



2022 progress report

HERO Health and Well-being
Best Practices Scorecard in
Collaboration with Mercer®
(HERO Scorecard)

welcome to brighter



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Letter from the HERO Scorecard team leadership

In the two years since we published the 2020 Progress Report, so much has occurred in our world and our workforce to reinforce the need for a renewed commitment to health and well-being best practices. It's been said that we have all experienced the same storm, but in different boats. As we begin to recover from a global pandemic, the unprecedented impacts on mental and physical health, social and financial well-being have tested organizational and individual resilience and revealed gaps, if not chasms, in equitable access.

With record numbers of workers rethinking their work conditions and long-term goals in "The Great Resignation," organizations would do well to consider the supports that create a culture worth staying for. 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. We are pleased to provide this 2022 Progress Report for the HERO Health & Well-Being Best Practices Scorecard in Collaboration with Mercer® (HERO Scorecard).

Recent updates to the HERO Scorecard have been some of the most significant since it was first launched in 2006. Version 5, released in February 2021, incorporates learnings from the rapid evolution of health and well-being science and practices since it was last updated in 2014. Organizations completing Version 5 can benefit from this expanded scope that now includes practices related to mental and emotional health; social determinants of health (SDOH); diversity, equity and inclusion (DEI); involvement in the community; and a broader value proposition for investing in employee health and well-being.

Given the addition of these new practices, HERO and Mercer have collaborated to develop new Best Practice Scores related to the key areas of mental health and well-being, SDOH and DEI. Research and expert review informed which of the existing workplace health and well-being practices listed throughout Version 5 would be included in each of the three scores. The next phase of work in 2023 will focus on validation of the scores. While still experimental, the three Best Practice Scores are now available to organizations in their instant results report, in addition to their section scores and total score.

Results from the HERO Scorecard reported here and in years past create a strong value proposition for data-informed strategic planning, leadership support and programming that is comprehensive and integrated across internal and external partners. Version 5 has further opened our aperture to be able to analyze the impact that organizational size, industry type, geographic location, etc. may have on the uptake of certain best practices, providing insights into how the additional areas of mental health and well-being, SDOH and DEI contribute to well-being. It has become clear that the workplace itself is a determinant of health and well-being. When employees have little control over their work, face excessive job demands and experience less than optimal social relationships in the workplace, they may have little capacity to maintain or improve their health and well-being. The HERO Scorecard is, first and foremost, an educational tool for organizations. However, the value that it provides for research—a value which increases with each new version—leads to this call to action:

- ➔ We need more companies to **complete and repeat Version 5**. 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. This evolution can continue only if organizations complete Version 5 with a plan to repeat annually. Furthermore, we urge consultants and other partners to encourage its use by new organizations.
- ➔ We need to expand our “global” awareness, measures and data-gathering methods with the HERO Health & Well-Being Best Practices Scorecard in Collaboration with Mercer®, International Version (HERO International Scorecard). Based on learnings for Version 5 of the U.S. HERO Scorecard, we have launched a similar effort to update the HERO International Scorecard. Increasing single and repeat responses to the HERO International Scorecard will support future benchmark reports, adding to the global evidence base.

Research is HERO’s middle name, but it takes all organizations, of all sizes, to partner in our common quest for evidence-based best practices in health and well-being. We hope this 2022 Progress Report will encourage you to support our vision that all employers value health and well-being as a business imperative.

Karen Moseley
President & CEO, HERO

Steven Noeldner, PhD, MS
Partner, Mercer
Director, HERO Board



Highlights and key accomplishments

By Mary Imboden, PhD, HERO Director of Research

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer® (HERO Scorecard) is a free online survey that was designed as an educational and benchmarking tool to help employers identify and assess their use of practices that support more effective health and well-being initiatives.

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 the six sections. This brief report also includes the average score for all respondents working with a Preferred Provider nationally, as well as by employer size groups, industry type, and geographical location, allowing employers to compare their practices with other organizations.

Since the initial launch of the HERO Scorecard in 2006, it 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 practices associated with improved health and well-being and business outcomes.

The most recent previous version of the U.S. Scorecard (Version 4) was developed in 2014 and had over 1,300 unique completers during the six years it was in use. Given the growth in knowledge and research on health and well-being best practices since 2014, a core team of subject matter experts recommended that the Scorecard be updated to reflect these developments. This core team of industry experts identified key questions that needed to be

added relating to employer involvement in the community, mental and emotional well-being, SDOH, integration with DEI, and a broader value proposition for investment in employee health and well-being. Even as new practices were added, the revision leveraged the results of recent research to simplify and reduce the length of the Scorecard and update the scoring^{1,2}. This effort yielded a new Version 5 Scorecard that was released in early 2021. Version 5 is more reflective of current and emerging best practices while also being easier to complete. The commentary titled “What’s new in the HERO Scorecard Version 5” in this report (page 13) provides more information on the new practices added and changes to the scoring in Version 5.

In the Summer of 2022, HERO and Mercer decided there was a need to develop new best practice scores in 3 key areas: Mental health; social determinants of health; and diversity, equity and inclusion. These scores were developed to help an organization assess their health and well-being initiatives in these important areas. Each score is out of a total of 100 points and is compiled from the workforce health and well-being practices listed throughout the Scorecard relating to each area. While still experimental, benchmarking is available by organization size, U.S. region, and specific industry types at this time. Additional benchmarks will be made available as the database increases in size and there are at least 20 organizations in each category. Validation studies will be performed on all three scores in 2023.

Due to increased interest from organizations that are based or that have locations outside of the U.S., the International Version was launched in 2016. It is designed for use by employers in any country. The HERO International Scorecard was updated in Spring of 2022 to align with the changes made in the U.S. Scorecard Version 5. Similarly, practices were added related to new and emerging research, and scoring was updated. Now, a core team of experts is collaborating to develop new best practice scores for the International version similar to those added to the U.S. HERO Scorecard related to mental health and well-being, SDOH, and DEI.

References

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.

Growing database

HERO Scorecard – U.S. Version

When employers complete the HERO Scorecard, they contribute to a rapidly growing database that supports ongoing benchmarking and research. There are over 200 unique organizations that have taken Version 5 of the Scorecard. Organizations are encouraged to take the Scorecard annually. We are just beginning to see repeat completers on Version 5, which will ultimately enable time-over-time analyses to evaluate changing and emerging workplace health and well-being practices.

HERO Scorecard – International Version

There were 431 individual organizations from over 50 different countries that completed the International HERO Scorecard Version 1. Twelve countries had 10 or more completers, including Argentina, Brazil, Canada, Chile, Columbia, Costa Rica, Dominican Republic, India, Peru, Puerto Rico, the United Kingdom and the United States. Version 2 of the International Scorecard has been completed by approximately 50 individual organizations from 15 different countries.

Leveraging the benchmark databases, HERO and its partners have explored relationships in the data and shared findings in our quarterly commentaries. Descriptions and links to these commentaries are included in this report beginning on page 9. HERO also uses the database to support more formal research studies and is excited about the opportunity to use the new best practice scores described above in research.

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 enables organizations to assess 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 U.S. Scorecard can also compare their HERO Scorecard responses to organizations of similar size, industry type or geographic location. Organizations completing the HERO International Scorecard can compare their Scorecard responses to organizations in the same country. For information on the available reports, see the [HERO website](#).

HERO Scorecard Preferred Provider Network

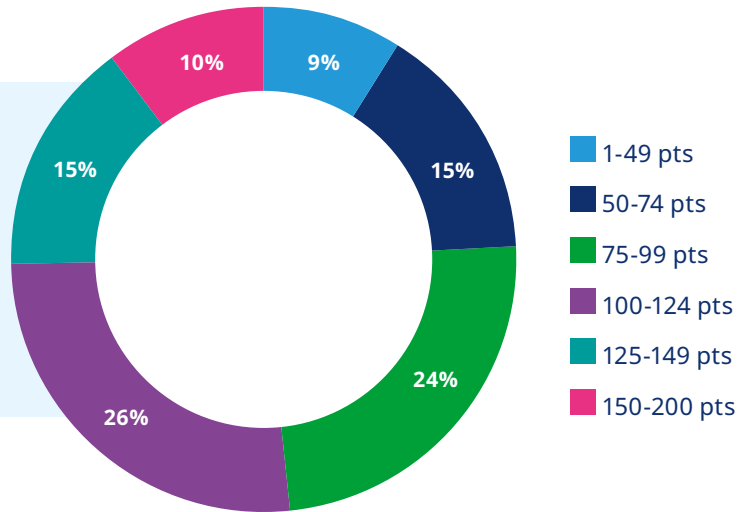
One of the fundamental goals of HERO is to promote the use of best practices and standard outcomes measurement. For this reason, we want organizations with constituencies that would benefit from easy access to the HERO Scorecard to have the opportunity to offer it to them directly by becoming a [HERO 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



Data Highlights from the HERO Scorecard – US Version 5

The table and figures below provide information based on the 210 unique organizations that completed the US Version 5.0 of the Scorecard as of September 30, 2022



Average Scores for Respondents to U.S. Version by Section

Scorecard Section	National Average	Maximum Points
Section 1: Strategic Planning	29	50
Section 2: Organizational & Cultural Support	26	60
Section 3: Programs	11	20
Section 4: Program Integration	8	20
Section 5: Participation Strategies	14	30
Section 6: Measurement & Evaluation	12	20
Overall Score	100	200

Distribution of Respondents by Number of Employees

Number of Employees	Number of Respondents*	Percent of Respondents
Less than 500	69	34%
500 to 4,999	83	40%
5,000 or more	54	26%
Total	206	100%

* Based on 206 employers that provided organization size information. May not sum to 100% due to rounding.

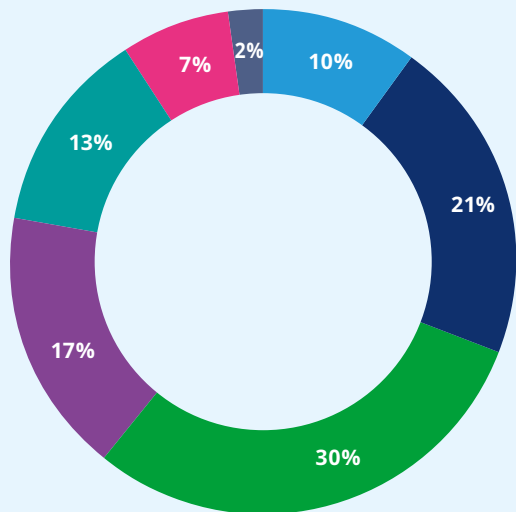
Distribution of Scores by Employer Size

	< 500 employees	500 - 4,999 employees	5,000+ employees
Strategic Planning	26	30	33
Organizational & Cultural Support	20	27	32
Programs	9	11	14
Program Integration	5	8	10
Participation Strategies	12	14	17
Measurement & Evaluation	10	12	13
Overall Score	82	102	120

Section scores may not sum to overall score due to rounding.

Data Highlights from the HERO Scorecard – International Version

The figure below provides information based on the 431 unique organizations that completed the International HERO Scorecard Version 1.0 as of December 31, 2021



Commentaries on HERO Scorecard data

In addition to being a resource for individual employers, the HERO Scorecard serves as a source of data for researchers interested in exploring topics in health and well-being. Below are summarized recent commentaries based on analyses of the HERO Scorecard database. All commentaries can be found on the HERO website.



Leveraging Data to Enhance Health and Well-being Program Integration and Organizational Well-being

Jenna Doucette

A key predictor of a successful health and well-being (HWB) initiative in improving health and business outcomes is program integration.¹ HWB program integration is thought to be an important factor in program participation as it considers an employee's health needs and connects them with all the appropriate programs and services to enhance the end-user experience across multiple internal or external HWB program partners.^{1,2} Further, research points to the importance of data in designing and operating an organization's HWB initiative. The use of data to inform an organization's HWB initiative has been shown to improve the health of the employee population, reduce costs for the organization, and enables the long-term success of the HWB program.³ This commentary 1) explores whether organizations that believe their HWB program integration is effective use their employee HWB data in more ways when designing and operating their HWB initiative and 2) assesses how program integration can impact participation rates in specific program elements.

1. "Shaping the Employee Experience: How to Design Compelling Practices at the Workplace?" *Shortlister*, 29 Apr. 2022.

2. *The Role of Data in Well-Being* - WELCOA.

3. Imboden, Mary T., et al. "Development and Validity of a Workplace Health Promotion Best Practices Assessment." *Journal of Occupational & Environmental Medicine*, vol. 62, no. 1, 2020, pp. 18-24.



Trends in Mental and Emotional Health Practices by Employer Size

Mary Imboden

During the pandemic, the number of individuals experiencing mental health conditions skyrocketed, leading employers to become increasingly aware of the workplace's impact on all aspects of every employee's health and well-being¹. Dramatic increases in burnout and mental health concerns have further underscored the need for employers to address employee mental health and overall well-being by evaluating, expanding, and improving benefits, access to programs and other initiatives. This commentary assesses the prevalence of workplace mental and emotional health and well-being best practices in organizations of varying sizes.

1. Moreira T, Wallace K, Jain R, Maletic V. Psychiatry and mental health during COVID: unmet needs of healthcare providers and patients. Presented at: Psych Congress 2021; October 29-November 1, 2021; San Antonio, Texas. Poster 80.



Supporting Mothers in the Workforce Creates Equity

Mary Imboden

One population that experienced unique challenges during the pandemic was working parents, with working moms taking on most of these new parenting challenges. Unfortunately, this led to millions of women leaving the workforce during the pandemic and many organizations losing productive, highly successful employees¹. As a result, some organizations have started to implement strategies that seek to support parents, and mothers in particular. This commentary analyzes data from the HERO Scorecard Version 5 database to evaluate the percentage of HERO Scorecard completers that engage in practices that support the working parent, including supporting a work/life balance, providing access to childcare and providing childcare assistance.

1. A rising share of working parents in the U.S. say it's been difficult to handle child care during the pandemic. January 26, 2021. Pew Research Center.



The use of data on perceived effectiveness of an organization's health and well-being strategic planning?

Jenna Doucette

Data are important to the development of an effective worksite health and well-being (HWB) strategy. Data collection and evaluation have been shown to lead to successful HWB program implementation, as data can help identify gaps in services and assess needs, helping to determine clear HWB objectives and priorities for an organization¹. Further, data can also help to show the value of a HWB initiative from a health improvement and cost mitigation standpoint. This commentary explores how the use of data in strategic planning of a company's HWB initiative influences perceived effectiveness of the organization's strategic planning process for HWB.

1. Smith, H. (2019, September 19). *How to develop an effective health and wellbeing strategy*. HRZone.



A look into the discrepancies in health and well-being practices by organization size

Emma Upton

Health and well-being (HWB) in the workplace should be a unified and universal goal for all employers. However, much of the research and recommendations on workplace HWB best practices are directed towards large organizations ($\geq 5,000$ employees). This is a challenge if the goal is to improve the HWB of all employees in the workforce given over 90% of the business population represents small and mid-sized businesses.¹ The aim of this commentary is to assess the discrepancies in HWB practices between small (<500 employees), mid-size (500 to <5,000 employees) and large (5,000+ employees) organizations. Further, this commentary explored a more refined breakdown of the small organization category to evaluate differences in HWB practices between organizations of <50, 50 to <200 and 200 to 500 employees. Findings showed an overall stepwise relationship between organization size and total score, as well as section score. The largest discrepancies between small and large organizations were found in the programs and participation strategies sections.

1. <https://dmdatabases.com/databases/business-mailing-lists/how-many-businesses>



The Relationship Between Employee Engagement, the Kind of Workplace Health and Well-being Initiatives Offered, and Workplace Wellness Program Effectiveness

Alicia Dobrzeniecki

For workplace health and well-being (HWB) initiatives to be effective in improving organizational costs, they must produce behavior change for individuals and culture change for organizations^{1,2}. This commentary utilized data from Version 4.0 of the HERO Scorecard to examine the relationship between engagement, the kind of workplace HWB initiatives offered, and HWB program effectiveness. The results confirmed that workplace wellness engagement level and the kind of workplace wellness initiatives made a statistically significant contribution to the effectiveness of workplace wellness programs.

1. Bailey, M. M., Collier, R. K., & Pollack Porter, K. M. (2018). A qualitative study of facilitators and barriers to implementing worksite policies that support physical activity. *BMC Public Health, 18*, Article 1145.

2. Dobrzeniecki, A. (2022). Relationship between employee engagement, kind of initiatives, and workplace wellness program effectiveness. (Doctoral study). Pending availability in ProQuest Dissertation and Theses database.



What's new in Version 5 of the HERO Scorecard?

Since the initial launch of the HERO Scorecard in 2006, it has undergone several enhancements to remain current with workplace health and well-being best practices. The previous U.S. version (Version 4) was developed in 2014 and had over 1,300 unique completers during the six years it was deployed.

Given the growth in knowledge and research on health and well-being best practices over the last six years, a core team of subject matter experts recommended that the Scorecard be updated to reflect these developments. This core team of industry experts identified key questions that needed to be added relating to employer involvement in the community; 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 leveraged the results of recent research to simplify and reduce the length of the Scorecard^{1,2}. This effort yielded a new Version 5 Scorecard that is more reflective of current and emerging best practices while also being easier to complete.

While both Version 4 and Version 5 of the HERO Scorecard include six sections (Strategic Planning, Organization and Cultural Support, Program Integration, Programs, Participation Strategies, and Measurement and Evaluation), Version 5 has only 67 questions (51 scored questions) compared to 86 questions (59 scored questions) in Version 4. Questions were added and removed from sections based on current research. Specifically, Version 5 added questions to the following sections: Strategic Planning (from 7 to 8 questions), Organization and Cultural Support (from 8 to 15), and Measurement and Evaluation (from 4 to 6), while questions were removed or consolidated in the sections on Program Integration (from 6 to 5), Programs (from 14 to 8), and Participation Strategies (from 19 to 9).

In addition, the scoring of Version 5 was updated based on analyses of Version 4 data. While the total overall points of the HERO Scorecard remained at 200, the points allocated to each section shifted to align with two studies conducted on data from over 800 organizations who completed Version 4 of the Scorecard. These studies revealed the relative strength of the various best practices in predicting

participation in health assessments, health risk improvements, medical cost reduction and employees' perception of organizational support^{1,2}. Specifically, points shifted towards Strategic Planning (from 20 to 50 pts) and Organization and Cultural Support (from 50 to 60 pts) and away from Programs (from 40 to 20 pts) and Participation Strategies (from 50 to 30 pts). The points for Program Integration (from 16 to 20 pts) and Measurement and Evaluation (from 24 to 20 pts) remained fairly consistent.

When scoring individual questions, a capping method was used for Scorecard items that reviewers believed would penalize smaller employers. For questions that use this method, full points are obtained when an organization indicates that a preselected number of practices in the responses to the question are being implemented. For example, a maximum score of 6 points is awarded to organizations that indicate using any 4+ social strategies to encourage participation in health and well-being programs. This capping method was used for scoring some questions in Version 4 but was expanded to a greater number of questions for Version 5.

The HERO Scorecard is also used as a research instrument and includes optional questions on outcomes that can be used for benchmarking and to study relationships between specific practices and outcomes. In previous versions of the HERO Scorecard, these optional questions were placed at the end of the survey. In an attempt to increase responses to these optional outcomes questions, several questions with low response rates were removed. Additionally, the outcome questions still included in Version 5 remain optional and unscored but are now embedded into the scored sections of the HERO Scorecard. The majority of these optional outcome questions are now found in the Participation Strategies and Measurement and Evaluation sections.

The goal of this revision effort was to develop a more user-friendly and less burdensome assessment tool that is more representative of contemporary health and well-being initiatives and the latest research on best practices. Organizations are encouraged to complete Version 5 of the HERO Scorecard to increase their awareness of the latest expert recommendations for taking their health and well-being initiatives to the next level; identify new strategies for increasing program performance; and identify new ways to measure and evaluate the effectiveness of their efforts. Further, by participating in Version 5, organizations will be contributing to the development of new benchmarks that can help them understand how their organizations compare to similar employers.



We would like to thank the industry experts who assisted in the development of Version 5 and/or provide ongoing review of HERO Scorecard data commentaries.

References

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.

Diversity, Equity and Inclusion

Introducing a new best practice score

Sara S. Johnson, Ph.D.

The U.S., and in turn, today’s workforce is rapidly diversifying.^{1,2} As PolicyLink’s Race and the Work of the Future Report recently stated, **“The work of the future is the work of equity: just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. And the time is now.”**²

Multiple resources³⁻⁷ have emerged to guide employers in their journey to creating truly inclusive cultures and organizations in which all employees can thrive. And perhaps in part because inclusive organizations promote flourishing, they often have improved employee retention^{8,9} and improved business outcomes (e.g., innovation).⁹ In fact, experts have argued that equity is a business imperative and that efforts to promote diversity, equity, and inclusion (DEI) should be interwoven into every level of the organization.⁵

To respond to the urgent need for organizations to optimize their health and well-being initiatives to ensure that they are promoting DEI, the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer® (HERO Scorecard) now includes a new score in this domain. The HERO Scorecard is a free online survey that was designed as an educational and benchmarking tool to help employers identify and assess their use of practices that support more effective health and well-being initiatives. This commentary will provide an overview of the new DEI Best Practice Score and examine the distribution of scores among organizations who have responded to Version 5 of the HERO Scorecard since its release in 2021.

DEI Best Practice Score Development

Version 5 of the HERO Scorecard was updated in 2021 to include recent emerging best practices in health and well-being initiatives in each of the six domains that the Scorecard measures (i.e., strategic planning, organizational and cultural support, programs, program integration, participation strategies and measurement and evaluation). To create the DEI Best Practice Score, a team of 6 individuals from HERO and Mercer exhaustively reviewed the Scorecard items to identify all workforce health and well-being practices listed throughout the HERO Scorecard that related to DEI. After extensive discussion, the final proposed practices were assigned tentative scores (out of a possible 100 points). Four independent subject matter experts then reviewed the proposed items and scores. Their feedback was combined and informed further revisions to the items included and final point allocations. A list of all the practices included in the DEI Best Practice Score can be found in the HERO Scorecard [user’s guide](#). Table 1 provides a breakdown of the number of practices and points by section for the DEI Best Practice Score. Sample items include: “DEI is a measurable objective included in the strategic plan” and “Health and well-being is integrated with DEI efforts”.

Table 1. DEI Best Practice Score Items & Points by Scorecard Section

Scorecard section	Number of practices	Points contributed to DEI Best Practice Score
Strategic planning	5	20
Organizational & Cultural Support	36	45
Programs	8	14
Program Integration	4	9
Participation Strategies	5	7
Measurement & Evaluation	4	6
Total	43	100

Any organization who completes the Scorecard will now receive their DEI Best Practice Score in addition to their total score.

DEI Best Practice Scores

Among the 210 organizations that completed the HERO Scorecard Version 5 through September 30, 2022, DEI Best Practice Scores were retroactively calculated. Organizations were categorized by size into small (<500; n=69), medium (500 to <5,000; n=83) and large (5,000+; n=54) organizations to examine variations in DEI Best Practice Scores. Differences by industry type were assessed between financial (n=25), hospitals/healthcare clinics (n=21), technical/professional services (n=27), government (n=29) and high tech (n=44) organizations. When sufficient data become available (i.e., 20 unique Scorecard completers in a specific industry), benchmarking data for other industry types will be available. Finally, a comparison of DEI scores by geographic location was assessed by categorizing organizations into Western (n=72), Midwestern (n=52), Northeastern (n=38) and Southern (n=46) regions.

The mean DEI best practice score for all respondents was 37 points. When comparing the DEI Best Practice Score by organization size, large organizations received higher scores (mean = 51 points) than small organizations (mean = 24 points) or medium organizations (mean = 37 points).

Table 2. DEI Best Practice Score by Organization Size

Organization size	n	mean +/- SD
All respondents	210	37±22
Small (<500 employees)	69	24±19
Mid-size (500 to <5000 employees)	83	37±19
Large (5000 + employees)	54	51±20

Large variations in DEI Best Practice Scores were observed among different industry types, with a range of a mean score of 27 for government to 50 for financial services companies (see Table 3).

Table 3. DEI Best Practice Score by Industry Type

	n	mean +/- SD
Financial Services	25	50±21
Hospitals/Healthcare clinics	21	45±25
Technical/professional services	27	39±20
Government	29	27±14
High Tech	44	43±23

The comparison by U.S. geographic regions revealed minimal differences in DEI Best Practice Score by region. On average, organizations in the Northeastern and Southern region scored the highest with 39 points, followed by organizations in the Midwest and West with mean scores of 36 and 34 points, respectively.

Overall, these findings highlight numerous opportunities for improvement in the implementation and evaluation of health and well-being initiatives to address DEI. Organizations are invited to complete the Scorecard once annually. The DEI Best Practice Score – in conjunction with other newly released Best Practice Scores on social determinants of health and mental health – enable organizations to uncover those opportunities to improve and to measure their progress over time. As we learned at the outset of this Commentary, the time is now!

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Mental health and well-being

Introducing a new best practice score

Katie Scott, M.S.

Mental health consists of our emotional, psychological and social well-being — all of which influence peoples’ daily thoughts, feelings, and actions both at home and in the workplace¹. Mental health conditions are among the most common health conditions, with an estimated 1 in 5 Americans (1 in 8 globally) experiencing mental illness in a given year². Further, the COVID-19 pandemic has negatively affected many people’s mental health, increasing the prevalence of anxiety and major depressive disorders by 25%².

Work plays a significant role in employee mental health. Factors such as long working hours, decreased social connection and lack of autonomy or managerial support can all lead to poor mental health and overall employee burnout³. For companies, this can translate into negative professional relationships, lower productivity and higher rates of turnover and disability claims⁴.

With the growing need for mental health support, it is important for employers to implement strategies and solutions that meet their employees’ needs and create a culture that supports mental health and well-being in the workplace.

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer® (HERO Scorecard) is a free online survey that was designed as an educational and benchmarking tool to help employers identify and assess their use of practices that support more effective health and well-being initiatives. Recently, the HERO Scorecard released new Best Practice Scores in three key areas to help organizations assess their health and well-being initiatives in these important areas: Mental Health and Well-being Social Determinants of Health; and Diversity, Equity and Inclusion. This commentary will focus on the practices in the Mental Health and Well-being Best Practice Score and assess the differences in Mental Health and Well-being Best Practice Score by organization size, industry type and geographic location.

HERO Scorecard data were explored from 210 organizations that completed the HERO Scorecard Version 5 through September 30, 2022. Organizations were categorized by size into small (<500; n=69), medium (500 to <5,000; n=83) and large (5,000+; n=54) organizations. Differences by industry type were assessed between financial (n=25), Hospitals/Healthcare clinics (n=21),

Technical/professional services (n=27), Government (n=29) and High Tech (n=44) organizations. Finally, a comparison of mental health and well-being scores by geographic location was assessed by categorizing organizations into West (n=72), Midwest (n=52), Northeast (n=38) and South (n=46) regions.

The Mental Health and Well-being Best Practice score was compiled from the workforce health and well-being practices listed throughout the Scorecard related to this area. The score is out of 100 points. A list of all the practices included in the Mental Health best practice score can be found in the HERO Scorecard [user’s guide](#), but in brief includes practices from all six sections of the Scorecard (strategic planning, organizational and cultural support, programs, program integration, participation strategies and measurement and evaluation). Examples of practices included in the Mental Health and Well-Being Best Practice Score include work environments that support stress management and recovery breaks; promotion of work-life balance; peer support; and access to therapy through an employee assistance program (EAP). Table 1 provides a breakdown of the number of practices and points by section for the Mental Health Best Practice Score.

Table 1. Number of practices and points by Scorecard section

	Number of practices	Points Contributed to Mental Health Best Practice Score
Strategic planning	3	25
Organizational & Cultural Support	11	35
Programs	16	20
Program Integration	1	1
Participation Strategies	2	4
Measurement & Evaluation	5	15
Total	38	100

The mean Mental Health and Well-being Best Practice Score for all respondents was 44 points. When comparing the Mental Health and Well-being Best Practice Score by organization size (Table 2), small organizations scored lower (32 points) than medium (46 points) and large (57 points) organizations.

Table 2. A Comparison of Mental Health Best Practice Score by Organization Size

Organization size	n	Mean
All respondents	210	44
Small (<500 employees)	69	32
Mid-size (500 to <5000 employees)	83	46
Large (5000 + employees)	54	57

Discrepancies were found when comparing the Mental Health and Well-being Best Practice Score by industry type (see Table 3). Of the industry types with sufficient benchmarking data, financial services had the highest Mental Health and Well-being score, followed by hospitals/healthcare clinics and high-tech businesses. Government had the lowest Mental Health and Well-being score. Benchmarks will become available for additional industry types when there are at least 20 unique Scorecard completers in a specific industry.

Table 3. A Comparison of Mental Health Best Practice Score by Industry Type

	n	Mean
Financial Services	25	61
Hospitals/Healthcare clinics	21	51
Technical/professional services	27	51
Government	29	36
High Tech	44	50

The comparison by U.S. geographic regions only showed slight differences by region. On average, organizations in the Northeast region scored the highest with 48 points, followed by organizations in the South region with an average of 45 points. Organizations from the Mid-West region that completed the Scorecard had an average of 44 points and organizations in the West region of the US averaged 42 points.

The results from this commentary show there is opportunity for employers to improve their HWB initiatives to address mental health and well-being. Employers who have received their Mental Health and Well-being Best Practice Score have found it to be a meaningful way to include specific mental health initiatives in their annual strategic planning. By addressing mental health and well-being in the workplace, employers will help to improve the mental health and well-being of their employees, while also positively influencing business performance and profitability through better employee performance, engagement, retention and overall well-being4.

The goal of the Scorecard's new Best Practice Scores, including the Mental Health and Well-being Best Practice Score, is for organizations to assess their current health and well-being initiatives in a particular domain and gain insight that can inform a strategic plan that has actionable steps to address the mental health and well-being impacting their employee population.

References

1. <https://www.cdc.gov/mentalhealth/learn/index.htm>
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3. <https://hbr.org/2021/10/its-a-new-era-for-mental-health-at-work>
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Social determinants of health

Introducing a new best practice score

Mary T. Imboden, Ph.D.

Social determinants of health (SDOH) are the conditions that shape and influence employee experiences where they are born, grow, play, learn, work and pray.¹ They are the conditions that have a major impact on people’s health, well-being, and quality of life, which in turn influence productivity and performance in the workplace.² SDOH include a variety of factors including safe and affordable housing, health care services, access to nutritional food and clean drinking water, public safety and a high-quality education. Unmet social needs contribute to wide health disparities and inequities.^{1,2}

Work is a key SDOH, as many aspects of the workplace such as the work environment, compensation, job security and demands may affect the health of employees. It is important for employers to understand how these factors may be impacting their employees and implement strategies and solutions to meet their employees’ needs and promote equity in the workplace.^{1,2}

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer® (HERO Scorecard) is a free online survey that was designed as an educational and benchmarking tool to help employers identify and assess their use of practices that support more effective health and well-being initiatives. Recently, the HERO Scorecard released new Best Practice Scores in 3 key areas to help organizations assess their health and well-being initiatives in three important areas: Mental Health and Well-being; SDOH; and Diversity, Equity and Inclusion. This commentary will focus on the practices in the SDOH Best Practice Score and assess the differences in SDOH Score by organization size, industry type and geographic location.

HERO Scorecard data were explored from 210 organizations that completed the HERO Scorecard Version 5 through September 30, 2022. Organizations were categorized by size into small (<500; n=69), medium (500 to <5,000; n=83) and large (5,000+; n=54) organizations.

Differences by industry type were assessed between financial (n=25), Hospitals/Healthcare clinics (n=21), Technical/professional services (n=27), Government (n=29) and High Tech (n=44) organizations. Finally, a comparison of SDOH Score by geographic location was assessed by categorizing organizations into West (n=72), Midwest (n=52), Northeast (n=38) and South (n=46) regions.

The SDOH Best Practice Score was compiled from the workforce health and well-being practices listed throughout the Scorecard relating to each area. The range of scores is 1-100 points. A list of all the practices included in the SDOH Best Practice Score can be found in the HERO Scorecard [user’s guide](#), but in brief includes practices from all six sections of the Scorecard (strategic planning, organizational and cultural support, programs, program integration, participation strategies, and measurement and evaluation). Examples of practices included in the SDOH Best Practice Score include providing or facilitating access to child care, providing or facilitating transportation to work and addressing food insecurity. Table 1 provides a breakdown of the number of practices and points by section for the SDOH Best Practice Score.

Table 1. Number of practices and points by Scorecard section

	Number of practices	Points Contributed to SDOH Best Practice Score
Strategic planning	5	18
Organizational & Cultural Support	16	41
Programs	11	19
Program Integration	4	8
Participation Strategies	3	5
Measurement & Evaluation	4	9
Total	43	100

The mean SDOH Best Practice Score for all respondents was 37 points. When comparing the SDOH Best Practice Score by organization size (Table 2), small organizations scored lower (24 points) than medium (37 points) and large (53 points) organizations.

Table 2. A comparison of SDOH Best Practice Score by Organization Size

Organization size	n	Mean
All respondents	210	37
Small (<500 employees)	69	24
Mid-size (500 to <5000 employees)	83	37
Large (5000 + employees)	54	53

Discrepancies were found when comparing the SDOH Best Practice Score by industry type. Table 3 provides a comparison of SDOH Best Practice Score by industry type. Of the industry types that with benchmarking data available, financial services had the highest SDOH Score, followed by hospitals/healthcare clinics and high-tech businesses. Government had the lowest SDOH Score. Benchmarks will become available for additional industry types when there are at least 20 unique Scorecard completers in a specific industry.

Table 3. A comparison of SDOH Best Practice Score by Industry Type

	n	Mean
Financial Services	25	52
Hospitals/Healthcare clinics	21	46
Technical/professional services	27	35
Government	29	25
High Tech	44	44

The comparison by U.S. geographic regions only showed slight differences by region. On average, organizations in the Northeast region scored the highest with 41 points, followed by organizations in the South region with an average of 38 points for the SDOH Score. Organizations from the Mid-West region that completed the Scorecard had an average of 36 points and organizations in the West region of the US averaged 34 points.

The results from this commentary show there is opportunity for employers to improve their HWB initiatives to address SDOH. By addressing SDOH in the workplace, employers will help to improve the HWB of their employees, while also positively impacting business

performance and profitability (SDOH resource). In 2019, HERO published a report entitled [Social Determinants of Health — an Employer Priority](#), which provides employer and business implications of SDOH and offers specific action steps employers can take to address SDOH within their workforces¹. The goal of the Scorecard’s new Best Practice Scores, including the SDOH Best Practice Score, is for organizations to take the information gained to create a strategic plan using resources such as the Social Determinants of Health— an Employer Priority report, that has actionable steps to address the social determinants impacting their employee population.

References

1. Social Determinants of Health — an Employer Priority Report. https://hero-health.org/wp-content/uploads/2019/09/HERO_HWHC_SDOH_Report_FINAL_090419.pdf
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