

Business Leaders' Attitudes About Value of Employee and Community Health

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ABSTRACT

Objective: This study uses qualitative methodology to describe a range of business leaders' attitudes about health.

Methods: Five Chambers of Commerce executives and 10 business leaders shared their opinions on the value they place on health in their business and the larger community.

Results: Employee health was highlighted as a top priority among business leaders. The importance of business investment in community health more broadly was not discussed as frequently among business leaders. While attitudes may vary across industries and company sizes, many business executives recognized the direct role health plays in their business productivity and revenue. Compared with employee health, community health was not as salient to these business leaders; however, they do recognize the link between community health and economic development.

Conclusions: Increasing business leaders' engagement in improving community health may require additional education and resources. Further research is needed to gather representative data on business leaders' attitudes about health.

KEY WORDS: business, community health, employers, health, investment, population health

Health care costs continue to rise in the United States.¹ Individuals with preventable chronic health conditions, such as heart disease and diabetes, account for 90% of the nation's annual health care expenditures.² To help address this problem, the US Surgeon General has identified community health and economic prosperity as one of his priorities.³ Over the past several decades, there has been increased discussion regarding the role the business community should play in implementing strategies aimed at improving health.⁴⁻⁶ In 2014, the CEO Council on Health and Innovation released a report,

titled "Building Better Health: Innovative Strategies From America's Business Leaders," which describes how their companies are working to improve the health and wellness of individuals, improve the health of communities, and improve the health care system.⁴ Corporate Social Responsibility (CSR) programs have proliferated since the 1990s, prompting businesses to engage in philanthropic activities in their communities, but their focus is often not on community health.⁵

As described in their book, *Building a Culture of Health: A New Imperative for Business*, Quelch and Boudreau⁵ identified several potential motivators for business engagement in health, including reducing costs, increasing revenues, improving reputations, and addressing a moral imperative. They discussed how businesses can impact health in 4 ways: through consumer health; employee health; community health; and environmental health.⁵ Together, these 4 dimensions form the population health footprint, as shown in Figure.⁵ This study was guided by the population health footprint model and focused on 2 dimensions of the intersection between businesses and health—employee health and community health.

Businesses often invest in employee health by implementing employee benefit programs and establishing a healthy company culture.⁵ Examples of business strategies to improve the health and wellness of individuals include implementing comprehensive

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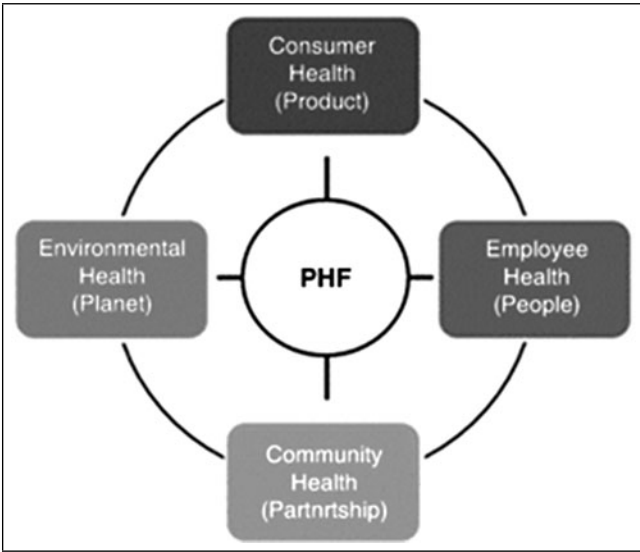


FIGURE Population Health Footprint Framework^a
 Abbreviation: PHF, population health footprint.
^aFrom Quelch and Boudreau.⁵

health and wellness plans and supporting smoke-free workplaces.⁴ Beyond improving the health of employees, some corporations have begun to support initiatives aimed at building healthier communities. Possible actions for improving the health of communities include reviewing community metrics on health behaviors and outcomes and collaborating with other community stakeholders to support or implement programs to address the needs of the community.⁴ Other potential strategies include advocating for policy changes, promoting citywide health initiatives, and providing financial support to foundations and local nonprofits.

The purpose of this study was to gather information on business leaders' attitudes toward investing in the health of their employees and communities. Specifically, we were interested in gaining insight into the current landscape of engagement and prioritization of employee and community health among employers.

Methods

This study is intended to be a preliminary investigation of this topic of business leader engagement in health. For that reason, our sample included 5 cities of different sizes in regions across the United States that were recommended by a representative from the Association of Chamber of Commerce Executives (ACCE) as cities where the Chamber of Commerce has engaged in health-related issues. To help us identify our sample cities, a representative from the ACCE provided some initial context on the perception of

business leader attitudes toward health and recommended we use US Chambers of Commerce as an approach to target business leaders. To further improve our chances of successfully identifying business leaders to conduct this formative research, our contact recommended cities with Chambers that would likely have an interest in this research. In addition to the city recommendations received from our contact, the team factored in city size and location. We wanted to maximize variation in terms of geography, while focusing on medium-sized cities to learn more about places that are large enough to have substantial businesses yet small enough that the business would have the potential to have a major impact on the city population. These cities included Phoenix, Arizona; Charlotte, North Carolina; Kansas City, Missouri; Cincinnati, Ohio; and Kingsport, Tennessee. For each of the 5 cities, we interviewed 1 representative from the Chamber of Commerce. The Chamber of Commerce representative then nominated 2 to 3 business leaders from his or her community from a diverse set of organizations (Table).

This study was intended to be preliminary in nature and therefore we limited the number of interviews conducted. Our final sample included 15 individuals—5 from Chamber of Commerce representatives and 10 from their identified business leaders. The interviews were conducted using 2 semistructured interview guides: one for the Chamber of Commerce representatives (60-minute interview) and one for the business leaders (30-minute interview). The interviews included questions related to 2 topic areas: Relationship Between Business and Health; and Development of a Survey of Business Leaders on Health. The study protocols were approved by the institutional review board at NORC at the University of Chicago.

Following the interviews, interview notes were transcribed and uploaded into NVivo software for coding (QSR International [Americas] Inc, Cambridge, Massachusetts). Transcripts were coded into key

TABLE		
Demographic Information for Participating Cities		
City	Population	Industries Interviewed
Phoenix, Arizona	> 1 million	Marketing
Charlotte, North Carolina	750 000-1 million	Construction
Kansas City, Missouri	250 000-500 000	Bank Retail
Cincinnati, Ohio	250 000-500 000	Manufacturing (n = 2) Marketing
Kingsport, Tennessee	<100 000	Bank (n = 2) Recruiting

themes. Findings were identified on the basis of the trends identified through this qualitative analysis.

Results

Health was highlighted as a top priority in all 5 interviews with Chamber of Commerce executives. Interviewees described that a healthy, resilient community creates an environment that supports the recruitment of other talented workers to the city and that the health status of a city's workforce is a key consideration when businesses are choosing where to expand or relocate. Some of the ongoing activities described by Chamber of Commerce executives included the implementation of community health initiatives, efforts focused on policy change to promote healthier communities, and engaging participating companies to initiate policies or interventions at the company level. For example, Wellness AtoZ, a program of the Greater Phoenix Chamber Foundation, is designed around a 4-pillar strategy: EatWell, PlayWell, LiveWell, and WorkWell. The pillars focus on providing healthy foods and options to employees, holding competition among Wellness AtoZ participating companies in health challenges, distributing regular communications to employees promoting health and wellness, and disseminating best practices with other Wellness AtoZ participants. In addition, one Chamber of Commerce representative referenced the importance of engaging with elected officials on health care policies in order to keep costs manageable for businesses in their city. They recommended that Chambers of Commerce "engage with businesses about their challenges" and that business leaders "talk with elected officials or insurance companies to keep health care and insurance costs under control and more predictable."

All 10 of the interviewed business leaders strongly emphasized that health, especially as it relates to their employees, is a major priority for their businesses. When discussing employee health further, the burdensome cost of health insurance was a common concern voiced by many ($n = 7$) business leaders. The majority of business leaders mentioned increased productivity ($n = 6$) and reduced employee absenteeism ($n = 5$) as other drivers of their engagement in health improvement efforts. In addition, business leaders emphasized the importance of fostering healthy families. Five interviewees shared that sick family members often cause employees to miss work; therefore, investing in the health of the entire family unit is important to business leaders. Efforts to promote health among employees, such as providing healthy snacks, installing ergonomic office furniture, and promoting company-wide health initiatives and competitions were all common themes reported during the interviews ($n = 7$).

While business leaders spoke in depth about the importance of their employees' health, engagement around broader community health was of lower priority and the benefits were less understood. For example, all 10 of the interviewed business leaders emphasized that they strongly value employee health but only a few readily prioritized and understood community health. When asked about attitudes and efforts aimed at promoting community health, many business leaders provided answers that connected back to their employee's health and actions that are geared toward their own business rather than the larger community. When discussing the responsibility of business leaders and community health, one respondent even argued that "most [business leaders] are going to say none; that's why I pay taxes or that it's the health department's problem." However, a few interviewees did discuss motivators for promoting the health of the larger community, including the attraction of new businesses and talent and increased community economic development. One of the interviewees shared their organization's focus on addressing community inequities and how some community members have historically benefited from economic development more than others. This company saw itself as a catalyst for serving disadvantaged populations, including women and minorities, to help achieve economic justice.

Discussion

Although among a limited sample, Chamber of Commerce staff and business leaders were easily able to articulate the reasons for business engagement in promoting employee health and wellness. Increased productivity and reduced employee absenteeism and the burdensome costs of health insurance coverage were common responses cited by the interviewed business leaders. These drivers are typical of the individual-focused approach to employee wellness. Interventions such as healthy workplace vending options and wellness challenges limit the focus of business sector engagement to specific employees. This is consistent with the common state of business sector engagement. Indeed, a recent study of proposed standards for CSR programs found that community health measures were "notably absent" (F. D. Ledley, MD, written communication, 2019).

There were signs of a burgeoning recognition and understanding of the indelible link between individual and community health. However, the link between employee health and the community remained unclear among those interviewed. Five interviewees shared that sick family members often cause employees to miss work; therefore, investing in the health of the

entire family unit is important to business leaders. This finding demonstrates the potential for broader business engagement in promoting community health. However, a hyperfocus on the individual employee remains dominant.

When engaging the business sector, messaging should evolve to:

- Provide explicit examples of the link between employee health and wellness and the community; and
- Frame the ask for business sector engagement in terms of talent acquisition, economic development, and potentially lowered health care costs.

Messaging will also need to be clear about the ask of the business sector. It will not be asked to replace the role of government but to align its activities and investments to support a broader strategy to improve employee health that is inclusive of community health. While this could mean philanthropic corporate investment, it could equally mean using political influence to support the creation of community conditions that support optimal employee wellness and engagement.

Limitations

There are several limitations to this study. As a preliminary study focused on formative research, we conducted only 15 interviews (5 with Chamber of Commerce executives and 10 with business leaders). This limited set of interviews is not a representative sample of all business types and sizes or of all Chambers of Commerce located in the United States. Because of the limited number of interviews conducted in this study, these findings are not generalizable to the larger business community. In addition, for the purpose of this preliminary research, business leader interview contacts were provided by Chamber of Commerce executives. Interviews were therefore likely conducted with employers who are more engaged in employee and community health than the average business. Despite these limitations, the findings help contribute preliminary research to the field.

To gather a more representative sample and view of business leaders' engagement and attitudes toward health, this initial research should be used to inform larger-scale research efforts. Additional research should particularly include a larger, more representative survey of business leaders to gather more input.

Conclusion

This initial research uncovered common attitudes, beliefs, and actions of Chamber of Commerce and

Implications for Policy & Practice

- Public health practitioners should acknowledge the value of efforts business leaders make to improve employee health, while encouraging them to expand their investment to improve the health of the entire community.
- Public health professionals should learn to speak the language that local business leaders speak and make the business case for corporate investment in community health. This business case will need to start with business leaders' priorities and show how improved community health will facilitate the achievement of business leaders' goals.
- Additional research is needed to better understand business leaders' attitudes about health in a more generalizable way.
- More research will be needed as public health professionals engage more business leaders in collaborating to improve community health to identify best practices in this emerging area of public health practice.

business leaders regarding the relationship between business and health. Lower health care costs, higher productivity rates, and reduced employee absenteeism are all key drivers of business leaders' engagement in health. A general interest in community health was expressed throughout the interviews, but only a handful of businesses are deeply engaged at this level. This gap signifies a space that has potential for increased attention and investment among both businesses and Chambers of Commerce. Future data collection efforts have the potential to uncover additional motivating factors that could influence business engagement in community health.

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