

International Version

HERO Health and Well-being Best Practices Scorecard

in Collaboration with
Mercer Marsh Benefits[©]

An editable PDF of the questionnaire
to help you prepare to complete the
survey online

Introduction

Welcome to the international version of the *HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer Marsh Benefits*®. This tool is designed to help you learn about and determine employee health and well-being best practices. Where the original Scorecard was developed with U.S. employers in mind, this version is intended for use in any country. Your individual responses to this Scorecard will be kept strictly confidential; data will only be released in aggregate.

This version is based on a recent update of the US Scorecard — Version 5 — that was rolled out in 2021. In this international version, references to the US were removed and terms that may not be familiar to users outside the US were replaced. In a few instances, we removed questions or response options that were not globally applicable. In these situations, corresponding scoring adjustments were made. Currently, this version of the Scorecard is available only in English. Based on interest and need, we may make translations available, and we welcome collaboration with those who are interested in translating the Scorecard.

Why complete the Scorecard?

First, the questions themselves serve as an inventory of health and well-being best practices and, as such, may contribute to your organization's strategic planning. Second, when you submit the Scorecard online, you'll instantly receive an automated email response, free of charge, with your organization's best-practice scores. You can also complete the Scorecard again to track progress over time. Finally, by sharing your organization's information, you'll be helping to build country-specific normative databases to further the industry's understanding of best-practice approaches to health and well-being. As our country databases grow, we will be able to make benchmark reports available that will allow employers to compare the details of their programs with those of others within their country or region. Multinational employers can use the Scorecard to inform and execute a global health management strategy.

Note on COVID-19 impact

Some aspects of your well-being initiative, and your organization's operations, may currently be suspended or in flux due to disruptions caused by COVID-19. Whether you anticipate that well-being practices will return to what they were pre-COVID or believe they will be permanently changed, it may be most useful to answer based on the anticipated future state. The Scorecard does not ask specifically about employers' responses to the COVID-19 pandemic.

About this PDF

This PDF of the Scorecard is provided for informational purposes only. This form may be useful in gathering information to assist with completing the online survey but should not be submitted. All data are being collected through the online survey.

Please do not complete a Scorecard more than once in a six-month period as duplicate responses will undermine the integrity of the normative database.

Instructions for using the online Scorecard

After accessing the online Scorecard, click "Next" at the bottom of the page to begin answering the Scorecard questions. If you cannot complete the Scorecard in

one session, you may exit the Scorecard and return at another time. The Scorecard is automatically saved every time you move to the next page and a cookie is placed on your browser. To return to your partially-completed Scorecard, you must access the link from the same computer you started the Scorecard with and then you'll be brought into the Scorecard at the spot you left off. Once you click the "Submit" button at the end of the Scorecard, you will have no further access to your responses. To receive your scores, you must have provided a valid email address where requested. Your contact information will be used only to communicate with you regarding the Scorecard.

Statement of Permissible Use

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Confidentiality Agreement

Individual, identified responses to the Scorecard will be released only with the permission of the respondent. The names of the organizations completing the Scorecard (but no contact information) will be available upon request and may be published.

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Organization information

Organization: _____

Organization Contact Name: _____

Organization Contact Email: _____

Other Contact (consultant/vendor submitting on behalf of the organization): _____

Other Contact Email: _____

Demographics

1. Total number of active full-time and part-time employees for the country for which you are completing this Scorecard (please estimate if necessary): _____
2. Percentage of employees who are in a union: _____%
3. About what percent of your employees regularly work remotely, either because they work from home or because of the type of work they perform?
 - No employees are remote
 - Less than 25% are remote
 - 25% to 49% are remote
 - 50% to 74% are remote
 - 75% or more are remote
4. Worldwide Headquarters location (Country): _____
5. Worldwide Headquarters location (City): _____
6. Program being described is located in which Country: _____
7. Program being described is located in which City: _____
8. Number of worksites within this Country (geographically dispersed worksites not managed as a single location):
 - One worksite
 - 2 to 5 worksites
 - 6 to 10 worksites
 - 11 to 39 worksites
 - 40 or more worksites
 - No worksites -- all workers work remotely

9. Do you have one or more worksites within the country for which you are completing the Scorecard in any of the size categories below? (check all that apply)

Worksites with 500 or more employees

Worksites with 50-499 employees

Worksites with fewer than 50 employees

10. Primary type of industry/business:

Manufacturing – mining, construction, energy/petroleum

Manufacturing – products (equipment, chemicals, pharmaceuticals, food/beverage, printing, publishing, etc.)

Transportation (air, boat, taxi, limousine, towing and truck services)

Communications and utilities

Education – colleges and universities (public and private)

Education – other educational organizations (public and private)

Financial services – banks, investment services, insurance, credit services

Real estate (home inspection, interior design, mortgage company, property management, warehouse, manufactured housing and real estate broker)

Health care – hospitals and healthcare clinics

Health care – other health services (physical therapy, mental health, pharmacy, vocational rehabilitation, home health, dentistry, residential care facility and veterinary medicine, etc.)

Services – technical/professional (legal services, engineering, accounting, architecture, design, consulting, advertising, computer services, etc.)

Services – other (employment and travel agency, telemarketing, publishing services, personal services, landscaping, etc.)

Food services/hospitality/entertainment

Retail/wholesale

Government

Other (diversified companies, farms, hunting/fishing)

11. Do you consider your organization to be in the “high tech” sector?

Yes

No

12. Average age of your organization’s active employees within the country for which you are completing the Scorecard: ____

13. Within the country for which you are completing the Scorecard, what percentage of your organization’s active employees identify as:

Male: ____%

Female: ____%

Another gender identity: ____%

14. Current voluntary turnover rate of employees at your organization within the country for which you are completing the Scorecard: ____%

Scorecard section 1

Strategic planning

1. Which of the following types of data do you use in strategic planning for your company's health and well-being initiative? Check all that apply.
 - Health and well-being program data (e.g., participation and engagement)
 - Physical health (e.g., medical/pharmacy claims, health assessment, activity tracker)
 - Psychosocial/mental health (e.g., emotional health, behavioral health claims, psychological safety, work-related stress, purpose)
 - Financial well-being (e.g., financial planning, retirement income)
 - Social well-being (e.g., loneliness, social isolation, caregiving)
 - Absence or disability
 - Occupational health & safety (e.g., injuries, accidents, workers compensation claims)
 - Human capital (e.g., culture or climate assessment, retention/recruitment, turnover)
 - Employee experience survey (e.g., interest, morale, diversity & inclusion, satisfaction, engagement)
 - Business (e.g., work quality/output, stock price, value add per employee, customer/patient satisfaction)
 - Other
 - None of the above
2. Does your organization have a formal, written strategic plan for health and well-being?
 - Yes, a long-term plan (two or more years) only
 - Yes, an annual plan only
 - Yes, both a long-term and annual plan
 - No → skip to Q.4

3. If yes, does your strategic plan include measurable objectives for the following? Check all that apply.
- Participation in health and well-being programs
 - Improvements in health equity
 - Improvements in health/clinical measures
 - Diversity, equity & inclusion
 - Mental and emotional health and well-being
 - Absence or disability
 - Productivity/performance impact
 - Financial outcomes (health-related spending)
 - Winning awards (e.g., best employer, healthy workplace awards)
 - Recruitment/retention
 - Employee satisfaction/morale/attitudes or engagement
 - Employee perceptions of supervisor/management support
 - Customer experience/satisfaction
 - Improving corporate image
 - Pandemic/epidemic response
 - Compliance (e.g., compliance with health-related regulations)
 - Safety
 - None of the above
4. Does your organization provide key components of your health and well-being initiative to all employees, including contract, union and part-time employees?
- All segments have access
 - No, some employee segments do not have access
5. Does your organization provide any key components of your health and well-being initiative to any of the following groups? Check all that apply.
- Spouses/domestic partners
 - Adult dependents
 - Child dependents
 - Extended family (i.e., not dependents, household staff)
 - None of these groups have access to any key components
6. Is your initiative designed to provide support to members across all points on the health spectrum—healthy, at risk, chronically ill, and with acute needs?
- Yes, we offer robust programs for individuals in all segments
 - Yes, but we need to improve offerings for one or more segments
 - No, we do not currently address all segments

7. Do most senior leaders agree that health and well-being is connected to broader business results, such as increased revenue, profitability, overall business success and sustainability?

All agree

Most agree

Some agree

Few agree

None agree

8. Taken all together, how effective is the strategic planning process for health and well-being in your organization?

Extremely effective

Very effective

Somewhat effective

Not very effective

Not at all effective

Scorecard section 2

Organizational and cultural support

In this section, we ask you about your company's efforts to create or maintain a healthy culture across your organization, including the level of leadership support. By "culture," we mean key values, assumptions, understandings, beliefs, and norms of behavior that are commonly shared by members of the organization.

9. What is the primary source of funding for your organization's health and well-being initiative? Select the one best response.
- Annual internal budget
 - Dedicated external funding (e.g., grant, wellness credits)
 - Neither of the above
10. Which of the following describe your organization's well-being committee? Check all that apply.
- Majority of committee members actively participate in most meetings
 - Committee members represent diverse perspectives (e.g., safety, benefits, HR, organizational learning, diversity & inclusion, etc.)
 - Executive leadership is actively involved in the committee
 - Committee meetings are frequent and productive
 - Committee has accountability and authority to pursue goals
 - We do not have a wellness committee or it is ineffective
11. Does your organization have at least one employee whose job description includes management of employee health and well-being? Please answer based on the individual with the greatest level of responsibility for health and well-being.
- Yes, as a primary responsibility and is a mid- to high-level management position with access to senior leadership
 - Yes, as a primary responsibility but either as a junior position or with limited access to senior leadership
 - Yes, as a secondary responsibility
 - No individual has a job description that includes management of employee health and well-being

12. Does your organization convey its health and well-being values in any of the following ways? Check all that apply.

The vision/mission statement supports a healthy workplace culture

Employee health and well-being is included in organization's goals or value/belief statements

Includes employee health and well-being measures in public reports

Regularly communicates the value of health and well-being to employees

Provides company-wide recognition for individual or group achievement in health and well-being

None of the above

13. Does your organization have written policies supporting employee health and well-being in the following areas? Check all that apply.

Work time to participate in health and well-being programs

Physical activity (e.g., encourage active transportation, walking meetings, longer breaks, ergonomics policies)

Mental health and well-being (e.g., emotional health, awareness training, critical incident procedures, parity for mental health benefits, psychological safety, stress/resiliency)

Work-life integration (e.g., limit consecutive days/hours worked; allow remote work, flex time or job share)

Healthy eating (e.g., requirements for company-sponsored events and cafeteria/vending suppliers)

Tobacco-free workplace or campus (policy does not address vaping, hookah, etc.)

Tobacco-free workplace or campus (policy addresses vaping, hookah, etc.)

Responsible alcohol and other substance use

Volunteerism or community involvement

Injury prevention and safety

None of the above

14. Does your company intentionally promote and encourage a diverse and inclusive workforce through any of the following strategies? Check all that apply.

Policies (e.g., wages, hiring, etc.)

Employee Support/Resource Groups

Mentoring programs

Facilitate forums for open discussion

Workforce training and growth opportunities

Workforce accommodations (e.g., through modifications to work station or job responsibilities)

Race and ethnicity data are used in strategic planning to identify specific needs

Race and ethnicity data are used in program evaluation to assess health equity issues

Inclusive benefits (e.g., fertility benefits for LGBTQ)

None of the above

15. Does your company's work environment support any of the following? Check all that apply.

Healthy eating choices (e.g., healthy vending, onsite farmers market, tele-nutritional advice)

Physical activity options (e.g., onsite fitness center, walking trails, standing desks, safe/accessible stairwells, virtual fitness classes, home fitness machine subsidy)

Stress management and emotional recovery breaks (e.g., "quiet" areas, gardens, meditation apps)

Work/life balance (e.g., onsite child care; lactation rooms, no meeting day)

Safety features (e.g., ergonomic design, remote workplace risk assessment, etc.)

Healthy building design (e.g., ample natural light, exposure to plants and nature, enhanced air ventilation)

None of the above

16. Have you taken any of the following actions to address barriers to healthy behaviors on employees' healthcare experience? Check all that apply.

Address the health culture in the community

Foster social connectedness

Provide or facilitate access to child care

Provide or facilitate access to elder care

Provide or facilitate transportation

Provide or facilitate access to housing

Address food insecurity

None of the above

17. Which of the following describes your leadership's support for health and well-being? Check all that apply.

Leadership development includes the business relevance of worker health and well-being

Leaders actively participate in health and well-being programs

Leaders are role models for prioritizing health and work-life balance (e.g., they do not send emails while on vacation, take activity breaks during the work day, etc.)

Leaders hold their front-line managers accountable for supporting the health and well-being of their employees (e.g., including in performance review)

Leaders are held accountable to achieve organizational goals for employee health and well-being

None of the above

18. Does your organization have a disaster-preparedness plan that includes manager and employee training to address employee safety, health and well-being in the event of the following? Check all that apply.

- Natural disaster or climate event (e.g., flood, fire)
- Epidemic/pandemic/infectious disease outbreak
- Hostages/violent attack/terrorist attacks/war
- Demonstrations or protests
- Critical incidents (e.g., death of an employee, workplace suicide)
- None of the above

19. Which of the following elements affecting employee health and well-being are included in your organization's leadership training? Check all that apply.

- Leaders' role as an influencer of employee health and well-being
- Psychological safety (e.g., allowing individuals to feel comfortable expressing their ideas and views)
- Mental Health (e.g., recognizing signs of mental health issues and making appropriate referrals, reducing mental health stigma)
- Workload management
- Manager effectiveness
- Employee recognition and rewards
- Empathy and compassion training
- Diversity and inclusion training; (e.g., anti-harassment and discrimination policies, opportunities for advancement for under-represented groups)
- Resources to help employees address social risk factors (e.g., food insecurity or transportation issues)
- None of the above

20. Which of the following describe the involvement of employees in your health and well-being initiative? Check all that apply.

- Employees provide significant input, such as program content, delivery options, communication and future needs
- Wellness champion networks are active year round
- Voluntary employee-led support groups are active
- Employees are formally asked about their perceptions of organizational support for their health and well-being (e.g., annual employee survey)
- None of the above → skip to Q.22

21. If your organization uses employee champions or ambassadors to promote health and well-being, are they supported with any of the following? Check all that apply.
- Written description of role(s)
 - Supervisor approval to allocate paid work time to role(s)
 - Training/resource toolkit
 - Rewards or recognition
 - We do not use employee champions or ambassadors
 - None of the above
22. Are mid-level managers and supervisors provided any of the following tangible supports for employee health and well-being? Check all that apply.
- Budget or resources for team-level activities
 - Recognition of their efforts
 - Training specifically related to health and well-being resources and assessing needs
 - No tangible supports provided
23. Taken all together, how effective are your current organizational support strategies in promoting the health and well-being of employees?
- Extremely effective
 - Very effective
 - Somewhat effective
 - Not very effective
 - Not at all effective

Scorecard section 3

Programs

In this section, we ask about specific health and well-being programs that your organization makes available to employees. These may be offered through a health plan or specialty vendor, or by internal resources.

24. What programs or services does your organization offer to help individuals manage one or more physical or mental health issues? Check all that apply.

Educational programs focused on self-management

Coaching/counseling delivered through multiple interactions with a health professional

Access to health care (prevention and treatment)

Virtual care (e.g., telemedicine, digital glucometers, digital therapeutics)

Interactive digital expert system (e.g., algorithms, chatbots, artificial intelligence engines, etc.)

We do not offer any of the above programs or services → skip to Q.26

25. What types of health and well-being issues does your health and well-being initiative address? Check all that apply.

Chronic physical conditions (e.g., diabetes, heart disease)

Mental health conditions (e.g., depression)

Physical health (e.g., exercise, nutrition, smoking, musculoskeletal, sleep)

Emotional well-being (e.g., stress, resilience, anxiety)

Financial well-being

Career growth (e.g., professional or leadership development and advancement or mentoring)

Personal growth (e.g., purpose and meaning)

Social or relational well-being (e.g., caregiving, interpersonal relationships, loneliness)

None of the above

26. Are any of the following digital/virtual features incorporated into your health and well-being programs? Check all that apply.

Program incorporates use of tracking devices such as an accelerometer/fitness trackers, glucometer, automated scale or sensor technology

Mobile applications (e.g., allows individuals to monitor progress and interact via smart phone)

Online social connection and group support (e.g., allows individuals to communicate with, support, and/or challenge others to form teams)

Virtual delivery of services is offered (i.e., education seminars, coaching, or therapy sessions)

None of the above

27. Does your organization provide any of the following resources to support individuals in managing their overall health and well-being (including those provided by external entities such as governments, health plans, NGOs)? Check all that apply.

Onsite or near-site medical clinic

Onsite fitness or wellness center (including onsite coaching or counseling)

Employee assistance program (EAP)

Behavioral health services (outside of traditional EAP services)

Child care assistance

Elder care assistance

Legal assistance

Financial well-being

Concierge services (e.g., personal conveniences like dry cleaning, meal preparation)

Medical decision support program (e.g., expert medical opinion/second opinion)

None of the above

28. In which of the following ways does your organization use your employee health and well-being data to design and operate your programs? Check all that apply.

Identify needs for new programs or services

Provide targeted outreach to groups relevant to their needs or gaps in care

Personalize interventions at the individual level

Inform health professionals to better support participants (e.g., support health coaching)

Ongoing, real-time feedback to participants

None of the above

29. Do you have an *ongoing process* of identification, outreach, engagement, and intervention to connect individuals to the most relevant resources for them?

Yes

No

30. Has your organization taken any of the following steps to manage employee disabilities? Check all that apply.

Formal goals for disability programs

Performance standards hold supervisors accountable for disability management program goals

Written return-to-work policies and procedures

Modified temporary jobs for employees ready to return to work but not to their former jobs

Complex claims receive clinical intervention or oversight

Ongoing supportive communication throughout the duration of leave

Use metrics to regularly monitor and manage disability trends

Strategies to direct disabled individuals to appropriate health and well-being programs

None of the above

31. Taken all together, how effective are your health and well-being programs in promoting a healthier workforce?

Extremely effective

Very effective

Somewhat effective

Not very effective

Not at all effective

Scorecard section 4

Program integration

In this section, we ask you about the degree to which your health and well-being programs are integrated with one another and with other relevant programs inside and outside your organization. Integration refers to the process of identifying an individual's health needs and connecting him or her with all appropriate programs and services with the goal of a seamless end-user experience across multiple internal or external health and well-being program partners.

32. Are your health and well-being programs integrated in any of the following ways? Check all that apply.

Health and well-being program partners (internal and external) refer individuals to programs and resources provided by other partners

Health and well-being program partners "warm transfer" individuals to programs and services provided by other partners

Referral process (by employer or third party) is monitored for volume of referrals

Partners collaborate as a team to meet regularly, share information, and track outcomes

Automated processes for sharing information between partners (e.g., shared vendor portals, regular data exports between vendors, embedded into electronic medical record, etc.)

None of the above

33. Are steps taken to ensure health and well-being is integrated with the efforts in any of the following areas? Check all that apply.

Organizational development and learning

Corporate sustainability

Disability management

Diversity, equity, & inclusion

Employee assistance

Facility management

Legal counsel and compliance

Occupational health and safety

Risk management

None of these

34. Is your organization's health and well-being initiative integrated with your worksite safety program in any of the following ways? Check all that apply.

Safety and injury prevention are elements of health and well-being goals and objectives

Health and well-being elements are included in the worksite safety program

Safety data is combined with health and well-being data for identification, reporting, and analytics

Transparency is encouraged in reporting of accidents, injuries, or safety risks

None of the above

We do not have a worksite safety program

35. In what ways does your organization actively participate in community initiatives focused on health and well-being? Check all that apply.

Refer/connect employees to community/public health resources (e.g., social worker who addresses safe housing needs, sponsoring schools or summer camps, smoking cessation programs)

Encourage employees to volunteer in the community (e.g., paid time off to volunteer)

Sponsor community health events (e.g., health fairs, walk/run events)

Partner with other community organizations to address social determinants of health (e.g., address transportation, food insecurity, housing, access to affordable health care)

Other

None of the above

36. Taken all together, how effective do you think the integration among internal stakeholders and health-related vendors, programs and community organizations has been in promoting a healthier workforce?

Extremely effective

Very effective

Somewhat effective

Not very effective

Not at all effective

Scorecard section 5

Participation strategies

In this section, we ask about a range of strategies, from communications to rewards, that are aimed to encourage employees to participate in health and well-being programs and become more engaged in caring for their health and well-being.

37. Which of the following social strategies does your organization use to encourage participation in health and well-being? Check all that apply.
- Peer support (e.g., buddy systems, interventions including social components)
 - Employee support / resource groups
 - Group goal-setting or activities
 - Competitions/challenges (or other “game” strategies)
 - Supporting a cause (e.g., contributions to a charity or cause are used as participation incentives)
 - Allowing family members, friends, or community members to participate
 - None of the above
38. Do health and well-being program communications include any of the following? Check all that apply.
- Multiple communication methods/formats appropriate for targeted populations
 - Communications tailored to specific subgroups based on demographics or health status
 - Communications targeted to employees with different roles in the organization (e.g., senior leaders, managers, wellness champions, employee resource groups)
 - Year-round communications (at least quarterly)
 - Health and well-being communications branded with unique program name and branding
 - Status reports to inform stakeholders of program progress (at least annually)
 - Management discusses and promotes health and well-being programs to their employees
 - Communications directed to spouses and family members as well as employees
 - None of the above
39. Does your health and well-being engagement strategy intentionally help employees consider how participation in the health and well-being initiative aligns with their goals, values, or purpose in life?
- Yes, a great deal
 - Yes, somewhat
 - Yes, a little
 - Not at all

40. Taken all together, how effective are your program's non-financial participation strategies in encouraging employees to participate in programs or take other action to improve their health?

Extremely effective

Very effective

Somewhat effective

Not very effective

Not at all effective

41. Do you offer employees extrinsic motivation (including financial rewards or token gifts) in connection with the health and well-being program?

Yes, financial rewards or penalties are used (whether cash or benefits-based; also includes sweepstakes, lotteries/drawings, and charitable contributions)

Yes, rewards are used, but only token gifts (T-shirts, water bottles, etc.)

No extrinsic motivation strategies are used due to legal limitations or cultural appropriateness

No extrinsic motivators are used

Please respond to questions 42-47 about the participation rates observed in specific program elements. Please provide information based on eligible employees only and for the most recently completed program period. Your responses to these questions will not affect your overall score, nor will leaving them blank affect your score. If you do not offer or collect this type of data, leave this question blank.

42. Health and well-being survey | Percentage of eligible employees who completed a health and well-being survey. Please do not include spouses in the calculation even if they are eligible.

____%

43. Biometric screening/Annual health check-up | Percentage of eligible employees who participated in a company-sponsored biometric screening program (for example, blood pressure, BMI, blood glucose/HbA1c, cholesterol, etc.). Please do not include spouses in the calculation even if they are eligible.

____%

44. Health coaching | Percentage of eligible employees who had at least one interactive coaching session. Please do not include spouses in the calculation even if they are eligible.

____%

45. Health and well-being platform | Percentage of eligible employees who completed at least one interactive health behavior change intervention, module, or activity through a health and well-being online platform

____%

46. Earned financial incentives – any amount | Percentage of eligible employees who earned any amount of financial incentive associated with the health and well-being initiative

____%

47. Earned financial incentives – maximum amount | Percentage of eligible employees who earned the maximum amount of financial incentives available to earn associated with the health and well-being initiative

____%

Scorecard section 6

Measurement and evaluation

Measuring program performance is critical for continuous quality improvement and for demonstrating value. In this section, we ask about your organization's methods for evaluating the health and well-being initiative.

48. Please indicate which of the following types of data are used to evaluate health and well-being initiative performance. Only select the types of data that are periodically reviewed (at least once per year) and used to influence program decisions. Check all that apply.

Process evaluation (participation, satisfaction)

Physical health (e.g., medical/pharmacy claims, health assessment, fitness/activity)

Psychosocial/mental health (e.g., behavioral health claims, psychological safety, work-related stress)

Absence or disability

Occupational health & safety (e.g., injuries, accidents, workers compensation claims)

Culture or organizational climate assessment

Employee engagement, morale, or satisfaction

Turnover/attraction/retention

Life satisfaction or quality of life

Financial well-being indicators (e.g., pay-day loan benefits)

Business (e.g., work quality/output, stock price, value added per employee, customer/patient satisfaction)

Social well-being (e.g., loneliness, social isolation, care giving)

Other

None of these data are used to evaluate program performance

49. How often are performance data evaluated to identify potential opportunities for improvements in the health and well-being initiative?

Regularly (i.e., several times a year)

Often (i.e., annually)

Occasionally (i.e., every few years)

Rarely

Never

50. How often are program performance data communicated to senior leadership?

Regularly (i.e., several times a year)

Often (i.e., annually)

Occasionally (i.e., every few years)

Rarely

Never

51. Which other stakeholders receive health and well-being performance data and information? Check all that apply.

Managers/supervisors (outside the health and well-being initiative)

Wellness champions or ambassadors or Wellness Committee or ERGs

Employee population (general)

Spouse/domestic partner population

Program vendors

Shareholders or other investors

Do not regularly share performance data with any stakeholders

52. Taken all together, how effective are your data management and evaluation activities in terms of how they contribute to the success of your organization's health and well-being initiative?

Extremely effective

Very effective

Somewhat effective

Not very effective

Not at all effective

The following question asks about program costs to determine current employer investment levels in health and well-being. It will not contribute to your best practice score.

53. What is the total estimated direct cost of your organization's health and well-being activities (not including health or medical plan cost)? Please include the cost of programs and services provided, but not staff, other overhead costs, or any financial incentives.

Less than US \$50 per employee per year

US \$50 - \$150 per employee per year

US \$151 - \$250 per employee per year

US \$251 - \$500 per employee per year

More than US \$500 per employee per year

The following questions ask for an assessment of program outcomes. If you have measured the impact of the health and well-being initiative on employee well-being or health risks in any way, please complete the applicable questions. They will not contribute to your best practice score. For some of the questions, you will be asked to provide specific, quantitative metrics on program performance. If you are not measuring or evaluating a given area, you may leave the follow-up program performance questions blank. Please provide results for the most recently completed program implementation cycle.

54. Have you found a change in employee health and well-being (e.g., thriving)?
- A substantial improvement in health and well-being was found
 - A slight improvement in health and well-being was found
 - No improvement in health and well-being was found
 - We have attempted to measure, but we are not confident that the results are valid
 - We have not attempted to measure change in health and well-being
55. Have you found a change in employee satisfaction with the overall health and well-being initiative?
- A substantial improvement in employee satisfaction was found
 - A slight improvement in employee satisfaction was found
 - No improvement in employee satisfaction was found
 - We have attempted to measure, but we are not confident the results are valid
 - We have not attempted to measure change in employee satisfaction → skip to Q.57
56. Percentage of eligible employees who responded “satisfied” or higher to the question: “Overall, how satisfied are you with the employee health and well-being program?”
- ____% satisfied with employee health and well-being program (based on most recent assessment period)
57. Have you found a change in employee perception of organizational support for health and well-being?
- A substantial improvement in employee perception of support was found
 - A slight improvement in employee perception of support was found
 - No improvement in employee perception of support was found
 - We have attempted to measure, but we are not confident the results are valid
 - We have not attempted to measure change in employee perception of support → skip to Q.59
58. Percentage of employees who agree with (or respond positively to) the statement: “My employer supports my health and well-being.”
- ____% agreed (based on most recent assessment period)
59. Have you found a change in employee engagement with their work?
- A substantial improvement in employee engagement was found
 - A slight improvement in employee engagement was found
 - No improvement in employee engagement was found
 - We have attempted to measure, but we are not confident the results are valid
 - We have not attempted to measure change in employee engagement → skip to Q.61

60. Percentage of employees who report being highly engaged with their work (based on any employee-engagement-with-work survey that your organization uses).

____% highly engaged with work (based on most recent assessment period)

61. Have you found a change in employee productivity?

A substantial improvement in productivity or performance was found

A slight improvement in productivity or performance was found

No improvement in productivity or performance was found

We have attempted to measure, but we are not confident the results are valid

We have not attempted to measure change in productivity or performance

Scorecard background

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer Marsh Benefits[®] (Scorecard) is designed to help employers, providers, and other stakeholders learn about and determine workplace health and well-being best practices. Early versions of the Scorecard have been available in the US since 2006 and were developed in collaboration with leading researchers and industry experts on workplace health and well-being best practices. During the initial development of the Scorecard, HERO referenced The Health Project's C. Everett Koop National Health Awards criteria, the WELCOA Well Workplace Awards criteria (Platinum level), Partnership for Prevention's Health Management Initiative Assessment, and the Department of Health and Human Services' Partnership for Healthy Workforce 2010 (PHW2010) criteria. Subsequent revision efforts included a review of additional industry scorecards and award program criteria as well as emerging research on best practices. In addition, some of the more recent revisions incorporated content from the HERO-PHA Program Measurement and Evaluation Guide. An international version of the Scorecard was launched in 2016. Now in its second version, the International HERO Scorecard has been updated based on emerging research that identifies the specific practices associated with superior participation, health improvement, and employee perceptions of organizational support.

How the scoring system was developed

A panel of industry experts from a variety of organizations assisted in developing the scores, with a team of advisors who reviewed and discussed their recommendations. The team began with a maximum score of 200 points. Each panel member was asked to distribute these 200 points across the six sections of the Scorecard, based on their judgment and available research about the relative importance of each foundational component of a successful health and well-being initiative ("successful" was defined as able or likely to improve participation rates in programs, population-level health outcomes, and financial impacts such as health care cost trends and productivity outcomes). The scoring team advisors reviewed the initial proposal made by the scoring team leaders and provided feedback that was used to adjust the scores. The maximum section scores were then distributed across the items within each section using the same criteria and review process. Finally, the maximum item scores were distributed across the individual responses in each item and again subjected to peer review and discussion. The scoring team leaders gave due consideration to all of the provided feedback, either accepting the changes or entering into discussion with

scoring team members about supporting evidence for the proposed changes. Each major revision to the Scorecard content has relied on a similar expert review process. Contributors to the scoring system offered their feedback based on the best research and anecdotal evidence available, recognizing that more definitive research will lead to ongoing refinement of the relative weighting of the scores. In some cases, practices are included in the Scorecard without being scored in order to collect information on trends and to inform future research on the link between specific practices and outcomes. More information on the scores attributed to each question and response is available under the "Understand Tools" section of the [HERO website](#).

Invitation to contribute feedback

If you would like to communicate with HERO about the Scorecard, please email us at info@hero-health.org with 'Scorecard' in the subject box. We welcome your reactions, comments, and suggestions for improving the Scorecard, as well as ideas for applications of the Scorecard. All replies will be acknowledged and considered confidential. Thank you!



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