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Creating a Multiculturally Competent The Why and the

by | Linda Howard

Making sure a worksite wellness program is multiculturally competent can help organizations not only meet the needs of a diverse workforce but also remain in compliance with antidiscrimination laws.



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How



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As the workplace continues to become more diverse, organizations that want to succeed will need to become multiculturally competent to ensure they are meeting the needs of all of their employees.

According to Pew Research Center reports, 43% of Millennials and nearly half of today's newborns in the United States are nonwhite. Racial and ethnic minorities comprise 26% of the U.S. population and are projected to equal 54% by 2050. Cultural diversity in the workforce also encompasses age, sexual orientation, creed, geography, socioeconomics, education, gender, religion and spirituality, and more.

What Is Multicultural Competency?

Multicultural competence in the workplace combines *cultural knowledge* (knowledge about cultural characteristics, values, beliefs, worldviews, history, behaviors and social mores of another cultural group), *cultural awareness* (understanding cultural differences and being aware of different cultural values, beliefs and worldviews) and *cultural sensitivity* (being aware that cultural differences and similarities exist without assigning values to the differences, such as positive or negative, better or worse, or right or wrong) with operational effectiveness.

A multiculturally competent organization has the capacity to incorporate into its system multiple interests, contributions, behaviors, attitudes and values of diverse groups of

people as well as the ability to create an environment and policies that enable people to thrive in cross-cultural settings to produce better outcomes.

For the individual, developing multicultural competence is an evolving, dynamic process. It is a journey—not a static point of arrival. It is about acquiring and integrating knowledge, awareness and skills about culture and cultural differences that enable one to provide optimal services to or interact effectively with people of different cultures. Organizations that offer worksite wellness programs should take steps to ensure those programs effectively serve a diverse workforce.

Culture can affect health norms, access to care, environmental health factors, desired providers and wellness journey preferences. A program that neglects to factor in culture has opportunities for improvement. A program that falls short of being multiculturally competent in many ways may, at the same time, violate a number of federal laws. Consider how age, race and ethnicity, and socioeconomic factors can be ignored in the design of a wellness program.

Older people tend to have more health problems than younger. Wellness programs that require employees to meet a certain health standard, or impose punitive measures for failing to meet specified biometric markers, could have a disparate impact on older workers. Such programs fail to meet multicultural competence standards but also could violate the Age Discrimination in Employment Act of 1967 (ADEA).

Members of racial and ethnic minority groups are disproportionately affected by many health conditions, such as obesity, diabetes and hypertension. Tethering premium savings to what the program has defined as “healthy numbers” may not be considering race- and ethnicity-related health disparities that make it more difficult for certain groups to achieve those goals. For example, body mass index (BMI) uses height to gauge if weight is healthy, but body type, ethnic group and muscle mass can change the meaning of the number.

Initiatives that do not factor in health disparities, in addition to not meeting multicultural competence standards, also may violate Title VII of the Civil Rights Act of 1964. An example could be requiring employees to submit to a health screening or immunization to qualify for savings on their premiums when submitting would violate sincere religious beliefs.

Also, when socioeconomic factors are overlooked, wellness professionals may recommend programs that involve walking at home. Employees who live in unsafe neighborhoods are less likely to take a stroll around the block. Like-

takeaways

- A multiculturally competent organization has the capacity to incorporate into its system multiple interests, contributions, behaviors, attitudes and values of diverse groups of people as well as the ability to create an environment and policies that enable people to thrive in cross-cultural settings to produce better outcomes.
- Multicultural competency is a core ingredient in reaching people suffering from chronic disease, which can be linked to cultural factors such as variances in health norms.
- Serious legal and compliance issues could ensue from failing to accommodate an employee or recognize cultural differences and health disparity issues.
- Standardized wellness programs don't work because they cannot accommodate and effectively address the preferences and needs of large segments of the workforce and will likely have lower participation and achieve less-than-optimal results.

wise, providing gym membership to people who work second jobs or hold other after-work family responsibilities is unlikely to get results.

A program that takes culture into consideration first seeks to understand cultural factors and then offers alternative ways an employee can participate. Finally, addressing employee well-being and wellness includes creating an environment in which employees from diverse backgrounds can thrive and be their authentic selves. This will improve their mental well-being and reduce stress and the risk of stress-related illness. See the sidebar for an example of how my former employer displayed multicultural competency.

Why Is Multicultural Competency Important for Workplace Wellness Programs?

Organizations should have multiculturally competent wellness programs for the “good” of it—for social good, because it makes good business sense and supports good legal compliance, and because not doing it simply is not good.

Social Good

Multicultural competency is a core ingredient in reaching those suffering from chronic diseases. The Centers for Disease Control and Prevention (CDC) predict that worksite wellness programs will become part of a national public health strategy to address an increase in chronic diseases that could cost the U.S. health care system an estimated \$4.2 trillion annually by 2023. Chronic diseases linked to health disparities are connected to, among other things, variances in cultural health norms, health care literacy and provider delivery systems, as well

Multicultural Competence in Action

I experienced an example of multicultural competence when I worked for a health insurance plan that offered Medicaid and Medicare products. The New York City plan had ethnic marketing teams that worked to enroll certain immigrant communities into the health plan. My charge was to ensure that team members understood the compliance rules.

The teams were created on the basis of either their language or ethnic background and that of the immigrants they sought to recruit. The immigrant groups targeted were Chinese, Russian, Indian, African, Haitian and Spanish-speaking populations.

Training materials were offered in English, French, Russian, Mandarin, Cantonese and Spanish, and interpreters were present in the live training sessions, translating my every English word. Marketing representatives picked training groups by the interpreter or ethnic team. For example, French-speaking Africans could opt to join the Haitian team, whose sessions were offered in French, or they could stay with the African team, whose sessions were offered in English, and use French materials.

Cultural dynamics were at play for each team. For example, intrateam dynamics showed up in the Spanish team, which included members who were Dominican and Puerto Rican; in the African team, which had members from different countries; and in the Chinese team, which was made up of Mandarin- and Cantonese-speaking individuals.

As an example of differences of expression based on culture, some teams were very vocal when they disagreed with guidelines, while other groups listened intently and put forth no challenges. People behaved differently when they were within their group compared with how they behaved when they had to function in other groups. One of the teams formed study groups to pass the required test.

Some of the materials could not be translated word for word because in some cultures certain statements would have unintended connotations. However, the room laughed after the interpreted jokes I told in my presentation. While culture shaped group dynamics and acceptance of new rules, everyone enjoyed a good laugh and a friendly face. There was sameness, notwithstanding differences.

My job was to provide effective training that took into consideration language and cultural norms (religion, ethnicity, nationality and current geographic location), as well as regulatory guidelines that sometimes went against their customs. Nearly all participants were highly engaged in the training, and they appreciated that the company had invested in their success. Ninety-eight percent (98%) passed a very challenging exam. For weeks after the training, team members sought compliance advice and sometimes stopped by just to talk. Those who didn't speak English fluently offered me a smile when we crossed paths.

This is an example of multicultural competency in the workplace that ensured that people from different ethnic, religion and linguistic backgrounds received the tools they needed to succeed. This was not a worksite wellness program; nevertheless, it can serve as a guide and inspiration. It is an example of a worksite showing multicultural competency to develop teams to provide health care and preventive services to a multicultural city.

as the provider's cultural and multicultural competency.

Cancer is one example of a disease that has varying impacts depending on ethnicity. The cancer death rate in 2015 was 14% higher among blacks than whites, according to CDC.¹ African-American men are more than twice as likely to die from prostate cancer as white men, Hispanic women are more than 1.25 times as likely to be diagnosed with, and African Americans are 1.5 times more likely to die from, cervical cancer as white women.² CDC also found that among adults diagnosed with diabetes, "prevalence was higher among Native Americans/Alaska Natives (15.1%), non-Hispanic blacks (12.7%) and people of Hispanic ethnicity (12.1%) than among non-Hispanic whites (7.4%) and Asians (8.0%)."³

Worksite wellness programs can achieve a notable impact on national public health by reducing chronic diseases only if those programs effectively reach groups that are most impacted by chronic diseases.

Good Business

According to the March 2011 Thomson Reuters Workforce Wellness Index, unhealthy behaviors of employees in the U.S. cost employers an average of \$670 per employee annually. The Society for Human Resource Management (SHRM) states that there is evidence indicating that healthier lifestyles among employees are a plus for employers, because "[e]mployees who pursue healthful behaviors have fewer illnesses and injuries than other workers, and they recover from illnesses and injuries faster."⁴ Wellness programs that encourage healthy behaviors may, therefore, reduce sick days and workplace injuries.

Many employers are generally unaware of racial and ethnic health disparities as a business issue.⁵ Many chronic diseases, such as hypertension, diabetes, cancer, cardiovascular disease and obesity, greatly affect productivity and absenteeism. Since ethnic minorities and the poor have higher incidences of chronic diseases, reaching these populations is critical to improving productivity and reducing absenteeism.

Lastly, some studies have shown that effective wellness programs reduce the cost of insurance. Therefore, not only is there social good in positively impacting people's well-being and reducing the stress on the U.S. health care system, there is a good business case for effective wellness programs that speak to a cross-section of the population.

Good Legal Compliance

In addition to productivity and insurance cost concerns, serious legal and compliance issues could ensue from failing to accommodate an employee or recognize cultural differences and health disparity issues. Worksite wellness programs must comply with laws requiring employers to avoid discriminatory behavior and impact. Numerous federal laws require that employers recognize disparities as well as genetic, physical and mental limitations when designing programs to avoid discriminatory behavior and impact, and there are laws requiring accommodation for religious beliefs.⁶ Incorporating multicultural competency into your programs reduces the risk of inadvertently running afoul of these laws.

Standardization Isn't Good

Given today's diversity in the workforce, a standardized program cannot

accommodate and effectively address the preferences and needs of large segments of the workforce. These types of programs will likely have lower participation and achieve less-than-optimal results.

Strategies for Achieving Multicultural Competency in Wellness Programs

Strategy One: Expand Your Definition of Diversity and Cultural Groups

If your organization has not done so already, expand its definition of diversity and cultural groups beyond age, ethnicity, gender, sexual orientation, nationality, race and religion, and include the following:

- Cognitive diversity and thinking style
- Customs
- Disability
- Educational status
- Family status
- Geographical area
- Health literacy
- Health status
- Ideology and political views
- Life experience
- Military experience
- Native language
- Occupational status
- Ownership of property
- Personality
- Physical and mental ability
- Physical style
- Skills and talents
- Socioeconomic status and environment
- Spiritual beliefs and practice.

Strategy Two: Design Ways to Address Diversity Considerations

Once you expand your organization's definition of diversity and cul-

tural groups, begin to think about how you address some of these groups in your program. Beyond the “must dos,” to comply with antidiscrimination laws, there are “should dos” to achieve multicultural competency:

- Recognize and address linguistic differences, for example, by providing wellness information in Spanish to reach Spanish-speaking employees. They will better understand your wellness communications and will be more likely to share it with Spanish-speaking family members. Another example is to ensure that your employee health plan’s provider network has Spanish-speaking providers.
- Try to identify the socioeconomic status and environment of employees through questionnaires, and adjust programs where needed. These factors can influence wellness program participation. For example, when planning a smoking-cessation program, consider that those with less education and less income are more likely to smoke. More educated people are more likely to initiate quitting, and those with higher incomes are more likely to succeed. Encouragement to quit should be aimed more heavily at those with less education and the means of quitting made more accessible to lower income employees.
- Consider health literacy and educational status in communications. Most health-related materials are written at a tenth-grade reading level or higher, while the average reading level in the U.S. is at the eighth-grade level, and a sizable portion of adults read at or below the fifth-grade level. To bridge the health literacy gap, develop materials at lower reading levels, use graphics and avoid using medical terminology.
- Make accommodations for people with disabilities. For example: (1) have marketing materials that include images of people with and without disabilities, and make the materials available in a variety of formats such as audio, graphical, large print and accessible electronic formats; (2) ensure that healthy options in vending machines are accessible to employees in wheelchairs; and (3) change the way you describe activities. For instance, replace a “5K run” with a “5K roll, walk and run.”

Addressing these differences and others sends a strong message to employees that you care about multicultural needs.

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Laura Putnam. Wiley. 2015.

Visit www.ifebp.org/books.asp?9058 for more information.

Strategy Three: Identify Helpful Tools

There are publicly available tools, including the National Wellness Institute’s Multicultural Wellness Wheel, that may help you expand your definition of culture and integrate it into worksite wellness programs.⁷

Strategy Four: Create an Overall Multiculturally Competent Workplace

Think beyond the program itself. You will undermine your efforts if the workplace itself is not a healthy environment. Put the following in place:

1. Have a diverse workforce. It should include diverse leadership, and you should continuously assess the diversity of the organization using the expanded definition listed above.
2. Establish a multicultural competence committee. The committee should guide the process of the organization becoming multiculturally competent and serve as a core group to provide oversight and direction. It should oversee the organization’s self-assessment and develop the multicultural competency plan. It should be racially and ethnically diverse and draw from all levels of the organization.
3. Create and adopt policies and procedures that reinforce multicultural competency. They should be reviewed and approved by either wellness leaders or the multicultural competency committee.
4. Review your strategic plan and mission statement. If your organization’s strategic plan and mission state-

ment do not include multicultural competency, revise them. Solicit the help of someone with multicultural competency to assist with this review and revision exercise.

5. Invest in building capacity for multicultural competency. In other words, put your money where your mouth is.
6. Continuously conduct multicultural competency assessments of your organization. This can be handled by your multicultural competence committee, or consider outsourcing it.
7. Identify and actively discuss the multicultural competence needs in the organization and the nec-

essary outcomes that support becoming multiculturally competent.

8. Identify why the organization needs to be multiculturally competent. To maximize effectiveness in working with diverse groups, your organization must first view multicultural competency and diversity as an asset. In addition to the reasons provided in this article, a good brainstorming session will surely unveil reasons that are specific to your population, your mission and your business goals.
9. Include multicultural competence requirements in job descriptions. Job postings should state that these skills are desirable.

10. Make sure facilities and resources respect cultures and educate staff on cultural differences. For example, make accommodations for those with disabilities, and provide prayer space for those whose religious beliefs require prayer during work hours. Meeting and event scheduling should take into account religious holidays, and culture-specific dietary needs should be considered with food offerings (cafeterias and events). Employers should hold regular cultural orientation sessions for all employees.

Have Employees Help Shape Workplace Culture

In my training of HR and worksite wellness professionals, a participant shared that she worked with a population that did not read or write and asked about the best way to provide wellness program information to them. I suggested asking them how they preferred to receive information. Did they not read or write English, or did they not read or write in any language? Was this due to lack of education or because they preferred oral communication as a way of passing down information? In this case, they may prefer audio or video recordings, infographics, peer-to-peer live sessions, or to engage with a cultural liaison (which we used in New Mexico to provide Native Americans with health care services). You can only know the answer to this question through communication.

Strategy Five: Assess and Train Your Wellness Team to Be Multiculturally Competent

Assess the competency of those who design and implement your worksite

wellness program, create policy and deliver services. Multicultural competency is a skill that must be learned. If the team has not had multicultural competency training, it probably is lacking some element of multicultural competency. They should be trained and regularly assessed.

Diversity training is not multicultural competency training. *Diversity* means differences, and *diversity training* usually focuses on acknowledging and valuing differences. *Multicultural competency training* is about developing awareness, sensitivity and knowledge. It helps people develop the tools to enable them to gain more insight into cultural values and deliver culturally competent responses and services that integrate differences into the overall system. Individuals that possess multicultural competency skills:

- Have knowledge of different cultural practices and worldviews
- Explore the attitudes of employees toward cultural differences
- Have awareness of their own cultural worldviews
- Examine their own attitudes toward cultural differences
- Have the interpersonal skills necessary to effectively communicate and interact with people across cultures.

Strategy Six: Evaluate Your Wellness Program by Multicultural Competency Standards

Multicultural competence applies to organizations and programs, just as it does to individuals. First, evaluate whether your program is multiculturally competent by looking at its effectiveness across cultures. A consultant may be able to help with this process. Second, you should evaluate your program's compliance with laws designed to eliminate discrimination and promote inclusion in programs. You will probably want to enlist the help of your compliance or legal teams. 🗣️

bio



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Endnotes

1. United States Cancer Statistics: Data Visualizations. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
2. Ibid.
3. *National Diabetes Statistics Report, 2017*, Estimates of Diabetes and Its Burden in the United States, www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf.
4. See www.shrm.org/ResourcesAndTools/hr-topics/benefits/Pages/DecliningHealth.aspx.
5. *Employer Survey on Racial and Ethnic Disparities: Final Results*. National Business Group on Health. July 30, 2008.
6. The Patient Protection and Affordable Care Act promotes and funds prevention and wellness in the interest of public health; The Age Discrimination in Employment Act of 1967 protects people who are 40 or older from discrimination because of their ages; Title I of the ADA is a federal civil rights law that prohibits an employer from discriminating against an individual with a disability; Title VII of the Civil Rights Act of 1964 makes it illegal to discriminate against someone on the basis of race, color, religion, national origin or sex; Genetic Information Nondiscrimination Act of 2008 forbids discrimination on the basis of genetic information in health insurance and any aspect of employment; and the Health Insurance Portability and Accountability Act (HIPAA) prohibits group health plans and health insurance issuers from discriminating against enrollees and beneficiaries based on a health factor.
7. See www.nationalwellness.org/page/mcc.

