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AREUFIT HEALTH SERVICES INC.: CEO FACES STRATEGIC CROSSROADS

Marilyn Anthony, Joan Allatta, and Rachel Tomlinson wrote this case solely to provide material for class discussion. The authors do not intend to illustrate either effective or ineffective handling of a managerial situation. The authors may have disguised certain names and other identifying information to protect confidentiality.

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In the summer of 2018, after over 25 years of leading the business, Jeannine Stuart, founder and president of AREUFIT Health Services, Inc. (AREUFIT), assessed her company’s position in the evolving health services market. Stuart had grown AREUFIT from a sole proprietor start-up to its current position as the Philadelphia region’s award-winning provider of preventive health and biometric screenings, corporate health and disease prevention programs, and wellness services, with annual revenues approaching US$1 million[[1]](#footnote-1) (see Exhibit 1).

Stuart had spent the last three years working with an outside consultant, in preparation for the next stage in the life cycle of her company. For any founding chief executive officer (CEO), having determined a new future strategic direction represented a personal and professional crossroads. As Stuart recounted, “I love what I do and I love going to work. It’s not a burden right now and I don’t want to get to that point so this is the time for exploring options.” When a competitor approached her with an offer to buy AREUFIT, Stuart knew she had to make some tough decisions, while remaining true to her values and business practices. She wanted to preserve the company and culture she had built, protect her key employees, and ensure that the brand reputation of AREUFIT would endure.

The personable, high-energy Stuart understood that uncertainty in the health care industry was a constant factor, driven by changing regulatory and economic conditions. However, the emerging importance of big data analytics, the escalating costs of technology investment, the increased threat of competitors eyeing the regional market, and a sense of having achieved key personal and professional milestones led Stuart to reflect on AREUFIT’s future and her role in the company.

AREUFIT HEALTH SERVICES, Inc. COMPANY HISTORY

AREUFIT was a privately held, corporate wellness services firm that helped employers in the Greater Philadelphia market develop and implement employee wellness programs. It had been providing preventive health screenings, wellness services, and health education programming since 1992, long before “wellness” became part of employee benefits packages. The company was especially proud of its ability to deliver high-quality customized service packages designed to help clients reach their short- and long-term preventive health and wellness goals. AREUFIT had won and retained contracts with a diverse portfolio of high-profile clients in the Philadelphia market.

AREUFIT was a product of the volatile health services industry. Established as a sole proprietorship in 1992 and incorporated in 1996, AREUFIT started by accident. Having pursued a graduate degree in exercise physiology, Stuart supported herself by managing an outpatient exercise program for a Philadelphia hospital. Unsure of the potential insurance impact from sweeping health care reforms proposed by Bill Clinton, the US president at the time, Stuart’s employer reacted with deep budget cuts, and the corporate wellness program was abruptly eliminated. However, companies had begun to value wellness services as meaningful employee benefits, so Stuart began accepting contracts from her former clients. As she recounted, “one gig led to another,” and offered her a way to finance and complete her doctoral degree.

Risk-taking and financial bootstrapping characterized AREUFIT’s start-up. Initial capitalization from friends and family, including a $2,500 loan from an uncle, enabled AREUFIT to make its first significant equipment purchase. While Stuart was taking part at an event, a health insurance executive saw how poorly the company’s mobile health van was being managed and offered Stuart a contract to take over the van in 90 days. Stuart accepted and told her small crew, “we’re going to fake it until we make it.” As the wellness industry became more mainstream, AREUFIT expanded its product line, augmented its preventive health screenings with health education components, and facilitated connections to technology partners.

The 2008 financial crisis forced AREUFIT to get “lean and mean” to survive the decline in clients. Stuart reflected on this time and said, “I would never have made these changes if the financial crisis hadn’t forced us to work differently, and the fact is we’ve never gone back to the old ways.” Under this lean model, AREUFIT employed six full-time lead staff and up to 40 part-time and contract workers, brought on to address the seasonal fluctuations of the business (see Exhibit 2).

AREUFIT’s LEADERSHIP: CEO Jeannine Stuart

Stuart completed her undergraduate degree at Ursinus College and earned a master’s and doctoral degree in exercise physiology from Temple University. Lifelong interest in sports, wellness, and community engagement was evident in Stuart’s professional and personal life. A former marathon runner and avid supporter of Philadelphia pro football and baseball teams, Stuart also formed partnerships with a wide variety of non-profit organizations that promoted health and wellness. She taught kinesiology for many years at West Chester University as an adjunct professor and had been active with community volunteers in Medicine.

Stuart built a business that reflected her passions and her personality. She moved AREUFIT’s offices from an office complex in Malvern, Chester County, to a farmhouse in West Chester, Pennsylvania, restored to be a comfortable, casual, family-culture workplace. She built a culture of autonomy and incentives indicative of the role her lead staff and employees played as key company assets. In 2012, and again in 2016, AREUFIT won recognition from the American Psychological Association (APA) as a Pennsylvania Psychologically Healthy Workplace. APA recognized AREUFIT as a national Honoree in 2018.[[2]](#footnote-2) In addition, Stuart was awarded the 2007 Small Business Development Center of PA Entrepreneurial Achievement Award.[[3]](#footnote-3)

CORPORATE WELLNESS SERVICES INDUSTRY BACKGROUND

The corporate wellness services industry was an outgrowth of changes in insurance, economic, demographic, and socio-cultural trends. As a relatively new industry, it experienced significant growth from 2013 to 2018, as many businesses purchased wellness programs to try to contain rising health care costs. To cite one factor, in response to the obesity epidemic, many businesses implemented biometric screening services. According to a 2017 survey by the Society for Human Resource Management (SHRM), 25 per cent of companies surveyed reported that they had increased their wellness program benefits in the previous year, with this trend expected to continue through 2023.[[4]](#footnote-4)

A wide variety of products and services that fell under the general category of corporate wellness included programs such as smoking cessation, bundled measurements such as health risk assessments, or education classes on nutrition, exercise, and stress management.

RISING HEALTH CARE COSTS ARE THE NEW NORMAL

As the cost of health care continued to rise, employers continued to view the preventive potential of corporate wellness programs as a possible solution to reducing company health care costs.

According to the Center for Disease Control’s National Health Interview Survey, “. . . the prevalence of obesity among US adults aged 20 and over increased, from 19.4 per cent in 1997 to 31.4 per cent in January–September 2017.” With the rise in obesity, the number of associated health consequences also increased.[[5]](#footnote-5)

One way to facilitate health promotion was through employee health management programs (EHMPs), defined as “. . . ongoing organizational activities designed to promote the adoption of personal behaviours conducive to maintaining and/or improving employee health.”[[6]](#footnote-6) Specifically, the growth of EMHPs resulted from various factors, including increased health care costs, enhanced performance among employees, increased competition globally and domestically, and modified technological processes toward more automation. Since the 1980s, EHMPs (also known as workplace wellness programs) offered fitness, health promotion, and wellness campaigns.[[7]](#footnote-7)

The Society of Human Resource Management had recently conducted its annual survey of employee benefits among US employers. Of the companies surveyed, “. . . three-quarters (75 per cent) of employers offer wellness resources and information and/or a general wellness program.”[[8]](#footnote-8) According to the survey, only 62 per cent of these employers provided general wellness programs specific to their employees. The efficacy of industry services largely depended on employee participation rates.[[9]](#footnote-9)

Particularly related to AREUFIT’s mission, only 41 per cent of the surveyed companies offered annual health risk assessments, and 30 per cent provided on-site health screening programs. Although this information was not region-specific, this data showed that there was a growth opportunity to partner with organizations that provided risk assessments and on-site health screenings, along with other preventive and educational programs.

Profit was expected to rise as businesses expanded the scope of their corporate wellness programs, and offered more services, convenience, and possibly even access to data of their employees. Advances in technology, coupled with personal wearable fitness devices such as the Apple watch and Fitbit, were emerging as possible disruptors. One method of counteracting their influence was the creation and implementation by wellness services providers of workplace healthy lifestyle programs that offered comprehensive educational, organizational, and environmental activities for employees and their families.[[10]](#footnote-10)

TECHNOLOGY CHANGING DATA COLLECTION AND ACCESS

Technology used to measure an individual’s wellness information, independent of situations where they were patients or undergoing prescribed treatments, was categorized as person-generated health data (PGHD). A 2017 survey of 2,000 employers revealed that among their employees, 35.0 per cent currently used wearables and 48.6 per cent were considering purchasing wearable devices for wellness within the next year. The survey also found that 60 per cent of users prioritized the usability of the mobile application as a deciding factor. Major criteria that promoted favourable adoption of wearables included connectivity with wellness vendors, long battery life, and an employer-facing dashboard with a view of usage and performance. However, the survey concluded that PGHD at the time lacked “. . . a clear theoretical basis, a set of data models, and empirically derived strategies for integrating tools and data into existing clinical applications.”[[11]](#footnote-11)

FROM NICHE TO NATIONAL: COMPETITORS SEEK EXPANSION OPPORTUNITIES

An IBISWorld industry report indicated a low to moderate level of market share concentration in the corporate wellness services industry. In 2018, the top four companies were expected to account for less than 25 per cent of industry revenue. Reflecting the diversity of products, services, and types of providers, the industry was highly fragmented. [[12]](#footnote-12) Commonly, many corporate wellness companies targeted market niches, such as non-profit or public-sector organizations. Beacon Health Options Inc., for example, focused its effort on providing behavioural health and wellness services to active duty members, retirees, and their families through the United States Department of Defense’s TRICARE program.[[13]](#footnote-13)

Among the national market, most companies were comprehensive wellness providers who partnered with other organizations. Their services included health risk assessments, health fairs, health education programs, and other wellness programs. Major industry players were national companies such as Wellness Corporate Solutions LLC., and Mobile Health Management Services in the private sector. Similar to AREUFIT, Wellness Corporate Solutions LLC. provided consultative services to companies to develop their own wellness programs for their employees.[[14]](#footnote-14) Mobile Health Management Services, Inc., was a nationwide provider of occupational health, particularly for initial health employee screenings and drug test administration.[[15]](#footnote-15)

Government funded agencies, such as Planned Parenthood Federation of America, Inc. and Pennsylvania’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC) offered limited wellness services. Medical organizations, such as CVS Pharmacy and Acme Markets Pharmacy, were also active in the wellness industry. Various insurers also had a significant impact on the prospects for the wellness industry.

AREUFIT’S FORMULA FOR REGIONAL DOMINANCE

AREUFIT had a significant presence in Philadelphia and the surrounding five-county region, as well as in the adjacent states of New Jersey and Delaware. As the fifth-largest US city, Philadelphia offered an attractive expansion target for national companies looking to grow.

As a small firm, AREUFIT had been able to accommodate employers of all sizes. AREUFIT’s client list included Philadelphia-based organizations from small companies with 25 or fewer employees to large companies with 17,000 employees. Another distinctive feature was AREUFIT’S practice of sending cross-trained and professionally certified employees, not subcontractors, to their client workplaces. Through investing in cross-training, AREUFIT created a flexible staff that was able to fill needs in a variety of environments, from a mobile vision screening lab to biometric screenings.

AREUFIT pioneered mobile health screening vehicles in the Philadelphia marketplace. Since 1996, AREUFIT helped its clients identify vehicles for purchase, vetted and oversaw vendors for the retrofitting process, managed the maintenance of the vehicles, and provided professional staff and management of vehicle operations.

AREUFIT provided evidence-based health education tailored to meet specific client needs. The company offered face-to-face biometric reviews and health coaching, health education displays and awareness campaigns, and workplace seminars developed and delivered by a team of health educators. A sampling of educational services AREUFIT provided demonstrated the company’s wide range of audiences, expertise, and revenue sources. For example, one service was teaching fifth graders about the dangers of smoking, funded by the Pennsylvania Department of Health and the Chester County Health Department. Another service was providing cancer education to Chester County businesses, funded by a Pennsylvania cancer education grant. Yet another service was providing vision care education to registered nurses and children in the Philadelphia school district.

To augment its core competencies of preventive health screenings and education, and provide the wellness “platform” employers increasingly required, AREUFIT formed alliances with national data groups such as StayWell Health Management, Active Health Management, and WellWorks for You. AREUFIT provided essential data collection on cholesterol, body mass index, glucose, and other areas and worked with its partners to analyze the data and create an information portal. If clients opted for additional tracking, AREUFIT monitored their participation in preventive health actions such as mammograms, health examinations, and vision check-ups.

Stuart believed that AREUFIT had a lock on the Philadelphia regional market. The CEO summed up the company’s strengths as follows:

Preventive health screenings and education and the full-cycle management of the mobile health screening vehicles. What makes AREUFIT so good at what we do is we’re responsive, we’re local. I think this space is very different from other parts of the country. Businesses in Philly really like to do business with other local companies.

VOLATILITY IN THE WORLD OF WELLNESS

Several key external forces that had significant impact on the wellness services industry included changes in insurance coverage, uncertainty about regulations, advancing technology, and a lack of industry definition.

Insurance in the Age of the *Affordable Care Act*

In the 1980s, the health insurance industry shaped how corporate wellness programs were defined. More recently, consolidation in the insurance industry concentrated the power insurers held. In the regional Philadelphia market, three dominant companies—Independence Blue Cross (IBC), UnitedHealth Group, and Aetna Inc.—replaced as many as eight previous insurers.

As AREUFIT’s CEO, Stuart reflected on her years in the industry:

The insurance companies are now out of the wellness business from a client marketing perspective. They claim the *Affordable Care Act* [ACA] put too much pressure on their profits. In response to perceived threats of the ACA, they eliminated the service of helping their clients establish wellness programs. IBC, as an example, used to provide an account executive to help their subscribing companies identify a wellness services provider. When Independence Blue Cross cut the mobile van services and eliminated the wellness department as a cost-saving measure in 2016, their corporate clients were given a stipend to contract with wellness services providers on their own.

This shift in decision-making and cost allocation disrupted the market for wellness providers. Human resources executives had another responsibility added to their already burdened departments. Competing wellness service providers had to strategically focus their services and their key differentiators to win contracts from individual companies.

In addition, it became more critical to attach a return on investment (ROI) figure to wellness programs. Self-insured companies with 1,000 or more employees could often see a correlation between wellness dollars spent, pharmacy claims, improved employee productivity, and lower absenteeism, because they knew where their health care dollars were being spent. For small and mid-size employers, even when C-suite executives may have felt that a wellness program was the right thing to do, without a clear ROI figure, it became increasingly difficult to justify the fee-for-services model of contracting with a wellness provider.

Regulations and Tax Revisions

Various government agencies—such as the United States Department of Labor, US Department of Health & Human Services, and US Department of the Treasury—provided guidance on the development and administration of wellness programs. Companies also had to comply with provisions from the ACA and the *Health Insurance Portability and Accountability Act* of 1996, particularly those related to non-discrimination and privacy. The Internal Revenue Service issued a “Chief Counsel Memorandum, clarifying that case rewards under a wellness program are always taxable as income, and cash fringe benefits . . . are never excludable from income.”[[16]](#footnote-16)

As Stuart summarized, “There are so many regulations that you would have to just dedicate a team to making sure that you are always in the forefront” of regulatory requirements.

Technology and Data

Beyond the use of wearable technology, web-based tracking and data collection were important factors within the wellness industry, particularly since corporate partners sought an ROI for offering the programs to employees. Online platforms were difficult and costly to develop. As a result, each company maintained proprietary control of the infrastructure. Even health insurance has gone more and more digital, enabling subscribers to log on to their account to input an individual wellness survey.

Lack of Industry Definition

Although there were various forms of certification and professional training available, and some regulation was in place, Stuart expressed her frustration that “. . . anyone can call themselves a wellness provider,” and provided the example of “. . . an individual who lost 30 pounds and wants to take you on their wellness journey.” Stuart spent a great deal of time educating prospective clients about the genuine qualifications of her employees. Especially after cost surfaced as a key factor, it was time consuming and difficult to convey the value underlying the higher price that a professional organization like AREUFIT charged. Another significant contributor to the difficulty of measuring ROI for employers was the lack of consistency in data collection, measurement, and analysis.

THE DECISION

Stuart had to make a decision: grow or exit. Ultimately, her decision was shaped by her combined professional and personal tenets:

I’m a firm believer in staying true to your core competencies because if you stray from them, I believe that you lose your product. I have been working for the past 26 years to position my business. I've met some of my own personal goals and I feel like I kind of want to move on to the next thing, though I’m not sure what it is. The climate today is what I based a succession plan on, but the market is not now what it once was, and I have no idea what it will be five years from now.

EXHIBIT 1: FINANCIAL OVERVIEW

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1st 2013** | **2nd 2013** | **3rd 2013** | **4th 2013** | **Total 2013** |
| Income | $243,838 | $319,626 | $86,772 | $250,796 | $901,033 |
| Total COGS | $15,522 | $20,920 | $9,276 | $67,273 | $112,993 |
| Gross Profit | $228,316 | $298,706 | $77,495 | $183,523 | $788,040 |
| Expenses\* | $129,235 | $161,360 | $121,887 | $301,309 | $713,792 |
| Net Operating Income | $99,080 | $137,346 | -$44,392 | -$117,787 | $74,248 |
| Net Income | $99,242 | $137,683 | -$44,259 | -$117,471 | $75,195 |
|  | **1st 2014** | **2nd 2014** | **3rd 2014** | **4th 2014** | **Total 2014** |
| Income | $304,683 | $187,216 | $86,683 | $263,961 | $842,543 |
| Total COGS | $3,145 | $12,124 | $6,907 | $44,517 | $66,695 |
| Gross Profit | $301,538 | $175,091 | $79,775 | $219,443 | $775,849 |
| Expenses\* | $219,792 | $173,123 | $152,901 | $244,280 | $790,096 |
| Net Operating Income | $81,746 | $1,968 | -$73,126 | -$24,836 | -$14,247 |
| Net Income | $81,741 | $2,292 | -$70,808 | -$3,980 | $9,245 |
|  | **1st 2015** | **2nd 2015** | **3rd 2015** | **4th 2015** | **Total 2015** |
| Income | $323,220 | $154,225 | $84,233 | $347,034 | $908,711 |
| Total COGS | $23,845 | $18,999 | $6,961 | $56,793 | $106,599 |
| Gross Profit | $299,376 | $134,790 | $77,275 | $290,242 | $801,684 |
| Expenses\* | $185,168 | $173,765 | $175,243 | $237,651 | $771,827 |
| Net Operating Income | $114,208 | -$38,974 | -$97,967 | $52,591 | $29,857 |
| Net Income | $114,207 | -$38,974 | -$97,642 | $52,759 | $30,350 |
|  | **1st 2016** | **2nd 2016** | **3rd 2016** | **4th 2016** | **Total 2016** |
| Income | $286,139 | $142,073 | $96,686 | $332,160 | $857,058 |
| Total COGS | $17,706 | $13,727 | $4,362 | $50,928 | $86,994 |
| Gross Profit | $268,433 | $128,345 | $92,053 | $281,232 | $770,064 |
| Expenses\* | $195,714 | $156,491 | $160,824 | $282,152 | $795,182 |
| Net Operating Income | $72,719 | -$28,145 | -$68,770 | -$920 | -$25,117 |
| Net Income | $72,832 | -$28,145 | -$36,378 | -$493 | $7,815 |
|  | **1st 2017** | **2nd 2017** | **3rd 2017** | **4th 2017** | **Total 2017** |
| Income | $284,503 | $190,635 | $54,213 | $373,057 | $902,408 |
| Total COGS | $26,667 | $14,787 | $1,859 | $73,777 | $117,090 |
| Gross Profit | $257,836 | $175,848 | $52,354 | $299,279 | $785,317 |
| Expenses\* | $181,161 | $180,491 | $148,187 | $261,418 | $771,257 |
| Net Operating Income | $76,675 | -$4,642 | -$95,832 | $37,861 | $14,062 |
| Net Income | $81,799 | -$3,680 | -$95,639 | $38,095 | $20,575 |
|  | **1st 2018** | **2nd 2018** | **3rd 2018** | **4th 2018** | **Total 2018** |
| Income | $239,641 | $243,192 | $102,941 | $313,040 | $898,815 |
| Total COGS | $24,770 | $16,750 | $5,228 | $55,493 | $102,242 |
| Gross Profit | $216,179 | $226,257 | $98,265 | $258,820 | $799,521 |
| Expenses\* | $193,014 | $187,046 | $171,658 | $240,795 | $792,514 |
| Net Operating Income | $23,165 | $39,210 | -$73,393 | $18,025 | $7,007 |
| Net Income | $23,165 | $40,114 | -$72,921 | $18,289 | $8,648 |

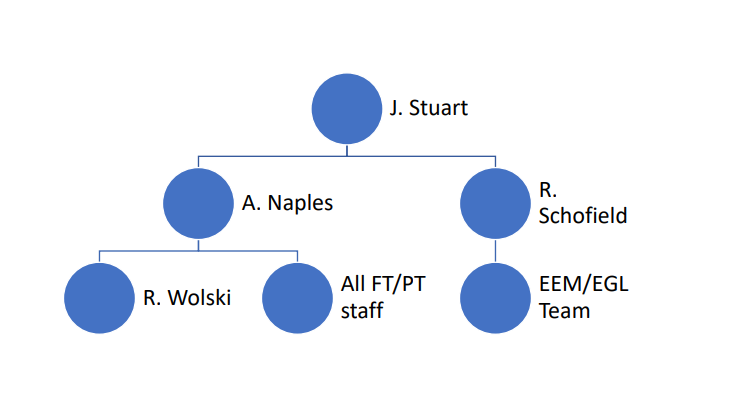
Note: COGS= Cost of goods sold; All numbers are on a cash basis; \*Expenses include: advertising, automobile expense, professional consulting, dues/subscriptions, educational expenses, insurance (health, WC, auto, GL), payroll expenses, employee benefits, printing, postage, subcontract, office overhead, travel/tolls, entertainment, wages and utilities.

Source: Company documents.

EXHIBIT 2: ORGANIZATIONAL CHART FOR AREUFIT

The professional AREUFIT staff consists of health educators, exercise physiologists, registered nurses, certified paraoptometric technicians, massage therapists, health coaches, medical technicians, interns, CPR/First Aid instructors, and support staff.

Six employees are salaried employees. In addition to their salary, key employees are eligible to participate in a cash bonus plan based upon new client acquisition. All employees are “at will” employees consistent with PA law (Pennsylvania’s legal system). There are no contracts, long term commitments, or severance promises to employees. All employees sign non-compete and non-disclosure agreements prior to their employment.



Source: Company documents.

Note: FT = Full time employees; PT = Part time employees; EEM = Eagles Eye Mobile; EGL = Eye Glass Lab; EEM and EGL are mobile units serving school children with eye exams and prescription eye glasses.

1. All currency amounts are in US$ unless otherwise specified. [↑](#footnote-ref-1)
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3. “About Us,” AREUFIT Health Services, Inc., accessed July 5, 2019, www.areufithealthservices.com/corporate-health-screenings-philadelphia-pa/. [↑](#footnote-ref-3)
4. Society of Human Resource Management, *2018 Employee Benefits: The Evolution of Benefits*, accessed July 5, 2019, https://shrm.org/hr-today/trends-and-forecasting/research-and-surveys/ Documents/ 2018% 20Employee% 20Benefits% 20Report. pdf. [↑](#footnote-ref-4)
5. US Department of Health and Human Services, *Early Release of Selected Estimates Based on Data from the National Health Interview Survey, January–September 2017*, March 2018, accessed July 5, 2019, www.cdc.gov/nchs/data/nhis/earlyrelease/EarlyRelease201803\_06.pdf, 38. [↑](#footnote-ref-5)
6. Richard Wolfe, Donald Parker, and Nancy Napier, “Employee Health Management and Organizational Performance,” *Journal of Applied Behavioral Science* 30, no. 1 (1994): 22–42. [↑](#footnote-ref-6)
7. Ibid. [↑](#footnote-ref-7)
8. Society of Human Resource Management, op. cit., 9. [↑](#footnote-ref-8)
9. Ibid. [↑](#footnote-ref-9)
10. IbisWorld, “IBISWorld Industry Report OD4621 Corporate Wellness Services in the US,” accessed July 10, 2019 https://clients1.ibisworld.com/reports/us/industry/ataglance.aspx?entid=4621. [↑](#footnote-ref-10)
11. “Employer Guide to Wearables 2.0: A Follow-Up Review of Devices & Technology,” Springbuk, accessed July 5, 2019, www.springbuk.com/our-insights/employer-guide-wearables-2017. [↑](#footnote-ref-11)
12. IbisWorld, World Industry Report OD4621, op.cit. [↑](#footnote-ref-12)
13. Ibid. [↑](#footnote-ref-13)
14. Wellness Corporate Solutions LLC, “Company Overview of Wellness Corporate Solutions, LLC,” Bloomberg, accessed July 11, 2019. [↑](#footnote-ref-14)
15. Mobile Health, “About,” Mobile Health Management Services Inc., accessed July 11, 2019, www.mobilehealth.net/. [↑](#footnote-ref-15)
16. Donna Edwards, “New Guidance affects Wellness Program Design” *Employee Benefit Plan Review* 71, no. 007 (2017): 7–9. [↑](#footnote-ref-16)