Group Purchasing of Workplace Health Promotion Services for Small Employers

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Objective: Small employers are underserved with workplace health promotion services, so we explored the potential for group purchasing of these services. **Methods:** We conducted semistructured telephone interviews of member organizations serving small employers, as well as workplace health promotion vendors, in Washington State. **Results:** We interviewed 22 employer organizations (chambers of commerce, trade associations, and an insurance trust) and vendors (of fitness facilities, healthy vending machines, fresh produce delivery, weight management services, and tobacco cessation quitlines). Both cautiously supported the idea of group purchasing but felt that small employers' workplace health promotion demand must increase first. Vendors providing off-site services, for example, quitline, found group purchasing more feasible than vendors providing on-site services, for example, produce delivery. **Conclusions:** Employer member organizations are well-positioned to group purchase workplace health promotion services; vendors are receptive if there is potential profit.

Small employers (defined as those with fewer than 250 employees) are underserved with workplace health promotion services.[1] These services largely aim at preventing chronic diseases and their rising toll on both health care costs and productivity.[2] Small employers share in this toll; 57% of employers with fewer than 100 employees offer health insurance, and 41% of their employees participate in the health insurance offered.[3] Small employers' employees are disproportionately of low socioeconomic status,[1,4] and those with low socioeconomic status are at increased risk for health-related productivity losses through absenteeism.[4] Serving small employers with workplace health promotion services is challenging—there are 5.7 million small, private employers in the United States, and 5.1 million of these have fewer than 20 employees.[5] But small employers are important, employing 35% of the private workforce.[5] Small employers have positive views of workplace health promotion; 73% believe that workplace health promotion programs are effective in improving the health of employees, and 51% believe that they lower health care costs.[6] Still, smoking cessation programs, weight loss programs, or gym facilities are each offered by less than 40% of small employers.[6,7] In the most recent national survey dedicated to workplace health promotion practices, fewer than 5% of small employers with at least 50 employees reported that they offer a comprehensive workplace health promotion program.[8]

For small employers, health insurance currently is the main mechanism for offering workplace health promotion services to employees. Of small employers, 81% report that most employee wellness benefits, including workplace health promotion services, are offered by their health insurance plan.[7] Among small employers, the most commonly reported reason for offering wellness services (reported by 47% of small employers) is their availability as part of a health insurance plan.[6]

Much of this health insurance is group purchased. For the purchase of health insurance, small employers have often grouped together via health insurance–purchasing coalitions, as well as via employer member organizations (referred to hereafter as employer organizations), including business coalitions, chambers of commerce, and trade associations. These group-purchasing arrangements seek to increase small employers' access to employee health insurance by expanding purchasing power, lowering administrative costs, and spreading risk.[9] These arrangements have various names: association health plans,[9] multiple employer trusts, multiple employer welfare associations, and pooled purchasing,[10] and are governed by both federal and differing state-level regulations.[11] Somewhat dated national estimates of the prevalence of group purchasing of health insurance among small employers are 33% among employers with fewer than 10 employees and 28% among those with 10 to 49 employees.[10] More recent estimates from Washington State, in which insurance regulation favors group purchasing, found in 2010 that nearly half of insured employees of small employers with less than 50 employees were insured via association health plans.[9]

Similar group purchasing of workplace health promotion services has the potential to increase small employers' access,[12] particularly for those employers that do not purchase health insurance. In this study, we sought to learn more about the potential for group purchasing of workplace health promotion services by employer organizations. We conducted qualitative interviews with a broad range of types of both employer organizations and workplace health promotion vendors in Washington State (largely Metro Seattle) to explore interest in, barriers to, facilitators of, and viability of group purchasing of workplace health promotion services. We focused on services related to healthy eating, physical activity, tobacco cessation, and weight management, because these services have the greatest potential to impact chronic diseases.[13]

METHODS

Using semistructured, one-on-one telephone interviews, we interviewed representatives of Washington-based employer organizations and vendors of workplace health promotion goods, services, or both to Washington-area businesses. We conducted the interviews from Seattle, Washington, and reached representatives of the employer organizations and the vendors by phone at their place of work. Participants did not receive incentives. After reviewing the study materials and protocol, the University of Washington institutional review board exempted the study from further review. This

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study was part of the Centers for Disease Control and Prevention–sponsored Communities Putting Prevention to Work program.[14] In preparing this article, we followed the consolidated criteria for reporting qualitative research.[15]

Participants

To select participants, we first compiled a database with names and contact information for Washington-based employer organizations and workplace health promotion vendors serving Washington State. Employer organization categories were chamber of commerce, nonprofit corporation, and trade association. Workplace health promotion vendors provided fitness facilities, fresh produce delivery, healthy vending machines, tobacco cessation quitlines, and weight management services.

We aimed to interview one or two representatives from each type of employer organization and vendor; The Puget Sound Health Alliance ("the Alliance") led participant recruitment efforts. The Alliance, a nonprofit partnership of consumers, employers, health care providers, and health plans, seeks to improve the quality and lower the costs of health care in Washington State. Its ties to local business, health care, and wellness communities facilitated the identification and cooperation of the employer organizations and vendors. Because we built on these ties, ultimately those interviewed were a convenience sample. We asked each participant to represent the views of the organization when answering the questions.

Interview Guide

We used separate interview guides for employer organizations and vendors. The interview guide for employer organizations covered the following areas: perceived interest of employer members in workplace health promotion, including the level of awareness around the link between employee health and productivity; barriers and facilitators to offering workplace health promotion to members; and the viability of a group-purchasing model for linking up members with workplace health promotion vendors. The interview guide for vendors covered similar areas: their interest in, experience with, and barriers to servicing small employers; prior experience with group-purchasing arrangements; and the viability of a group-purchasing model for the vendor's industry.

Data Collection

Four members of the research team conducted the interviews during May and June of 2011. The interviewers included two women from the University of Washington, one with PhD (S.L.) and one with MA (K.R.H.) degrees, and two men from the Alliance, one with MA (J.G.) and one with BA (A.K.) degrees. Two interviews lasted 5 minutes; the others lasted between 25 and 45 minutes. The interviewers reviewed the interview results periodically and agreed that data saturation had been reached after completing 22 interviews.

Data Analysis

To ensure accuracy, we audiotaped interviews and had them transcribed verbatim by a commercial transcriptionist (Proof Positive Transcriptions, Garland, TX). The interviewers verified the transcripts. Two investigators (J.R.H., K.R.H.) systematically and independently reviewed each transcript to derive and classify themes and subthemes, as well as identify representative quotes. They analyzed the interviews with employer organizations and vendors separately, using a grounded theory approach, with themes derived by hand (without use of qualitative analysis software) from the data. The analysts then compared their findings and reached agreement on key themes and subthemes.

RESULTS

We completed 22 telephone interviews. All of the organizations contacted by the Alliance agreed to be interviewed. Two of the interviews with trade associations were very brief; each stated that their members have demonstrated little interest in offering workplace health promotion to employees and that a full interview would not be instructive. Interview participants held a range of titles and represented diverse employer organizations and vendors (Table 1). All employer organizations were based in Washington State. Most vendors operate only in Washington; two also have a national scope. We summarize the interview results for the 20 employer organizations and vendors who participated in full interviews in the sections that follow, with themes and sample quotes in Table 2 for employer organizations and Table 3 for vendors.

Employer Member Organizations

Interest in Workplace Health Promotion

All of the employer organizations we interviewed recognized a link between employee health and the financial bottom line, with health-related productivity loss cited as the biggest concern, and absenteeism considered the most obvious productivity drain (Table 2). Only one of the employer organizations brought up the issue of presenteeism (employees who have lowered productivity while present at work because of illness). Many employer organizations also mentioned the burden of increased health care costs for employees with poor health. The prevailing attitude among employer organizations was summed up by an interviewee: "Unhealthy employees are just bad for business." Although the employer organizations we interviewed varied considerably in the industry type, ethnic identity, and region they represented, all agreed that poor employee health merits concern among their employer members. Most of these employer organizations are supportive of their members offering workplace health promotion.

Barriers to Workplace Health Promotion

Employer organizations view the perceived cost of workplace health promotion, both direct and in staff time, as the primary barrier for their members. The lack of available resources to dedicate to effective workplace health promotion, especially among smaller employers, was repeatedly emphasized. Many employer organizations stated that their members are busier than ever just trying to survive in the current economy, and the time required to implement workplace health promotion would be prohibitive. Employer organizations also expressed doubt about whether their members are aware of the relationship between employee health and an organization's bottom line and speculate that this lack of awareness leads to a perception that workplace health promotion does not bring sufficient return on investment. Although one of the employer organizations regularly and enthusiastically promotes the importance of employee health, none of the other employer organizations indicated that they were actively planning to devote time or resources to increasing interest in workplace health promotion among members. Other barriers cited by multiple employer organizations included high turnover in their members' industries, challenges related to language or cultural norms, and worries over the impact of workplace health promotion on employee productivity (eg, "pulling a worker off the line" to participate in workplace health promotion programs).

Facilitators to Workplace Health Promotion

Employer organizations suggested several facilitators to increasing the appeal of workplace health promotion among employer members. Most frequently, they cited implementation assistance and financial incentives, such as discounts for group purchasing by smaller employers. Other facilitators included designing the program to be as simple as possible to implement, raising awareness among members of the relationship between employee health and productivity through education and consciousness-building activities, and including workplace health promotion as a health insurance

TABLE 1. Description of Interview Participants

Title	Type of Organization	Scope	Member Profile
Employer member organizations			
President/chief operating officer	Chamber of Commerce	City	Businesses
Chair	Chamber of Commerce	City	Hispanic-owned businesses
Health insurance director	Chamber of Commerce	City	Businesses
Executive director	Chamber of Commerce	City	Chinese-owned businesses
Communications director	Chamber of Commerce	City	Japanese-owned businesses
Chief executive officer	Trade association	State	Community health centers
Executive assistant	Trade association	Regional	Minority-owned businesses
Chief executive officer	Trade association	State	Restaurants
Vice president	Trade association	State	Retail stores
Executive director	Trade association	Regional	Auto dealerships
Health promotion supervisor	Nonprofit corporation	State	Municipalities
Wellness service providers			
Senior business development manager	Fitness facility	National	
Membership marketing communications director	Fitness facility	Regional	
President	Fresh produce delivery (fruit only)	Regional	
Community relations director	Fresh produce delivery	Regional	
Sales director	Fresh produce delivery	Regional	
Regional director	Healthy vending machines	Regional	
Sales manager	Healthy vending machines	Regional	
Marketing director	Healthy vending machines	Regional	
Sales manager	Healthy vending machines	Regional	
Corporate account manager	Weight management	National	
Senior vice president of client services	Tobacco cessation quitline	National	

TABLE 2. Key Interview Themes and Sample Quotes: Employer Member Organizations

Theme	Sample Quote
Potential interest in workplace health promotion	
Strong link between employee health and bottom line	*"... the profitability of the business depends on the health of its employees ... it's critical"*
Absenteeism has biggest impact	*"... absenteeism ... is at the center of productivity and the success of a company."*
Primary barriers to workplace health promotion	
Lack of resources (cost, staff time)	*"Always the bottom line is what's the cost."*
Awareness	*"Employers may not fully understand the full spectrum of (workplace health promotion) benefits ... awareness has to come first"*
Primary facilitators to workplace health promotion	
Implementation assistance	*"(Small companies need) infrastructure and support ... to continue wellness programs"*
Discounts for group purchasing	*"... cost breaks would be very helpful for the smaller employers"*
Viability of group-purchasing model	
Perceived lack of member demand	*"I haven't had any requests (from members) for wellness offerings ... "*
Turn-key	*"... it's just got to be plug-and-play that's managed simply"*

benefit. Several also mentioned the importance of management-level support for health and wellness, such as a chief executive officer who takes the time to walk or run with employees.

Viability of Group-Purchasing Model

Although employer organizations were largely positive about the potential benefits of workplace health promotion, most perceive little or no demand for it among their members. Many stated that they had never been approached by a member on the topic of employee health. In spite of this perceived lack of demand, most employer organizations expressed both a willingness and capacity to serve as a group purchaser for workplace health promotion, but they also emphasized that demand would first need to rise among members and that workplace health promotion would need to be as turn-key

TABLE 3. Key Interview Themes: Wellness Service Providers

Theme	Sample Quote
Interest in/experience with small employers	
Not a target market	*"Our primary focus is . . . accounts that are larger"*
Fixed costs	*"The larger the company, the fixed costs get absorbed more quickly"*
Barriers vary by type of service provided	
Vending machines have high machine, maintenance costs	*"(Working with small employers) just doesn't generate enough sales to pay for the equipment"*
Minimum orders necessary for fresh produce delivery	*". . . we like a business to have at least 100 employees . . . (because) it's going to take about that many employees to get traction to make it worthwhile and to bring the boxes there"*
Viability of group-purchasing model	
Some already sell/are willing to sell to employer member organizations	*"If a Chamber of Commerce . . . wants to work with us to develop a model to offer to their employer groups, yes, we can do that."*
Highest for fitness facilities	*"(As a gym), we have a pretty broad range of things that I think we can do to support smaller employers . . . "*
Perceived low demand for workplace health promotion among small employers	*"As far as I know, we've never been approached by an agent representing a collection of smaller companies . . . "*
Willing to modify for smaller business needs	*"We're definitely willing to be very open . . . even if it's not part of our cookie cutter menu"*

as possible for both the members and the employer organization. Two of the employer organizations were already linking members to workplace health promotion via health insurance, one directly and one contractually.

Workplace Health Promotion Vendors

Interest in Working With Small Employers

Most of the workplace health promotion vendors we interviewed do not view small employers as their target audience (Table 3). A key problem is the high fixed costs of marketing to and serving small employers. For example, the fresh produce delivery and healthy vending machine companies generally set a lower limit for employer size at 75 to 200 employees; smaller companies will not generate enough sales to make delivery profitable. The weight management company requires at least 20 participants to hold meetings at a worksite, although it also offers online services to businesses of any size.

Barriers Vary by Type of Vendor

Barriers to working with small employers vary considerably by the type of workplace health promotion service provided. Vendors of healthy vending machines and fresh produce delivery, which provide tangible products at the worksite, face especially large barriers to profitability. Vending machines are costly to purchase and maintain (eg, one vendor reported that a refrigerated machine for providing salads and fruit typically costs $17,000 to purchase). Nevertheless, both vendors of fresh produce delivery and healthy vending machines already pursue creative solutions to lowering the fixed costs of serving smaller employers. For example, fresh produce can be delivered to small employers that are located closely together, and vending machines can be located in a building that holds multiple employers.

In contrast, fitness facility, weight management (with online options), and tobacco quitline vendors are better suited to forming profitable arrangements with small employers. These vendors deliver services, rather than tangible goods, that can be accessed off-site. A fitness facility can spread its fixed costs over a large number of end-users coming from various locations, while tobacco quitline and online weight management vendors can deliver their services remotely.

Viability of the Group-Purchasing Model

Vendors held diverse views on the viability of working with an employer organization that group purchased on behalf of small employers. Fitness facility vendors, the only workplace health promotion category we interviewed that was successfully working with employer organizations, were most enthusiastic about this model. One fitness facility, which does frequent business with chambers of commerce and unions, told us that group purchasing is an ideal way for small employers to access their services.

Compared with fitness facilities, tobacco quitline and weight management vendors were less positive about working with an employer organization. Past vigorous efforts of the tobacco quitline vendor to work with chambers of commerce had yet to yield results; the vendor attributed the difficulty to chambers of commerce generally serving smaller employers that did not see a quitline as having a good return on investment. The weight management vendor was also skeptical of whether the model could be successful, given the small or nonexistent workplace health promotion budgets and staffs of most small employers. Nevertheless, both types of vendors acknowledged that because they offer services that do not require delivery to or presence at the worksite, the group-purchasing model could potentially be a mechanism for serving small employers while still allowing them to earn a reasonable profit. The tobacco quitline vendor has already adapted its model to accommodate small employers by eliminating its setup fee (which can cost up to $4000). Although small employers who choose this option do not receive regular reports on quitline usage and quit rates, this option does provide their employees with access to a quitline.

For reasons closely paralleling the barriers they face in serving small employers, vendors of fresh produce delivery and healthy vending machines were the least likely to view the group-purchasing model as viable. Neither type of vendor had experience selling to employer organizations, nor was the prospect part of their current market plans, and both doubted whether such an arrangement could work successfully. They mentioned that small employers are simply less interested in workplace health promotion services, and offering discounts via group purchasing does not address this lack of demand. Nevertheless, both fresh produce delivery and healthy vending machine vendors were open to partnering with an employer organization if a profitable opportunity arose.

Case Study: The Association of Washington Cities

One of the employer member organizations we interviewed, the Association of Washington Cities (AWC), provides an example of an employer organization serving its members through purchasing and assisting with implementation of workplace health promotion services. The AWC is a private, nonprofit member organization that serves the cities and towns of Washington. One of the services it provides to its approximately 281 member cities and towns is the AWC Employee Benefit Trust (AWC Trust), which group purchases health insurance. The AWC Trust does so through 13 medical plans provided by a health maintenance organization and one of two Blue-Cross-Blue-Shield carriers in Washington. The medical plans cover 247 employers and 34,000 lives. The largest employer in the plan has 800 employees; half of the employers have fewer than 20 employees. The AWC Trust's board of trustees has long believed that provision of workplace health promotion services benefits employers and employees, and has offered workplace health promotion services as an integrated, optional part of health insurance since 1985.

Since 2011, the AWC Trust has offered a 2% discount in health insurance premiums to those employers that participate in the workplace health promotion plan and meet the Trust's WellCity standards. Healthy eating, physical activity, and tobacco avoidance and cessation are key components of the WellCity standards, which cover environment, evaluation, leadership support, maximizing resources, needs assessment, policy, program planning, and wellness champions. Since beginning to offer the discount, the AWC Trust has seen the number of employers that meet the WellCity standards more than double, from 35 employers in 2010 to 84 in 2013.

The Trust's workplace health promotion services for insured employees (most employees of participating cities and towns are insured by the Trust) include an employee assistance program, a health risk appraisal, a nurse advice line, on-site screenings, telephonic health coaching, a tobacco quitline, and a Web portal. A critical additional component is implementation assistance to member workplaces. The AWC employs three workplace health promotion specialists who provide technical assistance by phone, training at twice-yearly conferences, regular webinars, and regional networking forums, as well as on-site assistance via the specialists' periodically visiting AWC Trust member workplaces around the state. A clearinghouse for free online workplace health promotion services and resources provides additional assistance.

Because the health insurance and workplace health promotion plans are integrated, the AWC Trust has access to its members' claims data and is able to analyze the effects of workplace health promotion participation on health care costs. A study conducted for the period from 2004 to 2007 found that those employees who were coached (63% of those eligible) had roughly one third of the increase in health care claims as those who were eligible for coaching but chose not to participate (unpublished data). Another study from the same period of time found that employers that met the WellCity standards had employees with fewer behavioral risks and lower average health care costs than employers that did not meet the standards (unpublished data).

DISCUSSION

We found cautious support for the idea that employer member organizations could serve small employers as group purchasers of workplace health promotion services. These employer organizations recognize the importance of workplace health promotion but doubt whether the demand is there from small employers. Of the 11 employer organizations we interviewed, 2 are serving in this role already. The workplace health promotion vendors are also interested in employer organizations serving in this role, and some are already working with these organizations, but the vendors doubt whether there is sufficient demand from small employers.

Of the workplace health promotion services we explored, those provided off-site seem best suited to group purchasing by small employers. These services include fitness facilities, tobacco quitlines, and online weight management services. Services that require on-site operations in the workplace, such as those that involve food distribution, are less well-suited. The biggest barrier is having enough volume to cover the fixed costs of food delivery and vending machines.

Limitations of this study include the small number of respondents from one state; strengths include the diversity of our respondents, the richness of the information provided by our qualitative techniques, and the addition to a scant literature on this topic. We sought to cover one geographic area well. Our respondents included both identity- and industry-associated employer organizations and vendors related to food, physical activity, tobacco, and weight loss. Our in-depth qualitative approach gave us insights into the business practices of both the employer organizations and the vendors, and we reached data saturation in our interviews.

Although both employer organizations and vendors question the level of demand for workplace health promotion services by small employers, prior research suggests that this demand may be driven more by low internal capacity than by lack of interest or belief in its value. Both qualitative research[16] and past purchasing behavior[6] suggest that there is a sizeable demand from small employers for workplace health promotion services. We also recently surveyed a random sample of small US employers (with 100 to 250 workers) in low-wage industries about interest in and internal capacity for workplace health promotion.[17] Interest was very high, almost universal, but self-assessed capacity to implement workplace health promotion programs was very low, reported as none by more than half of the employers.

In spite of low internal capacity, small employers can implement workplace health promotion if provided the kinds of external implementation assistance that employer organizations and workplace health promotion vendors can provide. When we delivered an intervention promoting evidence-based workplace health promotion practices to mid-sized employers with minimal implementation assistance, we found little uptake.[18] In contrast, when we delivered a similar intervention modified to offer extensive, on-site implementation assistance to small and mid-sized employers, we found that the implementation of evidence-based workplace health promotion practices increased from 36% at baseline to 59% 6 months later.[19] Our experience matches that of others.[1]

The current situation may change with implementation of the Affordable Care Act because of its potential to increase both access to and demand for workplace health promotion services by small workplaces and their employees. The Act expands access to clinical preventive services, like immunizations and screening tests, by mandating their coverage and eliminating copays and coinsurance.[20] It will also expand health insurance coverage, and potentially access to health promotion services, for employees in small workplaces, by expanding Medicaid, by offering premium assistance subsidies to employers of low-wage employees,[21] and by providing subsidies to low-wage adults to enable them to buy insurance via the health insurance exchanges. The Act may also increase demand for workplace health promotion services. It provides an incentive for preventive lifestyles by increasing the maximum permissible reward that employers may offer to employees under a health-contingent health promotion program linked to a health insurance plan.[22] It also authorizes grants for eligible employers with fewer than 100 employees to offer comprehensive workplace health promotion programs (Section 10408), but no funds have been appropriated.

Even so, many small workplaces will remain without access to workplace health promotion services. Our findings suggest

at least two viable models for small-employer group purchasing, one connected to health insurance and the other for specific workplace health promotion services for those employers that do not purchase health insurance. The workplace health promotion program of the AWC Trust seems an excellent model of an employer member organization distributing workplace health promotion as an integral part of health insurance. The AWC Trust provides health insurance discounts for companies that meet workplace health promotion program quality standards, so there is a strong incentive for member employers to implement workplace health promotion programs and to take them seriously. The AWC Trust also provides the ongoing implementation assistance that our experience, the literature, and the feedback from those we interviewed here all suggest is crucial to success for small employers. Because half of small employers purchase health insurance,[3] this model is viable for many, although health insurance plans need to be prepared to provide the extensive on-site implementation assistance that small employers require.

The other model is group purchasing by employer organizations of specific workplace health promotion services that are delivered largely off-site. Examples are inexpensive fitness facilities, quitline services, and Web-based weight management services. Quitline services, for example, can be offered by employers at a cost less than $5 per employee per year,[23] a small fraction of the $15,000 per-employee yearly cost of health insurance[6] or even the $150 per-employee yearly cost of comprehensive workplace health promotion services.[24]

CONCLUSION

We found that employer member organizations are well-positioned to group purchase workplace health promotion services for small workplaces; vendors are receptive if there is potential profit. Both employer organizations and vendors doubt there is sufficient demand for these services from small employers, but the literature suggests that they underestimate demand and that they could increase demand by clearly responding to small employers' strong need for external assistance in implementing workplace health promotion. The services most amenable to group purchasing are those provided off-site, including fitness facilities, tobacco quitlines, and online weight management services.

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