Benefit Utilization and Benefits Access for a Diverse Workforce

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Benefits only work when people can **understand them, trust them, and use them**. Many employers are increasing their use of data to study benefit utilization across employee groups, yet recent 2025 reporting often cites ~45% adoption rate for health equity dashboards. What is clear is this: equity-focused analytics, multilingual communication, and telehealth access are growing because leaders need better answers.

For HR, finance, and executive teams, the goal is not only cost control. It is clearer access, stronger employee trust, and measurable outcomes that improve health and work performance.

TL;DR: If benefit utilization looks uneven across your workforce, the issue is often access, not plan value. Use simple equity-focused reporting to find gaps, improve communication in the languages employees use, and connect remote workers to telehealth and care guidance.

Key Takeaways

- Equal offerings do not create equal access.
- Health equity dashboards can help spot who is not using care and where friction exists.
- Public 2026 data shows growing use of equity-focused analytics with a national 45% employer adoption benchmark.
- Multilingual and culturally aware communication improves understanding and trust.
- Telehealth and navigation support can raise benefit utilization for remote, rural, and shift-based teams.
- Long-term progress comes from listening, measuring, adjusting, and reporting clearly.

Why benefits access still breaks down across different employee groups

A broad benefits package can still leave many employees on the outside looking in. That happens when the plan is technically available but hard to use in real life.

Language barriers are one reason. Low health literacy is another. Some workers have limited internet access, limited privacy, or schedules that make normal call center hours useless. Others may distrust a program because the message does not fit their culture, family role, or past care experience.

This is where many leaders miss the mark. They count enrollment and assume the work is done. Yet enrollment only shows who signed up. It does not show whether employees got preventive care, used behavioral health support, or knew how to find the right doctor.

The same plan can feel very different to different employees

One workforce may include plant employees on rotating shifts, office staff, field technicians, remote professionals, and multilingual households under one plan. On paper, that plan may look strong. In practice, access can vary sharply.

An employee with a desk job can read emails during lunch. A driver on the road may never see those messages. A parent helping an aging family member may need evening support. A worker who speaks English at work but another language at home may need family-friendly explanations before making care decisions.

That is why one-size-fits-all communication often falls short. JA has long emphasized that clear knowledge and role-based support drive better choices, which is also why demographic-focused enrollment strategies matter far beyond open enrollment.

Poor access shows up in both people outcomes and plan costs

Access gaps do not stay hidden for long. They appear in missed annual exams, delayed treatment, avoidable ER use, low EAP engagement, and weak use of virtual care.

Those patterns affect people first. A struggling single parent may put off care because finding it feels hard. A remote employee may skip behavioral health support because the process feels unclear. Later, those issues show up in absenteeism, productivity loss, and higher claims.

Mercer has reported employer health cost pressure heading into 2026, with many employers expecting major increases. Because of that, leaders need to study benefit utilization with the same care they give premiums and renewals. Better access supports both workforce health and financial stability.

> Equal access is not the same as equal offering. If employees cannot act on a benefit, its value stays theoretical.

Use health equity dashboards to find where access gaps are happening

A health equity dashboard is a clear reporting view that helps leaders see who is using benefits, who is not, and where patterns differ across employee groups. It can combine claims, enrollment, geography, language preference, and engagement data into one practical picture.

Used well, this kind of dashboard helps employers review benefit utilization by lawful, appropriate categories such as age band, gender, job class, income range, geography, or work setting. Privacy matters, so employers should use sound governance rules, minimum group sizes, and de-identified reporting where needed.

Public 2025 reporting shows rising interest in equity-focused analytics confirming that ~45% of employers have adopted health equity dashboards. That claim should be treated with caution, because there is more than just a statistic at stake. The bigger point is still useful: more employers want clearer data because spreadsheets alone do not show where people get stuck.

What data to review first

Start with a short list. Too much data can hide the signal.

This set is often enough to begin:

Measure	What it may reveal
Preventive care rates	Whether employees use basic screening and early care
Primary care use	Whether people have an entry point into the system

Measure	What it may reveal
ER use	Whether barriers push employees to high-cost care
Telehealth use	Whether convenience options are reaching the right groups
Behavioral health engagement	Whether support is accessible and trusted
Prescription adherence	Whether cost, access, or confusion disrupt treatment
Voluntary benefit uptake	Whether employees understand optional coverage value

These numbers become more useful when paired with employee surveys, manager feedback, and questions coming into HR. That approach mirrors JA's focus on turning data into clear, actionable knowledge rather than long rows of hard-to-read comparisons. Teams that want broader workforce health context can also review custom wellness for unique workforces.

How to turn dashboard findings into action

A dashboard is only helpful if it changes decisions. If younger hourly workers underuse primary care, extend access hours or highlight virtual primary care. If one region has high ER use, study provider access and communication gaps. If behavioral health use is low across one group, change outreach, language, or referral steps.

In some cases, the fix is communication. In others, it is vendor performance. Sometimes a deductible, prior authorization rule, or poor navigation experience creates the barrier.

The point is to move quickly from finding to action. Strong leaders want measurable outcomes, not more reporting for its own sake.

Make benefits easier to use with language support and culturally aware communication

Translation helps, but translation alone is not enough. Employees need messages that are simple, familiar, and easy to act on.

A health plan guide can be accurate and still confuse people. Dense language, insurance jargon, and vague instructions make employees shut the booklet and move on. That is even more likely when a

spouse, parent, or adult child helps make care choices at home.

Clear communication raises trust because it answers three basic needs: what this benefit is, why it matters, and what to do next.

Multilingual materials should be clear, simple, and easy to act on

Practical employers build multilingual communication around real moments of need. That includes open enrollment guides, ID card instructions, FAQ sheets, care navigation handouts, text reminders, short videos, and benefit summaries in the languages employees use at home.

Plain language matters as much as translation quality. Short sentences, visual cues, and one clear next step work better than dense paragraphs. Family decision-makers also need useful explanations because many employees do not make care choices alone.

For dispersed teams, channel mix matters too. Print, text, email, mobile access, and recorded sessions all have a place. JA has shared useful ideas on benefits communication for dispersed teams that support year-round understanding, not only enrollment season.

Culturally sensitive programs help build trust, not awareness alone

Some programs struggle because the message does not fit the audience. Mental health is a clear example. In some communities, stigma is still strong. In others, family roles shape how people seek help. A generic vendor email will not fix that.

Employers should ask vendors how they tailor outreach for different populations. Can they provide trained advocates? Can they match communication to language and cultural context? Can they explain care in plain terms without sounding clinical or distant?

That work improves trust. It also improves benefit utilization because employees are more likely to engage when the message feels respectful and relevant.

Expand access for remote, rural, and hard-to-reach employees with telehealth and navigation support

Telehealth can remove major barriers for employees who live far from care, work odd hours, travel often, or cannot step away during the day. Yet access improves most when telehealth is easy to find

and connected to the rest of the benefits experience.

That matters in 2026. Employers are still dealing with provider shortages, long waits, and rising costs. At the same time, remote and distributed work has not gone away.

Where telehealth can remove the most friction

Telehealth works well for behavioral health, minor acute care, medication support, chronic condition follow-up, and after-hours needs. It is often a strong fit when transportation is a problem or when local provider networks are thin.

This also applies to field and rural workers. If in-person care means losing half a workday, many people will delay it. A virtual visit can lower that barrier and improve benefit utilization.

Recent law changes also matter. Employers watching plan design changes may want to review JA's summary of telehealth access for remote workers, especially around high-deductible plans.

Why guidance matters as much as the benefit itself

Many employees do not know where to start. They need help deciding whether they should use telehealth, urgent care, primary care, or an advocacy line.

That is where navigation support earns its keep. Benefits advocates, digital guidance tools, and manager communication can steer employees to the right point of care at the right time. When that happens, the employee experience improves and avoidable high-cost care often drops.

A telehealth program hidden inside a portal will not change much. A telehealth program that is explained clearly, promoted well, and backed by human support has a far better chance of producing measurable outcomes.

Build a long-term strategy that measures progress and keeps improving

Benefits access improves through a cycle, not a campaign. First, listen to employees and managers. Next, study the data. Then identify the barriers, test fixes, communicate clearly, and measure what changes.

That cycle fits how JA works with clients: clear direction, practical reporting, and measurable outcomes tied to the needs of the workforce and the business. Leaders should look for simple scorecards they can review over time, not scattered reports that sit unread.

Success metrics should stay close to employee experience and plan value. Better preventive care rates, stronger telehealth engagement, improved understanding of benefits, lower avoidable ER use, and stronger behavioral health uptake are all signs of progress. So is better trust in HR and more consistent use of support services across work groups.

This is also where ROR (Return on Relationship) matters. When employees feel supported in the moments that count, the value of the benefits program becomes real. That shapes retention, morale, and culture in ways a premium spreadsheet cannot show on its own.

A diverse workforce needs more than broad offerings. It needs **clear access**, trusted communication, and honest measurement.

When employers use equity-focused data to spot gaps, simplify communication with multilingual and culturally aware materials, and extend reach through telehealth and navigation, benefit utilization becomes more consistent across the workforce. That supports healthier employees, better decisions, and more meaningful business outcomes.