

# 'Workplace wellness' doesn't work

Programs reward already-healthy workers, but might not help others

BY MEGAN MCARDLE

Have you participated in a "workplace wellness program" or known somebody who tried one? Did you notice any difference? If not, a team of enterprising policy analysts in Illinois may have found an explanation. It ran an experiment on employees of the University of Illinois at Urbana-Champaign and recently wrote up the results for the National Bureau of Economic Research.

First, 12,459 benefits-eligible university employees were invited to complete a 15-minute online survey about health and wellness. Roughly 4,800 bothered to fill out the survey, at which point they were randomly divided into seven groups. Six of the groups were offered varying levels of incentives to participate in a wellness program. The seventh group was told it might be contacted for future surveys and was otherwise left alone.

After the program had run its course, researchers compared those who were offered the wellness program with those who

were left alone. Thirty-nine wellness-related outcomes were measured, from sick days to health care spending. The researchers found no significant effect in 37 of the 39 outcomes. Two variables showed "significance": One was "an increase in the number of employees who ever received a health screening," the paper reports, and the other "an increase in the number who believe that management places a priority on health and safety."

The result from Illinois contrasts with some of the earlier literature on these programs. A 2010 meta-analysis found that medical costs fell by \$3.27 for every dollar spent on wellness programs, while the cost of absenteeism declined by \$2.73.

But that earlier literature was vulnerable to a problem known as selection bias: The companies that offer wellness programs, and the employees who use them might not be representative of the population as a whole.

For example, we know that higher-wage employees are more likely to be offered wellness programs. There also can



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be selection effects between those obnoxiously fit folks who leap at the opportunity to fine-tune their health and those who are too sick or uninterested to participate. That's what the Illinois study found: Average annual medical spending for those who didn't participate in the program was about \$1,400 higher than for people who participated, even before they joined.

Which is why the study needed to be designed as a randomized experiment. If you look at the results of wellness programs without controlling for

the types of people who use them, it can seem as if they're making people healthier when they're just scooping up healthy employees and running them through useless hoops. Companies might even see real benefits in terms of health care costs — but only because the incentives offered for wellness-program participation make their workplaces more attractive for healthy people than sick ones.

If selection bias is driving the apparent benefits, then the incentives often offered for participation essentially redistribute

wealth and resources upward, from the sick to the healthy and, by extension, from lower-earners to the more affluent. Government policies encouraging wellness programs should be discontinued. But even without government help, companies might decide it is in their interest to keep them going. Government policy has given employers a financial interest in your health, between your health insurance, your workers' compensation premiums and the liability problems that sick employees can create.

That's not to say employers are cynically using the programs to discriminate against the unhealthy. Selection bias is seductive that way: It can make useless or even counterproductive interventions look as if they're working spectacularly. But it does mean that no matter what future research shows, employers will probably find reasons to keep these programs going. Because even if they don't produce any actual wellness, they might still be very healthy for the bottom line.



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This has left the share of income subject to the payroll tax diminished.

There are no free markets. Politicians pick the winners and losers. Social Security and the American worker have been the losers for nearly 40 years.

Joel Herman, Huntington

July 30 marked the 53rd anniversary of Medicaid and Medicare. These programs provide quality, affordable health care to more than 100 million Americans, including the elderly, children, the disabled, and low-income households.

We also must be mindful of the serious threats to health

care that we now face. A lawsuit challenging the constitutionality of the Affordable Care Act, brought by Texas and several other states, has been filed in federal court. The Trump administration agrees with the lawsuit's argument. If this lawsuit prevails, insurance companies will be allowed to deny health care to millions of people with pre-existing health conditions, or make them pay much more.

Some lawmakers are trying to revive the Graham-Cassidy bill, which could leave 15 million more Americans uninsured and cut federal funding to states for Medicaid over time.

The confirmation of Brett Kavanaugh as a Supreme Court justice would pose a threat to health care. He argued that the president can refuse to enforce the Affordable Care Act. He has also ruled that the act's birth control coverage mandate infringes on religious liberty.

Long Islanders need to make

their voices heard, and their representatives should stand with them in the fight to prevent the dismantling of health care protections and coverage for all — especially those who need it most.

Dr. Eve Krief, Centerport

The Associated Press news story "A price tag on 'Medicare for all'" [July 31] was incomplete. The estimated price of Medicare for all, an additional \$32 trillion in federal spending over 10 years, is accurate, but according to a study last year by the Urban Institute, a Washington think tank, at our current rate of spending, including estimated increases due to our aging population, the United States will spend \$49 trillion over the next 10 years in our current system.

The predicted outcome is actually a savings of \$2 trillion over 10 years in total national health care spending.

The question is not whether we can afford Medicare for all, but how can we not afford it? The United States is the only country in the industrialized world where your health care is so often tied to your job. Lose your job, lose your health care. People go bankrupt because of unexpected medical expenses.

Yes, your Medicare tax would go up. But your monthly premium would go away — the tax would replace the premium. Also, co-pays and deductibles would go away. I have spent more than \$56,000 in 2013-17 on co-pays and deductibles.

Medicare for all will save people thousands of dollars. My only question is, where can I sign up?

Eric Gemunder, Huntington Station

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