THE HERO HEALTH AND WELL-BEING BEST PRACTICES SCORECARD IN COLLABORATION WITH MERCER©

INTERNATIONAL VERSION 1.0
JANUARY 2016

MAKE TOMORROW, TODAY MERCER

CONTENTS

1 THE HERO HEALTH AND WELL-BEING BEST PRACTICES SCORECARD IN COLLABORATION WITH MERCER©

We are pleased to introduce the international version of the *HERO Health and Well-Being Best Practices Scorecard in Collaboration With Mercer©.* Like the original Scorecard, this tool is designed to help you learn about proven best practices that advance workplace health and well-being and to determine the extent to which your programs incorporate them. Whereas the original Scorecard was developed with US employers in mind, this version is intended for use in any country.

This version is based on a recent update of the Scorecard — Version 4 — that was rolled out in 2014, replacing the first online version that launched in 2008. The International Scorecard is similar enough to Version 4 that we will be able to conduct comparative analytics between these instruments. 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 lowered the scores assigned to specific practices because they are not commonly used outside the US, and some practices were removed entirely.

In the US, we have amassed a database of responses that allows employers to benchmark their programs against national norms in a variety of best practices categories. Over time, as more employers outside the US complete the Scorecard, we expect to be able to provide national benchmarks for countries throughout the world. Currently, the Scorecard is available only in English. Based on interest and need, we may make translations available, and we welcome collaboration with colleagues in other countries who are interested in translating the Scorecard for their own use.

WHY COMPLETE THE INTERNATIONAL SCORECARD?

As with the original Scorecard, this battery of questions serves as **an inventory of workplace health and well-being best practices** and is intended to contribute to your organization's strategic planning and program evaluation. Although the best practices categories in the Scorecard are derived from the research and experiences of US-based organizations, these practices can be implemented in any country and most are already being utilized by workplaces worldwide. We expect there are practices used outside the US that will be added to the Scorecard. Accordingly, we urge respondents to recommend additions for consideration for future Scorecard versions. If there are any practices listed that you consider irrelevant or inappropriate for your organization in your country, we invite you to let us know. In practice, we suggest you simply leave that item unanswered and move on to the next question. No organization has ever tabulated a perfect score since it is typically not feasible — or even desirable — to offer every possible type of health and well-being initiative.

When you submit the Scorecard online, you will immediately receive an automated email response, free of charge, with your organization's best-practice scores. You will be given an overall score and a score for each of the six sections of the Scorecard, covering the six foundational elements of a comprehensive health management program. By comparing your section scores to the total points assigned to that section, you can **see where you have the most opportunity to improve**. You can also complete the Scorecard every year or two to **track progress over time**. If you have multiple locations, the Scorecard is a great tool to help **compare all your programs** and set reasonable goals for those that might be lagging behind.

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.**

Finally, by sharing your organization's information, you will be helping to build major national normative databases to **further the industry's understanding of best-practice approaches** to workplace health and well-being around the world. Numerous analyses of Scorecard data have been published, including articles in peer-reviewed journals. Data from other countries, with different industry profiles and different health challenges, will only make the Scorecard a more powerful research engine.

ABOUT THIS PDF

The *HERO Health and Well-Being Best Practices Scorecard in Collaboration With Mercer© — International Version* is available to organizations on a complimentary basis and may be accessed through www.hero-health.org or www.mercer.com. The survey must be completed online, but this PDF version is available and can be used as a teaching tool or to gather information before entering it into the online questionnaire.

2 ORGANIZATION INFORMATION

For benchmarking purposes, each response should reflect only a single country, even if you are responding on behalf of a global organization.

Organization name

Name of person completing Scorecard

Email address (required to receive Scorecard results)

Email address confirmation (please enter email address again)

Email address of a person at the employer organization, if different from above
(for example, if a consultant or vendor is completing the Scorecard on behalf of an employer)

DEMOGRAPHICS

1. Total number of full-time and part-time employees at the location(s) for which you are completing the Scorecard (please estimate if necessary):
2. Percentage of employees that are full-time: %
3. Percentage of employees that are part-time: %
4. Percentage of employees that are in a union: %
5. Do any employees regularly work from home (telecommute)? If yes, approximately what percentage?

   ☐ Yes, approximately % of all employees regularly work from home.

   ☐ No, few or no employees regularly work from home.
6. Worldwide headquarters location (city and country):
7. Country headquarters location (if applicable and if different from global headquarters):
8. Number of worksites within this country (geographically dispersed worksites not managed as a single location):

   ☐ One worksite — skip to Q. 10

   ☐ Multiple worksites (specify how many):
9. If you have multiple worksites within the country for which you are completing the Scorecard, please indicate how many worksites are in the size categories listed below:

   ☐ Worksites with 500 or more employees:

   ☐ Worksites with 250-499 employees:

   ☐ Worksites with 50-249 employees:

   ☐ Worksites with fewer than 50 employees:

10. If you have multiple worksites or operating companies within the country for which you are completing the Scorecard, which of the following best describes how health and well-being programs are treated across the organization?

- [ ] We attempt to provide the same or equivalent programs across all locations.
- [ ] Multiple operating companies or divisions have their own health and well-being programs.
- [ ] Programs vary across locations intentionally because of differences in the employee population.
- [ ] Programs vary across locations for other reasons.

11. Primary type of business:

- [ ] Manufacturing — mining, construction, energy/petroleum
- [ ] Manufacturing — products (equipment, chemicals, pharmaceuticals, food/beverage, printing/publishing, etc.)
- [ ] Transportation, communications, utilities
- [ ] Services — colleges and universities (public and private)
- [ ] Services — other educational organizations (public and private)
- [ ] Services — financial (banks, insurance, real estate)
- [ ] Services — hospitals and healthcare clinics
- [ ] Services — other health services
- [ ] Services — technical/professional
- [ ] Services — other
- [ ] Retail/wholesale/food services/lodging/entertainment
- [ ] Government
- [ ] Other (diversified companies, farms, etc.)

12. Global Industry Classification Standard (GICS) sub-industry code #:

13. Average age of your organization's active employees within the country for which you are completing the Scorecard:

14. Percentage of your organization's active employees that are male within the country for which you are completing the Scorecard: %

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

16. Percentage of employees who are eligible for the health and well-being program: %

3 SCORECARD SECTION 1: STRATEGIC PLANNING

1. Which of the following data sources do you actively use in strategic planning for your organization's health and well-being program? Check all that apply.

WORKFORCE HEALTH MEASURES

- [ ] Health assessment questionnaire
- [ ] Biometric screening/annual health check-up
- [ ] Fitness assessment
- [ ] Medical/pharmacy claims
- [ ] Behavioral health claims
- [ ] Occupational/non-occupational claims
- [ ] Absence/sick days data
- [ ] Productivity (on-the-job performance) data
- [ ] Quality of life
- [ ] None of the above

EMPLOYEE SURVEYS

- [ ] Employee interest/feedback
- [ ] Employee morale/satisfaction/engagement data
- [ ] None of these employee surveys

BUSINESS MEASURES/ORGANIZATIONAL ASSESSMENT

- [ ] Employee/business performance data
- [ ] Employee retention/recruitment data
- [ ] Culture/climate assessment (not including the Scorecard)
- [ ] None of these measures or assessments

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, do the plan(s) include measurable objectives for any of the following? Check all that apply.

- [ ] Participation in health and well-being programs
- [ ] Changes in health risks/health status
- [ ] Improvements in clinical measures/outcomes
- [ ] Absenteeism reductions
- [ ] Productivity/performance impact
- [ ] Financial impact measurement
- [ ] Recruitment/retention
- [ ] Employee satisfaction/morale and engagement
- [ ] Customer satisfaction
- [ ] None of these

4. Please indicate whether the following populations have access to key components of your health and well-being program. If you don't have individuals in these population categories, select "not applicable."

	Yes	No	Not applicable
Union employees	☐	☐	☐
Spouses/domestic partners (DPs)	☐	☐	☐
Dependents other than spouses or DPs	☐	☐	☐
Part-time employees	☐	☐	☐
Retirees	☐	☐	☐
Employees on disability leave	☐	☐	☐

5. Does your health and well-being program specifically address the needs of employees who …? (Check all that apply.)

- ☐ Are healthy
- ☐ Are at increased risk for developing chronic conditions
- ☐ Are chronically ill
- ☐ Have acute health needs (or catastrophic health incidents)

6. To what extent is your health and well-being program viewed by senior leadership as connected to broader business results, such as increased revenue, profitability, overall success, company reputation and sustainability?

   - [ ] To a great extent
   - [ ] To some extent
   - [ ] Not seen as connected

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

   - [ ] Very effective
   - [ ] Effective
   - [ ] Not very effective
   - [ ] Not at all effective

4 SCORECARD SECTION 2: ORGANIZATIONAL AND CULTURAL SUPPORT

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

8. Does your organization communicate its health values in any of the following ways? Check all that apply.

- [ ] The company vision/mission statement supports a healthy workplace culture
- [ ] Employee health and well-being is included in organization's goals and value statements
- [ ] Senior leaders consistently articulate the value and importance of health
- [ ] None of the above

9. Does your organization have any of the following policies relating to employee health and well-being? Check all that apply.

- [ ] Allow employees to take work time for physical activity, such as stretch breaks or walking meetings
- [ ] Provide opportunities for employees to use work time for stress management and rejuvenation
- [ ] Policies supporting psychosocial health or behavioral health (for example, employee assistance programs, personal development for life skills)
- [ ] Support healthy eating choices (for example, by requiring healthy options at company-sponsored events)
- [ ] Encourage the use of community health and well-being resources (for example, community gardens, recreational facilities, health education resources)
- [ ] Tobacco-free workplace
- [ ] Policies promoting responsible alcohol use and/or drug-free workplaces
- [ ] Support work-life balance (for example, with flex time or job share options)
- [ ] None of the above

10. Does your organization's physical environment include any of the following? Check all that apply.

- [ ] Healthy eating choices are available and easy to access (for example, healthy options in cafeteria/canteen or vending machines; cafeteria/canteen design that encourages healthy choices)
- [ ] Physical activity is explicitly encouraged by features or resources in the work environment (such as a gym, walking trails, standing desks)
- [ ] Stress management and mental recovery breaks are supported (for example, with "quiet" areas or gardens)
- [ ] Safety is a priority within the environment (for example, ergonomic design, lighting, safety rails, etc.)
- [ ] None of the above

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

- [ ] Leadership development includes the business relevance of employee health and well-being
- [ ] Leaders actively participate in health and well-being programs
- [ ] Leaders are role models for prioritizing health and work-life balance (for example, they do not send emails while on vacation, they take activity breaks during the work day, etc.)
- [ ] Leaders publicly recognize employees for healthy actions and outcomes
- [ ] Leaders are held accountable for supporting the health and well-being of their employees
- [ ] Leaders hold their front-line managers accountable for supporting the health and well-being of their employees
- [ ] A senior leader has authority to take action to achieve the organization's health and well-being goals
- [ ] None of the above

12. Which of the following describes the involvement of employees in your health and well-being program? Check all that apply.

- [ ] Employees have the opportunity to provide input into program content, delivery methods, future needs and the best ways to communicate with them
- [ ] Wellness champion networks are used to support health and well-being
- [ ] Employees are formally asked to share their perception of organizational support for their health and well-being (for example, in an annual employee survey)
- [ ] Unions are engaged as partners to support health and well-being
- [ ] None of the above

13. If your organization uses employee champions or ambassadors to promote health and well-being, are they supported with any of the following resources? Check all that apply.

- [ ] Training
- [ ] Toolkit including resources, information and contacts, etc.
- [ ] Rewards or recognition
- [ ] Regularly scheduled meetings for the champion team
- [ ] Formalized job description
- [ ] None of the above
- [ ] We don't use employee champions or ambassadors to support health and well-being

14. Are mid-level managers and supervisors supported in their efforts to improve the health and well-being of employees within their work groups or teams? This might include training, adequate budget and resources that reflect the team's needs and interests (for example, providing alternatives to cafeteria/canteen food service offerings).

- [ ] Work group supervisors/managers are given a lot of support
- [ ] Some support
- [ ] Not much support
- [ ] No support

15. Taken all together, how effective are your current organizational support strategies in promoting the health and well-being of employees?

- [ ] Very effective
- [ ] Effective
- [ ] Not very effective
- [ ] Not at all effective

5 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 health and well-being provider, by internal resources or sponsored by the government.

16. Which of the following approaches do you use to assess the health of the workforce? Check all that apply.

- ☐ Health assessment questionnaire(s)
- ☐ Biometric screenings and/or annual health check-ups
- ☐ Fitness assessment
- ☐ Employee surveys
- ☐ Data analysis on medical, pharmacy, behavioral health and/or occupational/non-occupational claims
- ☐ Productivity loss data
- ☐ Monitoring or tracking devices
- ☐ Other
- ☐ We collect but do not have access to workforce health data
- ☐ We do not currently assess workforce health

17. Does your organization promote biometric screenings and/or annual health check-ups to all individuals eligible for health and well-being in any of the following ways? Check all that apply.

- ☐ We provide onsite or near-site biometric screenings
- ☐ We offer biometric screenings through a lab, home test kits or other offsite options
- ☐ We conduct awareness campaigns or otherwise actively promote getting biometric screenings from a healthcare provider
- ☐ No, we do not provide biometric screenings or conduct awareness campaigns — skip to Q. 19

18. Do you have a referral and follow-up process for those individuals whose biometric screening results are out of the normal range?

- [ ] Yes
- [ ] No

19. Does your organization provide health behavior change programs to all individuals eligible for health and well-being, regardless of their health status (for example, health challenges, classes or activities)?

- [ ] Yes
- [ ] No — skip to Q. 22

20. If yes, how are these health behavior change programs delivered? Check all that apply.

- [ ] Phone-based (can include group conference calls)
- [ ] Email or mobile (SMS)
- [ ] Web-based method (other than email)
- [ ] In person (includes individual or group meetings or activities)

21. Are any of the following features incorporated into one or more of these health behavior change programs? Check all that apply.

- [ ] Program incorporates use of tracking tools such as a pedometer, glucometer or automated scale
- [ ] Program is mobile-supported (for example, allows individuals to monitor progress and interact via smart phone)
- [ ] Program incorporates social connection (for example, allows individuals to communicate with, support and/or challenge others or to form teams)
- [ ] None of the above

22. Does your organization offer any targeted lifestyle management services that allow for interactive communication between an individual and a health professional or expert system, whether through coaching (telephonic, email or online), seminars, web-based classes or other forms of intervention? These programs might address such lifestyle issues as tobacco use, weight management, physical activity, blood pressure management, etc.

- [ ] Yes
- [ ] No, do not currently offer — skip to Q. 24

23. How are the targeted lifestyle management programs delivered? If a program uses multiple modalities, check all modalities that apply.

- [ ] Phone-based coaching
- [ ] Email or mobile (SMS)
- [ ] Web-based interventions (other than email)
- [ ] Onsite one-on-one coaching
- [ ] Onsite group classes
- [ ] Paper-based bidirectional communication between the organization and the individual

24. Does your organization provide any of the following resources to support individuals in managing their overall health and well-being? Check all that apply.

- [ ] Onsite or near-site medical clinic
- [ ] Employee assistance program (EAP)
- [ ] Child care and/or elder care assistance
- [ ] Initiatives to support a psychologically healthy workforce (for example, resiliency training)
- [ ] Legal or financial management assistance
- [ ] Information about community health resources
- [ ] Health advocacy program
- [ ] Executive health program
- [ ] Medical decision support program
- [ ] Nurse advice line service
- [ ] None of the above

25. Does your organization offer programs designed to manage chronic conditions — whether through the health plan, an internal program or a specialty vendor?

- [ ] Yes
- [ ] No

26. Does your organization provide or use any electronic consumer tools to assist participants with managing their health data, utilizing their health resources or tracking benefits (for example, electronic health records, apps or online benefit tools)?

- [ ] Yes
- [ ] No

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

- [ ] Very effective
- [ ] Effective
- [ ] Not very effective
- [ ] Not at all effective

Questions 28–29 address the role of your occupational/non-occupational programs in supporting health and well-being goals.

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

- [ ] Formal goals for disability programs
- [ ] Performance standards to hold leaders, managers and supervisors accountable for return-to-work goals
- [ ] Written return-to-work programs with policies and procedures covering all absences
- [ ] Modified temporary job offers for employees with disabilities ready to return to productive activity but not yet ready to return to their former jobs
- [ ] Complex cases receive clinical intervention or oversight (by in-house or outsourced staff)
- [ ] Standards for ongoing supportive communication with employee throughout the duration of leave
- [ ] Developed metrics to regularly monitor and manage disability trends with emphasis on established key performance indicators
- [ ] Strategies to triage individuals with certain disabilities into relevant health and well-being programs
- [ ] None of the above

29. Taken all together, how effective are your disability management programs in promoting a healthier and more productive workforce?

- [ ] Very effective
- [ ] Effective
- [ ] Not very effective
- [ ] Not at all effective

6 SCORECARD SECTION 4: PROGRAM INTEGRATION

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

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

- ☐ Health and well-being partners (internal and external) refer individuals to programs and resources provided by other partners
- ☐ Health and well-being partners provide "warm transfer" of individuals to programs and services provided by other partners
- ☐ The referral process (by employer or third party) is monitored for volume of referrals
- ☐ All partners collaborate as a team to track outcomes for individual employees
- ☐ All partners collaborate as a team to track progress toward common organizational goals and outcomes
- ☐ None of the above — skip to Q. 32

31. Which of the following health and well-being program components are integrated in at least one of the ways indicated in Q. 30? Check all that apply.

- ☐ Lifestyle management and condition management
- ☐ Lifestyle management and behavioral health
- ☐ Condition management and behavioral health
- ☐ Condition management and case management
- ☐ Case management and behavioral health
- ☐ Specialty lifestyle management (for example, tobacco cessation, obesity, stress, etc.) with any health and well-being program
- ☐ None of the above

32. Where permissible by local laws and regulations, is your organization's disability management program (including practices to manage the duration of an absence and return people to the workforce) integrated with your health and well-being programs in any of the following ways? Check all that apply.

- ☐ Individuals in disability management are referred to health and well-being programs
- ☐ Individuals who participate in appropriate health and well-being programs receive a more generous disability benefit
- ☐ Occupational/non-occupational data is combined with health and well-being program data for identifying, reporting and performing analytics
- ☐ Local laws and regulations do not allow us to integrate our disability management program with our health and well-being programs
- ☐ None of the above

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

- ☐ Safety and injury prevention are elements of the health and well-being program goals and objectives
- ☐ Health and well-being elements, such as physical activity, healthy nutrition or stress management, are included in the worksite safety program
- ☐ Safety data is combined with health and well-being program data for identifying, reporting and performing analytics
- ☐ None of the above
- ☐ We do not have a worksite safety program

34. Compared to other organizations of your size and industry, how would you rate your organization in terms of providing access to healthcare coverage for all employees, above and beyond statutory government provision and/or social security offerings? Please consider eligibility waiting periods, eligibility of part-time and seasonal employees (if any), and benefits and contribution levels for employees and dependents in your response.

- [ ] We provide far greater access to health coverage than most of our peer organizations
- [ ] We provide good access to health coverage, a bit more than our peers
- [ ] We provide about the same access to health coverage as our peers
- [ ] We provide less access to health coverage than our peers
- [ ] We don't provide a health plan; employees are covered by a national plan

35. Taken all together, to what extent do you think the integration between your health-related vendors or programs contributes to the success of the health and well-being program?

- [ ] Program integration contributes very significantly to health and well-being success
- [ ] Contributes significantly
- [ ] Contributes somewhat
- [ ] Does not contribute

7

SCORECARD SECTION 5: PARTICIPATION STRATEGIES

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

36. Which of the following social strategies does your organization use to encourage the targeted population to participate in health and well-being programs? Check all that apply.

- [ ] Peer support (for example, buddy systems or interventions including social components)
- [ ] Group goal-setting or activities (common health-promotion activity with a common goal)
- [ ] Health competitions/challenges (or other "game" strategies)
- [ ] Connecting participation to a cause (for example, contributions to a charity or cause are used as incentives)
- [ ] None of the above

37. Which of the following technology-based resources does your organization use to encourage participation in health and well-being programs? Check all that apply.

- [ ] Web-based resources or tools
- [ ] Onsite computer stations at workplace
- [ ] Mobile applications (for example, smart phone apps)
- [ ] Devices to monitor activity (pedometer, accelerometer, etc.) or other health measures (blood pressure monitor, weight, etc.)
- [ ] None of the above

38. Do health and well-being program communications include any of the following? Check all that apply.

- [ ] Annual or multi-year communications plan that articulates the key themes and messages
- [ ] Multiple communication channels and media (newsletter, direct mailings, digital, etc.) appropriate for targeted populations
- [ ] Communications tailored to specific subgroups (based on demographics, job type/ department or risk status) with unique messages
- [ ] Year-round communication (at least quarterly)
- [ ] Communications branded with unique program name, logo and tagline that is readily recognized by employees as that of the health and well-being program
- [ ] Regular status reports to inform stakeholders such as employees, vendors and management of program progress (at least annually)
- [ ] Employee meetings or webcasts where management discusses and promotes health and well-being programs
- [ ] Communications directed to spouses and family members as well as employees
- [ ] None of the above

39. Are separate health and well-being communications targeted to leaders with different roles in the organization? Check each role that receives unique targeted communication.

- [ ] Senior leadership
- [ ] Managers (including direct supervisors)
- [ ] Wellness champions
- [ ] None of the above

40. Does your health engagement strategy intentionally and primarily focus on increasing employees' "intrinsic motivation" to improve or maintain their health? By this, we mean that your program and communication strategies focus on increasing the internal value employees associate with health, independent of any direct financial rewards. Some examples of internal value or intangible rewards would be a sense of accomplishment, social involvement, recognition or a connection to a cause.

- ☐ Yes, using intrinsic motivation as the reward is the primary focus of our engagement strategy
- ☐ No, our program may provide some intrinsic rewards but it's not a primary focus of our engagement strategy

41. Taken all together, how effective are your program's participation strategies in encouraging employees to participate in programs, monitor their biometrics or activity levels or take other action to improve their health?

- ☐ Very effective
- ☐ Effective
- ☐ Not very effective
- ☐ Not at all effective

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

- ☐ Yes, financial rewards or penalties are used (whether cash- or benefits-based; also includes sweepstakes 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

8

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 assessing the health and well-being program.

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

- [ ] Participant satisfaction data
- [ ] Program participation data
- [ ] Process evaluation data (contact, opt-out, withdrawal rates)
- [ ] Workforce health/risk status data — physical health
- [ ] Workforce health/risk status data — mental health
- [ ] Healthcare utilization and cost data
- [ ] Occupational/non-occupational and absence data
- [ ] Productivity and/or presenteeism data
- [ ] Employee morale and engagement
- [ ] Organizational culture data
- [ ] Quality of life
- [ ] None of these data are used to influence program decisions

44. Which stakeholders regularly receive health and well-being program performance data and information? Check all that apply.

- [ ] Senior leadership
- [ ] Managers/supervisors (outside of health and well-being program)
- [ ] Union/work council leaders
- [ ] Employee population
- [ ] Spouse/domestic partner population
- [ ] Program vendors
- [ ] Do not regularly share performance data with any stakeholders — skip to Q. 46

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

- [ ] Four times a year or more
- [ ] Two to three times a year
- [ ] Once a year
- [ ] Performance data not shared with senior management or other stakeholders on a regular basis

46. 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 program?

- [ ] Very effective
- [ ] Effective
- [ ] Not very effective
- [ ] Not at all effective

9 PROGRAM COST

The following questions ask about program costs (such as costs for health and well-being vendors, biometric screenings, condition management programs, communications, onsite clinic or fitness centers, etc.). They will not contribute to your best-practice score. Please use US dollars for all questions.

47. If you have calculated the total cost of your organization's health and well-being activities, please provide the cost per eligible person per month for the current program. (If you have not aggregated all or most costs associated with your health and well-being program, but you can provide cost for separate program components, skip to Q. 49.) Include cost for wellness programs, health promotion, nurse advice line, medical decision support, condition management and any other health and well-being activities. Do not include disability management costs. Please exclude the cost of incentives.

    US$ _____ per eligible per month for all or most health and well-being programs, not including incentives

48. In addition to typical program/service direct costs (fees paid to health plan carriers or specialty vendors), are any of the following costs included in this amount? Check all that apply.

    - ☐ Program/product development
    - ☐ Dedicated staff (internal or vendor-provided)
    - ☐ Consultant fees
    - ☐ Printing and/or postage
    - ☐ Onsite fitness facilities
    - ☐ Onsite medical clinic or pharmacy
    - ☐ Flu shots
    - ☐ Other (please specify) .....
    - ☐ None of the above

49. If you can provide a separate cost per eligible person per month for any of the four program components listed, please provide below. Do not include the cost of any associated incentives.

US$ per eligible *per month* for health assessment

US$ per eligible *per month* for biometric screenings

US$ per eligible *per month* for all condition management programs

US$ per eligible *per month* or all targeted lifestyle management programs

PROGRAM OUTCOMES

The following questions ask for an assessment of program outcomes. If you have measured the impact of the health and well-being program on health risks or medical plan cost in any way, please complete these questions. They will not contribute to your best-practice score. In the following section, you will be asked to provide some specific, quantitative metrics on program performance.

50. Do you attempt to measure the financial impact of health and well-being in any of the following areas? Check all that apply.

- [ ] Absence
- [ ] Occupational/non-occupational
- [ ] Productivity, performance and/or presenteeism
- [ ] Compliance/litigation
- [ ] Staff turnover
- [ ] Health utility (functional capacity)
- [ ] Business results
- [ ] No

51. If you have attempted to measure health and well-being program impact on health risk or absence and productivity, what are your results to date? Please provide results for the longest time period for which you have data and specify the approximate length of the time period used below.

- [ ] Less than a 2-year period
- [ ] 2-year period
- [ ] 3-year period
- [ ] 4-year period
- [ ] 5-year period
- [ ] 6-year period or longer

Employee Health Risk

- [ ] A significant improvement in health risk was found
- [ ] A slight improvement in health risk was found
- [ ] No improvement in health risk has been found so far
- [ ] We have attempted to measure, but we are not confident that the results are valid
- [ ] We have not attempted to measure change in health risk

Absence and Productivity Impact

- [ ] There has been a substantial positive impact on absence and productivity
- [ ] There has been a small positive impact on absence and productivity
- [ ] No improvement in absence and productivity was found so far
- [ ] We have attempted to measure impact, but we are not confident the results are valid
- [ ] We have not attempted to measure impact on absence and productivity

10 OPTIONAL SECTION: MEASURED RESULTS

The following measures were developed as part of a joint project undertaken by HERO and the Population Health Alliance (PHA) to provide guidance on measuring the performance of health and well-being programs. The full report, *Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management,* which describes the recommended measures in detail, may be accessed through the HERO website.

PARTICIPATION RATES

Please provide participation rates for the following programs for your most recent full health and well-being program year. For most programs, we ask for rates for employees only. If you offer the programs to spouses as well, please provide the participation rate for spouses where indicated. Include all unique individuals who qualify for participation in the program. Qualification can be as a result of being eligible or due to meeting a certain threshold (such as body mass index, stress level, etc.) or having a medical condition (such as diabetes, asthma, etc.), regardless of whether or not they are incentivized.

HEALTH ASSESSMENT

____ % of eligible employees who completed a health assessment (please do not include spouses in the calculation even if they are eligible)

If spouses are eligible:

____ % of eligible spouses who completed a health assessment

BIOMETRIC SCREENINGS/ANNUAL HEALTH CHECK-UPS

____ % of eligible employees who participated in any biometric screenings/annual health check-ups offered (for example, blood pressure, body mass index, blood glucose/hemoglobin A1c, cholesterol, etc.)

If spouses are eligible:

____ % of eligible spouses who participated in any biometric screenings offered

COACHING

Please provide participation rates for your coaching program(s). If possible, provide separate rates based on the type of delivery channel (for example, telephonic) used. If multiple channels are used and you cannot provide separate rates, please enter combined information under "any delivery channel."

For the purposes of this section, contacts must be interactive, which is defined as a two-way communication between a wellness and health promotion program and an eligible individual, where the wellness and health promotion program provides health education or health coaching. This may include an interactive voice response (IVR) or interactive web-based module.

ANY DELIVERY CHANNEL

% of eligible employees who had an *initial interactive contact only* in any program

% of eligible employees who had *multiple interactive contacts* in any program

% of eligible employees who *completed* a program

If spouses are eligible:

% of eligible spouses who had an *initial interactive contact only* in any program

% of eligible spouses who had *multiple interactive contacts* in any program

% of eligible spouses who *completed* a program

TELEPHONIC COACHING

% of eligible employees with low number of interactive contacts (1–2) with program

% of eligible employees with moderate number of interactive contacts (3–4)

% of eligible employees with high number of interactive contacts (5+)

WEB-BASED OR DIGITAL COACHING

% of eligible employees with low number of interactive contacts (1–5) with program

% of eligible employees with moderate number of interactive contacts (6–10)

% of eligible employees with high number of interactive contacts (11 or more)

IN-PERSON COACHING

% of eligible employees with 1 in-person meeting

% of eligible employees with 2 in-person meetings

% of eligible employees with 3+ in-person meetings

EMPLOYEE ASSESSMENTS

The following questions ask for results from employee surveys. Please complete them if you have collected data on employee satisfaction with the health and well-being program and/or employee perception of your organization's support for their health and well-being, even if the question wording varied somewhat from the wording below.

SATISFACTION WITH EMPLOYEE HEALTH AND WELL-BEING PROGRAMS

% of eligible employees who responded "satisfied" or higher to the question: "Overall, how satisfied are you with the employee health and well-being program?"

ORGANIZATIONAL SUPPORT

% of employees who agree with (or responded positively to) the statement: "My employer supports my health and well-being" or a similar question

HEALTH MEASURES

BIOMETRICS

In this section, we ask about the results of biometric screenings for your eligible employee population (do not include spouses). Please provide results for the most recent plan year for which you have data in the first column and indicate the year. If you can provide results for a prior year, please enter them in the second column and indicate the year. Please skip any items for which you do not have available data.

Please specify plan year:		
Workforce (Aggregated Data, Both Sexes)		
Total size (number) of eligible employee population		
Percentage with at least one biometric value reported from professional source		
Percentage with all (total cholesterol, systolic blood pressure, diastolic blood pressure, body mass Index, triglycerides and glucose) values reported from professional source		
Percentage with self-reported values		
Cholesterol		
Percentage with a total cholesterol test		
Percentage with a total cholesterol value ≥5.2 mmol/l (200 mg/dl) (raised)		
Blood Pressure		
Percentage with both a systolic and diastolic blood pressure value		
Percentage with a blood pressure value SBP ≥140 and/or DBP ≥90 mmHg		

SBP: systolic blood pressure DBP: diastolic blood pressure

Body Mass Index

Percentage with a body mass index measure		
Percentage with overweight body mass index 25–29.99 kg/m^2		
Percentage with obesity body mass index ≥30 kg/m^2		
Total percentage with overweight and obesity, all ≥25 kg/m^2		

Glucose

Percentage with a glucose test		
Percentage with a fasting glucose test ≥5.6 mmol/l (100 mg/dl) or non-fasting test ≥7.8 mmol/l (140 mg/dl) (raised)		

LIFESTYLE BEHAVIORS

Generally, this information is collected by administering a health assessment to the workforce. If possible, please report the percentages below based on those who answered each specific question; otherwise, report based on the entire population of health assessment participants.

Please specify plan year:		
Number completing health assessment		
Percentage of health assessment participants who average less than 7 hours of sleep per day (24-hour period), as the World Health Organization recommends 7 to 9 hours for adults		
Percentage who score "at severe or high risk level for depression" by a validated assessment tool		
Percentage who are current users of any tobacco product(s)		
Percentage who are inactive*		

*IPAQ: International physical activity questionnaire. Inactive is considered those who obtain IPAQ classification "category 1" (insufficiently active) OR less than 150 minutes of moderate intensity aerobic throughout a week OR less than 75 minutes vigorous intensity aerobic throughout a week OR less than an equivalent combination of moderate and vigorous intensity activity during a week

Percentage with consumption of less than five standard servings (that is, 2.5 cups/400 grams) per day of fruits and vegetables		
Percentage at high risk of severe stress based on your stress measure tool		

What were the above percentages based on?

- ☐ Percentage of all health assessment participants
- ☐ Percentage who answered each relevant question
- ☐ Don't know

11 MORE INFORMATION ABOUT THE SCORECARD

DATA CONFIDENTIALITY

Individual responses to the International Scorecard will be kept strictly confidential. The online International Scorecard data collection tool and automated scoring system are maintained by a third-party vendor and hosted on its servers, under the supervision of Mercer's Health and Benefits Research team (approximately four staff members). Aggregated data with no individual company identifiers will be used for normative and research purposes, and aggregate results of research studies may be published. Any use of your individually identifiable data for research or other purposes will require your prior written consent.

UNDERSTANDING YOUR SCORE

After you submit your data to the online International Scorecard, you will receive a score for each of the six sections and an overall score. Although the scoring system is based on a maximum of 200 points, we don't anticipate that any program will ever receive the maximum score of 200; a program that includes every possible element of a health and well-being program is neither likely nor probably even desirable, since not all scored elements are appropriate for all organizations or countries. We recommend that you use your scores to identify areas for improvement. Ultimately, when enough employers have completed the International Scorecard for a single country, we will be able to provide benchmark scores.

HOW THE SCORING SYSTEM WAS DEVELOPED

The scoring system was designed by industry experts in health and well-being research, measurement and evaluation with a team of advisors who reviewed and discussed their recommendations. Their recommendations for scoring for the International Scorecard drew on analyses of data from the latest US version coupled with insight from international health experts. The team began with a maximum score of 200 points and made initial recommendations on how the points should be distributed across the six sections of the Scorecard based on their judgment and available research about the relative importance of each foundational component to a successful program. "Successful" was defined as able or likely to improve total healthcare spend. The scoring team advisors reviewed the initial proposal made by the Scoring Team Leaders and provided feedback that was used to adjust the scores. Once the maximum number of points for each section had been determined, the Scoring Team Leaders proposed scores for each question and item response based on the total points available for that section, the number of questions and item responses to be scored and the strength of the research on specific best practices covered in the section. Again, the team reviewed these recommendations; where they proposed different scores, they provided the rationale for a different approach. The Scoring Team Leaders gave due consideration to all feedback, either accepting the changes

or entering into a discussion with the scoring team members until a consensus was reached. We expect that more definitive research will lead to ongoing refinement of the relative weighting of the scores. Please visit the HERO website at www.hero-health.org to see the maximum scores assigned to each section, item and response item in the Scorecard.

INVITATION TO CONTRIBUTE FEEDBACK

If you would like to communicate with HERO about this version of the Scorecard, please do so by sending an email to info@the-hero.org, with "International 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!

HERO and Mercer have a working collaboration to develop and maintain the Scorecard and to create, co-own and operate a large-scale benchmarking and best-practice normative database that will permit organizations to compare their program practices with benchmark groups they select based on industry, size, geographic location or other criteria.

ABOUT HERO

Based in Edina, Minnesota, the Health Enhancement Research Organization (HERO) is a non-profit corporation dedicated to the creation and dissemination of employee health management research, education, policy, strategy and leadership. HERO was established in 1996 as a not-for-profit, 501(c)3 corporation to create high-quality employee health management (EHM) research, especially that dealing with the impact of modifiable health risks on healthcare costs. To learn more, visit www.hero-health.org. Follow us on Twitter, Facebook or LinkedIn.

ABOUT MERCER

Mercer is a global consulting leader in talent, health, retirement and investments. Mercer helps clients around the world advance the health, wealth and careers of their most vital asset — their people. Mercer's more than 20,000 employees are based in 43 countries and the firm operates in more than 140 countries. Mercer is a wholly owned subsidiary of Marsh & McLennan Companies (NYSE: MMC), a global professional services firm offering clients advice and solutions in the areas of risk, strategy and people. With 57,000 employees worldwide and annual revenue exceeding US$13 billion, Marsh & McLennan Companies is also the parent company of Marsh, a leader in insurance broking and risk management; Guy Carpenter, a leader in providing risk and reinsurance intermediary services; and Oliver Wyman, a leader in management consulting. For more information, visit www.mercer.com. Follow Mercer on Twitter @Mercer.

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