

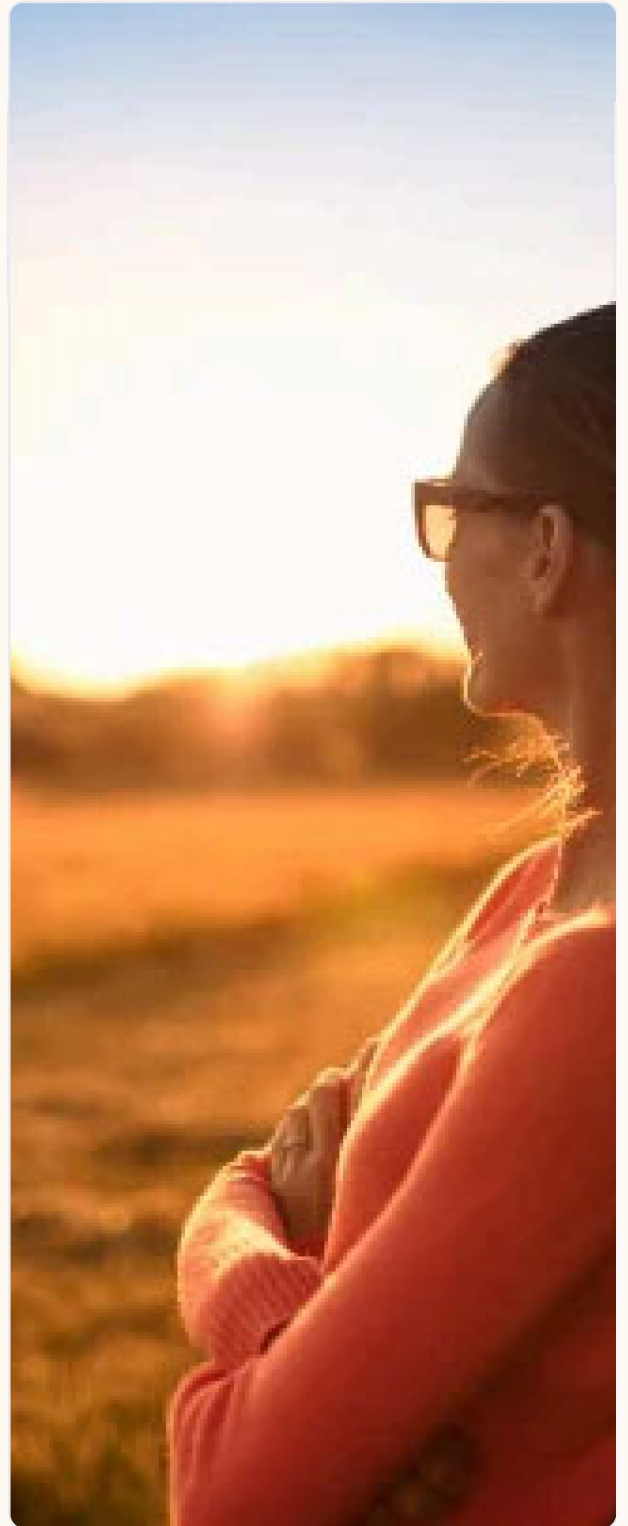


Bolton
BENEFITS & HR CONSULTING

A TOOLKIT FOR HR & BENEFITS LEADERS

You already have the benefits. Now build the trust layer.

A practical guide to communicating women's health benefits, so they actually get used.



THE PREMISE

Low utilization is rarely a benefits problem. It's a trust and timing problem.

01 · THE REAL ISSUE

The real issue isn't benefits. It's communication.

Most employers offer more women's health support than they realize. Fertility coverage, menopause programs, mental health care, pregnancy loss, paid leave. The line items are on the page.

Yet utilization stays low. The reason is rarely the benefits themselves. It's trust and timing. Information alone doesn't change behavior, especially for personal topics that employees aren't sure are safe to talk about at work.

FIELD NOTE

Before any communication strategy works, women have to feel that naming a health need won't cost them something professionally. If the culture hasn't made that safe, the best-designed benefits portal in the world won't move the needle.

02 · WHY DISTRIBUTION ISN'T ENOUGH

Why traditional benefits communication falls short.

Distribution gets information into inboxes. It doesn't tell an employee whether using a benefit is safe, whether their manager will be supportive, or whether the moment they're in is the right one to ask.

When communication stops at distribution, employees can be aware of a benefit and still feel uncertain, unsafe, or disconnected from using it.

THE REALITY

"Distribution is not behavior change and the fix is not more promotion."

THREE SIGNALS YOUR COMMUNICATION HAS STOPPED AT DISTRIBUTION

Awareness is high.

Employees can name the benefit but can't describe how to use it.

Open rates look fine.

Click-throughs to enrollment, scheduling, or support are flat.

Few internal advocates.

Managers say "I'd point them to HR," not to a specific resource.

03 · THE SHIFT

From broadcasting to connecting.

Managers, peers, and leaders are the connective tissue between a benefit on the page and a benefit actually used. They show up at the moment something is needed: a hard conversation, a confusing diagnosis, an unexpected loss. They point the way.

FROM

Broadcasting

GOAL	Distribute information
CHANNEL	One-to-many email, intranet
RHYTHM	Annual enrollment, quarterly
OUTCOME	Aware but unsure
TRUST SOURCE	The brand



TO

Connecting

GOAL	Drive action
CHANNEL	One-to-one, in the moment
RHYTHM	When life happens
OUTCOME	Aware and supported
TRUST SOURCE	A trusted person

THE PRINCIPLE

Trust travels faster than email. The strongest programs treat communication as a connection, not a broadcast.

04 · PRACTICAL STRATEGIES

Five moves employers can make this quarter.

01

Equip managers with language, not scripts.

Give managers a few simple phrases to acknowledge a challenge and point to support. No scripts. No required disclosures.

02

Normalize health conversations.

Treat fertility, menopause, and other women's health issues the way you treat any other support, flexibility, or performance conversation. Familiarity lowers the bar to ask.

03

Use email and video as reinforcement.

Send the resource after a human interaction, not as the first touch. Communications work when they remind, not when they introduce.

04

Empower peer and community spaces.

Create rooms where employees can learn and share without pressure to disclose. Optional, voluntary, predictable.

05

Ask leaders to model openness.

When a leader names that they have used a benefit or support resource, the bar drops for everyone else. Authenticity is the asset.

ACROSS ALL FIVE

**The point isn't more communication.
It's more trusted communication.**

05 · TWO STRATEGIC SHIFTS

If you change two things, change these.

SHIFT 01

Stop broadcasting. Start connecting.

Identify who in your organization is trusted, and equip them to guide employees to support. Trust travels faster than email.

SHIFT 02

Create the conditions for trust.

Build environments where conversations can happen safely and organically. Privacy, predictability, and permission do the heavy lifting.

06 · CHECKLIST

How to start or strengthen a Women's Health ERG.

Tick what's done. Circle what's next. Bring this to your next benefits planning meeting.

01	<input type="checkbox"/>	Define the purpose: education, peer support, resource navigation. Not therapy.	FOUNDATION
02	<input type="checkbox"/>	Secure executive sponsorship for visibility and psychological safety.	FOUNDATION
03	<input type="checkbox"/>	Set clear boundaries around privacy and voluntary participation.	FOUNDATION
04	<input type="checkbox"/>	Schedule regular, predictable meetings. Monthly is most effective.	CADENCE
05	<input type="checkbox"/>	Invite speakers or facilitators to educate on existing benefits.	CADENCE
06	<input type="checkbox"/>	Share resources after meetings for those who prefer to engage privately.	CADENCE
07	<input type="checkbox"/>	Partner with HR and benefits to ensure accuracy and updates.	SUSTAIN
08	<input type="checkbox"/>	Promote the ERG as optional, inclusive, and supportive, not performative.	SUSTAIN
09	<input type="checkbox"/>	Measure success by engagement and trust, not attendance alone.	SUSTAIN

MEASURE WHAT MATTERS

Engagement, return-visit rates, and qualitative trust signals are stronger indicators than headcount in a room.

07 · WHERE TO START THIS WEEK

One conversation. One manager. One question.

Identify one trusted manager. Ask them:

THE CONVERSATION

"If someone on your team were dealing with this, would you feel comfortable pointing them to support?"

Use the answer to guide your next step. If it's yes, equip them. If it's hesitation, that's your starting point.

BOTTOM LINE

You already have the benefits. Now it's time to invest in building an infrastructure of trust.

TALK TO BOLTON

When your women's health benefits exist but few use them, call Bolton. We can build a system that works before another woman's needs go unmet.

boltonusa.com