

Exploring the Impact of Promotion on the Use of EAP Counseling: A Retrospective Analysis of Postcards and Worksite Events for 82 Employers at KGA

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ABSTRACT. *This study retrospectively examined data from KGA, Inc. - an EAP vendor located in the United States - to explore the impact of different kinds of promotional activities on increasing or decreasing the use of EAP services. We started by conducting interviews about the EAP promotional practices with human resource and wellness contacts for the EAP at five client companies with strong EAP activity. Themes from these interviews focused on the many challenges to promotion and potential tactics that could be effective. Next, we reviewed the utilization records over a two-year period for 82 employers with almost 150,000 total covered employees. Analysis of 5,985 EAP cases found that “promotional materials” were the number one source of referral into the EAP, with 1 in 3 cases citing it. Thus, promotions were frequently mentioned as a key part of use of the EAP. The next part of the study involved comparing various kinds of promotional activities (mailed postcards and five kinds of events provided at the worksite) on the usage rates for new EAP counseling cases in the two-weeks after the*

promotion versus the two-weeks before. Using this restricted outcome period, the impact of promotional events was extremely small – at less than one percent increase in adding new cases immediately after the promotion. However, when controlling for the differences in the level of exposure to different kinds of worksite events, presentation to employees on the Orientation to EAP were over 10 times more effective than other kinds of worksite events. Limitations of the study design and data collection context are discussed along with ideas for further research. General recommendation for effective promotional practices of EAP are also presented.

Introduction

About 1 in 5 of all workers in the United States met criteria for having behavioral health problems each year.¹ Typically, only about half of these at-risk people will get any professional help for these problems (i.e., anxiety, depression, adjustment/stress, occupational

distress, substance abuse, other addictions). This high rate of incidence of behavioral health problems illustrates the importance of implementing workplace-based services that target employees at risk for mental and emotional health issues. Given the personal consequences and the direct and indirect cost burdens associated with lack of treatment, it makes good business sense to try to help prevent and properly treat employees with these issues.^{2,3}

Recent national surveys of employers in the United States found that the majority of medium- and large-size companies sponsor employee assistance services.^{4,5} Thus, most employers in the U.S. now have EAP services, even though only about 1 in 4 small employers (under 200 employees) have an EAP.⁵ Having the service available is a good start but getting the benefits from the service requires it to be used by those in need.

The utilization rates of EAPs are often a key component in how purchasers judge the success of these services.^{6,7} Many employers prefer high utilization rates of the EAP in order to obtain the corresponding decreases in the behavioral health and work/life issues affecting the employees who use the services. Thus, a key question for the purchasers of EAP concerns if these programs being used enough among those relevant to the services and how to most effectively drive up program utilization.⁸

Employee awareness of EAP programs is an essential component to the utilization of EAP services. However, EAP programs can go unnoticed and under-utilized if they are not promoted adequately in the workplace and also through promotional mailings to the homes of employees. Promotional methods are a key component to increasing the utilization rate of EAPs.⁹ Our experience as an EAP provider indicates that a variety of regular and ongoing promotional activities helps to create a well-utilized program.

Promotion of EAP Programs

Research indicates that the successful marketing of EAP services leads to an increase in the employee's use of EAP services, and that the most important factor in the success of EAPs is whether employees are even aware of the services.¹⁰ Greater program promotion and knowledge of services by employees has been associated with higher EAP utilization rates.¹¹

A study conducted by Mazloff analyzed employee awareness of EAP services and found that communication should be highly visible through marketing and education.⁹ This research also indicated that newsletters were not effective and suggested the main sources of information about EAP for employees were through word of mouth and peer-referral – thus informal and naturally occurring types of promotion.

Other research cited by the U.S. Office of Disability Employment, suggests using more technology to promote the EAP and to make EAP services more accessible through technology tools online or via text, e-mail, or webinars.¹²

It is customary for EAPs to be responsible for presenting various campaigns and promotional materials to create visibility for the programs. Sometimes the EAP customer organizations will request specific pieces of promotional material; however, most often the EAP will make these suggestions. EAPs are generally not given direct access to employee eligibility files. Without employee names and contact information, this means that EAPs are completely dependent on partners at the human resources or benefits departments to help promote the EAP. If these partners do not do their part to get promotional materials to eligible employees, then the employee assistance programs can be underutilized.

Preliminary Interviews with Customers About Promotion of Their EAP Programs

KGA is a Human Resources services firm that helps organizations create and sustain a healthy, engaged and productive workforce. Qualitative interviews were conducted with some of our customers in order to gain a further understanding of the value placed on the EAPs within large, dynamic organizations. The interviews were intended to help us, as the EAP provider, to better understand the reasoning behind their choices of which promotional methods to use and what to explore in our study of promotional practices.

The interviews were conducted with HR representatives or with wellness coordinators at five different larger size organizations. These organizations included three hospitals (headcounts ranged from 3,200 to 4,576) and two universities (headcounts of 1,088 and 1,355). These customers were selected because they represented the larger size organizations served by KGA and had all been active partners with the EAP in the promotion of the program.

Questions were asked about their employee demographic profile, EAP promotion techniques used, challenges to doing promotions, potential for use of technology and social media for promotion, and reasons for the most successful promotions. The interviews lasted about 30 minutes and were conducted in person. The interviews were audio recorded and then transcribed. After our analyses were completed the recordings were deleted.

More specifically, the questions included:

- Can you name three behaviors/issues you want to address within your employee population by providing EAP services?
- Here is what KGA has on record of the different methods/techniques you've used and the frequency at which they were

implemented (*share company specific results*). Does this look accurate to you? Is there anything missing? Why did you use these methods?

- Is there some element of the employee demographic that you view as most important in being aware of the EAP services? Please choose two of the following variables that you believe to be most important - age, seniority, gender, ethnicity, disease status.
- In what ways have your employee demographics influenced what you have done for promotion?
- How is new technology helping you to promote any of your health and wellbeing programs?
- Would any of the new technology that you're using be helpful with the promotion of EAP services?
- Have you used any form of social media for promotion of either wellness programs or employee resource groups?
- Did you receive any feedback about the EAP promotions that were done in your organization? If so, what type of feedback?

The interview data was analyzed using thematic coding in order to identify key themes and trends among all of the interviews. Some of the most consistent findings are presented below.

Among all five organizations, stress reduction was a key issue targeted by implementing EAPs, although the types of stressors varied among the different organizations. Important stressors in the work/life area included employee financial and legal issues and the need for childcare and eldercare.

In general, achieving sufficient employee awareness of all of the services available through the EAP was a challenge faced by each of the organizations we interviewed.

Worksite events, especially when attended by a representative of the EAP – such as promotion of EAP after crisis events and wellness promotions on popular topics (e.g., managing finances) are generally considered to be effective forms of promotion of the EAP. Many of the clients interviewed supported this idea and mentioned that worksite events were a great place to promote the EAP and to remind people that the service is available. For example, one organization focused on manager trainings to enhance manager referrals into the EAP.

All of the five organizations had used e-mails to promote the EAP, but many also discussed barriers to their effectiveness and computer access limitations for some workers to get e-mails.

None of the five organizations had used social media to promote the EAP services. This was mainly due to the demographics of their employee populations, who tended to lack access to or interest in social media.

The results from these interviews were used to inform the kinds of promotions selected for review in the quantitative data part of the study.

Research Questions

The goal of the study was to use our own data to better understand how to engage employees and their household members in the use of the EAP. We decided to examine the relationship between different kinds of promotional tactics and their impact on utilization of counseling services by the EAP immediately following the promotion (i.e., in the next two weeks).

RQ 1: *Among cases who use the EAP for counseling services, how often are promotions*

mentioned as a source of referral into using the EAP?

RQ 2: *Does the promotional action of sending postcards about the EAP result in increased use of the EAP for counseling services?*

RQ 3: *Does the promotional action of having EAP-related onsite events in the workplace result in increased use of the EAP for counseling services?*

Methods

Sample

The study sample featured 82 employers drawn from the customers of KGA, which is an external provider of EAP and Work-Life vendor based in the eastern region of the United States. In total, KGA has 116 different employer organizations and supports over 300,000 employees and family members. Of these, 34 employer organizations were not included in the study, either because of being too small in size (i.e., employee count) to have meaningful data or because of not having held at least one EAP promotional worksite “event” in the years 2015 and 2016.

The total number of covered employees for the 82 employers was 147,902. Thus, we examined data representing more than half of the total employee population covered by KGA. Although the average company size was about 1,800 employees, this set of employers ranged in size, as follows: <499 total employees ($n = 30$ employers; 37%), 500-999 employees ($n = 21$; 26%), 1,000-4,999 employees ($n = 24$; 29%), 5,000-9,999 ($n = 5$; 6%), and >10,000 employees ($n = 2$; 2%).

These organizations represented 17 different industries, including: Technology ($n = 21$ organizations); Biotech ($n = 12$); Healthcare ($n = 9$); Professional Services or Consulting ($n = 6$); Higher Education ($n = 5$); Manufacturing ($n = 5$);

Insurance ($n = 4$); Consumer Goods ($n = 3$); Non-profit ($n = 3$); Retail ($n = 3$); Financial ($n = 2$); Construction ($n = 2$); Legal ($n = 2$); Municipality ($n = 2$); Consumer Service ($n = 1$); Union ($n = 1$); and Utilities ($n = 1$).

For these employers, there were 5,985 EAP counseling cases total during the study period of years 2015 and 2016 combined.

Archival Data Sources

The quantitative data was extracted from two databases: One that stored data about promotional activities and another with client data. Utilization data was analyzed to examine how promotional actions impacted the utilization of the program. The database system contained records on the counseling intake assessment of clinical cases. The data examined included the names and headcounts of organizations that received a promotion as well as the age, gender, referral source for each individual person contacting the EAP and whether they were an employee or family member. For the worksite events, it contained information regarding the type of event, the date of the event, the number of participants at the event, and the total intake number for each company that held an event over the past two years. A mailing program was used to track postcards that were sent through the U.S. Mail. For e-mails, it contained information on what type of e-mail was sent and the date it was sent.

Defining EAP Utilization Rates

According to EASNA, there are three kinds of ways to measure utilization rates.⁴ The *Clinical Case Use Rate* is perhaps the most commonly compared utilization rate, but it is also the most conservative number. This metric counts the number of people (employees and family members) who become a “case” of the EAP by receiving a clinical assessment and then have one or more counseling sessions from the EAP and/or referral to additional resources and treatment. This count of EAP cases is divided by

the total number of employees at the organization with access to the EAP benefit. For example, 50 clinical EAP cases out of a population of 1,000 employees yields a rate of 5.0%. Clinical case utilization rates can range from between <1 to 10 percent or higher.

For example, one national data warehouse with data from over two dozen different EAP providers had a benchmark average of 3.9% for the annual utilization rate for clinical cases opened.¹³ The EAP industry average has been calculated at 4.5% (and median of 3.6%), based on data for the year 2011 from 48 different EAP vendors as reported in the study by the National Behavioral Consortium (NBC).¹⁴

However, not all EAPs measure use of their services in this same manner and there can be wide variation in level of use across different company customers within one EAP vendor and between different EAP providers.¹⁵ In the NBC vendor study, the range in the average case rate for vendors of their entire book of business (i.e., all customer organizations combined) for the year was very wide: from 0.1% at the lowest EAP vendor to 15.6% at the highest EAP vendor.¹⁴

The People Use Rate is the second basic utilization metric counts the total number of *people* who used the EAP for any reason – not just for assistance with clinical problems.¹⁶ This measure adds up all of the unique people (employees and family) who used the EAP, either for clinical counseling, information and referral, management or organizational services, attendees of worksite trainings, crisis management events and so on.

The Total Activity Use Rate measures all of the activity that took place for the EAP in the reporting period.¹⁶ This rate is the most inclusive of all of the services offered by the EAP and thus is the highest level of the three utilization measures. It adds up all of the contact events and discrete services provided

by the EAP, including all calls, website hits, attendees at worksite trainings, management consultations, sessions with clinical counselors, sessions with the EAP's legal or financial consultants, and so on. This metric is the best reflection of the totality of the EAP benefit and what is delivered from the budget for the EAP.

In this study, we used only the first type of utilization metric (clinical case rate). Thus, we used the most conservative measure of program utilization. This is important to consider, given that the various promotional tactics that were used were sometimes relevant not only to individual clinical issues served by the mental health counselors at the EAP but also to raising awareness of the many other aspects of the EAP services portfolio (i.e., well-being, legal, financial, managerial, prevention, and so on). The implication is that the larger impact of the various promotional tactics on the full use of all of the EAP services that occurred afterwards was not fully tested. In this way, our focus on only the case rate utilization metric diluted the true impact of the promotions.

Calculation of Change in 2-Week Counselor Case Use Rate as Primary Outcome Measure

The primary area of inquiry was to explore the success of various kinds of promotional methods commonly used in EAP field. To focus on the immediate impact soon after a promotional activity, we decided to only consider use data from the time periods of two weeks before and two weeks after a promotion occurred. This measure was created by taking the number of counselor cases in the two-week periods before and after the promotional activity of interest and dividing it by the total number of covered employees at that company for that year. Next, the difference in the before use rate and after use rate was calculated and that absolute change was used to calculate the relative change in the two utilization rates as a percentage. The same process was repeated around the dates for each kind of intervention

(mailed postcards and worksite events) at each employer. Therefore, the counselor case utilization rates were calculated at each employer for each kind of promotional tactic that happened over the two-year study time frame.

To illustrate our basic mathematical approach, here is an example. Let's assume a headcount of 2,000 employees for a company and an annual EAP case use rate of 5.0%. This scenario yields 100 EAP counseling cases per year for this size population. However, this count becomes only 3.85 cases (on average) per every two-week period of the year (i.e., 100 cases total for year divided by the 26 two-week time periods). If we round up to get a whole person, this is 4 cases per every two-week period of the year. Taking the 4 cases divided into 2,000 employee population is a 2-week specific EAP use rate that is very small – at 0.002%. If a promotion resulted in just 1 more case than the typical level of use, this case count would become 5 cases in two weeks and the post promotion period use rate would be 0.0025%. To divide the difference in the two rates by the before rate, yield the *relative change* in the use rates from before to after the promotion. This change percentage is our key outcome in the study.

In this example, the math is as follows:

- Before promotion use rate = 0.002%
- After promotion use rate = 0.0025%
- Difference (After – Before) = +0.0005%
- Relative Change in Rate = 25.0% increase

The number of cases in a two-week period may even have been lower than the 4 cases in this example in some of the data points tested when considering that the majority (52 of 82) organizations had less than 1,000 employees.

Note that this analytical method is highly influenced by differences between the 82 employers we studied in their baseline use rates each year – such that an employer with a very low (or zero) two-week use rate for a particular

promotion at a particular window in time was subject to much greater *relative* change result post promotion. But another employer with a very high use rate before the promotion activity date would show only a small *relative* change post promotion. In an attempt to lessen this problem, the *average relative change* in the two-week utilization rate was calculated across all promotional events of the same kind that occurred across all of the different employers with that same type of promotion “intervention” over the two years included in the study time frame. Thus, we used all available data to calculate the average of the change in use rate percentages. In this approach, the greater the number of promotional events of each type that occurred, then the more reliable the primary outcome metric became. Considering that we had 19 mailed postcard campaigns and 838 total worksite events that occurred over the two-year span, results were most reliable for the worksite events type of promotional activity.

Results

The results are presented in three parts corresponding to the three research questions. Findings for the role of promotions among the different referral sources into the EAP are presented first. This is followed by the results for mailing postcards and then for different kinds of events at the worksite.

Results Part 1: The Role of Promotions as a Referral Source Into EAP

Our first research question concerned the role of the various promotional “interventions” in why people chose to use the EAP. This was tested with data collected routinely during each EAP intake call, when the client is asked to indicate their referral source. A total of 13 kinds of referral sources were coded from the client intakes during the 2015 and 2016 period (See Table 1).

This data revealed that about 1 in every 3 cases reported “promotional material” as the reason leading to their use of the EAP. This was the most commonly reported type of the 13 referral sources. This finding provides some measure of confidence that postcards may have had some role in the use of the EAP. However, the specific kind of promotional materials (e.g., e-mails, postcards, wall posters, newsletters, webinars, and so on) was not defined in more detail in this measure.

Table 1: Referral Sources for EAP Cases

Referral Source	Percentage of EAP Cases
Promotional Materials	32.5%
Used Service Before	24.7%
Human Resources	9.1%
Family	9.0%
Benefits Website	5.8%
Co-worker	3.8%
Manager	3.7%
New Hire Orientation	2.4%
Health Fair	1.8%
Health Services	1.0%
Other	0.9%
KGA Onsite	0.9%
Vendor	0.6%
Missing / Unclassified	3.8%

Note: N = 5,985 cases over two years.

As can be seen in Table 1, the second most common referral service was “used service before,” with about 1 in every 4 counseling cases reporting that they had used the EAP in the past. This high rate of repeat users suggests that people see the value of EAP and had returned to use additional services.

Referrals from HR staff was next at 9.1% of cases. Orientations for new hires at the company were another 2.4% - and these are usually also associated with HR staff. Thus, trainings about the EAP to human resources staff appears to be successful as one way to promote the EAP.

Referrals from a family member were at 9.0%. Referrals from other employees were reported by 3.8% of all cases. Only 3.7% of referrals were from the managers of employees.

Less than 1% of cases reported a KGA onsite event as the referral source for their call to start counseling. This suggests that the employee orientations or other EAP onsite events were rarely mentioned as the referral source (and thus perhaps would have little impact on use rates in our more specific tests). Similarly, only 1.8% of cases noted “health fairs” as the referral source. Thus, having an EAP at the employee health benefits fair had a small role in referral into EAP. However, both of these lower rates could also be due to the relative infrequency with which these kinds of onsite events are provided over a 12-month period. Benefits fairs are typically only done once a year during the annual benefits enrollment period.

Some of the interpersonal types of referral sources were also very likely to have been influenced beforehand by the general promotional activities that increased awareness of the EAP among HR staff, managers, other co-workers and family members of employees. When combined, these more personal relationship-oriented types of referrals accounted for 1 in 4 cases. This data indicates the importance of secondary promotion such that initial awareness of the EAP is then shared with others who are perceived as relevant to use of the EAP.

Results Part 2: Promotion of EAP by Postcards Mailed to Home

Over the two years, we tracked 19 mailing campaigns that sent a total of 32,256 postcards about the EAP to employee households. For the postcards, we altered our operational methodology slightly by adding two days to the cut-off date for the two-week post event period to account for delivery time from post office to the home. Thus, the before period was 14 days and the after period was 16 days when

collecting use data around the date of mailing a postcard.

When a postcard type of promotion for the EAP is sent to the home of employees there is the potential of reaching eligible additional family members to also make them aware of EAP services (at least for the employees who do not live alone). For the past two years, the operational data shows that an average of 10% of all EAP counseling cases to KGA were family members of employees. Because of this fact, the postcard promotional practices may have a slightly higher chance to improve EAP utilization as they are also reaching family members, whereas the worksite events are mostly attended by employees.

The postcards presented a brief description of the EAP’s services and eligibility to employees and adult family members. Examples of the messages on postcards varied and included several images of individuals or families or simple graphics. Themes of key phrases on the front of postcards included:

- *Life can be difficult. Your EAP can help.*
- *Connecting with your EAP is easier than ever (use smartphone App – KGA Mobile)*
- *(Company Name) EAP and Work-Life Program can help with more than you think.*

The results showed that sending postcards resulted in an average of 0.20% increase in the two-week EAP counseling utilization rate across the 19 tests. This is a small effect as it is less than one percent of an increase.

Due to this small effect size, possible differences in change in the EAP use rate between the specific themes in the promotional messages and images featured in the 19 postcard campaigns were not analyzed.

Results Part 3: Promotion of EAP by Events Provided at the Worksite

There were 838 total worksite events included in the study over two years and 59,700 employees in total who attended the different events. Other events that had missing data for the number of participants at the event were excluded from this analysis. Although some employers had more events than others, there was an average of roughly 5 events per year per employer.

Wellness programming events were the most common type of onsite promotion with 278 total events over the two years. There was an average of 1.7 wellness events per each employer per year. Popular topics for the wellness trainings included: Resiliency; Stress Management; Time Management; Healthy Eating; and Better Sleep.

Having the EAP at benefits fairs were the second most common type of onsite promotion with 225 events over the two years. For the benefits fairs, KGA had a representative for the EAP present during the fair as one of many booths that are there on a variety of different employee benefits. Printed materials are provided (brochures, educational briefs) and representatives answer questions about the EAP and how it can help. There was an average of 1.4 wellness events per each employer per year; but as these are usually done only once a year at the benefits enrollment period, this rate reflects that larger size employers held benefits fairs at multiple worksites.

Orientations to employees about the EAP were routine presentations from KGA that focused on what the EAP can offer, how and when it should be used, and raising awareness of all of the different services. We provided 147 of these events in total over two years for an average of 0.9 per each employer per year.

The crisis event responses are somewhat different from the other events. There were 143

of these events following a critical incident (such as robbery, accident, employee death, natural disaster, and so on. There was an average of 0.9 per each employer per year. These involved both group-level support provided shortly after the incident and also sometimes having an EAP counselor available onsite for brief period (i.e., one or two weeks) to provide counseling or post-trauma support if needed to individual employees beyond the group de-briefing. Other data at KGA reveals that these onsite counselors are not actually used that often after critical incidents.

Trainings for HR staff on the EAP were done the least often and only took place for the 30 smaller size employers. There were 45 events over two years for an average of 0.8 per each employer per year. These trainings described the role of the EAP, best practices for making referrals and raising awareness of all of the different services.

We defined a participation rate for an event as the number of employees attending the event divided by the total employee headcount at same employer at that time. Participation rates as a percentage of all employees were then averaged across all of the relevant employers that provided that same type of event. Descriptive findings for the average participation rates for the five different types of events are listed below in Table 2.

Table 2: Rates of Employee “Participation” in EAP-related Events at Worksite

Type of Event	Event Participation Rate	
	Attendee Total Count as % of All Employees	Ratio of 1 Attendee per Every # Employees
EAP at Benefit Fairs	8.27%	1 in 12
Wellness Trainings	3.88%	1 in 26
Crisis Response	1.09%	1 in 92
Training to HR Staff	0.71%	1 in 141
EAP Orientations	0.17%	1 in 588

These rates show that the number of employees who attended a particular event type, ranged on average from between 0.2% and 8.3% of all employees. Contrast this to the 100.0% exposure rate for sending postcards about the EAP (i.e., every employee gets the post card). Participation was highest for benefits fairs (1 in every 12 employees) and for wellness events provide by the EAP (1 in every 26 employees). In contrast, orientations about the EAP done onsite in the workplace had the lowest participation level, reaching only 1 in every 588 employees, on average.

One explanation as to why the HR participation rate was so low (at 0.7% of all employees or 1 in every 141 employees) is because the attendance count was being compared against total employee counts. HR briefings actually only included members of the HR group at an organization. Typically, there is about one HR person per every 100 employees. When adjusted in this way, the participation rate for HR events among only the HR staff population was actually much higher at 70.1% (or 7 out of 10 HR staff).

But what is unknown is how many employees were referred by the HR staff in the two-week period immediately following these trainings about EAP services to HR. The full two-year data presented in Table 1 indicated that about 1 in 10 of all EAP cases over the full two-year study period had been referred by their HR representative (all of whom presumably had an orientation about the EAP at some time in the past during their tenure at the company).

This data on participation levels shows the limited potential to raise awareness of the EAPs at these kinds of worksite events compared to the much greater reach of mass distribution types of promotions (such as postcards and sending e-mails) which are typically are sent to all employees. Thus, worksite events reached far fewer employees out of the total possible employee populations compared to sending postcards. Yet, the employees who voluntarily

attend a worksite event related to EAP are making a *choice* to do so. Thus, they may be far more interested in learning about the EAP, compared to the employee who randomly gets postcard that promotes the EAP when they may or may not be interested in such issues. This dynamic could make a difference in the results.

Results for Onsite Events

Results showed that onsite events involving promotion of EAP were associated with an average increase of only 0.10% in the rate of utilization for EAP counseling in the two-weeks following the event. This finding was half as big as what was found for postcards, which had 0.20% average increase. However, substantial differences in outcome were obtained between the types of worksite promotional events (See Table 3 on next page).

Of the five types of events, EAP orientations delivered at the worksite had the biggest impact on utilization, with a 0.20% increase in the two-week rate of EAP use. Having the EAP at employee benefits fairs at the worksite had a 0.19% increase in the two-week rate of EAP use. In contrast, each of the other three kinds of worksite events had much less impact. A crisis event response at the worksite resulted in a 0.06% increase in use. Both trainings to HR staff and wellness programming events at the worksite had virtually zero effects on the rate of EAP use.

Deeper analyses also revealed that these effects for worksite events were driven almost entirely by the results obtained among the smallest size organizations (i.e., with a headcount with less than 500 total employees). Among this set of 30 small employers, EAP orientations (0.45%) and benefits fairs (0.32%) had the biggest change in EAP use rate in the following two weeks. These findings suggest that worksite events are more effective for smaller companies than larger organizations. The only other similar size effect (0.22%) was for benefits fairs events at organizations with 500 to 999 employees.

Table 3: Change in 2-Week Utilization Rate for EAP Counseling Cases After Promotional Events at Worksite: By Size of the Organization and Combined

Size of Organization*	# Org.	EAP Orientations	Benefits Fairs	Crisis Events	Wellness Trainings	HR Staff Training	Average for All Events
< 500	30	0.45%	0.32%	0.12%	0.06%	0.01%	0.19%
500 - 1,000	21	0.09%	0.22%	0.00%	-0.10%	NA	0.03%
1,000 - 4,999	24	0.03%	0.06%	0.04%	0.01%	NA	0.04%
5,000 - 9,999	5	-0.01%	-0.06%	0.00%	0.04%	NA	0.01%
10,000 +	2	0.05%	0.02%	0.00%	0.00%	NA	0.02%
Total Sample	82	0.20%	0.19%	0.06%	0.00%	0.01%	0.10%

* Count of all employees at organization

Understanding the Role of Exposure Rate to the Onsite Promotion

The results presented so far of the impact of different kinds of promotional activities on changes in the two-week EAP case rate are accurate. But it is difficult to properly compare the results between the different practices when they vary dramatically in how many of the employees in the total population were exposed to or “participated” in the different promotions.

For example, in comparing the results for the EAP orientation presentations and the benefits fairs, although they have almost the same size positive (albeit very small) boost to the rate of counseling use, the benefit fair events reached almost 50 times as many employees as did the EAP orientations. Another way to understand this wide discrepancy in exposure levels for these two worksite events is that an organization would need to have the EAP at 50 benefits fairs to get the same net result in increased use of the EAP for counseling services as having just one orientation about the EAP.

What if each type had reached the same percentage of the workforce, then what would the result be? To answer this question, each of the five kinds of worksite promotions were standardized to all have the same level of exposure at 10% of the total employee population. The results are shown in Table 4.

Given that 1 in 5 employees have behavioral health risks, getting even half of this target group to be participants would be a good target for these promotions.

The results revealed a dramatic difference between the types of events. Providing EAP orientations increased the two-week use rate by 11.67%. This is much higher than all four of the other kinds of events, which ranged from an increase of 0.09% to 0.23%. Thus, assuming the level of participation is equivalent, the basic EAP orientation is by far the most effective type of onsite promotional tactic.

Table 4: Estimated Outcomes When Rates of Employee “Participation” in Worksite Events Are Standardized

Type of Event	Adjusted Event Participation Rate as % of All Employees	Estimated Change in 2-week EAP Case Use Rate After Promotion
EAP at Benefit Fairs	10%	0.23%
Wellness Trainings	10%	0.03%
EAP Crisis Response	10%	0.09%
Training to HR Staff	10%	0.14%
EAP Orientations	10%	11.76%

This estimation exercise indicated that something about EAP orientations is different and more effective as a way to promote the EAP

(at least for short-term impact in the next two weeks). One possibility is that the choice of an employee to attend a presentation about the EAP may indicate a greater readiness in that employee to then take action and seek assistance from a counselor. At an orientation session, an employee can also ask questions about the EAP and have a chance for a more personal exchange with the EAP representative about options at the EAP to possibly help with their issue. The self-selection of certain employees (perhaps those at-risk for behavioral health issues) to attend an orientation on the EAP appears to be a key issue to consider in planning opportunities for promotion of EAP.

SUMMARY

In review of the quantitative findings, we discovered that about 1 in 3 users of the EAP for counseling reports the influence of promotions as a source of referral into the EAP. The traditional approach of sending postcards about the EAP to the homes of employees was somewhat effective on immediate use. For the onsite events, we found that providing EAP orientations and having an EAP representative at benefit fairs had the most impact on the two-week utilization rate. These two kinds of worksite events were particularly impactful at smaller size organizations with less than 500 employees. In contrast, the three other kinds of worksite events had little effect on yielding new EAP counseling cases in the period right after a promotion happened. Furthermore, when holding the rate of exposure or participation constant across the types of worksite events, EAP orientations were much more effective than any of the other kinds of events.

Limitations

The first limitation of this study is that not all of the information was collected in the same database. This made it impossible to link together some data elements. For example, information about postcards and special promotion was not kept in the same system as

the worksite events (or sending e-mails). In order to ensure the information is completely accurate and organized, in the future it would be more successful to track all of the different types of promotions in the same database.

Even though the change in utilization was calculated from two weeks before to two weeks after the promotional method took place, it was difficult to determine if the new EAP cases were due to that promotion or to something else. When the caller to the EAP indicated a general category of “promotional material” but not which specific type of promotion.

In addition, it was not possible to collect information on posters about the EAP displayed at the worksites because there was no proper tracking of posters. This resulted in limited information on hard copy promotions such as posters. Future research should be conducted on posters and the potential impact on EAP utilization rates.

When evaluating the effect of a home mailed postcard mailing, it is important to keep in mind that the percent increases possibly include some of the family members of employees with family members who may have responded to the postcard. Recall that our data shows the typical overall cases mix includes about 10% family members and 90% employees.

Note that the analysis of changes in utilization after worksite events also may include some family members in the utilization counts and thus act to skew those results somewhat higher than expected if only employee users were included in calculating the before and after promotion utilization rates.

Lastly, this study was not an experimental research design with a control group and had no promotion. It was a retrospective applied analysis of archival data with naturally occurring “interventions” consisting of the different promotional activities. Therefore, we could not definitively determine if the changes

in utilization we measured were caused by the promotional materials or if they were caused by other unknown and uncontrolled factors. Use of the EAP surely involves multiple influences.

Suggestions for Further Research

Further study is needed to determine if our results can be replicated in other EAP settings. In this light, there are some aspects of the study design that could be improved if this kind of applied research study was to be done again.

Referral Into EAP. We analyzed for the reason of the use of the EAP reported at case intake as a summary across all of the cases in the two-year period. This provides a large sample and reliable result. Alternatively, we could have recoded this data into smaller units of time based on the date that corresponded to the two-weeks after each of the promotional events examined that occurred. This time-linked approach to examining the reported referral source data – although more difficult to do operationally – would have yielded results on reason for the referral into EAP that matched the time frame of the various promotional activities. A design of this nature would provide a stronger empirical link between the kinds of promotions delivered and use of the EAP.

EAP Promotion by E-mails. We could also test the impact on utilization of promotion of the EAP through company distribution of e-mails. Almost all of our customer organizations do send out e-mails to all employees – often doing so on a monthly or bi-monthly frequency. For example, the most common types of e-mails used for promotion are brief one-page digital messages called “Wellness Notes.” They usually feature a KGA EAP Spotlight section on topics such as “Back to School Blues,” “Saving for Your Child’s Education,” and “How Do I Deal with My Child’s Separation Anxiety?” They also usually include listings of dates and topics of upcoming online webinars offered by the EAP. Other types of e-mails are newsletters sent by the HR Department at the company to all employees,

newsletters just for managers, special promotions, and notices of upcoming worksite events.

We actually did collect the data for 68 separate e-mails campaigns involving a total of 147,902 employees over the two years for the same 82 employers. We used the same two-week pre and post measurement periods for counselor case use rates as in the tests of postcards and worksite events. The results showed that sending an e-mail as promotion of EAP had virtually no effect (< 0.01% change) in the rate of utilization for EAP counseling in the two-weeks following the e-mail. Furthermore, this lack of impact was found for all five types of e-mail messages we examined.

However, we do not believe that this data accurately reflects the true impact of e-mails as a promotional tactic. Our testing procedure just was not a good fit because of the high frequency and regularity of sending different types of e-mails. Sending monthly and bi-monthly e-mail promotions may have contributed to the lack of effects we found for the particular e-mail campaigns tested because the baseline or “before promotion” two-week period very likely already been influenced by a different prior e-mail about the EAP. Where this happened, it would have resulted in very little change from the before to after periods if the EAP use during the before period was already slightly elevated. In effect, we had no real baseline in these tests. For this reason, our findings on e-mails were not featured in the study. Reflecting on our methodology in retrospect, we should have used a different study design with a more appropriate test condition that has a cleaner before period of time in which no other e-mails were happening.

Outcome Time Frame. More fundamentally, it is also possible that our choice to study an impact period of two weeks is simply too short of a time frame. How reasonable is it to expect the naturally occurring experience of what is often an acute personal or work problem to happen to

coincide with the 14 days after the date of the postcard or an onsite event promoting the availability of EAP? Other research could examine periods of impact longer than two-weeks. Using an annual period of time with actual full-year utilization data is a more realistic period for understanding the overall influence of promotions.

Cumulative Impact of Multiple Promotions. It is also of interest to explore at a company level, the cumulative impact of multiple different kinds of promotional events that occur during each quarter or the full year of time. For example, one could count up all of the different promotional events that happened at each employer customer in a full year period (i.e., number of e-mail campaigns, number of post card campaigns, number of different worksite events of key types). Then also collect the EAP clinical case utilization rate for the year for each employer (and also maybe a more general all people or all activity use rates too – see next point). Then we could see if more total promotional activity during the year is associated with more use of the EAP over the full year.

Types of EAP Utilization. Our choice to examine EAP utilization based only on clinical cases also may have limited our test of the full impact of the promotions. To the extent that the messaging in the promotional postcards, e-mails and worksite events was relevant to managerial consultations, to work/life issue support, to legal issues, to financial issues, or to other educational aspects included in the full range of EAP services, then potential increases in these other kinds of non-clinical services went untested. Adding an overall program utilization metrics that combine all of the employee assistance program, Work-Life program, and related wellness usage to the study design (as described in the methodology section) would test the broader impact of promotions beyond only the counseling services.

Conclusions

Many EAP and Work-Life companies proactively suggest promotional activities to engage employees and family members to use the services through a variety of health promotion activities. Success in promotion is dependent on a collaboration with the organization and is more challenging in larger companies than for smaller ones. This study suggests that assessing the true impact of promotion is a complicated endeavor. One implication of our findings is that when resources are limited, the allocation of promotional dollars should go to providing orientations about the EAP onsite (possibly at multiple times throughout the year) and also for executing home postcard mailings, as the increase in utilization of the counseling part of EAP services was highest among these two types of promotions.

General Recommendations

Recommendation 1: To conduct a needs assessment of an organization before implementing promotional method.

- This can include collecting the demographics for the organization, their desired behavior change, and if they are more likely to view online tools or physical materials (i.e., brochures, postcards, posters).
- Understanding more about the culture of the company would help to develop a promotion campaign that is more specific to the organization.

Recommendation 2: To focus on worksite types of promotions for smaller organizations, specifically for offering EAP orientations and benefits fairs.

- Utilization rates were highest for organizations with less than 500 employees when categorized by type of event.

- Orientations about EAP had the highest standardized impact on use and this should be featured in every promotional plan.
- Benefits fairs also an impact on utilization and many clients interviewed stated that they found these events very successful, especially with a representative of the EAP present.

Recommendation 3: To focus effort on postcards and other kinds of physical promotional materials.

- Postcards were found to have some impact.
- Postcards are also able to reach family members, ensuring that spouses and family members are also viewing the promotion.

Recommendation 4: To suggest that the host organization collect all of the data in one system and to better track promotional methods.

- Tracking all data in the same system would result in a more organized and accurate data collection and would provide consistency when evaluating data.
- Information on posters and physical promotions should be tracked in the system, which would allow for better comparison of physical promotions.
- Online resources at EAP website and related digital media promotions could be tracked.

Although not based on the empirical findings, the following recommendations concern other ways to improve promotions that were suggested in the interviews we did.

Recommendation 5: To increase manager buy-in for why and when to use the EAP.

- If managers view the EAP as important and refer their employees, the employees will be

more likely to see its importance and utilize the service.

- Manager awareness training is one of the most effective ways to accomplish this goal.

Recommendation 6: To suggest that HR representatives and wellness coordinators partner with their marketing department to add the EAPs to the social media channels for the organization (if available).

- Social media is an under-utilized resource and implementing it could help to reach new demographics and potentially increase utilization.
- If certain employees were gathered into an online interest group focused on “company wellbeing,” it might be easier to reach certain employees with online and mobile types of health promotions.

Recommendation 7: Created targeted promotions of EAP based on employee demographics and life stage events.

- Directing promotional methods towards the demographics of the employee population could be an important component to increasing EAP utilization rates. For example, “millennial,” individuals born between 1981 and 1997, are skilled in technology, tend to work on their own schedule, and receive most of their health information from technology and social media. Some millennials actually prefer to use technology and smart phone apps for their health.
- To ensure high utilization rates for companies with many younger employees, EAP providers could target segment of the workforce through mobile access and social media. Social media is potentially an important component as it can help build

relationships and improve communication for this younger population.¹⁷

- Other important target groups could be based on stage of life events, such as new parents, employees approaching retirement age, first time homebuyers, and employees caring for aging parents.

Author Commentary

We hope these findings and recommendations can contribute to a better understanding of how to raise awareness of the EAP and engage at-risk employees and their household family members in the use of the EAP when needed.

As Founder and Chairman of KGA, I want to share some background on why we attempted this applied research project and to add some insight into why this kind of data-informed analysis effort is needed in the EAP industry.

I have often said, “EAPs are only as valuable as they are visible.” If employees and household members aren’t aware of the EAP services when they need assistance, we have no hope of helping them navigate a somewhat overburdened and confusing mental health system. This research was an opportunity to go beyond our day-to-day focus on service delivery and learn more about which promotional methods really work best for optimal engagement.

The EAP industry has faced a number of challenges in the last decade such as massive consolidation of vendors, an influx of “free” or bundled insurance products, and deflated prices. During this same period, the need for quality EAP services has grown exponentially along with the public health crises of increased suicides, opioid epidemics, workplace shootings, harassment complaints, family financial distress and more. EAPs are too valuable to be hidden behind an insurance product with limited access and which strips away key EAP services to HR and managers that support the organization (such as active and ongoing worksite-based promotions).

One critical factor that didn’t come out in this research study was the necessity of developing a partnership and ongoing pattern of collaboration of effort between the EAP and the customer organization. A high quality partnership involves an active process of analyzing both EAP and organizational data and then jointly coming up with a strategic plan for promotional activities and events. It is also critical that the EAP becomes integrated into the full range of other wellbeing-related benefits in order to successfully cross-refer between allied programs when needed.

For example, several of our most active customers have hosted wellness integration meetings where we are able to share the EAP data with other benefit vendors - such as the health plan, wellness program, disability vendor and broker. At these meetings, we share information about utilization trends and decide as a group which services will be promoted. It also serves to educate other service providers and helps us to set mutual (and realistic) goals for EAP utilization. This integration component was missing from the statistical kinds of analyses we did in the paper, as the quality of the customer relationship is more of a work culture variable and hard to measure as a specific number.

In closing, I am fortunate to have spent my career in an occupation that helps individuals negotiate life when times get tough. My hope is that this applied research will help to educate the HR and EAP communities about what it takes to make our program more visible and valuable to employees and household members. Employee assistance programs are more relevant than ever before and need to be promoted as such.

Kathy Greer

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Acknowledgement: The authors wish to thank and acknowledge the many hours of support received by Tyson Puetz, VP, Information Systems, KGA and the re-analysis work and final editing of this paper provided by Dr. Mark Attridge, Attridge Consulting / Editor of *EASNA Research Notes*.

Suggested Citation: Shepps, H., & Greer, K. (2018). Exploring the Impact of Promotion on the Use of EAP Counseling: A Retrospective Analysis of Postcards and Worksite Events for 82 Employers at KGA. *EASNA Research Notes*, Vol. 7, No. 2 Available from: <http://www.easna.org/publications>