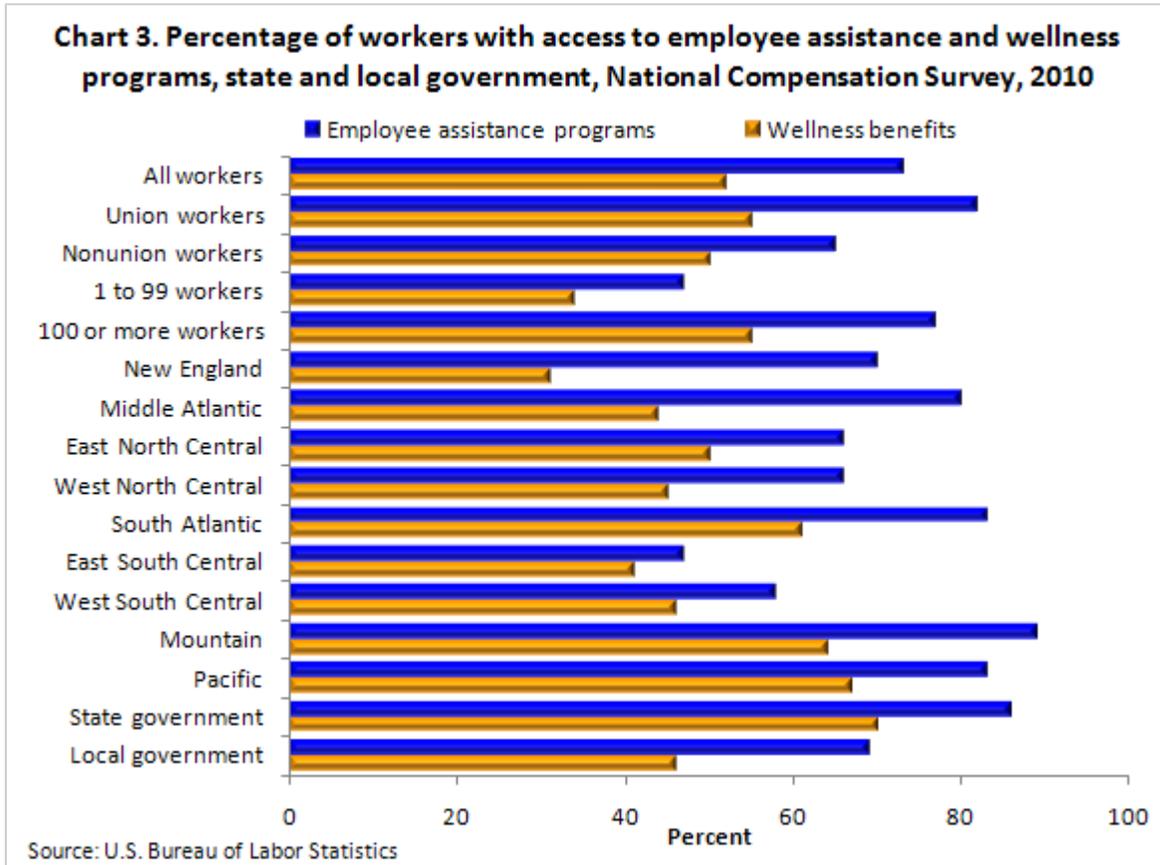
**Table 4. Worker access to EAP and wellness programs, by selected characteristics, state and local government, National Compensation Survey, 2007 and 2010**

Characteristics	2007		2010	
	Employee assistance programs	Wellness programs	Employee assistance programs	Wellness programs
All workers	72	52	73	52
1 to 99 workers	47	34	47	34
100 workers or more	77	55	77	55
Union workers	82	54	82	55
Nonunion workers	65	50	65	50

NOTE: No census division data were collected for these benefits in 2007.

As with private industry, the remainder of the analysis of access in state and local government focuses on differences among the worker groups in 2010. Comparing state and local government worker access to EAPs among census divisions, in 2010, the Mountain division stands out: 89 percent of workers have access to EAPs. (See chart 3.) By contrast, only 47 percent of state and local government workers in the East South Central have such access. In general, access to wellness benefits

were less common than access to EAPs, ranging from 31 percent in New England to 67 percent in the Pacific Census division.



The extent of the differences between access to EAPs and wellness benefits vary among census divisions. For example, in the West South Central Census division, 58 percent of state and local government workers have access to EAPs and 46 percent have access to wellness benefits, while in the Middle Atlantic division, 80 percent and 44 percent, respectively, have such benefits.

**Union And Nonunion Access In State And Local Government**

Generally speaking, access to wellness programs was less common than access to EAPs for state and local government workers, whether they were union or nonunion. Fifty-five percent of union workers had access to wellness programs, which is greater than the 50-percent access rate among nonunion workers. By contrast, 82 percent of union employees and 65 percent of nonunion employees had access to EAPs. (See chart 3.)

**EAPs And Wellness Programs In State And Local Government By Establishment Size**

As chart 3 shows, overall, access to wellness programs was less common than access to EAPs for state and local government workers, whether they were in small or larger establishments. Establishment size seems to play a role in determining whether a state and local government worker had access to wellness benefits. In establishments with 1 to 99 workers, 34 percent of workers had access to wellness programs, a smaller proportion than the 55 percent who had access among workers in state and local government establishments with 100 or more workers. Moreover, only 47 percent of workers in small establishments had access to EAPs, while 77 percent of their counterparts in larger establishments had such access.

### State Government Compared With Local Government

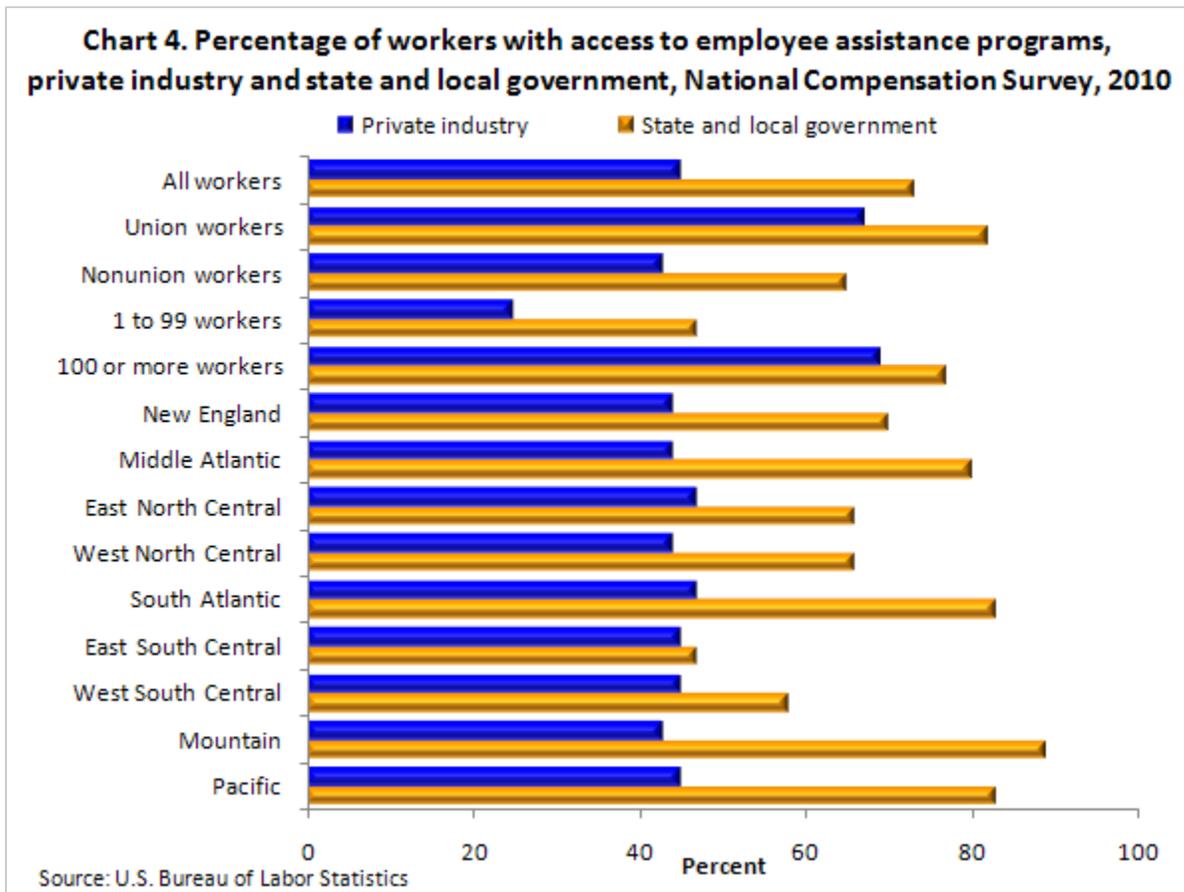
While the percentage of workers with access to health benefits, EAPs, and wellness benefits in state and local government as a whole has remained steady for the past few years, differences in the separate estimates between local government and state government in March 2010 is noteworthy. In state government, 94 percent of workers had access to health care benefits, while only 86 percent of local government workers had such access. For those workers who participated in medical plan benefits, local government employers paid 90 percent of the premium for individual plan benefits and 72 percent for family plans; state government employers paid 88 percent of the premium for individual plan benefits and 75 percent for family plans.<sup>13</sup>

Access to wellness benefits for all state and local government workers, at 52 percent, is less prevalent than access to health benefits and EAPs overall, but there is a substantial difference between the two sectors: 70 percent of state workers enjoy access to wellness benefits, while only 46 percent of local government workers do so.

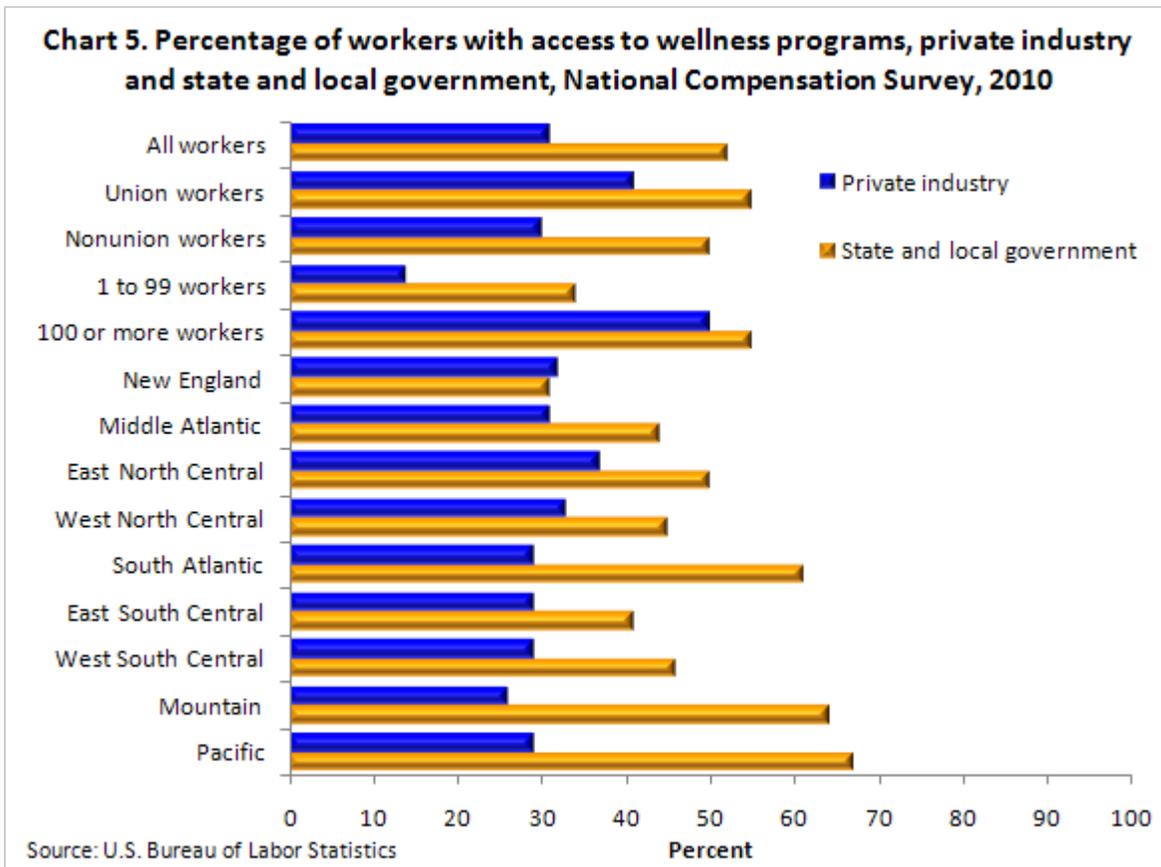
### State And Local Government Compared With Private Industry

A comparison between access in private industry and in state and local government shows significant differences in benefits between sectors. In 2010, 52 percent of state and local government workers had access to wellness programs, while only 31 percent had such access in private industry. Access to EAPs for state and local government workers was 73 percent, while access to EAPs in private industry was only 45 percent.

As chart 4 shows, workers in small state and local government establishments had access to EAPs at almost twice the rate of their counterparts in small private industry establishments (47 percent versus 25 percent). Less noteworthy is the difference between the larger private and state and local government establishments in EAP access—69 percent and 77 percent, respectively.



Workers in small state and local government establishments (those establishments with 1—99 workers) had access to wellness programs at about twice the rate of workers in small private industry establishments (34 percent versus 14 percent), a pattern similar to that of EAP benefits. Larger establishments in both state and local government and private industry (those establishments with 100 or more workers) were closer in comparison: 55 percent and 50 percent, respectively. While union EAPs in private industry stood at 67 percent, access among state and local government workers was at 82 percent.



In contrast, as chart 5 shows, access to wellness programs among union workers in private industry was at 41 percent in 2010, while at 55 percent in state and local government. Nonunion workers had less access to EAPs and wellness programs whether in private industry or in state and local government. Only 30 percent of nonunion private industry workers had access to wellness benefits, while 50 percent of their state and local government counterparts had such access. As for EAPs, 43 percent of nonunion private industry workers and 65 percent of nonunion state and local government workers had access in 2010.

Although access to wellness benefits is generally less common than EAPs among both state and local government workers and among private industry workers, some interesting facts stand out. Except for in the New England Census division, wellness benefits are higher, and in many cases much higher, in state and local government than in private industry. For example, in the Pacific Census division, 67 percent of state and local government workers had access to wellness benefits while only 29 percent in private industry had such access.

There were major differences between state and local government and private industry workers in access to EAPs in almost all of the census divisions. For example, in the Mountain Census division, workers in state and local government were twice as likely as private industry workers to have access—89 percent compared with 43 percent.

## Federal Government Initiatives

The Federal Government has set aside funds for wellness initiatives aimed at all sectors. Though not captured in the NCS survey, the federal government is spending funds to combat health related issues. While there is a debate over the causes behind health cost increases, there is a general consensus on certain contributing factors. Chronic disease is seen as a major contributing factor. According to the Henry J. Kaiser Foundation, an estimated 75 percent of national health expenditures are attributed to chronic disease treatment.<sup>14</sup> Thus, campaigns are being launched to address issues leading to chronic disease. In February 2010, the First Lady Michelle Obama initiated the “Lets Move” campaign, coordinating partnership with state government, local communities, and private sector businesses to help Americans live healthier lives while reducing health care costs.<sup>15</sup> The Department of Health and Human Services (DHHS) has launched various campaigns aimed at addressing health cost issues.<sup>16</sup>

In March 2010, DHHS announced available funds for national public and private nonprofit organizations to help with community fitness and wellness.<sup>17</sup> Many of the campaigns are aimed at childhood obesity. According to the DHHS, overweight children are at higher risk of contracting type-2 diabetes, cardiovascular disease, and other chronic diseases. Factors such as poor eating habits and inadequate amounts of exercise also play a major part in childhood obesity. The Child Nutrition and WIC Reauthorization Act of 2004, which is aimed at schools, set forth instructions to establish a wellness policy by the start of the 2006—2007 school year.<sup>18</sup> Both nutrition and physical activity were addressed in the act.

## Conclusion

Preventive measures are being made across the board to combat rising health care costs by attacking the root of the problem. The prevalence and promotion of EAPs and wellness programs attempt to put into place preventive measures and more healthful habits, with the intention of curtailing the need for increased medical care and, thus, increased medical costs, which are often reflected in health care premiums employers and employees pay. Data from the National Compensation Survey show that in 2010 only a portion of workers received the benefit. Generally speaking, state and local government workers are more likely to receive these benefits than their counterparts in private industry. However, in both private industry and state and local government, union workers and workers in large establishments tend to have greater access to these benefits. Although wellness benefits are not as prevalent as employee assistance programs, union workers and those in large establishments are still more likely to have access to the former.

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## Notes

1 *National Compensation Survey: Employee Benefits in the United States, March 2010*, Bulletin 2752 (U.S. Bureau of Labor Statistics, September 2010), on the Internet at <http://www.bls.gov/ncs/ebs/benefits/2010/ebbl0046.pdf>.

2 See annual BLS bulletins on benefit coverage, 2004—2010. The latest bulletin is *National Compensation Survey: Employee Benefits in the United States, March 2010*, Bulletin 2752 (U.S. Bureau of Labor Statistics, September 2010), on the Internet at <http://www.bls.gov/ncs/ebs/benefits/2010/ebbl0046.pdf>. For earlier bulletins, see National Compensation Survey Publications List, on the Internet at <http://www.bls.gov/ncs/ncspubs.htm>.

3 See *The Factors Fueling Rising Health Care Costs 2008* (Price-Waterhouse-Coopers, December 2008), on the Internet at <http://www.ahip.org/content/default.aspx?docid=25123>.

4 *Patient Protection and Affordable Care Act*, Public Law 111—148, March 23, 2010, available on the Internet at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>.

5 For a brief history and examples of the increasing popularity of these programs, see David C. Parker, “Rising Costs Alter Employers' View on Health Care,” *Agents Sales Journal*, on the Internet at <http://www.meritain.com/Home/Resources/Newsroom/ThoughtLeaders/RisingCostsAlterView>; MetLife, “Programs That Help Employees Help Themselves May Have Mutually Beneficial Results,” April 12, 2010, on the Internet at <http://www.metlife.com/about/press-room/us-press-releases/index.html?compID=21038>; Robert L. Del Campo, Diana S. Del Campo, Daisy Gorman, “Employee assistance programs: some background and employment opportunities,” *Annals of the American*

*Psychotherapy Association*, May-June 2002, on the Internet at [http://findarticles.com/p/articles/mi\\_hb013/is\\_3\\_5/ai\\_n28931456/?tag=content;col1](http://findarticles.com/p/articles/mi_hb013/is_3_5/ai_n28931456/?tag=content;col1); "Employee Assistance Programs," *Encyclopedia of Business*, 2nd ed. (Reference for Business, 2010), on the Internet at <http://www.referenceforbusiness.com/small/Di-Eq/Employee-Assistance-Programs.html>.

6 NCS data on employer-provided benefits are collected from a national sample for the March reference period and are published annually. There are separate estimates published for various worker groups: by establishment size; major occupational group; broad industry categories; and worker characteristics such as full time, part time, time paid, incentive paid, union, and nonunion. NCS publishes a diverse set of benefits—from the average cost of a physician visit copayment to the average matching contribution of employers for employees with savings and thrift retirement plans. NCS publishes data on incidence for EAPs and wellness programs—that is, the percentage of workers who have access to these types of benefits. (By NCS definition, a worker has access to a benefit if it is available for his or her use.) The most recent data available are for the reference period March 2010. See *National Compensation Survey: Employee Benefits in the United States, March 2010*, Bulletin 2752 (U.S. Bureau of Labor Statistics, September 2010), on the Internet at <http://www.bls.gov/ncs/ebs/benefits/2010/ebbl0046.pdf>.

7 For a complete list of benefits terms and definitions used by the National Compensation Survey, see *National Compensation Survey: Glossary of Benefits Terms* (U.S. Bureau of Labor Statistics, July 2010), on the Internet at <http://www.bls.gov/ncs/ebs/glossary20092010.htm>.

8 There are nine census divisions in the United States as designated by the Office of Management and Budget and based on the results of the national decennial census. The nine census divisions are New England, Middle Atlantic, East North Central, West North Central, East South Central, West South Central, South Atlantic, Mountain, and Pacific. For more information, see <http://www.bls.gov/ncs/ocs/compub.htm>.

9 Standard errors are not available for the 2005 benefits data; without these standard errors, a comparison of estimates of access to employee assistance and wellness benefits between 2005 and 2010 cannot be confirmed by a statistical test.

10 *National Compensation Survey: Employee Benefits in the United States, March 2010*, Bulletin 2752 (U.S. Bureau of Labor Statistics, September 2010), on the Internet at <http://www.bls.gov/ncs/ebs/benefits/2010/ebbl0046.pdf>.

11 See *Employee Benefits in State and Local Governments, 1998*, Bulletin 2531 (U.S. Bureau of Labor Statistics, December 2000), on the Internet at <http://www.bls.gov/ncs/ebs/sp/ebbl0018.pdf>.

12 Because detailed provisions were not published annually for state and local government in 2005 or 2006, the comparison is made between 2007 and 2010 data. See *National Compensation Survey: Employee Benefits in State and Local Governments in the United States, September 2007*, Summary 08-01 (U.S. Bureau of Labor Statistics, March 2008), on the Internet at <http://www.bls.gov/ncs/ebs/sp/ebbsm0007.pdf>; and *National Compensation Survey: Employee Benefits in the United States, March 2010*, Bulletin 2752 (U.S. Bureau of Labor Statistics, September 2010), on the Internet at <http://www.bls.gov/ncs/ebs/benefits/2010/ebbl0046.pdf>. The summary published in 2007 was the first release of National Compensation Survey data on benefits in state and local government since 1998.

13 See *National Compensation Survey: Employee Benefits in the United States, March 2010*, Bulletin 2752 (U.S. Bureau of Labor Statistics, September 2010), on the Internet at <http://www.bls.gov/ncs/ebs/benefits/2010/ebbl0046.pdf>.

14 Jessica Marcy, "Chronic Disease Expert: U.S. Health Care System Needs To Treat Whole Person," *Kaiser Health News*, June 25, 2010, on the Internet at <http://www.kaiserhealthnews.org/checking-in-with/lorig-chronic-disease.aspx?wwparam=1296495930>.

15 Lee Ferran, "Michelle Obama: Lets Move Initiative Battles Childhood Obesity," *Good Morning America*, February 9, 2010, on the Internet at <http://abcnews.go.com/GMA/Health/michelle-obama-childhood-obesity-initiative/story?id=9781473>; and "First Lady's Lets Move! Campaign and NFLs Play 60 Campaign Team up to Tackle Childhood Obesity," *The White House, Office of the First Lady*, news release, September 08, 2010, on the Internet at <http://www.whitehouse.gov/the-press-office/2010/09/08/first-lady-s-let-s-move-campaign-and-nfl-s-play-60-campaign-team-tackle->.

16 "Secretary Sebelius Awards Funding for Chronic Disease Self-Management Programs for Older Americans," *U.S. Department of Health and Human Services*, news release, March 30, 2010, on the Internet at <http://www.hhs.gov/news/press/2010pres/03/20100330a.html>.

17 "HHS Secretary Sebelius Announces the Availability of Recovery Act Funds for Community Prevention and Wellness Initiative," *U.S. Department of Health and Human Resources*, news release, March 5, 2010, on the Internet at <http://www.hhs.gov/news/press/2010pres/03/20100305a.html>.

18 *Child Nutrition and WIC Reauthorization Act of 2004*, Public Law 108—265, June 30, 2004, on the Internet at <http://www.gpo.gov/fdsys/pkg/PLAW-108publ265/pdf/PLAW-108publ265.pdf>.

**Data for Chart 1. Percentage of workers with access to employee assistance and wellness programs, private industry, National Compensation Survey, 2005-2010**

Year	Employee assistance programs	Wellness programs
2005	40	23
2006	40	23

Year	Employee assistance programs	Wellness programs
2007	42	25
2008	42	25
2009	45	29
2010	45	31

Data for Chart 2. Percentage of workers with access to employee assistance and wellness programs, by census division, size of establishment, and union status, private industry, National Compensation Survey, 2010

Characteristic	Employee assistance programs	Wellness benefits
All workers	45	31
Union workers	67	41
Nonunion workers	43	30
1 to 99 workers	25	14
100 or more workers	69	50
New England	44	32
Middle Atlantic	44	31
East North Central	47	37
West North Central	44	33
South Atlantic	47	29
East South Central	45	29
West South Central	45	29
Mountain	43	26
Pacific	45	29

Data for Chart 3. Percentage of workers with access to employee assistance and wellness programs, state and local government, 2010

Characteristic	Employee assistance programs	Wellness benefits
All workers	73	52
Union workers	82	55
Nonunion workers	65	50
1 to 99 workers	47	34
100 or more workers	77	55
New England	70	31
Middle Atlantic	80	44
East North Central	66	50
West North Central	66	45
South Atlantic	83	61
East South Central	47	41
West South Central	58	46
Mountain	89	64
Pacific	83	67
State government workers	86	70
Local government workers	69	46

**Data for Chart 4. Percentage of workers with access to employee assistance programs, private industry and state and local government, 2010**

Characteristic	Private industry	State and local government
All workers	45	73
Union workers	67	82
Nonunion workers	43	65
1 to 99 workers	25	47
100 or more workers	69	77
New England	44	70
Middle Atlantic	44	80
East North Central	47	66
West North Central	44	66
South Atlantic	47	83
East South Central	45	47
West South Central	45	58
Mountain	43	89
Pacific	45	83

**Data for Chart 5. Percentage of workers with access to wellness programs, private industry and state and local government, 2010**

Characteristic	Private industry	State and local government
All workers	31	52
Union workers	41	55
Nonunion workers	30	50
1 to 99 workers	14	34
100 or more workers	50	55
New England	32	31
Middle Atlantic	31	44
East North Central	37	50
West North Central	33	45
South Atlantic	29	61
East South Central	29	41
West South Central	29	46
Mountain	26	64
Pacific	29	67