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

USER'S GUIDE
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INTRODUCTION AND DEFINITION OF "HEALTH AND WELL-BEING"

This guide is intended to make the *HERO Health and Well-Being Best Practices Scorecard in Collaboration With Mercer©* (the Scorecard) easier for employers to complete and to improve the consistency of the responses in the database. This benefits you by improving the quality of the benchmark data and other information the Scorecard provides while enhancing its research capabilities. This User's Guide reflects the questions and feedback we've received from users since the latest version of the Scorecard was released. This guide will be updated periodically as more organizations take the Scorecard and we receive more questions or requests for clarification. We welcome your comments — please contact HERO at info@hero-health.org with your feedback or questions.

For the purposes of the Scorecard, "health and well-being" initiatives are defined as a set of organized activities and systematic interventions sponsored by employers and governmental/community agencies with the goal of educating employees and their dependents about their health, increasing their awareness of modifiable health risks, and promoting and supporting positive changes in their health behavior.

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GENERAL GUIDELINES

Before completing the Scorecard, please review these general guidelines. For the purposes of the Scorecard, we define a successful health and well-being program as one that positively affects employee health and medical cost as well as productivity and quality of life. A health and well-being "best practice" is an element or activity that contributes to program success. The Scorecard was designed to help employers and other members of the health and well-being provider community to better understand the extent to which specific health and well-being practices help achieve better heath, lower medical trend and achieve better business outcomes. The following suggestions for completing the Scorecard will advance this goal.

ORGANIZATIONS WITH MULTIPLE LOCATIONS OR BUSINESS UNITS

Few multi-location employers report that their health and well-being programs are identical at all locations. This section addresses how differences between locations should be taken into account when responding to Scorecard questions. Although your approach will depend on the information and resources available to you for completing the Scorecard — as well as your business objectives — the following guidelines may simplify the process for you and provide you with the most valuable and consistent data.

- If health and well-being efforts are materially different from one location/ business unit to the next, it will be most useful to complete a separate Scorecard for each location or unit, or for as many as is feasible. Be sure to use a naming convention that clearly differentiates the separate locations/units so that they don't appear to be duplicate responses. We recommend that you provide the company name first, followed by the name of the location or unit (for example: ABC Company — Headquarters; ABC Company — Manufacturing Campus). To judge whether there are "material differences" between locations or units, consider whether the programs are different enough that you would expect them to achieve different outcomes in terms of health risk and medical trend. If so, providing separate responses for each location or unit will be the most meaningful. For example, some Scorecard respondents that use this approach have made their highest-scoring location a benchmark for the others.

- If health and well-being efforts are materially different in different locations/ units but you cannot complete separate Scorecards for each (or prefer not to), please complete the Scorecard for either (1) the location with the most advanced program, or (2) your largest location.

• If health and well-being efforts are not materially different in different locations/ units, or if you prefer to respond for the organization as a whole, please answer each question for the majority of employees. For example, if you provide on-site biometric screenings at one location but they are available to fewer than 50% of your total workforce across all locations, you would not check the box for offering on-site biometric screenings.

WHEN A JUDGMENT CALL IS NEEDED

Some questions specifically ask for your opinion about how well an aspect of your program is working. Other questions may also require a judgment call — for example, how do you answer if you've taken some steps toward implementing a network of health and well-being champions to support your initiatives but it hasn't really gotten going yet? Or, if you conducted a weight-loss competition more than a year ago, should you still get credit for it in the Scorecard? Ask yourself if it's likely that the practice is currently contributing to better program outcomes. In the examples above, the network of health and well-being champions probably isn't, but the weight-loss competition may be, even if undertaken more than a year ago, if it was successful in changing behavior and helping to build a culture of health. You'll still need to use judgment on these questions, but your guiding principle should be whether the practice is an element of your health and well-being strategy that realistically could have contributed to better outcomes in the program year you're describing.

TIMING IS EVERYTHING!

We ask you to complete the Scorecard based on your most recently completed program year or cycle even if you have clear plans for the future and the budget to execute them. You'll have a chance to describe your program improvements when you complete the Scorecard in the future. One of the advantages of the Scorecard is that you can complete it every year, and we urge you to do so, especially if your health and well-being program is developing. Even if you're not making changes, it's still important to complete the Scorecard at least every year or two in order to see how your health and well-being program is maturing in terms of leadership support and employee engagement, to track changes in participation and outcomes, or to benchmark your program against other employers' programs. You might consider completing the survey early in the first quarter of the new program year, basing your responses on the year just ended. As the database grows, we will begin to examine results on a calendar-year basis to develop year-over-year trends in program design, cost, participation and outcomes. We'll examine these trends in our Annual Report, which is free of charge to all Scorecard respondents.

BEFORE YOU START

We strongly recommend that you review the PDF of the Scorecard before you attempt to complete and submit the survey online. You may need input from several different individuals to complete the Scorecard accurately. Some employers gather key individuals with health and well-being responsibility — including consultants and vendors — to work on the Scorecard questions together, turning it into an assessment and planning process. (Employers that work with vendor providers should note that, although many Scorecard questions ask about what "your organization" does in the area of health and well-being, this is meant to include any third parties that perform services on your behalf.) Short of that, it will be helpful to gather some information in advance, particularly organizational information (including basic workforce demographics, benefits and policies) as well as health and well-being participation rates and outcomes data.

Finally, make sure you receive your scores promptly once you submit your results by preventing our automated email response from being blocked by spam filters. The reply will come from this email address: scorecard@hero-health.org. Before you submit the survey, send the address to your IT department, if you have one, and ask them to whitelist it. If you don't receive an email with your scores within 10 minutes of submitting, check your spam folder. If it's not there, please contact HERO at info@hero-health.org.

The rest of the guide provides additional clarification for a number of the Scorecard questions. If we've missed any questions that are giving you trouble, please let us know. We'll be happy to answer your immediate questions, and we welcome your feedback.

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QUESTION-BY-QUESTION TIPS FOR COMPLETING THE SCORECARD

DEMOGRAPHICS

QUESTION	GUIDANCE
Q5. Do any employees regularly work from home (telecommute)? If yes, approximately what percentage? • Yes, approximately .... % of all employees regularly work from home • No, few or no employees regularly work from home	Include any employees who don't work in an office. In addition to those who work exclusively from home, count employees who are out of the office traveling most of the time, such as traveling salespersons or drivers who are on the road.
Q6. Headquarters	If there is more than one headquarters site in the US and you are responding for the organization as a whole, enter the location of the largest HQ site. If you are responding on behalf of one worksite or business unit, enter the location of the most relevant HQ.
Q14. Current turnover rate of employees at your organization: .... %	Provide the total annual turnover rate (voluntary and involuntary) for all employees.

SECTION 1: STRATEGIC PLANNING

QUESTION	TIP/GUIDANCE
Q3. If yes (to having a strategic plan), do the plan(s) include measurable objectives for any of the following? Check all that apply. • Participation in health and well-being programs • Changes in health risks • Improvements in clinical measures/outcomes • Absenteeism reductions • Productivity/performance impact • Financial outcomes measurement (medical plan cost or other health spending) • Winning program awards (for example, Koop, Healthiest Employers, etc.) • Recruitment/retention • Employee satisfaction/morale and engagement • Customer satisfaction • None of these	Other examples of "program awards" might include the "Best Employers for Healthy Lifestyles Award," the "Corporate Health Achievement Award" and the "Best Places to Work" award. To check "Employee satisfaction/morale and engagement," your organization would need to formally measure employee satisfaction with either the health and well-being program specifically or with their jobs in general, and the strategic plan would need to include targets for maintaining or improving satisfaction scores.

QUESTION	TIP/GUIDANCE
Q4. Please indicate whether the following populations have access to key components of your health and well-being program. If you don't have individuals in these population categories, select "Not applicable."	The "key components" of a health and well-being program include any elements of the program that realistically might be contributing to reduced health risk and/or lower medical cost or trend. For example, health assessments, comprehensive educational campaigns, disease management and lifestyle coaching would all be considered "key components" of a health management program. In selecting a response, please count employees with access to all or most of the key components of the program. (By "access," we mean only that a program is available to employees, not that it meets the ADA definition of accessible.)
Q7. Taken all together, how effective is the strategic planning process for health and well-being in your organization? • Very effective • Effective • Not very effective • Not at all effective	If you are not doing any form of strategic planning for health and well-being at this time, please select "Not at all effective."

SECTION 2: ORGANIZATIONAL AND CULTURAL SUPPORT

In this section, we ask you to describe your company's efforts to create or maintain a culture of health across your organization, including the level of support from leadership. By "culture," we mean key values, assumptions, understandings, beliefs and norms that are commonly shared by members of the organization.

QUESTION	TIP/GUIDANCE
Q11. Which of the following describes your leadership's support of health and well-being? Check all that apply. • Leadership development includes the business relevance of worker health and well-being • Leaders actively participate in programs • Leaders are role models for prioritizing health and work-life balance (for example, they do not send emails while on vacation, they take activity breaks during the work day, etc.) • Leaders publicly recognize employees for healthy actions and outcomes • Leaders are held accountable for supporting the health and well-being of their employees • Leaders hold their front-line managers accountable for supporting the health and well-being of their employees • A senior leader has authority to take action to achieve the organization's goals for employee health and well-being • None of the above	In this question, "the authority to take action to achieve the organization's goals for employee health and well-being" means the authority to assign resources or funding.

SECTION 3: PROGRAMS

QUESTION	TIP/GUIDANCE
Q19. Does your organization provide health behavior change programs (for example, health challenges, classes or activities) that are offered to all individuals eligible for key elements of the health and well-being program, regardless of their health status?	If you offer educational or awareness campaigns *only*, you would not be considered as offering a health behavior change program.
Q21. Are any of the following features incorporated into one or more of these health improvement programs? Check all that apply. • Program incorporates use of tracking tools such as a pedometer, glucometer or automated scale • Program is mobile-supported (for example, allows individuals to monitor progress and interact via smart phone) • Program incorporates social connection (for example, allows individuals to communicate with, support and/or challenge others or to form teams) • None of the above	A few examples of specific tracking tools and fitness apps include Fitbit®, Jawbone UP®, Nike+ FuelBand®, Runtastic®, Fitocracy® and SleepBot®. Some popular glucometers include Accu-Chek®, OneTouch® and FreeStyle Freedom®. This is not an exclusive list, as there are many more technology tools existing today and many continue to emerge in the market.

QUESTION	TIP/GUIDANCE
Q23. What types of interventions are provided by the targeted lifestyle management program(s)? If an intervention uses multiple modalities, check all modalities that apply. • Phone-based coaching • Email or mobile (SMS) • Web-based interventions (other than email) • On-site one-on-one coaching • On-site group classes • Paper-based bidirectional communication between the organization and the individual • None of the above	By *coaching*, we mean interactivity — a collaboration between the member and a health professional or specialist that may include status assessment, commitment-building, goal-setting and action plans as well as strategies to overcome obstacles, relapse prevention and long-term maintenance.

SECTION 4: PROGRAM INTEGRATION

In this section, we ask you to describe the degree to which your health and well-being programs are integrated with each other and with other relevant programs in the organization. Integration refers to the process of identifying an individual's health needs and connecting him or her with all appropriate health and well-being programs and services, with the goal of a seamless end-user experience across multiple internal or external health and well-being program partners.

QUESTION	TIP/GUIDANCE
Q30. Are your health and well-being programs integrated in any of the following ways? Check all that apply. • Health and well-being program partners (internal and external) refer individuals to programs and resources provided by other partners • Health and well-being program partners provide "warm transfer" of individuals to programs and services provided by other partners • The referral process (by employer or third party) is monitored for volume of referrals • All partners collaborate as a team to track outcomes for individual employees • All partners collaborate as a team to track progress toward common organizational goals and outcomes • None of the above	Define levels of integration and give examples of programs: • Integration level and activities are provided in answer choices to Q30. • Examples of programs to be integrated are provided in answer choices to Q31. For example, a participant in a disease management program is screened for depression, and, if appropriate, the DM coach informs the participant of the availability and value of EAP or behavioral health resources, or offers to warm-transfer the participant directly to the appropriate service or obtain permission to pass on the participant information to the EAP vendor to make an outreach call. The DM vendor is able to provide a report of number of referrals made to other programs (EAP, LM, etc.), and the EAP vendor is able to provide a report of referral sources.

QUESTION	TIP/GUIDANCE
Q31. Which of the following program components are integrated in at least one of the ways indicated in Q30? Check all that apply. • Lifestyle management and disease management • Lifestyle management and behavioral health • Disease management and behavioral health • Disease management and case management • Case management and behavioral health • Specialty lifestyle management (for example, tobacco cessation, obesity, stress, etc.) with any health management program • None of the above	An example of "partners collaborating as a team to track outcomes for individual employees" may be a quarterly call or information-sharing among the partners to discuss the disposition of patients referred or to discuss a sample of cases co-managed. An example of "partners collaborate as a team to track progress towards common organizational goals and outcomes" may include a goal by LM, DM, CM partners to screen all participants for depression and increase referrals to EAP/BH. Lifestyle management refers to general coaching, in which a participant might speak to a lifestyle coach about any number of health or life issues (lowering BP, losing weight, handling stress at home), whereas a specialty program focuses on one issue; for example, a resiliency program or a specialized tobacco cessation program.

QUESTION	TIP/GUIDANCE
Q34. Compared to other organizations of your size and industry, how would you rate your organization in terms of providing access to healthcare coverage for all employees? Please consider eligibility waiting periods, eligibility of part-time and seasonal employees (if any), and benefits and contribution levels for employees and dependents in your response. • We provide far greater access to health coverage than most of our peer organizations • We provide good access to health coverage, a bit more than our peers • We provide about the same access to health coverage as our peers • We provide less access to health coverage than our peers • We don't provide a health plan; employees are covered in public exchanges	As stated in the question, please consider eligibility waiting periods, eligibility of part-time and seasonal employees (if any), and benefits and contribution levels for employees and dependents in your response. Many organizations typically benchmark this as part of their long-term and annual healthcare strategy. Some organizations want to be level with their competitors, whereas others want to be more generous than competitors to attract talent. And some want to make their plans less accessible to avoid being a "magnet" plan of choice. Additional considerations include whether the organization charges a spousal surcharge (if the spouse can get coverage by his or her own employer) or whether the organization provides additional preventive services at low or no cost above and beyond what's required by ACA.

SECTION 5: PARTICIPATION STRATEGIES

In this section, we ask about a range of strategies, from communication to rewards, to encourage employees to participate in health and well-being programs and become more engaged in caring for their health and well-being.

QUESTION	TIP/GUIDANCE
Q41. Taken all together, how effective are your program's participation strategies in encouraging employees to participate in programs, monitor their biometrics or activity levels, or take other action to improve their health? • Very effective • Effective • Not very effective • Not at all effective	Give examples of other structures of incentives: • Examples of incentives communicated as a reward: Complete health assessment (HA) and obtain your biometric values and receive a gift card and discount on your premium; complete HA and achieve biometric values in a certain range to be eligible to choose from more plan options; participate in a coaching program and achieve your goals to receive a gift card; participate in a disease management program and get your copay for related prescriptions waived; participate in a group activity challenge and the winning group receives dollars to donate to a charity of choice. • Examples of incentives communicated as a penalty: Those who don't complete HA and obtain biometrics are not eligible to participate in the most generous plan; smokers pay a surcharge on their premium; eligible program participants who choose not to participate pay higher co-pays or co-insurance.

QUESTION	TIP/GUIDANCE
Q43. Are incentives communicated as a reward (for example, lower premium contributions, cash/gift cards, etc.) or as a penalty (higher premium contributions, required for plan eligibility, etc.)? • Reward • Penalty • Both rewards and penalties	Explain level of effectiveness: Answer "Very effective" if the participation rates exceed your stated goals and benchmarks, "Effective" if participation rates meet the stated goals and benchmarks, "Not very effective" if participation rates are below the stated goals but trending up and "Not at all effective" if participation rates are/have been far below the goals.
Q45. For what do you provide incentives? Check all that apply. • Participating in one or more aspects of health and well-being programs or offerings, such as a health assessment, biometric screening or coaching (participatory incentives) • Achieving, maintaining or showing progress toward specific health-status targets (health-contingent, outcomes-based incentives) • Completing a specific activity related to a health factor, such as taking 10,000 steps per day (health contingent, activity-only incentives)	If you select only option three or leave Q45 blank, indicating you do not offer incentives, the online system will automatically skip questions 49–55. If you do not select option one, questions 49–53 will be skipped. If you do not select option two, questions 54–55 will be skipped.

QUESTION	TIP/GUIDANCE
Q49–Q53. Participatory Incentives	These questions will only appear in the online survey if you selected the first response in Q45 (incentives are provided for "participating in one or more aspects of health and well-being programs or offerings, such as a health assessment, biometric screening or coaching").
Q54–Q55. Health-Contingent, Outcomes-Based Incentives	These questions will only appear in the online survey if you selected the second response in Q45 (incentives are provided for "achieving, maintaining or showing progress toward specific health-status targets").
Q56. Taken all together, how effective are your program's incentives (for participation and/or outcomes) in encouraging employees to participate in programs, comply with treatment protocols or take other action to improve their health? • Very effective • Effective • Not very effective • Not at all effective	Explain level of effectiveness: Answer "Very effective" if the participation rates exceed your stated goals and benchmarks, "Effective" if participation rates meet the stated goals and benchmarks, "Not very effective" if participation rates are below the stated goals but trending up and "Not at all effective" if participation rates are/have been far below the goals.

SECTION 6: MEASUREMENT AND EVALUATION

Measuring program performance is critical for continuous quality improvement and for demonstrating value. In this section, we ask about your organization's methods for assessing the health and well-being program.

QUESTION	TIP/GUIDANCE
Q64. If you have attempted to measure the impact of your health and well-being program on health risk or medical plan cost, what are your results to date?	Please respond based on your entire population as opposed to just those individuals who participate in a specific health and well-being program, such as lifestyle management. If your population has experienced a risk reduction of 2% or more, we would consider that to be "significant." A risk reduction of less than 2% would be considered "slight." Alternatively, you might select "significant" if the improvement in your population's health met or exceeded your program's goals and "slight" if you have measured some improvement but have not yet reached the goal.

OPTIONAL SECTION: OUTCOME MEASURES

The following measures were developed as part of a joint project undertaken by HERO and the Population Health Alliance (PHA) to provide guidance on measuring the performance of employee health and well-being programs. The full report, *Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management*, which describes the recommended measures in detail, may be accessed through the HERO website.

QUESTION	TIP/GUIDANCE
For all questions asking for a percentage scoring above/below a given threshold …	*For all questions asking for a percentage scoring above/below a given threshold, we are asking for the percentage based on those who participated in the screening or program.*
Health Measures	This section asks about the results of biometric screenings for your eligible employee population (please do not include spouses). When calculating the percentage of employees meeting a given health target, base the percentage on the number of employees for whom you have biometric data. See the cholesterol example below for an illustration.
Health Measures — Cholesterol	The percentage of employees with a TC value less than 200 should be based on those who have taken the cholesterol test (not all employees eligible for the cholesterol test).
Lifestyle Behaviors Percentage who obtain 150 minutes or more per week of moderate physical activity (PA) or its equivalent as a mixture of moderate and vigorous activity	Each minute of vigorous activity is worth two minutes of moderate PA. (Note that 150 minutes of moderate PA is equivalent to 450 MET-minutes of PA per week. This is also the same as 30 minutes of moderate PA done five days per week or 25 minutes of vigorous PA done three days per week).

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