



Why Don't Employees Participate in Well-Being Programs?

A Research-Informed Systems-Based Model

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What is the issue?

Worksite wellness programs are popular programs implemented by employers to engage employees and lower health insurance premiums, while promoting health and well-being. Unfortunately, many employers and worksite wellness vendors accept mediocre levels of participation, which is troubling in light of health inequities among individuals with employer-sponsored insurance. Previous research suggests that the employees who may benefit most from participation are often less likely to use workplace well-being programs.¹ **As a result, questions about worksite wellness have emerged:**

Are these programs accessible and relevant to all employees?

Do they provide equitable value for participants?

Or do they inadvertently worsen health inequities?

The following factors seemingly impact employee engagement with worksite wellness programs:



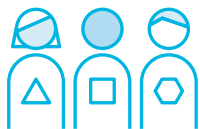
Alignment of programming with business objectives



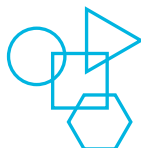
Marketing and communication



Literacy level requirements



Organizational culture and focus on workforce health equity



Program design



Accessibility






Alignment of programming with employee values

Research by the University of Illinois Chicago Center for Healthy Work (CHW) addresses the limited information on employee non-participation to identify the best ways to reach employees, including how organizations can develop policies and structures to increase participation among those who could benefit the most from health and wellness programming. The CHW study team aimed to:

- **Create a theoretical framework** about why some employees do not participate in workplace well-being programs and to bring attention to non-participants by providing insight into their perspectives and experiences.
- **Develop a business rationale** for employers and worksite wellness vendors to broaden their engagement efforts and provide a series of suggested action steps to foster greater employee engagement.

What was studied and what does it mean?

The CHW study team was made up of two faculty with expertise in health policy and occupational safety and health, one healthcare provider with expertise in worksite well-being programs, and a public health graduate student. The study team used Andersen's Behavioral Model of Health Services Use² as a conceptual framework to study the influencing factors in non-participation. The study team analyzed each of the below influencing factors as they related to both the worksite context and the employee as an individual.

INFLUENCING FACTOR	CONTEXT	EXAMPLES
Predisposing Factors 	Worksite	<ul style="list-style-type: none"> Organizational culture provides a foundation for how the employee perceives health and wellness Greater leadership and responsiveness to employees across wage groups improves participation Workforce health equity is linked to business objectives
	Employee	<ul style="list-style-type: none"> Personal existing beliefs about health and wellness Comfort using employer sponsored programming Demographic characteristics Genetic predisposition to health conditions Unmet social needs Systemic racism and medical mistrust
Enabling Factors 	Worksite	<ul style="list-style-type: none"> Employer benefit design determines eligibility for participation, which can be dependent on health insurance plan enrollment Employer willingness to solicit feedback from employees about their personal well-being priorities and unmet needs Program design, including duration, time of day, in-person vs. virtual, and access. (For example, healthy food options may be provided during the day to employees but may not be offered to overnight janitorial staff.)
	Employee	<ul style="list-style-type: none"> Financial considerations, such as out-of-pocket costs for participation, may prevent lower-wage workers from participating (ex. discounted fitness center membership) Lack of cultural alignment and personal interest in programming Employees who work multiple jobs, often low-wage employees at a workplace, may not have time to participate
Needs 	Worksite	<ul style="list-style-type: none"> Individual responsibility to engage in programming
	Employee	<ul style="list-style-type: none"> Financial and/or caregiving stressors Personal sense of scarcity Limited time, energy, or motivation to focus on health

In their review of the relevant literature, the study team also determined the following key insights into employee participation in worksite well-being programming:

- Low-wage workers are less likely to participate in programming, despite often having a greater prevalence of chronic health conditions.
- Non-participants are generally more reactive users of healthcare, meaning they are more likely to seek out emergency care than primary or preventative care.
- Health risk assessment results are skewed toward participant responses and do not necessarily reflect the needs of the broader population, particularly low-wage workers and non-participants.
- Outcomes-based incentive programs have the potential to worsen health inequities by stifling the employee's personal finances.
- Increased and broader employee participation in well-being offerings can benefit the business in different ways, including workforce retention, productivity, and performance.
- By ensuring that diverse employee perspectives are elicited during the well-being program planning process, employers can have greater confidence that their program offerings are meeting the diverse needs of their employees.

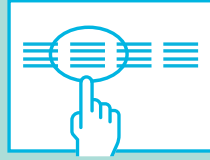
Who can use this information and how?

Employees in low-wage categories or belonging to racial or ethnic minorities are often not utilizing the benefits available to them, limiting program effectiveness and potentially exacerbating workforce health inequities. Accordingly, the study team has identified specific tips for employers, worksite wellness vendors, and researchers.

Employers can gain an understanding of employee non-participation by:



Expanding analysis of non-participant health and well-being data



Understanding predisposing organizational factors and employee unmet needs, as well as enabling factors



Eliciting input from employee resource groups or focus groups of non-participants to understand barriers to participation



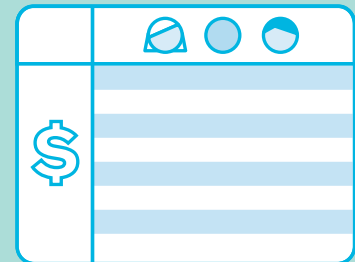
Incorporating health equity metrics in program evaluations

Employers can implement organizational policies and practices that are aligned with workforce well-being objectives, including healthy food options, supportive family leave policies, or wage-based subsidies for health benefits. By so doing, they reinforce support for the organization's commitment to a culture of health, which may help to lower threshold for employee participation in worksite well-being programs.

Worksite Wellness Vendors

Well-being program vendors have a perhaps unparalleled opportunity to take a leadership role in enhancing workforce health equity for their employer clients. Vendors can take the following actions:

- **Incorporate individual level employee race, ethnicity and perhaps wage (or wage band) data from clients to characterize program participation rates by demographic subcategories.**
- **Report subpopulation-specific program participation data as a measure of the vendor's impact at worksites.**



Researchers and Program Evaluators

There is an urgent need for systematic and thoughtful evaluation of worksite well-being programs to ensure they deliver equitably beneficial health and well-being outcomes.



References:

1. Stiehl E, Shivaprakash N, Thatcher E, et al. Worksite health promotion for low-wage workers: a scoping literature review. *Am J Health Promot* 2018;32:359–373.
2. Andersen R, Davidson P. Improving access to care in america: individual and contextual indicators. In: Andersen R, Rice T, Kominski G, eds. *Changing the U.S. health care system: key issues in Health Services Policy and Management* : San Francisco: Jossey-Bass; 2007.

For more information:



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