HERO

# 2020 progress report

HERO Health and Well-Being Best Practices Scorecard in collaboration with Mercer©

MERCER

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# from a decade of defining excellence to an era of continuous improvement

2020 – what a test of resilience and well-being, both individually and organizationally! As a global community, we are witnesses to a viral pandemic with unprecedented impacts on mental and physical health; emotional, social and financial well-being; organizational sustainability, and national economies. As a nation, the U.S. is embroiled in renewed discourse around issues of systemic racism – opening old wounds and revealing new ones – further testing individual and organizational resilience. Never before has the case for health and well-being, nor the ability of organizations to meet those needs, been clearer. HERO maintains that a comprehensive approach to support health and well-being begins with data-informed strategic planning, that is reinforced by organizational and cultural support. An effective well-being initiative is more critical than ever to an organization's ability to respond to today's challenges. And so, we are pleased to provide this 2020 Progress Report for the HERO Health & Well-Being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard). As we enter the HERO Scorecard's second decade, we believe it has an even greater role to play in future years for those intent on achieving organizational excellence.

Results from the HERO Scorecard reported here and in years past have built a convincing case for the vital roles played by leadership, grassroots champions, the judicious use of incentives, progressive policies, strategic planning and comprehensive programming to produce beneficial health and well-being outcomes. Our research on the HERO Scorecard database has shown that select practices are related to outcomes of interest, but we're still left wondering whether those relationships are causal. What will it take to uncover causal relationships that will allow us to confidently show how culture change, leadership influence, programming and other such factors can improve business performance and organizational and individual health and well-being? We need your help with three keys to unlock that puzzle.

First, we need more companies to complete and repeat the HERO Scorecard. The number of repeat completions by the same company has grown over the past two years, but more can be done. When we have access to data from the same group of organizations over a number of years, we will gain deeper insights into cause and effect in worksite health and well-being, allowing us to understand whether employing more best practices identified using the HERO Scorecard can be expected to impact outcomes in subsequent years. Repeat measurement is necessary if we are to build "prospective research" studies, those that include baseline measures as well as the same measures collected over the years that follow.

The second request for help is simple – we need more companies to complete the optional outcomes questions in the HERO Scorecard. With the full picture of an organization's practices paired with these outcomes, we can provide more detail about the positive impact of a comprehensive approach to health and well-being. Data collected in the outcomes questions was leveraged in two recent studies by HERO researchers Drs. Jessica Grossmeier and Mary Imboden, about which you may read more within this Progress Report (see page 5).

Which brings us to our third and final ask – we need to expand our "global" awareness, measures and data-gathering methods. The 2016 launch of our HERO Health & Well-Being Best Practices Scorecard in Collaboration with Mercer© - International Version (HERO International Scorecard) with nearly 400 organizational completers from nearly 50 countries to date, provides unique insights from initiatives abroad. In this Progress Report, you will find comparative data between the US and five other countries: Canada, Argentina, Chile, Puerto Rico and Brazil. Since benchmarking for the HERO International Scorecard occurs at the country level, we need to increase the number of responses from organizations in other countries. As well, increasing single and repeat responses to the HERO International Scorecard will support future research, adding to the global evidence base.

This 2020 Progress Report will be the final one based on the current version (v.4) of the US HERO Scorecard. Efforts to update and revise the US HERO Scorecard have been underway since the beginning of 2020, and Version 5 promises to keep pace with emerging research on best practices as well as growing trends related to the expanded scope and comprehensiveness of health and well-being initiatives. For this undertaking, Drs. Grossmeier and Imboden, together with our partners at Mercer, have convened and consulted industry experts and incorporated learnings from the rapid evolution of health and well-being science and practices. The examples offered in this Progress Report complete the analysis of data from the last six years of Version 4, and demonstrate how use of the HERO Scorecard can help inform practice improvements and much-needed research. This evolution can continue only if organizations familiar with the HERO Scorecard complete the new version when it is released in early 2021, with a plan to repeat annually. As well, we urge consultants and other partners to encourage its use by new organizations.

Yes, "research is HERO's middle name," but we depend on organizations like you to partner with us in the quest for evidence-based best practices in health and well-being. It is our hope that, by reading the commentaries and research findings in this report, you will be energized to share in our vision that all workplaces will positively influence the health and well-being of employees, families and communities.

**Karen Moseley**
President, HERO

**Steven Noeldner, PhD, MS**
Partner, Mercer

# highlights and key accomplishments

By Mary Imboden, PhD, HERO Research Director and
Jessica Grossmeier, PhD, MPH, HERO Vice President of Research

The HERO Health and Well-being Best Practices Scorecard in Collaboration With Mercer© (HERO Scorecard) was initially launched in 2006. Since its launch, the HERO Scorecard has undergone several enhancements to remain current with workplace health and well-being best practices. These enhancements have also allowed the Scorecard to expand beyond its initial role as an educational tool with demonstrated usefulness for strategic planning to support benchmarking and research on health and well-being practices associated with health and workplace productivity outcomes.

A free web-based survey tool, questions on the HERO Scorecard are organized into six sections that represent the foundational components associated with exemplary health and well-being initiatives: Strategic Planning, Organizational and Cultural Support, Programs, Program Integration, Participation Strategies and Measurement and Evaluation. Upon completing the HERO Scorecard, organizations receive a report that provides their overall score, as well as scores for each of six sections. This brief report also includes the average score for all respondents nationally. Employers working with Preferred Providers have access to additional benchmarks of employer size groups, industry type, and geographical location, allowing employers to compare their practices with other organizations.

Due to increased interest from organizations based outside of the U.S., the International Version was launched in 2016, and is designed for use by employers in any country. The International HERO Scorecard is available in English, Spanish, and Portuguese, and we welcome collaboration with groups in other countries who are interested in translating the HERO Scorecard.

## Growing database

**HERO Scorecard – US Version**
When employers complete the HERO Scorecard they contribute to a rapidly growing database that supports ongoing benchmarking and research. There are over 1,300 unique organizations that have taken the current version of the Scorecard that was released in 2014. Additionally, over the past 6 years, nearly 200 organizations have retaken the Scorecard enabling time-over-time analysis to evaluate changing and emerging workplace health and well-being practices. A recent commentary examined this repeat data and showed that employers are increasing practices related to leadership and manager support, environmental and programmatic support, and strategic and organizational support (see commentary by Nicole Kashine published on page 16 in this report). Further, organizations that increased their score overtime were more likely to report organizational and leadership support in improving the health and well-being of employees.

**HERO Scorecard – International Version**
There have been approximately 400 individual organizations from 47 different countries that have completed the International version of the HERO Scorecard. Eleven countries have 10 or more completers, including Argentina, Brazil, Canada, Chile, Columbia, Costa Rica, Dominican Republic, India, Peru, Puerto Rico, and the United States.

Leveraging the benchmark databases, HERO and its partners have explored relationships in the data and shared findings in our quarterly commentaries, some of which are included in this report. HERO also uses the database to support more formal research studies. In 2020, HERO published two Scorecard related studies. The first study aimed to explore the factor structure of the HERO Scorecard to develop a reduced set of measures applicable for research purposes, and then examined the reliability and validity of this shorter version. This study identified four areas of practice: Organizational and Leadership Support, Incentives, Program Integration, and Program Comprehensiveness, that were found to have a strong, statistically significant effect on Scorecard completers' perceived effectiveness of their workplace health and well-being initiatives. This study was published in the January 2020 issue of the Journal of Occupational and Environmental Medicine.[1] A follow-up study was then done to test which of the four factors identified were most highly predictive of additional outcomes. This study was published in the American Journal of Health Promotion.[2] Published findings are available on the HERO research website[3-4] and a summary is shared later in this report.

1. Imboden M, Castle PH, Johnson SS, Rahrig-Jenkins K, Pitts JS, Grossmeier J, Mangen DJ, Mason S, Noeldner SP. Development and validity of a workplace health promotion best practices assessment. Journal of Occupational and Environmental Medicine. 2020;62(1):18-24.

2. Grossmeier J, Castle PH, Pitts JS, Saringer C, Jenkins KR, Imboden MT, Mangen DJ, Johnson SS, Noeldner SP, Mason ST. Workplace well-being factors that predict employee participation, health and medical cost impact, and perceived support. American Journal of Health Promotion. 2020;34(4):349-358.

3. HERO. Development and Validity of a Workplace Health Promotion Best Practices Assessment. January 2020. Available at: https://hero-health.org/research/hero-research-studies/

4. HERO. Well-Being Factors that Predict Workplace Health and Well-being Outcomes. February 2020. Available at: https://hero-health.org/research/hero-research-studies/

## Benchmarking reports

The HERO Scorecard databases are also leveraged to support benchmarking. Comprehensive Benchmark Reports are produced quarterly providing both an organization's aggregated scores and its aggregated question responses. The Benchmark Report provides organizations with a means for assessing how common it is for other employers to implement a specific type of program, policy or environmental support for employee health and well-being. Organizations completing the US Scorecard can also compare their HERO Scorecard responses to organizations of similar size, industry type, or geographic location. For information on the available reports, see the HERO website.

## HERO Scorecard Preferred Provider network

One of the fundamental goals of HERO is to promote the use of best practices and standard outcomes measurement. For this reason, we want organizations with constituencies that would benefit from easy access to the HERO Scorecard to have the opportunity to offer it to them directly by becoming a HERO Scorecard Preferred Provider. As a Preferred Provider, an organization is provided a custom link to the HERO Scorecard that can be promoted to a Preferred Provider's members or clients. HERO provides responses collected from each custom link back to the Preferred Provider in a separate, independent database that can be used to conduct data analyses and research.

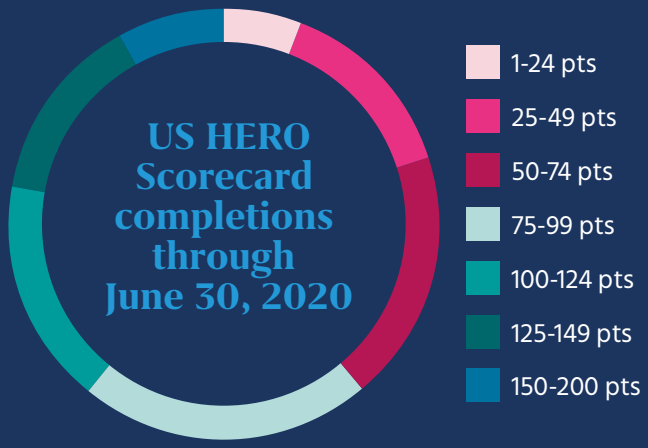
## HERO Scorecard Preferred Provider organizations

Anthem
FIRST PERSON
Capital BLUE
MERCER
KAISER PERMANENTE
one medical

## The release of version 5

Given the growth in knowledge and research surrounding health and well-being best practices over the last few years, HERO and Mercer identified a need for revision. The fifth version of the HERO Scorecard is scheduled to be released in early 2021. The revision effort was informed by HERO research, subject matter expert feedback, and a literature review. Practices were added related to employer involvement in their communities; mental and emotional well-being; social determinants of health; integration with diversity, equity, and inclusion; and a broader value proposition for investment in employee health and well-being. Even as new practices were added, the revision effort relied on recently completed HERO Scorecard research to identify ways to simplify and reduce the length of the HERO Scorecard. The end result is a more user-friendly and less burdensome assessment tool that is more representative of contemporary wellness initiatives and of the latest research on best practices.

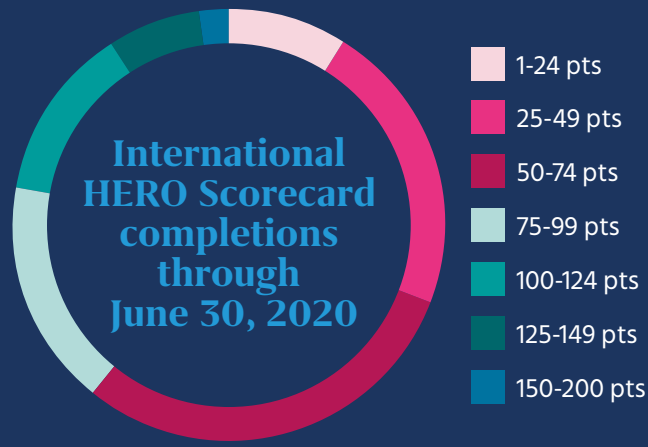
## Data highlights from the HERO Scorecard – US version 4




## Normative database scores by employer size – Based on US version 4

| | <500 EEs | 500-4,999 EEs | 5,000+ EEs |
|---|---|---|---|
| Strategic planning | 9 | 10 | 12 |
| Organizational & cultural support | 22 | 23 | 25 |
| Programs | 16 | 23 | 27 |
| Program integration | 3 | 5 | 6 |
| Participation strategies | 17 | 23 | 28 |
| Measurement & evaluation | 7 | 9 | 11 |
| Overall score | 74 | 93 | 108 |

## Data highlights from the HERO Scorecard – International version



# HERO research identifies top ten scorecard practices

By Jessica Grossmeier, PhD, Vice President of Research
and Mary Imboden, PhD, Research Director, HERO

## About the research

In 2018, HERO Research Committee members partnered with Pro-Change Behavior Systems, Mangen Research Associates, and the Institute for Positive Organizational Health to conduct two studies. The first study identified four clusters of practices predictive of success, including: organizational and leadership support, incentives, comprehensive programs, and program integration. The second study identified ten strategies most predictive of study outcomes. Funding for the research was provided by HERO Research Partners, which included contributions by Kaiser Permanente, Prudential Financial, and StayWell and WebMD Health Services.

Employers are increasingly investing in employee well-being to create a health-supporting workplace culture and need to demonstrate tangible outcomes to senior leadership. Substantial evidence indicates that comprehensive workplace health and well-being (HWB) initiatives can improve employee health and positively impact important business outcomes, but not all programs have demonstrated effectiveness. The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) was initially created as an educational tool to help employers identify and benchmark workplace HWB best practices associated with effective programs. Since its initial launch in 2006, several studies have been conducted to link HERO Scorecard practices to health and business outcomes. A 2014 study found that companies earning high scores on the HERO Scorecard had more favorable healthcare cost trends[1] and a 2016 study linked high-scoring, publicly traded companies with superior stock performance trends.[2] These early studies demonstrated that organizations implementing more of the practices on the HERO Scorecard were more likely to produce positive financial outcomes. Additional research was needed to identify the specific practices on the HERO Scorecard most strongly associated with positive outcomes.

In 2018, two new studies were launched to further validate the HERO Scorecard and to identify the practices most predictive of workplace well-being outcomes. The first study relied on formal statistical analysis on data collected from organizations that completed version 4 of the US HERO Scorecard.

Four clusters of practices emerged from the factor analysis and were grouped into the following categories:

- Organizational and Leadership Support
- Incentives
- Program Integration
- Program Comprehensiveness

## Best practices that drive wellness success

### Organizational and leadership support

- Demonstrate organizational commitment to health and well-being
- Engage employees at all levels of the organization
- Develop a strategic plan and reporting for multiple stakeholders
- Target communications to diverse groups

### Incentives

- Offer financial incentives for specific activities
- Allow benefit-eligible spouses/partners to earn incentives

### Comprehensive programs

- Offer individualized, population-based programs in multiple channels
- Offer lifestyle and disease management programs
- Ensure programs include robust features (e.g., social connection
- Provide tools to track health

### Program integration

- Integrate programs, communications, data, and strategy
- Integrate well-being programs with other employee benefits

1. Goetzel et al. The predictive validity of the HERO Scorecard in determining future health care cost and risk trends. JOEM. 2014;56(2):136-144.
2. Grossmeier et al. Linking workplace health promotion best practices and organizational financial performance: tracking market performance of companies with highest scores on the HERO scorecard. JOEM. 2016;58(1): 16-23.

All four categories of practices were found to have a strong, statistically significant effect on Scorecard completers' perceptions about the effectiveness of their workplace health and well-being initiatives. Findings were published in the January 2020 issue of the Journal of Occupational and Environmental Medicine.[3]

A follow-up study was conducted to test which of the four categories of practices were most highly predictive of HWB outcomes, specifically program participation, health and medical cost impact, and employee perceptions of organizational support for HWB. Findings were published in the May 2020 issue of the American Journal of Health Promotion.[4] While Incentives practices were significantly predictive of participation in health assessment survey and biometric screening completion, the Organizational and Leadership Support practices emerged as the most predictive of all study outcomes including participation, health and medical cost impact and employee perceptions of organizational support.

## Frequency of organizational and leadership support practices

Here's how often successful well-being initiatives implement these 10 practices, based on 1,249 unique organizations represented in the Q1 2020 HERO Scorecard Benchmark Report.

### Organizational and leadership support best practices

**95%**
Support at least one health-related policy

**80%**
Engage employees in the health and well-being initiative in at least one way

**79%**
Have senior leaders who see the connection between well-being and business results

**75%**
Have leaders who support health and well-being initiatives in at least one way

**68%**
Have at least one group that regularly receives program performance data

**66%**
Have a formal, written strategic plan for health and well-being

**64%**
Communicate health values in at least one way

**52%**
Use and support employee champions or ambassadors to promote well-being

**49%**
Support mid-level managers in their efforts to improve well-being of employees within their teams

**46%**
Use targeted communications for specific employee groups

### Outcomes

These best practices were found to have the most influence on the following outcomes.

**Participation**
Health assessment and screening

**Impact**
Health risk and medical cost

**Employee perception**
Organizational support

3. Imboden et al. Development and validity of a workplace health promotion best practices assessment. JOEM. 2020;62(1):18-24.
4. Grossmeier et al. Workplace well-being factors that predict employee participation, health and medical cost impact, and perceived support. AJHP. 2020;34(4):349-358.

## Organizational and Leadership Support was comprised of ten different health and well-being strategies, which are described in further detail below.

1. **Demonstrate organizational commitment to health and well-being.** This strategy includes having an organizational mission/vision statement that supports a healthy workplace culture and including employee health and well-being in the organization's goals and value statements.

2. **Ensure senior leaders understand the link to business results.** When senior leaders understand how employee health and well-being are connected to broader business results, they are more likely to actively support employee well-being efforts. This strategy may include leadership training to help leaders understand how employee well-being is connected to organizational revenue, profitability, employee engagement, customer satisfaction, and corporate sustainability goals.

3. **Walk the talk and actively support employee health and well-being.** When leaders at all levels of the organization support and participate in workplace well-being initiatives, employees are more likely to feel like they have permission to follow suit. Leaders can demonstrate their support by communicating about their own well-being efforts, incorporating movement into otherwise sedentary work activities, role modeling work-life balance by not sending non-essential emails after business hours, and recognizing employees for achieving their health and well-being goals.

4. **Support mid-level managers and supervisors in promoting employee well-being.** While many organizations may boast strong levels of leadership support for well-being at the senior executive level, it's less common for managers and supervisors to get the support they need to invest in their teams' well-being. Effective initiatives include providing managers and supervisors with training, budget, and resources that allow them to support well-being in the ways that are most appropriate to their team's needs.

5. **Implement policies that support employee well-being.** There are many different types of policies that organizations may implement to support employee health and well-being, including allowing employees to take work time to participate in programs, take a rejuvenation break, or take a movement break. Healthy eating policies ensure healthy options are provided in facility break areas and at company events. Organizations can promote work-life balance by offering flextime, enhancing paternity leave, or allowing job-sharing options.

6. **Engage employees at all levels of the organization.** The most successful well-being initiatives are shaped by employee feedback and include many mechanisms for including employees in the design and implementation of programs. Focus groups, employee surveys, or grassroots wellness committees provide opportunities for employees to provide their input on the types of programs implemented, delivery methods, and how to address barriers or challenges to participation. Creating a wellness champion network goes one step further by involving employees in ongoing planning, implementation, and promotion of programs. It can also be a mechanism for collecting ongoing feedback from their peers.

7. **Develop a strategic plan with measurable goals and objectives.** A strategic plan details why an organization is investing in employee health and well-being, what the organization hopes to achieve in return for the investment, how it intends to achieve measurable goals, and how soon results can be expected. Ideally, a strategic plan is revisited often, with updates made to document successes and lessons learned, and to adjust organizational goals.

8. **Regularly share program performance data and information with multiple stakeholder groups.** It's typical for program leaders and senior executives to receive annual reports documenting program results, but effective initiatives share ongoing program performance results with a broader stakeholder group including mid-level managers, program vendor suppliers, employees, bargained labor leadership, and spouses/domestic partners of employees. Organizations may also share program performance results with company shareholders and community partners. This is especially important for sustaining ongoing engagement from all stakeholders associated with a successful health and well-being initiative.

9. **Target communications to diverse groups.** Employee populations include many diverse groups and a comprehensive communication strategy is needed to ensure all groups perceive that the wellness initiative will meet their needs and interests. A comprehensive approach includes using multiple delivery formats and identifying the delivery mechanisms and specific messages that most resonate with specific groups. It's important to consider the life circumstances of all employees throughout the organization to ensure they feel programs are relevant and accessible. It's also important to develop messages specifically for senior leaders, managers/supervisors, and wellness champions to articulate the unique role they play in supporting their own health and the health of their team.

10. **Support employee wellness champions or ambassadors with tools and resources.** Wellness champion networks are often made up of employees with an interest in wellness but they often lack training in how to support others in their wellness journey. A best practice approach includes providing ongoing training and resources to wellness champions to help them understand how to best support the goals and implementation of wellness initiatives. Employers may convene wellness champions regularly to provide ongoing program performance updates, identify barriers or challenges to success, share lessons learned, and/or to celebrate successes and recognize exemplary efforts.

# Conclusion

**Most employers are aware that a comprehensive approach is needed to improve the effectiveness of workplace health and well-being initiatives, but it can be overwhelming for employers to try to tackle all of the practices listed on the HERO Scorecard at once. This study recognizes the critical role of organizational and leadership support in driving successful initiatives, and this article identifies ten specific strategies employers can focus on to ensure they are getting the most value from their investment in employee health and well-being.**

# changing health and well-being practices: reviewing six years of HERO Scorecard data

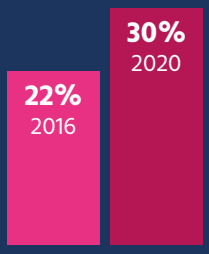
By Beth Umland, Mercer, Director of Research for Health and Benefits

**About this analysis**

To study the use of best practices over time, we compare Scorecard data submitted between 2014-2016 and data collected between 2018-2020. For simplicity, we refer to the earlier dataset as 2016 and the current dataset as 2020. We restricted the analysis to employers with 5,000 or more employees for two reasons. Employers of this size tend to be the early adopters of health and well-being initiatives, as well as role models for smaller employers. In addition, because the 2020 dataset includes substantially more small employers than the 2016 (the average number of employees was 5,931 in 2016 but only 4,688 in 2020), restricting the analysis to a defined size group reduces the "noise" created by shifting demographics across the two samples being compared. The 2016 dataset includes 148 employers with 5,000 or more employees and the 2020 dataset includes 115.

More than 1,300 organizations have completed Version 4 of the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) since it was launched in 2014. The primary goal of the HERO Scorecard is to help employers understand their own programs better and discover opportunities to strengthen them by incorporating more of the best practices described in the HERO Scorecard. But another goal of the HERO Scorecard is to build a database of detailed information about how employers are working to optimize the health and well-being of employees and their families, to be used for benchmarking and best practices research. As we prepare to move on to Version 5 of the HERO Scorecard, it is a fitting time to delve into the robust data we have collected over the nearly six years that Version 4 has been in the field to examine the prevalence of a number of key strategies and how their use has changed over time.

Whether organizations decide to invest in health and well-being initiatives or not depends, at least to a certain extent, on whether these investments are seen as contributing to business results. HERO Scorecard results suggest there is growing consensus on this point. Respondents are asked whether the leaders of their organization understand the strategic importance of employee health and well-being: "To what extent is your program viewed by senior leadership as connected to broader business results?" While the most common response in both years was "to some extent," those responding "to a great extent" rose from 22% in 2016 to 30% in 2020.




How has this growing recognition of the importance of health and well-being translated to action? To gauge the adoption of the most meaningful practices over time, this longitudinal comparison focuses on the four clusters of practices that emerged from a factor analysis as having a strong, statistically significant effect on HERO Scorecard completers' perceptions about the effectiveness of their workplace health and well-being initiatives[1]:

- Organizational and Leadership Support
- Incentives
- Program Integration
- Program Comprehensiveness

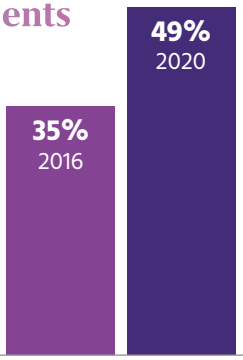
1. Imboden M, Castle PH, Johnson SS, Rahrig-Jenkins K, Pitts JS, Grossmeier J, Mangen DJ, Mason S, Noeldner SP. Development and validity of a workplace health promotion best practices assessment. Journal of Occupational and Environmental Medicine. 2020;62(1):18-24.

## Organizational and leadership support

As discussed earlier in this report, a recent HERO study found that Organizational and Leadership Support practices are the most highly predictive of positive health and well-being outcomes such as program participation, health and medical cost impact, and employee perceptions of organizational support.[2]

The HERO Scorecard asks detailed questions about organizational support strategies. One important way for an organization to demonstrate commitment to, and maintain focus on, employee well-being is with the company vision or mission statement.

**HERO Scorecard respondents reporting that their company vision or mission statement supports a healthy workplace culture jumped from 35% in 2016 to 49% in 2020.**




One of the practices found to have a strong influence on outcomes in the recent study is active participation by leaders in health and well-being programs. However, there was no change in this best practice from 2016 to 2020 – in each dataset, 51% of respondents said leaders actively participate. There was some improvement in leaders acting as role models for prioritizing health and work/life balance (for example, by taking activity breaks during the day, not sending email while on vacation, and so on), from 16% in 2016 to 24% in 2020, but even so, this best practice is still far from the norm.

However, more companies are committing to providing managers and supervisors with training, budget, and resources that allow them to support well-being. In 2020, 50% of respondents say mid-level managers are given some or a lot of support, up from 45% in 2016.

## Programs

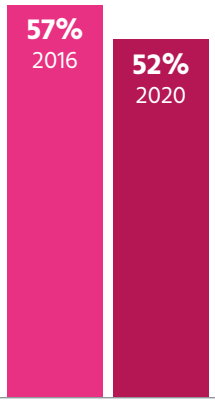
A slightly smaller percentage of employers are assessing employee heath with health assessments and biometric screenings in 2020 (77% and 74%, respectively) than were doing so in 2016 (87% and 78%, respectively). At the same time, there has been a slight increase in claims data mining (from 78% to 82%) and in the use of monitoring or tracking devices to assess employee health (from 29% to 33%).

Not surprisingly, there has been rapid growth in the use of technology to support health improvement programs, such as wearables (from 61% to 75%), mobile apps (64% to 76%) and social connection programs (from 66% to 79%). HERO Scorecard data has shown that participation rates are higher among employers using technologies that create a more personalized, real-time experience[3] – and participation rates are a leading indicator of program effectiveness.

## Program integration

Respondents in the 2020 database still have plenty of room for improvement in terms of ensuring that their health and well-being programs are effectively integrated with each other, the health plan, the safety program, and disability programs.

**In 2020, just 52% of respondents said that "Health and well-being partners provide warm transfer of individuals to programs and services provided by other partners" – and this is down from 57% in 2016.**




This trend is concerning because HERO Scorecard data suggest that program integration positively influences program effectivess.[1,4]

There was a modest increase (from 29% to 35%) in respondents reporting that individuals in disability management are referred to appropriate health and well-being programs. Lack of integration in this area seems to be a missed opportunity given that employees may be more ready to engage in health programs at a time when they are struggling with a significant health issue. In addition, employer support during a time of employee illness or injury may positively influence employee attitudes about returning to work.[5]

1. Imboden M, Castle PH, Johnson SS, Rahrig-Jenkins K, Pitts JS, Grossmeier J, Mangen DJ, Mason S, Noeldner SP. Development and validity of a workplace health promotion best practices assessment. Journal of Occupational and Environmental Medicine. 2020;62(1):18-24.

2. Grossmeier J, Castle PH, Pitts JS, Saringer C, Jenkins KR, Imboden MT, Mangen DJ, Johnson SS, Noeldner SP, Mason ST. Workplace well-being factors that predict employee participation, health and medical cost impact, and perceived support. American Journal of Health Promotion. 2020;34(4):349-358.

3. Harvey M. Can technology drive engagement in wellness programs? HERO Scorecard Commentary. August 22, 2016. Available at: https://hero-health.org/blog/can-technology-drive-engagement-in-wellness-programs/

4. Saringer C. Assessing the influence of leadership commitment and program integration. HERO Scorecard Commentary. August 20, 2019. Available at: https://hero-health.org/blog/assessing-the-influence-of-leadership-commitment-and-program-integration/

5. Buys NJ, Selander J, Sun J. Employee experience of workplace supervisor contact and support during long-term sickness absence. Disability and Rehabilitation. 2019 Apr;41(7): 808-814.

## Incentives and other participation strategies

Participation strategies include incentives, communication and education. Of these, financial incentives seem to have the most direct influence on participation rates and affect program outcomes. However, while the majority of 2020 respondents (76%) use some type of financial incentive in connection with their programs, this is down slightly from 79% in 2016. Further, the use of financial incentives to achieve, maintain, or show progress toward specific health status targets ("outcomes-based incentives" as opposed to participatory incentives) has fallen sharply, from 38% in 2016 to 25% in 2020. While HERO Scorecard data do not help us understand the reasons for this trend, it might be due to increasing employer concerns about the permissibility of these types of incentives.[6]

The average maximum value of all participatory incentives that a member can earn is $500 in 2020, up just slightly from $449 in 2016. Respondents in 2020 report that, on average, 55% of eligible employees earn at least some of the available incentive and 38% earn the maximum incentive; little changed from 2016.

While financial incentives are still widely used, there was an increase in respondents saying that increasing employees' intrinsic motivation to improve or maintain their health is the primary focus of their engagement strategy, from 29% in 2016 to 38% in 2020. In addition, the already-strong focus on communication to drive engagement continues to build. In 2020, 81% of respondents have branded the health and well-being program with a unique name and logo, up from 77% in 2016; the use of regular status reports to inform stakeholders of progress has risen to 57% from 53%; and communications directed to spouses and family members as well as employees has risen to 44%, from 41%.

In our most recent update of the HERO Scorecard, as in the past updates, we have been guided by the analyses discussed earlier in this report, as well as input from experts in the field. While Version 5 will offer a number of new practices for employers to consider, some of the Version 4 practices will be retired. However, the practices discussed above have demonstrated their continued importance and will, we hope, continue to spread.

6. Pollitz K, Rae M. Trends in workplace wellness programs and evolving federal standards. KFF. June 9, 2020. Available at: https://www.kff.org/private-insurance/issue-brief/trends-in-workplace-wellness-programs-and-evolving-federal-standards/

# assessing the influence of leadership commitment and program integration

by Colleen Saringer, PhD
*Originally published on August 20, 2019*

Employees spend the majority of their waking hours at work, making the workplace an ideal setting to implement initiatives that can positively impact an employee's health, well-being and safety. Not only does this benefit the employee, the company also benefits through reduced health care and worker's compensation costs and greater employee productivity.[1,2] However, in order to fully realize this employee/employer benefit, an organization must integrate efforts across departments responsible for worksite health and well-being (HWB), occupational health and safety, and employee benefits strategies.[2]

An effective, integrated approach is based on key characteristics that include leadership commitment; participation; policies, programs, and practices focused on positive working conditions; comprehensive and collaborative strategies; sustained organizational commitment; and data driven change.[3] While it is often difficult to analyze all key characteristics at one time within an organization, the HERO Health and Well-Being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) provides the opportunity to analyze the integration of health, well-being and safety through the lens of leadership commitment, program participation and data driven change. An analysis was conducted on 1,027 companies to determine if organizations that align their HWB initiatives with safety and connect their initiatives to broader business objectives have better health and medical cost outcomes.

## Program integration

There are three ways in which HWB and safety integration is assessed within the HERO Scorecard: 1) through the integration of safety into HWB program goals and objectives; 2) HWB program elements (e.g. physical activity or stress management) are included within the safety program; and 3) HWB and safety program data are combined for data analytics. Although 55% of the responding organizations either did not integrate or did not have a safety program (39% and 16% respectively), 43% integrated HWB and safety in at least one of the three ways that integration is measured within the HERO Scorecard. Although the concept of an integrated HWB and safety model is not new, 41% of the responding organizations report that obtaining leadership buy-in to build an integrated initiative is in development.

## Leadership commitment

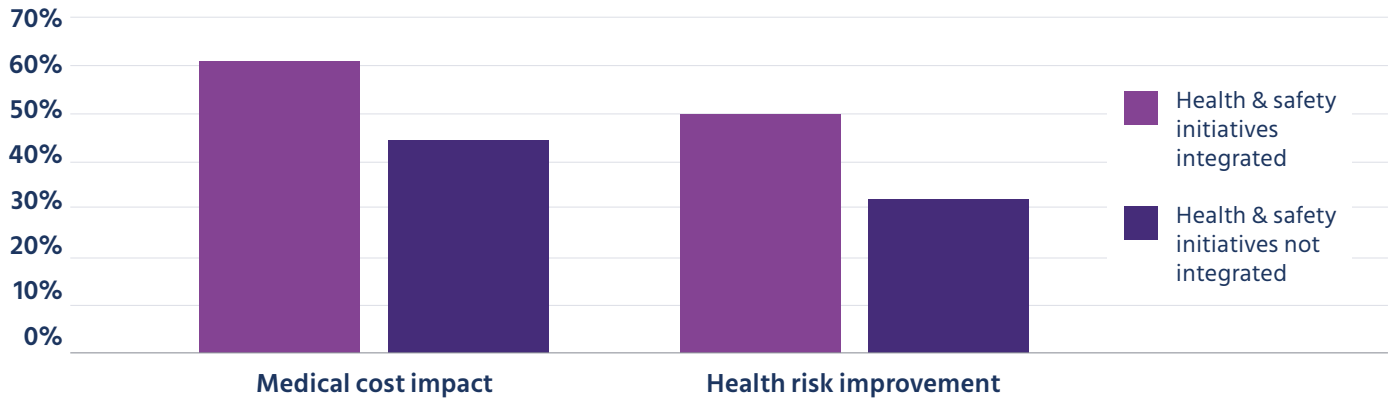
Comprehensive and integrated initiatives must have buy-in from leaders across departments in order to be successful.[3] Within the HERO Scorecard, 47% of senior leaders believed that "to some extent" the HWB program was connected to broader business results (e.g. increased revenue, profitability, overall success and sustainability), while 26% believed that this connection existed "to a great extent." When comparing integration practices between these two leadership groups, 52% of organizations with leaders who believed a connection existed to a great extent integrated their practices, compared to 49% of those who believed a connection existed to some extent. As previously noted, work remains to close the gap among the siloed initiatives, and gaining leadership buy-in is critical. Without leadership support, the success and sustainability of an integrated approach is threatened because leaders are central to communicating the vision, motivating all levels of management to embrace the vision, enacting policies and practices and establishing organizational accountability.[3]

1. Bipartisan Policy Center and De Beaumont. Good Health is Good Business. June 2019. Available at: https://bipartisanpolicy.org/report/good-health-is-good-business/
2. Sorensen G, Barbeau E. Steps to a Healthier U.S. Workforce: Integrating Occupational Health and Safety and Worksite Health Promotion: State of the Science. 2004.
3. Harvard H.H. Chan School of Public Health Center for Work, Health and Well-being. Implementing an Integrated Approach: Weaving Worker Health, Safety, and Well-being into the Fabric of Your Organization. 2017.

## The Impact

Performance metrics are imperative when supporting the business case and gaining buy-in from organizational leaders. It has been shown that when HWB and safety initiatives are integrated, organizations experience an uptick in employee program participation,[4,5] potentially impacting downstream outcomes such as health risks or medical trend. Although the HERO Scorecard does not require that an employer report participation in health risk assessments, biometric screenings or lifestyle coaching, the average employee participation rates among those that did were 50%, 47% and 26% respectively. These participation rates are consistent with average participation rates published elsewhere.[6] However, we wanted to determine if leadership buy-in and integration had impact on employee participation in these programs. Therefore a comparison was performed between organizations whose leaders believed that the HWB program connects to the broader business results, and integrated HWB and safety initiatives, to those who believed there was a connection, but did not integrate. Among both groups, equal participation rates were seen in health risk assessment and biometric completions. However this was not the case with lifestyle coaching, where greater participation was experienced when leadership connected the results and integrated the two programs. This is a valuable finding as health risk assessments and biometric screenings focus more on education, whereas lifestyle coaching programs focus on behavior change, offering tremendous opportunity for participants to improve their health. For organizations whose leaders believe HWB is connected to broader business results and also integrate safety with HWB, greater than 50% of the responding organizations experienced health risk improvement, and greater than 61% experienced medical trend impact. These outcomes are substantially better than those in organizations whose leaders believe HWB is connected to business results but that do not integrate programs, where only 32% achieved health risk improvement and 44% realized medical cost impact.

## Health risk improvement and medical cost impact




## Conclusion

**These findings suggest that organizations with both HWB and safety programs in place should consider integrating their HWB and safety initiatives to fully realize the potential benefits of these investments. However, leadership support is a key component to the success of the integration. With leadership support in place, health risk improvements and medical trend impact can be experienced over time. Therefore, prior to launch of the integration efforts, organizational leaders should commit to play an active role in order to assure program success, growth and sustainability.**


4. Sorensen G, et al. Worker Participation in an Integrated Health Promotion/Health Protection Program: Results from the WellWorks Project. Health Education Quarterly. 1996; 23(2):191-203.

5. Hunt, MK, et al. Process evaluation of an integrated health promotion/occupational health model in wellworks-2. Health Education and Behavior. 2005; 32(1):10-26.

6. Mattke S, Liu HH, Caloyeras JP, Huang CY, Van Busum KR, Khodyakov D, and Shier V. Workplace Wellness Programs Study: Final Report. Santa Monica, CA: RAND Corporation, 2013. https://www.rand.org/pubs/research_reports/RR254.html.

# emerging practices shown to improve organizational and cultural support in the workplace

By Nicole Kashine, Research Scientist, AbleTo and MPH Candidate, New York Medical College
*Originally published on November 6, 2019*

In recent years, there has been more of a focus on the complexity of the workplace environment and a need to conduct wellness initiatives at multiple levels, including organizational culture and environment.[1] While workplace health promotion is growing, programs offered by employers vary considerably and it is difficult to ascertain which practices are becoming more common over time.

This commentary evaluates how workplace organizational and cultural support is changing over time and highlights emerging practices. Longitudinal data were used from the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard). As of December 2018, 811 unique organizations completed the HERO Scorecard. Of these organizations, 142 completed it a second time approximately 1 to 4 years after their initial participation. The average time between assessments was 1.8 years. Data from the 142 repeat submissions were used in this analysis to assess whether and how organizations are improving their organizational and cultural support over time. The analysis focused on the Organizational & Cultural Support (OCS) section of the HERO Scorecard, which includes a maximum of 50 (25%) of the 200 possible HERO Scorecard points if organizations indicate they are implementing all the recommended practices in that section.

Organizations were categorized into lower and higher scoring groups at time point 1 and 2, based on the OCS median score of 29. All completers with a score ≥ 29 were considered high scoring organizations, while a score lower than 29 was deemed a low scoring organization. Next, organizations were categorized by movement across scoring groups between time 1 and time 2, (i.e. low to low (n=61), low to high (n=26), high to low (n=10), and high to high (n=45) score). Since this analysis assessed how organizations are improving their OCS practices over time, it focused on organizations moving from the low to high (n=26) scoring category and which practices were most commonly added to improve their score. The most common practices in this group (>90%) at time point 2 are built environment initiatives (i.e., healthy eating choices, physical activity accessibility, and safety) and the implementation of wellness champion networks.

1. Payne, J., Cluff, L., Lang, J., Matson-Koffman, D., & Morgan-Lopez, A. (2018). Elements of a Workplace Culture of Health, Perceived Organizational Support for Health, and Lifestyle Risk, American Journal of Health Promotion, 32(7), 1555-1567.

## Organizational and Cultural Support

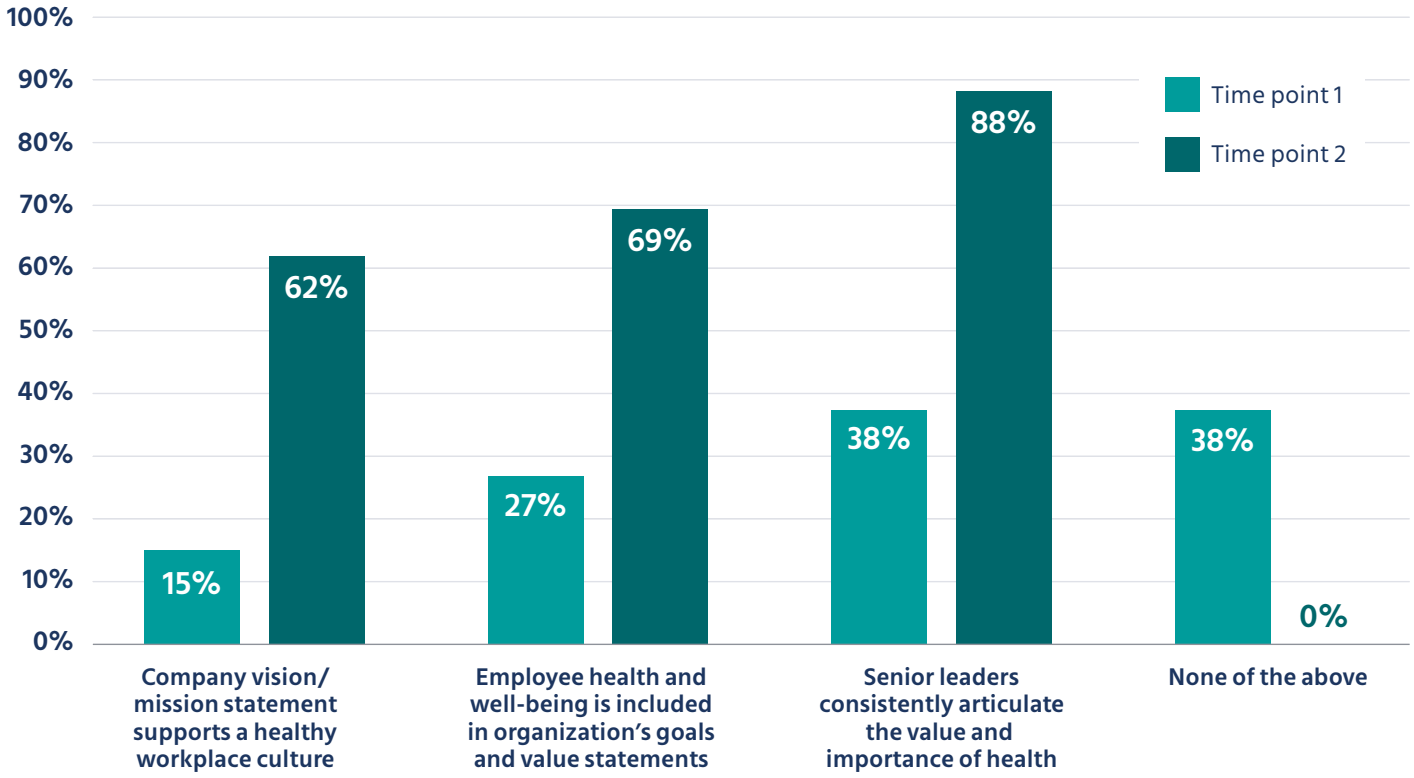
Company efforts to create and maintain a culture of health are increasing in HERO surveyed organizations over time. At time point 1, 87 organizations had a low OCS score and 55 organizations had a high score. At time point 2, 71 organizations had a low OCS score and 71 organizations had a high score. Further, 26 (18%) organizations were able to build stronger and more robust wellness initiatives focusing on culture of health over time.

## Culture of Health and Workplace Practices

More workplace practices are being implemented over time to increase employee HWB. At time point 2, 88% of organizations in the low to high score group reported that senior leaders consistently articulate the value and importance of health, which increased from 38% at time point 1 to 88% at time point 2. This finding suggests that leadership's support of HWB is growing in the workplace. Of the organizations that increased from a low to high score at time point 2, the most common added leadership practices were authority by senior leaders to achieve organization's goals for employee HWB and active participation from leaders (73% and 85%, respectively).

To supplement communication mechanisms and overall involvement from employees and leaders, policies have been enforced throughout organizations. Of the organizations that increased from a low to high score, there was an approximately 15 percent increase from time point 1 (61%) to time point 2 (70%) in organizations encouraging the use of community resources for HWB (for example, community gardens, recreational facilities, health education resources). The most common policy within this low to high group was a tobacco-free workplace or campus at both time points 1 and 2 (73% and 74%, respectively).

## Communication practices over time




Data represented is from organizations that moved from low to high scoring (n=26) by time point 2.

Moreover, there is a noticeable trend toward improving the responding organizations' built environment. The analysis suggests organizations that provide an environment conducive to a healthy lifestyle can help employees adopt healthy behaviors. Almost all (96%) of these organizations provided healthy food options that were easily available to their employees and made physical activity easily accessible. The data showed that support of stress management and mental recovery breaks are becoming increasingly popular as well, with this practice nearly doubling in usage from time point 1 (46%) to time point 2 (88%). Meanwhile, 100% of organizations in the low to high group ensured safety was a priority within their work environment (for example, ergonomic design, lighting, safety rails, etc.) at time point 2.

### Manager and organizational support of a culture of health

To supplement the descriptive analyses, improvement in score over time was also assessed by subtracting the overall OCS score at time point 2 from that at time point 1 to obtain a continuous change score. Organizations were then grouped into the following categories based on their amount change: decreased (n=49), stayed the same (n=18), increased 1 to 5 points (n=29), increased 6 to 10 points (n=17), and increased greater than 10 points (n=29). Overall, 75 (53%) organizations improved their scores between time point 1 and time point 2. An additional analysis was conducted on these 75 organizations to identify the practices most commonly increased over time.

At time point 1, 54% of organizations that increased their score reported managers were given a lot or some support to improve the HWB of employees, and this percentage increased by approximately 39% at time point 2. Similarly, organizations increasing their score had a 46 percent increase (54% at time point 1, 79% at time point 2) in responding that their organizational support strategies were effective. Moreover, there was a 62% increase in organizations with leaders prioritizing health and work / life balance and a 51% increase in organizations with leaders consistently articulating the value and importance of health.

## Conclusion

**This analysis offers insight into several emerging workplace wellness practices conducive to improved employee health and well-being. Employers are increasing practices related to leadership and manager support, environmental and programmatic support, and strategic and organizational support. Organizations that increased their score were also more likely to report their managers are supported in their efforts to improve employee HWB and to report more effective organizational support strategies. These observations are consistent with past research highlighting the need for organizational and leadership support in improving the HWB of employees.[1-3]**

**Surprisingly, practices related to allowing physical activity during work hours, measuring and reporting positive impact on employee health risk, and holding leaders accountable for supporting employee HWB were not common practices employers implemented over time. Future research should focus on such practices to understand employers' challenges and rationale for not implementing these practices, since they have been shown to be successful in improving HWB of employees.[4]**

1. Payne, J., Cluff, L., Lang, J., Matson-Koffman, D., & Morgan-Lopez, A. (2018). Elements of a Workplace Culture of Health, Perceived Organizational Support for Health, and Lifestyle Risk, American Journal of Health Promotion, 32(7), 1555-1567.

2. Flynn, J. P., Gascon, G., Doyle, S., Matson Koffman, D. M., Saringer, C., Grossmeier, J., et al. (2018). Supporting a culture of health in the workplace: a review of evidence-based elements. American Journal of Health Promotion, 32(8), 1755-1788.

3. National Institute for Occupational Safety and Health. Essential elements of effective workplace programs and policies for improving worker health and wellbeing. Retrieved from https://www.cdc.gov/niosh/twh/essentials.html

4. HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer 2018 Progress Report. 2018: 36-39. Retrieved from https://hero-health.org/hero-scorecard/

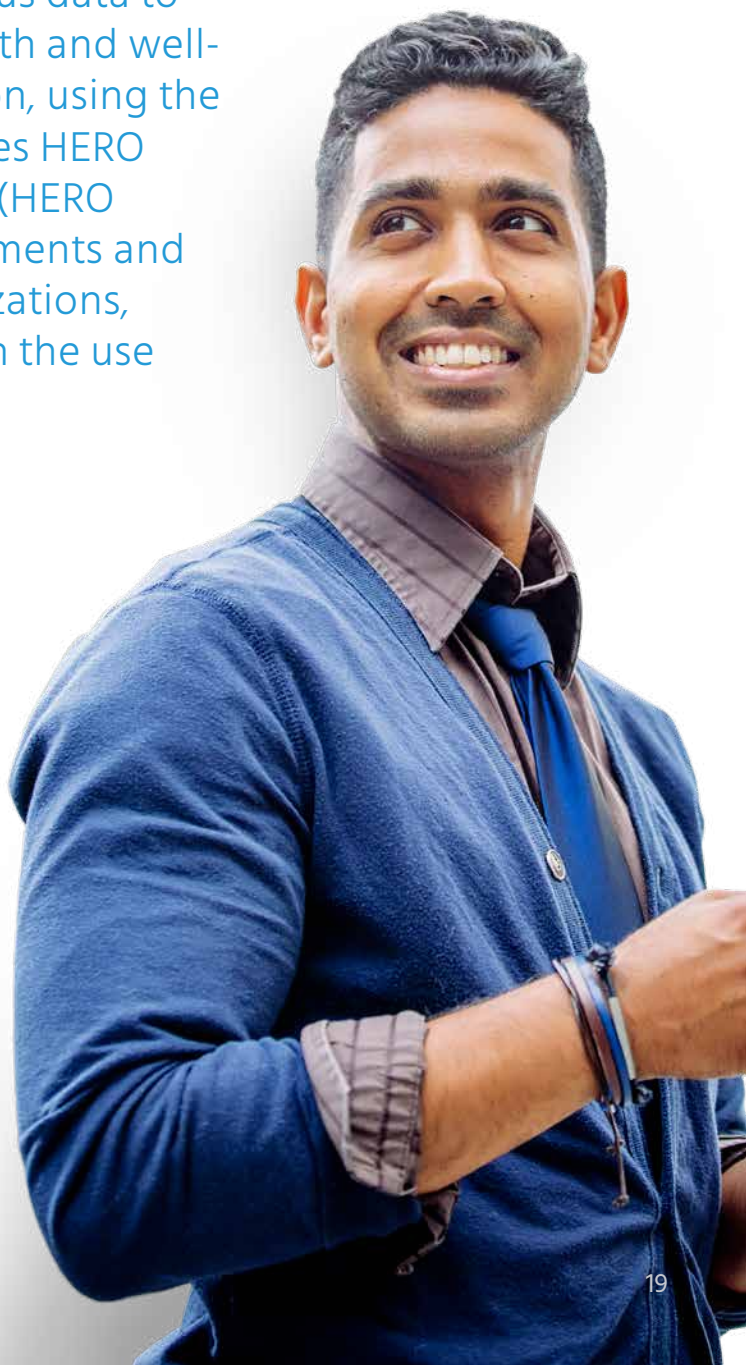
*This commentary was based on organizations that repeated the US HERO Scorecard V4 between June 2014 and December 2018.*

# the state of informed decision making in health and well-being

by Tatiana Shnaiden, MD, MS
*Originally published on February 9, 2020*

The latest advancements in data collection, management and analytic technologies have created an opportunity for the health promotion field to move towards more informed decision-making by using various data to effectively measure and manage the health and well-being (HWB) of the population. In addition, using the HERO Health and Well-Being Best Practices HERO Scorecard in Collaboration with Mercer© (HERO Scorecard) as a tool to establish measurements and to benchmark them against other organizations, the Scorecard also collects information on the use of data in population HWB improvement.

Data from the HERO Scorecard Benchmark Database was used to understand the state of informed decision making in HWB among 1,056 organizations who completed the HERO Scorecard as of December 31, 2018. Only half of the organizations responding to the HERO Scorecard (50%) perceive that their data management and evaluation activities effectively or very effectively contribute to the success of their organization's HWB initiative. For more insights on this issue we looked at the organizations' perception of the effectiveness of their organizational support strategies in promoting the HWB of employees; the data types they use to assess individual or population health; the data being used to evaluate and manage the HWB program, and the stakeholders who regularly receive HWB program performance data and information. We also explored the connections between using data and information for assessing the health of the population and perceptions about program effectiveness, as well as how communication of program performance to various stakeholders relates to the use of data for assessing the health of the population and program effectiveness. Further analysis examines whether organizations that report having effective organizational support practices are more likely to use data to assess the health of their population, communicate program performance to stakeholders, and use data to evaluate their HWB initiatives.



## Results

Among various data sources for assessing the health of the population, health assessment is used by 66% of the 1,049 employers, biometrics by 64%, and medical claims by 61%. A surprising number of organizations (12%) report not assessing the health of their population. The three data types most commonly used to evaluate and manage HWB initiatives are program participation data (used by 73% of HERO Scorecard completers), population physical health risk data (48%), and healthcare utilization/cost data (55%). Fourteen percent (14%) of employers do not use any data to evaluate and manage HWB initiatives. Most frequently reported recipients of program performance information are senior leaders (59%). Employers are less likely to share program performance data with managers (24%), employees (22%), or vendors (20%). One third (33%) of the organizations do not share HWB program performance data with any stakeholders.

Organizations that collect and use at least one source of data are more likely to view their organizational support strategies as effective. Conversely, 84% of the organizations that do not capture any data to evaluate and manage their HWB programs report their organizational support strategies are "not effective/not at all effective" (see figure 1). A majority (76%) of those that do not share data with any stakeholders report that their organizational support strategies are "not effective/not at all effective" (see figure 2). In contrast, 67% of the organizations that regularly share HWB program performance data with senior leadership report that their organizational support strategies are effective or very effective.

Figure 1

### Subjective effectiveness rating based on use of data for program evaluation

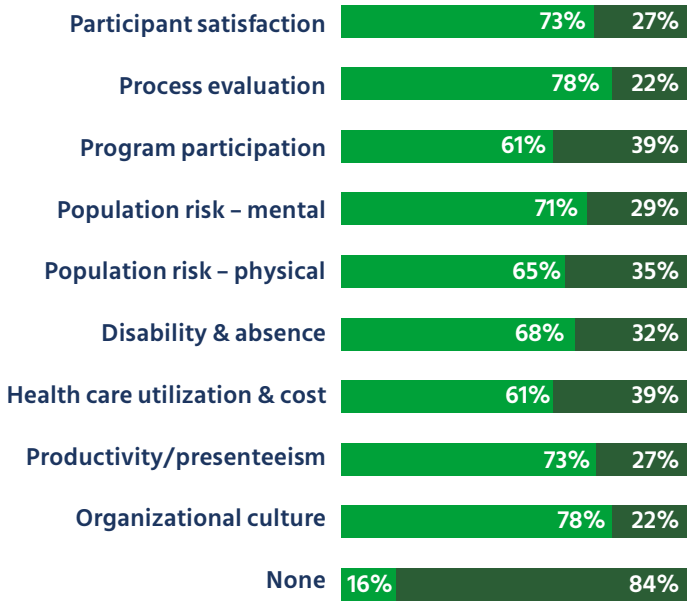
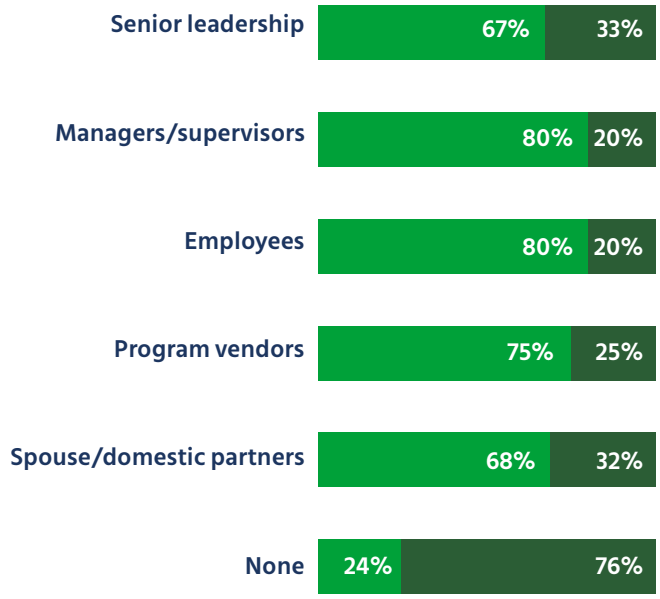



Figure 2

### Subjective effectiveness rating based on sharing data with stakeholders





Among organizations reporting that their organizational support strategies on HWB are effective, the most used data sources are program participation data (84%), health utilization and cost data (62%), and participant satisfaction data (60%). Employers that report their HWB strategies to be effective or very effective are more likely to share program performance data with at least one stakeholder group (85% vs 48% for employers that report their HWB strategies not effective or not at all effective). Of the stakeholders reported to receive program performance data, 73% are senior leadership, 33% are managers/supervisors, 31% are employees, and 29% are program vendors. The types of data these organizations most commonly used to evaluate program performance and share with stakeholders are health assessment (79% to 85%), biometric screening (76% to 80%) and claims data (74% to 80%). Virtually all (99%) of the organizations reporting their HWB initiatives as very effective use at least one data type for evaluation and management.

## Discussion

This analysis clearly indicates that there are opportunities for improvements in the use of data, since 12% of organizations do not use any data in assessing the health of their population and 14% do not use data for program evaluation and management. Lack of data utilization is connected to a higher likelihood that the HWB initiative is perceived to be ineffective.

Sharing of HWB results with senior leaders seems to be a strong driver of whether data are used for program evaluation. However, there is a significant gap between the percentage of organizations that share performance results with senior leadership (59%) versus with managers/supervisors (24%). Given the important role middle managers and front-line managers play in HWB program success,[1,2] organizations aiming to improve the effectiveness of their HWB initiatives should regularly share program results with managers and supervisors. Organizations that do not perceive their HWB initiatives as effective may be able to improve outcomes by sharing their HWB results with stakeholders to identify opportunities for possible course corrections and set realistic expectations for future outcomes. Some health promotion professionals may be reluctant to share negative program performance results with stakeholders, particularly with senior leadership. Nevertheless, sharing program performance data, whether results are positive or negative, creates accountability and provides an opportunity to get more stakeholders engaged in opportunities to improve a HWB initiative over time through continuous learning and quality improvement.

Organizations that use data to evaluate HWB program performance are more likely to report that the HWB initiative is effective compared to those that do not use data to evaluate their program. It is likely that sharing evidence of program performance helps build confidence that program offerings are directly connected to employee health improvement outcomes. Furthermore, organizations with stronger performing programs may be more likely to invest in robust data collection and reporting.

## Implications for Practice

This analysis offers at least three process improvement ideas for health promotion professionals. First, the fact that 33% of organizations do not share data with any stakeholders indicates there are significant opportunities to incorporate use of data to enable more participative decision making in designing HWB initiatives. Second, use of data to measure and evaluate HWB initiatives may influence perceptions of program effectiveness. While measurement and evaluation efforts may not always yield favorable results, framed properly they should produce actionable insights that can be used to improve initiative performance. Third, HWB program strategists have an opportunity to gain support from senior leadership to invest in data collection and to make program performance results more transparent to middle management and front-line supervisors, which may engage many more stakeholders in supporting HWB efforts.

1. HERO Scorecard Health and Well-being Best Practices Scorecard in Collaboration with Mercer. HERO Scorecard Benchmark Database through December 31, 2018.

2. Zahrt O. Leadership Support and the Effectiveness of Wellness Initiatives. HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer 2018 Progress Report. 2018: 30-33.

3. Hamill L. Organizational Support for Well-being Senior Leadership and Managerial Support Required. HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer 2018 Progress Report. 2018: 36-39.

*This commentary is based on data from the HERO Scorecard Benchmark Database through December 31, 2018.*

# HERO Scorecard supports the development of sustainable well-being initiatives for the city of Brentwood

Brentwood is a city in Contra Costa County, California, United States and is located in the East Bay region of the San Francisco Bay Area. The population exceeds 51,481 and continues to grow. The city officials & administrators provide resources for all Brentwood residents, including park & recreation development, police & fire protection, utilities and governmental services.

A member of Kaiser Permanente's Workforce Health Consulting group began consulting with the City administrators in 2019 in an effort to create a sustainable well-being program. Preliminary conversations focused on the need to assess the current status of the City's organizational support systems and Kaiser Permanente recommended the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) be used to support this important first step.

Shortly after completing the HERO Scorecard, an employee interest survey was also deployed. Both data sources were used in combination to quickly identify gaps within the infrastructure, as well as strengths that could be leveraged to improve future well-being programs.

The scoring system used by the HERO Scorecard enabled the team to identify the areas with the greatest potential for improvement, providing a useful roadmap for strengthening health and well-being efforts. For example, the Strategic Planning section of the HERO Scorecard identified the need to align City policies with the goals of the well-being program. A great deal of time was spent revising City policies and ensuring that the new policies were reviewed & approved by the City's Board Members.

The HERO Scorecard provides a valuable set of quantitative metrics that can be used to benchmark future successes, serving as a very useful guide when developing a sustainable & meaningful worksite program.

# use of social strategies linked to more effective health and well-being initiatives

By Megan Flanagan, MPH, CHES, PacificSource Health Plans
*Originally published on June 4, 2020*

There is substantial discussion about the positive impact that social support has on health & well-being (HWB) programs and employee health behaviors, yet much of it is focused on links to individual rather than organizational well-being.[1] Many researchers point to the social ecological model and social influence model to explain the way in which individuals change their behavior in response to influences of a social environment.[2] Social networks also have a significant impact on the health of an individual, particularly in the environments in which people live, play, and work.[3] For example, a study of a web-based health intervention found that social ties were significant predictors of higher participant engagement and behavior change.[2] Despite social influence theories, however, there is not much research examining the impact of social strategies on the overall effectiveness of an organization's HWB initiative.

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) measures several components of HWB initiatives, including an organization's perceptions about the effectiveness of their program and implementation strategies, use of social strategies, and types of social strategies used to promote participation in HWB programs.[4] This commentary examines the relationship between organizational use of social strategies and perceived program effectiveness. Additionally, it looks into the relationship between the types of social strategies used and organizations' perceptions of the effectiveness of their HWB programs.

1. Johnson SS. Social connection. American Journal of Health Promotion. 2018;32(5): 1304–1307.

2. Poirier J, Cobb NK. Social influence as a driver of engagement in a web-based health intervention. Journal of Medical Internet Research. 2012 ;14(1):e36. DOI: 10.2196/jmir.1957.

3. Golden SD, McLeroy KR, Green LW, Earp JA. L, Lieberman LD. Upending the Social Ecological Model to Guide Health Promotion Efforts Toward Policy and Environmental Change. Health Education & Behavior. 2015; 42(1_suppl):8S-14S.

4. Health Enhancement Research Organization. HERO Scorecard Health and Well-being Best Practices Scorecard in Collaboration with Mercer. HERO Scorecard Benchmark Database through December 31, 2018.

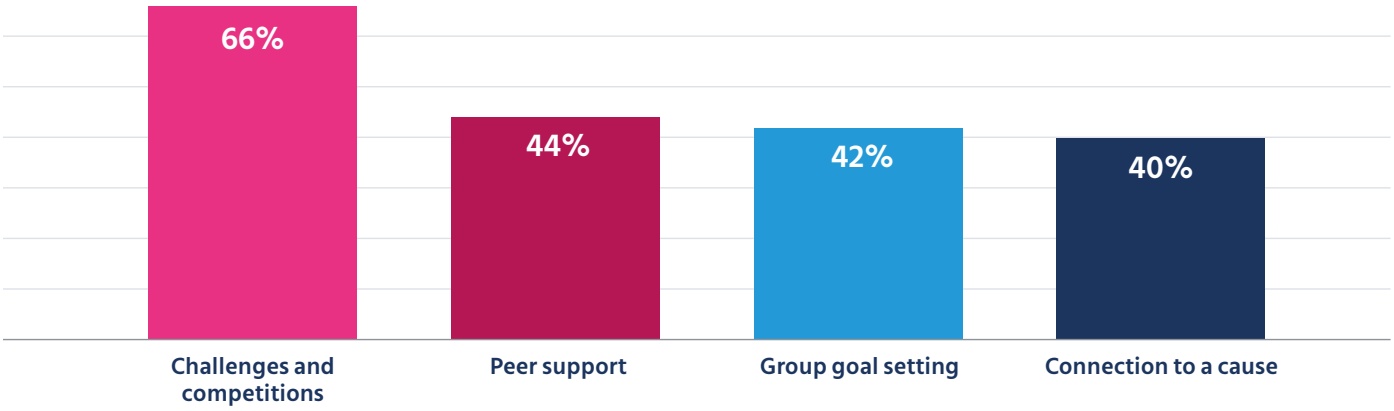
## Results

Of the 1,719 organizations that completed the Scorecard in the January 12, 2015 to September 30, 2019 time period, 1,398 organizations (81%) reported using one or more social strategies to encourage participation.

Social strategies measured in the HERO Scorecard include challenges and/or competitions, peer support, connection to a cause, and group goal setting. The percent of organizations that reported using each strategy is as follows:

- 66% use challenges and/or competitions (such as games);
- 44% use peer support (such as buddy systems or interventions including social components);
- 42% use group goal setting (a common health promotion activity with a common goal);
- 40% use connection to a cause (such as charity contributions

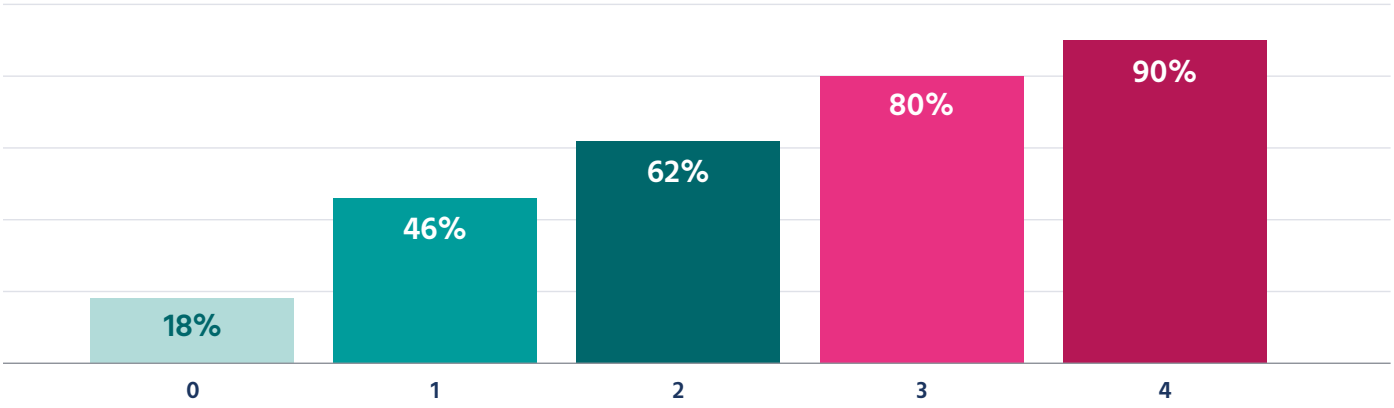
## Employer use of social strategies in health and well-being initiatives




Effectiveness increased dramatically as the number of social strategies increased:

- 0 social strategies (n=418), 18% perceived program to be effective or very effective
- 1 social strategy (n=328), 46% perceived program to be effective or very effective
- 2 social strategies (n=301), 62% perceived program to be effective or very effective
- 3 social strategies (n=307), 80% perceived program to be effective or very effective
- 4 social strategies (n=365), 90% perceived program to be effective or very effective

## Number of social strategies employers implemented



## Which strategies are associated with higher effectiveness ratings?

For all four social strategies offered, there was a direct and substantial relationship between the use of the strategy and the likelihood that organizations reported their program to be effective. Group goal setting and peer support were most strongly associated with program effectiveness, but challenges and/or competitions and connections to a cause were also clearly linked with greater program effectiveness.

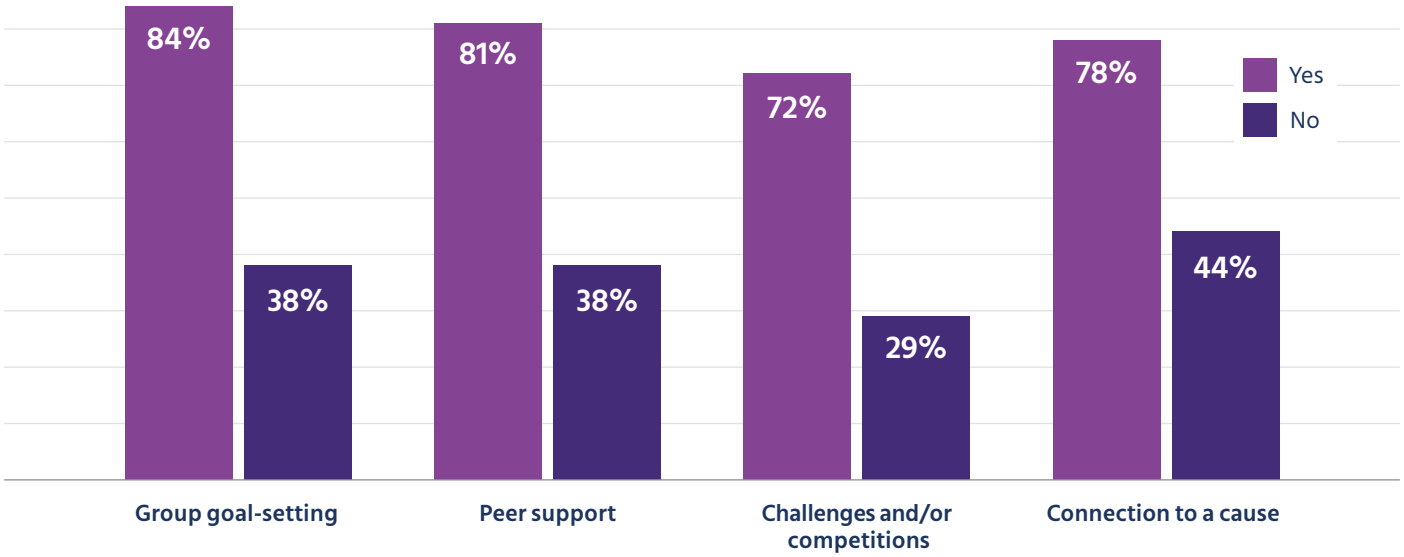
**Group Goal-Setting** – 84% of organizations with targeted group goal-setting activities reported their programs were effective, versus 38% without goal-setting activities.

**Peer Support** – 81% of organizations offering peer support reported their programs were effective, versus 38% without peer support.

**Challenges and/or Competitions** – 72% of organizations with challenges or competitions reported their programs were effective, versus 29% without challenges or competitions.

**Connection to a Cause** – 78% of organizations who connected their participation to a cause reported their programs were effective, versus 44% without connection to a cause.

## Program effectiveness ratings based on use of social strategies




When reviewing social strategies, it is important to recognize the important role that environmental social opportunities play in an individual's autonomy to engage in health-related decision making, and prior research presents the case for organizations to incorporate social strategies into their HWB initiatives.[2,3] The findings from this analysis showed that the more social strategies an organization integrated into their HWB initiative, the higher the likelihood they perceived it to be effective. The vast majority of organizations (90%) that offered 4 social strategies reported their HWB program to be effective, compared to only 18% reporting effectiveness who offered no social strategies.

This relationship that more social strategies were linked to more program effectiveness may be because the more strategies an employer uses, the more likely it is that employees will respond to at least one strategy. While some employees may be more likely to participate in company-wide competitions, others may prefer partner goal-setting activities. A 2015 study by Quantum found that physical activity preferences varied by age.[5] For example, 20% of Millennials preferred company-wide exercise challenges, while only 5% of Boomers preferred these and, instead favored corporate-funded community events. Based on these findings, offering a variety of social strategies may motivate more employees with different preferences to participate in HWB program offerings, thus improving the effectiveness of the program. Given the emerging research on the potential health detriments related to loneliness and social isolation, connecting employees to one another may be more important now than ever. By incorporating multiple social components into a program, such as group goal setting, challenges and peer support, these results suggest organizations may be able to substantially increase the likelihood that their program will be effective, and, therefore, successful.

2. Poirier J, Cobb NK. Social influence as a driver of engagement in a web-based health intervention. Journal of Medical Internet Research. 2012 ;14(1):e36. DOI: 10.2196/jmir.1957.

3. Golden SD, McLeroy KR, Green LW, Earp JA. L, Lieberman LD. Upending the Social Ecological Model to Guide Health Promotion Efforts Toward Policy and Environmental Change. Health Education & Behavior. 2015; 42(1_suppl):8S-14S.

5. Hackbarth N, Brown A, Albrecht H. Workplace Well-Being. Quantum Workplace & Limeade. 2015:1-65.

## Implications for practice

This analysis presents several implications for practice, one being the importance of social strategies for integrating into an organization's HWB program. Incorporating more social strategies is associated with higher levels of program effectiveness and presents the case for social ties to well-being. There are many pathways linking social connection to longevity, including higher risk for a number of chronic diseases and all-cause mortality.[1]

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**Stanford researchers also found that 97% of participants who reported a high level of well-being or a particularly low level of well-being noted the presence or lack of social connections in their stories, respectively.[6]**


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The most important finding from this analysis is the strong link between the use of social strategies and its relationship to an organization's perception of higher levels of HWB program effectiveness. This link is supported by other research including a study finding that team characteristics were a predictor of physical activity changes among team members in a worksite wellness competition.[2] The importance of social ties to well-being presents a case for incorporating team components into an organization's HWB program.

Despite their strong connection to higher levels of perceived HWB program effectiveness, the prevalence of social strategies being used is still gaining traction. Among organizations that completed the HERO Scorecard, 40-44% reported using peer support, group goal setting, or connection to a cause, and 66% reported using competitions. There is limited use of social strategies, despite their association with improved health and business outcomes, such as higher levels of participation, greater employee engagement, and increased levels of physical activity.[7,8] HWB program strategists have an opportunity to improve their program's effectiveness through increased use of social strategies. Further research examining the relationship between types of strategies and employees' perceptions of effectiveness of a wellness program could help support HWB practices for organizations.

1. Johnson SS. Social connection. American Journal of Health Promotion. 2018;32(5): 1304–1307.

2. Poirier J, Cobb NK. Social influence as a driver of engagement in a web-based health intervention. Journal of Medical Internet Research. 2012 ;14(1):e36. DOI: 10.2196/jmir.1957.

6. Avery E, Rich T, Ahuja N, Winter S. Stanford WELL for life: learning what it means to be well. American Journal of Health Promotion. 2017;31(5): 444–456.

7. Leahey TM, Crane MM, Pinto AM et al. Effect of teammates on changes in physical activity in a statewide campaign. Preventive Medicine. 2010;51:45–49.

8. Zahrt O. Leadership support and the effectiveness of wellness initiatives. HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer 2018 Progress Report. 2018:30-33.

*This commentary is based on data from the HERO Scorecard Benchmark Database through September 30, 2019.*

# the state of disability management among employers

By Zaira Chaudhry, MD, MPH
*Originally published on August 5, 2020*

Illness or injury may potentially result in temporary or permanent disability, which encompasses impairments, activity limitations, and participation restrictions that can have significant implications for both employees and their employers.[1] In 2016, approximately 11% of U.S. adults between the working-ages of 18 and 64 had a disability, and it is estimated that nearly 6% of employed individuals in the United States experience a short-term disability each year.[2,3] Therefore, it is imperative that employers have an understanding of the regulatory environment surrounding employee disability and best practices for disability management (DM), which serves to minimize the disabling impact of illnesses and injuries that develop during the course of employment and maximize the employee's ability to participate in the work environment.

This commentary explores DM initiatives among employers who have completed the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard), which includes several questions related to DM initiatives, as noted below. An analysis was performed using data from the HERO Scorecard Benchmark Database to understand the state of DM among 1,199 unique organizations who completed the relevant sections of the HERO Scorecard as of December 31, 2019. In addition to assessing how employers are supporting DM and its integration with health and well-being (HWB) initiatives within their organizations, this commentary also explores whether disability practices differ by employer size.

## Prevalence of Disability Management Practices

Of the 1,199 organizations that completed the HERO Scorecard, 916 (76%) organizations reported using at least one DM practice listed in the scorecard, although the prevalence of each practice varied considerably. The remaining 283 (24%) organizations have not implemented any of the DM practices discussed below, with 142 of these organizations being small employers (< 500 employees).

Only 13% of organizations have formal goals for their disability programs, and 9% of organizations have performance standards to hold leaders, managers, and supervisors accountable for these goals. Approximately half (52%) of the organizations have written return-to-work programs with policies and procedures covering all absences, and 44% of organizations have established standards for ongoing communication with employees during the duration of their leave. Fifty-seven percent (57%) of organizations have modified temporary job offers for employees with disabilities who are ready to return to productive activity but not to their former jobs. In 34% of the organizations, complex claims receive clinical intervention or oversight by in-house or outsourced staff. Only 18% of organizations have developed metrics to regularly monitor/manage disability trends. Fourteen percent (14%) of employers use strategies to triage individuals with certain disabilities into relevant employee health management programs.

In terms of DM program integration with HWB initiatives, 19% of organizations have a process for referring employees in their DM program to health management programs. Moreover, 9% of

1. World Health Organization (WHO). Disabilities [webpage]. Available at: https://www.who.int/topics/disabilities/en/. Accessed Feb 10, 2020.

2. Kraus L, Lauer E, Coleman R, Houtenville A. 2017 Disability Statistics Annual Report. Durham, NH: University of New Hampshire. Available at: https://disabilitycompendium.org/sites/default/files/user-uploads/2017_AnnualReport_2017_FINAL.pdf. Accessed Feb 10, 2020.

3. Integrated Benefits Institute, Health and Productivity Benchmarking 2016 (released November 2017), Short-Term Disability, All Employers. Group average for new claims per 100 covered lives. Available at: https://www.ibiweb.org/benchmarking/. Accessed Feb 10, 2020.

organizations combine disability data with health management program data for identifying, reporting, and performing analytics. Only 2% of organizations offer a more generous disability benefit to employees who participate in appropriate health management programs. However, the majority (76%) of organizations do not integrate their DM programs with HWB initiatives as described above.

## Disability management practices by employer size

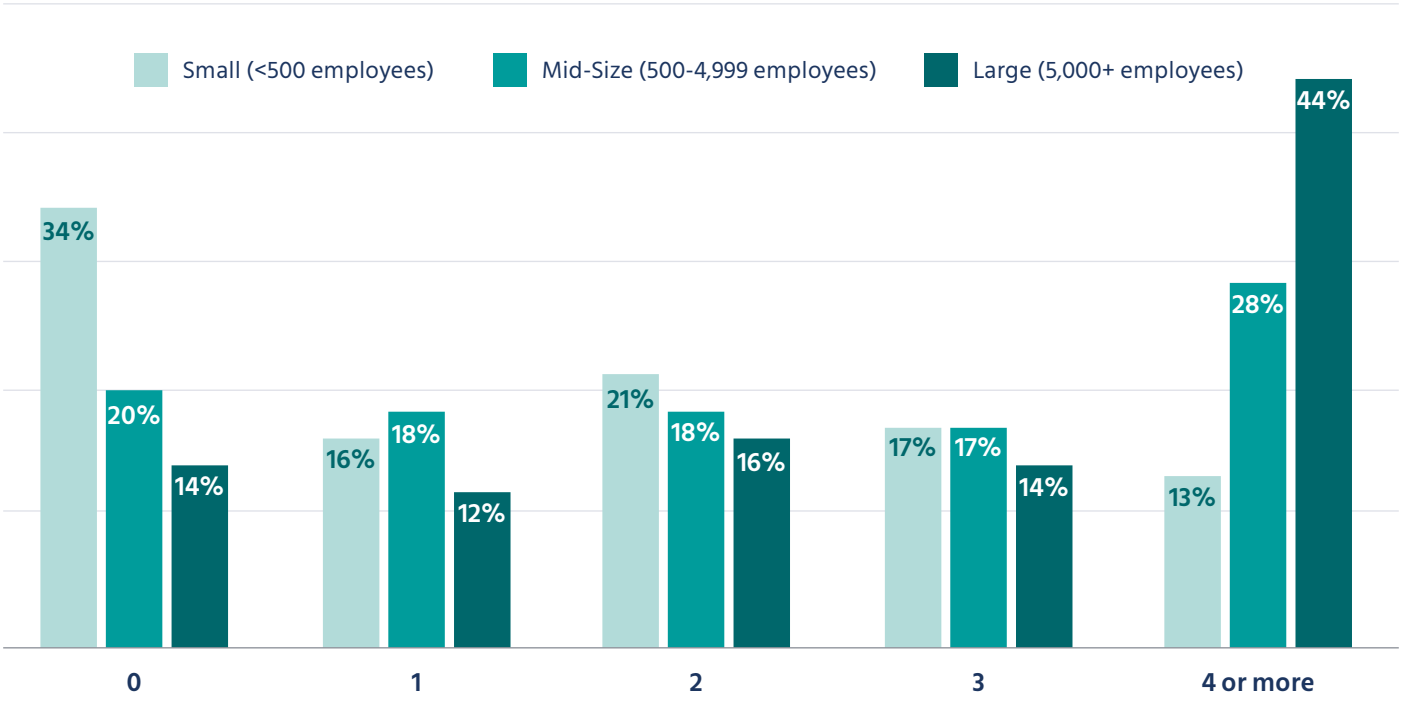
For this analysis, organizations were categorized into three distinct groups based on their self-reported number of employees. The groupings were consistent with prior HERO Scorecard benchmark reports. "Small" organizations were those that reported having less than 500 employees. "Mid-size" organizations were those that reported having between 500 and 4,999 employees. "Large" organizations were those that reported having 5,000 or more employees.

The prevalence of each DM practice was highest among large organizations, followed by mid-size organizations, and lowest among small organizations. Moreover, the number of DM practices varied according to employer size, with large organizations implementing more practices than mid-size and small organizations as noted below and in Figure 1:

- 0 practices: 34% of small organizations, 20% of mid-size organizations, 14% of large organizations
- 1 practice: 16% of small organizations, 18% of mid-size organizations, 12% of large organizations
- 2 practices: 21% of small organizations, 18% of mid-size organizations, 16% of large organizations
- 3 practices: 17% of small organizations, 17% of mid-size organizations, 14% of large organizations
- 4 or more practices: 13% of small organizations, 28% of mid-size organizations, 44% of large organizations

Figure 1

### Number of disability management practices by employer size




Among small organizations that implemented one or more DM practices, the most frequently implemented practices were modified temporary job offers for employees with disabilities who are ready to return to productive activity but not to their former jobs (76% vs. 75% of larger employers), written return-to-work programs with policies and procedures covering all absences (65% vs. 69% of larger employers), and standards for ongoing supportive communication with employees throughout the duration of their leave (59% vs. 56% of larger employers).

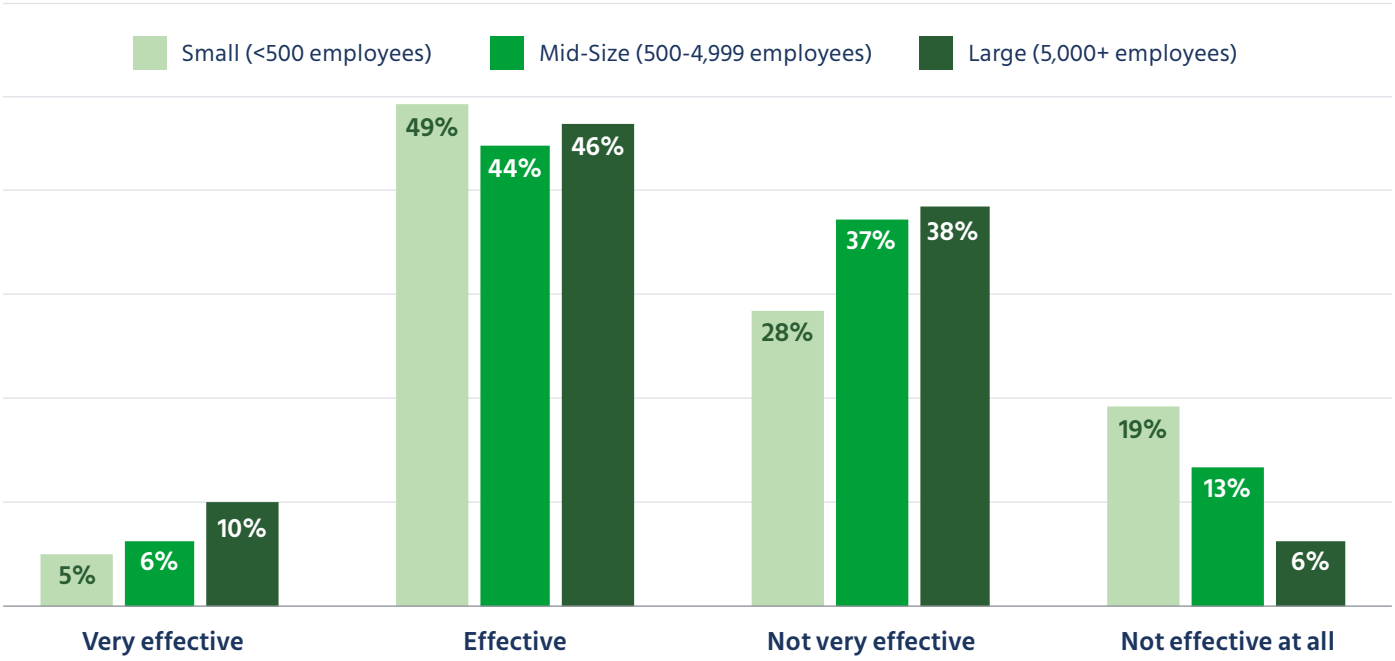
A similar trend based on employer size was noted with respect to DM program integration with HWB initiatives, although the prevalence of integration practices was surprisingly low among all organizations. Over a quarter (29%) of large employers have a process for referring employees in DM programs to HWB programs, whereas only 13% of small organizations and 19% of mid-size organizations implemented this practice. Likewise, large organizations were more likely to combine disability data with HWB program data for identifying, reporting, and performing analytics than mid-size and small organizations (15%, 9% and 4%, respectively).

When asked about their opinions regarding the effectiveness of their DM programs in promoting a healthier, more productive workforce, nearly 50% of employers, regardless of size, considered their DM initiatives to be "effective" as noted below and in Figure 2:

- Very effective: 5% of small organizations, 6% of mid-size organizations, 10% of large organizations
- Effective: 49% of small organizations, 44% of mid-size organizations, 46% of large organizations
- Not very effective: 28% of small organizations, 37% of mid-size organizations, 38% of large organizations
- Not effective at all: 19% of small organizations, 13% of mid-size organizations, 6% of large organizations

Figure 2

## Perceived effectiveness of disability management programs by employer size




## Discussion and Conclusions

These findings indicate that there is considerable variability in the adoption of different practices to support DM among employers, with relatively few organizations taking measures to integrate their DM programs with employee HWB initiatives despite the increased focus on moving away from fragmented approaches for promoting employee safety and wellness and toward a more integrated approach in recent years.[4]

According to prior research, employer support and ongoing communication with employees during leave due to illness or injury may influence employees' attitudes toward the return-to-work process.[5] Therefore, more organizations may want to consider establishing standards for ongoing communication as part of their DM initiatives and ensure appropriate training for supervisors to effectively support the return-to-work process. More organizations may also want to consider offering opportunities for transitional duty or modified work to employees with disabilities who are ready to return to productive activity but not to their former jobs, as there is evidence suggesting that this practice may promote earlier return-to-work, which benefits both the employee and employer.[6]

From a practical standpoint, it makes intuitive sense that larger organizations generally employ a more robust approach to DM as evidenced by the findings presented above. While it is possible that a more comprehensive approach to DM is beneficial for both employees and employers, such an approach likely requires additional resources that smaller organizations may lack. Employers' perceived program effectiveness does not appear to differ drastically between organizations of different sizes.

Further research in this area may be of interest to employers, particularly research that addresses whether the implementation of more DM practices translates to increased rates of return-to-work and/or reductions in time to return-to-work following the onset of disability.

4. Schill AL, Chosewood LC. The NIOSH Total Worker Health™ program: an overview. J Occup Environ Med. 2013 Dec;55(12 Suppl): S8-11.
5. Buys NJ, Selander J, Sun J. Employee experience of workplace supervisor contact and support during long-term sickness absence. Disabil Rehabil. 2019 Apr;41(7): 808-814.
6. Shaw WS, Nelson CC, Woiszwillo MJ, Gaines B, Peters SE. Early return to work has benefits for relief of back pain and functional recovery after controlling for multiple confounds. J Occup Environ Med. 2018 Oct; 60(10): 901–910.

# HERO Scorecard empowers UKG to benchmark and improve well-being initiatives

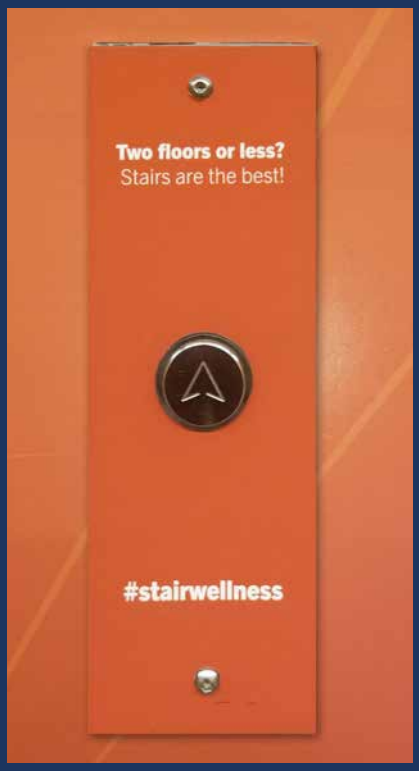
With more than 12,000 employees and 50,000 customers worldwide, UKG (Ultimate Kronos Group) — the newly merged Kronos Incorporated and Ultimate Software — is a leading provider of workforce management and human capital management cloud solutions. Bolstered by the credo, "Our purpose is people," UKG supports organizations and their workforces with people-centric solutions designed to drive business outcomes, improve the employee experience, and manage the entire employee lifecycle — from pre-hire to retire.



Prior to its April 2020 merger with Ultimate, Kronos first started using the HERO Scorecard as part of its application for the Worksite Wellness Council of Massachusetts (WWCMA) WorkWell Massachusetts awards program, which uses the HERO Scorecard and a set of supplemental questions to assess an organization's overall wellness programming. The information from the HERO Scorecard allowed Kronos to benchmark its programs and identify ways to strengthen its wellness offerings, which inspired the Kronos wellness team to complete the HERO Scorecard each year as part of the WWCMA award application. As a result, the wellness team has been able to assess year-over-year progress in program improvements, moving from Bronze level recognition by the WWCMA to Gold level recognition in recent years.

**Here are a few specific changes Kronos has made based on the information gained during its completion of the HERO Scorecard:**

- When Kronos moved its Massachusetts headquarters in fall 2017 (moving from facilities it owned into a tenant-shared building), it no longer had control of the cafeteria options. However, as a way to maintain healthy food choices for employees, Kronos considered other alternatives in its building design efforts. At its new location, the wellness team worked to offer fresh fruit on every floor, implemented nutrition fact labeling at the coffee bar, and partnered with the cafeteria vendor to offer healthy options and highlight them on the menu. Kronos also brought in a vendor that offers healthy grab-and-go options using a refrigerator system on its amenities floor accessible only to employees. Despite no longer having control of the shared cafeteria offerings, these initiatives ensured employees had a selection of healthier options throughout the building.





- In its move to a new Massachusetts headquarters, Kronos took into consideration all the built environment policies that would support employee well-being, including designing a floor specifically for employees to gather, collaborate, rest, and recharge. The space is very well utilized in the office. Once employees moved into the space, the wellness team implemented key well-being-focused branding projects, including posting prompts near the staircase to get more steps: Inspirational messages throughout each floor encourage employees to take the stairs and white boards allow people to stake their "claim to fame" for reaching floors 6 and 12 via the stairs. Encouraging elevator buttons, with messages such as *"Two floors or less? Stairs are best"* and *"Step into your best day, take the stairs,"* nudge employees to take the stairs; plus, each floor has a different message, which is fun and keeps employees engaged in taking part in the company's **#StairWellness** initiative.
- Based on HERO Scorecard content, Kronos explored the idea of an onsite clinic — and when its budget didn't support a full clinic, the wellness team got creative and implemented an innovative virtual clinic. The existing HQ building had a wellness room on every floor. After a year in the building, it was clear that almost no employees used the wellness room adjacent to the shared amenities floor. Thus, the team redesigned this wellness room for employees to use as a space to access telemedicine. The room houses a computer with a camera that navigates the user to the telemedicine options, as well as provides over-the-counter medications, a blood pressure cuff, and a scale, should those resources be needed. The room is well used and Kronos has seen a significant increase in virtual medicine claims since it was opened.
- Another area addressed in the HERO Scorecard that Kronos has steadily focused on is improving its campus smoking policy. In the previous Massachusetts headquarters, there were designated and comfortable smoking huts very close to the building. At the company's new location, the designated smoking area is uncovered and exposed to the environment as well as further away from the entrance.

**In the coming year, UKG plans to continue using the HERO Scorecard to identify new ways to strengthen its wellness initiatives, particularly focusing on improving and expanding virtual wellness offerings and streamlining these offerings across the company's global locations. In combination with anecdotal feedback and corporate strategy, the HERO Scorecard metrics will continue to help the UKG wellness team identify opportunities for growth, strengthen existing global initiatives, and ultimately reinforce the company's ongoing commitment to the health and wellness of its people.**

# HERO Scorecard international benchmarks: the case for a country versus a regional focus

By Jessica Grossmeier, PhD, MPH, Vice President of Research, HERO

The international version of the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) helps employers learn about best practices that advance workplace health and well-being and determine the extent to which their programs incorporate these best practices. The International HERO Scorecard is intended for use in any country and benchmark data are provided for countries from which at least 20 responses have been collected. Since the International HERO Scorecard was launched in 2016, nearly 400 unique organizations have submitted responses and benchmark reports have been developed to feature the practices in Argentina, Brazil, Canada, Chile, India, and Puerto Rico. This commentary is a compilation of the insights published in six quarterly commentaries posted on the HERO website.

Organizations located in these six countries invest in health and well-being (HWB) for different reasons. Rising business costs associated with poor health is one motivation. Employers based in Canada and India seek solutions that improve absence, disability, and on-the-job productivity outcomes. Rising health care costs are a significant concern for the US Commonwealth of Puerto Rico, where the average age of its citizens has been accelerated due to migration from the island to the US mainland, lower birth rates, and higher mortality rates. Interest in HWB has increased in Argentina, Brazil, and Chile as companies seek to attract and retain highly skilled workers and gain competitive advantage in a global economy.

The adoption of HERO Scorecard HWB practices varies widely from country to county with organizations in Brazil and India implementing the greatest number of recommended practices, particularly in the areas of organizational & cultural support; participation strategies; and measurement & evaluation (especially for companies based in Brazil). A summary of observations across the six countries with established benchmarks follows.

## Strategic Planning

Strategic planning practices appear to be strongest for companies based in Brazil as most (69%) report having a formal written strategic plan for their HWB initiatives. Participation in health programs is the most commonly reported measurable objective included in strategic plans across organizations from all countries, followed by employee satisfaction/ engagement/morale. Most organizations across all countries (67% to 88%) report making HWB programs available to spouses and dependent partners and most offer programs for individuals who are healthy or at risk for developing health issues. Fewer organizations report offering programs for individuals who are chronically ill (43% to 81%).

### Organizational and Leadership Support

When it comes to practices related to organizational and leadership support, the most commonly implemented include having a tobacco-free policy, providing a work environment where safety is a priority, and providing healthy eating choices at the workplace. Nearly all companies have an opportunity to strengthen their leadership support practices by getting leaders to actively participate in programs and serve as role models for making health and life balance a priority. Most organizations could also strengthen employees' involvement in the design and implementation of programs by actively seeking their input through focus groups and surveys or by establishing wellness champion networks.

### Programs

There is a significant amount of variation between countries when it comes to the kinds of HWB programs offered by employers. Organizations in Brazil and India most frequently report using data to inform the programs that are offered and they tend to rely on biometric screening and medical or pharmacy claims data. All other countries are far less likely to implement onsite or near-site biometric screening or other mechanisms for collecting input to inform program planning. A little more than half of the organizations from Brazil, Canada, and India offer population-wide health improvement programs to all eligible employees and also provide targeted interventions to individuals with specific health needs. Organizations in other countries are far less likely to offer either population-wide or targeted health programs. Argentina-based organizations most frequently provide programs through an onsite medical clinic and about a third of organizations also offer employee assistance programs, legal or financial management assistance, and health advocacy programs. Organizations in Brazil are the most likely to offer executive health programs, but a majority also provide onsite medical clinics and employee assistance programs. Canadian companies are the most likely to offer employee assistance programs and a majority also offer legal or financial management assistance. Health advocacy programs were the most frequent offering by organizations in Chile, but only 43% reported offering such programs. India-based organizations are the most likely to offer onsite medical clinics (71%) and a majority of organizations also offer employee assistance programs or legal and financial management assistance. Organizations in Puerto Rico most frequently reported offering employee assistance (81%) programs and chronic condition management programs (71%).

### Program Integration

A majority of organizations across most countries do not integrate their HWB initiatives in any way. Of those who do some integration, the most popular strategy is to refer participants in HWB programs to programs and resources provided by other partners (e.g., to specialty chronic condition or lifestyle management programs). Canadian companies are most likely (48%) to refer individuals who are on disability to HWB programs while organizations in Chile are most likely (61%) to incorporate occupational safety and injury prevention into their HWB programs.

### Participation Strategies

When it comes to encouraging employees to participate in programs, there is also a great deal of variation among organizations from different countries. Only a small minority of companies in each country offered financial incentives to encourage participation. Companies in Brazil (42%) and India (39%) were most likely to offer token incentives such as t-shirts and water bottles as part of their programs but the majority of companies in other countries did not offer even token gifts. Most organizations reported a focus on communications strategies to promote program offerings. Organizations in Brazil and India most frequently reported relying on a multi-modal approach to communications while organizations in Canada and Puerto Rico favored year-round communications. Organizations in Argentina and Chile reported using a variety of communications approaches but did not seem to strongly favor any particular strategy.

### Measurement and Evaluation

Organizations based in Brazil and India appear to have the strongest approach to measurement and evaluation compared to organizations based in other countries, favoring program participation data and health care utilization and cost data to evaluate their HWB initiatives. Use of disability, absence, and injury data was most commonly reported being used by organizations in Brazil. Organizations in Canada (61%) and Puerto Rico (52%) most frequently reported using employee morale and engagement data in addition to program participation data to evaluate the effectiveness of their HWB initiatives. Organizations in Argentina and Chile indicated using a variety of data sources to evaluate their initiatives but none of the data sources listed on the HERO Scorecard were used by a majority of the organizations in either of those two countries.

## Conclusion

**Overall, there are a wide variety of strategies being used worldwide to promote employee HWB, but even countries within the same region differ significantly in their approaches. Such differences reinforce the need to benchmark HWB practices at a country level rather than combine all the data into a single international or into smaller regional benchmarks. There is also a need to increase the number of organizations represented within most of the country-specific benchmarks.**

## Summary Scores by Country (based on data from Q3 2020 international benchmark report)

The table and figures that follow provide information based on the 396 unique organizations that completed the International version of the Scorecard as of June 30, 2020.

# Argentina (n=59 organizations)

| Scorecard section | Argentina Average | Maximum Points |
|---|---|---|
| Section 1: Strategic Planning | 10 | 20 |
| Section 2: Organizational & Cultural Support | 21 | 50 |
| Section 3: Programs | 11 | 40 |
| Section 4: Program Integration | 4 | 16 |
| Section 5: Participation Strategies | 12 | 50 |
| Section 6: Measurement & Evaluation | 7 | 24 |
| **Overall Score** | **65** | **200** |

# Brazil (n=69 organizations)

| Scorecard section | Brazil Average | Maximum Points |
|---|---|---|
| Section 1: Strategic Planning | 11 | 20 |
| Section 2: Organizational & Cultural Support | 23 | 50 |
| Section 3: Programs | 17 | 40 |
| Section 4: Program Integration | 4 | 16 |
| Section 5: Participation Strategies | 21 | 50 |
| Section 6: Measurement & Evaluation | 10 | 24 |
| **Overall Score** | **87** | **200** |

# Canada (n=34 organizations)

| Scorecard section | Canada Average | Maximum Points |
|---|---|---|
| Section 1: Strategic Planning | 10 | 20 |
| Section 2: Organizational & Cultural Support | 20 | 50 |
| Section 3: Programs | 17 | 40 |
| Section 4: Program Integration | 4 | 16 |
| Section 5: Participation Strategies | 17 | 50 |
| Section 6: Measurement & Evaluation | 7 | 24 |
| **Overall Score** | **75** | **200** |

## Chile (n=23 organizations)

| Scorecard section | Chile Average | Maximum Points |
|---|---|---|
| Section 1: Strategic Planning | 9 | 20 |
| Section 2: Organizational & Cultural Support | 19 | 50 |
| Section 3: Programs | 8 | 40 |
| Section 4: Program Integration | 3 | 16 |
| Section 5: Participation Strategies | 12 | 50 |
| Section 6: Measurement & Evaluation | 5 | 24 |
| **Overall Score** | **57** | **200** |

## India (n=35 organizations)

| Scorecard section | India Average | Maximum Points |
|---|---|---|
| Section 1: Strategic Planning | 12 | 20 |
| Section 2: Organizational & Cultural Support | 28 | 50 |
| Section 3: Programs | 17 | 40 |
| Section 4: Program Integration | 4 | 16 |
| Section 5: Participation Strategies | 19 | 50 |
| Section 6: Measurement & Evaluation | 8 | 24 |
| **Overall Score** | **88** | **200** |

## Puerto Rico (n=21 organizations)

| Scorecard section | Puerto Rico Average | Maximum Points |
|---|---|---|
| Section 1: Strategic Planning | 10 | 20 |
| Section 2: Organizational & Cultural Support | 17 | 50 |
| Section 3: Programs | 13 | 40 |
| Section 4: Program Integration | 4 | 16 |
| Section 5: Participation Strategies | 12 | 50 |
| Section 6: Measurement & Evaluation | 6 | 24 |
| **Overall Score** | **61** | **200** |

Additional benchmarks will become available as the number of respondents increases for each country.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