

Scorecard Background

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

How the Scoring System Was Developed

A panel of industry experts from a variety of organizations assisted in developing the scores, with a team of advisors who reviewed and discussed their recommendations. The team began with a maximum score of 200 points. Each panel member was asked to distribute these 200 points across the six sections of the Scorecard, based on their judgment and available research about the relative importance of each foundational component of a successful health and well-being initiative ("successful" was defined as able or likely to improve participation rates in programs, population-level health outcomes, and financial impacts such as health care cost trends and productivity outcomes). The scoring team advisors reviewed the initial proposal made by the scoring team leaders and provided feedback that was used to adjust the scores. The maximum section scores were then distributed across the items within each section using the same criteria and review process. Finally, the maximum item scores were distributed across the individual responses in each item and again subjected to peer review and discussion. The Scoring Team Leaders gave due consideration to all of the provided feedback, either accepting the changes or entering into discussion with scoring team members about supporting evidence for the proposed changes. Each major revision to the Scorecard content has relied on a similar expert review process. Contributors to the scoring system offered their feedback based on the best research and anecdotal evidence available, recognizing that more definitive research will lead to ongoing refinement of the relative weighting of the scores. In some cases, practices are included on the Scorecard without being scored in order to collect information on trends and to inform future research on the link between specific practices and outcomes. More information on the scores attributed to each question and response is available under the "Understand Tools" section of the [HERO website](#).

Invitation to Contribute Feedback

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

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