

Study: Benefits of workplace wellness programs underwhelming

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An interdisciplinary team of researchers at the University of Illinois at Urbana-Champaign conducted a two-year study on the efficacy of workplace wellness programs and found that such programs have little



impact on employee health, health beliefs and medical utilization.

Since the passage of the 2010 Affordable Care Act, the workplace wellness industry has grown rapidly, spurred in part by the law's incentives for firms to adopt such programs by raising the financial benefits offered to program participants. Among large U.S. firms offering health benefits in 2019, 84% also offered a workplace wellness program to reduce health care costs and improve employee health.

But a <u>randomized controlled trial</u> showed that, after 24 months, a comprehensive workplace wellness program had no significant effects on measured physical health outcomes such as weight, blood pressure, cholesterol or blood glucose; rates of medical diagnoses; or the use of health care services; according to a new paper co-written by U. of I. scholars David Molitor, Laura Payne and Julian Reif.

The paper, which was published in the journal *JAMA Internal Medicine*, comes out of the Illinois Workplace Wellness Study, which examined a workplace wellness program offered to employees from the Urbana campus of the University of Illinois.

"Many employers use workplace wellness programs in an attempt to improve employee health and reduce medical costs, but randomized evaluations of their efficacy are rare," said Molitor, a professor of finance at the Gies College of Business and a faculty research fellow at the National Bureau of Economic Research. "Our randomized evaluation found no significant effect of the program on employee health measures or medical use."

The comprehensive workplace wellness program, dubbed iThrive, was designed to represent a typical corporate wellness program offered by employers. It included three annual components: an on-site biometric screening and survey; an online health risk assessment; and a choice of



wellness activities.

In the study, individual employees were randomly assigned to a treatment group that was eligible to participate in a two-year comprehensive workplace wellness program, or a control group that was ineligible. The researchers evaluated the effects of the program on health beliefs, self-reported health behaviors, clinician-collected biometrics, and claims-based medical diagnoses and medical use.

In a randomized controlled trial of more than 4,800 U. of I. employees, the researchers found that those invited to join the wellness program showed no significant differences in clinical outcomes compared with the control group. Measures taken at 12- and 24-month intervals included 16 clinician-collected biometric outcomes; administrative claims related to medical diagnoses such as diabetes, hypertension and hyperlipidemia, and medical use such as office visits, inpatient visits, and emergency room visits; and 14 self-reported health-behavior and health-belief outcomes.

The program included paid time off for annual on-site health screenings, health risk assessments and ongoing wellness activities—for example, physical activity programs encouraging campus walks over lunch breaks, smoking-cessation programs and chronic disease self-management programs.

The program affected two self-reported health outcomes: It increased the proportion of employees reporting that they have a primary care physician and improved employee beliefs about their own health, the authors report.

"A significantly higher proportion of employees in the treatment group reported having a primary care physician after 24 months," Molitor said. "The workplace wellness program also significantly improved a set of



employee <u>health beliefs</u> on average. But we found no significant effect of the program on employee health measures or medical use, demonstrating a mismatch between employee perceptions of workplace wellness programs and an actual improvement in health. These findings shed light on employees' perceptions of workplace wellness programs, which may influence long-run effects on health."

The study adds to a growing body of evidence from randomized evaluations showing that workplace wellness programs affect some self-reported outcomes but are unlikely to significantly improve employee health or reduce medical use in the short term, said Reif, a professor of finance at the Gies College of Business and a faculty research fellow at the *National Bureau of Economic Research*.

"Many prior studies found that <u>workplace</u> wellness programs improved health and reduced medical use, but those results were likely due to differences in who participates. Our study complements recent randomized studies and demonstrates the value of using randomized evaluations to determine causal impact," Reif said.

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