



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

**MANUFACTURING PRODUCTS
BENCHMARK REPORT
JANUARY, 2019**



MAKE TOMORROW, TODAY





A benchmark report from The HERO Health and Well-being Best Practices Scorecard In Collaboration with Mercer

About the HERO Scorecard

The HERO Health and Well-being Best Practices Scorecard is designed to help employers, providers, and other stakeholders learn about and determine employee health management best practice. It's also an effective means of gathering data on the state of health and well-being in the US today -- data that can be used to develop benchmarks. The Scorecard is divided into six sections representing the foundational components that support exemplary health and well-being programs. While no inventory of best practices will include all innovative approaches to health and well-being, we have included those most commonly recognized among industry thought-leaders and in published literature.

The Scorecard asks detailed questions about employers' health and well-being program design, administration, and experience, and assigns respondents an overall best practice score out of a possible 200 points. While a Scorecard score of 200 is theoretically possible, it is not likely nor even desirable for an employer to have every possible health and well-being program and strategy in place. A separate Program Outcomes section is included to serve as a guide for a "dashboard" of measures that may be useful in assessing program success. Information in this section does not contribute to an organization's best practice score, but is used to develop outcomes benchmarks.

About this Benchmark Report

This Benchmark Report is based on the responses of the 1026 employers that have submitted completed Scorecards as of September 30, 2018. It provides both their aggregated scores and their aggregated question responses. These results have been sorted by organization size to allow employers to compare their programs to organizations representing manufacturing products organizations of varying size. For more information, please visit the HERO web-site at www.hero-health.org.

NUMBER OF PARTICIPANTS DISTRIBUTION OF SCORES ACROSS RESPONDENTS

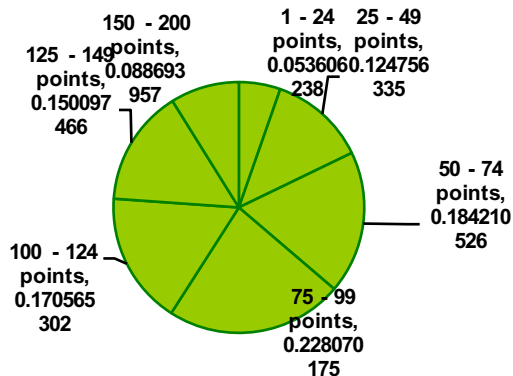
All employers 1026

Employer size*

Employers with fewer than 500 employees 375

Employers with 500-4,999 employees 432

Employers with 5,000 or more employees 195



*Among employers providing data

Scorecard Commentary

Manufacturing: Their Approach to Health and Well-being

By Colleen Saringer, PhD, MEd, Alliant Employee Benefits

Although it's been established that health and well-being initiatives in the workplace can improve health, reduce absenteeism, and positively impact employee productivity and retention, some organizations are hesitant to embrace these initiatives to their fullest. That's the reason benchmarking becomes so important; so that organizations can gain an understanding of what others comparable in sector and demographics are doing.

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (Scorecard) supports organizations in their health and well-being benchmarking efforts. The Scorecard includes six sections (strategic planning; organizational and cultural support; programs; program integration; participation strategies; and measurement and evaluation) as well as demographic information on employer size, turnover rates, male to female ratios, and percentage breakdowns of employees who occupy full time and part time employment positions. The highest possible score is 200; the highest score attained to date is 180. The purpose of this commentary is to discuss the collective results of organizations classifying themselves as manufacturing products (e.g. equipment, chemicals, food/beverage, printing/publishing, etc.) from the perspective of current best practices and future opportunities.

As of September 2018, 10,026 organizations had completed the US version of the HERO Scorecard. Of the Scorecard completers providing information on their industry, 16% self-identified their primary sector as manufacturing products, representing the highest of all industry types. Of the organizations within this group providing demographic data, 67% of their employees are male, with an average age of 44, and primarily work full-time (95%). This group of manufacturing employers has an average overall score of 92 on the Scorecard. Among the 13 industry categories represented on the Scorecard, the manufacturing products sector is the fifth highest in overall scoring, falling behind hospitals and health care clinics (116), government (104), and professional/technical services (93).

Although benchmarking by industry type is critical to organizations, obtaining insight by size within industry type is equally important. Analysis of the HERO Scorecard benchmark database examined scores within each sector, with responses and scores broken down by small (<500 employees), mid-size (500 – 4,999 employees), and large (5,000 or more employees) employers. Within the manufacturing products organizations who completed the Scorecard, 57 were small employers with an average score of 85 points, 78 were mid-size with an average score of 88 points, and 31 were large employers with an average score of 109 points. In past Scorecard analyses large employers have tended to have the higher scores followed by the mid-size and small employer groups. This analysis finds large manufacturing employers have the highest scores but comparisons between the mid-size and small employer groups yield less obvious differences. The greatest difference in the Scorecard results between the large- and small-sized manufacturing groups is a 7-point higher score by large employers in the Programs section and the Participation Strategies section. Although only a speculation, this difference may be a result of budgeting. Meaning, smaller companies may not have the budget to make available programs to their employees which in turn, would impact participation strategies. Smaller employers could potentially address this deficit by gaining an understanding of what programs the larger manufacturing groups offer to their employees and either working internally with available resources and/or externally with collaborative partners to provide similar offerings at a smaller scale.

Best Practice Scores

The average manufacturing products sector overall score (92) is equal to the overall HERO Scorecard norms. Component scores are also quite similar. As previously stated, the manufacturing products group makes up the largest sector in the scorecard which could explain why there is such close alignment with the National Scorecard. A deeper dive into the four industry groups that exceed in score over the manufacturing products

sector yields insights for ways to improve the strength of initiatives in the manufacturing sector. Specifically:

- Organizational and culture support: colleges and universities average 28 points, hospitals and health care clinics average 27 points, and financial and other health services average 26 points in comparison to the manufacturing products score of 21 points.
- Programs: colleges and universities average 27 points, hospitals and health care clinics average 26 points, and financial average 24 points in comparison to manufacturing products score of 23 points.
- Participation strategies: hospitals and health care clinics average a score of 28 points while colleges and universities and financial services organizations average a score of 27, in comparison to the manufacturing products score of 23 points.

Also as previously discussed, understanding the differences by group size within a business type is equally important. Within the manufacturing products small, mid-size, and large employer groups, Scorecard points achieved by section resemble the following:

- Strategic planning: small = 10 points; mid-size = 9 points ; large = 11 points
- Organizational and cultural support: small = 21 points ; mid-size = 20 points ; large = 22 points
- Programs: small = 21 points; mid-size = 23 points; large = 28 points
- Program integration: small = 4 points; mid-size = 4 points; large = 6 points
- Participation strategies: small = 22 points; mid-size = 22 points ; large = 29 points
- Measurement and evaluation: small = 9 points; mid-size = 9 points; large = 11 points

Interestingly, what we see within manufacturing products breakout is that regardless of size, scores align closely in organizational and culture support and program integration. Past HERO Scorecard business sector commentaries have noted similar observations. What's been speculated is that practices in these sections might be harder to implement in larger organizations due to a greater number of, and more widely dispersed, worksites coupled with a more complex organizational structure.

Strengths and Opportunities

A deep dive into each one of the scorecard sections by manufacturing products group company size is outside of the scope of this commentary. However, strengths and opportunities have been observed.

The HERO Scorecard manufacturing products sector had 166 companies completed the scorecard. This is a notable number given the challenges manufacturing plants often face when initiating health and well-being initiatives such as competing priorities (e.g. production goals versus allowing employees time to leave the plant floor to participate in onsite programming) and high turnover rates.¹

Scorecard results suggest that manufacturing organizations want to make a healthy workplace and culture available for their employees. For example, 55% survey their employees for interest, feedback and overall program satisfaction; and when union employees are present, 82% make key components of their health and well-being initiatives available to this group. Although healthy behavior policies are less commonly reported to have been implemented, efforts around tobacco and nutrition are the most commonly reported (59%).

As difficult and important as it is to engage leaders, 52% of leaders within this group are reported to have participated in the health and well-being programs made available. Given the importance peer support plays in influencing behavior, wellness champions are reported as part of the initiative 47% of the time, and are heavily supported through regular meetings, resources, and rewards/recognition.

Although onsite programming is often a challenge in the manufacturing plants due to limited and/or no time available for employees to leave the plant floor to participate, biometric screenings, in-person behavior change programming, EAP, and disease management programs are most often available ($\geq 70\%$). Financial incentives are commonly utilized (74%), and most often delivered in the form of a premium reduction (54%) or cash/gift cards (40%). Finally, outcomes/metrics are most often tracked in the form of employee participation in programs (e.g. biometrics) and health care costs.

Organizations within the manufacturing sector have a distinct opportunity to enhance their health and well-being efforts through increased collaboration with their safety programs. Of these manufacturing organizations, more than 91% noted safety as a priority within their organization but only a small number reported integrating their safety and health and well-being programs. Because employees tend to trust their safety department and safety managers, health and well-being offerings that appear integrated rather than as a “stand alone” can build on this credibility to achieve greater employee participation and impact on key health behaviors:^{2,3}

- Coordinated programs result in increased smoking cessation, physical activity, dietary improvements, and strengthened safety programs.
- A reduction in injury rates are experienced when an employee is in good physical condition, is absent of chronic disease, and has good mental health.

Conclusion

Organizations that manufacture products are making substantial investments in health and well-being initiatives. As with all business sectors, opportunities exist for enhancements. The HERO Scorecard plays a valuable role in helping manufacturing companies identify strengths and opportunities within their current and future health and well-being initiatives.

References

1. United States Department of Labor. Bureau of Labor Statistics: annual quit rates by industry and region, 2017.
2. Sorensen G, et al. Integrating worksite health protection and health promotion: a conceptual model for intervention and research. *Prev Med.* 2017; 91:188-196.
3. Centers for Disease Control and Prevention. The National Institute for Occupational Safety and health. 2018.

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer©

MFG = Manufacturing Products Organizations

Small = <500 employees

Medium = 500 to 4,999 employees

Large = 5,000+ employees

Number of respondents

National Results	ALL MFG	Small MFG	Medium MFG	Large MFG
1026	166	57	78	31

Overall average score (maximum score: 200 points) 92 92 85 88 109

Section 1: Strategic Planning

Average score for section 1 (maximum score: 20 points) 10 10 10 9 11

1 Data sources used in strategic planning for health and well-being program

WORKFORCE HEALTH MEASURES

Medical / pharmacy claims	70%	84%	78%	82%	97%
Behavioral health claims	34%	37%	22%	41%	52%
Health assessment	58%	61%	52%	57%	85%
Biometric screening	57%	65%	54%	63%	88%
Fitness assessment	12%	12%	11%	11%	15%
Disability claims	29%	31%	31%	30%	33%
Absence / sick days data	22%	19%	20%	15%	24%
None of the above	15%	8%	9%	10%	3%
Number of respondents	1021	166	54	79	33

EMPLOYEE SURVEYS

Employee interest / feedback	63%	55%	49%	55%	67%
Employee morale / satisfaction / engagement data	55%	47%	47%	39%	67%
None of the above	24%	28%	28%	36%	9%
Number of respondents	1008	161	53	75	33

BUSINESS MEASURES / ORGANIZATIONAL ASSESSMENT

Employee / business performance data	32%	31%	37%	25%	34%
Employee retention / recruitment data	35%	31%	43%	28%	19%
Culture / climate assessment	40%	35%	39%	30%	41%
None of the above	40%	40%	35%	48%	31%
Number of respondents	968	148	49	67	32

2 Formal, written, strategic plan for health and well-being

Have a long-term plan (2 or more years) only	13%	11%	7%	14%	9%
Have an annual plan only	23%	22%	35%	13%	21%
Have both a long-term and annual plan	19%	20%	15%	16%	36%
Don't have a formal plan	45%	48%	43%	57%	33%
Number of respondents	1018	166	54	79	33

3 Measurable objectives included in health and well-being strategic plan (among employers with a plan)

Participation in health and well-being programs	88%	92%	90%	91%	95%
Changes in health risks	60%	69%	55%	70%	86%
Improvements in clinical measures / outcomes	45%	49%	39%	52%	59%
Absenteeism reductions	20%	22%	16%	24%	27%
Productivity / performance impact	21%	19%	13%	15%	32%
Financial outcomes measurement (medical plan cost or other health spending)	52%	64%	65%	64%	64%
Winning health and well-being program awards (e.g., Koop award)	39%	34%	29%	33%	41%
Recruitment / retention	25%	21%	35%	15%	9%
Employee satisfaction / morale and engagement	61%	52%	58%	55%	41%
Customer satisfaction	23%	9%	6%	9%	14%
None of the above	4%	1%	0%	0%	5%
Number of respondents	559	86	31	33	22

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

National **ALL** **Small** **Medium** **Large**
Results **MFG** **MFG** **MFG** **MFG**

4 Key components of the health and well-being program are available to various populations (among employers with each population segment)

Union employees	82%	82%	69%	78%	95%
Spouses / domestic partners (DP)	68%	75%	67%	76%	84%
Dependents other than spouses or DPs	47%	45%	34%	42%	68%
Part-time employees	76%	71%	80%	72%	57%
Employees located outside of the U.S.	38%	31%	20%	30%	38%
English as a Second Language (ESL) employees	83%	85%	74%	93%	82%
Retirees	26%	13%	9%	14%	17%
Employees on disability leave	82%	80%	72%	83%	84%
<i>Number of respondents</i>	877	150	46	72	32

5 Program specifically addresses the needs of employees with different health statuses

Healthy	95%	95%	98%	93%	97%
At risk	93%	95%	94%	96%	97%
Chronically ill	72%	76%	75%	76%	78%
Acute health needs (or catastrophic health incidents)	57%	64%	56%	65%	72%
<i>Number of respondents</i>	924	151	48	71	32

6 Employer opinion: To what extent is your health and well-being program viewed by senior leadership as connected to broader business results?

To a great extent	27%	21%	29%	19%	12%
To some extent	53%	56%	60%	49%	64%
Not seen as connected	20%	24%	12%	32%	24%
<i>Number of respondents</i>	1002	160	52	75	33

7 Employer opinion: How effective is the strategic planning process for health and well-being?

Very effective	12%	9%	11%	7%	12%
Effective	46%	49%	49%	47%	52%
Not very effective	34%	33%	25%	41%	30%
Not at all effective	8%	9%	15%	5%	6%
<i>Number of respondents</i>	1006	162	53	76	33

Section 2: Organizational and Cultural Support

Average score for Section 2 (maximum score: 50 points) 23 21 21 20 22

8 Methods of communicating health values

Company vision / mission statement supports a healthy workplace culture	34%	31%	33%	29%	33%
Employee health and well-being is included in organization's goals and value statements	38%	36%	38%	33%	39%
Senior leaders consistently articulate the value and importance of health (for example, by connecting health to productivity / performance and business results)	42%	35%	42%	34%	24%
None of the above	37%	41%	37%	43%	45%
<i>Number of respondents</i>	1015	164	52	79	33

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

	National Results	ALL MFG	Small MFG	Medium MFG	Large MFG
9 Policies relating to employee health and well-being					
Allow employees to take work time for physical activity	30%	25%	30%	18%	36%
Provide opportunities for employees to use work time for stress management and rejuvenation	34%	24%	26%	22%	27%
Support healthy eating choices (for example, by requiring healthy options at company-sponsored events)	58%	59%	62%	54%	64%
Encourage the use of community health and well-being resources (for example, community gardens, recreational facilities, health education resources)	54%	54%	58%	53%	48%
Tobacco-free workplace or campus	67%	59%	53%	61%	64%
Policies promoting responsible alcohol use	38%	35%	26%	38%	39%
Support work-life balance (for example, with flex time or job share options)	53%	50%	45%	49%	61%
None of the above	7%	7%	9%	6%	6%
<i>Number of respondents</i>	1018	165	53	79	33
10 Components of company's physical ("built") environment					
Healthy eating choices are available and easy to access	67%	64%	62%	65%	67%
Physical activity is explicitly encouraged by features or resources in the work environment	65%	64%	60%	62%	73%
Stress management and mental recovery breaks are supported	38%	28%	26%	27%	36%
Safety is a priority within the environment	84%	91%	83%	95%	94%
None of the above	5%	4%	6%	3%	3%
<i>Number of respondents</i>	1013	165	53	79	33
11 Leadership's support of health and well-being					
Leadership development includes the business relevance of worker health and well-being	28%	20%	21%	18%	24%
Leaders actively participate in health and well-being programs	54%	52%	58%	46%	55%
Leaders are role models for prioritizing health and work/life balance (for example, they do not send e-mail while on vacation, they take activity breaks during the work day, etc.)	22%	19%	21%	22%	9%
Leaders publicly recognize employees for healthy actions and outcomes	28%	27%	25%	28%	27%
Leaders are held accountable for supporting the health and well-being of their employees	16%	11%	15%	8%	12%
Leaders hold their front-line managers accountable for supporting the health and well-being of their employees	15%	10%	13%	9%	6%
A senior leader has authority to take action to achieve the organization's health and well-being goals	39%	32%	40%	26%	33%
None of the above	26%	32%	30%	35%	30%
<i>Number of respondents</i>	1015	164	53	78	33
12 Employee involvement in health and well-being program					
Employees have the opportunity to provide input into program content, delivery methods, future needs and communication channels	62%	55%	66%	54%	39%
Wellness champion networks are used to support health and well-being	51%	47%	36%	46%	70%
Employees are formally asked to share their perception of organizational support for their health and well-being (for example, in an annual employee survey)	47%	39%	49%	33%	39%
None of the above	22%	25%	25%	29%	18%
<i>Number of respondents</i>	1013	165	53	79	33

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

National **ALL** **Small** **Medium** **Large**
Results **MFG** **MFG** **MFG** **MFG**

13 Resources used to support employee champions or ambassadors (among employers with wellness champions or ambassadors)

Training	49%	43%	47%	29%	61%
Toolkit including resources, information, and contacts, etc.	61%	62%	53%	59%	74%
Rewards or recognition	55%	54%	53%	44%	70%
Regularly scheduled meetings for champion team	79%	76%	88%	79%	61%
None of the above	6%	7%	6%	9%	4%
<i>Number of respondents</i>	502	74	17	34	23

14 Level of support for mid-level managers and supervisors in their efforts to improve the health and well-being of employees

Managers/work group supervisors are given a lot of support	13%	10%	15%	10%	3%
Some support	37%	32%	32%	31%	33%
Not much support	27%	29%	30%	26%	36%
No support	23%	29%	23%	33%	27%
<i>Number of respondents</i>	1009	164	53	78	33

15 Employer opinion: How effective are your current organizational support strategies in promoting the health and well-being of employees?

Very effective	10%	6%	15%	3%	0%
Effective	43%	44%	40%	44%	52%
Not very effective	39%	42%	36%	44%	48%
Not at all effective	8%	7%	9%	9%	0%
<i>Number of respondents</i>	1012	165	53	79	33

Section 3: Programs

Average score for section 3 (maximum score: 40 points) 23 23 21 23 28

16 Approaches used to assess the health of individuals / population

Health assessment questionnaire(s)	67%	71%	60%	70%	91%
Biometric screenings	64%	74%	64%	71%	97%
Employee surveys	48%	39%	40%	35%	45%
Claims data mining (medical, pharmacy, behavioral health, disability)	62%	75%	64%	76%	91%
Monitoring or tracking devices	22%	26%	25%	23%	36%
Other	5%	4%	0%	6%	6%
Do not currently assess population health	12%	7%	11%	6%	0%
<i>Number of respondents</i>	1019	165	53	79	33

17 Methods of promoting biometric screenings

Provide on-site or near-site biometric screenings	63%	72%	58%	72%	94%
Offer biometric screenings through a lab, home test kits, or other off-site options	31%	41%	25%	44%	61%
Conduct awareness campaigns / actively promote getting biometric screenings from health care provider	42%	48%	40%	48%	64%
Do not provide biometric screenings or conduct awareness campaigns	25%	18%	25%	20%	3%
<i>Number of respondents</i>	1014	165	53	79	33

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

	National Results	ALL MFG	Small MFG	Medium MFG	Large MFG
18 Referral and follow-up process is in place for individuals whose biometric screening results are out of the normal range					
Yes	65%	71%	78%	66%	72%
No	35%	29%	23%	34%	28%
<i>Number of respondents</i>	752	133	40	61	32
19 Provide health behavior change programs that are offered to all individuals eligible for health and well-being program, regardless of health status					
Yes	76%	78%	74%	76%	91%
No	24%	22%	26%	24%	9%
<i>Number of respondents</i>	1014	165	53	79	33
20 Method of delivery of health improvement programs (among employers that provide health behavior change programs to all, regardless of health status)					
Phone-based (can include group conference calls)	54%	60%	42%	59%	83%
Email or mobile (SMS)	62%	55%	55%	53%	60%
Web-based method (other than email)	72%	69%	53%	69%	90%
In person (includes individual or group meetings or activities)	74%	71%	87%	69%	53%
<i>Number of respondents</i>	762	127	38	59	30
21 Features incorporated into one or more health improvement programs (among employers that provide health behavior change programs to all)					
Program incorporates use of tracking tools such as a pedometer, glucometer, or automated scale	60%	63%	71%	57%	67%
Program is mobile supported (allows individuals to monitor progress and interact via smart phone)	57%	52%	42%	52%	67%
Program incorporates social connection (for example, allows individuals to communicate with, support, and/or challenge other individuals or to form teams)	64%	55%	53%	50%	67%
None of the above	18%	21%	24%	23%	13%
<i>Number of respondents</i>	762	128	38	60	30
22 Offer any individually targeted lifestyle management services that allow for interactive communication between an individual and a health professional or expert system					
Yes	73%	84%	72%	85%	100%
No	27%	16%	28%	15%	0%
<i>Number of respondents</i>	1014	165	53	79	33
23 Types of interventions provided by targeted lifestyle management program (among those that provide targeted lifestyle management services)					
Phone-based coaching	79%	83%	74%	81%	100%
Email or mobile (SMS)	54%	49%	50%	45%	56%
Web-based interventions (other than email)	65%	63%	55%	61%	75%
On-site one-on-one coaching	43%	43%	45%	48%	31%
On-site group classes	52%	45%	66%	34%	44%
Paper-based bi-directional communication between the organization and the individual	16%	20%	24%	16%	22%
<i>Number of respondents</i>	742	137	38	67	32

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

	National Results	ALL MFG	Small MFG	Medium MFG	Large MFG
24 Resources provided by organization to support individuals in managing their overall health and well-being					
On-site or near-site medical clinic	28%	26%	9%	28%	48%
Employee Assistance Program (EAP)	87%	91%	83%	94%	100%
Child care and / or elder care assistance	32%	32%	19%	33%	52%
Initiatives to support a psychologically healthy workforce	29%	20%	15%	17%	33%
Legal or financial management assistance	62%	64%	47%	65%	88%
Information about community health resources	46%	45%	43%	50%	33%
Health advocacy program	36%	44%	28%	51%	52%
Executive health program	16%	22%	2%	23%	52%
Medical decision support program	25%	27%	11%	26%	58%
Nurse advice line service	66%	76%	74%	73%	88%
None of the above	5%	3%	8%	1%	0%
<i>Number of respondents</i>	1008	164	53	78	33
25 Offer disease management (DM) program(s) that addresses the following conditions					
Arthritis	33%	26%	24%	25%	30%
Asthma	60%	68%	58%	68%	82%
Autoimmune disorders (multiple sclerosis, rheumatoid arthritis, etc.)	30%	23%	24%	21%	27%
Cancer	49%	52%	48%	51%	58%
Chronic obstructive pulmonary disease (COPD)	56%	64%	52%	63%	82%
Congestive heart failure (CHF)	58%	67%	56%	66%	85%
Coronary artery disease (CAD)	59%	67%	54%	66%	88%
Depression	47%	35%	34%	30%	45%
Diabetes	70%	75%	70%	72%	91%
Maternity	54%	55%	46%	55%	67%
Metabolic syndrome	33%	28%	16%	25%	52%
Musculoskeletal / back pain	39%	36%	26%	36%	52%
Obesity	42%	37%	34%	34%	48%
Don't offer any DM programs	24%	18%	30%	14%	6%
<i>Number of respondents</i>	1003	159	50	76	33
26 Provide or use electronic consumer tools to assist participants with managing health data, utilizing health resources, or tracking benefits					
Yes	68%	72%	55%	80%	79%
No	32%	28%	45%	20%	21%
<i>Number of respondents</i>	1012	165	53	79	33
27 Employer opinion: How effective are your health and well-being programs in promoting a healthier, more productive workforce?					
Very effective	10%	8%	15%	4%	6%
Effective	50%	50%	40%	54%	58%
Not very effective	34%	37%	38%	37%	36%
Not effective at all	5%	5%	8%	5%	0%
<i>Number of respondents</i>	1014	165	53	79	33

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

	National Results	ALL MFG	Small MFG	Medium MFG	Large MFG
28 Steps taken to manage employee disabilities					
Formal goals for disability programs	13%	7%	4%	5%	15%
Performance standards to hold leaders, managers, and supervisors accountable for disability management program goals	9%	4%	4%	4%	6%
Written return-to-work programs with policies and procedures covering all absences	53%	58%	59%	54%	64%
Modified temporary job offers for employees with disabilities ready to return to productive activity but not yet ready to return to their former job	57%	60%	67%	55%	61%
Complex claims receive clinical intervention or oversight (by in-house or outsourced staff)	34%	43%	31%	38%	70%
Standards for ongoing supportive communication with employee throughout the duration of leave	43%	44%	53%	37%	48%
Developed metrics to regularly monitor and manage disability trends with emphasis on established key performance indicators	19%	13%	6%	11%	30%
Strategies to triage individuals with certain disabilities into relevant health and well-being program	14%	15%	8%	9%	39%
None of the above	23%	19%	20%	22%	12%
<i>Number of respondents</i>	985	160	51	76	33

29 Employer opinion: How effective are your disability management programs in promoting a healthier, more productive workforce?

Very effective	6%	6%	4%	5%	9%
Effective	47%	44%	62%	37%	33%
Not very effective	34%	38%	20%	43%	55%
Not effective at all	14%	12%	14%	15%	3%
<i>Number of respondents</i>	970	158	50	75	33

Section 4: Program Integration

Average score for section 4 (maximum score: 16 points) 5 5 4 4 6

30 Integration of different health and well-being programs

Health and well-being partners (internal and external) refer individuals to programs and resources provided by other partners	51%	60%	46%	59%	81%
Health and well-being partners provide "warm transfer" of individuals to programs and services provided by other partners	34%	36%	21%	34%	66%
The referral process (by employer or third-party) is monitored for volume of referrals	18%	18%	13%	16%	31%
All partners collaborate as a team to track outcomes for individual employees	11%	10%	10%	11%	9%
All partners collaborate as a team to track progress towards common organizational goals and outcomes	14%	8%	8%	8%	9%
None of the above	40%	33%	48%	32%	13%
<i>Number of respondents</i>	1013	163	52	79	32

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

National ALL Small Medium Large
Results MFG MFG MFG MFG

31 Health and well-being program components are integrated in at least one way indicated in item 30 above (among employers that have at least some degree of integration)

Lifestyle management and disease management	61%	62%	67%	57%	69%
Lifestyle management and behavioral health	50%	50%	56%	34%	72%
Disease management and behavioral health	46%	46%	56%	30%	66%
Disease management and case management	53%	57%	56%	53%	66%
Case management and behavioral health	42%	43%	52%	30%	59%
Specialty lifestyle management (e.g. tobacco cessation, obesity, stress, etc.) with any health management program	69%	72%	74%	64%	86%
None of the above	6%	6%	4%	8%	3%
<i>Number of respondents</i>	604	109	27	53	29

32 Integration of disability management program and health and well-being programs

Individuals in disability management are referred to health and well-being programs	19%	16%	16%	12%	27%
Individuals who participate in appropriate health and well-being programs receive more generous disability benefit	2%	1%	0%	1%	0%
Disability data is combined with health and well-being program data for identifying, reporting, and performing analytics	9%	11%	10%	12%	12%
None of the above	75%	78%	80%	79%	70%
<i>Number of respondents</i>	987	161	51	77	33

33 Integration of worksite safety program and health and well-being program

Safety and injury prevention are elements of the health management program goals and objectives	36%	36%	49%	33%	24%
Health management elements, such as physical activity, healthy nutrition or stress management are included in your worksite safety program	24%	20%	24%	22%	12%
Safety data is combined with health management program data for identifying, reporting, and performing analytics	14%	17%	18%	17%	18%
None of the above	41%	54%	43%	58%	64%
Do not have a worksite safety program	14%	0%	0%	0%	0%
<i>Number of respondents</i>	1007	162	51	78	33

34 Employer opinion: Compared to organizations of a similar size, how would you rate your organization in terms of providing access to health care coverage to all employees?

Provide far greater access to health coverage than most of our peer organizations	33%	33%	39%	30%	27%
Provide good access to health coverage, a bit more than our peers	35%	38%	35%	38%	42%
Provide about the same access to health coverage as our peers	30%	29%	24%	32%	30%
Provide less access to health coverage than our peers	1%	1%	2%	0%	0%
Don't provide a health plan; employees are covered in public exchanges	1%	0%	0%	0%	0%
<i>Number of respondents</i>	1009	163	51	79	33

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

National ALL Small Medium Large
Results MFG MFG MFG MFG

35 Employer opinion: To what extent do you think the integration between your health-related vendors or programs contributes to the success of the health and well-being program?

Program integration contributes very significantly to success	15%	9%	12%	10%	3%
Contributes significantly	26%	28%	33%	25%	27%
Contributes somewhat	42%	45%	39%	47%	52%
Does not contribute	17%	17%	16%	18%	18%
<i>Number of respondents</i>	1006	161	51	77	33

Section 5: Participation Strategies

Average score for section 5 (maximum score: 50 points) 23 23 22 22 29

36 Social strategies used to encourage participation in health and well-being programs

Peer support	47%	40%	43%	30%	61%
Group goal-setting or activities	44%	39%	37%	38%	45%
Competitions / challenges	72%	69%	65%	68%	79%
Connecting participation to a cause	41%	47%	37%	51%	52%
None of the above	19%	21%	27%	20%	12%
<i>Number of respondents</i>	1012	163	51	79	33

37 Technology-based resources used

Web-based resources or tools	74%	72%	53%	74%	94%
Onsite kiosks at work place	21%	36%	27%	37%	48%
Mobile applications	50%	48%	37%	47%	67%
Devices to monitor activity	49%	54%	59%	47%	61%
None of the above	18%	17%	22%	18%	6%
<i>Number of respondents</i>	1011	162	51	78	33

38 Components of health and well-being program communications

Annual or multi-year communications plan that articulates the key themes and messages	52%	60%	46%	65%	73%
Multiple communication channels and media appropriate for targeted population (newsletter, direct mailings, e-mail, website, text messaging, etc.)	64%	71%	62%	67%	94%
Communications are tailored to specific sub-groups of the population (based on demographics or risk status) with unique messages	25%	23%	21%	14%	45%
Year-round communication (on at least a quarterly basis)	67%	68%	65%	67%	73%
Communications are branded with unique program name, logo, and tag line that is readily recognized by employees as that of the health and well-being program	58%	57%	50%	49%	88%
Regular status reports to inform stakeholders such as employees, vendors, and management of program progress	39%	38%	31%	38%	48%
Employee meetings or webcasts where management discusses and promotes health and well-being programs	33%	35%	46%	25%	42%
Communications are directed to spouses and family members as well as employees	27%	32%	25%	34%	36%
None of the above	14%	11%	15%	11%	3%
<i>Number of respondents</i>	1013	164	52	79	33

Small = <500 employees
 Medium = 500 to 4,999 employees
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National ALL Small Medium Large
Results MFG MFG MFG MFG

39 Separate health and well-being program communications targeted to employees with different roles in organization					
Senior leadership	22%	14%	14%	9%	24%
Managers (including direct supervisors)	21%	14%	12%	9%	30%
Wellness champions	34%	30%	20%	29%	45%
None of the above	57%	64%	76%	68%	36%
<i>Number of respondents</i>	1007	162	51	78	33
40 Engagement strategy intentionally includes a focus on increasing employees' intrinsic motivation to improve or maintain their health					
Using intrinsic motivation as the reward is the primary focus of our engagement strategy	37%	30%	41%	29%	18%
Our program may provide some intrinsic rewards but it's not the primary focus of our engagement strategy	63%	70%	59%	71%	82%
<i>Number of respondents</i>	1003	161	51	77	33
41 Employer opinion: How effective are your program's communication and/or social strategies in encouraging employees to participate in programs, monitor their biometrics or activity levels, or take other action to improve their health?					
Very effective	12%	11%	17%	10%	3%
Effective	48%	49%	46%	49%	55%
Not very effective	32%	34%	25%	36%	42%
Not at all effective	8%	6%	12%	5%	0%
<i>Number of respondents</i>	1005	163	52	78	33
42 Offer employees incentives in connection with the health and well-being program					
Yes, financial rewards or penalties (includes sweepstakes and charitable contributions)	62%	74%	67%	71%	94%
Yes, but only token gifts (t-shirts, water bottles, etc.)	15%	9%	17%	8%	0%
No financial incentives	23%	17%	15%	22%	6%
<i>Number of respondents</i>	1014	163	52	78	33
43 How incentives are communicated (among employers that offer incentives)					
Reward	82%	81%	88%	80%	74%
Penalty	3%	1%	0%	2%	0%
Both rewards and penalties	15%	19%	12%	19%	26%
<i>Number of respondents</i>	615	118	33	54	31
44 Financial structure of incentives (among employers that offer incentives)					
Incentives are considered a program expense	72%	68%	72%	67%	65%
Incentives are designed to be cost neutral	19%	23%	22%	25%	19%
Incentives are treated as a source of additional funding	9%	9%	6%	7%	16%
<i>Number of respondents</i>	610	118	32	55	31

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

	National Results	ALL MFG	Small MFG	Medium MFG	Large MFG
45 Requirements for earning incentives (among employers that offer incentives)					
Participating in one or more aspects of health and well-being programs or offerings, such as HA, biometric screening, or coaching (participatory incentives)	93%	94%	91%	93%	100%
Achieving, maintaining, or showing progress toward specific health status targets (health-contingent outcomes-based incentives)	34%	38%	27%	44%	39%
Completing a specific activity related to a health factor, such as taking 10,000 steps per day (health-contingent, activity-only incentives)	52%	54%	64%	47%	55%
<i>Number of respondents</i>	612	119	33	55	31
46 Maximum annual value of all incentives a person could earn (among employers that offer incentives)					
Median value of participatory incentives per employee	\$300	\$400	\$500	\$300	\$405
<i>Number of respondents</i>	501	98	29	41	28
Median value of health-contingent, outcomes-based incentives per employee	\$300	\$350	\$200	\$500	\$250
<i>Number of respondents</i>	166	33	7	19	7
Median value of health-contingent, activity-only incentives per employee	\$200	\$175	\$125	\$300	\$300
<i>Number of respondents</i>	141	30	12	11	7
47 Percentage of employees eligible for incentives that earn the incentive (among employers that offer incentives)					
Average percent of eligible employees earning any incentive	57%	61%	58%	60%	64%
<i>Number of respondents</i>	491	96	29	40	27
Average percent of eligible employees earning maximum annual incentive	38%	38%	42%	35%	39%
<i>Number of respondents</i>	407	86	22	41	23
48 Use point system for earning rewards (among employers that offer incentives)					
Yes	47%	42%	36%	50%	32%
No	53%	58%	64%	50%	68%
<i>Number of respondents</i>	613	118	33	54	31
49 Financial incentives provided for participating in assessment-related activities (among employers that offer participatory incentives)					
Separate incentive for completing an HA (no biometric screening is required)	31%	26%	33%	28%	16%
Separate (or additional) incentive for biometric screening	24%	24%	33%	20%	23%
Combined incentive for completing both an HA and biometric screening (both are required to earn the reward/avoid the penalty)	50%	50%	40%	50%	61%
No financial incentive is provided for assessment-related activities only	15%	16%	20%	18%	10%
<i>Number of respondents</i>	559	111	30	50	31

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

National ALL Small Medium Large
Results MFG MFG MFG MFG

50 Type of financial incentives offered for completing an HA and / or biometric screening (among employers that offer financial incentives for participating)

Cash / gift card	45%	40%	48%	41%	32%
Maximum annual value (median)	\$100	\$150	\$75	\$150	\$200
Number of respondents	199	36	12	15	9
Financial contribution to an employee spending account (FSA, HSA or HRA)	22%	22%	13%	21%	32%
Maximum annual value (median)	\$300	\$250	\$200	\$260	\$275
Number of respondents	90	18	3	9	6
Lower (higher) employee premium contributions	45%	54%	52%	56%	54%
Maximum annual value (median)	\$500	\$520	\$690	\$500	\$490
Number of respondents	181	43	12	17	14
Lower cost sharing (deductibles, copays or coinsurance)	3%	3%	4%	3%	4%
Other financial incentive	14%	13%	9%	18%	11%
Number of respondents	462	90	23	39	28

51 Benefit-eligible spouses / partners are able to earn the incentive for assessment-related activities (among employers that offer financial incentives for participating)

Yes, the same incentive as the employee	30%	38%	43%	35%	39%
Yes, a different incentive	8%	3%	0%	3%	7%
Yes, both the employee and spouse must complete the assessment to receive the incentive	11%	14%	17%	15%	11%
No, spouses / partners are not eligible	51%	44%	39%	48%	43%
Number of respondents	472	91	23	40	28

52 Type of financial incentives offered for participating in a LM or DM coaching program (among employers that offer financial incentives for participating)

Cash / gift card	19%	23%	17%	24%	28%
Maximum annual value (median)	\$100	\$100	\$50	\$138	\$105
Number of respondents	82	21	5	8	8
Financial contribution to an employee spending account (FSA, HSA or HRA)	8%	9%	13%	4%	14%
Maximum annual value (median)	\$200	\$100	\$100	\$263	\$100
Number of respondents	34	8	3	2	3
Lower (higher) employee premium contributions	12%	16%	13%	20%	14%
Maximum annual value (median)	\$540	\$650	\$1,000	\$390	\$700
Number of respondents	43	10	3	4	3
Lower cost sharing (deductibles, copays or coinsurance)	3%	1%	0%	0%	3%
Other financial incentive	11%	6%	9%	7%	3%
No financial incentive is provided	55%	51%	48%	52%	52%
Number of respondents	474	98	23	46	29

53 Benefit-eligible spouses / partners are able to earn the incentive for participating in a coaching program (among employers that offer incentives for participating)

Yes, the same incentive as the employee	25%	32%	42%	28%	30%
Yes, a different incentive	4%	3%	0%	4%	3%
Yes, both the employee and spouse must participate to receive the incentive	3%	5%	0%	6%	7%
No, spouses / partners are not eligible	67%	60%	58%	62%	60%
Number of respondents	480	103	26	47	30

Small = <500 employees
 Medium = 500 to 4,999 employees
 Large = 5,000+ employees

National ALL Small Medium Large
Results MFG MFG MFG MFG

54 Health status targets included in outcomes-based incentive program (among employers that offer outcomes-based incentives)

Body mass index (BMI) or waist circumference	73%	85%	100%	82%	82%
Weight loss target (even if short of BMI target)	45%	54%	67%	64%	27%
Blood pressure	66%	64%	67%	64%	64%
Cholesterol	59%	56%	67%	50%	64%
Tobacco-use status	61%	62%	67%	64%	55%
Glucose / HbA1c	58%	54%	50%	55%	55%
Other	15%	13%	0%	23%	0%
<i>Number of respondents</i>	184	39	6	22	11

55 Benefit-eligible spouses / partners are able to earn outcome-based incentives (among employers that offer outcomes-based incentives)

Yes, the same incentive as the employee	35%	41%	17%	45%	45%
Yes, a different incentive	7%	5%	17%	5%	0%
Yes, both the employee and spouse must meet the requirements to receive incentives	6%	8%	0%	5%	18%
No, spouse / partners are not eligible	53%	46%	67%	45%	36%
<i>Number of respondents</i>	184	39	6	22	11

Employer opinion: How effective are your program's incentives in encouraging employees to participate in programs, comply with treatment protocols, or take other action to improve their health?

Very effective	19%	16%	34%	9%	10%
Effective	56%	54%	41%	65%	48%
Not very effective	23%	26%	22%	22%	39%
Not at all effective	2%	3%	3%	4%	3%
<i>Number of respondents</i>	616	117	32	54	31

Section 6: Measurement and Evaluation

Average score for section 6 (maximum score: 24 points) 9 9 9 9 11

57 Data captured and used in managing the health and well-being program

Participant satisfaction data	46%	32%	27%	29%	45%
Program participation data	73%	78%	69%	82%	85%
Process evaluation data (contact, opt-out, withdrawal rates)	24%	24%	14%	24%	42%
Population health / risk status data -- physical health	49%	53%	39%	51%	76%
Population health / risk status data -- mental health	26%	19%	8%	18%	39%
Health care utilization and cost data	55%	66%	61%	64%	76%
Disability & absence data	22%	23%	16%	28%	24%
Productivity and / or presenteeism data	10%	11%	8%	8%	24%
Organizational culture data	27%	24%	33%	20%	21%
None of these data are used to influence program decisions	14%	11%	20%	7%	6%
<i>Number of respondents</i>	1006	160	51	76	33

Small = <500 employees
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 Large = 5,000+ employees

	National Results	ALL MFG	Small MFG	Medium MFG	Large MFG
58 Stakeholders that regularly receive health and well-being program performance data and information					
Senior leadership	60%	62%	67%	57%	67%
Managers / supervisors (outside of health and well-being program)	24%	23%	24%	18%	30%
Employee population	22%	22%	27%	21%	15%
Spouses / DPs	2%	4%	4%	4%	6%
Program vendors	21%	20%	18%	18%	27%
Do not regularly share performance data with any stakeholders	32%	33%	33%	36%	24%
<i>Number of respondents</i>	1000	160	51	76	33
59 Frequency of communicating program performance data to senior leadership (among employers that regularly share performance data with stakeholders)					
4 times a year or more	26%	30%	44%	27%	16%
2-3 times a year	29%	28%	26%	24%	36%
Once a year	41%	40%	26%	45%	48%
Performance data are not shared with stakeholders on a regular basis	4%	3%	3%	4%	0%
<i>Number of respondents</i>	682	108	34	49	25
60 Employer opinion: How effective are your data management and evaluation activities in terms of how they contribute to the success of your health and well-being program?					
Very effective	6%	6%	12%	4%	3%
Effective	44%	42%	31%	41%	58%
Not very effective	37%	43%	45%	47%	33%
Not at all effective	12%	9%	12%	8%	6%
<i>Number of respondents</i>	989	159	51	75	33

Small = <500 employees
 Medium = 500 to 4,999 employees
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National **ALL** **Small** **Medium** **Large**
Results **MFG** **MFG** **MFG** **MFG**

Demographics

Average total number of US worksites	68	60	5	19	193
<i>Number of respondents</i>	668	118	26	62	30
Average total number of employees in US	4,690	5,366	250	2,005	21,780
<i>Number of respondents</i>	1,002	166	54	79	33
Percentage of employees that are full-time	85%	95%	96%	96%	93%
<i>Number of respondents</i>	963	158	50	77	31
Percentage of employees that are part-time	14%	4%	3%	5%	6%
<i>Number of respondents</i>	960	160	53	76	31
Primary type of business:					
Manufacturing – Mining, construction, energy / petroleum	5%	0%	0%	0%	0%
Manufacturing – products (equipment, chemicals, food / beverage, printing / publishing, etc.)	16%	100%	100%	100%	100%
Transportation, communications, utilities	3%	0%	0%	0%	0%
Services – colleges and universities (public and private)	5%	0%	0%	0%	0%
Services – other educational organizations (public and private)	9%	0%	0%	0%	0%
Services – financial (banks, insurance, real estate)	9%	0%	0%	0%	0%
Services – health care (hospitals and health services)	11%	0%	0%	0%	0%
Services – other technical / professional	7%	0%	0%	0%	0%
Services – other	9%	0%	0%	0%	0%
Retail / wholesale / food services / lodging / entertainment	7%	0%	0%	0%	0%
Government (federal, state, city, county)	5%	0%	0%	0%	0%
<i>Number of respondents</i>	1017	166	54	79	33
Average age of active employees	43	44	44	43	43
<i>Number of respondents</i>	950	159	52	75	32
Average percent of male employees	50%	67%	67%	65%	70%
<i>Number of respondents</i>	943	156	52	74	30
Average percent of employees in a union	15%	8%	4%	7%	17%
<i>Number of respondents</i>	953	161	54	75	32
Average turnover rate	15%	13%	12%	13%	14%
<i>Number of respondents</i>	802	125	45	63	17