Five Important Elements for Building a Culture of Health: What, Why and How?

Emerging research suggests that establishing a strong culture of health in an organization can lead to better employee engagement and health outcomes. However, for many years the industry lacked a clear definition of “culture of health” (CoH) and an understanding among employers of how to build it. To meet this need and establish a foundation of evidence, in 2013 the Health Enhancement Research Organization (HERO) formed the Culture of Health Study Committee (CoH Committee).

This CoH Committee was comprised of a cross-functional group of practitioners and researchers with experience designing, implementing, and evaluating workplace health promotion initiatives. Due to the complexity of the work, three workgroups were formed to address definitions and key elements, conduct a literature review, and determine how employers were approaching CoH.
**PHASE 1: DEFINITION AND KEY ELEMENTS**

A workgroup of more than 40 subject-matter experts developed a consensus definition for CoH and its underlying key elements. Through this process, the workgroup concluded that “A healthy workplace culture is one intentionally designed with elements that support health and well-being.” They identified 24 key elements that they believed have an influence on creating and improving the CoH within organizations. The full report and listing of the 24 key elements, *Defining a Culture of Health: Key Elements that Influence Employee Health and Well-being*, can be accessed [here](#).

**PHASE 2: LITERATURE REVIEW**

A workgroup conducted a comprehensive literature review to identify and examine the existing evidence base for the 24 CoH elements in workplace settings. More than 1,000 articles were identified, and 105 studies were analyzed through systemic review. Findings were published in the *American Journal of Health Promotion*. Authors concluded that a considerable number of cross-sectional studies showed significant and salient correlations between culture of health elements and the health and safety of employees. Additional research is needed to further examine causality of these CoH elements on subsequent outcomes. A summary of the study is available [here](#).

**PHASE 3: EMPLOYER CASE STUDY DEVELOPMENT**

A workgroup developed a series of employer case studies to illustrate promising CoH practices in workplaces. A HERO survey revealed 47 companies were interested in the CoH case study project, and through a specific set of selection criteria, nine employers were selected. These employers were interviewed and case studies were developed and published to the HERO website. For more specific details about the CoH case study project please see the article, *Case Studies Illustrate Culture of Health Elements* located [here](#). Individual employer case studies can be accessed [here](#). Each case study highlights specific CoH elements that the employer focused on within their organization.

**PHASE 4: CASE STUDY REVIEW AND EVALUATION**

A workgroup reviewed the nine case studies to identify common elements these nine employers adopted in building their organization’s CoH. This report highlights these common elements and shares insights on what strategies these employers used to implement the elements. A description of the methodology used to conduct the case study review and synthesis can be found in *Appendix 1*. 
KEY RESULTS AND OBSERVATIONS

The CoH elements most common among the nine case study employers are (1) communications, (2) executive leadership, (3) external community connections and altruism, (4) policies and procedures, and (5) supportive built environment. The definitions of these elements, along with a synthesis of activities from the case studies, are summarized in Table 1 (p.4).

Each of the organizations highlighted in the case studies have tied health and well-being (HWB) into their corporate strategy and aligned HWB with their organizational values. Their success is reliant upon leadership support, interdepartmental partnerships, organizational policies, and a grassroots network of employee champions to promote HWB initiatives.

Robust and consistent communication is key to promoting an organization’s HWB strategy. Digital formats were most prevalent, including email, websites, videos, social media, blogs, and text messaging. Employers also added non-digital formats such as surveys, focus groups, testimonials, and team meetings to help increase communication and interaction with employees.

Within the case study organizations, executive leadership plays a key role. Leaders model healthy behavior by visibly and regularly participating in HWB initiatives, in addition to providing resources and funding for them. They are shown in videos, highlighted in blogs, and contribute to materials shared with employees. Leaders also connect HWB program goals to the organization’s business strategy, provide awards, and sponsor supervisory training that encourages managers to support the HWB program with their staff.

These organizations support the extended community through charity and volunteerism as core facets of their culture, mission, and business model. Most employers participate in charity events and encourage employees to volunteer in programs such as food drives, adopt-a-family commitments, meal preparation, clothing donations, 5K runs, and safe school initiatives. Some organizations also partner with the community to build programs for area residents. Support from executive leadership is critical for staff involvement in community-based HWB initiatives.

The most common policies and procedures these employers implemented are: tobacco-free campuses and workplaces, promotion of physical activity and walkability, access to healthy food and beverages in worksite cafeterias and vending machines, ergonomically sound working stations, and flexible work arrangements for employees to participate in HWB activities during working hours.

In line with these policies, most employers have carried out supportive built environment strategies to enable physical activity at the worksite through paths or marked walking trails near office buildings, sports fields, onsite fitness centers/classes with showers and lockers, sit/stand workstations, signage to encourage use of stairs, and bike racks and safe routes to encourage employees to bike to work. To increase availability of healthy foods and encourage better eating habits, employers have added healthier choices to onsite cafeterias and snack bars, onsite farmer’s markets, and improved vending options. Several employers also focus on environmental improvements to support stress management and relaxation, such as community gardens and relaxation rooms, and improved access to onsite medical care.
<table>
<thead>
<tr>
<th>CoH Element</th>
<th>What does it mean?</th>
<th>Why is it important?</th>
<th>What does it look like in practice?</th>
<th>How does the employer support this practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>People get regular feedback about how they and the group are doing in achieving healthy lifestyles. They are also kept abreast of success stories and resources available for pursuing health and well-being. The population is engaged in an ongoing conversation about health, its value to the individual and the organization, and change in health status over time as well as impact on the organization over time.</td>
<td>• Strategic communications serve to educate, motivate, market program offerings, and build trust. • Informal communication demonstrates individual leadership commitment.</td>
<td>• Digital communications • Well-being website/mobile app • Digital signage or videos • Social media campaigns/contests, e.g., hashtag promotions, photos, YouTube videos • Direct mailings • Wellness champions/coordinators • Employee feedback surveys or focus groups • Personal testimonials/stories • Awards and recognition programs • Leader messaging in town halls</td>
<td>• Wellness award ceremonies to recognize wellness excellence • Partnerships across offices to coordinate wellness efforts and agency-wide calendar • Communications toolkit templates and resources • Peer leaders and HWB champions promote HWB and wellness activities across departments • Partnerships with marketing &amp; communications team on branding, development, and delivery</td>
</tr>
<tr>
<td>Executive Leadership</td>
<td>Senior leaders personally embrace well-being through the evidence of it in their lifestyle and in supporting well-being in the organization through their decision-making influence, resource allocation, and personal engagement.</td>
<td>• Leadership support is a key contributor to success of HWB policies and procedures. • Leadership support is associated with employee perceived support for health.</td>
<td>• Behavior modeling • Providing funding, resources, and dedicated staff to manage HWB initiative • Connecting HWB initiative to business strategy and values • Leaders writing articles/blogs and sharing stories about their personal well-being journey • Executive sponsored supervisor HWB training</td>
<td>• Organizational goals to create a healthy organization, e.g. (1) recruit and retain skilled staff and a diverse workforce (2) enhance supervisory skills (3) recognize staff performance • Job descriptions for full-time manager and other positions to manage wellness program • Open-door policy to provide a relaxed and trusting business culture • Healthy worksite policies placed high in organizational structure and executive performance goals • Partnerships with executive assistants</td>
</tr>
<tr>
<td>CoH Element</td>
<td>What does it mean?</td>
<td>Why is it important?</td>
<td>What does it look like in practice?</td>
<td>How does the employer support this practice?</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>External Community Connections and Altruism</td>
<td>The organization intentionally supports the external community as an extension of the workplace environment, recognizing the importance of supporting the greater community. The efforts are altruistic in nature and involve doing things simply out of a desire to help, not out of obligation, a sense of duty, loyalty, or for religious reasons.</td>
<td>Employee awareness of corporate social responsibility (CSR) initiatives is positively related to their discretionary effort at work and negatively related to emotional exhaustion.(^5)</td>
<td>Volunteering</td>
<td>Addition of community volunteering to health incentive program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Healthy community building initiatives</td>
<td>Partnerships with community organizations and government agencies on initiatives, e.g., safe way to school, food banks, educational resources, knapsack program, philanthropy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Involvement in charitable events</td>
<td>Align mission statements of health and community functions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monetary support for charitable organizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community collaboration initiatives</td>
<td></td>
</tr>
<tr>
<td>Policies and Procedures</td>
<td>The organization has “formal” policies and procedures that are clearly aligned with the organization’s values and are designed with intent to support those values.</td>
<td>HWB policies and procedures provide the infrastructure for organizations to appropriately operationalize and execute HWB initiatives.</td>
<td>Tobacco free campus</td>
<td>Partnerships with human resources and facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Policy-based strategies have been shown to increase employee participation in health programs and contribute to improved health.(^1)</td>
<td>Flexible work arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Respectful work environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Violence prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Allow employees to engage in well-being activities during work time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Policies to promote physical activity and increase walkability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Policies to ensure healthy food is available to employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Policies in support of ergonomically sound working environment</td>
<td></td>
</tr>
</tbody>
</table>
LESIONS LEARNED

The findings that are reported in the case studies reinforce many of the best practice recommendations. One of the clearest lessons is how crucial it is to ensure that the initiatives have support from all levels of the organization, including senior leadership, middle management, and peers. The case studies also revealed that it is essential to align the HWB strategy with organizational goals and ensure that the data collected and analyzed link to program goals. From a program perspective, the lessons learned underscore the importance of soliciting employee input, creating a brand, and offering HWB resources for all—whether employees are assigned to the corporate headquarters, a regional office, or work from home. The importance of continuous quality improvement was also clear. Many organizations reported conducting pilots and refining their HWB programming over time. Another common lesson learned was the need to increase access and remove barriers to participation, such as the importance of providing assurances regarding privacy and security of data. Though not explicitly stated, patience and persistence appeared to be important elements of the success of these organizations.

Case study employers consistently adopted strategies essential for creating and sustaining a CoH, and in doing so, have shown HWB is part of the fabric of the organization. Their experiences also highlight important strategies and practices that are key to being successful. Overall, they provide inspiring examples and lessons for other employers to consider when developing and improving their culture of health.
APPENDIX 1. METHODS

A CoH Committee workgroup reviewed all case studies to tally the CoH elements most widely used among the employers. Of the 24 elements, the workgroup identified the five most common elements including supportive built environment, communication, executive leadership, external community connections, and policies and procedures.

Three teams, each with two subject-matter experts, conducted a more in-depth review of the five common elements across the nine case studies. For each element, these reviews covered the following:
1. Strategies or interventions used,
2. Organizational practices used,
3. Employer’s rationale,
4. Key results, and
5. Lessons learned.

The three teams conducted a final round of reviews to quantify and summarize the findings across assigned elements. Due to limited information in these case studies about the contribution of each element on results and employer rationale, the teams focused their final review on the strategies, organizational practices, and lessons learned.

ABOUT HERO

The Health Enhancement Research Organization (HERO) is a national nonprofit dedicated to identifying and sharing best practices in the field of workplace health and well-being (HWB). HERO was established more than 20 years ago to conduct and share research, policy, leadership, and strategy to advance workplace HWB and provide leadership of the nation’s workforce. Much of the good work that HERO does is achieved through the efforts of its volunteer committees. This report was produced by one such committee, the Culture of Health Study Committee.

CONTRIBUTORS

This report is a product of the HERO CoH Committee and its Case Study Evaluation Workgroup. Development of this report and content was led by HERO staff and members of the CoH Case Study Evaluation Workgroup. Contributors to the report are listed alphabetically below.

Marci Cordaro, MSN, Meredith Corporation
Roshi Fisher, MPH, CPH, CHES, Lockton
Jessica Grossmeier, PhD, HERO
Leah Holzwarth, MS, Wespath
Sara Johnson, PhD, Pro-Change Behavior Systems, Inc.
Dyann Matson-Koffman, DrPH, MPH, CHES, Centers for Disease Control and Prevention
Jennifer Posa, PhD, MS, Johnson & Johnson
Stewart Sill, MS, IBM Watson Health
Kathy Webb, MBA, Hinge Health
Emily Wolfe, MSW, LCSW, HERO

This report is a product of the HERO CoH Committee and its Case Study Evaluation Workgroup. The HERO staff and members of the CoH Case Study Evaluation Workgroup led the development of this report. The findings and conclusions in this report are those of the contributors and do not necessarily represent the official position of the organizations listed.


