

# HERO Health and Well-being Best Practices Scorecard

in Collaboration with Mercer<sup>®</sup>

**Version 5 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 Users' 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](mailto: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.

# 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 initiative as one that positively affects employee health and may also influence healthcare utilization, medical cost, productivity and quality of life. A health and well-being “best practice” is an element or activity that contributes to this 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 health, lower medical cost trend and 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 initiatives 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 and culture of health supports are different enough that you would expect them to achieve different outcomes in terms of workforce health and well-being or related outcomes. 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 health and well-being initiative, 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 health coaching at one location but it is not available to at least 50% of your total workforce across all locations, you would not check the box for offering health coaching.

## When a judgment call is needed

Some questions specifically ask for your opinion about how well an aspect of your health and well-being initiative 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 over 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 it was 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 efforts are 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 initiative is maturing in terms of leadership support and employee engagement, to track changes in participation and outcomes, or to benchmark your efforts 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 HERO Scorecard Progress Report, which is posted on the HERO Scorecard webpage.

### 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 together 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, while 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) and health and well-being participation rates and outcomes data. Questions in version 5 of the HERO Scorecard may require input from many different functions or departments within an organization including professionals in Human Resources, Benefits/ Total Rewards, Facilities Management, Diversity, Equity & Inclusion, Corporate Sustainability, Organizational Learning & Development, etc.

Finally, you can make sure that you will receive your scores promptly once you submit your results by preventing our automated e-mail response from being blocked by spam filters. The reply will come from this e-mail address: [Scorecard@hero-health.org](mailto: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](mailto: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.



# Question-by-Question Tips for Completing the Scorecard

## Demographics

### Question

### Tips/Guidance

**Q3.** About what percent of your employees regularly work remotely, either because they telecommute from home or because of the type of work they perform?

- No employees work remote
- Less than 25% are remote
- 25% to 49% are remote
- 50% to 74% are remote
- 75% or more are remote

Include any employees who don't work in an office or company location. 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.

We recognize that some employers temporarily closed offices due to COVID-19. Please respond based on the percent of employees who work remotely when these temporary closures end.

**Q4.** Headquarters location (specify state)

If there is more than one headquarters (HQ) 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.

**Q5.** Number of US worksites (geographically dispersed worksites not managed as a single location).

- One worksite in the US
- 2 to 5 worksites
- 6 to 10 worksites
- 11 to 39 worksites
- 40 or more worksites
- No worksites – all workers work remotely

We recognize that some employers temporarily closed offices due to COVID-19. Please respond based on the number of worksites your organization has operational when these temporary closures end.

**Q7.** Primary type of industry/business

If your organization represents multiple industry types, select the response associated with the largest proportion of your employee population.

**Q8.** Do you consider your organization to be in the "high tech" sector?

The "high tech" sector can be defined as industries having high concentrations of workers in STEM (Science, Technology, Engineering, Mathematics) occupations.

## Question

**Q9.** Average age of your organization's active employees.

**Q11.** Approximate percentage of your organization's active employee who identify as:

African American or Black: \_\_\_\_\_%

Latino/Latina: \_\_\_\_\_%

American Indian or Alaska Native: \_\_\_\_\_%

Asian: \_\_\_\_\_%

Pacific Islander: \_\_\_\_\_%

White/Caucasian: \_\_\_\_\_%

Other: \_\_\_\_\_%

**Q12.** Current voluntary turnover rate of employees at your organization: \_\_\_\_\_ %

## Tips/Guidance

An active employee is any employee that have not been terminated or made inactive, whether or not you pay them on any particular payroll. If you do not know the answer to the question, leave it blank.

Provide approximate percentages of the race/ethnicity of your active employee population. Percentages do not need to sum to 100%. If you are not collecting this data, please leave the question blank.

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** – A person having origins in any of the black racial groups of Africa.

**Latino/Latina (Hispanic)** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White/Caucasian** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Voluntary turnover occurs when an employee willingly chooses to leave a job due to getting another job elsewhere, taking an internal transfer to another division, or retiring. To get voluntary turnover rate, divide the number of employees that voluntarily chose to leave the company by the average number of employees. Provide based on the time period by which such numbers are normally calculated (e.g., monthly or annually).



# Section 1:

## Strategic planning

### Question

**Q1.** Which of the following types of data do you use in strategic planning for your company's health and well-being initiative? Check all that apply.

**Q3.** If yes (to having a strategic plan), does your strategic plan include measurable objectives for the following? Check all that apply.

- Participation in health and well-being programs
- Improvements in health equity
- Improvements in health/clinical measures
- Diversity, equity & inclusion
- Absence or disability
- Productivity / performance impact
- Financial outcomes
- Winning awards
- Recruitment / retention
- Employee satisfaction, morale/attitudes or engagement
- Employee perceptions of supervisor/management support
- Customer satisfaction
- Improving corporate image
- Compliance with regulations
- None of these

**Q4.** Does your organization provide key components of your health and well-being initiative to all employees, including contract, union, and part-time employees?

- All segments, including non-benefits-eligible population, have access
- All segments, excluding non-benefits-eligible, have access
- No, some employee segments do not have access

**Q8.** Taken all together, how effective is the strategic planning process for health and well-being in your organization?

- Extremely effective
- Very effective
- Somewhat effective
- Not very effective
- Not at all effective

### Tips/Guidance

See Glossary for definitions of terms.

Examples of "awards" might include the "C. Everett Koop National Health Award", the "Best Employers for Healthy Lifestyles Award", the "Corporate Health Achievement Award" and the "Best Places to Work" award.

To check "employee satisfaction/morale/attitudes or engagement," your organization would need to formally measure employee satisfaction with their job, or with the organization, or employee engagement with their work. Additionally, the strategic plan would need to include targets for maintaining or improving these scores.

If you don't have individuals in these population categories, select the appropriate "all segments" response based on what is provided for the non-benefits-eligible population. If all employee types (without exception) are benefits eligible, select the first response.

The "key components" of a health and well-being initiative include any category of elements that realistically might be contributing to improved health and well-being. For example, health assessments, comprehensive educational campaigns, health coaching would all be considered "key components" of a health and well-being initiative.

In selecting a response, please count employees with access to all key components. By "access," we mean only that a program is available to employees, not that it meets the ADA definition of accessible.

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 leadership support. By "culture," we mean key values, assumptions, understandings, beliefs, and norms of behavior that are commonly shared by members of the organization.

#### Question

**Q9.** What is the primary source of funding for your organization's health and well-being initiative? Select the one best response.

- Annual internal budget
- Dedicated external funding (e.g., grant, wellness credits)
- Neither of the above

**Q10.** Which of the following describe your organization's wellness committee? Check all that apply.

- Majority of committee members actively participate in most meetings
- Committee members represent diverse perspectives
- Executive leadership is actively involved in the committee
- Committee meetings are frequent and productive
- Committee has accountability and authority to pursue goals
- We do not have a wellness committee or it is ineffective

**Q13.** Does your organization have written policies supporting employee health and well-being in the following areas? Check all that apply.

- Work time to participate in health and well-being programs
- Physical activity
- Mental health and well-being
- Work-life integration
- Healthy eating
- Tobacco-free workplace or campus (policy does not address vaping)
- Tobacco-free workplace or campus (policy addresses vaping)
- Responsible alcohol and other substance use
- Volunteerism or community involvement
- Injury prevention and safety
- None of the above

#### Tips/Guidance

This question aims to assess an organization's commitment to employee health and well-being based on the source of budgeted funding.

Select "annual internal budget" if your organization's health and well-being efforts are supported with dedicated annual funding by your organization. Select "dedicated external funding" if efforts are primarily supported through your health plan(s) or by third party grants.

If your organization represents a tax-payer supported government organization but a portion of the budget is designated for employee health and well-being, select "annual internal budget".

A Wellness Committee represents a group of individuals granted authority to develop the overall approach to the health and well-being initiative.

See Glossary for more detailed definitions of Wellness Committee and Wellness Champion/Ambassador Network.

See Glossary for definition of terms.

There are two response options related to tobacco-free workplace or campus to distinguish between policies that include versus exclude vaping (e.g., use of e-cigarettes or other electronic nicotine delivery devices). If you have a tobacco policy but are NOT an entirely tobacco-free workplace or campus, we suggest you do not select either of the survey responses.

## Question

**Q14.** Does your company intentionally promote and encourage a diverse and inclusive workforce through any of the following strategies? Check all that apply.

- Policies
- Employee resource groups (ERGs)
- Facilitate forums for open discussions
- Workforce training and growth opportunities
- Workforce accommodations
- Race and ethnicity data are used in strategic planning to identify specific needs
- Race and ethnicity data are used in program evaluation to assess health equity issues
- None of the above

**Q15.** Does your company's physical work environment support any of the following? Check all that apply.

- Healthy eating choices
- Physical activity options
- Stress management and emotional recovery breaks
- Work/life balance
- Safety features
- Healthy building design
- None of the above

**Q16.** Have you taken any of the following actions to address the impact of "social determinants of health" on employees' healthcare experience? Check all that apply.

- Analyze disparities in healthcare outcomes within the workforce
- Address health literacy and health awareness in culturally relevant and appropriate ways
- Ensure providers in the health plan's network match workforce needs
- Address the health culture in the community
- Foster social connectedness
- Provide or facilitate access to childcare
- Provide or facilitate access to elder care
- Provide or facilitate transportation to work
- Provide or facilitate access to housing
- Address food insecurity
- None of the above

## Tips/Guidance

Employee resource groups (ERGs) are voluntary, employee-led groups that foster connection, support, mentorship, or professional development among employees with common experiences, interests or self-identifying characteristics. ERGs may also be referred to as "affinity groups" or "diversity groups" and are often part of an organization's efforts to foster a diverse, inclusive workplace.

If your organization permanently employs a 100% remote workforce, consider how your organization supports a healthy work-from-home environment. For example, does the employer reimburse employees for purchasing their own healthy meals during team building times; is a subsidy or reimbursement offered for stand/sit desks or fitness equipment or exercise class subscriptions; are any physical materials sent to the home to support work/life balance; are virtual ergonomics assessments done with an allowance to purchase more ergonomic equipment; etc.

See Glossary for definition of terms.

Select the response "address the health culture in the community" if your organization partners with other community organizations (e.g., public health department or employer-community coalitions) to foster a healthier community

## Section 3: Programs

### Question

**Q26.** Are any of the following digital/virtual features incorporated into your health and well-being programs? Check all that apply.

- Program incorporates use of tracking devices such as an accelerometer, glucometer, automated scale or sensor technology
- Mobile applications (e.g., allows individuals to monitor progress and interact via smart phone)
- Online social connection and group support (e.g., allows individuals to communicate with, support, and / or challenge others to form teams)
- Virtual delivery of services is offered (i.e., education seminars, coaching, or therapy sessions)
- None of the above

### Tips/Guidance

The response about use of tracking tools or devices applies to those used to measure or track health-related metrics or activities with the intent to support a healthier lifestyle or to monitor patient outcomes. This may include wearable or portable/remote monitoring devices to measure or track activity, sleep, heart rate, blood pressure, physiologic stress response (biofeedback), heart health, body temperature, or body weight.

**Q28.** In which of the following ways does your organization use your employee health and well-being data to design and operate your programs?

- Identify needs for new programs or services
- Provide targeted outreach to groups relevant to their needs or gaps in care
- Personalize interventions at the individual level
- Inform health professionals to better support participants
- Ongoing, real-time feedback to participants
- None of the above

Select the “inform health professionals to better support participants” if individual employee health and well-being data are accessible to health professionals to support their work with employees. For example, an employer may offer biometric health screening or a health risk assessment survey to identify health behaviors or health risks. With the employee’s permission and per HIPAA guidelines, a coaching vendor may be given access to these data to support individuals in the coaching program. Employees may also grant permission for their data to be shared with their physician.

**Q29.** Do you have an ongoing process of identification, outreach, engagement, and intervention to connect individuals to the most relevant resources for them?

- Yes
- No

Focus on the processes that seek to engage the entire employee population in connecting them to the most relevant programs and resources. If this is only true for a small subset of the population (e.g., those with multiple chronic health conditions), the best response is “no”.

## 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 inside and outside your organization. Integration refers to the process of identifying an individual's health needs and connecting him or her with all appropriate programs and services with the goal of a seamless end-user experience across multiple internal or external health and well-being program partners.

#### Question

**Q32.** 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 “warm transfer” individuals to programs and services provided by other partners
- Referral process (by employer or third party) is monitored for volume of referrals
- Partners collaborate as a team to meet regularly, share information, and track outcomes
- Automated processes for sharing information between partners (e.g., shared vendor portals, regular data exports between vendors, embedded into electronic medical record, etc.)
- None of the above

#### Tips/Guidance

Integration level and activities are provided in answer choices to Q32.

For example, a participant in a health coaching program is screened for depression and if appropriate, the coach informs the participant on 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 coaching vendor is able to provide a report of number of referrals made to other programs and the EAP vendor is able to provide a report of referral sources.

An example of “partners collaborate as a team to meet regularly, share information, and track outcomes” may include a quarterly call or information sharing among the partners to discuss the disposition of patients referred or to discuss a sample of cases that are co-managed.

# Section 5:

## Participation strategies

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

### Question

**Q37.** Which of the following social strategies does your organization use to encourage participation in health and well-being?

- Peer support
- Affinity groups connecting people with common interests or characteristics
- Group goal-setting or activities
- Competitions/challenges
- Supporting a cause
- Allowing family members, friends, or community members to participate
- None of the above

**Q39.** Does your health and well-being strategy intentionally help employees consider how participation in the health and well-being initiative aligns with their goals, values, or purpose in life?

- Yes, a great deal
- Yes, somewhat
- Yes, a little
- Not at all

**Q44.** For the most recent program year, what is the total possible value of incentives that can be earned per employee, excluding any surcharges for tobacco use? If different employee groups are eligible for differing incentive amounts, select the response associated with the majority of your employees.

- 0 to \$25 per employee
- \$26 to \$100 per employee
- \$101 to \$250 per employee
- \$251 to \$500 per employee
- \$501 to \$1,000 per employee
- More than \$1,000 per employee

**Q48.** Percentage of eligible employees who had at least one interactive coaching session.

### Tips/Guidance

An affinity group is a group of people who share a common interest, characteristic or goal. They can take the form of anything from book clubs or groups united by a common hobby to groups of employees of a certain gender, race or sexual orientation.

Some approaches to helping employees and members consider how participation in health and well-being aligns with their goals, values, or purpose in life may include incorporating language into program communications, content into health and well-being intervention programs, or processes embedded into standard health coaching protocols that are designed to support participants in identifying their personal and professional purpose, values and goals.

The total value of incentives that employees have the potential to earn may include direct cash payments, gift cards, raffle winnings, health savings account contributions, or healthcare premium differentials, with the exception of surcharges for tobacco use.

An interactive coaching session is one with a communication process between a wellness or health promotion program and an eligible individual, where the wellness or health promotion program provides health coaching. This may include telephonic, chat, or text messaging with a live coach or an AI-driven, interactive web-based module or app-based interaction, or an interactive voice response (IVR) program.

## 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 evaluating the health and well-being initiative.

#### Question

**Q58.** Have you found a change in employee health and well-being (e.g., health improvement or thriving)?

- A substantial improvement in health and well-being was found
- A slight improvement in health and well-being was found
- No improvement in health and well-being was found
- We have attempted to measure, but we are not confident that the results are valid
- We have not attempted to measure change in health and well-being

**Q59.** If you use the Cantril Self-Anchoring Striving Scale (i.e., the two-item Cantril ladder scale) what percentage of your employees are "thriving" based on a score of 7 or better on current life evaluation and a score of 8 or higher on future life evaluation? More information about the Cantril's Ladder items and scoring is available in a December 15, 2020 HERO blog. If you do not use the Cantril ladder in your surveys, leave this question blank.

#### Tips/Guidance

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 health coaching.

If your population has experienced a population-level improvement of 2% or more, we would consider that to be "substantial." An improvement of less than 2% would be considered "slight".

Alternatively, you might select "substantial" 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.

If you are not confident in the validity or quality of the results, select "not confident" response option.

The Cantril Scale is a 2-item survey that asks respondents to imagine a ladder, with the best possible life for them being a 10, and the worst possible life being a 0. They are then asked to rate where they stand today on the ladder and where they will stand 5 years from now.

The Cantril Scale may have been incorporated into a population-wide employee health assessment survey, into health coaching discussions, or into standard patient care visits. Some health systems and onsite medical clinics incorporate the items into the patient's electronic medical record. More information about the Cantril Scale items and scoring is available in a December 15, 2020 HERO [blog](#).

## Question

**Q61.** Have you found a change in employee satisfaction with the overall health and well-being initiative?

- A substantial improvement in employee satisfaction was found
- A slight improvement in employee satisfaction was found
- No improvement in employee satisfaction was found
- We have attempted to measure, but we are not confident that the results are valid
- We have not attempted to measure change in employee satisfaction

**Q65.** Have you found a change in employee engagement with their work?

- A substantial improvement in employee engagement was found
- A slight improvement in employee engagement was found
- No improvement in employee engagement was found
- We have attempted to measure, but we are not confident that the results are valid
- We have not attempted to measure

## Tips/Guidance

For questions 61- 67, these changes are typically measured using employee surveys.

Please respond based on all employees who participated in the survey

If your population has experienced an improvement of 5% or more, we would consider that to be “substantial.” An improvement of less than 5% would be considered “slight”.

Alternatively, you might select “substantial” if the improvement in these survey measures met or exceeded your program’s goals, and “slight” if you have measured some improvement but have not yet reached the goal.

If you are not confident in the validity or quality of the results, select the “not confident” response option.

Employee engagement is the degree to which employees are committed to their organization’s goals and values, and motivated to contribute discretionary effort to organizational success, i.e., they’re motivated to go “above and beyond” in performing their job. Employee engagement is often measured using an employee survey. Employee engagement may be related to but is a different concept from employee perceptions of organizational support (asked about in Q64).





For further information, please visit our websites at:  
[www.mercer.com](http://www.mercer.com) | [www.the-HERO.org](http://www.the-HERO.org)