



## Wellness Program Participation

# COVER MICHIGAN SURVEY



Introduction ..... 2

Key Findings ..... 3

Overview of Wellness  
Plan Availability ..... 4

Who Participates in  
Wellness Programs? ..... 6

Reported Benefit of  
Wellness Programs ..... 7

Conclusion ..... 8

Methodology ..... 8

# Introduction

Wellness programs have grown increasingly common in recent years.<sup>1</sup> A Kaiser Family Foundation study found that 63 percent of organizations that employed and provided insurance for at least three employees offered some form of wellness program. Larger employers were more likely to offer their own wellness program and smaller employers were more likely to offer a program through their employees' insurer.<sup>2</sup>

Despite their increasing prevalence, evidence on the effectiveness of wellness programs is mixed,<sup>3</sup> and the Rand Corporation has estimated that only 20–40 percent of eligible employees participate in wellness programs.<sup>4</sup>

This brief examines the characteristics of those who reported being invited to participate in wellness programs and their perceptions of these programs. The brief is based on data from the Center for Healthcare Research & Transformation's 2015 Cover Michigan Survey of Michigan adults, fielded between October and December 2015. This brief presents data on consumer attitudes toward wellness plans and the elements they perceived as most useful. The survey data provide insight on wellness plans broadly, and are not intended to evaluate any specific wellness plan.



<sup>1</sup> B. Hemmings. Wellness Programs: Do They Work? (Ann Arbor, MI: Center for Healthcare Research & Transformation, Nov. 2013) <http://www.chrt.org/publication/wellness-programs-work/> (accessed 5/4/16).

<sup>2</sup> J. James. Workplace Wellness Programs (Updated) (Bethesda, MD: Health Affairs Health Policy Briefs, May 2013) [http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=93](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=93) (accessed 5/4/16).

<sup>3</sup> S. Mattke, H. Liu, et al. Workplace Wellness Programs Study (Boston, MA: The RAND Corporation, 2013) [http://www.rand.org/pubs/research\\_reports/RR254.html](http://www.rand.org/pubs/research_reports/RR254.html) (accessed 5/4/16).

<sup>4</sup> S. Mattke, K. Kapinos et al. Workplace Wellness Programs: Services Offered, Participation, and Incentives (Boston, MA: RAND Corporation, 2014) <https://www.dol.gov/ebsa/pdf/wellnessstudyfinal.pdf> (accessed 5/4/16).

# Key Findings

A substantial share of Michiganders reported having participated in wellness programs, but they perceived limited benefits from these programs. Respondents reported participating in programs focused on mental health or stress management relatively infrequently, but those who participated in such programs reported the greatest perceived benefits.

- One in five respondents (20 percent) reported having participated in a wellness program sponsored by their employer, insurer, or another organization within the year prior to the survey.
- Wellness programs were most likely to focus on increased exercise, healthy eating, or preventive care. Eighty-two percent of those who participated in a wellness program reported that it emphasized exercise, 76 percent reported that it emphasized healthy eating, and 76 percent reported that it emphasized preventive care.

- Only 27 percent of respondents who participated in a wellness program found the program to be "very helpful."
- Respondents who participated in a wellness program focused on mental health or stress management were most likely to report that they had found the wellness program "very helpful." Forty percent of those who participated in programs focused on mental health or stress management reported that the program had been "very helpful" compared to only 23 percent of those who participated in programs focused on other topics.

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The Center for Healthcare Research & Transformation (CHRT) illuminates best practices and opportunities for improving health policy and practice. Based at the University of Michigan, CHRT is a non-profit partnership between U-M and Blue Cross Blue Shield of Michigan to promote evidence-based care delivery, improve population health, and expand access to care.

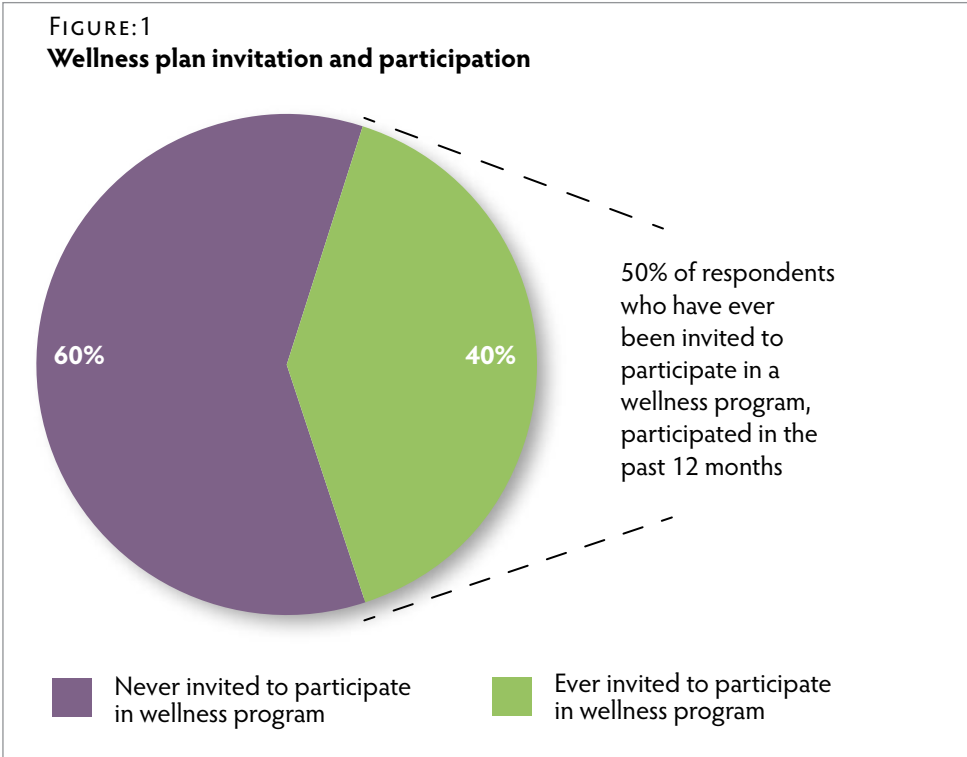
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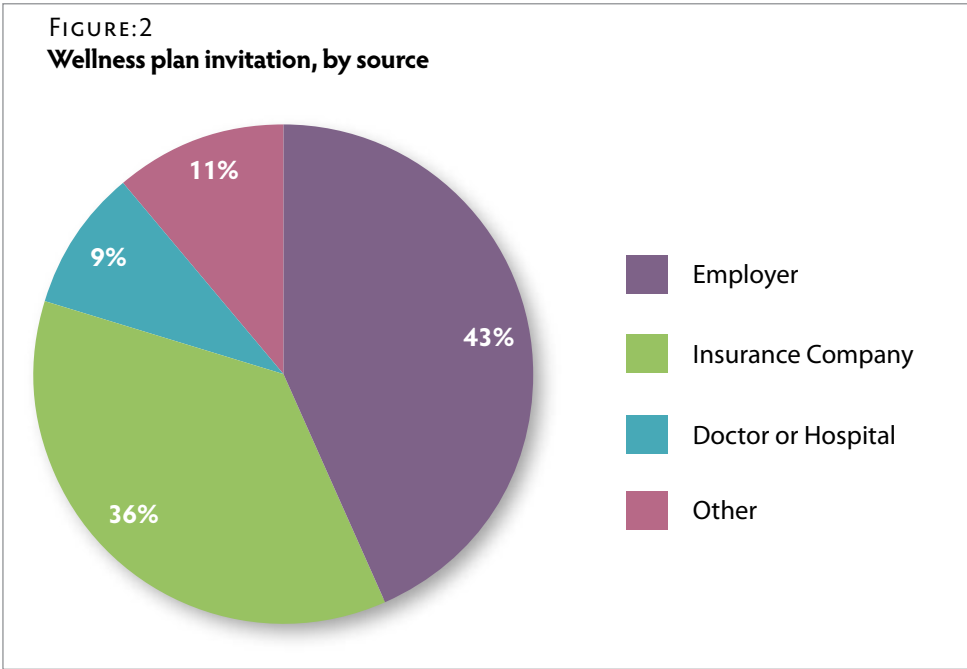
# Overview of Wellness Plan Availability

Forty percent of respondents reported having ever been invited to participate in a wellness program, and half of these respondents chose to participate during the year prior to the survey. **FIGURE 1**

Of those who were invited to participate in a wellness program, 43 percent reported that the program was offered by their employer; 36 percent reported that it was offered by their insurance company; 9 percent reported that it was offered by their doctor or hospital; and, 11 percent reported that it was offered by another organization. **FIGURE 2**



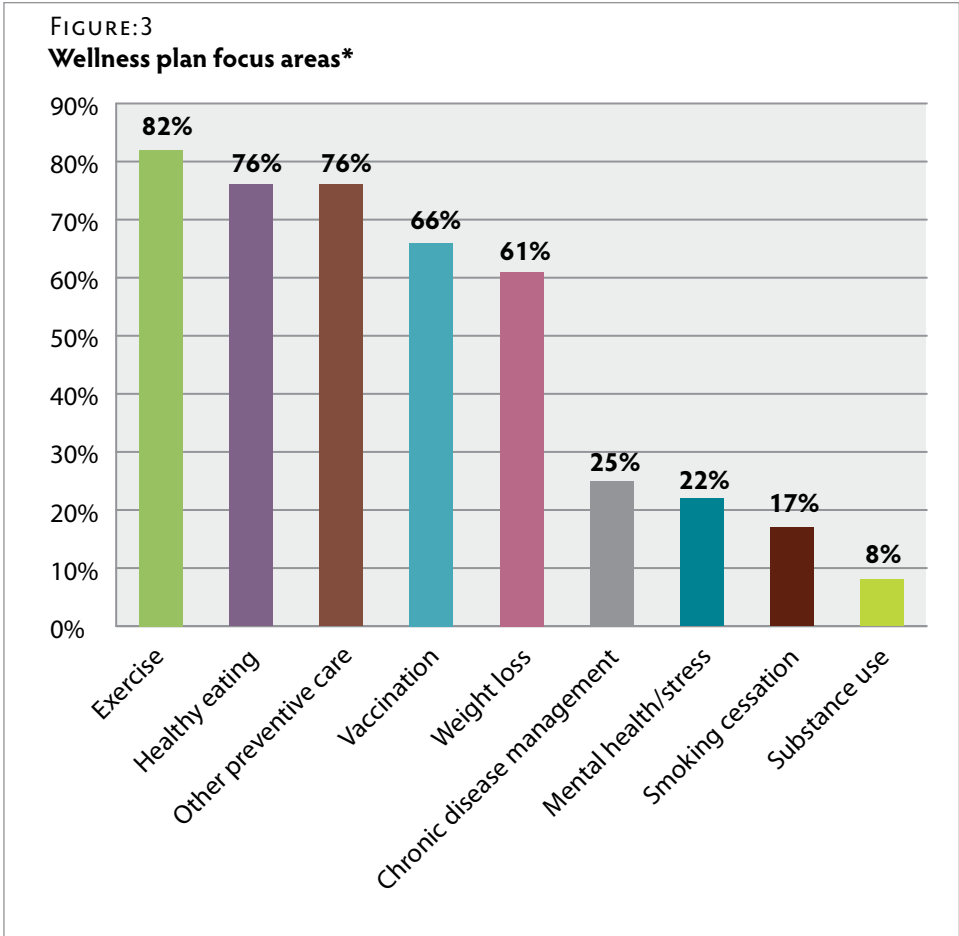
Source: Cover Michigan Survey 2015



Source: Cover Michigan Survey 2015

# Overview of Wellness Plan Availability (continued)

Respondents were most likely to report that their wellness program emphasized exercise, healthy eating, or other preventive care services. They were least likely to report participation in a program emphasizing substance use, smoking cessation, or mental health/stress management. **FIGURE 3**



*\*Percentages do not add to 100 as respondents could select multiple focus areas*

**Source:** Cover Michigan Survey 2015



## Who Participates in Wellness Programs?

Respondents with employer-sponsored insurance were most likely to have ever been invited to participate in a wellness program and most likely to have actually participated in a wellness plan during the year leading up to the survey, while respondents with Medicaid were least likely to have participated. All those covered by the Healthy Michigan Plan, Michigan's expansion of Medicaid that went into effect in 2014, are invited to participate in a wellness program. Twenty-five percent of the Medicaid population surveyed reported coverage through the Healthy Michigan Plan and 27 percent reported having been invited to participate in a wellness program. This suggests that many respondents may have been unaware that they were invited to participate in the Healthy Michigan Plan's wellness program. **FIGURE 4**

Those who participated in wellness programs generally perceived themselves as healthier than those who declined to participate. 58 percent of those who participated in wellness programs reported their health as "excellent" or "very good," compared to only 46 percent of those who were invited to participate but chose not to. Ninety-one percent of respondents who had participated in a wellness program during the previous 12 months reported that they engaged in some type of physical activity daily. Of those who had declined to participate in a wellness program, only 79 percent reported engaging in physical activity. Ten percent of those who participated in wellness programs smoked at the time of the study, compared to 25 percent of those who declined to participate in wellness programs.

The most commonly cited reasons for choosing not to participate in a wellness program were: not needing the program to be healthy (28 percent); not having enough time to participate (17 percent); and not perceiving the program as relevant or interesting (13 percent).

**FIGURE:4**  
**Wellness plan invitation and participation, by insurance type**



Source: Cover Michigan Survey 2015



# Reported Benefit of Wellness Programs

Only 27 percent of respondents who participated in a wellness program reported that it was “very helpful.” Fifty-nine percent reported that it was “somewhat helpful,” and 15 percent reported that it was “not helpful.”

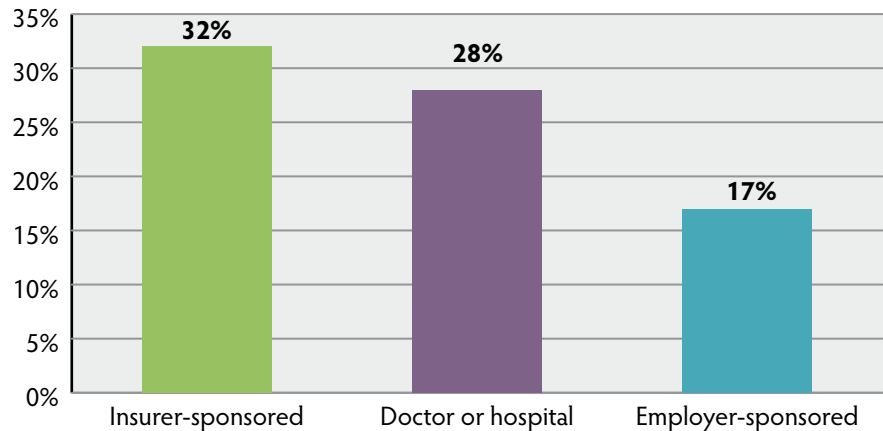
Respondents who participated in wellness programs sponsored by their insurer were almost twice as likely as those who participated in programs sponsored by their employer to report that the program was “very helpful.” **FIGURE 5**

Forty percent of respondents who participated in a wellness program focused on mental health or stress reduction found it “very helpful,” compared to an average of only 23 percent of those whose wellness program focused on other areas. (Figure 6) Forty-six percent of respondents who participated in a wellness program focused on mental health or stress reduction reported having been diagnosed with depression and/or anxiety, compared to 25 percent of all respondents.

Respondents who declined an invitation to participate in a wellness program cited not needing the program to be healthy, not having enough time, and the program not being applicable to them as the most common reasons for non-participation.

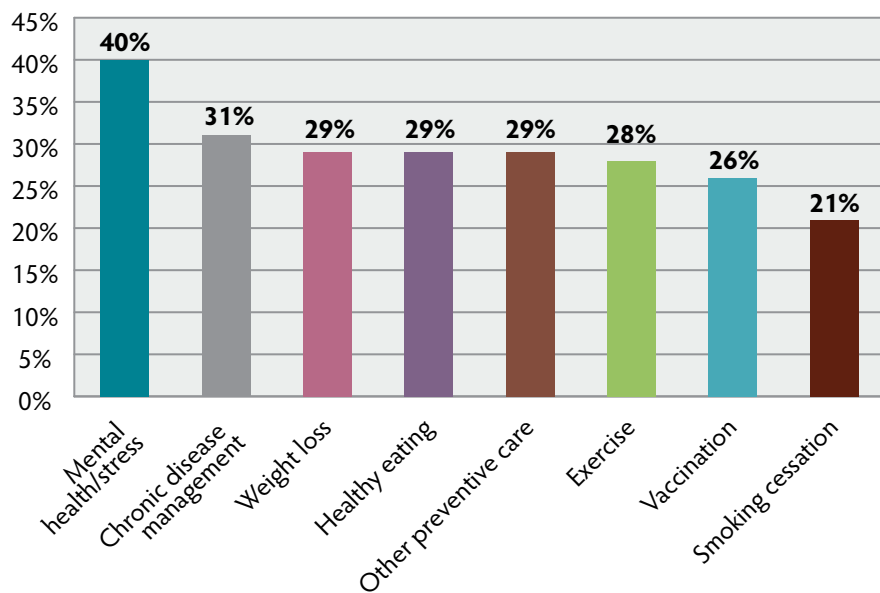
Respondents whose insurance plan offered wellness programs were not significantly more likely to report satisfaction with their insurance plan.

**FIGURE 5**  
**Percentage of respondents who reported their wellness program was “very helpful,” by program sponsor**



Source: Cover Michigan Survey 2015

**FIGURE 6**  
**Percentage of respondents who reported their wellness programs were “very helpful,” by program focus area<sup>5\*</sup>**



Source: Cover Michigan Survey 2015

<sup>5</sup> Substance use is not included in the graph due to a low number of responses (n<20).

## Conclusion

Although a high percentage of Michigan adults have been invited to participate in wellness programs, only half of those invited to participate did so and those who participated reported limited benefits. Few respondents reported being invited to participate in programs focused on mental health or stress reduction, but those who had participated in such programs reported the greatest perceived benefit. This suggests that increased focus on mental health and stress reduction could increase the impact of wellness programs.



## Methodology

The survey data presented in this brief were produced from a series of survey questions added to the Michigan State University Institute for Public Policy and Social Research (IPPSR) quarterly State of the State Survey. The survey was fielded between October and December 2015 and included a sample of 972 Michigan adults, with a 17.0 percent response rate. The margin of error for the entire sample was  $\pm 3.9$  percent. The sampling design, a random stratified sample based on regions within the state, was a telephone survey conducted via landline and cellular phones of Michigan residents.

For analytical purposes, survey data were weighted to adjust for the unequal probabilities of selection for each stratum of the survey sample (for example, region of the state, listed

vs. unlisted telephones). Additionally, data were weighted to adjust for non-response based on age, gender, and race according to population distributions from 2009–2013 American Community Survey data. Respondents who reported both Medicare and Medicaid coverage were considered Medicaid recipients for the purpose of this analysis. Results were analyzed using SAS 9.4 software. Statistical significance of bivariate relationships was tested using z tests or chi-square tests for independence. All comparison tables are statistically significant at the  $p \leq 0.05$  level unless otherwise noted.

A full report of the IPPSR State of the State Survey methodology can be found at: <http://ippsr.msu.edu/soss>.



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