

Owen Quiñonez, MD, MHA  
Utah Center for Multicultural Health  
Utah Department of Health

# HEALTH PROMOTION IN DIVERSE ORGANIZATIONS

# PARTICIPANT OBJECTIVES

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- ✘ Develop a shared understanding of health disparities and their contributing factors
- ✘ Describe strategies for making worksite wellness programs inclusive
- ✘ Describe resources available to employers from the Center for Multicultural Health.

# HEALTH DISPARITIES 101



# DEMOGRAPHIC CONTEXT

- ✖ In 2007, racial and ethnic minorities comprised
  - + 18% of Utah's population
  - + 24% of Salt Lake County's population
  - + 35% of the U.S. population
- ✖ The Bureau of Labor Statistics predicts that 41.5% of the U.S. workforce will be members of racial and ethnic minority groups within the decade.

Source: Perlich, PS (2009) *Utah's Demographic Transformation: A View into the Future*. Salt Lake City, UT: Utah Economic and Business Review 68(3); Center for Prevention and Health Services (2009): *Eliminating Racial and Ethnic Health Disparities, A Business Case Update for Employers*. Accessed online on 10/12/2009 at [http://www.omhrc.gov/Assets/pdf/checked/1/Eliminating\\_Racial\\_Ethnic\\_Health\\_Disparities\\_A\\_Business\\_Case\\_Update\\_for\\_Employers.pdf](http://www.omhrc.gov/Assets/pdf/checked/1/Eliminating_Racial_Ethnic_Health_Disparities_A_Business_Case_Update_for_Employers.pdf)

# INEQUALITY IN HEALTH

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- ✘ The growing minority population has not resulted in social and economic equality.
- ✘ Inequality proliferates in health: Minorities continue to experience lower access to care and quality of care compared to whites, regardless of insurance status, education, or income.

# WHAT ARE DISPARITIES?

- ✘ “Health disparities” is an umbrella term that is used to describe the following:
- ✘ *Disparities in health status:* differences in health conditions and in health outcomes; and
- ✘ *Disparities in health care:* differences in the preventive, diagnostic and treatment services offered to people with similar health conditions.



# WHAT TYPES OF DISPARITIES EXIST?

- ✗ Health disparities can refer to differences in health status, access to care, or quality of care among different demographic populations by
  - + Geography (urban, rural, frontier)
  - + Gender (male, female)
  - + Age
  - + Race
  - + Ethnicity
  - + Income
  - + Education

# WHAT ARE RACIAL AND ETHNIC DISPARITIES?

Even when they have the same health insurance benefits and socioeconomic status, and when comorbidities, stage of presentation and other confounding variables are controlled for, members of racial and ethnic minority groups in the United States often receive lower-quality health care than do their white counterparts.



# EXAMPLES OF DISPARITIES: US

- ✗ In 2001, death rates from stroke were 41 percent higher among African Americans than among whites.
- ✗ African-American men are 50 percent more likely to suffer from prostate cancer than white men, and they are more than twice as likely as white men to die as a result of the cancer.
- ✗ American Indians are more than twice as likely to suffer from diabetes as whites.
- ✗ Latinos are more likely to be employed in high-risk occupations than any other racial or ethnic group. For example, although they comprise only 14 percent of the population, Latinos account for 35 percent of all textile workers, 27 percent of building workers, 21 percent of construction workers, and 24 percent of all workers in the farming, forestry, and fishing industries.

# EXAMPLES OF DISPARITIES: US

- ✗ Racial/ethnic minorities, even among insured populations, are less likely to receive preventive health services compared to whites.
- ✗ Low-income individuals have higher mortality rates than high-income individuals, even when health insurance is universally available.

# DISPARITIES ARE COMPLEX

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- ✗ To some extent, disparities reflect inequalities in the larger society.
- ✗ A multitude of factors contributes to disparities:
  - + Patient-level factors
  - + Health system-level factors
  - + What do you think some of these factors are?



# FACTORS CONTRIBUTING TO DISPARITIES

## ✕ Patient Level

- + Socioeconomic status
- + Language barriers
- + Cultural beliefs about health and illness
- + Poor health literacy

# FACTORS CONTRIBUTING TO DISPARITIES

## ✖ Health Care Systems Level

- + Lack of cultural competency within health care system
- + Lack of minority health care providers
- + Language interpretation/translation underused
- + The organizational complexity of the health care system
- + The financial complexity of the system
- + The geographic locations of health care facilities

# DISCUSSION

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- ✖ Why should employers be concerned about health disparities?
- ✖ Why are health disparities important to worksite wellness programs?



# WHY HEALTH DISPARITIES MATTER TO EMPLOYERS

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- ✘ Employers want a diverse workforce that can respond to the linguistic and cultural needs of Utah's changing population
- ✘ Employers recognize that health care is important for employee health, productivity, performance and business outcomes.
- ✘ Many employers are unaware how inequalities in the health care system can negatively influence health status.

**“MOST EMPLOYERS WOULD BE DISMAYED TO LEARN THAT WHILE THEIR CONTRIBUTION IS EQUAL, THE CARE IS NOT. IT’S NO LONGER ENOUGH TO PROVIDE THE SAME BENEFITS AND HOPE EVERYTHING WORKS OUT.”**

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**—HELEN DARLING, PRESIDENT, NATIONAL BUSINESS GROUP ON HEALTH**

# OPPORTUNITIES FOR EMPLOYERS

- ✖ Employers have two main opportunities to influence racial and ethnic health disparities
  - + By selecting health plans that are taking action to address health disparities
  - + By ensuring that employee wellness programs address the cultural, linguistic, and health needs of all employees
- ✖ This presentation focuses on employee wellness programs.



# EMPLOYEE WELLNESS PROGRAMS

# WORKSITE WELLNESS PROGRAMS

- ✘ Worksite wellness programs provide an important link between employers, health plans, and the health care system.
- ✘ Wellness programs can reinforce positive health messages and behaviors through policy, environmental supports, activities, and health education.

# WORKSITE-BASED INTERVENTIONS

TYPE	EXAMPLES
POLICY IMPLEMENTATION AND ENFORCEMENT	Tobacco use policies, sick leave, flex time for health-related appointments, requirements for CPR/AED training, etc
ENVIRONMENTAL SUPPORTS	Discounts on gym membership, onsite physical activity facility, posters to promote use of stairs instead of elevators, etc.
ACTIVITIES	Health screenings, health risk assessments, recreational activities (fun runs, sports teams,) etc.
HEALTH EDUCATION/INFORMATION	Educational sessions are conducted to increase employee awareness of health issues, such as nutrition, physical activity, or blood pressure; Posters or brochures are available to educate employees on health issues



# WORKSITE-BASED INTERVENTIONS

- ✖ Employers with wellness programs have better retention, a healthier workforce, and lower health care costs, compared to employers without wellness programs.
- ✖ Wellness programs can be modified and adapted to meet the needs of a diverse workforce.

# WORKSITE-BASED INTERVENTIONS

- ✘ Most worksite-based interventions target a general employee population.
- ✘ Depending on the structure of your workforce and its diversity, consider steps you could take to make sure that the wellness programs and activities are accessible to all employees. This is especially important in organizations where minority employees are concentrated in particular types of positions.

# WORKSITE-BASED INTERVENTIONS

- ✕ Gather basic data on your workforce
  - + Number of minority employees/proportion of workforce
  - + Number or proportion of employees who report speaking a language other than English at home
  - + Assess patterns relating to shifts worked, hours per week, types of job functions, and participation in employee benefits. This will help you to assess multicultural needs in your employee population.



# WORKSITE-BASED INTERVENTIONS

- ✘ Assess how activities and health education/information sessions are planned, including time, length, content, and materials provided. Are these opportunities equally accessible?
- ✘ With your wellness committee, survey all employees to evaluate your wellness program. Make sure to include fields for race/ethnicity, age, and gender on the survey so you can assess needs and preferences by group.

# WHAT SHOULD MY WELLNESS PROGRAM LOOK LIKE?

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- ✘ Your program should be tailored to the needs of your employees
- ✘ These recommendations apply regardless of the number or proportion of minority employees in your office
  - + Provide health information (brochures, posters) in English and in other languages
  - + Promote company-wide events aligning with group-specific health declarations: ex. February is Go Red for Women month (heart disease awareness), April is Minority Health month.

# WHAT SHOULD MY WELLNESS PROGRAM LOOK LIKE?

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- ✖ Wellness programs can also make their activities and educational sessions inclusive by
  - + Recruiting minority presenters or experts in minority health
  - + Asking all presenters to address racial and ethnic health disparities relating to a health topic
  - + Providing language interpreters if the session is available only in English
  - + Facilitating discussions about health disparities



# HOW CMH CAN HELP

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# THE CENTER FOR MULTICULTURAL HEALTH

- ✕ Duties and responsibilities
  - + Promote cultural competence
  - + Improve translation and interpretation services at state and local health agencies
  - + Share information about minority health issues
  - + Help public and private organizations and advisory committees in Utah with minority health issues
- ✕ <http://www.health.utah.gov/cmh>

# HEALTH EDUCATION INFORMATION FOR MINORITIES

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- ✖ Multilingual Library: linguistically and culturally-specific health information materials (# languages, # topics)
- ✖ English Multicultural Resources: culturally-specific health information materials in English (# topics)
- ✖ Information on Interpreters for Medicaid, CHIP, and PCN clients



# ABOUT THE HEALTH CARE SYSTEM IN UTAH

- ✖ Finding health care services (Utah Provider List, Utah Cares, Utah Clicks, Partnership for Prescription Assistance)
- ✖ When to use the emergency room, urgent care, and primary care physicians
- ✖ How to get health care and health insurance
- ✖ Communicating with Healthcare Providers
- ✖ Medicine Safety

# MULTICULTURAL HEALTH DATA AND REPORTS

- ✖ Utah Health Disparities Summaries
- ✖ Utah Health Indicators by Race and Ethnicity
- ✖ Utah Health Status Update: Health Disparities 2009
- ✖ Health Status Survey Responses by Race and Ethnicity
- ✖ Struggling at the Golden Door: International Refugees in Utah

# EDUCATING OTHERS ABOUT MINORITIES AND MINORITY HEALTH

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- ✖ Multicultural Health 101 (1.5 hours, online)
- ✖ Unified Health Communication 101 (health literacy, cultural competency, and LEP)
- ✖ Countries and Their Cultures
- ✖ Culture Clues
- ✖ EthnoMed



# DISPARITIES CAN BE ELIMINATED

Since 2003, research on identifying and tracking disparities in health and health care has greatly expanded. This research suggests that some progress has been made in reducing national racial/ethnic disparities in health status.

- + disparity in health status between Asians and whites who had a usual primary care provider was eliminated in 2004
- + disparity in health status between black and white hemodialysis patients who were receiving adequate dialysis was eliminated in 2005.

# OTHER PARTNERS FOR ADDRESSING DISPARITIES

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National Business Group on Health (NBGH) works with the federal Office of Minority Health to:

- ✗ establish a Racial and Ethnic Health Disparities Expert Panel among its members and professional organizations;
- ✗ develop and disseminate an updated analysis paper on building the business case for addressing health disparities;
- ✗ develop criteria and identify best practices for the business community in addressing racial and ethnic disparities among their workforce; and

# ISSUE BRIEFS FOR EMPLOYERS

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- ✘ Eliminating Racial and Ethnic Health Disparities: A Business Case for Employers
- ✘ Why Companies Are Making Health Disparities Their Business: The Business Case and Practical Strategies
- ✘ Bridging Language and Cultural Gaps in the Workplace



# SUMMARY

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- ✘ Workforces are becoming increasingly diverse.
- ✘ As diversity increases, worksite wellness programs must evolve to meet the needs of employees.
- ✘ The health care system does not provide equal access to care or quality of care for minority employees and white employees.
- ✘ Worksite-based interventions continue to serve an important role in keeping employees healthy and also provide an opportunity to address disparities.

# RESOURCES

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- ✘ Utah Center for Multicultural Health  
[www.health.utah.gov/cmh](http://www.health.utah.gov/cmh)
- ✘ Utah Multicultural Health Network  
[www.health.utah.gov/cmh/community/MHN.htm](http://www.health.utah.gov/cmh/community/MHN.htm)
- ✘ National Partnership for Action  
<http://www.omhrc.gov/npa/>
- ✘ National Business Group on Health  
<http://www.businessgrouphealth.org/>

# CONCLUSION

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- ✘ Health disparities affect all employers, and failure to address them will seriously hurt the health, productivity and quality of life of their employees and dependents.
- ✘ By addressing disparities, employers can improve the value of the services their employees are receiving through their health benefits and health and productivity programs and services.
- ✘ Today, as our nation deals with the fallout of the worst economy in 70 years and employers struggle to maximize the productivity and health of their employees and to help care for their dependents, the need to take on the challenge of reducing health disparities has never been greater.