

CASE STUDY

EAP OUTCOMES AND IMPACT



2020

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ABOUT CURALINC

CuraLinc Healthcare, headquartered in Chicago, provides an outcomes-driven suite of employee assistance program (EAP), behavioral health and wellness programs to thousands of clients with employees in the U.S. and around the world. CuraLinc's EAP provides employers with an organizational, yet confidential, approach to working constructively with employees who experience personal and work-related problems that impact their health and productivity. The program also reduces direct and indirect costs through an innovative and highly-structured care management model that addresses behavioral health concerns as either primary or comorbid conditions.

EXECUTIVE SUMMARY

Employee assistance programs, otherwise known as EAPs, are employer-sponsored employee benefits that offer confidential assessments, short-term counseling, referrals and follow-up services to employees who have personal and/or work-related problems. EAPs address a wide array of concerns affecting mental and emotional well-being, such as depression, stress, anxiety, grief, family problems, relationship issues, and alcohol or other substance abuse.

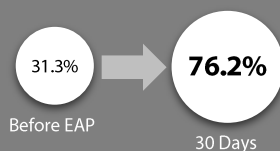
To employers, the value proposition of an EAP is based on the understanding that employees with the aforementioned concerns often have troubles in their professional and personal lives that ultimately impact a company's bottom line. Historically, EAP providers have used a variety of metrics to illustrate their ability to resolve or mitigate these concerns, such as employee utilization rates, referrals to external resources, satisfaction surveys or website visits. While these measurements are effective and valuable tools that help employers evaluate the reach of the program, they don't truly measure the *impact* of the EAP on employee health, well-being and productivity.

In an effort to quantify the true impact of an EAP, CuraLinc developed a proprietary assessment and follow-up process that utilizes four evidence-based instruments to measure baselines and outcomes from EAP participants:

- **Productivity.** Stanford Presenteeism Scale (SPS-6)
- **Depression.** Patient Health Questionnaire (PHQ-9)
- **Absenteeism.** Workplace Outcomes Suite (WOS)
- **Alcohol Use.** Alcohol Use Disorders Identification Test (AUDIT)

CuraLinc measured the health and productivity of 7,040 benefit-eligible employees who used the EAP between January 1, 2019, and December 31, 2019. CuraLinc's case managers offered the SPS-6 and WOS to all employees; and offered the PHQ-9 and AUDIT to those who presented with depression and alcohol use, respectively. CuraLinc followed up with participants 30 days after the case was closed to measure changes in their health and productivity, evaluate their satisfaction with the program and profile for variations in health status or referrals to other resources. A summary of the program's impact on employee health and productivity is shown below:

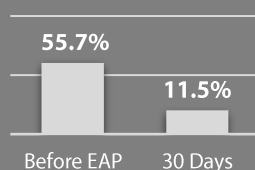
PRODUCTIVITY



76.2% of employees reported 'high' productivity after EAP treatment, up from 31.3% prior to using the program.

70.0% of participants with low or moderate productivity migrated to high productivity after participating in the EAP.

DEPRESSION



Only 11.5% of participants with depression were moderate, moderately-severe or severe after using the EAP, compared to 55.7% prior to engaging with the program.

ABSENTEEISM



During the initial assessment, EAP participants reported missing 11.6 hours of work due to their behavioral health concern. Thirty days after EAP treatment was completed, employees reported missing only 2.1 hours, resulting in a net improvement of 9.5 hours.

ALCOHOL USE



After completing EAP treatment, over 70% of alcohol-using employees were classified as 'low risk'.

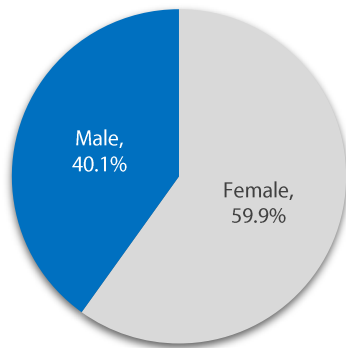
The percentage of employees at higher alcohol risk levels dropped from 33.3% to 8.4% after EAP participation.

In summary, the data collected by CuraLinc suggests that an EAP with the proper construct and focus can facilitate meaningful behavior change that correlates to a decrease in absenteeism, an increase in productivity and a direct impact on a client's bottom line. The data also suggests that an EAP does have the ability to improve the health of employees who present with depression or alcohol use problems.

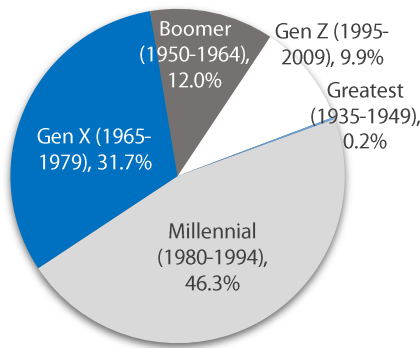
PARTICIPANT PROFILE

CuraLinc collected health and productivity data from 7,040 benefit-eligible employees in 2019.

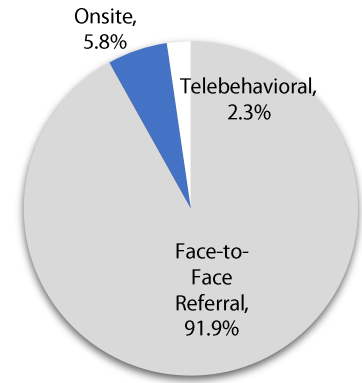
GENDER



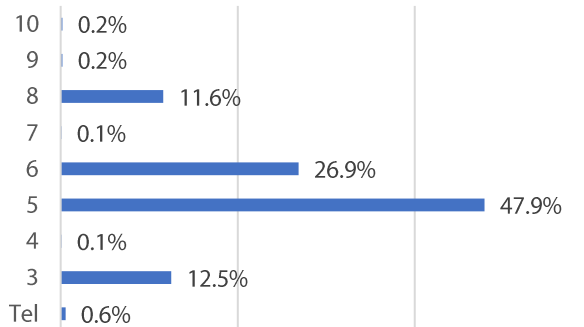
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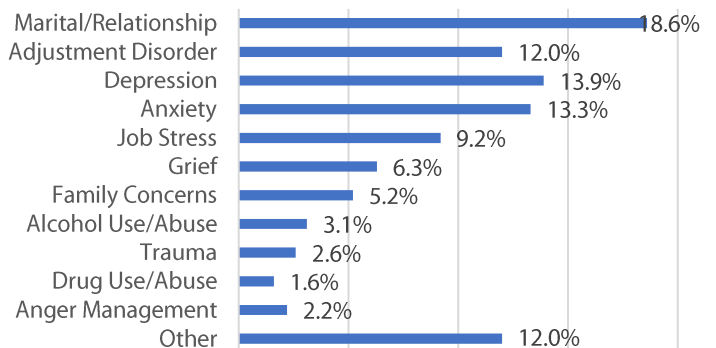
MODALITY



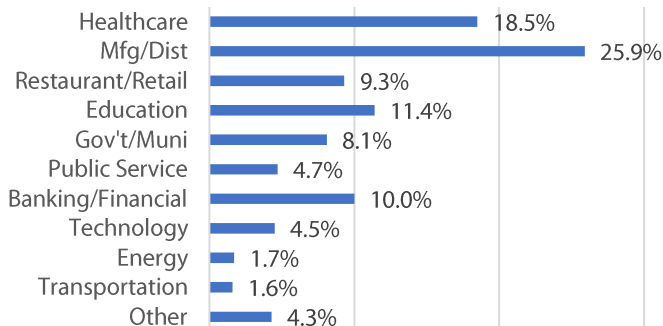
EAP SESSION MODEL



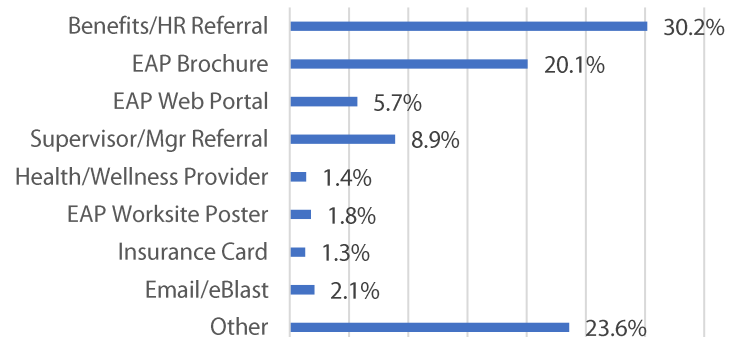
PRESENTING ISSUE



INDUSTRY



REFERRAL SOURCE



This data represents benefit-eligible employees who completed one or more of the aforementioned surveys in 2019 and does not reflect all CuraLinc EAP participants or all CuraLinc EAP clients.

METHODOLOGY

For the purposes of this analysis, CuraLinc Healthcare examined cases in which an EAP participant was provided a referral for short-term face-to-face counseling with a licensed mental health clinician. The data set contained information from 7,040 employees of CuraLinc clients who used the EAP between January 1, 2019, and December 31, 2019. Information collected from spouses, dependents and retirees was not included in this study, nor was aggregate data that was not statistically significant ($p > 0.05$).

This survey was administered in advance of the initial EAP clinical assessment, which is conducted by CuraLinc's team of Case Managers. CuraLinc offered the SPS-6 and WOS to all employees who used the EAP; and offered the PHQ-9 and AUDIT to employees who presented with depression and alcohol use, respectively. CuraLinc followed up with participants 30 days after the case was closed to measure changes in their health and productivity using the aforementioned tools. The follow-up consultation also allowed CuraLinc's Case Managers to evaluate participant satisfaction with the program and profile for variations in health status or referrals to other resources.

CASE MANAGER

CuraLinc's EAP Case Managers are all independently-licensed, masters or doctorate-level mental health professionals. These clinicians are asked to conduct thorough assessments, make expert referrals and provide consultative follow-ups on all EAP cases – which may have had a positive effect on the results contained within this report.

RESULTS

PRODUCTIVITY

According to Cheryl Koopman from the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine, workforce productivity has become a critical factor in the strength and sustainability of a company's overall business performance. Absenteeism affects productivity; however, even when employees are physically present at their jobs, they may experience decreased productivity and below normal work quality – a concept known as decreased 'presenteeism'.



Over 75% of employees reported improved productivity after using the EAP.

According to EAPA, the Employee Assistance Professionals Association, "an employee assistance program (EAP) is a set of professional services specifically designed to improve and/or maintain the productivity and healthy functioning of the workplace." With that in mind, CuraLinc examined the impact of an employee assistance program (EAP) on employee presenteeism and productivity.

MEASUREMENT TOOL

CuraLinc used the Stanford Presenteeism Scale-6 (SPS-6) to assess the relationship between presenteeism, health problems and productivity for employees who participated in the EAP in 2019. The SPS-6 measures

an employee's perception of his or her ability to overcome the distraction of current physical and/or psychological problems in order to handle job stress, complete tasks, achieve goals and maintain sufficient focus and energy levels.

The SPS-6 uses a Likert Scale to record responses, ranging from 'Strongly Disagree' (1) to 'Strongly Agree' (5). The maximum score of the six-question set is 30.

SPS-6 Question Set

- SPS6Q1: Because of my (presenting issue), the stresses of my job were much harder to handle.
- SPS6Q2: Despite having my (presenting issue), I was able to finish hard tasks in my work.
- SPS6Q3: My (presenting issue) distracted me from taking pleasure in my work.
- SPS6Q4: I felt hopeless about finishing certain work tasks, due to my (presenting issue).
- SPS6Q5: At work, I was able to focus on achieving my goals despite my (presenting issue).
- SPS6Q6: Despite having my (presenting issue), I felt energetic enough to complete all my work.

OUTCOMES

FIGURE 1A. AVERAGE SPS-6 RESPONSES



6,473 program participants completed the SPS-6 during the initial assessment, 807 of whom also completed the questionnaire again 30 days post-treatment. From among those who completed the questionnaire after 30 days, the average SPS-6 score increased from 17.7 to 24.1, a gain of 6.4¹.

FIGURE 1B. DISTRIBUTION OF SPS-6 RESPONSES

SPS-6 SCORE	LOW PRESENTEEISM			HIGH PRESENTEEISM	
	6-10	11-15	16-20	21-25	26-30
ASSESSMENT	5.6%	32.9%	30.2%	21.8%	9.5%
	38.5%			31.3%	
30 DAYS	2.9%	3.1%	17.7%	37.9%	38.3%
	6.0%			76.2%	

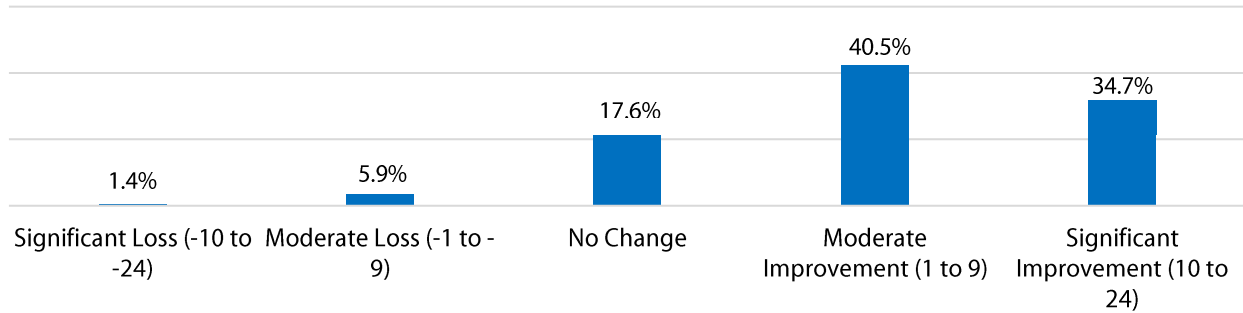
Due to rounding, numbers presented throughout this report may not add up precisely to the totals indicated and percentages may not precisely reflect the absolute figures.

During the initial assessment, over 38% of EAP participants reported low presenteeism, which is loosely defined as one who is physically present at their job, but experiencing decreased productivity and sub-standard work quality due to their presenting issue.

- Over twice as many employees, or 76.2%, reported high productivity after using the EAP compared to under 32% during the initial clinical assessment.
- After participating with the EAP, the percentage of employees who reported low presenteeism dropped from 38.5% to 6.0%.
- 70.0% of participants with low or moderate productivity migrated to high productivity after using the EAP.

¹The average SPS-6 score increased from 17.733 to 24.117, representing an improvement of 6.384.

FIGURE 1C. PRODUCTIVITY MIGRATION



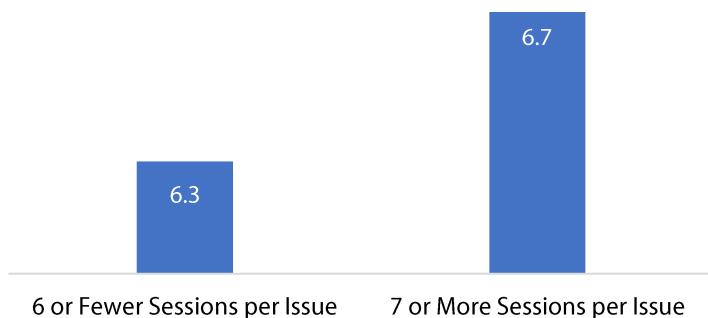
- 75.2% of EAP participants reported improved productivity after using the program. Only 7.3% of participants reported deteriorated productivity.
- Among employees with a significant (10 or more points) change after using the EAP, 98.1% reported significant productivity improvement.

FIGURE 1D. PRODUCTIVITY CHANGE (IMPROVEMENT), BY PRESENTING ISSUE



The EAP had the highest impact on the productivity of employees who presented with either **Job Stress** or **Substance Abuse**. Employees who used the EAP to address job stress also had the lowest productivity score during the initial assessment (SPS-6: 16.0), which was consistent from the data reported in both 2018 and 2017.

FIGURE 1E. PRODUCTIVITY CHANGE (IMPROVEMENT), BY EAP SESSION MODEL



88.5% of survey respondents worked for companies that offered an EAP model with seven or more sessions of face-to-face or telebehavioral counseling per presenting issue. Employees who work for clients with a session model of seven or higher realized an average productivity improvement of 6.7, compared to an average improvement of 6.3 for employees with clients that offer a lower session model.

FIGURE 1F. PRODUCTIVITY CHANGE (IMPROVEMENT), BY SPS-6 QUESTION

A deeper analysis of the questions within the SPS-6 revealed that while the change attributed to Q5: *At work, I was able to focus on achieving my goals despite my [presenting issue]*, was the highest of the six questions within the tool, all six questions contributed to the improvement reported by EAP participants in 2019.

	AVERAGE SCORE (ASSESSMENT)	AVERAGE SCORE (30 DAYS)	CHANGE	PERCENTAGE OF OVERALL CHANGE (IMPROVEMENT)
Q1: Because of my (presenting issue), the stresses of my job were much harder to handle.	2.82	4.00	1.18	18.50%
Q2: Despite having my (presenting issue), I was able to finish hard tasks in my work.	3.17	4.03	0.86	13.48%
Q3: My (presenting issue) distracted me from taking pleasure in my work.	2.80	3.99	1.19	18.65%
Q4: I felt hopeless about finishing certain work tasks, due to my (presenting issue).	3.14	4.03	0.89	13.95%
Q5: At work, I was able to focus on achieving my goals despite my (presenting issue).	2.82	4.03	1.21	18.97%
Q6: Despite having my (presenting issue), I felt energetic enough to complete all my work.	2.99	4.04	1.05	16.46%

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DEPRESSION

In 2019, from among cases referenced in this study, over one in eight EAP participants (13.9%) reported depression as their primary presenting concern. Although depression is one of the most relevant and treatable mental health disorders, the personal, societal and organizational costs are significant.



98.4% of employees with depression showed improvement after using the EAP.

MEASUREMENT TOOL

The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-9 is the depression module of the PHQ, used for screening, diagnosing, monitoring and measuring the severity of depression. The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief tool, which CuraLinc uses for both clinical and outcomes-measuring purposes.

PHQ-9 Question Set

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- PHQ9Q1: Little interest or pleasure in doing things.
- PHQ9Q2: Feeling down, depressed, or hopeless.
- PHQ9Q3: Trouble falling or staying asleep or sleeping too much.
- PHQ9Q4: Feeling tired or having little energy.
- PHQ9Q5: Poor appetite or overeating.
- PHQ9Q6: Feeling bad about yourself – or that you are a failure or have let yourself or your family down.
- PHQ9Q7: Trouble concentrating on things, such as reading the newspaper or watching television.
- PHQ9Q8: Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.
- PHQ9Q9: Thoughts that you would be better off dead or of hurting yourself in some way.
- EXTRA(Q10): How difficult have these problems made it for you to work, take care of things, or get along with others? [0=Not, 1=Somewhat, 2=Very, 3=Extremely]

After measuring the difference between a participant’s assessment PHQ-9 score and their 30-day follow-up PHQ-9 score, CuraLinc used the data to determine the impact of EAP treatment for employees who presented with depression as their primary or secondary reason for using the program.

OUTCOMES

FIGURE 2A. DISTRIBUTION OF PHQ-9 RESPONSES

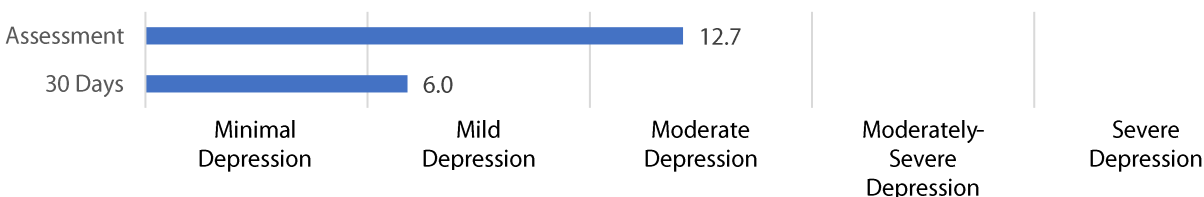
	PHQ-9 SCORE	ASSESSMENT	30 DAYS	INITIAL (ASSESSMENT) TREATMENT PLAN
MINIMAL DEPRESSION	0-4	6.6%	47.5%	in-the-moment support and referral to EAP counseling; reconnect in 30 days if symptoms remain
MILD DEPRESSION	5-9	37.7%	41.0%	
MODERATE DEPRESSION	10-14	21.3%	6.6%	in-the-moment support and referral to EAP counseling; consider psychotherapy if not resolved in EAP
MODERATELY-SEVERE DEPRESSION	15-19	29.5%	3.3%	
SEVERE DEPRESSION	20+	4.9%	1.6%	

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The PHQ-9 was offered to employees who presented with depression during the initial assessment as either their primary or secondary issue. Of the 507 program participants who completed the PHQ-9 during the initial assessment, 61 also completed the questionnaire 30 days post-treatment.

FIGURE 2B. AVERAGE PHQ-9 RESPONSES

From among those who completed the questionnaire during the assessment and again after 30 days, the average PHQ-9 score improved from 12.7 (moderate depression) to 6.0 (the low end of mild depression).



The impact of the EAP was most noticeable among participants who presented with severe, moderately severe or moderate depression. The percentage of EAP participants in these categories dropped from 55.7% to 11.5%, 30 days after EAP treatment was completed.

- Over one in five EAP participants with depression showed significant improvement after using the program, represented by an improvement of 10 or more (2 or more risk levels).
- 79.4% of employees with moderate, moderately-severe or severe depression migrated to minimal or mild depression after EAP treatment.

FIGURE 2C. PERCENTAGE OF EAP PARTICIPANTS WITH MODERATE, MODERATELY-SEVERE OR SEVERE DEPRESSION

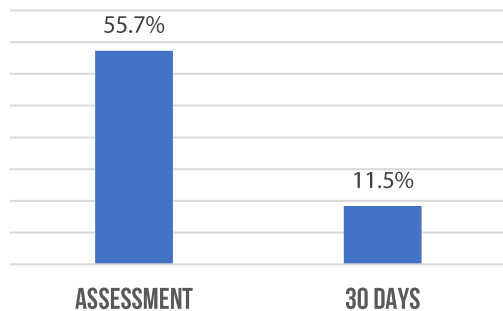


FIGURE 2D. DEPRESSION RISK MIGRATION

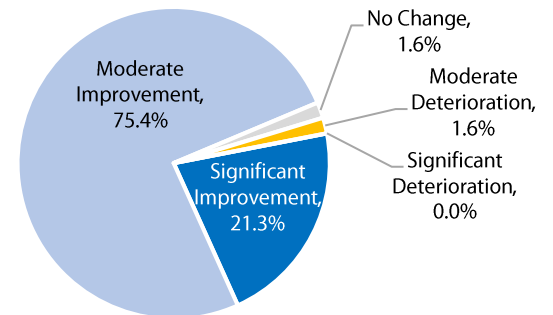


FIGURE 2E. DEPRESSION IMPACT, BY PHQ-9 QUESTION

Of the nine questions within the PHQ-9 tool, responses to two contributed to over 34% of the gains realized by EAP participants in 2019, while two others contributed to less than 7% of the improvement in depression-related symptoms. None of nine questions had a lower 30-day average response score.

In response to the question, 'Over the last two weeks, how often have you been bothered by any of the following problems?'

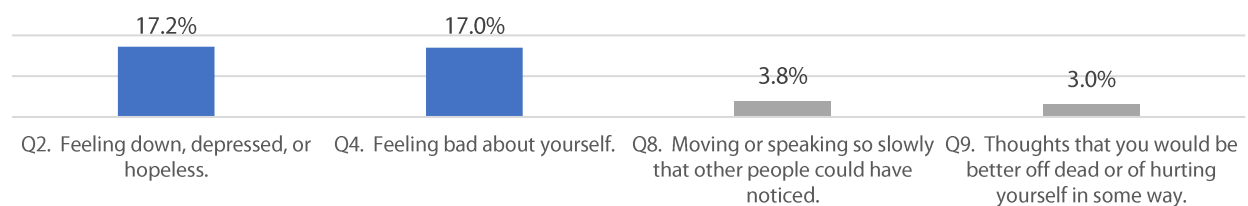
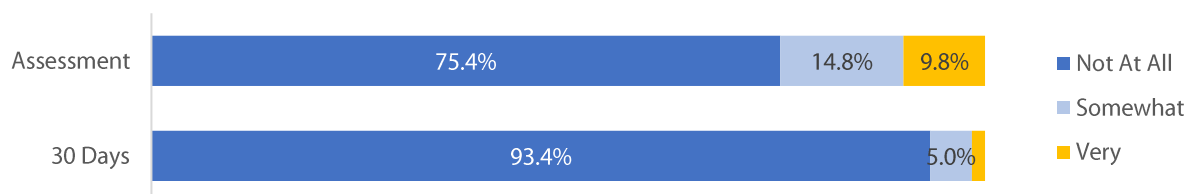


FIGURE 2F. EAP IMPACT ON WELLBEING FOR EMPLOYEES WITH DEPRESSION

For EAP participants who presented with depression as their primary or secondary presenting issue, CuraLinc added a question to the PHQ-9 tool to assess the impact of the EAP on their personal and professional wellbeing.

In response to the question, 'How difficult has (the presenting issue) made it for you to work, take care of things or get along with others?'



ABSENTEEISM

The U.S. Department of Labor (DOL) estimates that almost 3 percent of an employer's workforce is absent on any given day – and, according to Circadian, unscheduled absenteeism costs roughly \$3,600 per year for each hourly worker and \$2,650 each year for salaried employees. Effectively managing absenteeism, the growing problem of unscheduled absences, requires that organizations recognize that the issue is a problem and then develop a strategy to solve the problem.



Employees missed 9.5 hours less work time after using the EAP.

CuraLinc Healthcare examined the impact of an employee assistance program (EAP) on the absenteeism rates of 6,304 participants in 2019.

MEASUREMENT TOOL

The Workplace Outcome Suite (WOS) is a psychometrically-tested and validated five-scale questionnaire, developed by Chestnut Global Partners. The WOS was designed to provide assessment on relevant individual differences that focus on outcomes which are related specifically to EAP interventions and are likely to change across time if treatment is successful – and remain static if it is not. The questionnaire requires responses to statements that refer to aspects of the participant's work and life experience that may be affected by the personal problems that the participant wants to address within the EAP.

For the purpose of measuring EAP-driven outcomes, CuraLinc chose to use only the Absenteeism scale within the WOS. The five-question tool asked participants to report work time lost due to personal problems for the previous 30 days.

WOS Question Set

Please report for the period of the past 30 days the total number of hours your personal problems (or presenting issue):

- WOSAQ1: Caused you to miss work altogether.
- WOSAQ2: Made you late for work.
- WOSAQ3: Caused you to take off early.
- WOSAQ4: Pulled you away from your normal work location.
- WOSAQ5: Required you to be on the phone, email or internet while at work.

OUTCOMES

FIGURE 3A. AVERAGE WOS RESPONSES (IN HOURS MISSED DUE TO PRESENTING CONCERN)



6,304 program participants completed the WOS during the initial assessment, 764 of whom also completed the questionnaire again 30 days post-treatment. From among the 764 participants who completed the post-EAP questionnaire, the average number of hours missed during the previous 30 days based on the employee's presenting issue dropped from 11.6 hours to 2.1 hours, a gain of 9.5 hours. This improvement is higher than the improvement reported in 2018 (8.7 hours).

Because well over half (63.6%) of the 764 employees who completed both the assessment and 30-day questionnaire (Group A; n=486) reported time missed from work prior to using the EAP as a result of their presenting issue, it's important to compare the results from this group to the group of employees who *did not* miss work prior to using the EAP (Group B; n=278).

FIGURE 3B. COMPARISON OF WOS 30-DAY RESULTS BY TIME MISSED PRIOR TO THE INITIAL ASSESSMENT

	ASSESSMENT (AVERAGE HOURS MISSED)	30 DAYS (AVERAGE HOURS MISSED)	CHANGE (AVERAGE HOURS MISSED)
TOTAL RESULTS	11.6	2.1	9.5
GROUP A (N=486) Missed One or More Hours of Work Due to EAP Presenting Issue Prior to Using the Program	18.2	2.9	15.3
GROUP B (N=278) Missed No Work Due to Presenting Issue Prior to Using the EAP	0	0.9	-0.9

Due to rounding, numbers presented throughout this report may not add up precisely to the totals indicated and percentages may not precisely reflect the absolute figures.

While the impact of the program was profound for employees who reported time missed from work prior to using the EAP (Group A; 15.3 fewer hours missed), the program's ability to limit time away from work for employees who were not absent from work prior to using the EAP (Group B) was also significant. With regard to the latter, only 5.4% of employees from Group B missed any time at all due to their presenting concern after using the EAP.

FIGURE 3C. ABSENTEEISM 'GROUP A' BREAKDOWN

HOURS MISSED	ASSESSMENT		30 DAYS	
	NUMBER OF EMPLOYEES	PERCENTAGE OF GROUP A	NUMBER OF EMPLOYEES	PERCENTAGE OF GROUP A
None	n/a	n/a	450	92.6%
1-7	232	47.7%	8	1.6%
8-15	79	16.3%	7	1.4%
16-39	101	20.8%	9	1.9%
40 or More	74	15.2%	12	2.5%

A deeper look into the results from Group A participants (employees who reported time missed from work prior to using the EAP due to their presenting concern) highlighted a few additional impact-related details:

- 92.6% of employees who missed time from work due to their presenting concern did not miss time after EAP treatment.
- At the point of engagement, 36.0% of Group A employees missed 16 or more hours from work due to their presenting concern. That figure dropped to 4.3% after EAP participation.
- 74 employees missed 40 or more hours from work prior to using the EAP. Three-fourths of them (60 employees) missed no time at all after EAP treatment; and the average improvement was 67.2 hours per employee.

When grouped by the employee’s presenting issue, two concerns stood out.

- The EAP had the highest impact on absenteeism from employees who presented with grief issues (n=27), with an average of almost 20 hours gained after using the program.
- The EAP was not as impactful on absenteeism from employees who presented with family/marital/relationship issues (n=131), with an increase of only 3.2 hours after EAP participation.

FIGURE 3D. ABSENTEEISM CHANGE, BY PRESENTING ISSUE

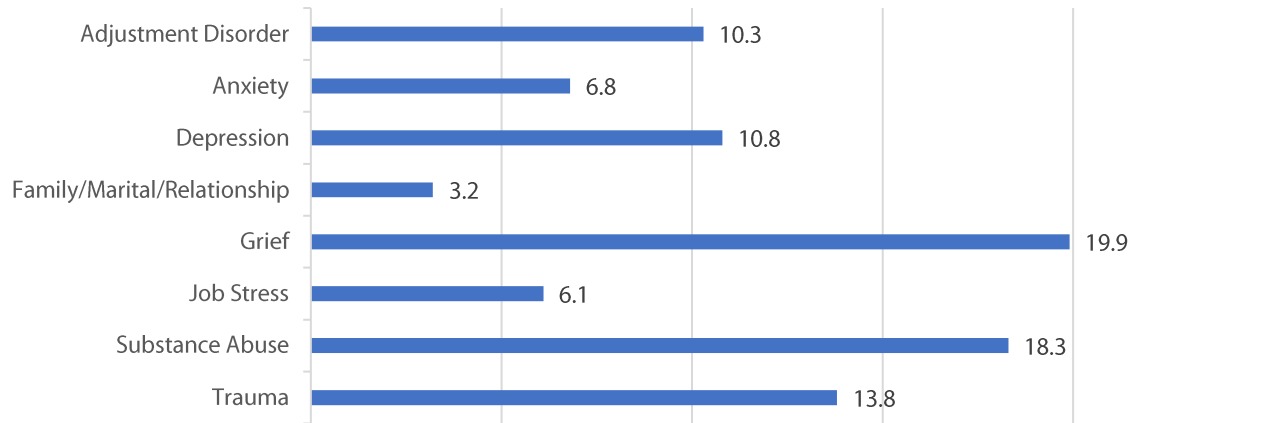


FIGURE 3E. ABSENTEEISM CHANGE (IMPROVEMENT), BY WOS QUESTION

As expected, the majority of the gains came from Q1 in the WOS Absenteeism tool (*The [presenting issue] caused you to miss work altogether.*).

	AVERAGE HOURS (ASSESSMENT)	AVERAGE HOURS (30 DAYS)	CHANGE	PERCENTAGE OF OVERALL CHANGE
Q1: (The presenting issue) caused you to miss work altogether.	10.182	2.052	8.130	86.0%
Q2: (The presenting issue) made you late for work.	0.402	0.029	0.373	3.9%
Q3: (The presenting issue) caused you to take off early.	0.306	0.020	0.286	3.1%
Q4: (The presenting issue) pulled you away from your normal work location.	0.237	0.018	0.219	2.3%
Q5: (The presenting issue) required you to be on the phone, email or internet while at work.	0.467	0.024	0.443	4.7%
TOTAL	11.594	2.143	9.451	

ALCOHOL USE

According to the U.S. Office of Personnel Management, alcohol is the single most used and abused drug in America. Nearly 14 million Americans (1 in every 13 adults) abuse alcohol or are alcoholics. In addition, according to the National Institute on Alcohol Abuse and Alcoholism, alcohol poisoning kills six people every day – and, of those, 76% are adults ages 35-64, and three of every four people killed by alcohol poisoning are men.

The costs to society in terms of lost productivity, health care costs, traffic accidents and personal tragedies are staggering. Numerous studies and reports have been issued on the workplace costs of alcoholism and alcohol abuse – and they report a financial impact that ranges from \$33 billion to \$68 billion per year.

In the workplace, the costs of alcoholism and alcohol abuse manifest themselves in many ways. Absenteeism is estimated to be 4 to 8 times greater among alcoholics and alcohol abusers.

MEASUREMENT TOOL

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-question screen that was developed by the World Health Organization as a simple way to identify people who are at risk of developing alcohol problems. For the purposes of this study, CuraLinc analyzed post-EAP AUDIT scores to measure the impact of the program.

AUDIT Question Set

- AUDITQ1: How often did you have a drink containing alcohol in the past (assessment: year; follow-up: 30 days)?
 - *Never, 0. Monthly or less, 1. Two to four times a month, 2. Two to three times a week, 3. Four or more times a week, 4.*
- AUDITQ2: How many drinks did you have on a typical day when you were drinking in the past (assessment: year; follow-up: 30 days)?
 - *None, I do not drink, 0. 1 or 2, 0. 3 or 4, 1. 5 or 6, 2. 7 to 9, 3. 10 or more; 4*
- AUDITQ3: How often did you have six or more drinks on one occasion in the past (assessment: year; follow-up: 30 days)?
 - *Never, 0. Less than monthly, 1. Monthly, 2. Weekly, 3. Daily or almost daily, 4.*
- AUDITQ4: During the past year, how often have you found that you were not able to stop drinking once you had started?
 - *Never, 0. Less than monthly, 1. Monthly, 2. Weekly, 3. Daily or almost daily, 4.*
- AUDITQ5: During the past year, how often have you failed to do what was normally expected of you because of drinking?
 - *Never, 0. Less than monthly, 1. Monthly, 2. Weekly, 3. Daily or almost daily, 4.*
- AUDITQ6: During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?
 - *Never, 0. Less than monthly, 1. Monthly, 2. Weekly, 3. Daily or almost daily, 4.*
- AUDITQ7: During the past year, how often have you had a feeling of guilt or remorse after drinking?
 - *Never, 0. Less than monthly, 1. Monthly, 2. Weekly, 3. Daily or almost daily, 4.*
- AUDITQ8: During the past year, have you been unable to remember what happened the night before because you had been drinking?
 - *Never, 0. Less than monthly, 1. Monthly, 2. Weekly, 3. Daily or almost daily, 4.*
- AUDITQ9: Have you or someone else been injured as a result of your drinking?
 - *No, 0. Yes, but not in the past year, 2. Yes, within the past year, 4.*
- AUDITQ10: Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?
 - *No, 0. Yes, but not in the past year, 2. Yes, within the past year, 4.*



98% of employees who presented with alcohol use or abuse reported reduced risk after using the EAP.

AUDIT SUMMARY

The AUDIT is a 10-question tool used to screen and identify people who are at risk of developing alcohol problems.

Questions 1-3: Hazardous Alcohol Use
Questions 4-6: Dependence Symptoms
Questions 7-10: Harmful Alcohol Use

OUTCOMES

FIGURE 4A. AVERAGE AUDIT RESPONSES



350 employee assistance program (EAP) participants who presented with alcohol use or abuse during the initial clinical assessment were asked to complete the 10-question AUDIT survey. From among the 48 employees who also completed the questionnaire 30 days post-treatment, the average participant improved from an AUDIT score of 13.3, which represents an increased risk of health problems due to alcohol use, to a score of 6.5, which represents a low risk situation. Both the assessment and post-treatment scores were higher in 2019 than in 2018.

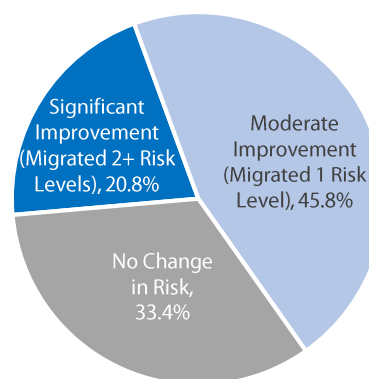
FIGURE 4B. DISTRIBUTION OF AUDIT RESPONSES

AUDIT SCORE	RISK LEVEL	ASSESSMENT	30 DAYS	TREATMENT RECOMMENDATION
0-7	Zone I: Low Risk	22.9%	70.8%	education from EAP
8-15	Zone II: Risky	43.8%	20.8%	education and referral to EAP short-term counseling
16-19	Zone III: Harmful	10.4%	4.2%	in-the-moment EAP support; monitored EAP or long-term counseling
20-40	Zone IV: Severe	22.9%	4.2%	in-the-moment EAP support; referral to specialist for ongoing treatment

Beyond the overall improvement reported by participants who used or abused alcohol, several other facts from the analysis illustrated EAP-driven impact and risk migration.

- 66% of EAP participants who consume alcohol regularly migrated one or more risk levels after using the EAP (refer to Figure 4C).
- No EAP participants reported moderate or significant deterioration 30 days after treatment was completed.
- Almost 34% of EAP participants who presented with alcohol use fell into one of the two highest risk zones during the initial assessment. After using the EAP, that figure dropped to under 10%.
- After completing EAP treatment, over 70% of alcohol-using employees were considered low risk (Zone I).

FIGURE 4C. ALCOHOL USE RISK MIGRATION



No EAP participants reported moderate (1 risk level) or significant (2+ risk levels) deterioration.

In addition, of the ten questions within the survey, responses to three contributed to over 60% of the gains realized by EAP participants in 2019. None of the ten questions had a lower 30-day average response score.



- Q1: How often did you have a drink containing alcohol... (**23.2%** of improvement)
- Q2: How many drinks did you have on a typical day... (**19.5%** of improvement)
- Q3: How often did you have six or more drinks on one occasion... (**20.4%** of improvement)

OUTCOMES AND IMPACT FROM OTHER FACTORS

GENDER

FIGURE 5. SPS-6 (PRODUCTIVITY) RESULTS BY GENDER

WOS (ABSENTEEISM) RESULTS BY GENDER

	ASSESSMENT	30 DAYS	CHANGE	ASSESSMENT	30 DAYS	CHANGE
 Female	18.0 moderate productivity	23.6 high productivity	5.6	9.3 hours missed	2.4 hours missed	6.9 hours
 Male	17.9 moderate productivity	24.5 high productivity	6.6	13.8 hours missed	1.9 hours missed	11.9 hours

Due to rounding, numbers presented throughout this report may not add up precisely to the totals indicated and percentages may not precisely reflect the absolute figures.

The program had a similar impact on post-treatment productivity for female (n=405) and male (n=402) employees – represented by SPS-6 improvements of 5.6 and 6.6 points, respectively. However, the impact on absenteeism stemming from the employee’s presenting issue was drastically different when segmented by gender.



The EAP had a much greater impact on absenteeism for male employees, compared to female employees.

Female employees (n=376) reported missing fewer hours from work than male employees (n=388) prior to using the EAP – and also reported missing more hours than their male counterparts after EAP treatment. The end result, a 6.9 hour improvement for females and a 11.9 hour improvement for males, represents the largest gender-specific absenteeism difference in the five-year history of this study.

INDUSTRY TYPE

FIGURE 6. EAP OUTCOMES, BY INDUSTRY

	WOS (ABSENTEEISM)			SPS-6 (PRODUCTIVITY)		
	ASSM'T	30 DAYS	CHANGE	ASSM'T	30 DAYS	CHANGE
BANKING/FINANCIAL	11.7	5.2	6.5	17.4	23.6	6.2
EDUCATION	6.1	2.1	4.0	18.0	23.8	5.8
GOV'T/MUNICIPAL	11.5	1.1	10.4	18.0	24.6	6.6
HEALTHCARE	9.8	1.3	8.5	18.7	23.7	5.0
MFG/DISTRIBUTION	13.5	3.2	10.3	17.7	24.1	6.4
PUBLIC SERVICE	7.3	1.6	5.7	18.3	23.4	5.1
RESTAURANT/RETAIL	11.3	0.9	10.4	16.4	23.2	6.8
TECHNOLOGY	10.3	0.0	10.3	19.0	24.8	5.8

Due to rounding, numbers presented throughout this report may not add up precisely to the totals indicated. Industries without statistical significance were not included in this table.

Many employees face personal and professional stressors that correspond to their line of work – from nurses who deal with life or death situations every day to teachers who have a tremendous amount of stress in their lives during the weeks leading up to summer vacation. These stressors have a significant and measurable impact on employee absenteeism and productivity.

CuraLinc reviewed the impact of an EAP on employees across eight industries with a statistically significant sample size of 30-day survey results.

- Although employees in all eight industries improved from 'Moderate Productivity' to 'High Productivity', those in restaurant/retail companies and in gov't/municipal companies reported the highest productivity gains. The other six industries were clustered near the overall average improvement of 6.0.
- Employees who work for restaurant/retail and gov't/municipal companies reported the highest absenteeism-related improvement after EAP participation.
- Education employees reported the lowest EAP-driven impact on absenteeism.



Restaurant/Retail and Municipal employees reported the highest improvement in absenteeism rates and productivity.

AGE (GENERATION)

FIGURE 7. SPS-6 (PRODUCTIVITY) RESULTS BY AGE

WOS (ABSENTEEISM) RESULTS BY AGE

	ASSESSMENT	30 DAYS	CHANGE	ASSESSMENT	30 DAYS	CHANGE
Boomers Born 1950-1964	17.2 moderate productivity	24.8 high productivity	7.6	15.0 hours missed	1.5 hours missed	13.5 hours
Gen-X Born 1965-1979	18.2 moderate productivity	23.9 high productivity	5.7	13.1 hours missed	2.8 hours missed	10.3 hours
Millennials Born 1980-1994	17.9 moderate productivity	24.2 high productivity	6.3	9.6 hours missed	2.1 hours missed	7.5 hours
Gen-Z Born 1995-	16.4 moderate productivity	22.9 very high productivity	6.5	8.8 hours missed	0.7 hours missed	8.1 hours

Due to rounding, numbers presented throughout this report may not add up precisely to the totals indicated and percentages may not precisely reflect the absolute figures.

Millennials recently surpassed Gen-Xers as the largest generation in the U.S. labor force. However, American employees are also working later into adulthood. According to the U.S. Department of Labor, by 2024, nearly 25% of the American workforce will be composed of workers ages 55 and over.

Much has been written about the differences between younger and older employees and the corresponding productivity levels of each generation. While Baby Boomers reported the highest productivity gains (7.6 points) and absenteeism reduction (13.5 hours) after using the EAP, Gen-Z employees were more likely to use the program before their presenting issue had a significant impact on their job performance.



Employees born between 1950-1964 reported the highest impact from the EAP.

FORMAL MANAGEMENT REFERRALS

FIGURE 8. SPS-6 RESULTS FOR FMR EMPLOYEES

SPS-6 RESULTS FOR FMR EMPLOYEES				WOS RESULTS FOR FMR EMPLOYEES		
	ASSESSMENT	30 DAYS	CHANGE	ASSESSMENT	30 DAYS	CHANGE
Formal Mgm't Referral	16.9 moderate productivity	26.0 very high productivity	9.1	15.4 hours missed	0.3 hours missed	15.1 hours
Average	17.7	24.1	6.4	9.6	3.1	6.5

Formal management referrals, or FMRs, occur when a manager or Human Resources professional directs an employee to utilize EAP services after formally notifying the employee that he/she has either violated a company policy or exhibited behavior that negatively impacts their productivity and/or the workplace. Given the basis of an FMR, it's not surprising that employees who use the EAP under these circumstances realize significant productivity gains and lower absenteeism.

From among employees who completed the post-treatment survey, 266 used the program as part of an FMR. Their productivity improvement (9.1) and absenteeism reduction (15.1 hours per participant) were both significantly higher than employees who self-referred into the EAP. This is consistent with the deltas reported in 2017 and 2018.



Employees who used the EAP under a formal management referral were more likely to report productivity and absenteeism improvement.

MODALITY

Today, more than ever, employees consume EAP services through avenues that are personally meaningful and unique to their situation. CuraLinc offers multiple access points for care and support, including 'traditional' (face-to-face referral), hybrid (staffing clinicians at the worksite or within a client-specific clinic), distance (video or telephonic counseling), digital behavioral health (cCBT) and text therapy. The first three options were included for the purpose of this analysis.

FIGURE 9. SPS-6 (PRODUCTIVITY) RESULTS BY MODALITY

SPS-6 (PRODUCTIVITY) RESULTS BY MODALITY				WOS (ABSENTEEISM) RESULTS BY MODALITY		
	ASSESSMENT	30 DAYS	CHANGE	ASSESSMENT	30 DAYS	CHANGE
In-Person Referral	17.8 moderate productivity	24.1 high productivity	6.3	11.6 hours missed	2.2 hours missed	9.4 hours
In-Person Worksite or Clinic	20.5 high productivity	23.7 high productivity	3.2	1.0 hours missed	0.0 hours missed	1.0 hours
Distance Counseling¹	15.8 moderate productivity	26.8 very high productivity	11.0	9.5 hours missed	0.0 hours missed	9.5 hours

¹CuraLinc included Distance Counseling within this analysis, although the 30-day survey results were not statistically significant (p>0.05).

Due to rounding, numbers presented throughout this report may not add up precisely to the totals indicated and percentages may not precisely reflect the absolute figures.

PRESENTING ISSUE

CuraLinc tracked twenty different presenting issues for employees who used the EAP in 2019. From among those with a statistically-significant volume of post-treatment surveys, the effect of the EAP on employee health and productivity is reflected in the table below. The program had the most significant impact on employees who presented with job-related stress or substance abuse.

FIGURE 10. PRODUCTIVITY (SPS-6) AND ABSENTEEISM (WOS) CHANGE, BY PRESENTING ISSUE

	N	SPS-6 IMPROVEMENT (N=733)	N	WOS IMPROVEMENT (HOURS) (N=764)
ADJUSTMENT DISORDER	73	5.8	91	10.3
ANXIETY	75	5.3	72	6.8
DEPRESSION	81	6.4	85	10.8
FAMILY/MARITAL/RELATIONSHIP	128	4.3	131	3.2
GRIEF	37	5.9	27*	19.9
JOB STRESS	107	8.3	117	6.1
SUBSTANCE ABUSE	105	8.1	113	18.3
TRAUMA	21*	6.1	19*	13.8

*CuraLinc included certain presenting issues within this analysis, although the 30-day survey results were not statistically significant ($p > 0.05$).

CONCLUSIONS

The data collected by CuraLinc suggests that employee assistance programs (EAPs) with the proper construct and aim have a positive and measurable impact on employee health and productivity.

- Over 75% of employees reported improved productivity after using the EAP.
- 70.0% of participants with low or moderate productivity migrated to high productivity after using the EAP.
- 76.2% of employees reported 'high' productivity after EAP treatment, up from 31.3% prior to using the program.

PRODUCTIVITY

- Only 11.5% of participants with depression were moderate, moderately-severe or severe after using the EAP, compared to over 55% prior to participating in the program.
- Over one in five EAP participants with depression showed significant improvement after using the program, represented by an improvement of 10 or more (2 or more risk levels).
- 79.4% of employees with moderate, moderately-severe or severe depression migrated to minimal or mild depression after EAP treatment.

DEPRESSION

- The average time missed from work due to the employee's presenting concern dropped from 11.6 hours to 2.1 hours after using the EAP.
- From among employees who missed at least 40 hours of work prior to using the EAP, only a quarter of them missed any time at all after using the program.

ABSENTEEISM

- The percentage of employees at higher alcohol risk levels dropped from 33.3% to 8.4% after EAP treatment.
- 66% of participants who consumed alcohol regularly improved by one or more risk levels after using the EAP.
- After using the EAP, 89.2% of employees who used or abused alcohol were considered low risk.

ALCOHOL USE

- The EAP had a much greater impact on absenteeism for male employees (11.9 hours reduced), compared to female employees (6.9 hours).
- The impact of the program on employee productivity was greater for male employees (6.6), compared to female employees (5.6).
- Employers in the restaurant/retail and gov't/municipal space reported the highest EAP-driven improvement in absenteeism rates and productivity.
- The EAP impacted productivity and absenteeism for Baby Boomers (born 1950-1964) at a higher rate than any other generation.
- After using the EAP, Baby Boomers reported higher productivity and absenteeism improvements compared to Gen-X, Millennial and Gen-Z generations.
- Employees who accessed the EAP through either a clinic-based or site-based counseling option reported higher productivity during the initial assessment than those who used the EAP through a 'traditional' access point, which led to a lower-than-expected impact or delta.
- Employees who used the EAP under a formal management referral were more likely to report productivity and absenteeism improvement.
- Employees who presented with job stress or substance abuse reported the highest productivity and absenteeism gains after using the program.

OTHER FACTORS