

5 Best Practices: Creating a Culture of Health

Lost time, productivity and healthcare reimbursement are estimated to cost businesses over 2 trillion dollars each year. Many companies are jumping on the bandwagon of working to create a “culture of health” within their organizations to mitigate this risk. The problem is that creating a culture of health is not as simple as changing the menu in the café or removing sugary drinks machines. Here are the 5 best practices for creating a culture of health in your organization that will have a real impact increasing productivity and lowering health costs.

Best Practice #1: Know who your members are

Before you even start to imagine what it would take to create a culture of health in your organization you have to invest the time and money into learning who your population really is. Don't assume that just knowing age ranges is going to be enough to allow you to implement successful health initiatives. Age is not nearly as important as knowing the health risk tier that each person falls into. You also need to know the culture of your work population beyond the workplace environment. The only way to realistically assess your demographics is to conduct polls, surveys and reviews. Combine all the data to identify trends and markers before proceeding with your program design.

Best Practice #2: Get visible leadership commitment and support

Vertical presentation and support is essential to creating a culture of health. The leadership within a company or group must adopt and exemplify the culture for several reasons.

1. It provides an example that the company itself values the effort and lifestyle.
2. It shows that the leader places value on health as well.

One of the ways that health initiatives fail in corporate culture is that there is nothing for an employee to look toward to confirm that maintaining health and wellness is valued. If you are promoting a program that requires a commitment to learning balance, yet your managers and directors are known for working long hours to the detriment of their physical health – the reality does not support the message. The same is true if your high level and mid management personnel are visibly unhealthy or do not follow through on the practice of honoring incentives.

One of the best ways to gain the power of leadership commitment and support is to initiate programs and cultures in stages. By addressing the change needed within the management levels it sets a standard for lower level employees to emulate. It also ties the adoption of a culture of health to success and advancement within the company when it comes to taking on leadership programs. This doesn't mean that all of your managers have to be marathon runners, and this is important as it can be the key to creating a successful culture of health. Implementing the third best practice on a visible scale with leadership is the best way to promote companywide adoption of the initiatives.

Best Practice #3: Create a program of change that for all levels of health

Health practices and initiatives within a corporate environment can easily cross over into discriminatory practices if adequate assessment and creation of health programs that address tiers of health risk are not implemented evenly. This means that you can target one health issue as the central focus of an initiative, such as choosing a milestone based on total weight lost in departments or steps counted over the course of a year. A solid culture of health is accessible to every level of health and addresses each risk category with the same emphasis. This allows for a much greater reduction in health cost that includes loss of time in low risk populations due to seasonal illnesses and non life-threatening illness as well.

Identify the risk tiers –low, medium and high. While it is easy to jump on the band wagon of preventing just about everything by promoting healthy weight management, there is more to identifying risk tiers than looking for BMI levels. The three tiers of risk are broken down into:

- **Low risk** – this group is made up of people who are systematically healthy due to already having an active lifestyle, maintaining a healthy diet and lacking in the presence of any chronic diseases. Two common mistakes made in creating a culture of health in regards to this group is to:
 - Overvaluing their presence to the exclusion of other risk tiers by creating initiatives that are only accessible to them due to the level of involvement and required pre-habits.
 - Failing to provide this group with adequate support and incentives to maintain their life style.
- **Medium risk** – this group is comprised of people with visible habits, lifestyles or conditions that compromise their health such as tobacco use, high BMI ratios, sedentary lifestyles and/or lack of stress management. The majority of health initiatives target this group, but fail to address how to sustain motivation by taking a one-size-fits-all approach that fails to follow through with continued support when they transition to low risk status.
- **High risk** – high risk includes those with chronic conditions such as diabetes, COPD and other illnesses that may prevent the adoption of programs designed for medium risk. The failure of most health initiatives is to exclude this group completely from a transition to a culture of health by assuming they cannot participate in an effort towards wellness. Wellness programs extend far beyond the physical and there is much that can be done to benefit this group that will include them in the overall culture.

Best Practice #4: Use data proactively to identify and implement programs that address risk

The single most common reason for failure of an initiative to promote a culture of health within an institution of any kind is to adopt programs that do not match the realities of the population. This is something that can be easily avoided by learning to use data proactively. Data sets are generally only seen as a means of quantifying results to determine the success as a program but they need to be seen as tools to help create approaches as well.

- **Use surveys to identify the members** of each risk group by percentage of population.
- **Implement data checks to assess participation** in programs per risk tier to identify which initiatives your population is responding too and which they ignore.
- **Collect data on feedback and assessment** from the participants themselves as to how to improve the program options and increase their commitment to participation.
- **Use the data to change existing programs.** There is no program of health and wellness that is perfect and it is the fault of non-participation for its not being successful. If an initiative is not returning successful results it is failing because it does not meet the needs of your real population.

Best Practice #5: Develop realistic and engaging incentives based in communication

In order for any culture to succeed there must be a recurring pattern of fluid dialogue between designers, leaders and participants. The more employees or members feel that they are being “talked at” or “done to,” the less successful a change in the culture of health in your organization will be. The key aspects is to presence incentives that are realistic and engaging that come from an on-going flow of communication across all levels of your initiatives.

- **DO** pay attention to the language used when presenting the program. The use of supportive, peer driven language helps to encourage people to try new programs.
- **DON'T** rely on pre-packaged programs. Use your data to create a custom program for each identified risk tier within your organization.
- **DO** develop customizable options within a risk tier. The more participants can have control over how they participate, the more highly rated a program will be.
- **DO** use engaging incentives that are realistically supported.

This last is very important. No one really is engaged by the promise of a T-shirt or mug. Make sure your incentives are engaging to the participants. The only way to find out what type of incentives will work is to poll your population. Make sure they are also realistically supported. It can deeply undermine the success of a health initiative if the company is seen as only supporting it when it is convenient to their project schedule. Hold managers and departments accountable for managing time to allow for health and wellness participation and to avoid the overtime funnel that takes so many away from their commitments.

Getting started on creating change

To get started on creating a culture of health you need to assign responsibility for its development, implementation and a means for accountability to allow you to make changes to parts of your initiative that are not working. Start by identifying a core team to do an analysis of your population. Then begin to look at the different options for implementing health initiatives that are fluid and can shift as people

change risk tiers. Lastly, create a pipeline of communication between the management of the programs and the participants to keep the initiative responsive to the changing needs of your demographic.