

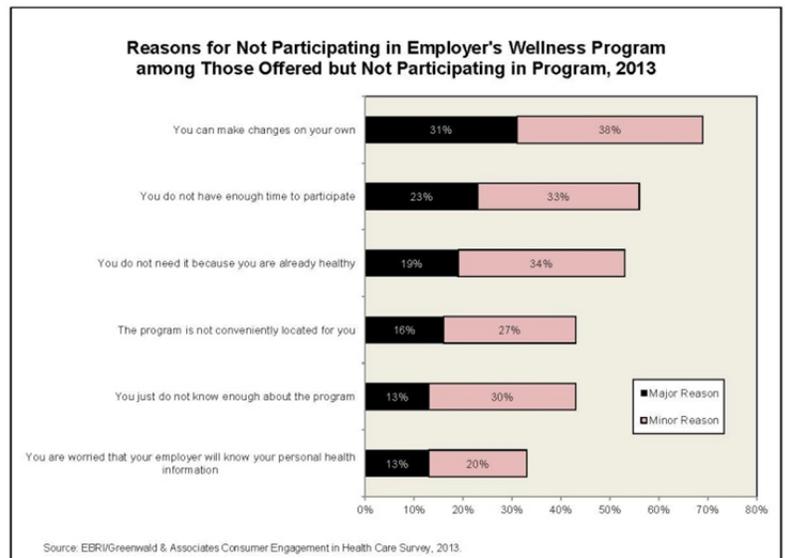
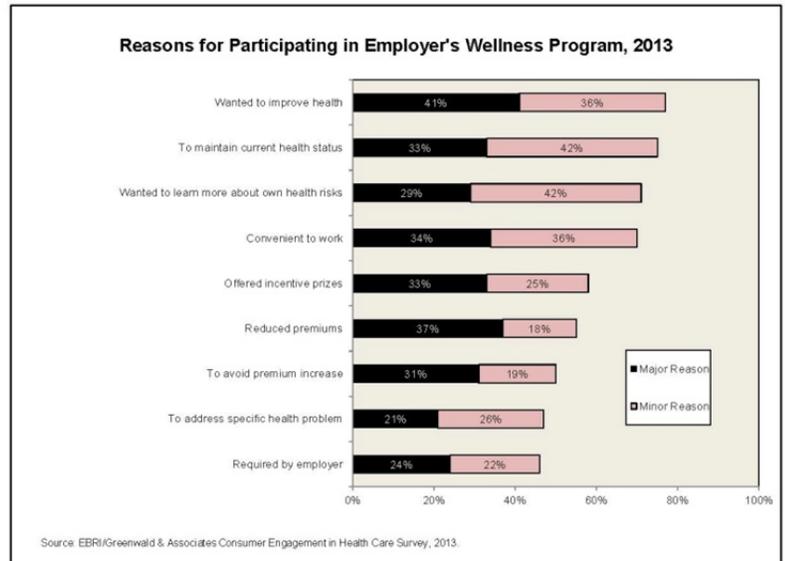
## What Motivates Wellness Program Participation?

Wellness benefits—programs designed to promote health and to prevent disease—are an increasingly popular benefit in the workplace, and new research from the nonpartisan Employee Benefit Research Institute (EBRI) offers insights on why workers participate in these programs and what might encourage nonparticipants to join.

The 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS) examined availability and participation in three types of wellness programs: a health-risk assessment, a health-promotion program that included a number of different types of benefits, and a biometric screening. The survey found that the main reasons current enrollees participated in workplace wellness programs were “positive,” either to improve or maintain health, a trend that carried across health coverage plan types.

The survey also asked respondents their reasons for not participating in their employer’s wellness program, and found that nearly 70 percent responded that they did not participate because they could make changes on their own, split between those who cited it as a major reason (31 percent) and minor reason (38 percent) for not participating.

Lack of time was the second-most-cited reason for not participating, with 23 percent reporting it as a major reason, and 33 percent reporting it as a minor reason. About one-half (53 percent) did not participate because they were already healthy (19 percent reported it as a major reason, and 34 percent reported it as a minor reason). Again, for the most part, there were no differences in the answers to this series of questions by plan type, either traditional health coverage, consumer-driven health plans (CDHPs), or high-deductible health plans (HDHPs).



As for what might increase participation in wellness programs, while the survey found no differences between CDHP and traditional-plan enrollees when it came to time off, CDHP enrollees were more likely than traditional plan enrollees to report that they would probably participate if they were offered a \$250 cash incentive, and both CDHP and HDHP enrollees were more likely than traditional plan enrollees to report that they would probably participate if they were offered a discounted premium.

“Findings from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey” can be found in the December 2013 *EBRI Issue Brief* [online here](#).

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