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WSHI: Captain Araojo, welcome! As Associate Commissioner for Minority Health and Director of the Office of Minority Health and Health Equity (OMHHE) what is the mission and primary goals of this office within the FDA?

Our office, the Office of Minority Health and Health Equity, is dedicated to creating a world where health equity is a reality for all. To achieve this vision, we have two programs areas, one focused on Research and Collaboration and the other focused on Outreach and Communication. Each of these programs supports the FDA’s mission and enables us to:

- Answer pressing health disparity, health equity, and regulatory science research questions to increase the amount of data available on racial and ethnic minority populations;
- Strengthen the agency’s ability to respond to minority health concerns; and
- Promote health and safety communication to minority and under-served populations who often experience low literacy or speak English as a second language.

WSHI: When we talk of health and health care disparities, what do we mean and what are the consequences to us as a society?

Health disparities are the differences observed between different groups as it relates to disease morbidity and mortality, injury, or violence. Most people naturally think of disparities to mean the differences between racial or ethnic groups, but many dimensions of disparities exist. For example, there are notable health disparities observed among geography (rural vs. urban), gender, age, disability, to name a few. Another term that is particularly important is health equity, which refers to the ability for everyone to have the opportunity to attain their highest level of health.

A society where health equity gaps remain for some groups will have consequences. If health disparities continue to persist, our most vulnerable communities will continue to see a rise in premature death, increased complications from chronic disease, lack of access to quality health care, and ultimately being disproportionately burdened by chronic diseases and experiencing a poorer quality of life and worse health outcomes.
WSHI: Low health literacy is a significant fact and thus a barrier to making informed health decisions across diverse populations. This is compounded further where English is the second language. How is OMHHE addressing this issue and what should worksite health practitioners be mindful of when designing health communications and interventions?

Understanding and navigating the health care system is hard for even the savviest patient, and when extra barriers like language, health literacy, or culture come into play it makes it much more challenging to receive quality care.

In addition to the FDA’s overall commitment to write new educational materials in plain language, our office leads the Language Access Program for the agency and champion several initiatives to ensure the FDA’s health communication materials and resources are available in multiple languages. This work is important because it helps our diverse consumers can make better, more informed decisions about FDA-regulated products like medications, devices, or foods for example. Over 65 million Americans speak a non-English language at home, causing some to not seek medical care due to their language barrier.

With our Language Access Program, we aim to remove some of these systemic barriers. We do this through meeting our consumers at their place of need and providing information in multiple languages and formats.

We also work very closely with our colleagues throughout the entire agency to raise awareness on the importance of addressing language barriers, provide educational and training opportunities, and serve as a resource for translated materials for the entire agency.

Practitioners should be sensitive and mindful to communication barriers when providing care to patients who speak limited English or English as a second language and can use our materials as an important resource.

WSHI: Minority populations can have unique health concerns that are often further impacted by social-economic barriers that limit access to evidenced-based screenings and interventions. Can you provide some examples of some common health challenges within minority groups and how OMHHE is trying to reduce these barriers?

Most chronic diseases like cardiovascular disease, cancer, diabetes, hypertension, high cholesterol, hepatitis, asthma disproportionately impact racial and ethnic minority groups. Additionally, the risk factors for developing these diseases like physical inactivity, smoking, and poor eating are often experienced by minorities at higher rates which are exacerbated by the social determinants of health like lack of access to transportation, health care, language, education for example.

Through our research and community and stakeholder outreach efforts, we aim to close the disparity gap for many of these chronic diseases and conditions.

We have several multimedia campaigns addressing clinical trial diversity, diabetes, health fraud, and breast cancer, for example. Our health education materials include brochures, videos, fact sheets, postcards and other print and digital materials to help educate consumers about these diseases and how they can take better care of their health. We also embrace technology and use social media and digital platforms to expand the reach of our health promotion messages, as well as building strategic partnerships with organizations where we can synergize our efforts to elevate our reach. OMHHE staff regularly present and exhibit in several health conferences and events across the country.

As a part of our research program, we train the next generation of scientists and researchers to ensure they are equipped with the knowledge and tools needed to answer the most critical minority health questions that address genomics, lupus, Alzheimer’s and other conditions. Our research spans into learning more about artificial intelligence and social listening tools to help strengthen our portfolio of knowledge so we can be nimble in our approach to address health disparities.

We continue to expand our toolbox of materials and resources, increase our investment in minority health research, and deepen out stakeholder relations to ensure we are meeting the needs of our communities.

WSHI: Ms. Jovonni Spinner, Senior Public Health Advisor with OMHHE, one of OMHHE’s primary initiatives is trying to increase participation of minority populations in clinical trials and other research studies. What have been some of the challenges of recruitment and how can worksite health practitioners help in communicating the potential benefits of participation?

Clinical trials are critical to get new medical products to the marketplace. Data shows that racial and ethnic minority participation in clinical trials remains low.

This has been a long-standing problem in our country and many barriers exist to participation. Some of the barriers include mistrust and distrust of the medical system, perception of minorities eligibility to participate in a trial or that minorities do not want to join a clinical trial, lack of awareness from the patient and provider, privacy and safety concerns. But most importantly, the biggest barrier is simply not asking the patient if they would consider a clinical trial. When surveyed, most
African-American and Hispanic patients would consider joining a clinical trial if they were asked.

This is where patient and provider communication become imperative. Front line health care practitioners like nurses, pharmacists, physician assistants, doctors, and others on the health care team can play an active role in recruiting patients to join clinical trials. There are several training resources available for health care providers to learn about clinical trials and strategies to encourage participation from their patients.

We have a large repository of culturally and linguistically tailored health education materials to empower patients to better understand clinical trials and feel comfortable starting the conversation with their medical provider. All our materials can be found on our website at www.fda.gov/healthequity.

Increasing minority participation will take a multi-faceted, all hands-on deck approach to ensure that both patients and providers are educated and help move the needle forward.

WSHI: An emerging concept is that of “cultural competency.” How do you define it, and why is it important from a public and worksite health perspective?

Culture is an integrated pattern of human behaviors. Cultural competency is one’s ability to be self-aware in order to understand and communicate effectively with people from other cultures, ultimately developing a positive attitude towards cultural differences and recognizing that difference does not equate to being “less than”.

Being a culturally competent health care professional is important because it helps improve patient outcomes and develop a mutual respect with the patient. When patients feel that their healthcare provider respects and values their cultural beliefs it provides an open and safe space for the patient to fully communicate honestly about their health care concerns, ask questions free of shame, ultimately improving the relationship.

Health care professionals should continually work towards being culturally competent and moving towards being culturally proficient which means they have a commitment to ongoing learning to support consistently using practices that allow for acknowledging and respecting cultural differences.

WSHI: How can worksite health practitioners improve their cultural competency and what are the benefits of doing so?

Practitioners can improve their competency by knowing and understanding their own cultural identity and beliefs, getting engaged with different communities to better understand their culture by attending local events, and taking trainings and self-assessments.

We developed a training for our FDA staff, “Communicating with Confidence: Strategies to Create Effective Communications for Diverse Audiences,” which launched in 2019. The goal of the training is to build the FDA workforce capacity to understand the continuum of cultural competency and how it impacts the FDA’s work in communicating with racial and ethnic minorities, increase knowledge, attitudes, and beliefs around cultural competency, and improve the quality of our health education materials. This is one step of many where we continue to champion diversity and being culturally inclusive.
In 2008 I was asked to be part of a small group selected by our COO to plan a series of wellness activities, including a company-wide health fair. This was going to be our first attempt at promoting healthy lifestyle habits across the company as a first step in creating an on-going wellness program. We really didn’t know much about wellness planning back then, but we went full speed ahead planning the health fair. Well, to make a long story bearable, we succeeded at putting on a very exciting fair with numerous vendors, health screenings, flu shots, chair massages, and an over-abundance of take-home materials, stress balls, toothbrushes, and ink pens. We thought we had done a great job, until we sent out a feedback form after the fair. While most of the comments were positive and expressed how much employees enjoyed the fair, the response to the question “what could we have done better?” gave us pause.

So, what the feedback indicated did not work in our planning of the health fair, nor several other activities we planned prior to the fair:

- Little attention was given to health concerns specific to men (females comprised about 70% of employees).
- Healthy diet cooking demonstrations and recipes did not reflect the cultural diversity in the company. In fact, some employees felt that the determination of what was healthy excluded their traditional foods and discriminated against those foods as healthy choices.
- Although the fair addressed health disorders and concerns that were felt to be common across cultures and genders, there was little or no attention given to disorders that impacted specific groups, such as sickle cell anemia, or were presented as predominant among certain populations such as hypertension and diabetes. Employees stated that they wanted attention to be paid to health concerns that they felt were detrimental to their health due to risks specific to their cultural background and experiences.
- The promotion and implementation of the wellness activities and the fair seemed to be directed at the younger, healthier employees who were more interested in activities related to dieting and fitness, and less interested in issues such as living with long-term illnesses, avoiding prescription abuse, or seeking mental health services.

The bottom line is that during that time we were very much out of tune with the diversity within the company and the need to consider cultural differences as a factor in planning and implementing workplace wellness initiatives. That was in 2008. Today the company has a thriving and culturally relevant wellness program that is inclusive and receives maximum participation across the company. We’ve come a long way as a result of making a commitment to growing in our cultural competence, individually as employees and as an organization.

We always believed that our intentions were to be inclusive, although the result of our actions proved to be otherwise. The question we had to ask ourselves was how did we plan a program that missed the mark with many of our employees who were from different cultural backgrounds and perspectives? We had considered ourselves champions of cultural awareness and were actively involved in supporting health equity and the elimination of disparities in access to health services through the development of the Culturally and Linguistic Appropriate Services (CLAS) Standards by the U.S. Department of Health and Human Services Office of Minority Health in 2001. We knew better – and we had to do better in our approach to being inclusive in planning and delivering our wellness program.
A decision was made to re-examine whether we had progressed or regressed along the path to cultural competence. I was asked to conduct a training exploring the points of growth along the cultural competency continuum, a tool that I have used numerous times in employee development. We needed to look back on how we made decisions and who was involved so we could better understand why we were not as inclusive as we thought we were in our planning. The continuum was helpful in guiding us through the introspection we needed. Understanding how the under-valuing of culture, the lack of cultural knowledge and the need for policies and practices that supported an inclusive approach to our wellness program design and implementation has been essential to the growing success of our program over time.

The Cultural Competency Continuum

The continuum, originally introduced in 1988 by Terry L. Cross, describes the progression of attitudes, beliefs and actions toward cultural differences that begins at not valuing other cultures at all, and moves toward the ability to work effectively across cultures in a manner that creates and supports policies and practices that ensure equity and inclusion.

Before I present the continuum there are three important points, I need to make about how it works:

1. It is a framework for describing how individuals and organizations tend to respond at different levels in their acceptance and understanding of various forms of cultural difference such as race, ethnicity, gender, thoughts, perceptions, beliefs, customs, values and communication. And as with most frameworks it is based on cultural trends and tendencies that may not apply to all who belong to a specific group, but it gives us a place to start. Extending our cultural knowledge requires that we look deeper through dialogue and interaction into what makes us different as well as how we define ourselves as individuals and groups.

2. It’s also important to acknowledge that any progression toward cultural competency requires we recognize, acknowledge and address our biases. They are the prism through which we view our world. As we progress in our cultural knowledge and awareness we have to go through the process of calling out our biases and using what we learn along the continuum to deter our tendencies to stereotype, discriminate and exclude based on how we characterize those who are different.

3. And just as we can progress up the continuum, we can also regress backwards depending on situations and circumstances. We may be capable of growing in our thinking and acceptance of differences across genders, but not race, or race but not religion. Or we may have a negative experience with an individual that causes us to generalize that person’s behavior or values to their cultural group. You see where I’m going with this. So, it’s important to understand that becoming culturally competent in life and work can be a challenging journey that will continue to ebb and flow as we go through life.
Each point on the continuum speaks to the extent of the ability and desire to accept difference as a factor in influencing employees to make wellness a priority and to engage them in initiatives and activities to better their well-being. Diversity within the workplace brings differences in beliefs and practices regarding health, wellness and wellbeing. The key for the wellness practitioner is to understand the impact of culture on employee engagement and to ensure that wellness program planning and implementation is based on policies and practices that support inclusion and relevance.

Here are how the points along the cultural competence continuum relate to the development of wellness programs.

**Cultural Destructiveness** is the entry point on the continuum and denotes the most negative of responses to difference. The destructiveness comes from the total de-valuing of those who are different and the belief that difference denotes a deficit within the person or group because they do not fit the mold of what is considered the dominant group.

An individual or organization operating from this perspective is intentional in excluding those who are different and have no desire to offer wellness program services that deviate from the dominant group’s views and perspectives. The message is clear that those who do not fit the dominant mold do not matter! As wellness practitioners we must always ask ourselves if the lack of consideration to the needs of employees outside of what is considered the dominant cultural context is intentional — meaning cultural differences are not valued, and in fact are viewed as deficient. The only way culturally diverse employees can participate is to assimilate, ignoring and possibly going against their values, beliefs and practices.

So, the questions we need to answer at this point on the continuum are: Is our approach to wellness programming is forcing assimilation and submission to dominant beliefs and practices by not seeing the value in cultural differences? And do we see the harm being done to employees who cannot participate without denying their culture?

Any possibility for cultural growth at this point would require developing a mindset for accepting that difference has value, and how intentionally excluding those who are culturally different is a destructive action.

**Cultural Incapacity** is the point at which engrained and learned biases are the driving force as to how difference is viewed and acted upon. The focus here is on how lack of capacity to understand the value of difference is one step up from intentional devaluation of those who are culturally different. Individuals and organizations may not have any level of understanding or sensitivity to cultural differences or the impact of their attitudes and beliefs on the unfair exclusion of those who are different. This is generally tied to beliefs about others that are formed through stereotypes and characterizations that result from biases that form natural tendencies to discriminate based on race, age, gender, country of origin, religious beliefs or language differences.

Programs developed from this frame of reference are often based on stereotypical beliefs about cultural practices and values without further exploration of the accuracy of those perceptions. For example, if we believe that a certain group is culturally deficient in their approach to diet and eating healthy, we will make no effort to explore their dietary traditions and engage them in determining the best way to eat healthy within their traditions.

The key to growth beyond cultural incapacity is to examine whether as wellness practitioners we can move beyond what we think we know about employees who have different cultural backgrounds from our own. Are we able to create messaging and activities that are based on accurate insights into needs, customs, preferences and beliefs and not our stereotypes and assumptions? I have used round table discussions as a needs assessment method to have employees from different backgrounds share their insights on health, wellness, generational illnesses and dietary concerns with our wellness task force. These and other methods for gaining insight are extremely revealing and are a routine part of our planning and promotional activities. Doing so helps us to continually build our capacity to value the cultural perspectives of our employees.

**Cultural Blindness** is how difference is treated as something to be ignored and the belief that culture would not be an issue if we just treat everyone the same, usually within mainstream cultural standards. As we move along the continuum, we progress from not caring about difference to acknowledging how our biases incapacitate our ability to value difference, and now to the belief that difference doesn’t matter. This approach to difference totally disregards the need to include views, beliefs and traditions outside of the mainstream. It assumes that everyone will benefit from one approach that treats everyone the same.
A workplace wellness approach developed from this mindset would lack diversity of thought in deference to a “one size fits all” model that everyone would be expected to accept as the right approach. And although there are bound to be commonalities in belief and perspectives about health and wellness across cultures within an organization a culturally blind program design leaves no room for adaptations that would address cultural contexts as to how wellness is defined and communicated within different cultures.

Practitioners should constantly look at the level of engagement across the company to determine if their program’s approach is diverse enough. This is where we determine the “why” for opening our eyes to the value of difference. We ask ourselves if we are meeting employees where they are culturally or expecting all employees to fit into a generic program that is designed from one perspective? For example, do our promotional materials address various groups within the company or is it the same message and visuals for everyone? Are our wellness activities planned to meet diverse interests and needs or are they based on what is trending with the dominant generational group in the company? And are we willing to support cross cultural communication by having some materials printed in a different language? Clearly, we are not all the same and to be blind to cultural differences is to lose the opportunity to show respect for others and create relevant wellness programs.

Cultural Pre-Competence is the progression from one size fits all to wanting to find out why culture matters. This the point where a commitment is made on the part of wellness program developers to get more information from which to determine the “how” of creating a program relative to diverse needs across the organization. It is the start of real progress toward inclusion and the initiation of dialog and assessments that draw out information and insights on the influence of culture on health concerns.

The building of cultural knowledge comes from the understanding that cultural differences are not deficits and should not put an individual or group at a disadvantage. On the contrary, the valuing of culture makes it possible for workplace wellness practitioners to develop messages and promotion strategies that takes into consideration how different groups tend to perceive and act upon health and wellness concerns. Here is where we begin to look at who needs to be involved in the planning process to ensure a representation of diversity reflective of the company. And what do we need to know about the various groups as relates to their thought, beliefs, habits, and traditions related to wellness and improving their well-being through workplace programs? The sources of our cultural knowledge are the employees and they must be involved in strategy development, planning and implementation to give credibility to our efforts to be inclusive.

Cultural Competency is the point at which committing to learning more about culture transitions into recognizing the value of cultural difference and the need to involve individuals from diverse groups in program design, planning and implementation. The focus is on development of competency in seeking and applying cultural knowledge toward putting policies and procedures into play that will ensure consistency in the way wellness programs and initiatives are designed and implemented to be inclusive.

Our competence in developing wellness activities, materials and experiences that have diverse appeal is displayed by who we involve in the process, how information and insights are gathered, and decisions are made as to how the program will be implemented. Competence is reflected in effectively bringing the “why” and the “how” together in mutually developed policies and procedures that reflect the intentional actions that will be carried out to ensure inclusion.

And finally, consistency in cultural competency leads to:

Cultural Proficiency, the height of cultural knowledge. Proficiency implies an on-going commitment to the practice of making whatever changes or adjustments needed to make certain that wellness programs are based on needs that reflect the diversity of the organization.

Each point along the cultural competency continuum defines the actions and attitudes that influence how we move toward and away from valuing, respecting and being inclusive of cultural differences. For the workplace wellness practitioner taking steps to increase cultural awareness and respect for difference the pay-off will be the ability to create programs that are responsive and engaging across various cultural perspectives and experiences.
Building cultural knowledge and creating policies and practices that support culturally competent wellness programs must be embraced by individual practitioners and the organization. It is tremendously effective when senior management, human resources, and wellness practitioners go through the learning process together. The effort to be inclusive and respectful of cultural differences becomes a habit when cultural competency is considered an organizational goal. As you consider where you would place yourself and your organization on the continuum give some thought to policies and practices you have in place that shows the progression of your cultural knowledge and recognition of cultural as a critical factor in how you plan and implement wellness programs.
In today’s rapidly changing landscape, keeping up with the trends in employment alone can be a challenge. And yet many human resources professionals are also challenged with incorporating wellness within the scope of their work and responsibilities. The balance of priorities is an art and with a bit of science too. Prioritizing wellness above other core business responsibilities may seem to be a decision that could easily be challenged and required to be shifted. But, if the well-being of employees is prioritized as a core organizational norm and value, some of the other challenges take care of themselves. When your employees are healthy and well, they are more productive, safer, and more dedicated to the organization. All those factors help to reduce risk: the risk of turnover, the risk of complaints, and the risk of injury. It makes business sense to prioritize employee well-being.

As a human resources professional, the plate is usually quite full. Making wellness a priority can be done by weaving it within the culture of the organization. As long as the organization is committed to wellness, it becomes part of what you do and in the long run, employees and the organization both benefit. Here are a few tips for how human resource professionals can weave wellness into their respective organization.

- Understand what worksite health promotion/wellness is and what works. Human resource professionals are not expected to be “wellness experts,” but they can learn about best practices from a number of sources including employers who have successful programs within their vicinity and/or within their relative occupational category.

Another great resource is to access the Centers for Disease Control (CDC) online assessment/benchmarking tool—the CDC Worksite Scorecard. You may find you have evidence-based wellness practices incorporated into some of your communications and benefit offerings and do not even realize it. Whether that happens or not, the CDC Worksite Scorecard helps provide a roadmap of best practices to help develop a comprehensive, evidence-based program while providing you with a means to evaluate your program year-to-year.

- Establish a program management structure. Depending on the organization’s size, it’s imperative to have individuals who are accountable for planning, designing, implementing, and managing the program. If resources allow, hiring a health promotion management group, part-time consultant, or a full-time staff person is tasked in the planning and design of an evidence-based worksite program.

Regardess of size, empowering your employees to help lead and drive wellness in their workplace is a great tool to advance your efforts. Two common functions is the Wellness Committee which can serve as the administrative function within small employers or as an advisory committee to the professional staff among larger employers. Seek out employees from diverse perspectives, job roles, experiences, and interest levels. A well-balanced committee helps ensure that you establish a wellness program that best suits the interests and needs of your workplace and represents the diversity of your work population.

A second “lay leader” function is a “Wellness Champion” network of employee volunteers who help promote and support activities on a departmental/work team level. Champions can help share communication messages, promote participation in programs, and perhaps even fuel some healthy competition between worksites and/or departments.

- Gain support from the top and the middle. Senior leadership has to believe in caring for the health and well-being of its employees, and must also support, encourage, empower, and lead by example. These norms are based on having an articulated business case regardless of organizational size—“Why are we doing this?” and “How are our wellness initiatives aligned with our business goals? It’s also very important to establish support and engagement among middle management/ supervisory personnel who buy into the business case and its goals and objectives.

- Know and understand your population. The workplace is becoming more and more diverse. As such, it’s imperative that wellness professionals know their workforce and the
places where they work. Race, ethnicity, age, gender, languages, education, job roles, income, living environment, etc., all need to be understood to better target and tailor education, environmental supports, and behavior change interventions.

Listen to employees. Not all efforts are worth your time and money, especially if you are a small employer and/or have limited resources. Create a way for regular feedback from employees so that you can know what is working and what is not. Build in time to engage with employees in more casual sessions: lunchroom conversations, working side-by-side with the staff, and utilizing focus groups for feedback.

Make it easy. Not all employees are going to want to work with a health coach, or take yoga, or eat healthy, but the key is to make it easier for them to want to try it by reducing excuses such as time, access, and money. A first step is to look at policies that encourage healthful choices such as tobacco-free workplaces, healthy vending choices, and flextime for exercising during the workday. Benefit redesign can also reduce barriers to participation and engagement through onsite fitness centers, subsidizing gym memberships, providing free nicotine replacement therapies and behavioral coaching, and financial incentives for prevent screenings.

Offer programs and activities at times and locations that are convenient for employees. Look at environmental supports that “make health, the easier choice”, such as walking paths, bike racks, showers, healthy vending and cafeteria choices, mindfulness rooms, tobacco-free campuses.

Cost can be a barrier, so choosing activities that are low cost or free increase the likelihood that employees will participate. In addition, incorporating appropriate incentives that serve as a “carrot” versus a “stick” can help drive engagement and morale.

As outlined above, understanding and listening to your workforce can help you better plan and design programs that employees want, not necessary what the company may think employees need.

Educate. Everyone has a different level of education and health literacy. It’s important to continually provide information and support services that based on your population: builds awareness, improves knowledge, supports behavior change through appropriate self-care skills, motivates change, and reinforces positive health practices. Also, with the expansion of social media, employees should be educated on how to access and use credible health information as well as joining credible online communities.

Encourage, recognize, and celebrate. You do not have to be an expert to encourage and support employees to live a healthier life. Develop ways to share program successes and challenges through first-person stories within your organization’s communications and provide recognition programs for employees, managers, and volunteers who have either achieved a personal health milestone or have helped make the program more successful. Also, do not be afraid to celebrate the overall program’s success.

Measure and evaluate. Depending on your program’s goals and objectives, be sure to collect meaningful data and evaluate your progress. Show management and your employees how you’re moving the needle! This is especially important when requesting more resources from management and being transparent about health information to your employees.

Don’t forget to have fun!

In Summary

No matter what organization you work in, you have the best insight into what the organization values, its cultural norms, beliefs, business challenges and its strengths. The same factors you consider in hiring someone also need to be assessed as you create or implement wellness initiatives. Programs and offerings need to be accessible for all employees. If there are barriers to participation, you should consider what strategies you can offer to reduce these barriers such as policies, benefit design, and environmental supports. Sometimes that could be cost, sometimes it can be access, sometimes it can be ability, and sometimes it can also be lack of understanding. One of the fundamentals of a good wellness program is to start with education. Many employees do not know what is recommended for health – how many servings of fruits and vegetables they should eat in a day, how much water should they be drinking, what is a recommended amount of walking in a day, what each person should be doing for preventive health measures. While it may seem more like a tip toe versus a full step into wellness, it can make a difference. Reaching employees is always a challenge, no matter what the message is. For wellness, communication is key. Messages should be simple, clear and repeatable. Share messages in newsletters, emails, electronic screens, fliers in bathrooms.
Whatever you use to share information regularly with employees should also include a regular communication on wellness. An easy way to start is to utilize the national holidays to raise awareness, such as focusing on heart health in February, men’s health in June, breast cancer in October, and The Great American Smokeout in November.

Empowering your employees to help lead and drive wellness in the workplace is another great tool to advance your efforts. Seek out employees from diverse perspectives, experiences, and interest levels, and form a wellness committee. The committee will help ensure that you develop a wellness program that suits your workplace. Employees can help share communication messages, champion participation in programs, and perhaps even fuel some healthy competition between worksites and/or departments. By having a diverse committee, you will ensure that you have a program that matches the diversity within your workplace.

Starting wellness does not have to be expensive. Map out walking paths at your worksite, plan hiking or biking events at local trails, utilize the free resources from health insurance providers. If you do not know where to start, visit the Centers for Disease Control (CDC) and complete the Worksite Scorecard. You may find you have wellness incorporated into some of your communications and benefit offerings and do not even realize it. Whether that happens or not, the CDC Worksite Scorecard helps provide a roadmap of best practices to help develop a comprehensive, evidence-based program while providing you with a means to evaluate your program year-to-year.

If you have not started a worksite wellness program, do not be afraid to tip toe or jump in. Start small, encourage the simple aspects of wellness with walks at lunchtime, water provided for all employees, time for breaks to recharge, and engagement with staff. It is also possible that even if you do not think you have a worksite wellness program, that you likely already have the foundation built. Consider your benefit offerings and explore what is already included for free. Leverage what is offered through health insurance companies, brokers, and employee assistance programs. Are there any local wellness coalitions where you can connect with other professionals to gain ideas so you do not have to reinvent the wheel? Do your company values give you a launching point? To make worksite wellness work, the effort is really in matching your workplace culture and values. Once you do that, you can shift as times and needs shift. No matter how experienced you are at wellness, one thing is certain, you always need to keep it fresh or employees will stop engaging and you will not have the same impact you once had. Leverage your networks, your employees and your values and make it fit your organization.
A Perspective on Purpose in the Workplace

Amie Hankel and Kirsten Green

Imagine what the world would look like if businesses defined success by their purpose rather than by profits? Instead of being driven purely by profit, growth, and market share, what if businesses were equally focused on gratitude, happiness and philanthropy? The good news is that this world already exists as there are a growing number of groundbreaking businesses doing exactly this. Today, there is a movement of conscious capitalists leveraging business as a force for good, and business owners who believe purpose and profit can – and should – exist on a level playing field. For those who share this mindset, it is our responsibility as business owners, as employees, and as community members, to focus on our people, our neighborhoods, and our planet…first! This belief, and the research that supports it, encourages the business community to take responsibility in developing and leading the next generation of entrepreneurs, philanthropists, parents, and educators to operate first and foremost with a sense of purpose, and to trust that business success, measured in many forms, will follow.

Strategic and creative consulting firm Global Prairie is proud to be part of this growing movement and we are in company with like-minded capitalists, like Toms and Patagonia. Global Prairie was founded in 2008 on the idea that success isn’t about what you get, but what you give. Through their work with client partners, Global Prairie seeks to improve the environment as well as the health and wellbeing of individuals and communities. They also encourage other companies to identify purpose in the work they do and the lives they live. While being the best is important to Global Prairie, equally important are the principles that contribute to a healthier workplace and a healthier world: employee-owners that care about their community, and profits that are responsibly used and generously shared. Global Prairie is committed to the idea that a culture rooted in purpose is key to higher employee engagement and higher profitability.

When they started Global Prairie, the founders, Anne St. Peter & Douglas Bell, did their research, drew from their past work experiences, and boldly made the decision to launch a marketing firm like no other. "I grew up with a strong sense of service and stewardship, and the sheer scale of the efforts at places like H&R Block, American Century Investments and Hallmark inspired me to learn more, do more and be more," said St. Peter. On day one, the firm committed to the Benefit Corporation model, providing a best-in-class workplace wellness program, and offering generous benefits. Twelve years later, Global Prairie is the only marketing firm in the world that has the designations: Certified Benefit Corporation (B Corp), 100% employee-owned company (ESOP), and a Public Benefit Corporation (PBC). As do all B Corps (some very well known, like Ben & Jerry’s and Athleta), Global Prairie meets rigorous standards in the categories of workers, environment, customers, community, and governance. Benefit Corporations are carefully evaluated annually on their compensation, benefits, work environment, sustainability, and charitable giving. In 2018, Global Prairie transferred ownership of the company from the two founders to its employees and become an ESOP, or an Employee Stock Ownership Plan. What better way to jump-start growth and create a shared sense of purpose than by empowering each employee to think like an owner?

Global Prairie’s early commitments to its employees, clients and communities helped shape the progressive and generous benefits offered to its team members. Some of the unique benefits at Global Prairie include: top-of-the-range compensation, a generous Parental Leave Policy (fully paid for up to 12-weeks for new moms and dads), an 8-week Sabbatical Policy, an Infant-at-Work Policy (up until infant is 6 months old), an Unlimited PTO Policy (paid time off), up to $500 in annual wellness reimbursements, up to $15,000 in both infertility treatment and adoption assistance reimbursements, and a robust mentorship program. Additionally, every team member receives, and is expected to spend, 117 hours annually volunteering with civic, community, and philanthropic causes they are personally passionate about. Global Prairie is proof that a healthy and successful business begins with healthy and happy employees.

While Global Prairie has worked tirelessly to be a change agent and stay true to their founding intent, it hasn’t always been easy. Global Prairie agrees with Richard Branson’s statement that short-term focus on profit drives businesses to forget about the long-term role in taking care of people. With nearly 100 employees spread across nine offices worldwide, Global Prairie has seen double-digit growth since 2008, and the firm is more committed than ever to putting culture and purpose first.

And, the company’s innovative approach is attracting attention. In 2019, B Lab (the certifying entity for all Benefit Corporations worldwide) recognized Global Prairie as a “Best For The World” company in both the “Worker” and “Community” categories, Global Prairie was named one of “Kansas City’s Best Companies to Work For” by Ingram’s Magazine, and Global Prairie recently claimed the title of “World’s Healthiest Employer” in the SME (small & medium enterprise) category by the Global Centre for Healthy Workplaces in Melbourne, Australia. In addition to this external validation, according to their 2019
team engagement survey, 100% of Global Prairie team members agree that “the purpose-orientation of the company makes them feel their job is important.”

Research has shown that when employees are asked what they desire in the workplace one of the top three responses is “purpose” (Kohll, 2018). The challenge to the modern employer is to develop a culture in which purpose can be realized and synergistic with business success. More and more companies are re-thinking the profit-first mantra and have shifted their structure to better balance profit with social and environmental efforts. Patagonia has been leading this charge with much success, and their CEO, Rose Marcario, says, “there’s a lot of potential in economies to be more focused on serving humankind.” Additionally, the number of brand-conscious consumers is growing worldwide. Buyers are making more and more purchases based on the company’s position on social and environmental issues.

In conclusion, Global Prairie’s challenge to other employers across the globe is to re-imagine success, re-imagine capitalism, and work to make small but purpose-driven shifts within your organizations. As you consider your consumerism, Global Prairie challenges you to re-imagine value and consider the impact of your consumption. Small changes over time and a relentless focus on what really matters, can have incredible impact. Let’s collectively strive to leave a legacy of using business as a force for good in the world.

5 Guidelines for Building a Purpose-Driven Worksite Health Program
1. Establish a set of core values
2. Be authentic
3. Start program small and grow over time
4. Empower everyone to be philanthropists
5. Healthy and successful businesses begin with healthy and happy employees

“Purpose is not the sole pursuit of profits but the animating force for achieving them.”
Larry Fink, CEO, Blackrock

Sources
Stephen Cherniak: 2020 William B. Baun Award

The International Association for Worksite Health Promotion is proud to announce that Stephen Cherniak, MS, MBA, has been selected to receive the “William B. Baun Award” at the IAWHP annual meeting in Atlanta, GA on March 10, 2020.

The award was created to honor William (Bill) B. Baun, Wellness Officer at The University of Texas, MD Anderson, Cancer Center, who passed away in 2016.

Honoring the “Practitioner’s Practitioner”

Cherniak, former Secretary/Treasurer of IAWHP for eight years, is recognized for his nearly four decades of service and dedication to worksite health promotion. First, as an innovative practitioner in managing the award-winning program at Ford Motor for more than 21 years and as a health management consultant for Marsh & McLennan Agency, LLC., Atlanta, GA for the past 12 years.

Second, Cherniak has demonstrated his leadership and devotion to the field through his unselfish service to IAWHP and to the broader worksite health community through his presentations and mentoring, and as adjunct faculty at Kennesaw State University.

Congratulations Steve!