Diversity in Wellbeing

Why an increasingly diverse workforce needs an inclusive approach to health
Why diversity in wellbeing matters

Most employers are now keenly aware of the business benefits associated with employing a diverse workforce that is properly representative of the customers it wishes to serve. However, the extent to which outdated healthcare policies are inadvertently undermining diversity and inclusion (D&I) agendas has yet to be addressed.

By continuing to promote homogeneous healthcare policies that are primarily designed to meet the needs of white males of a certain age, most health and wellbeing strategies are at risk of alienating other groups and making the organisation seem less inclusive.

For example, even though prostate cancer is twice as likely to kill black men as white men, with one in four black men at risk of developing the disease,1 most organisations are still distributing generic warnings about prostate cancer, populated by images of older white males.

By not including advice and images specifically tailored to all groups at risk, this sort of literature fails to engage with an audience it really needs to educate and misses an opportunity to make everyone feel their health is equally valued. There is now an epidemic of prostate cancer among middle-aged black men that we need to heed, not by sending more generic information but by creating additional wellbeing communications particularly tailored to young black men, highlighting the risks they personally face with advice on how to mitigate this.

Similarly, education around heart attacks typically describes the symptoms as including a dramatic tightness of the chest, with pain radiating down the arm and shortness of breath, even though when a woman experiences a heart attack, her symptoms may be subtler. As a result, many women (and some men) fail to recognise the symptoms when they first suffer a heart attack, with the undiagnosed heart attack being dubbed a “silent” heart attack later on. In reality, it wasn’t silent or any less detrimental. It was just experienced in a very different way that would have been much less likely to be missed if more inclusive educational materials had been written to be both relevant and appealing to both genders.

These are not one-off examples: People of Southeast Asian origin have a higher risk of developing type 2 diabetes,2 people of Irish descent are at increased risk of developing dangerously high iron levels (haemochromatosis),3 black women are twice as likely to be diagnosed with advanced breast cancer4 and being white is a risk factor for developing an irregular heartbeat (atrial fibrillation).5

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5 Kamel H et al. “Rates of Atrial Fibrillation in Black Versus White Patients With Pacemakers,” available at http://jaha.ahajournals.org/content/5/2/e002492.
Add to that different ways in which people from different age groups and genders want to access wellbeing materials and the new health needs being presented by the LBGTQ+ community, such as the extent to which employers’ healthcare schemes should help to pay for transgender operations or fertility treatment, and there are numerous practical reasons employers should think about how best to manage the health of an increasingly diverse workforce.

As well as preventing costly and debilitating health issues, inclusive wellbeing strategies have a significant role to play in boosting diversity by making individuals feel more included, understood and accepted.

Employers that are serious about their D&I credentials must therefore take a step back from offering broad wellbeing strategies and start considering how they can use diversity and inclusion in wellbeing to create a culture that engages everyone to thrive.
Diversity in health

Health is an important diversity consideration, with employees experiencing poor health feeling more stigmatised by this than almost anything else.

Although it might seem obvious to build D&I frameworks embracing diversity around gender, age and ethnicity, it’s also worth thinking about how people feel most discriminated against at work.

Research carried out by Business in the Community for the Mental Health at Work Report 2017, about the ongoing prevalence of mental health issues in the workplace, found that employees experiencing poor mental health feel more stigmatised by this than almost anything else. Those surveyed said they felt more comfortable talking about seven other diversity indicators, including their race, age, physical health and religious belief. Just one in 10 (11%) of the people surveyed said they felt able to disclose a mental health issue to their line managers.

Similarly, a report by the Government Equalities Office has highlighted the extent to which women affected by menopause feel at risk of ridicule and gendered ageism, with additional research showing that one in four menopausal women have considered quitting work because of their experiences.

This makes health a new frontier in diversity. Especially given the extent to which these issues are not only impacting workplace performance but also reflected in society — one in four people are struggling with mental health issues, and more than half the population will go through menopause. Employers that are serious about being diverse must therefore do more to make those individuals affected feel included and supported.

In addition to maintaining positive health and stimulating exceptional performance through enhanced engagement, supporting a diverse workforce will boost the ability of the organisation to retain those individuals best placed to innovate products and services that better meet the needs of a diverse society.

In this sense, health-related diversity initiatives — such as the introduction of mental health pathways to support employees living with mental health issues and wellbeing initiatives that normalise menopause (and make it acceptable for women to have desk fans or step out of meetings if affected by a hot flush) — will make a real difference on a practical level.

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The four groups of wellness

There are essentially four groups of wellness, as illustrated below. To be effective, any D&I criteria should also take into account how best to engage with individuals from across each group. Find out more about these groups and the wellness barrier at www.uk.mercer.com/our-thinking/wellness-barrier-balance-employee-benefits-video.

The Wellness Barrier

Health dashboards

It’s no good employing a diverse workforce if the wellbeing strategy doesn’t allow everyone to thrive.

To determine how the organisation is impacting on the health of individuals, it’s important to use health dashboards that cross reference D&I criteria against performance and talent management data. For example, if a young woman is promoted following a good performance review, does her health improve or deteriorate post-promotion?

If someone becomes a father for the first time, does his entry into a new D&I category (parent) coincide with a boost to his performance or a decline? Do subsequent changes to his working hours, role, location or ability to work flexibly increase or decrease his health and performance?

By analysing the extent to which working practices are impacting on the health of individuals and their ability to perform, employers can refine their health and wellbeing strategies to ensure they are supportive of a diverse workforce. If certain groups are at greater risk of becoming sick than others or feel their health isn’t as valued, this needs to be addressed.

Conversely, data collected about the health of the workforce, cross-referenced against talent and management data, can be used to help inform management policies and practices and to establish what is enabling certain groups and individuals to thrive and become more productive.
Dimensions of wellbeing

As our Mind the Productivity Gap\(^{10}\) report shows, health is a key driver of productivity, with the ability of individuals to perform becoming negatively impacted by their health long before they become diagnosed with any kind of disease.

That’s because health is a continuum, and heart disease, for example, doesn’t appear from nowhere but is often the result of certain lifestyle choices; for example, poor nutrition or lack of exercise, which may in turn be the result of other issues, such as financial worries or poor sleep.

In total, there are eight dimensions of wellbeing. Employers who want to be truly diverse and enable all their people to thrive need to consider the extent to which individuals from certain groups are being empowered to “live” the dimensions or not.

Mercer’s Eight Dimensions of Wellbeing

1. **Physical** — I take good care of my body
2. **Emotional** — I can express and manage my feelings
3. **Spiritual** — There is meaning and purpose to my life
4. **Social** — I enjoy regular positive interactions with others
5. **Financial** — I can manage my income to good effect
6. **Intellectual** — I have opportunities to learn and stretch myself
7. **Environmental** — I have positive thoughts about the world around me
8. **Occupational** — I have goals I’m enjoying striving to achieve

For example, according to our Healthy, Wealthy and Work-Wise\(^{11}\) report, large gender pay gaps and the need for more career breaks have put female employees at greater risk of financial insecurity than their male colleagues, resulting in only 26% of women feeling financially secure.

A diverse wellbeing policy would recognise this, flag the health consequences associated with iniquitous pay and look at ways to help female employees increase their ability to focus on longer-term financial goals. For instance, long-term saving creates a sense of security that is beneficial to mental health but that all too often gets compromised when having to focus on short-term financial needs.

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Gender divide

Differences in how the genders access healthcare need to be recognised as part of a diverse wellbeing strategy.

Along with the distinct health risks different genders face, there are differences in how the genders access healthcare.

Women are much more likely than men to seek support in a timely manner and see a doctor in time for a disease to be caught.12

Research shows that in addition to men often feeling too embarrassed to discuss their health with anyone, increasing their desire to “tolerate” illness, there are also practical reasons, such as the difficulties men experience in making appointments outside of work. Men are more than twice as likely to work full-time as women and more likely to try to make spur-of-the-moment decisions to visit their GPs. This can result in their desire to get health advice being undermined by the system of booking and waiting for appointments.13

As well as promoting the benefits of seeking timely help for detecting and preventing disease, a diverse wellbeing strategy would also recognise the factors inhibiting men from doing so and set out to address these; for example, by making it easier for men to visit their GPs during working hours and offering virtual GP services.

Even more concerning is the extent to which men are at risk of committing suicide. British men are three times more likely to commit suicide than women, with men under 50 at greater risk of dying from suicide than any other cause, including cancer, road accidents and heart disease.14

Diverse and inclusive wellbeing strategies must recognise these gender differences and create pathways for accessing support that recognise men’s reluctance — such as the introduction of referral pathways and gender-specific health initiatives — instead of expecting both genders to be equally proactive when it comes to seeking help.

An audience of one

In an ideal world, all wellbeing materials and initiatives would be completely personalised towards each person, effectively talking to an audience of one. A package of support would be so compelling and personally relevant to each individual that they wouldn’t be able to ignore it.

Until then, employers need to think about how best to begin this journey — if not on an individual level, then by better understanding workforce demographics so that wellbeing initiatives can be tailored towards groups of individuals in much more compelling ways. At the very least, these initiatives should take into account health concerns faced by different genders, the health risks faced by people from different ethnic backgrounds and the specific health concerns that remain taboo, such as mental health issues, menopause, HIV and cancer.

Additional pathways might include a transgender pathway for individuals starting medical treatment who might be in need of counselling therapies and surgical procedures. Millennial pathways could support younger individuals, who are at greatest risk of loneliness, which increases their propensity to develop mental health issues, such as anxiety and depression. Untreated, these issues can lead to individuals adopting dangerous coping mechanisms, such as self-harming, putting them at increased risk of suicide.15,16

Older workers would benefit from initiatives designed to help an aging workforce diagnose and manage chronic diseases earlier, with free health checks and screening. Meanwhile, sandwich generation employees may benefit from resilience training and work-life coaching to keep stress levels down.
Conclusion

Outdated homogeneous wellbeing strategies, originally designed to meet the needs of white males of a certain age, are not only failing to engage women but also other diversity groups as effectively as they could be.

In attempting to attract and retain a diverse workforce, employers need to recognise the specific health risks facing people of different ethnic origins and genders. Tapping into the power of diversity in health can help employers ensure that those suffering from or vulnerable to poor health feel included.

By analysing the impact of talent management strategies on the health and performance of different groups of individuals, employers can refine their health and wellbeing strategies to sustain a diverse workforce that is both engaged and productive.

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Top Tips

- **Do** create policies that address the specific health risks of different groups.
- **Do** use wellbeing to prevent issues such as mental health and menopause discrimination.
- **Do** look at how wellbeing can boost engagement and performance.
- **Do** aspire to create compelling initiatives tailored to individuals.

- **Don’t** offer one-size-fits-all homogeneous wellbeing strategies.
- **Don’t** overlook the power of diversity in health for making people feel included.
- **Don’t** ignore the impact of talent management strategies on wellbeing.
- **Don’t** forget the differences in how genders access wellbeing support.

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Wolfgang is a partner and leads Workplace Health Consulting for UK and Europe, advising companies on health and well-being strategy, integrated models of healthcare, absence management and proactive interventions, such as resilience programs. He is a member of the Global Health Management team, founded the European Health & Well-being Network and currently advises a number of blue-chip companies on health and wellness strategy and implementation.

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