



# PARITY IN HEALTH PROMOTION: A FOCUS ON DIVERSITY & LOW WAGE WORKERS

SEPTEMBER 11, 2017 | PHOENIX, AZ

Everyone can agree on the three recognized levels of intervention that impact worker health, well-being and productivity: individual characteristics, job characteristics and culture characteristics. All astute employers are focused on getting workers moving more and avoiding sugary beverages, and most are working to build resilience habits. But beyond these programs are individuals who don't share the same skin color, world views or paycheck. What's more, there is a complicated "intersectionality" between income, race and gender that makes addressing these individual characteristics all the more vexing.

Employers are faced with the dilemma of understanding how their health and well-being programs are performing, and whether their programs are responsive to the needs of everyone, not just the readily engaged. Lower income workers present unique challenges, and we'll consider how employers might leverage available data sources to maximize the value of their greatest asset: their human capital.

Research indicates that bias, prejudice and discrimination are corrosive elements in many employees' lives, including in their work lives. In today's diverse workforce serving diverse customers, this issue should have a prominent place in creating an organizational culture where everyone is welcomed, everyone is included, and everyone is valued.

The culture of an organization is one of the best indicators of how likely employees are to engage in a wellness program. Understanding how to take a diverse culture into account when planning and developing a health and well-being program is more than just having materials translated into different languages. How can employers engage a diverse culture? What does cultural competence mean, and why is it important? How does the intersectionality of race, gender and socioeconomic status impact the culture of an employee population?

2:30 PM WELCOME

**Paul Terry**, HERO CEO & President

*Introductions at Tables and Table Topic Warmups*

2:45 PM DATA ON HEALTH PROMOTION AND LOW WAGE WORKERS

**Bruce Sherman**, Conduent HR Services

3:15 PM A DIVERSITY & INCLUSION FOCUS FOR BEST WORKFORCE OUTCOMES

**Karen Lloyd & Shamayne Braman**, HealthPartners

3:45 PM TABLE TOPIC DISCUSSIONS: CURRENT STATE ISSUES

1. Some feel that worksite wellness is not meeting the needs of women where others feel women are the prime beneficiaries of wellness programs as is evidenced by their attendance. Speaking for your organization, has meeting the unique health needs of women been a priority? If so, how so? If not, why not?
2. Health disparities and the common knowledge that minorities have higher proportions of chronic health problems has been a priority issue for public health workers. It is less commonly addressed in the private sector. Speaking for your organization, are health disparities a priority issue? If so, how are they addressed? If not, why not?

3. Some have observed that some trainees of “unconscious bias” training have accepted their own bias as normal, therefore acceptable. Is bias normal? Is bias acceptable? How is bias affecting the health and performance of your work teams?
4. Does it matter what we call initiatives to improve health equity? For example, “reducing health disparities” is common terminology among public health workers where “reaching the hard to reach employees” is more commonly used by employers and worksite wellness practitioners. How overlapping are these terms? What terms work best in your organization?
5. HealthPartners has initiated a multi-year focus on increasing diversity and inclusiveness and is “convinced that this is the next frontier in improving employee health, well-being and work performance.” Might this be a new frontier for your organization? What conditions would need to be met to make this a priority in your approach to health and well-being?

4:05 PM      GROUP REPORT OUTS

4:15 PM      PANEL: CULTURAL COMPETENCY & WELLNESS PROGRAMS DESIGNED FOR DIVERSITY

**Marleece Barber**, Lockheed Martin

**Danielle Klassen**, Oswald Companies; **Mandy O’Neill**, George Mason University; **Ryan Sledge**, OhioHealth

5:00 PM      TABLE TOPIC DISCUSSIONS: STRATEGIC DIRECTIONS

1. Bruce Sherman’s research indicates low wage workers are less likely to take advantage of or qualify for incentives. Isn’t that ironic? How do you explain it and what can be done about it?
2. How are the demographics of your organization (SES, Gender, Race, Ethnicity) influencing your health and well-being strategy? What is next for you with respect to use of these data and their influence on your approach?
3. Some say training hasn’t produced significant change in inclusiveness and have called for the use of financial incentives to nudge management to increase the diversity and inclusiveness of their departments. Would this be a good idea considering your organizational culture? If not, what would you do instead?
4. How would you rate the cultural competency of your organization? Of the health promotion profession? With respect to better engaging a diverse culture, has improving cultural competency played a role? If so, how so? If not, what conditions would need to be met for your organization to invest in improving cultural competency?
5. For many sectors, increasing the number of women in leadership positions is a key goal related to better meeting the needs of female customers and employees. Is that goal needed in the health promotion profession? How about race, ethnicity, sexual orientation or other demographics?

5:20 PM      GROUP REPORT OUTS

5:30 PM      ADJOURN

6:00 PM      THINK TANK RECEPTION

7:15 PM      THINK TANK MEMBER DINNER

**2017 HERO Jerry Noyce Executive Health Champion Award Presentation**

**Tausha Robertson**, Global Women for Well-Being & Ms. X Factor