

# Corporate America and Community Health

## *Exploring the Business Case for Investment*

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**Objectives:** The principal aim of this project was to learn from corporate executives about the most important components of a business case for employer leadership in improving community health. **Methods:** We used dialogue sessions to gain insight into this issue. **Results:** The strongest elements included metrics and measurement, return on investment, communications, shared values, shared vision, shared definitions, and leadership. Important barriers included lack of understanding, lack of clear strategy, complexity of the problem, trust, lack of resources and leadership, policies and regulations, and leadership philosophy. Substantial variability was observed in the degree of understanding of the relationship between corporate health and community health. **Conclusions:** The business case for intentional and strategic corporate investment in community health occurs along a continuum has a set of clearly defined elements that address why investment may make sense, but also asks questions about the “what-to-do” and the “how-to-do-it.”

The health of a company is inextricably linked to the health of its workers and its community. One unique role of business in society is that it has the ability to increase wealth and improve the prosperity of people.<sup>1</sup> When companies invest in their communities for the purpose of creating economic value, they can do so in a manner consistent with the creation of social benefit. This concept has been referred to as “creating shared value.”<sup>2</sup> The benefits of business investment in community initiatives extend into the social determinants of health including, for example, improved community safety, education, energy use, job skills training, community economic development, and affordable housing.<sup>3-6</sup>

The United States ranks highest in health care spending among other Organisation for Economic Co-operation and Development countries, although its health outcomes rank among the lowest.<sup>7</sup> Issues related to a weak foundation in primary care, poor care coordination, or barriers to access and affordable care may explain some of this finding.<sup>8</sup> Nevertheless, health is more than health care alone. In fact, health care investments may account for only a small portion of population health outcomes.<sup>9</sup> A larger share is associated with investments in social programs and services. Compared with other Organisation for Economic Co-operation and Development countries, the low ratio of investment in health programs compared with social programs in the United States seems to explain a large

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### Learning Objectives

- Discuss the trend toward business investment in community health, including the need to build a business case for such investment.
- Summarize the methods used to explore the business case for employer leadership and investment in improving community health.
- Identify the strongest elements and barriers to building the business case for investment in community health, along with the further challenges identified in the authors' analysis.

proportion of the variation in health outcomes.<sup>10</sup> This suggests that social spending is productive for health. Hence, investments in programs that address the social determinants of health may improve the health and function of people through social-community pathways and thereby indirectly and positively affect workplace performance.

The health of the public is largely determined by an interplay of genetic predisposition, behavioral factors, social circumstances, access to medical care, and environmental conditions.<sup>11</sup> For example, noncommunicable diseases (NCDs) are strongly correlated to behavioral factors and largely preventable but are also strongly connected to other global risks, including fiscal crises, underinvestment in infrastructure, food, water, and energy security.<sup>12,13</sup> Noncommunicable diseases pose a major threat to national and global economic losses, whereas a healthy population is an engine for economic growth.<sup>12</sup> The business and industry sector contributes to a common societal resource pool through mechanisms such as taxes and employee wages. From this common resource pool, investments in health care, education, community infrastructure, and other societal priorities may be funded. Such investments are not only essential to the creation of population health, but are also critical to business success.<sup>13</sup> Therefore, initiatives to improve population health need to involve multiple stakeholders across the community (eg, government, business, and citizens), represent multiple sectors (eg, business and industry, public health, education, and health care), and act at multiple levels (eg, individual, group, organizational, and environmental). No one stakeholder or sector in the community has independent ownership, accountability, or capacity to advance population health alone. It requires the collective engagement of multiple stakeholders across various sectors and the creation of multiple social forces to be successful. Unfortunately, this requires a highly complex set of efforts to accomplish simultaneous improvements in business performance and population health.

Despite these challenges, an emerging willingness to intentionally invest in community health initiatives for the purpose of achieving economic success on the part of business and industry has been noted.<sup>2,4,9,13-17</sup> A convergence of effort and thought related to the imperative of business engagement and intentional corporate investment in community health has been noted as well among many organizations, including, among others, the Health Enhancement Research Organization (HERO); the Robert Wood Johnson Foundation; the Institute of Medicine Roundtables for Population Health

and Obesity Solutions; the Clinton Foundation's Health Matters Initiative; the Vitality Institute; the Federal Reserve Banks of Dallas, Minneapolis, and San Francisco; The Hope Street Group; The Institute for Healthcare Improvement; Prevention Partners; and The Samueli Institute. The HERO is a nonprofit industry organization composed of members representing corporations, health systems, hospitals, wellness vendors, nongovernmental organizations, foundations, among others, and dedicated to identifying and sharing best practices in the field of employee health management to improve the health and well-being of workers, their spouses, dependents, and retirees. One of HERO's strategic goals is the identification of a business case for corporate investment in community health.

An important first step in the broader understanding of the role of business in community health was to conduct an environmental scan. The scan included an extensive review of the literature, a series of key informant interviews, and a detailed review of several hundred Web sites of corporations, foundations, and associations and reflects the current state of corporate initiatives intended to improve population health through community-based action across the United States.<sup>17</sup> The results revealed that many businesses are already engaged in programs or initiatives that address community health and well-being; however, a select few do so in an intentional and strategic manner that connects the community investments made to the performance of the company.<sup>13</sup> Furthermore, whereas many companies were engaged in some aspect of community health improvement, hardly any sharing of experiences was noted. The lack of sharing of such experiences highlights an important gap in learning and the generation of progress. A number of important drivers related to making a business case for engaging in community efforts were identified. Commonly stated reasons for businesses to engage in community health included enhanced reputation in the community as good corporate citizens, cost savings, job satisfaction, healthier, happier, and more productive employees, and supporting healthy vibrant communities that draw new talent and retain current staff.

From a business perspective, the need remains for a compelling justification to invest in community health initiatives. Hence, the purpose of this project was to access the collective intelligence of corporate executives and thought leaders in an effort to identify important elements of a business case for employer leadership and investment in improving community health.

## METHODS

### Study Design and Participants

This investigation is a cross-sectional assessment of corporate executives and thought leaders' opinions and insights into important elements of the business case to invest in efforts to improve community health and the most important barriers that may exist to do so. The assessment was conducted as part of a full-day meeting convened by HERO and hosted at HealthPartners headquarters in Minneapolis, Minnesota, on April 24, 2014. The project goals and approach were included, reviewed, and approved by the HERO Research Committee as part of the 2013 to 2014 HERO strategic plans.

### Procedures

Critical elements of a business case and barriers to business engagement in community health initiatives were derived from this day-long, invitation-only dialogue session. To set the context, the day opened with a series of brief presentations by a panel of experts that provided considerations on the relationships between companies, worker health and performance, and community health. These introductory sessions were followed by dialogue organized around two questions posed to all attendees. At the end of the day, an all-attendee group dialogue during which final insights and observations were considered concluded the meeting.

### Introductory Sessions

An expert panel presented various points of view showing the relationships between workplace and community health and well-being. An overview of evidence-based recommendations for community health programs, services, and policies from the Community Preventive Services Task Force that are relevant to business and industry was presented by a member of the Community Preventive Services Task Force, Dr Nicolaas Pronk from HealthPartners, Inc, and Harvard University. Dr Pronk added context highlighting the bidirectional relationship between health and wealth in society and the role business and industry plays in this relationship.<sup>1,13,18</sup> Mr Tony Buettner from the Blue Zones highlighted efforts from community interventions related to the Blue Zones initiative as an example of corporate benefits related to business investments in community health with outcomes related to health care cost reduction.<sup>13</sup> A theoretical model was presented by Dr Michael O'Donnell from the *American Journal of Health Promotion* that described the potential of the application of the best workplace wellness programs to community health improvement in reducing the national deficit and creating jobs.<sup>13,19</sup> Ms Elizabeth Sobel-Blum from the Federal Reserve Bank of Dallas presented a perspective on meeting community reinvestment act obligations. Her comments included the notion that the health of our nation affects our economy and the health of our economy impacts our nation. This presentation highlighted the need to support public policies, support high-quality cradle-to-career programs, and the need for collaborative action.<sup>13,20</sup> A case example of rural business-community collaboration was highlighted by Mr Scott Peterson from Schwann's Food Company and addressed the idea that businesses want to attract families and employees who are citizens of communities where those same businesses are part of the community ecosystem. In such rural situations, investing in the health of the community is closely aligned with the investment in the health of employees and their dependents.<sup>13</sup> Dr Cathy Baase from The Dow Chemical Company argued that, from a large, multinational employer perspective and at the macroeconomic level, the business community will benefit directly when engaging to impact community health. As business generates money, some of that money is used to pay employee wages and some percentage, in the form of taxes, goes into a common resource pool, thereby benefitting the larger society. The model presented illustrated five important ways in which the current health scenario negatively impacts success of the business sector. A better understanding of how these elements of the current macroeconomic model are destructive to a business's success could motivate the business community to become more engaged. As summarized, the five elements presented included (1) wage compression—an increasing proportion of total compensation is going into health care benefit costs; (2) reduced profits—a greater percentage of total funds have to be allocated toward health care, resulting in a reduction of profits; (3) an eroded foundation for business—money from the common resource pool funds health care as well as education, infrastructure, and other social priorities. Education and infrastructure are essential foundational elements for business success; however, they are being undermined by the diversion of a major portion of the gross domestic product toward health care. Business needs healthy people to be successful; (4) impact on elements essential to the creation of health—the same elements that are essential to business are important social determinants of health. Diversion of spending away from education and infrastructure also undermines the creation of health. This is compounded by the significant waste in health care; and (5) diminished purchasing power—the cumulative impact of the current scenario is a diminished market due to less take-home pay and less disposable income.<sup>13</sup>

Continued increases in spending on health care may create social capital erosion driven by lack of funding for education, community infrastructure, and other societal priorities. From a health

perspective, NCDs pose a serious threat to long-term business performance and are also strongly connected to other global risks including economic challenges and national security.<sup>12–14,19,20</sup>

### Dialogue Sessions

Two dialogue sessions were held and both used the World Café format, a well-documented, simple process that brings people together around questions that matter.<sup>21</sup> The World Café process uses connected conversations to share knowledge, ignite innovation, and tap into the collective intelligence of the people in the group. The topics of community health, company performance, and multistakeholder collaborations, among others, are highly complex. The World Café format, from a systems perspective, is able to optimize this complexity using a qualitative method and distill the key learnings down to a reasonable set.<sup>22</sup>

For the first dialogue session, the “question that matters” deliberated was—“What are the strongest elements of a business case that will generate higher levels of employer leadership in improving community health?” For the second dialogue session, the “question that matters” posed was—“What are the most important barriers and limitations that will keep employers from playing their critical role in improving community health?” At the end of each dialogue session, all table hosts ( $N = 11$ ) identified their top five prioritized insights and shared these with the larger group. Using group process, this allowed attendees to immediately receive feedback on the most prominent learnings and insights related to each question. Following the second dialogue session, a group session addressed the learnings of the day and provided participants a chance to reflect on the experience of the day.

A computerized qualitative analysis (Dedoose, Manhattan Beach, California) was conducted to summarize the findings. Finally, several days following the convening, all attendees were sent a brief survey as an opportunity to provide feedback.

## RESULTS

Attendees included 54 executive-level leaders representing 47 organizations. The attendees represented senior executives from various types of organizations, including businesses (large and small), business coalitions, health systems, federal organizations, nongovernmental agencies, universities, hospitals, and foundations. Table 1 presents the organizations represented and a high-level breakdown by type of attending organization and indicates that the convening was successful in bringing together a large, multisectoral group of top executives with strong business representation.

### Strongest Elements of a Business Case

Results of the analysis for the first question produced seven major themes. They are presented along with a brief description of each element in Table 2 and rank-ordered based on frequency of mention. The most common theme reported among the strongest elements for a business case to support corporate leadership in improving community health was related to the need for measurement and a common set of definitions. This measurement element is not independent from the second highest reported element, namely return on investment. Investing in the health of the community (eg, education system) may lead to greater profits for business and impact sustainability (eg, talent pool and employee retention). Investment in community may also reach spouses and dependents who, as covered lives, are related to health care expenditures. From a business perspective, the ability to measure allows for the ability to manage, and return on investment represents one of those metrics needed. The ability to clearly communicate the business case to various stakeholders was recognized as another important element. Shared values, shared vision, and shared definitions are also needed to ensure that all stakeholders involved agree on the approaches and directions proposed. The element related to leadership also represents to some degree a communications goal because it

reflects the need among corporate leaders to find a strong “vision and voice” that allows this important message to be disseminated among peers.

### Important Barriers and Limitations

Results of the analysis for the second question also produced seven major themes. They are presented in Table 3 along with a brief description of each barrier and rank-ordered based on their mention. Attendees reported that a lack of understanding of the connection between community health and its impact on business was an important barrier to progress. In addition, a lack of knowledge on what to actually do surfaced as well. Furthermore, there was an overwhelming sense that the complexity of community activity poses a major barrier to efficient processes and optimal use of invested resources. There are many stakeholders involved, many different viewpoints to consider, a lack of metrics to support implementation and monitoring of progress, and trust among all the potential partners may be low. A trusted and respected convener is needed, and a sense of when a return on the investment may be anticipated represents important factors in decision-making processes.

### Overall Impressions

Immediately following the World Café conversations, a group session allowed attendees to reflect on the day. Online surveys sent out several days after the convening allowed for participants to provide additional feedback. On the basis of this information, participants indicated that they felt the process allowed them to be heard and brought them closer to a shared understanding of the issues deliberated. They also indicated that the World Café format and the process being convened by an outside organization provided confidence in the belief that a shared commitment to working together on this topic is possible.

Other impressions included the sense that there exists great variability in understanding of the rationale for business involvement in community health by corporate leaders. As a result, a clear, powerful, yet concise articulation of the business case for corporate leadership in community health is needed. Whereas this convening of corporate leaders had focused on leadership involvement in improving community health, a clear need exists to connect the “why” (business case) to a roadmap that allows employers to see the “how-to” and “what-to-do” also.

## DISCUSSION

This project sought to access the collective intelligence of corporate executives and thought leaders to help support a business case for employer leadership in improving community health. The panel of experts was successful in setting the context, and their presentations represent an important part of the output of this convening meeting.<sup>13</sup> In fact, the expert panel provided an intentional cognitive priming of all attendees that generated a deliberate focus on the importance of health for business success. The result of the deliberations identified the strongest elements that highlight what to focus on in building and communicating a business case and also generated a set of important barriers that will need to be addressed. Besides these outputs, it also became clear that the interdependencies and relationships among the various stakeholders and community-based activities create a highly complex dynamic that many leaders struggle to address. This issue may not necessarily be more complex than many other business challenges but may be one where executives feel unprepared and are perhaps uncertain how to proceed and how to be effective. It is out of the norm of their typical actions. This complexity affects the ability for businesses to make decisions on how and when to invest in larger community-based activities that will affect their employees and their families. Furthermore, we noted a substantial variability in understanding of the importance of a healthy community to the health of business.

**TABLE 1.** Breakdown of Attending Organizations by Type of Executive Leader and Group

Organization	Title of Attending Representative	Type of Organization	Percentage
Blue Cross and Blue Shield of Minnesota	Executive medical director	Business and industry	55%
Blue Zones	Senior vice president		
Canyon Ranch Institute	Executive director		
Cleveland Clinic	Administrator		
Edington Associates, LLC	Founder and chairman		
Gallup	Chief scientist		
General Mills	Chief medical officer		
HealthPartners	President and CEO		
Healthways	Senior vice president		
Johnson & Johnson	General manager		
Kaiser Permanente	Vice president		
Life Time Fitness	Senior director		
MATRIX Public Health Solutions	President		
Mayo Clinic	Strategy consultant		
Optum	Director		
Quality Bike Products (QBP)	Founder and president		
Schwan Food Company	Executive vice president		
StayWell	Director		
Target	Medical director		
The Dow Chemical Company	Global medical director		
The Goodyear Tire & Rubber Company	Chief health officer		
TURCK, Inc	President and CEO		
USAA	Enterprise medical director		
Vidant Health	Administrator		
Whirlpool Corporation	Senior director		
American College of Occupational and Environmental Medicine (ACOEM)	President		
American Heart Association (AHA)	Executive vice president	Nongovernmental organizations and foundation	30%
Clinton Foundation	Fellow		
Health Enhancement Research Organization (HERO)	President and CEO		
Hope Street Group	Cofounder and board member		
Maine Health Management Coalition	CEO		
Population Health Alliance (PHA)	Executive director		
Prevention Partners	President and CEO		
Robert Wood Johnson Foundation (RWJF)	Senior program officer		
Samueli Institute	Vice president		
Alliance for a Healthier Minnesota	President		
The HAVI Group	President and chief operating officer		
The Vitality Institute	Executive director		
US Healthiest	CEO		
YMCA of the Greater Twin Cities	Chief experience officer		
Centers for Disease Control and Prevention (CDC)	Senior advisor for business engagement		
Federal Reserve Bank	Senior advisor		
Institute of Medicine (IOM)	Senior program officer		
National Quality Forum (NQF)	Vice president		
US Chamber of Commerce	Senior vice president	Academic	4%
University of Michigan	Director		
University of Wisconsin–Madison	Professor		

CEO, chief executive officer.

**TABLE 2.** Themes Identified That Represent the Strongest Elements for a Business Case to Support Corporate Leadership in Improving Community Health

	Element	Brief Description
1	Metrics and measurement	Common definitions and metrics are needed for the measurement of health relevant to both business and the community. Specific to business, standard metrics are needed that define health and that can be reported alongside business performance metrics, such as profit and revenue. A measurement dashboard that reflects employee health and the health of communities where the company has a footprint. Health should be a metric as important as other aspects of social responsibility.
2	Return on investment	“Healthy and well” organizations control costs, optimize productivity, attract talent, and limit turnover. This reflects the view of the chief financial officer and goes beyond medical care costs alone. It includes not only costs associated with absenteeism, disability management, but also corporate social responsibility investments. Profits remain central in the argument.
3	Communications	The articulation of the business case has to be clear, focused, and compelling. Messages need to take into consideration the interplay between health, safety, and economics, as well as the social and economic determinants of health. Messages should recognize that not all businesses are the same and the value proposition will be different for different types of companies (size, industry, etc); no “one size fits all.”
4	Shared values	It is important to understand the shared risk and shared values between business and community stakeholders (eg, pooled resources, shared expenses, and shared benefits). Recognition is important; to be seen as the “employer of choice” or “community of choice” has great value. Shared values extend into investment for healthy living, “green” living, and socially conscious business practices.
5	Shared vision	Employers and communities need to focus on sustainability through the integration of a culture of health both internal and external to the company. Because the workforce comes from the community, there should be both a common investment and a collective benefit. Business is part of the community and the community is part of the business.
6	Shared definitions	There is a need to define (1) health beyond medical care; (2) what is really meant when we say “being a leader”; and (3) what is meant by “business influence” in community health efforts?
7	Leadership	There is a need for visionary leadership among business leaders that can be leveraged to communicate to peers the need to understand both the short- and long-term values of community as part of the economic realities of corporate management.

Clearly, different executive leaders were at different positions along a continuum of understanding and actively addressing community health.

The process used in the convening of the executives seemed to be important. We deployed the World Café process<sup>21</sup> for various reasons. First, we had previous experience with the general approach to dialogue as a means to access the collective intelligence of the group and had deployed a similar process to other health-related questions.<sup>23</sup> In addition, we wanted to use a method that would bring a systems approach (ie, dialogue) to addressing the complex dynamic interactions among social determinants of health and the business situation.<sup>22–25</sup> Finally, we wanted to be sure that the process was highly engaging and would allow attendees to feel their opinions were heard. On the basis of the feedback from participants, the convening was very well received and included input that this type of gathering is not just necessary but essential to bringing multiple stakeholders together for the purpose of collective action in this area business and community health.

Others have noted similar observations. Porter and Kramer<sup>2</sup> have previously introduced the concept of shared value and clearly articulated that it is not merely social responsibility, philanthropy, or sustainability, but that this endeavor to achieve economic success as a business is in fact aligned with value creation for society. The importance of metrics and leadership has also been noted elsewhere.

For example, the Vitality Institute Commission reports on the need to strengthen leadership for investment in prevention as well as for the integration of metrics into corporate reporting.<sup>26,27</sup> Nevertheless, this investigation provides a unique contribution to the literature in that it reports on the insights, knowledge-base, expertise, and wisdom of a relatively large and diverse group of corporate executive leaders. On the basis of their insights, the learnings summarize key elements and important challenges that affect the potential to bring business together with other community stakeholders to address underlying social determinants of health. As such, these learnings provide a glimpse into organizational policy solutions that may be needed to move this agenda forward and the kinds of gaps and barriers that need to be addressed to create an acceptable business case for corporate investment in community health.

### Policy Perspectives

From a policy perspective, businesses want to be sure that they can participate in a manner that does not place them at risk for unexpected consequences of going beyond their traditional domain. In addition, the dialogue sessions uncovered an opportunity for policy and regulatory changes to focus on incentives for business and industry to participate more fully at the level of the community. Federal, state, and local policy that would support business investment in community health should be explored further, yet such policy solutions

**TABLE 3.** Listing of Most Important Barriers and Limitations That May Keep Employers From Playing a Critical Role in Improving Community Health

	Barrier	Brief Description
1	Lack of understanding	This includes a lack of understanding of reasons to care about health outside of the business' four walls, of what "health" actually represents, of the diverse agendas of stakeholders involved and their potential misalignment, of ideology, of who is responsible, of the benefit, of what is actually being asked for.
2	Lack of strategy or "playbook"	There is no framework or model that speaks to business needs. There is no "playbook" that outlines what business should do and how it should be done. The lack of a common language and definitions was noted here as well. Not knowing where to start, what kind of infrastructure to create, and how to get other businesses on board. Not knowing how to convene the community and other stakeholders.
3	Complexity of the problem	The vision of what is needed is so large that it almost feels "not doable." The expressed need to be able to "walk before you run" and build internal worksite health capacity and capability first (invest in your own employees) and then go into the community. The problem is so large that it needs to be made simpler so that the scope and complexity are not associated with long time frames and high risk of failure. Complexity of the collaboration needs to be handled by conveners with high levels of expertise.
4	Trust	Companies may not be willing to take the risk of being a first-mover. Lack of a trusted convener who can bring many stakeholders with varying interests together and facilitate ongoing progress in the initiative.
5	Lack of resources, time, and leadership	Small businesses may not have the time or resources to invest like other, larger organizations may do. On the contrary, small business may already be closely connected to their local communities by way of how they operate. Lack of a sense of urgency, which delays decision making. A large upfront investment of time, resources, and money with a potential payoff lagging for years may not sway business leaders to act.
6	Policies and regulations	Alignment with federal, state, and local policies and regulations needs to be checked, and gap analyses need to point out where changes are needed. Policies and regulations that provide corporate incentives to provide leadership and resources for community health are needed.
7	Leadership philosophy	Lack of a unifying leadership philosophy that can span various views on how employee and community health may be linked.

should be informed by evidence of effectiveness.<sup>27</sup> Sources that may provide such evidence would include the Community Guide, which publishes recommendations by the Community Preventive Services Task Force, an independent, nonpartisan panel of public health and prevention experts appointed by the Director of the Centers for Disease Control and Prevention that reports to Congress.<sup>18</sup> In addition, the role of a convener organization was identified as a crucial element in successful deployment of community-based initiatives. This convener role has been noted elsewhere and reflects the need for community initiatives to be led by respected and trusted entities that may bring and keep together the multiple stakeholders involved in community action.<sup>15,28</sup> More attention should be paid to this convener role and how to optimize multistakeholder efforts that depend on this resource.<sup>16</sup>

### A Business Case Development Continuum

On the basis of these observations and the work of others,<sup>4,13,17,29,30</sup> Fig. 1 graphically displays what this continuum may look like. Early on, the main driver for engagement in population health may be solely based on regulatory considerations, such as those mandated by the Occupational Safety and Health Administration related to worker safety and their state equivalent. The next level

refers to charitable giving providing opportunity for companies to be visible in doing "good" with benefit to their reputation. Moving to more strategic levels, businesses may set up systems that connect health and safety to business value and success.<sup>2</sup> Eventually efforts become systemic and morph into cultures of health, safety, and well-being at the workplace that connect to the community and reflect norms and value systems that appreciate the need to address social determinants of health as a component of organizational priority with direct impact on performance and achievement.

### Toward a Business Case for Corporate Investment in Community Health

This project has uncovered a set of elements and factors that may aid in the creation of a business case for corporate leadership in community health. This set of elements has been presented in Tables 2 and 3. To simplify this set of observations, Fig. 2 provides a guiding framework for employers and community stakeholders to consider. In this framework, a convener role has been delineated that will allow for the community stakeholders and partner organizations to come together, outline their shared interests, and ensure a long-term commitment to the effort. For businesses, the reasons for deciding to invest in community need to be clearly delineated.

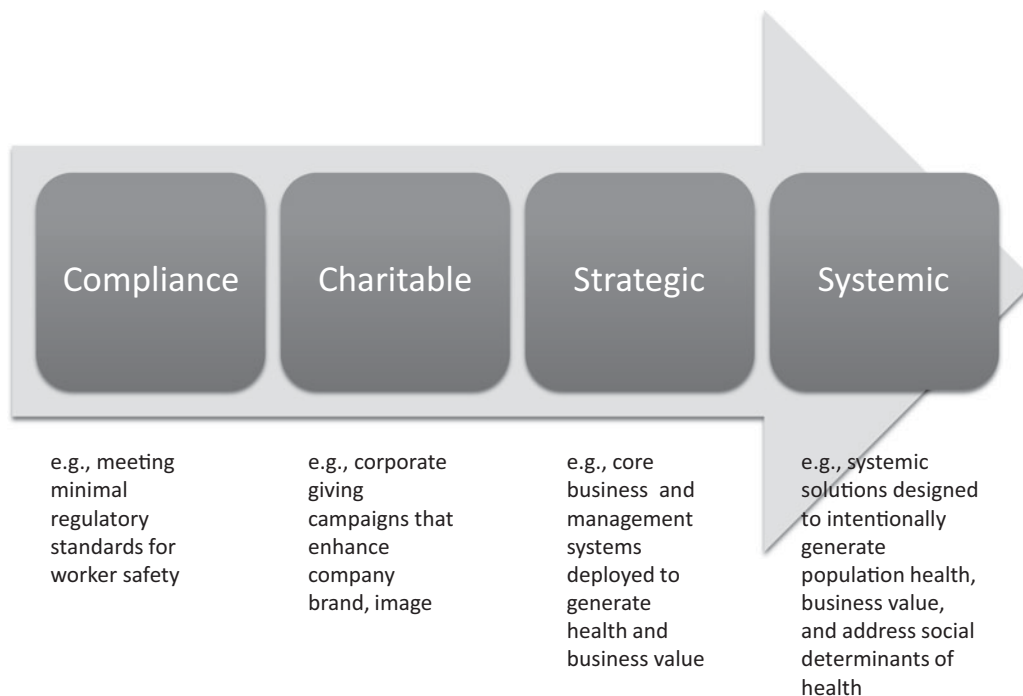


FIGURE 1. Schematic of the business case development continuum.

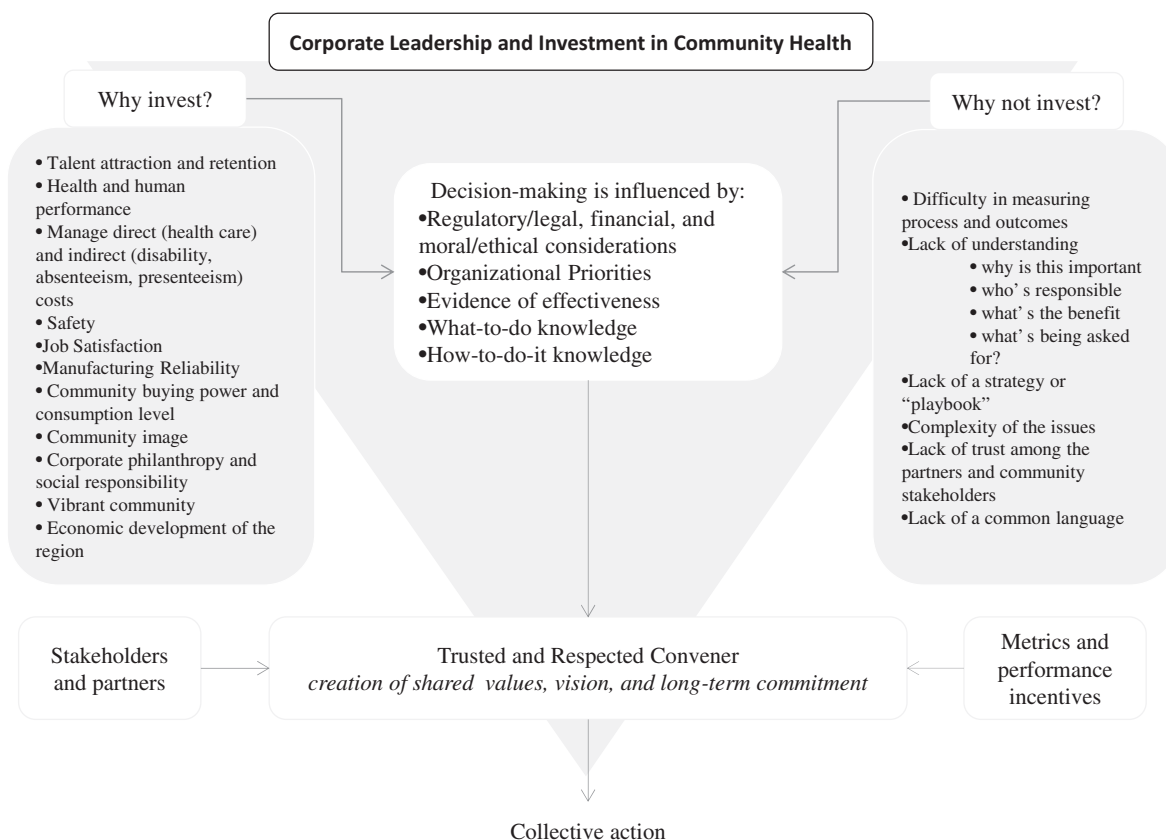


FIGURE 2. Process schematic for corporate leadership and investment in community health.

The decision to invest is affected by various inputs; however, they basically come from the following three sources: regulatory/legal, financial/corporate priorities, or moral/ethical.<sup>31,32</sup> The decision to invest needs to be informed by evidence that effective programs, services, and policies are available.<sup>9,17,18</sup> Furthermore, metrics and performance incentives need to be in place to ensure proper implementation and execution of the business plan to improve the population's health.<sup>33</sup> All this needs to be considered along with the interests of all stakeholders and partner organizations that have come together with shared interests and goals. The processes deployed need to be collaborative in nature so that ownership is shared and concerted efforts to create healthy communities can deliver on their promise.<sup>34</sup> When all these requirements are satisfied, a well-designed action plan may be ready for implementation.

## CONCLUSIONS

The focus of this convening of corporate executive leaders was on the business case for companies to engage around community health issues. It represents a focus on the “why” question; why would business want to engage with other partner organizations. Interestingly, we also uncovered a need to address the “what” and the “how” questions that are closely associated with next steps. As a result, recommended future research and community-based next steps should address the gaps that exist between the why, the what, and the how. The drivers for corporate action include the ratio of health care to social program investment; an appropriate balance between personal, corporate, and social responsibility; a recognition that an erosion of social structures that are essential to social and business success needs to be avoided; and that the connection between healthy and thriving businesses and communities is bi-directional.<sup>1,2,4,8-10,12,13-18,20,23,28,29,32,33</sup> A lack of community vitality and social prosperity negatively affects corporate performance and productivity. As business considers its role in society, explicit and intentional action to address community health needs will provide legitimacy and purpose, recognition and sustainable business success.

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