



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

HOSPITALS AND HEALTH CARE CLINICS
BENCHMARK REPORT
August, 2018



MAKE TOMORROW, TODAY





MERCER

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

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.

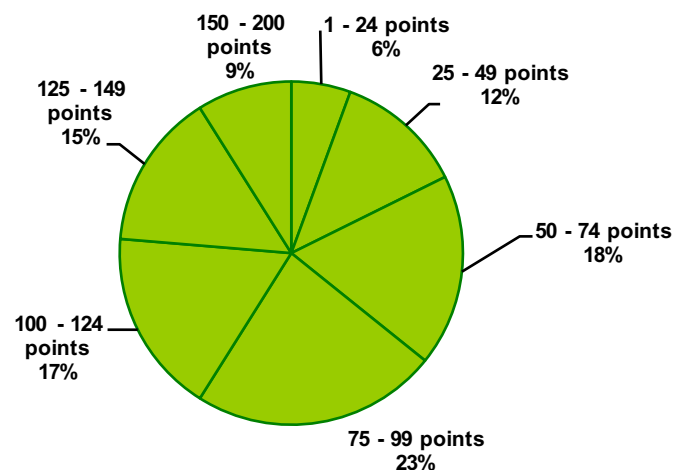
About this Benchmark Report

This Benchmark Report is based on the responses of the 984 employers that have submitted completed Scorecards as of June 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 hospitals and health care clinics of varying size. For more information, please visit the HERO web-site at www.hero-health.org.

NUMBER OF PARTICIPANTS

All employers	984
Employer size*	
Employers with fewer than 500 employees	325
Employers with 500-4,999 employees	424
Employers with 5,000 or more employees	212

DISTRIBUTION OF SCORES ACROSS RESPONDENTS



*Among employers providing data

Scorecard Commentary

Hospitals and Health Care Clinics Lead the Way with Best Practice Approach to Health and Well-being

by Mary Imboden, PhD, MS

HERO partners regularly with health care organizations, as they commonly share our vision of identifying and sharing best practices in the field of health and well-being (HWB). These organizations also make up approximately 15% of HERO members and are commonly represented at HERO Think Tank and Forum meetings. Because the primary goal of health care organizations—including hospitals and health care clinics—is to improve the HWB of patients through treatment, management, and prevention of disease, it is no wonder these organizations also find importance in offering their employees high quality, evidence-based HWB programs. As a result of their commitment and health care knowledge, health care organizations lead the way in implementing HWB best practices.

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) assesses six different areas of practices highly correlated with health, performance, and financial outcomes.¹⁻² These areas include (1) strategic planning; (2) organizational and cultural support; (3) programs; (4) program integration; (5) participation strategies; and (6) measurement and evaluation. When comparing overall HWB score by industry, health care organizations (hospitals and health care clinics) log the second highest overall scores, just behind the higher education sector. This commentary shares key findings from our analysis and identifies opportunities even for this top sector that, if implemented, may further improve its HWB initiatives.

The analysis was based on responses from 984 unique organizations that completed the HERO Scorecard through June 30, 2018. Of these Scorecard completers, 110 organizations self-identified as being a hospital or health care clinic and all but two of them provided information on number of full-time (74.4%) and part-time (25.5%) employees. It has been demonstrated in previous HERO Scorecard analyses that larger organizations tend to achieve higher scores, so it is important to assess the role of organizational size when evaluating industry differences. For this analysis, 16 health care organizations represented small employers (less than 500 employees); 49 represented medium-sized employers (500 to 4,999 employees), and 43 represented large employers (5,000 or more employees). Two organizations did not provide information on organizational size and were therefore excluded from the sub-analyses. Comparisons of overall and section scores by organizational size revealed that small health care organizations have lower scores than medium-sized and large organizations, a pattern that is similar to the overall HERO Scorecard database. For this reason, the subsequent analysis provides comparisons amongst the following groups: all health care organizations (n=110); all industries (“national”, n=984); and small, (n=16); medium (n=49), and large health care organizations (n=43). It is essential to note that the HERO Scorecard completers represent a convenience sample of organizations and are not likely to be representative of all organizations nationally or within a given industry. For example, previous analyses (unpublished) demonstrate that larger organizations are more likely to complete the HERO Scorecard. Additionally, because HERO does not aggressively market or promote use of the HERO Scorecard to a representative sample of all US organizations, it’s likely that HERO Scorecard completers take a more active interest in the HWB of their employee population than organizations that have not completed the Scorecard. Second, no statistical analyses were done, so all results presented in this commentary are based on observation. Observations are offered as a way for health care organizations interested in advancing the HWB of their employees to identify areas of strength or opportunity for their own initiatives.

Best Practice Scores

Health care organizations, including hospitals and health care clinics (109 points out of 200 maximum points) are one of the highest scoring industry groups measured on the HERO Scorecard, with the only group scoring higher being the colleges and universities sector (113 points). Financial services follow closely behind health care organizations with 104 points, but all other industry groups have an average score below 100 points. Within the health care sector, large organizations score more than 20 points higher than smaller organizations (118 versus 93 points).

Hospital and health care clinics also score higher than most industry groups with the exception of higher education organizations (colleges and universities) on most Scorecard sections:

- Strategic planning (12 out of 20 maximum points);
- Organizational and cultural support (27 out of 50 maximum points);
- Programs (26 out of 40 maximum points);
- Program integration (6 out of 16 maximum points);
- Participation strategies (27 out of 50 maximum points); and
- Measurement and evaluation (11 out of 24 maximum points).

The sub-analysis comparing small, medium, and large health care organizations revealed that differences in the overall health care organization score is reflected in all six Scorecard sub-sections:

- Strategic planning (Small: 11 points, Medium: 12 points, Large: 13 points);
- Organizational and cultural support (Small: 25 points, Medium: 26 points, Large: 29 points);
- Programs (Small: 22 points, Medium: 25 points, Large: 28 points);
- Program integration (Small: 4 points, Medium: 6 points, Large: 7 points);
- Participation strategies (Small: 24 points, Medium: 26 points, Large: 29 points); and
- Measurement and evaluation (Small: 9 points, Medium: 10 points, Large: 12 points)

While a two-point or three-point difference within each section may seem small, it may be meaningful relative to the total number of points possible for each section. For example, the program integration section has a potential maximum of 16 points: thus, a two-point difference between small and medium organizations represents 13% of the total points available.

Specific Practices

While a detailed comparison of all practices assessed on the HERO Scorecard is beyond the scope of this commentary, the following are among the most notable strengths and opportunities observed in the analysis.

Strengths

Health care organizations are among the highest scoring industry groups in program integration, participation, and measurement sections of the HERO Scorecard. These organizations are also relatively more likely to include employee HWB in their organization's goals and mission statements. Health care organizations are substantially more likely to offer information about community health resources, as well as on-site one-on-one coaching, and on-site group classes. Additionally, health care organizations are more likely to provide their employees with a smoke free workplace, easy access to healthy eating choices, and initiatives to support a psychologically healthy workplace, including stress management and mental health breaks.

As related to integration, health care organizations tend to be more likely to collaborate as a team to track progress towards common organizational goals. Further, a broader array of participation strategies are used by health care organizations when compared to others. Specifically, these organizations are more likely to offer social strategies to encourage participation in HWB initiatives, including peer support, group goal-setting activities, and competitions/challenges. Health care organizations also focus on measuring and evaluating their HWB programs through capturing data on participant satisfaction and organizational culture to determine approaches to improve their initiatives.

Opportunities

While health care organizations are more likely than other organizations to incorporate many of the practices recommended on the HERO Scorecard, there are some opportunities for them to strengthen their support for employee HWB. The highest potential score on the HERO Scorecard is 200 total points and health care organizations average 109 points. Based on the points available for specific practices, incorporation of the following practices would generally increase health care organization scores and, in turn, drive a more effective HWB initiative.

- Encourage leaders to be role models in making healthy behaviors a priority, publicly recognize employees who are role models for HWB, and hold front-line supervisors accountable for supporting the HWB of the employees they lead.
- Encourage participation in healthy lifestyle behaviors, such as physical activity, by allowing employees to take time during the work day to engage in health and well-being activities when appropriate.
- Provide increased levels of support for mid-level managers and supervisors in their daily efforts to improve HWB of their employees
- Increase the breadth and frequency of communications about program performance and impact to managers, wellness champions, employees, and other stakeholders.

Conclusion

Health care organizations are outperforming many other industries when it comes to incorporating evidence-based approaches into their HWB initiatives. However, there are areas health care organizations could improve upon to help continue to strengthen their initiatives. The HERO Scorecard is an informative tool for health care organizations to use to identify gaps in their current practices and identify approaches to address these gaps.

References

1. Grossmeier J, Fabius R, Flynn JP, Noeldner SP, Fabius D, Goetzel RZ, Anderson DR. Linking workplace health promotion best practices and organizational financial performance: Tracking market performance of companies with highest scores on the HERO Scorecard. *Journal of Occupational and Environmental Medicine*. 2016;58(1):16-23.

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

HHC = Hospitals and Health Care Clinics

Small = <500 employees

Medium = 500 to 4,999 employees

Large = 5,000+ employees

Number of respondents

National Results	All HHC	Small HHC	Medium HHC	Large HHC
984	110	16	49	43

Overall average score (maximum score: 200 points)	91	109	93	105	118
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Section 1: Strategic Planning

Average score for section 1 (maximum score: 20 points)	10	12	11	12	13
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1 Data sources used in strategic planning for health and well-being program

WORKFORCE HEALTH MEASURES

Medical / pharmacy claims	70%	69%	63%	77%	60%
Behavioral health claims	34%	36%	19%	34%	42%
Health assessment	58%	75%	44%	83%	77%
Biometric screening	57%	72%	50%	81%	70%
Fitness assessment	13%	16%	25%	13%	16%
Disability claims	29%	33%	19%	36%	35%
Absence / sick days data	22%	26%	6%	30%	28%
None of the above	15%	8%	19%	9%	5%
Number of respondents	977	108	16	47	43

EMPLOYEE SURVEYS

Employee interest / feedback	63%	75%	69%	69%	86%
Employee morale / satisfaction / engagement data	55%	75%	56%	80%	77%
None of the above	24%	10%	25%	10%	5%
Number of respondents	965	110	16	49	43

BUSINESS MEASURES / ORGANIZATIONAL ASSESSMENT

Employee / business performance data	32%	39%	47%	33%	43%
Employee retention / recruitment data	35%	46%	40%	58%	33%
Culture / climate assessment	40%	52%	40%	50%	60%
None of the above	40%	29%	40%	25%	28%
Number of respondents	925	105	15	48	40

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

Have a long-term plan (2 or more years) only	13%	19%	13%	17%	26%
Have an annual plan only	24%	19%	31%	17%	16%
Have both a long-term and annual plan	19%	31%	13%	32%	37%
Don't have a formal plan	45%	30%	44%	34%	21%
Number of respondents	975	108	16	47	43

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

Participation in health and well-being programs	88%	91%	89%	90%	91%
Changes in health risks	60%	66%	44%	68%	68%
Improvements in clinical measures / outcomes	45%	58%	44%	52%	65%
Absenteeism reductions	20%	21%	11%	26%	21%
Productivity / performance impact	21%	25%	22%	23%	26%
health spending)	52%	54%	44%	58%	53%
award)	40%	57%	56%	55%	56%
Recruitment / retention	25%	34%	44%	26%	35%
Employee satisfaction / morale and engagement	61%	67%	78%	61%	68%
Customer satisfaction	23%	42%	44%	29%	53%
None of the above	4%	1%	0%	3%	0%
Number of respondents	537	76	9	31	34

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

**National
Results** **All
HHC** **Small
HHC** **Medium
HHC** **Large
HHC**

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

Union employees	82%	81%	100%	82%	81%
Spouses / domestic partners (DP)	68%	64%	62%	67%	61%
Dependents other than spouses or DPs	47%	48%	57%	48%	44%
Part-time employees	76%	95%	100%	94%	95%
Employees located outside of the U.S.	38%	50%	0%	80%	25%
English as a Second Language (ESL) employees	83%	94%	100%	92%	95%
Retirees	26%	18%	10%	22%	16%
Employees on disability leave	82%	84%	92%	87%	78%
<i>Number of respondents</i>	846	101	12	47	40

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

Healthy	95%	94%	80%	94%	98%
At risk	93%	91%	87%	92%	91%
Chronically ill	72%	76%	80%	71%	79%
Acute health needs (or catastrophic health incidents)	57%	53%	67%	51%	49%
<i>Number of respondents</i>	885	109	15	49	43

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%	39%	25%	37%	47%
To some extent	53%	47%	56%	49%	42%
Not seen as connected	20%	14%	19%	14%	12%
<i>Number of respondents</i>	960	110	16	49	43

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

Very effective	12%	19%	6%	17%	26%
Effective	46%	48%	44%	49%	47%
Not very effective	34%	31%	44%	30%	28%
Not at all effective	8%	3%	6%	4%	0%
<i>Number of respondents</i>	964	108	16	47	43

Section 2: Organizational and Cultural Support

Average score for Section 2 (maximum score: 50 points) 23 27 25 26 29

8 Methods of communicating health values

workplace culture	34%	55%	56%	49%	63%
Employee health and well-being is included in organization's goals and value statements	38%	58%	44%	55%	65%
Senior leaders consistently articulate the value and importance of health (for example, by connecting health to productivity / performance and business results)	42%	50%	50%	49%	51%
None of the above	36%	24%	25%	29%	19%
<i>Number of respondents</i>	974	110	16	49	43

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
9 Policies relating to employee health and well-being					
Allow employees to take work time for physical activity	31%	18%	25%	14%	21%
Provide opportunities for employees to use work time for stress management and rejuvenation	34%	34%	44%	31%	35%
Support healthy eating choices (for example, by requiring healthy options at company-sponsored events)	58%	65%	69%	63%	65%
Encourage the use of community health and well-being resources (for example, community gardens, recreational facilities, health education resources)	54%	65%	69%	65%	60%
Tobacco-free workplace or campus	67%	85%	69%	86%	88%
Policies promoting responsible alcohol use share options)	53%	47%	31%	45%	53%
None of the above	6%	1%	0%	0%	2%
<i>Number of respondents</i>	977	110	16	49	43
10 Components of company's physical ("built") environment					
Healthy eating choices are available and easy to access	67%	83%	73%	81%	88%
Physical activity is explicitly encouraged by features or resources in the work environment	65%	66%	40%	65%	74%
Stress management and mental recovery breaks are supported	38%	51%	33%	44%	63%
Safety is a priority within the environment	84%	89%	80%	90%	91%
None of the above	5%	2%	7%	0%	2%
<i>Number of respondents</i>	971	108	15	48	43
11 Leadership's support of health and well-being					
Leadership development includes the business relevance of worker health and well-being	28%	38%	40%	35%	43%
Leaders actively participate in health and well-being programs	54%	53%	47%	51%	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%	21%	20%	24%	17%
Leaders are held accountable for supporting the health and well-being of their employees	17%	23%	13%	29%	21%
Leaders hold their front-line managers accountable for supporting the health and well-being of their employees	15%	21%	27%	16%	26%
A senior leader has authority to take action to achieve the organization's health and well-being goals	38%	55%	53%	51%	57%
None of the above	26%	18%	20%	24%	10%
<i>Number of respondents</i>	973	108	15	49	42
12 Employee involvement in health and well-being program					
content, delivery methods, future needs and communication channels	62%	70%	53%	73%	70%
well-being	51%	63%	80%	51%	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%	62%	40%	67%	63%
None of the above	22%	11%	13%	12%	9%
<i>Number of respondents</i>	970	109	15	49	43

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
13 Resources used to support employee champions or ambassadors (among employers with wellness champions or ambassadors)					
Training	48%	57%	58%	56%	57%
Toolkit including resources, information, and contacts, etc.	60%	62%	25%	68%	70%
Rewards or recognition	56%	59%	50%	72%	53%
Regularly scheduled meetings for champion team	80%	81%	92%	80%	80%
None of the above	6%	4%	0%	0%	10%
<i>Number of respondents</i>	484	69	12	25	30
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%	11%	27%	4%	14%
Some support	38%	48%	27%	53%	47%
Not much support	26%	29%	40%	29%	28%
No support	23%	12%	7%	14%	12%
<i>Number of respondents</i>	969	109	15	49	43
15 Employer opinion: How effective are your current organizational support strategies in promoting the health and well-being of employees?					
Very effective	10%	13%	7%	8%	19%
Effective	44%	47%	60%	43%	47%
Not very effective	39%	38%	33%	43%	35%
Not at all effective	8%	3%	0%	6%	0%
<i>Number of respondents</i>	970	109	15	49	43

Section 3: Programs

Average score for section 3 (maximum score: 40 points)	22	26	22	25	28
16 Approaches used to assess the health of individuals / population					
Health assessment questionnaire(s)	67%	77%	67%	82%	74%
Biometric screenings	65%	72%	73%	73%	70%
Employee surveys	48%	66%	47%	76%	60%
(disability)	61%	64%	67%	67%	58%
Monitoring or tracking devices	22%	32%	27%	24%	44%
Other	5%	6%	13%	4%	5%
Do not currently assess population health	12%	6%	0%	6%	7%
<i>Number of respondents</i>	977	109	15	49	43
17 Methods of promoting biometric screenings					
Provide on-site or near-site biometric screenings	64%	72%	67%	76%	67%
Offer biometric screenings through a lab, home test kits, or other off-site options	32%	35%	20%	33%	44%
Conduct awareness campaigns / actively promote getting biometric screenings from health care provider	42%	50%	40%	49%	56%
campaigns	24%	16%	7%	14%	21%
<i>Number of respondents</i>	970	109	15	49	43

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
18 Referral and follow-up process is in place for individuals whose biometric screening results are out of the normal range					
Yes	65%	71%	57%	68%	82%
No	35%	29%	43%	33%	18%
<i>Number of respondents</i>	725	90	14	40	34
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%	89%	87%	88%	91%
No	24%	11%	13%	12%	9%
<i>Number of respondents</i>	972	109	15	49	43
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%	51%	0%	49%	69%
Email or mobile (SMS)	62%	68%	54%	60%	82%
Web-based method (other than email)	72%	77%	46%	77%	90%
In person (includes individual or group meetings or activities)	74%	88%	100%	88%	82%
<i>Number of respondents</i>	737	97	13	43	39
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%	68%	54%	56%	85%
Program is mobile supported (allows individuals to monitor progress and interact via smart phone)	57%	61%	23%	63%	69%
Program incorporates social connection (for example, allows individuals to communicate with, support, and/or challenge other individuals or to form teams)	63%	69%	54%	67%	74%
None of the above	18%	14%	15%	19%	10%
<i>Number of respondents</i>	737	97	13	43	39
22 Offer any individually targeted lifestyle management services that allow for interactive communication between an individual and a health professional or expert system					
Yes	74%	84%	73%	88%	84%
No	26%	16%	27%	12%	16%
<i>Number of respondents</i>	972	109	15	49	43
23 Types of interventions provided by targeted lifestyle management program (among those that provide targeted lifestyle management services)					
Phone-based coaching	79%	74%	45%	72%	86%
Email or mobile (SMS)	54%	54%	27%	49%	69%
Web-based interventions (other than email)	65%	70%	73%	58%	83%
On-site one-on-one coaching	43%	60%	27%	65%	64%
On-site group classes	52%	76%	64%	72%	86%
Paper-based bi-directional communication between the organization and the individual	16%	22%	18%	28%	17%
<i>Number of respondents</i>	717	92	11	43	36

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

National All Small Medium Large
Results HHC HHC HHC HHC

24 Resources provided by organization to support individuals in managing their overall health and well-being

On-site or near-site medical clinic	29%	68%	53%	65%	74%
Employee Assistance Program (EAP)	87%	95%	93%	100%	91%
Child care and / or elder care assistance	32%	47%	20%	41%	60%
Initiatives to support a psychologically healthy workforce	29%	51%	20%	49%	63%
Legal or financial management assistance	62%	72%	67%	65%	81%
Information about community health resources	46%	71%	60%	76%	67%
Health advocacy program	36%	32%	27%	33%	33%
Executive health program	16%	17%	7%	8%	33%
Medical decision support program	26%	28%	27%	20%	37%
Nurse advice line service	67%	55%	40%	55%	58%
None of the above	5%	1%	0%	0%	2%
<i>Number of respondents</i>	967	109	15	49	43

25 Offer disease management (DM) program(s) that addresses the following conditions

Arthritis	34%	31%	20%	33%	30%
Asthma	60%	57%	47%	52%	65%
etc.)	30%	30%	13%	31%	33%
Cancer	49%	46%	47%	52%	37%
Chronic obstructive pulmonary disease (COPD)	56%	59%	53%	52%	67%
Congestive heart failure (CHF)	57%	58%	53%	56%	60%
Coronary artery disease (CAD)	59%	57%	53%	56%	60%
Depression	47%	52%	47%	52%	53%
Diabetes	70%	77%	67%	77%	79%
Maternity	54%	53%	53%	50%	56%
Metabolic syndrome	32%	38%	27%	40%	40%
Musculoskeletal / back pain	39%	36%	20%	42%	35%
Obesity	43%	51%	27%	56%	53%
Don't offer any DM programs	23%	17%	33%	17%	12%
<i>Number of respondents</i>	964	108	15	48	43

26 Provide or use electronic consumer tools to assist participants with managing health data, utilizing health resources, or tracking benefits

Yes	68%	83%	80%	79%	88%
No	32%	17%	20%	21%	12%
<i>Number of respondents</i>	969	108	15	48	43

27 Employer opinion: How effective are your health and well-being programs in promoting a healthier, more productive workforce?

Very effective	10%	13%	0%	8%	21%
Effective	51%	55%	53%	57%	53%
Not very effective	34%	32%	47%	35%	26%
Not effective at all	5%	0%	0%	0%	0%
<i>Number of respondents</i>	972	109	15	49	43

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
28 Steps taken to manage employee disabilities					
Formal goals for disability programs	13%	26%	7%	22%	39%
supervisors accountable for disability management program goals	9%	22%	13%	17%	32%
Written return-to-work programs with policies and procedures covering all absences	52%	67%	53%	67%	71%
ready to return to productive activity but not yet ready to return to their former job	56%	69%	67%	70%	68%
Complex claims receive clinical intervention or oversight (by in-house or outsourced staff)	34%	51%	20%	54%	56%
Standards for ongoing supportive communication with employee throughout the duration of leave	43%	56%	40%	48%	71%
trends with emphasis on established key performance indicators	19%	39%	7%	30%	59%
Strategies to triage individuals with certain disabilities into relevant health and well-being program	14%	29%	7%	26%	39%
None of the above	23%	15%	27%	20%	7%
<i>Number of respondents</i>	945	104	15	46	41
29 Employer opinion: How effective are your disability management programs in promoting a healthier, more productive workforce?					
Very effective	6%	12%	7%	11%	15%
Effective	47%	55%	33%	47%	70%
Not very effective	34%	25%	47%	29%	15%
Not effective at all	14%	8%	13%	13%	0%
<i>Number of respondents</i>	931	102	15	45	40

Section 4: Program Integration

Average score for section 4 (maximum score: 16 points)	5	6	4	6	7
30 Integration of different health and well-being programs					
individuals to programs and resources provided by other partners	51%	64%	36%	67%	72%
Health and well-being partners provide “warm transfer” of individuals to programs and services provided by other partners	34%	42%	29%	31%	58%
The referral process (by employer or third-party) is monitored for volume of referrals	18%	28%	7%	25%	40%
individual employees	11%	18%	7%	15%	26%
All partners collaborate as a team to track progress towards common organizational goals and outcomes	14%	25%	7%	17%	42%
None of the above	40%	23%	50%	27%	9%
<i>Number of respondents</i>	972	107	14	48	43

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

**National
Results** **All
HHC** **Small
HHC** **Medium
HHC** **Large
HHC**

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	60%	64%	50%	57%	74%
Lifestyle management and behavioral health	50%	47%	25%	49%	51%
Disease management and behavioral health	46%	54%	38%	63%	51%
Disease management and case management	54%	49%	13%	43%	62%
Case management and behavioral health	42%	43%	13%	54%	41%
Specialty lifestyle management (e.g. tobacco cessation, obesity, stress, etc.) with any health management program	69%	76%	63%	80%	74%
None of the above	6%	4%	0%	3%	5%
<i>Number of respondents</i>	587	83	8	35	39

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%	25%	13%	28%	28%
Individuals who participate in appropriate health and well-being programs receive more generous disability benefit	2%	3%	0%	0%	8%
Disability data is combined with health and well-being program data for identifying, reporting, and performing analytics	9%	18%	7%	19%	23%
None of the above	75%	63%	87%	60%	58%
<i>Number of respondents</i>	946	104	15	47	40

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%	50%	53%	52%	48%
nutrition or stress management are included in your worksite safety program	24%	29%	27%	27%	31%
Safety data is combined with health management program data for identifying, reporting, and performing analytics	14%	12%	13%	8%	17%
None of the above	41%	36%	27%	38%	38%
Do not have a worksite safety program	15%	7%	13%	6%	5%
<i>Number of respondents</i>	966	107	15	48	42

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%	45%	27%	34%	60%
peers	35%	34%	53%	36%	26%
Provide about the same access to health coverage as our peers	29%	19%	20%	23%	14%
Provide less access to health coverage than our peers	1%	3%	0%	6%	0%
exchanges	1%	0%	0%	0%	0%
<i>Number of respondents</i>	968	107	15	47	43

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
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%	20%	0%	21%	28%
Contributes significantly	27%	30%	40%	27%	26%
Contributes somewhat	41%	38%	47%	35%	40%
Does not contribute	17%	12%	13%	17%	7%
<i>Number of respondents</i>	965	108	15	48	43

Section 5: Participation Strategies

Average score for section 5 (maximum score: 50 points)	23	27	24	26	29
36 Social strategies used to encourage participation in health and well-being programs					
Peer support	47%	59%	67%	57%	56%
Group goal-setting or activities	44%	58%	40%	60%	60%
Competitions / challenges	72%	83%	87%	79%	86%
Connecting participation to a cause	41%	50%	47%	47%	51%
None of the above	19%	10%	13%	13%	7%
<i>Number of respondents</i>	970	107	15	47	43
37 Technology-based resources used					
Web-based resources or tools	74%	84%	80%	83%	86%
Onsite kiosks at work place	21%	28%	13%	26%	37%
Mobile applications	49%	58%	40%	60%	60%
Devices to monitor activity	50%	60%	53%	57%	63%
None of the above	18%	9%	20%	11%	5%
<i>Number of respondents</i>	968	107	15	47	43
38 Components of health and well-being program communications					
Annual or multi-year communications plan that articulates the key themes and messages	52%	56%	47%	52%	63%
targeted population (newsletter, direct mailings, e-mail, website, text messaging, etc.)	64%	74%	60%	69%	84%
population (based on demographics or risk status) with unique messages	25%	32%	13%	29%	44%
Year-round communication (on at least a quarterly basis)	67%	83%	87%	75%	91%
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%	75%	33%	77%	86%
Regular status reports to inform stakeholders such as employees, vendors, and management of program progress	39%	51%	47%	54%	49%
Employee meetings or webcasts where management discusses and promotes health and well-being programs	34%	39%	40%	38%	40%
Communications are directed to spouses and family members as well as employees	28%	31%	20%	25%	40%
None of the above	15%	6%	7%	8%	2%
<i>Number of respondents</i>	971	108	15	48	43

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
39 Separate health and well-being program communications targeted to employees with different roles in organization					
Senior leadership	22%	34%	27%	21%	51%
Managers (including direct supervisors)	21%	36%	13%	27%	53%
Wellness champions	34%	45%	33%	33%	63%
None of the above	56%	46%	60%	60%	26%
<i>Number of respondents</i>	967	108	15	48	43
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%	47%	64%	44%	42%
Our program may provide some intrinsic rewards but it's not the primary focus of our engagement strategy	63%	53%	36%	56%	58%
<i>Number of respondents</i>	964	107	14	48	43
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%	13%	13%	10%	14%
Effective	49%	58%	60%	60%	56%
Not very effective	31%	23%	27%	21%	26%
Not at all effective	8%	6%	0%	8%	5%
<i>Number of respondents</i>	964	108	15	48	43
42 Offer employees incentives in connection with the health and well-being program					
Yes, financial rewards or penalties (includes sweepstakes and charitable contributions)	62%	75%	67%	74%	77%
Yes, but only token gifts (t-shirts, water bottles, etc.)	15%	13%	13%	13%	14%
No financial incentives	23%	12%	20%	13%	9%
<i>Number of respondents</i>	971	107	15	47	43
43 How incentives are communicated (among employers that offer incentives)					
Reward	82%	84%	89%	83%	82%
Penalty	3%	4%	0%	6%	3%
Both rewards and penalties	15%	13%	11%	11%	15%
<i>Number of respondents</i>	590	79	9	35	33
44 Financial structure of incentives (among employers that offer incentives)					
Incentives are considered a program expense	71%	71%	100%	63%	69%
Incentives are designed to be cost neutral	20%	18%	0%	20%	22%
Incentives are treated as a source of additional funding	9%	12%	0%	17%	9%
<i>Number of respondents</i>	585	78	9	35	32

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
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%	95%	100%	97%	91%
health status targets (health-contingent outcomes-based incentives)	34%	46%	22%	46%	52%
taking 10,000 steps per day (health-contingent, activity-only incentives)	52%	52%	56%	49%	52%
<i>Number of respondents</i>	585	79	9	35	33
46 Maximum annual value of all incentives a person could earn (among employers that offer incentives)					
Median value of participatory incentives per employee	\$300	\$360	\$500	\$456	\$360
<i>Number of respondents</i>	483	66	7	29	29
per employee	\$300	\$350	\$500	\$350	\$325
<i>Number of respondents</i>	160	29	1	11	16
Median value of health-contingent, activity-only incentives per employee	\$200	\$250	\$20	\$400	\$268
<i>Number of respondents</i>	138	21	1	11	8
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%	59%	68%	62%	56%
<i>Number of respondents</i>	473	70	5	32	31
annual incentive	38%	43%	23%	48%	38%
<i>Number of respondents</i>	393	52	2	25	23
48 Use point system for earning rewards (among employers that offer incentives)					
Yes	47%	58%	67%	60%	58%
No	53%	42%	33%	40%	42%
<i>Number of respondents</i>	587	79	9	35	33
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)	30%	22%	11%	21%	24%
Separate (or additional) incentive for biometric screening	24%	18%	33%	12%	17%
screening (both are required to earn the reward/avoid the penalty)	51%	59%	56%	73%	45%
activities only	14%	16%	22%	9%	21%
<i>Number of respondents</i>	535	73	9	33	29

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
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	44%	37%	43%	39%	30%
Maximum annual value (median)	\$100	\$90	\$10	\$90	\$175
Number of respondents	186	20	1	12	6
HSA or HRA)	23%	19%	43%	16%	17%
Maximum annual value (median)	\$300	\$300	\$300	\$650	\$200
Number of respondents	88	9	1	5	3
Lower (higher) employee premium contributions	46%	55%	43%	52%	65%
Maximum annual value (median)	\$500	\$560	\$700	\$600	\$355
Number of respondents	179	31	2	15	14
Lower cost sharing (deductibles, copays or coinsurance)	4%	10%	0%	16%	4%
Other financial incentive	15%	11%	29%	6%	13%
Number of respondents	444	62	7	31	23

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%	19%	14%	19%	22%
Yes, a different incentive	8%	6%	0%	3%	9%
Yes, both the employee and spouse must complete the assessment to receive the incentive	11%	13%	0%	23%	4%
No, spouses / partners are not eligible	51%	61%	86%	55%	65%
Number of respondents	453	62	7	31	23

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%	16%	20%	21%	4%
Maximum annual value (median)	\$100	\$88	0	\$100	0
Number of respondents	79	8	0	7	0
HSA or HRA)	8%	5%	0%	3%	8%
Maximum annual value (median)	\$200	\$300	0	\$300	\$450
Number of respondents	33	3	0	1	2
Lower (higher) employee premium contributions	12%	11%	0%	9%	17%
Maximum annual value (median)	\$530	\$600	0	\$900	\$255
Number of respondents	42	7	0	3	4
Lower cost sharing (deductibles, copays or coinsurance)	3%	9%	0%	9%	13%
Other financial incentive	11%	17%	20%	12%	25%
No financial incentive is provided	55%	48%	60%	55%	38%
Number of respondents	454	64	5	33	24

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%	30%	25%	21%	48%
Yes, a different incentive	4%	0%	0%	0%	0%
the incentive	3%	5%	0%	9%	0%
No, spouses / partners are not eligible	67%	65%	75%	70%	52%
Number of respondents	460	66	8	33	23

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
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%	73%	100%	81%	67%
Weight loss target (even if short of BMI target)	44%	42%	0%	50%	33%
Blood pressure	67%	58%	0%	69%	53%
Cholesterol	59%	48%	0%	63%	40%
Tobacco-use status	61%	70%	100%	63%	80%
Glucose / HbA1c	56%	52%	100%	56%	47%
Other	14%	9%	0%	13%	7%
Number of respondents	174	33	1	16	15

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	34%	30%	0%	31%	33%
Yes, a different incentive	7%	6%	0%	0%	7%
Yes, both the employee and spouse must meet the requirements to receive incentives	6%	6%	0%	0%	13%
No, spouse / partners are not eligible	52%	58%	100%	69%	47%
Number of respondents	174	33	1	16	15

56 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	20%	24%	10%	26%	21%
Effective	55%	59%	80%	54%	61%
Not very effective	23%	16%	10%	17%	18%
Not at all effective	2%	1%	0%	3%	0%
Number of respondents	591	80	10	35	33

Section 6: Measurement and Evaluation

Average score for section 6 (maximum score: 24 points)	9	11	9	10	12
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57 Data captured and used in managing the health and well-being program					
Participant satisfaction data	46%	60%	53%	48%	74%
Program participation data	73%	80%	73%	73%	88%
Process evaluation data (contact, opt-out, withdrawal rates)	24%	30%	20%	31%	33%
Population health / risk status data -- physical health	49%	58%	60%	52%	65%
Population health / risk status data -- mental health	26%	35%	13%	35%	42%
Health care utilization and cost data	54%	55%	53%	63%	47%
Disability & absence data	22%	28%	20%	31%	26%
Productivity and / or presenteeism data	10%	15%	0%	17%	19%
Organizational culture data	26%	42%	20%	40%	51%
None of these data are used to influence program decisions	15%	9%	7%	15%	5%
Number of respondents	964	108	15	48	43

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

	National Results	All HHC	Small HHC	Medium HHC	Large HHC
58 Stakeholders that regularly receive health and well-being program performance data and information					
Senior leadership	60%	67%	67%	58%	74%
program)	24%	43%	27%	46%	44%
Employee population	22%	31%	40%	29%	28%
Spouses / DPs	2%	3%	0%	4%	2%
Program vendors	21%	25%	33%	21%	28%
Do not regularly share performance data with any stakeholders	32%	26%	27%	33%	19%
<i>Number of respondents</i>	958	108	15	48	43

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%	32%	27%	25%	41%
2-3 times a year	29%	29%	18%	34%	26%
Once a year	41%	39%	55%	41%	32%
basis	4%	0%	0%	0%	0%
<i>Number of respondents</i>	655	79	11	32	34

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	7%	9%	0%	8%	14%
Effective	43%	44%	47%	40%	45%
Not very effective	38%	36%	40%	40%	33%
Not at all effective	12%	10%	13%	13%	7%
<i>Number of respondents</i>	949	107	15	48	42

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

National **All** **Small** **Medium** **Large**
Results **HHC** **HHC** **HHC** **HHC**

Demographics

Average total number of US worksites	68	60	26	43	76
<i>Number of respondents</i>	636	75	9	28	36
Average total number of employees in US	5,406	8,839	214	2,431	19,349
<i>Number of respondents</i>	961	108	16	49	43
Percentage of employees that are full-time	85%	74%	79%	72%	75%
<i>Number of respondents</i>	922	103	15	47	41
Percentage of employees that are part-time	14%	25%	15%	28%	24%
<i>Number of respondents</i>	920	103	15	47	41
Primary type of business:					
Manufacturing – Mining, construction, energy / petroleum	5%	0%	0%	0%	0%
Manufacturing – products (equipment, chemicals, food / beverage, printing / publishing, etc.)	17%	0%	0%	0%	0%
Transportation, communications, utilities	3%	0%	0%	0%	0%
Services – colleges and universities (public and private)	4%	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%	100%	100%	100%	100%
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>	975	110	16	49	43
Average age of active employees	43	43	42	43	43
<i>Number of respondents</i>	909	101	14	47	40
Average percent of male employees	51%	25%	24%	24%	26%
<i>Number of respondents</i>	905	104	15	49	40
Average percent of employees in a union	15%	13%	3%	13%	17%
<i>Number of respondents</i>	914	103	15	47	41
Average turnover rate	15%	18%	25%	17%	16%
<i>Number of respondents</i>	768	93	12	12	12

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

Points per question and
response

Overall average score (maximum score: 200 points)

Section 1: Strategic Planning

	Average score for section 1 (maximum score: 20 points)	20.00
1	Data sources used in strategic planning for health and well-being program	
	WORKFORCE HEALTH MEASURES	2.00
	Medical / pharmacy claims	0.67
	Behavioral health claims	0.67
	Health assessment	0.67
	Biometric screening	0.67
	Fitness assessment	0.67
	Disability claims	0.67
	Absence / sick days data	0.67
	None of the above	0.67
	<i>Number of respondents</i>	0.00
	EMPLOYEE SURVEYS	
	Employee interest / feedback	0.67
	Employee morale / satisfaction / engagement data	0.67
	None of the above	0.00
	<i>Number of respondents</i>	
	BUSINESS MEASURES / ORGANIZATIONAL ASSESSMENT	
	Employee / business performance data	0.67
	Employee retention / recruitment data	0.67
	Culture / climate assessment	0.67
	None of the above	0.00
	<i>Number of respondents</i>	
2	Formal, written, strategic plan for health and well-being	3.50
	Have a long-term plan (2 or more years) only	2.33
	Have an annual plan only	1.17
	Have both a long-term and annual plan	3.50
	Don't have a formal plan	0.00
	<i>Number of respondents</i>	
3	Measurable objectives included in health and well-being strategic plan (among employers with a plan)	3.50
	Participation in health and well-being programs	0.35
	Changes in health risks	0.35
	Improvements in clinical measures / outcomes	0.35
	Absenteeism reductions	0.35
	Productivity / performance impact	0.35
	Financial outcomes measurement (medical plan cost or other health spending)	0.35
	Winning health and well-being program awards (e.g., Koop award)	0.35
	Recruitment / retention	0.35
	Employee satisfaction / morale and engagement	0.35
	Customer satisfaction	0.35
	None of the above	0.00
	THE HERO HEALTH AND WELL-BEING BEST PRACTICES SCORECARD IN COLLABORATION WITH MERCER	

**Points per question and
response**

Number of respondents

	Points per question and response
4 Key components of the health and well-being program are available to various populations (among employers with each population segment)	0.38 points for each "yes" or "not applicable"
Union employees	
Spouses / domestic partners (DP)	
Dependents other than spouses or DPs	
Part-time employees	
Employees located outside of the U.S.	
English as a Second Language (ESL) employees	
Retirees	
Employees on disability leave	
<i>Number of respondents</i>	
5 Program specifically addresses the needs of employees with different health statuses	2.50
Healthy	0.63
At risk	0.63
Chronically ill	0.63
Acute health needs (or catastrophic health incidents)	0.63
<i>Number of respondents</i>	
6 Employer opinion: To what extent is your health and well-being program viewed by senior leadership as connected to broader business results?	3.00
To a great extent	3.00
To some extent	1.50
Not seen as connected	0.00
<i>Number of respondents</i>	
7 Employer opinion: How effective is the strategic planning process for health and well-being?	2.50
Very effective	2.50
Effective	1.67
Not very effective	0.83
Not at all effective	0.00
<i>Number of respondents</i>	

Section 2: Organizational and Cultural Support

Average score for Section 2 (maximum score: 50 points)	50.00
8 Methods of communicating health values	7.50
Company vision / mission statement supports a healthy workplace culture	1.88
Employee health and well-being is included in organization's goals and value statements	1.88
Senior leaders consistently articulate the value and importance of health (for example, by connecting health to productivity / performance and business results)	3.75
None of the above	0.00
<i>Number of respondents</i>	

	Points per question and response
9 Policies relating to employee health and well-being	8.00
Allow employees to take work time for physical activity	1.00
Provide opportunities for employees to use work time for stress management and rejuvenation	1.00
Support healthy eating choices (for example, by requiring healthy options at company-sponsored events)	1.00
Encourage the use of community health and well-being resources (for example, community gardens, recreational facilities, health education resources)	1.00
Tobacco-free workplace or campus	2.00
Policies promoting responsible alcohol use	1.00
Support work-life balance (for example, with flex time or job share options)	1.00
None of the above	0.00
<i>Number of respondents</i>	
10 Components of company's physical ("built") environment	6.50
Healthy eating choices are available and easy to access	1.63
Physical activity is explicitly encouraged by features or resources in the work environment	1.63
Stress management and mental recovery breaks are supported	1.63
Safety is a priority within the environment	1.63
None of the above	0.00
<i>Number of respondents</i>	
11 Leadership's support of health and well-being	6.50
Leadership development includes the business relevance of worker health and well-being	0.93
Leaders actively participate in health and well-being programs	0.93
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.)	0.93
Leaders publicly recognize employees for healthy actions and outcomes	0.93
Leaders are held accountable for supporting the health and well-being of their employees	0.93
Leaders hold their front-line managers accountable for supporting the health and well-being of their employees	0.93
A senior leader has authority to take action to achieve the organization's health and well-being goals	0.93
None of the above	0.00
<i>Number of respondents</i>	
12 Employee involvement in health and well-being program	7.00
Employees have the opportunity to provide input into program content, delivery methods, future needs and communication channels	2.00
Wellness champion networks are used to support health and well-being	3.00
Employees are formally asked to share their perception of organizational support for their health and well-being (for example, in an annual employee survey)	2.00
None of the above	0.00
<i>Number of respondents</i>	

	Points per question and response
13 Resources used to support employee champions or ambassadors (among employers with wellness champions or ambassadors)	3.00
Training	0.75
Toolkit including resources, information, and contacts, etc.	0.75
Rewards or recognition	0.75
Regularly scheduled meetings for champion team	0.75
None of the above	0.00
<i>Number of respondents</i>	
14 Level of support for mid-level managers and supervisors in their efforts to improve the health and well-being of employees	7.00
Managers / work group supervisors are given a lot of support	7.00
Some support	4.67
Not much support	2.33
No support	0.00
<i>Number of respondents</i>	
15 Employer opinion: How effective are your current organizational support strategies in promoting the health and well-being of employees?	4.50
Very effective	4.50
Effective	3.00
Not very effective	1.50
Not at all effective	0.00
<i>Number of respondents</i>	

Section 3: Programs

Average score for section 3 (maximum score: 40 points)	40.00
16 Approaches used to assess the health of individuals / population	3.50
Health assessment questionnaire(s)	0.70
Biometric screenings	0.70
Employee surveys	0.70
Claims data mining (medical, pharmacy, behavioral health, disability)	0.70
Monitoring or tracking devices	0.70
Other	0.00
Do not currently assess population health	0.00
<i>Number of respondents</i>	
17 Methods of promoting biometric screenings	2.50
Provide on-site or near-site biometric screenings	0.83
Offer biometric screenings through a lab, home test kits, or other off-site options	0.83
Conduct awareness campaigns / actively promote getting biometric screenings from health care provider	0.83
Do not provide biometric screenings or conduct awareness campaigns	0.00
<i>Number of respondents</i>	

	Points per question and response
18 Referral and follow-up process is in place for individuals whose biometric screening results are out of the normal range	2.50
Yes	2.50
No	0.00
<i>Number of respondents</i>	
19 Provide health behavior change programs that are offered to all individuals eligible for health and well-being program, regardless of health status	3.50
Yes	3.50
No	0.00
<i>Number of respondents</i>	
20 Method of delivery of health improvement programs (among employers that provide health behavior change programs to all, regardless of health status)	1.00
Phone-based (can include group conference calls)	0.25
Email or mobile (SMS)	0.25
Web-based method (other than email)	0.25
In person (includes individual or group meetings or activities)	0.25
<i>Number of respondents</i>	
21 Features incorporated into one or more health improvement programs (among employers that provide health behavior change programs to all)	2.00
Program incorporates use of tracking tools such as a pedometer, glucometer, or automated scale	0.67
Program is mobile supported (allows individuals to monitor progress and interact via smart phone)	0.67
Program incorporates social connection (for example, allows individuals to communicate with, support, and/or challenge other individuals or to form teams)	0.67
None of the above	0.00
<i>Number of respondents</i>	
22 Offer any individually targeted lifestyle management services that allow for interactive communication between an individual and a health professional or expert system	4.50
Yes	4.50
No	0.00
<i>Number of respondents</i>	
23 Types of interventions provided by targeted lifestyle management program (among those that provide targeted lifestyle management services)	1.50
Phone-based coaching	0.25
Email or mobile (SMS)	0.25
Web-based interventions (other than email)	0.25
On-site one-on-one coaching	0.25
On-site group classes	0.25
Paper-based bi-directional communication between the organization and the individual	0.25
<i>Number of respondents</i>	

	Points per question and response
24 Resources provided by organization to support individuals in managing their overall health and well-being	3.50
On-site or near-site medical clinic	0.35
Employee Assistance Program (EAP)	0.35
Child care and / or elder care assistance	0.35
Initiatives to support a psychologically healthy workforce	0.35
Legal or financial management assistance	0.35
Information about community health resources	0.35
Health advocacy program	0.35
Executive health program	0.35
Medical decision support program	0.35
Nurse advice line service	0.35
None of the above	0.00
<i>Number of respondents</i>	
25 Offer disease management (DM) program(s) that addresses the following conditions	3.50
Arthritis	3.50
Asthma	3.50
Autoimmune disorders (multiple sclerosis, rheumatoid arthritis, etc.)	3.50
Cancer	3.50
Chronic obstructive pulmonary disease (COPD)	3.50
Congestive heart failure (CHF)	3.50
Coronary artery disease (CAD)	3.50
Depression	3.50
Diabetes	3.50
Maternity	3.50
Metabolic syndrome	3.50
Musculoskeletal / back pain	3.50
Obesity	3.50
Don't offer any DM programs	0.00
<i>Number of respondents</i>	
26 Provide or use electronic consumer tools to assist participants with managing health data, utilizing health resources, or tracking benefits	2.00
Yes	2.00
No	0.00
<i>Number of respondents</i>	
27 Employer opinion: How effective are your health and well-being programs in promoting a healthier, more productive workforce?	4.00
Very effective	4.00
Effective	2.67
Not very effective	1.33
Not effective at all	0.00
<i>Number of respondents</i>	

	Points per question and response
28 Steps taken to manage employee disabilities	4.00
Formal goals for disability programs	0.50
Performance standards to hold leaders, managers, and supervisors accountable for disability management program goals	0.50
Written return-to-work programs with policies and procedures covering all absences	0.50
Modified temporary job offers for employees with disabilities ready to return to productive activity but not yet ready to return to their former job	0.50
Complex claims receive clinical intervention or oversight (by in-house or outsourced staff)	0.50
Standards for ongoing supportive communication with employee throughout the duration of leave	0.50
Developed metrics to regularly monitor and manage disability trends with emphasis on established key performance indicators	0.50
Strategies to triage individuals with certain disabilities into relevant health and well-being program	0.50
None of the above	0.00
<i>Number of respondents</i>	
29 Employer opinion: How effective are your disability management programs in promoting a healthier, more productive workforce?	2.00
Very effective	2.00
Effective	1.33
Not very effective	0.67
Not effective at all	0.00
<i>Number of respondents</i>	

Section 4: Program Integration

Average score for section 4 (maximum score: 16 points)	16.00
30 Integration of different health and well-being programs	5.00
Health and well-being partners (internal and external) refer individuals to programs and resources provided by other partners	1.00
Health and well-being partners provide “warm transfer” of individuals to programs and services provided by other partners	1.00
The referral process (by employer or third-party) is monitored for volume of referrals	1.00
All partners collaborate as a team to track outcomes for individual employees	1.00
All partners collaborate as a team to track progress towards common organizational goals and outcomes	1.00
None of the above	0.00
<i>Number of respondents</i>	

	Points per question and response
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)	4.00
Lifestyle management and disease management	0.67
Lifestyle management and behavioral health	0.67
Disease management and behavioral health	0.67
Disease management and case management	0.67
Case management and behavioral health	0.67
Specialty lifestyle management (e.g. tobacco cessation, obesity, stress, etc.) with any health management program	0.67
None of the above	0.00
<i>Number of respondents</i>	
32 Integration of disability management program and health and well-being programs	2.00
Individuals in disability management are referred to health and well-being programs	0.67
Individuals who participate in appropriate health and well-being programs receive more generous disability benefit	0.67
Disability data is combined with health and well-being program data for identifying, reporting, and performing analytics	0.67
None of the above	0.00
<i>Number of respondents</i>	
33 Integration of worksite safety program and health and well-being program	2.00
Safety and injury prevention are elements of the health management program goals and objectives	0.67
Health management elements, such as physical activity, healthy nutrition or stress management are included in your worksite safety program	0.67
Safety data is combined with health management program data for identifying, reporting, and performing analytics	0.67
None of the above	0.00
Do not have a worksite safety program	0.00
<i>Number of respondents</i>	
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?	0.00
Provide far greater access to health coverage than most of our peer organizations	0.00
Provide good access to health coverage, a bit more than our peers	0.00
Provide about the same access to health coverage as our peers	0.00
Provide less access to health coverage than our peers	0.00
Don't provide a health plan; employees are covered in public exchanges	0.00
<i>Number of respondents</i>	

Points per question and response

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?	3.00
	Program integration contributes very significantly to success	3.00
	Contributes significantly	2.00
	Contributes somewhat	1.00
	Does not contribute	0.00
	<i>Number of respondents</i>	

Section 5: Participation Strategies

Average score for section 5 (maximum score: 50 points) 50.00

36	Social strategies used to encourage participation in health and well-being programs	7.50
	Peer support	1.88
	Group goal-setting or activities	1.88
	Competitions / challenges	1.88
	Connecting participation to a cause	1.88
	None of the above	0.00
	<i>Number of respondents</i>	

37	Technology-based resources used	4.00
	Web-based resources or tools	1.00
	Onsite kiosks at work place	1.00
	Mobile applications	1.00
	Devices to monitor activity	1.00
	None of the above	0.00
	<i>Number of respondents</i>	

38	Components of health and well-being program communications	9.50
	Annual or multi-year communications plan that articulates the key themes and messages	0.95
	Multiple communication channels and media appropriate for targeted population (newsletter, direct mailings, e-mail, website, text messaging, etc.)	1.43
	Communications are tailored to specific sub-groups of the population (based on demographics or risk status) with unique messages	1.43
	Year-round communication (on at least a quarterly basis)	0.95
	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	1.90
	Regular status reports to inform stakeholders such as employees, vendors, and management of program progress	0.48
	Employee meetings or webcasts where management discusses and promotes health and well-being programs	0.48
	Communications are directed to spouses and family members as well as employees	1.90
	None of the above	0.00
	<i>Number of respondents</i>	

	Points per question and response
39 Separate health and well-being program communications targeted to employees with different roles in organization	4.50
Senior leadership	1.50
Managers (including direct supervisors)	1.50
Wellness champions	1.50
None of the above	0.00
<i>Number of respondents</i>	
40 Engagement strategy intentionally includes a focus on increasing employees' intrinsic motivation to improve or maintain their health	5.50
Using intrinsic motivation as the reward is the primary focus of our engagement strategy	5.50
Our program may provide some intrinsic rewards but it's not the primary focus of our engagement strategy	0.00
<i>Number of respondents</i>	
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?	3.50
Very effective	3.50
Effective	2.30
Not very effective	1.20
Not at all effective	0.00
<i>Number of respondents</i>	
42 Offer employees incentives in connection with the health and well-being program	5.50
Yes, financial rewards or penalties (includes sweepstakes and charitable contributions)	5.50
Yes, but only token gifts (t-shirts, water bottles, etc.)	2.75
No financial incentives	0.00
<i>Number of respondents</i>	
43 How incentives are communicated (among employers that offer incentives)	0.00
Reward	0.00
Penalty	0.00
Both rewards and penalties	0.00
<i>Number of respondents</i>	
44 Financial structure of incentives (among employers that offer incentives)	0.00
Incentives are considered a program expense	0.00
Incentives are designed to be cost neutral	0.00
Incentives are treated as a source of additional funding	0.00
<i>Number of respondents</i>	

	Points per question and response
45 Requirements for earning incentives (among employers that offer incentives)	0.00
Participating in one or more aspects of health and well-being programs or offerings, such as HA, biometric screening, or coaching (participatory incentives)	0.00
Achieving, maintaining, or showing progress toward specific health status targets (health-contingent outcomes-based incentives)	0.00
Completing a specific activity related to a health factor, such as taking 10,000 steps per day (health-contingent, activity-only incentives)	0.00
<i>Number of respondents</i>	
46 Maximum annual value of all incentives a person could earn (among employers that offer incentives)	0.00
Median value of participatory incentives per employee	
<i>Number of respondents</i>	
Median value of health-contingent, outcomes-based incentives per employee	
<i>Number of respondents</i>	
Median value of health-contingent, activity-only incentives per employee	
<i>Number of respondents</i>	
47 Percentage of employees eligible for incentives that earn the incentive (among employers that offer incentives)	0.00
Average percent of eligible employees earning any incentive	
<i>Number of respondents</i>	
Average percent of eligible employees earning maximum annual incentive	
<i>Number of respondents</i>	
48 Use point system for earning rewards (among employers that offer incentives)	0.00
Yes	0.00
No	0.00
<i>Number of respondents</i>	
49 Financial incentives provided for participating in assessment-related activities (among employers that offer participatory incentives)	3.50
Separate incentive for completing an HA (no biometric screening is required)	3.50
Separate (or additional) incentive for biometric screening	3.50
Combined incentive for completing both an HA and biometric screening (both are required to earn the reward/avoid the penalty)	3.50
No financial incentive is provided for assessment-related activities only	0.00
<i>Number of respondents</i>	

	Points per question and response
50 Type of financial incentives offered for completing an HA and / or biometric screening (among employers that offer financial incentives for participating)	0.00
Cash / gift card	
Maximum annual value (median)	
<i>Number of respondents</i>	
Financial contribution to an employee spending account (FSA, HSA or HRA)	
Maximum annual value (median)	
<i>Number of respondents</i>	
Lower (higher) employee premium contributions	
Maximum annual value (median)	
<i>Number of respondents</i>	
Lower cost sharing (deductibles, copays or coinsurance)	
Other financial incentive	
<i>Number of respondents</i>	
51 Benefit-eligible spouses / partners are able to earn the incentive for assessment-related activities (among employers that offer financial incentives for participating)	3.00
Yes, the same incentive as the employee	3.00
Yes, a different incentive	3.00
Yes, both the employee and spouse must complete the assessment to receive the incentive	3.00
No, spouses / partners are not eligible	0.00
<i>Number of respondents</i>	
52 Type of financial incentives offered for participating in a LM or DM coaching program (among employers that offer financial incentives for participating)	0.00
Cash / gift card	
Maximum annual value (median)	
<i>Number of respondents</i>	
Financial contribution to an employee spending account (FSA, HSA or HRA)	
Maximum annual value (median)	
<i>Number of respondents</i>	
Lower (higher) employee premium contributions	
Maximum annual value (median)	
<i>Number of respondents</i>	
Lower cost sharing (deductibles, copays or coinsurance)	
Other financial incentive	
No financial incentive is provided	
<i>Number of respondents</i>	
53 Benefit-eligible spouses / partners are able to earn the incentive for participating in a coaching program (among employers that offer incentives for participating)	0.00
Yes, the same incentive as the employee	0.00
Yes, a different incentive	0.00
Yes, both the employee and spouse must participate to receive the incentive	0.00
No, spouses / partners are not eligible	0.00
<i>Number of respondents</i>	

	Points per question and response
54 Health status targets included in outcomes-based incentive program (among employers that offer outcomes-based incentives)	0.00
Body mass index (BMI) or waist circumference	0.00
Weight loss target (even if short of BMI target)	0.00
Blood pressure	0.00
Cholesterol	0.00
Tobacco-use status	0.00
Glucose / HbA1c	0.00
Other	0.00
<i>Number of respondents</i>	
55 Benefit-eligible spouses / partners are able to earn outcome-based incentives (among employers that offer outcomes-based incentives)	0.00
Yes, the same incentive as the employee	0.00
Yes, a different incentive	0.00
Yes, both the employee and spouse must meet the requirements to receive incentives	0.00
No, spouse / partners are not eligible	0.00
<i>Number of respondents</i>	
56 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?	3.50
Very effective	3.50
Effective	2.30
Not very effective	1.20
Not at all effective	0.00
<i>Number of respondents</i>	

Section 6: Measurement and Evaluation

Average score for section 6 (maximum score: 24 points)	24.00
57 Data captured and used in managing the health and well-being program	12.00
Participant satisfaction data	0.75
Program participation data	0.75
Process evaluation data (contact, opt-out, withdrawal rates)	0.75
Population health / risk status data -- physical health	1.50
Population health / risk status data -- mental health	2.25
Health care utilization and cost data	1.50
Disability & absence data	1.12
Productivity and / or presenteeism data	1.13
Organizational culture data	2.25
None of these data are used to influence program decisions	0.00
<i>Number of respondents</i>	

Points per question and response

58 Stakeholders that regularly receive health and well-being program performance data and information	3.60
Senior leadership	0.72
Managers / supervisors (outside of health and well-being program)	0.72
Employee population	0.72
Spouses / DPs	0.72
Program vendors	0.72
Do not regularly share performance data with any stakeholders	0.00
<i>Number of respondents</i>	
59 Frequency of communicating program performance data to senior leadership (among employers that regularly share performance data with stakeholders)	2.40
4 times a year or more	2.40
2-3 times a year	1.60
Once a year	0.80
Performance data are not shared with stakeholders on a regular basis	0.00
<i>Number of respondents</i>	
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?	6.00
Very effective	6.00
Effective	4.00
Not very effective	2.00
Not at all effective	0.00
<i>Number of respondents</i>	