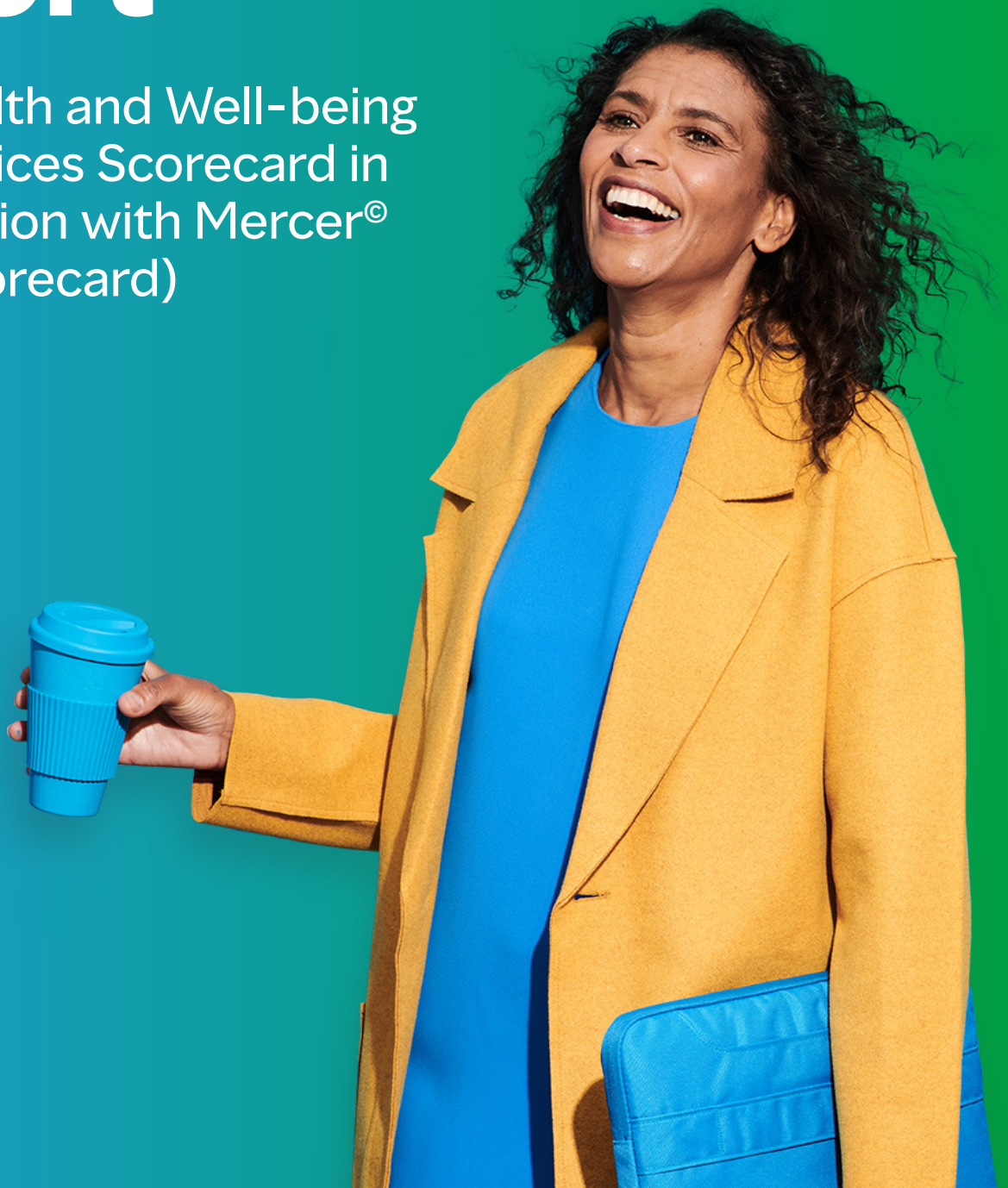


# 2024 progress report

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



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# Letter from the **HERO Scorecard** Team Leadership

In the two years since we published the 2022 Progress Report, new challenges for employee health and well-being have replaced those of the previous two years of pandemic impacts. With challenge also comes opportunity, and HERO and Mercer met it head-on with new tools and insights to strengthen the value proposition for a comprehensive approach to support health and well-being. For example, more than one commentary in this report highlights what the data show are the impacts of remote work conditions on individual health and well-being. We are pleased to showcase these findings and new resources in this 2024 Progress Report for the **HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer®** (HERO Scorecard).

When Version 5 of the HERO Scorecard was released in February 2021, it benefited from significant additions to the evidence for practices related to mental and emotional health; social determinants of health (SDOH); and diversity, equity and inclusion (DEI). This paved the way for expert review teams to explore, and ultimately develop, special best practice scores in those three areas. Soon after, HERO and Mercer joined a growing movement focused on the connection between brain health and business success. In partnership with the Business Collaborative for Brain Health, the US Scorecard now provides a fourth score to help organizations learn more about how to cultivate cognitive skills, creativity, performance and well-being within their workforce. The four best practice scores are intended to provide additional education and insights for organizations to understand and apply best practices aligned with strategic priorities.





For almost two decades, the **HERO Scorecard** has served as an educational resource for more than 3000 organizations for data-informed strategic planning, leadership support, and programming that is comprehensive and integrated across internal and external partners. This quickly translates to millions of employees' lives impacted by employers, both global and US-based, who are committed to an evidence-based strategy for worker well-being. The HERO Scorecard is, first and foremost, an educational tool for organizations. However, the value that it provides for research leads to this call to action:

- **Complete and repeat Version 5.** Deeper insights are available for research when we have access to data from the same group of organizations over a number of years. Repeat measurement is necessary if we are to build “prospective research” studies, those that include baseline measures, as well as the same measures collected over the years that follow. This evolution can continue only if organizations complete Version 5, with a plan to repeat regularly.
- **Expand our “global” awareness, measures and data-gathering methods.** The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer®, International Version (HERO International Scorecard) continues to expand its reach, now in 39 countries, and evidenced by the number of language translations (currently 10). As with the US Scorecard, increasing single and repeat responses to the HERO International Scorecard will support future benchmark reports, adding to the global evidence base.
- **Consider implementing the NIOSH Worker Well-Being Questionnaire (WellBQ).** Since 2022, HERO has partnered with National Institute for Occupational Safety and Health (NIOSH) to create the HERO Worker Well-Being Clearinghouse – Powered by the NIOSH WellBQ, an open-source database that houses de-identified data arising from use of the English and Spanish versions of the NIOSH WellBQ. HERO has made the NIOSH WellBQ available in an online survey platform to enable organizations to easily administer it to employees. After the survey has closed, organizations receive summary reports of the NIOSH WellBQ items, scale/index scores, and demographic and employment questions. De-identified data will be imported into the Clearinghouse for public use by individuals interested in conducting research on worker well-being.

Research is HERO's middle name, and we accept with humility the confidence that has been entrusted to us to produce sound research conducted with scientific rigor. However, it takes all organizations, of all sizes, and in every region to partner in our shared aim for evidence-based best practices in health and well-being. We hope this 2024 Progress Report will inspire you to support our vision that all employers value health and well-being as a business imperative.

**Karen Moseley**  
President & CEO, HERO

**Steven Noeldner, PhD, MS**  
Partner, Mercer  
HERO Board of Directors



A background image of a man with glasses looking at a smartphone. The image is slightly blurred and has a light blue tint.

# Scorecard Highlights and Key Accomplishments

*Colleen Saringer, PhD, HERO Research Fellow*

The HERO Scorecard is a free online survey with a US and International version. Established in 2006 it serves as an educational and benchmarking tool that can support employers in identifying, assessing and measuring their use of the practices that support effective health and well-being strategies over time.

**Questions within the US and International HERO Scorecards are organized into six sections, with a maximum score of 200:**

1. Strategic Planning
2. Organizational and Cultural Support
3. Programs
4. Program Integration
5. Participation Strategies
6. Measurement and Evaluation

**Upon completing the HERO Scorecard, organizations receive a report that provides their overall score, a score for each of the six sections, and how the scores compare to the database's national average. Established in 2023 and 2024, four special best practice scores, each with a maximum of 100 points, are also provided:**

1. Mental Health
2. Social Determinants of Health (SDOH)
3. Diversity, Equity and Inclusion (DEI)
4. Brain Health (US only)

In 2024, a Brain Health Score, developed in collaboration with USAgainstAlzheimer's, was released for US Scorecard completers. The score is intended to help organizations assess their health and well-being initiatives and practices for promoting brain health, including policies, leadership support, programs, lifestyle behaviors, and the built environment. Although the brain health score is educational at this time, with validation studies planned for 2025, benchmarking is available by organization size, region, and specific industry types. Detailed information on the Brain Health Score, including how it was established and the questions that inform the score, can be found within the What's New section of this report beginning on page 16.

Finally, over the last two years, the International Scorecard became available in 10 languages, including: Dutch, English, Spanish, Spanish (Latin American), French, German, Italian, Portuguese, Portuguese (Brazil) and Turkish. Additional language translations are being considered.

# A Growing Scorecard Database

When employers complete the Scorecard, they contribute to a rapidly growing database that is used to support ongoing benchmarking and research.

## US Version

There are 464 unique organizations that have completed Version 5.0 of the US HERO Scorecard. Organizations are encouraged to take the Scorecard annually which allows for year over year evaluation.

## International Version

There are 275 unique organizations, from 39 countries, that have completed Version 2.0 of the International Scorecard. Three countries – Canada, India and the United Kingdom – have 20 or more Scorecard completers, allowing for benchmark insights. Organizations are encouraged to take the Scorecard annually which allows for year over year evaluation

## Benchmark Data

HERO and its partners continue to explore relationships in the data and share findings through commentaries. Descriptions and links to these commentaries are included within this report beginning on page 12. HERO also uses the database to support formal research studies.

## Benchmark Reports

The HERO Scorecard database is also leveraged to support benchmark reporting. On a quarterly basis, comprehensive US and International benchmark reports are produced, providing aggregated scores and question responses. These reports enable organizations to assess how they compare to other employers implementing a specific policy, environmental support or program type for employee health and well-being. Organizations completing the US Scorecard can compare their responses to organizations of similar size, industry type or geographic location. Organizations completing the International Scorecard can compare their Scorecard responses to organizations in the same country.

Organizations also have the option to purchase benchmark reports, providing insights beyond traditional health and welfare benefits benchmark data (e.g. tobacco surcharges, EAP's, etc.). For more information on the available reports, and how to obtain them, visit ***HERO's website***.

## HERO Scorecard Preferred Provider Network

One of the fundamental goals of HERO is to promote the use of best practices and standard outcomes measurement. For this reason, we want organizations with constituencies that would benefit from easy access to the HERO Scorecard to have the opportunity to offer it to them directly by becoming a ***HERO Scorecard Preferred Provider***. As a Preferred Provider, an organization is provided a custom link to the HERO Scorecard that can be promoted to a Preferred Provider's members or clients. In return, HERO provides responses collected quarterly from the custom link back to the Preferred Provider in a separate, independent database that can be used to conduct data analyses and research. In addition to unique client data, Preferred Providers receive the quarterly benchmark reporting for the US and International databases; their logo on the HERO website; quarterly strategy meetings; and templates to support Scorecard promotion. For more information on the Preferred Provider program, ***visit HERO's website***.

## HERO Scorecard Preferred Providers

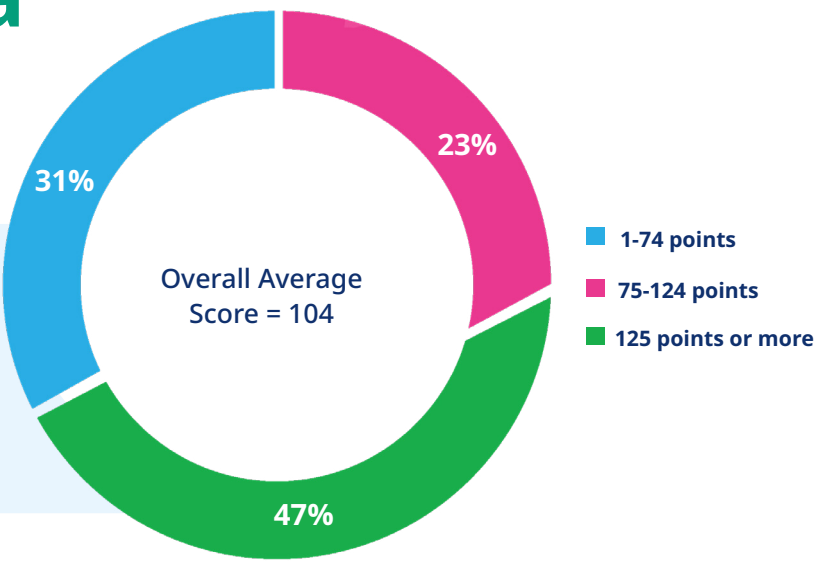


Brain Health Partner: Business Collaborative for Brain Health & UsAgainstAlzheimer's

# Scorecard Data Highlights

## US Scorecard Data

The data represented within this section is based on 464 unique organizations that completed the US Version 5.0 of the Scorecard as of December 31, 2024.



## Average Scorecard Scores for Respondents by Section

| Scorecard Section                            | National Average | Maximum Points |
|--|------------------|----------------|
| Section 1: Strategic Planning                | 30               | 50             |
| Section 2: Organizational & Cultural Support | 28               | 60             |
| Section 3: Programs                          | 12               | 20             |
| Section 4: Program Integration               | 8                | 20             |
| Section 5: Participation Strategies          | 15               | 30             |
| Section 6: Measurement & Evaluation          | 12               | 20             |
| Overall Score                                | 104              | 200            |

## Distribution of Respondents and Overall Average Score by Number of Employees

| Number of Employees | Number of Respondents* | Percent of Respondents | Overall Average Scorecard Score |
|---------------------|------------------------|------------------------|---------------------------------|
| Less than 500       | 142                    | 31%                    | 84                              |
| 500 to 4,999        | 192                    | 42%                    | 103                             |
| 5,000 or more       | 124                    | 27%                    | 128                             |
| Total               | 458                    | 100%                   | N/A                             |

\*Based on 458 employers that provided organization size information.



## Distribution of Respondents and Overall Average Score by Number of Employees continued

| Number of Employees | Number of Respondents* | Percent of Respondents | Overall Average Scorecard Score |
|---------------------|------------------------|------------------------|---------------------------------|
| Fewer than 100      | 46                     | 10%                    | 84                              |
| 100-499             | 96                     | 21%                    | 85                              |
| 500-999             | 66                     | 14%                    | 96                              |
| 1,000-4,999         | 126                    | 28%                    | 106                             |
| 5,000-19,999        | 89                     | 19%                    | 128                             |
| 20,000+             | 35                     | 8%                     | 127                             |
| <b>Total</b>        | <b>458</b>             | <b>N/A</b>             | <b>N/A</b>                      |

\*Based on 458 employers that provided organization size information.

## Distribution of Scorecard Section Score by Number of Employees

| Scorecard Section                 | <500 employees | 500-4,999 employees | 5,000+ employees |
|-----------------------------------|----------------|---------------------|------------------|
| Strategic Planning                | 27             | 29                  | 35               |
| Organizational & Cultural Support | 22             | 27                  | 35               |
| Programs                          | 9              | 12                  | 15               |
| Program Integration               | 6              | 8                   | 11               |
| Participation Strategies          | 12             | 14                  | 18               |
| Measurement & Evaluation          | 10             | 12                  | 14               |
| <b>Overall Average Score</b>      | <b>84</b>      | <b>103</b>          | <b>128</b>       |

| Scorecard Section                 | 500-999 employees | 1,000-4,999 employees | 5,000-19,999 employees | 20,000+ employees |
|-----------------------------------|-------------------|-----------------------|------------------------|-------------------|
| Strategic Planning                | 28                | 30                    | 35                     | 35                |
| Organizational & Cultural Support | 26                | 28                    | 35                     | 35                |
| Programs                          | 11                | 12                    | 15                     | 15                |
| Program Integration               | 8                 | 9                     | 11                     | 11                |
| Participation Strategies          | 13                | 15                    | 18                     | 18                |
| Measurement & Evaluation          | 11                | 12                    | 14                     | 14                |
| <b>Overall Average Score</b>      | <b>96</b>         | <b>106</b>            | <b>128</b>             | <b>127</b>        |



Comparison of Special Best Practice Scores\* – Mental Health, Social Determinants of Health (SDOH), Diversity, Equity and Inclusion (DEI) and Brain Health – by Employer Size

| Number of Employees | Number of Respondents | Mental Health | SDOH       | DEI        | Brain Health |
|---------------------|-----------------------|---------------|------------|------------|--------------|
| Fewer than 500      | 142                   | 35            | 27         | 27         | 34           |
| 500-4,099           | 192                   | 48            | 39         | 40         | 45           |
| 5,000+              | 124                   | 63            | 56         | 55         | 59           |
| <b>Total</b>        | <b>458</b>            | <b>N/A</b>    | <b>N/A</b> | <b>N/A</b> | <b>N/A</b>   |

\*Each Special Best Practice Score is out of 100 points.

| Number of Employees | Number of Respondents | Mental Health | SDOH       | DEI        | Brain Health |
|---------------------|-----------------------|---------------|------------|------------|--------------|
| Fewer than 100      | 46                    | 34            | 26         | 28         | 33           |
| 100-499             | 96                    | 35            | 27         | 26         | 34           |
| 500-999             | 66                    | 42            | 34         | 35         | 41           |
| 1,000-4,999         | 126                   | 51            | 42         | 42         | 47           |
| 5,000-19,999        | 89                    | 63            | 57         | 54         | 60           |
| 20,000+             | 35                    | 61            | 54         | 56         | 59           |
| <b>Total</b>        | <b>458</b>            | <b>N/A</b>    | <b>N/A</b> | <b>N/A</b> | <b>N/A</b>   |

\*Each Special Best Practice Score is out of 100 points.

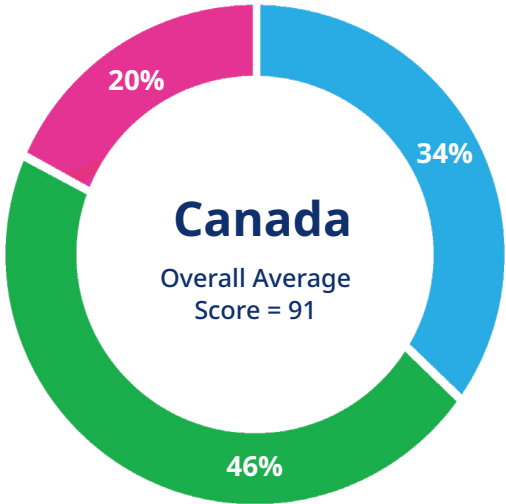
Average Scorecard Scores for Respondents by Section

| Scorecard Section                            | Canada    | India      | United Kingdom | Maximum Points |
|--|-----------|------------|----------------|----------------|
| Section 1: Strategic Planning                | 28        | 35         | 30             | 50             |
| Section 2: Organizational & Cultural Support | 25        | 34         | 32             | 60             |
| Section 3: Programs                          | 9         | 11         | 12             | 20             |
| Section 4: Program Integration               | 8         | 9          | 9              | 20             |
| Section 5: Participation Strategies          | 10        | 15         | 14             | 30             |
| Section 6: Measurement & Evaluation          | 10        | 13         | 11             | 20             |
| <b>Overall Score</b>                         | <b>91</b> | <b>116</b> | <b>108</b>     | <b>200</b>     |

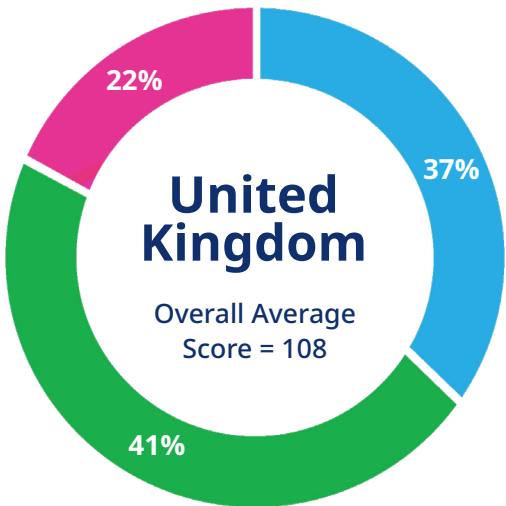


# International Scorecard Data

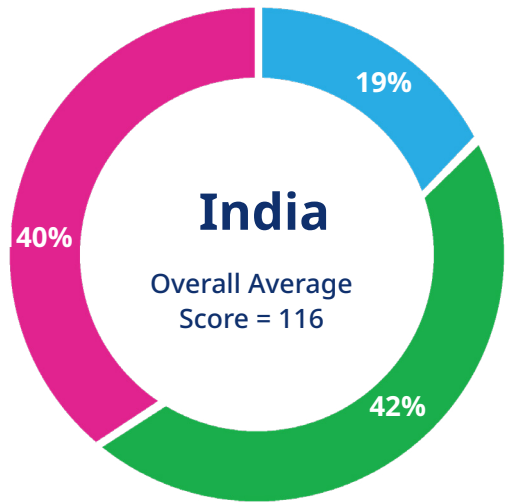
The data represented within this section is based on three countries – Canada, India and the United Kingdom – that have 20 or more Scorecard completers for the International Version 2.0 of the Scorecard as of December 31, 2024.



1-74 points    75-124 points    125 points or more



1-74 points    75-124 points    125 points or more



1-74 points    75-124 points    125 points or more



Average Scorecard Scores for Respondents by Section

| Scorecard section                 | Canada | India | United Kingdom | Maximum Points |
|-----------------------------------|--------|-------|----------------|----------------|
| Strategic planning                | 28     | 35    | 30             | 50             |
| Organizational & Cultural Support | 25     | 34    | 32             | 60             |
| Programs                          | 9      | 11    | 12             | 20             |
| Program Integration               | 8      | 9     | 9              | 20             |
| Participation Strategies          | 10     | 15    | 14             | 30             |
| Measurement and Evaluation        | 10     | 13    | 11             | 20             |
| Totals                            | 91     | 116   | 108            | 200            |

Comparison of Special Best Practice Scores\* – Mental Health, Social Determinants of Health (SDOH), Diversity, Equity and Inclusion (DEI)

| Country        | Number of Respondents | Mental Health | SDOH | DEI |
|----------------|-----------------------|---------------|------|-----|
| Canada         | 50                    | 42            | 29   | 35  |
| India          | 81                    | 54            | 45   | 50  |
| United Kingdom | 68                    | 49            | 46   | 45  |
| Total          | 199                   | N/A           | N/A  | N/A |

*\*Each Special Best Practice Score is out of 100 points.*





# Scorecard Data Commentaries

In addition to being a resource for individual employers, the HERO Scorecard serves as a source of data for researchers interested in exploring topics in health and well-being. Below are summaries of the commentaries written and published between 2023 and 2024, based on analyses of the HERO Scorecard database. All commentaries can be found on the **HERO website**.



## Brain Health Best Practice Score: How Do Organizations Measure Up?

*Dr. Mary Imboden* | November 2024

[View blog](#)

Businesses and institutions rely on brain power to make important decisions, to solve critical challenges, and to think creatively and analytically. Employees also report that their work plays a major role in their brain health.<sup>1</sup> Brain health refers to the overall state of how a person's brain functions in different aspects of life, including thinking, learning, remembering, and managing emotions-- optimal brain health allows them to reach their full potential.<sup>2</sup> However, most employees report that work negatively impacts their brain health.<sup>3,4</sup> The Organization for Economic Cooperation and Development's (OECD) New Approaches to Economic Challenges initiative estimates that impaired brain health is costing the global economy as much as \$8.5 trillion a year in lost productivity.<sup>5</sup> This calls attention to the need for organizations to promote a healthy brain culture in their workforce, involving the implementation of programs and policies, and creating an environment that supports brain health. The purpose of this commentary is to provide an overview on the development of the Brain Health Score along with the current state of Scorecard completers and their Brain Health scores.

1. The Business Collaborative for Brain Health. Retrieved June 6, 2024, from <https://businessforbrainhealth.org/about>

2. Brain health. Retrieved November 22, 2024, from <https://www.who.int/health-topics/brain-health>

3. Imboden M. Maintaining Brain Health: An Imperative for Successful Aging and Business Performance. Retrieved June 6, 2024, from <https://journals.sagepub.com/doi/full/10.1177/08901171241232042>

4. Robinson B. Work Damages Your Brain Health, But 4 Strategies Can Improve It, Study Finds. Forbes. Retrieved January 15, 2024, from <https://www.forbes.com/sites/bryanrobinson/2023/03/02/work-damages-your-brain-health-but-4-strategies-can-improve-it-0study-finds/>

5. Organization for Economic Co-operation and Development (OECD). OECD Health Statistics. Retrieved January 14, 2020, from [https://www.oecd-ilibrary.org/social-issuesmigration-health/data/oecd-health-statistics\\_health-data-en](https://www.oecd-ilibrary.org/social-issuesmigration-health/data/oecd-health-statistics_health-data-en)



## Organizational Support for Physical Activity by Percent Remote Workforce

Dr. Mary Imboden | June 2023

[View blog](#)

As a result of the COVID-19 pandemic, the prevalence of remote work and sedentary behavior increased. In fact, working from home was associated with employees sitting an additional two hours per day compared to those working entirely in-person (9.2 vs. 7.3 hours of sitting time, respectively), in addition to a decrease in exercise time from pre-COVID levels.<sup>1</sup> This matters because physical inactivity is associated with poor health outcomes including the development of non-communicable diseases, as well as more severe experience with COVID-19.<sup>2</sup> The purpose of this commentary is to a) compare physical activity practices and policies implemented by organizations with different percentages of their workforce working remotely and b) assess differences in organizational physical activity practices offered by industry type.

1. Streeter J, Roche M, Friedlander A. From Bad to Worse: The Impact of Work-From-Home on Sedentary Behaviors and Exercising. URL: <https://longevity.stanford.edu/wp-content/uploads/2021/05/Sedentary-Brief.pdf>
2. United States Census Bureau. (2022). The Number of People Primarily Working from Home Tripled Between 2019 and 2021. News Releases, U.S. Census Bureau. <https://www.census.gov/newsroom/press-releases/2022/people-working-from-home.html>



## Does remote work impact key health and well-being practices being offered at an organization?

Elizabeth Kelley | May 2023

[View blog](#)

The rapid shift to remote work during the COVID-19 pandemic affected employee well-being, engagement, and productivity, especially in employees without prior remote work experience.<sup>1,2</sup> Conversely, “front-line” employees were required to go into the workplace. As such, mental health concerns, including depression, anxiety, stress, and burnout have increased substantially since 2020.<sup>3</sup> In an attempt to assist employees in navigating the challenges brought on by the pandemic, many employers have taken the initiative to explore strategies to support employees' health and well-being. The purpose of this commentary was to explore if there were differences in the mental health; social determinants of health (SDOH); and diversity, equity, and inclusion (DEI) best practice scores between employers with high and low percentages of remote workforce.

1. Galanti, T., Guidetti, G., Mazzei, E., Zappala, S., Toscano, F. (July 2021). Work from Home During the COVID-19 Outbreak. *Journal of Occupational and Environmental Medicine*, 63 (7). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8247534/>.
2. What is the Future of Remote Work: Remote Work Guide. Wrike. Retrieved January 18, 2023 from <https://www.wrike.com/remote-work-guide/trends-and-future-of-remote-work/>
3. Xio, Y., Becerik-Gerber, B., Lucas, G., Roll S.C. (Mar 2021). Impacts of Working from Home During COVID-19 Pandemic on Physical and Mental Well-Being of Office Workstation Users. *Journal of Occupational and Environmental Medicine*, 63 (3). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7934324/>



## A comparison of health and well-being scores based on employer-reported remote workforce

Dr. Mary Imboden | May 2023

[View blog](#)

One of the most notable changes following the COVID-19 pandemic for many employers was the rapid shift to a remote work environment. Employers who did not have a previously established infrastructure for remote work had to rapidly adapt their operations and policies to allow for business continuity during the pandemic. However, the availability of remote work varies by industry type and organization size. The purpose of this commentary was to a) explore if there was a difference in Scorecard total and section scores between employers that reported a high proportion of remote workforce compared to those that reported a lower proportion of remote workforce; and b) explore if employee perceptions of organizational and cultural support differed between companies that reported a higher versus lower percentage of remote workers.





## Diversity, Equity, and Inclusion Best Practice Score: What Are Your Organization's Opportunities for Improvement?

Dr. Sara Johnson | January 2023

[View blog](#)

Today's workforce is rapidly diversifying.<sup>1,2</sup> Multiple resources<sup>3-7</sup> have emerged to guide employers in their journey to creating inclusive cultures and organizations where all employees can thrive, which may be due to the fact that inclusive organizations that promote flourishing, often have improved employee retention<sup>8,9</sup> and improved business outcomes (e.g., innovation).<sup>9</sup> In fact, experts have argued that equity is a business imperative and that efforts to promote diversity, equity, and inclusion (DEI) should be interwoven into every level of the organization.<sup>5</sup> The purpose of this commentary was to provide an overview of the new Diversity, Equity, and Inclusion (DEI) Best Practice Score and examine the distribution of scores among responding organizations.

1. Frey WH. The Nation Is Diversifying Even Faster than Predicted, According to New Census Data. Brookings Institute; 2020. <https://www.brookings.edu/research/new-census-data-shows-the-nation-is-diversifying-even-faster-than-predicted/>
2. Langston A, Scoggins J, Walsh M. Race and The Work of the Future: Advancing Workforce Equity in the U.S. PolicyLink & USC Dornsife Equity Research Institute; 2020. Accessed November 26, 2022. <https://nationalfund.org/our-resources/publications/race-and-the-work-of-the-future/>
3. Washington EF. The Necessary Journey: Making Real Progress on Equity and Inclusion. Harvard Business School Press; 2022.
4. Roberts LM, Mayo AJ, Thomas DA, eds. Race, Work, and Leadership: New Perspectives on the Black Experience. Harvard Business Review Press; 2019.
5. Deloitte. The Equity Imperative: Actions to Drive Systemic Change. Accessed November 27, 2022. <https://www2.deloitte.com/us/en/pages/about-deloitte/articles/act-now-the-equity-imperative.html>
6. American Heart Association CEO Roundtable. Driving Health Equity in the Workplace. American Heart Association; 2021. Accessed March 14, 2022. <https://www.heart.org/-/media/Files/About-Us/Driving-Health-Equity/CEORHealthEquityManuscript.pdf>
7. Hills G, Iyer L, McAfee M, Kirschenbaum J, Whittaker M. CEO Blueprint for Racial Equity. PolicyLink; 2020. Accessed November 27, 2022. <https://www.policylink.org/resources-tools/ceo-blueprint-for-racial-equity>
8. Brown K. To Retain Employees, Focus on Inclusion — Not Just Diversity. Harv Bus Rev. Published online December 4, 2018. Accessed November 27, 2022. <https://hbr.org/2018/12/to-retain-employees-focus-on-inclusion-not-just-diversity>
9. Bush M. Why Is Diversity & Inclusion in the Workplace Important? Published April 13, 2021. Accessed November 27, 2022. <https://www.greatplacetowork.com/resources/blog/why-is-diversity-inclusion-in-the-workplace-important>



## Social Determinants of Health Practices by Organization Size, Industry Type, and Region

Dr. Mary Imboden | January 2023

[View blog](#)

Social determinants of health (SDOH) are the conditions that shape and influence employee experiences, including where they are born, grow, play, learn, work, and pray.<sup>1</sup> They are the conditions that have a major impact on people's health, well-being, and quality of life, which in turn influence productivity and performance in the workplace.<sup>2</sup> Work is a key SDOH, as many aspects of the workplace may affect the health and well-being of employees. If employers are going to implement strategies and solutions to meet their employee's needs and promote equity in the workplace, it's important to understand how these factors may be impacting their employees.<sup>1,2</sup> The purpose of this commentary was to assess the SDOH Best Practice Score by organization size, industry type, and geographic location to determine SDOH areas of opportunity within workplaces.

1. Social Determinants of Health— an Employer Priority Report. [https://hero-health.org/wp-content/uploads/2019/09/HERO\\_HWHC\\_SDOH\\_Report\\_FINAL\\_090419.pdf](https://hero-health.org/wp-content/uploads/2019/09/HERO_HWHC_SDOH_Report_FINAL_090419.pdf)
2. What Employers Need To Know About Social Determinants Of Health. Forbes. <https://www.forbes.com/sites/onemind/2021/08/24/what-employers-need-to-know-about-social-determinants-of-health/?sh=33b3a2951681e>



## Mental Health and Well-being Practices by Organization Size, Industry type, and Region

Dr. Mary Imboden | January 2023

[View blog](#)

Mental health consists of our emotional, psychological, and social well-being – all of which influence peoples' daily thoughts, feelings, and actions both at home and in the workplace.<sup>1</sup> Work plays a significant role in employee mental health. Factors such as long working hours, decreased social connection, and lack of autonomy or managerial support can all lead to poor mental health and overall employee burnout.<sup>2</sup> For companies, this can translate into negative professional relationships, lower productivity, and higher rates of turnover and disability claims.<sup>3</sup> With the growing need for mental health support, it is important for employers to implement strategies and solutions that meet their employees' needs and create a culture that supports mental health and well-being in the workplace. The purpose of this commentary was to assess the differences in the Mental Health and Well-being Best Practice Scores by organization size, industry type, and geographic location, to determine areas of opportunity within workplaces.

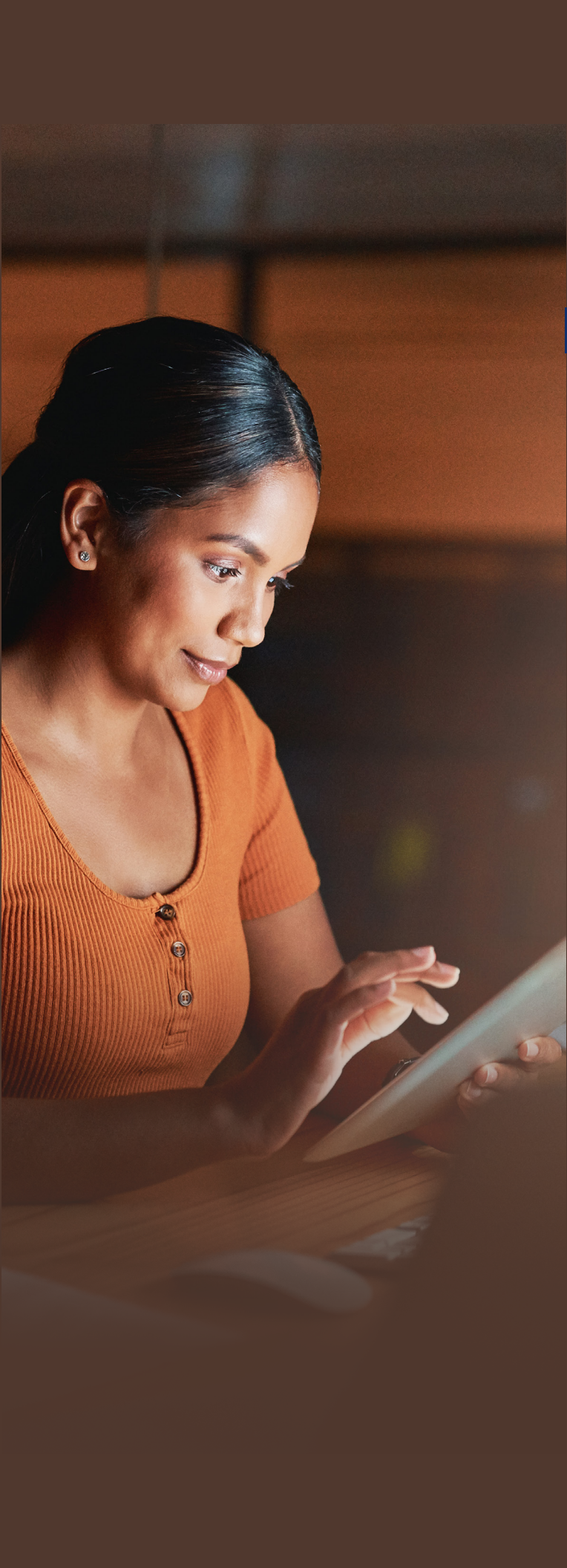
1. <https://www.cdc.gov/mentalhealth/learn/index.htm>

2. <https://hbr.org/2021/10/its-a-new-era-for-mental-health-at-work>

3. <https://hbr.org/2018/11/we-need-to-talk-more-about-mental-health-at-work>







# What's New

## Brain Health

### HERO's Newest Special Best Practice Score

*Kelly O'Brien*, USAgainst Alzheimer's & *Colleen Saringer*, HERO

Our businesses and institutions—our nations—rely on brain power more than ever before to solve critical challenges and drive creativity and analytical thinking. Optimizing brain health can promote human flourishing, economic competitiveness, and business success. It can also prepare us for demographic aging, prevent neurocognitive disorders such as Alzheimer's and other dementias, and offer us an opportunity to build prosperous, inclusive, multigenerational workforces and communities.<sup>1</sup>

Advances in neuroscience have yielded effective strategies for improving brain health and building the cognitive skills necessary to meet present and future human capital and health challenges. In recognition of this important area of well-being, the HERO Scorecard now includes a special best practice score to help employers learn about ways to support brain health in their populations. Workforce health and well-being practices listed throughout the Scorecard that support brain health were identified by a core team based on neuroscience research and expertise and given weighted scores, which sum to a maximum of 100 points. The proposed practices and scores were then reviewed by workforce brain health experts, and their feedback and recommendations were used to refine the brain health best practice scoring model.

1. Imboden, M. The use of data on perceived effectiveness of an organization's health and well-being strategic planning? HERO Commentary Sept. 2021



A list of the practices selected for the brain health score is included in a comprehensive *educational guide* on the UsAgainstAlzheimer’s Business Collaborative for Brain Health *website*, along with a suite of related materials. These practices were drawn from all six sections of the Scorecard (strategic planning, organizational and cultural support, programs, program integration, participation strategies and measurement and evaluation). Table 1 provides a breakdown of the number of practices and points by section for the Brain Health best practice score:

Table 1. Number of practices and points by Scorecard section

| Scorecard section                 | Number of Questions | Number of Practices | Points |
|-----------------------------------|---------------------|---------------------|--------|
| Strategic Planning                | 5                   | 21                  | 25.25  |
| Organizational & Cultural Support | 8                   | 45                  | 34.25  |
| Programs                          | 7                   | 34                  | 18.50  |
| Program Integration               | 4                   | 11                  | 6.50   |
| Participation Strategies          | 3                   | 9                   | 7.25   |
| Measurement and Evaluation        | 1                   | 7                   | 8.25   |
| Totals                            | 28                  | 127                 | 100    |

1. Imboden, M. The use of data on perceived effectiveness of an organization’s health and well-being strategic planning? HERO Commentary Sept. 2021.
2. Livingston, G, Huntley, J, Sommerlad, A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission, The Lancet, Volume 396, Issue 10248, 2020, Pages 413-446, ISSN 0140-6736. [https://doi.org/10.1016/S0140-6736\(20\)30367-6](https://doi.org/10.1016/S0140-6736(20)30367-6)

HERO Scorecard data were explored from 464 organizations that completed Version 5.0 of the HERO Scorecard through December 31, 2024. The mean Brain Health Best Practice Score for all respondents was 46 points. When comparing the score by organization size (Table 2), small organizations scored lower (34 points) than medium (45 points) and large (59 points) organizations.

Table 2. A Comparison of Brain Health Best Practice Scores by Organization Size

| Organization size                 | N   | Mean |
|-----------------------------------|-----|------|
| All respondents                   | 464 | 45   |
| Small (<500 employees)            | 142 | 34   |
| Mid-size (500 to <5000 employees) | 192 | 45   |
| Large (5000 + employees)          | 124 | 59   |




This analysis shows there is opportunity for employers of all sizes to review their health and well-being strategy with the goal of improving support for Brain Health. By addressing Brain Health in the workplace, employers can cultivate cognitive skills, performance and well-being of their employees, while also positively impacting business.

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State of Oregon:  
**Well-Being Strategy  
Development Using  
the HERO Scorecard**

Oregon Public Employees' Benefit Board

# Oregon PEBB's Vision

| Triple Aim                     | Governor Tina Kotek's Priorities   | OHA Guiding Principles         | PEBB Vision   | Health Plan Success Measure Areas   |
|--------------------------------|--|--------------------------------|---|---|
| Improve the quality of care    | Improve BH by increasing access and providers, and promoting social and emotional wellness                           | Access                         | An innovative delivery system in communities statewide that uses evidence-based medicine to maximize health and use dollars wisely    | <br>Patients                         |
|                                |  | Innovation with accountability | A focus on improving quality and outcomes, not just providing health care   |   |
| Improve the patient experience | Invest in social determinants, reporting on vulnerable populations, and increasing the number of congruent providers | Patient-centered               | Promotion of health and wellness through consumer education, healthy behaviors, and informed choices                                  | <br>Delivery System                 |
|                                |  | Health equity                  | Accessible and understandable information about costs, outcomes, and other health data that is available for informed decision-making |   |
| Deliver care more efficiently  | Lower the cost of healthcare for Oregon residents  | Collaborative partnerships     | Appropriate provider, health plan, and consumer incentives that encourage the right care at the right time and place                  | <br>Plan Sponsor and Administrator |
|                                |  | SDOH                           | Benefits that are affordable to employers and employees   |   |



State of Oregon:

# Well-being Initiatives that propelled strategy development

Signed by the Governor in 2017, the Executive Order on State Agency Employee Wellness put in place main structures aimed at supporting state agency employee health and well-being

## **A committee composed of labor and management members called the **PEBB Member Advisory Committee (PMAC)****

- PMAC was created through the 2011-13 collective bargaining agreement(s) to provide feedback to PEBB and its staff on member impacts of potential plan and benefit changes and wellness programs
- Recently, the committee has been examining wellness programs, including PEBB's Health Engagement Model (HEM)

## **A coordinating council entitled the **Worksite Wellness Coordinating Council (Council)****

- Council was created by Executive Order and comprised of agency leaders to provide guidance on evidence-based worksite wellness best practices and to recommend statewide policies to key partners (PEBB, the Governor's Office, etc.) that support health and wellness
- Two-year wellness plans are designed and updated to detail the agency objectives and activities to evaluate and improve employee health
- Both entities (PMAC and Council) report to the Health Equity Workgroup and the PEBB Board

# PEBB Well-Being strategy development goals and ideal state

## Current State



- Challenges with supporting employees in a remote and COVID environment.
- How will Worksite Wellness be defined in the future?
- Need to support employees with current resources in the meantime, while a long-term well-being strategy is developed.

## Future State



- Employees feel supported from a well-being perspective both in a remote and an in-office environment.
- Easy to find resources with virtual options.
- Partners aligned and committed to working together.
- Clear priorities for well-being including health equity.
- Happier, more productive employees and families.

# Goals

### Short-term:

Improve awareness and promote utilization of existing well-being resources & specify well-being roles of the Council and PMAC

# Key Recommendations for State of Oregon

HERO Well-Being Best Practices **Scorecard**  
in **Collaboration** with Mercer®



**Utilize** the HERO Scorecard results to identify the areas of opportunity, including focus on the sub-scores of Mental Health, Social Determinants of **Health**, and **Diversity**, Equity and **Inclusion**



**Focus** on strategic planning and organizational/culture support



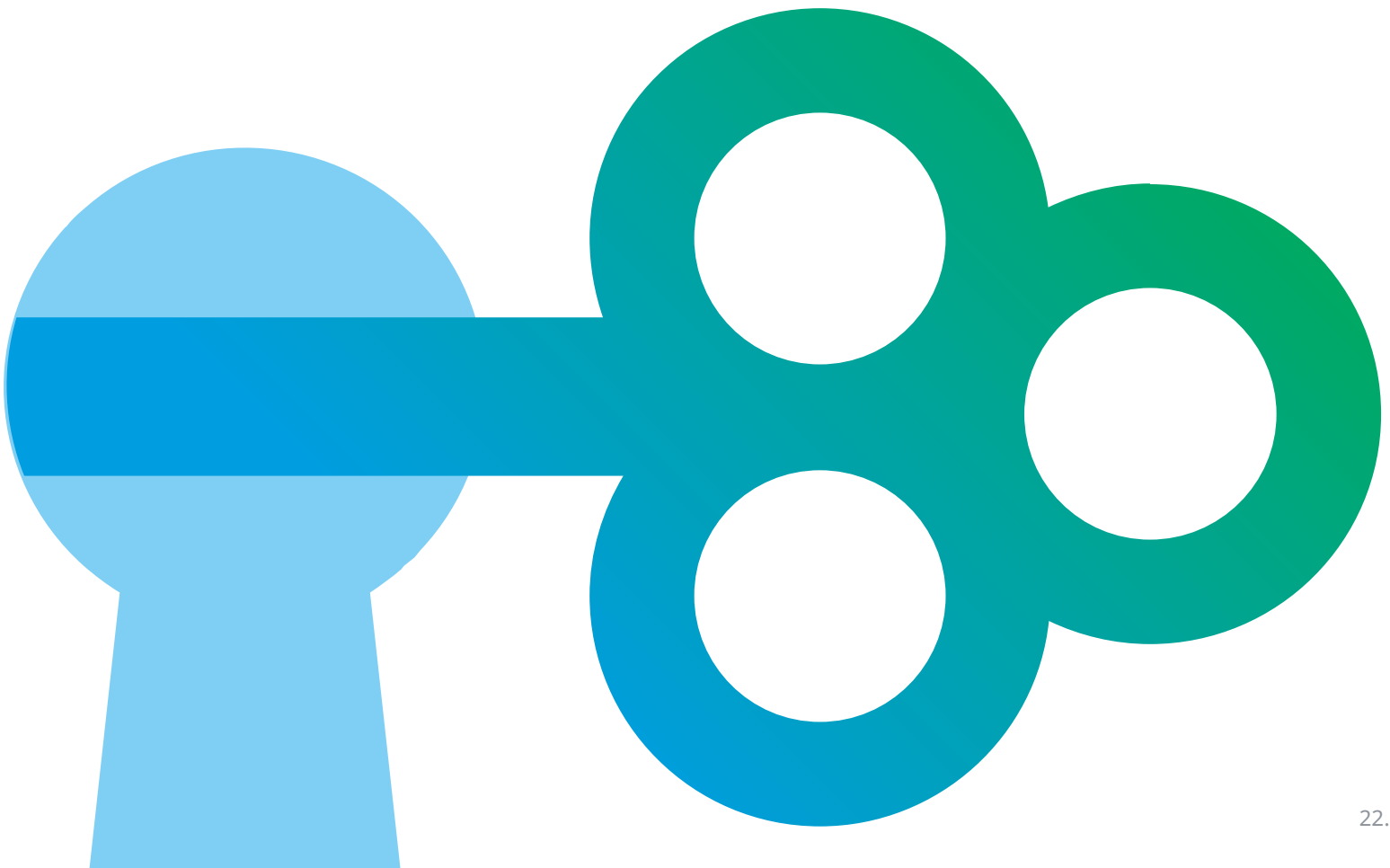
**Develop** a written, multi-year strategy and tactical roadmap to execute on your strategy



**Vet** the plan with partners at all levels and request feedback on challenges and potential solutions

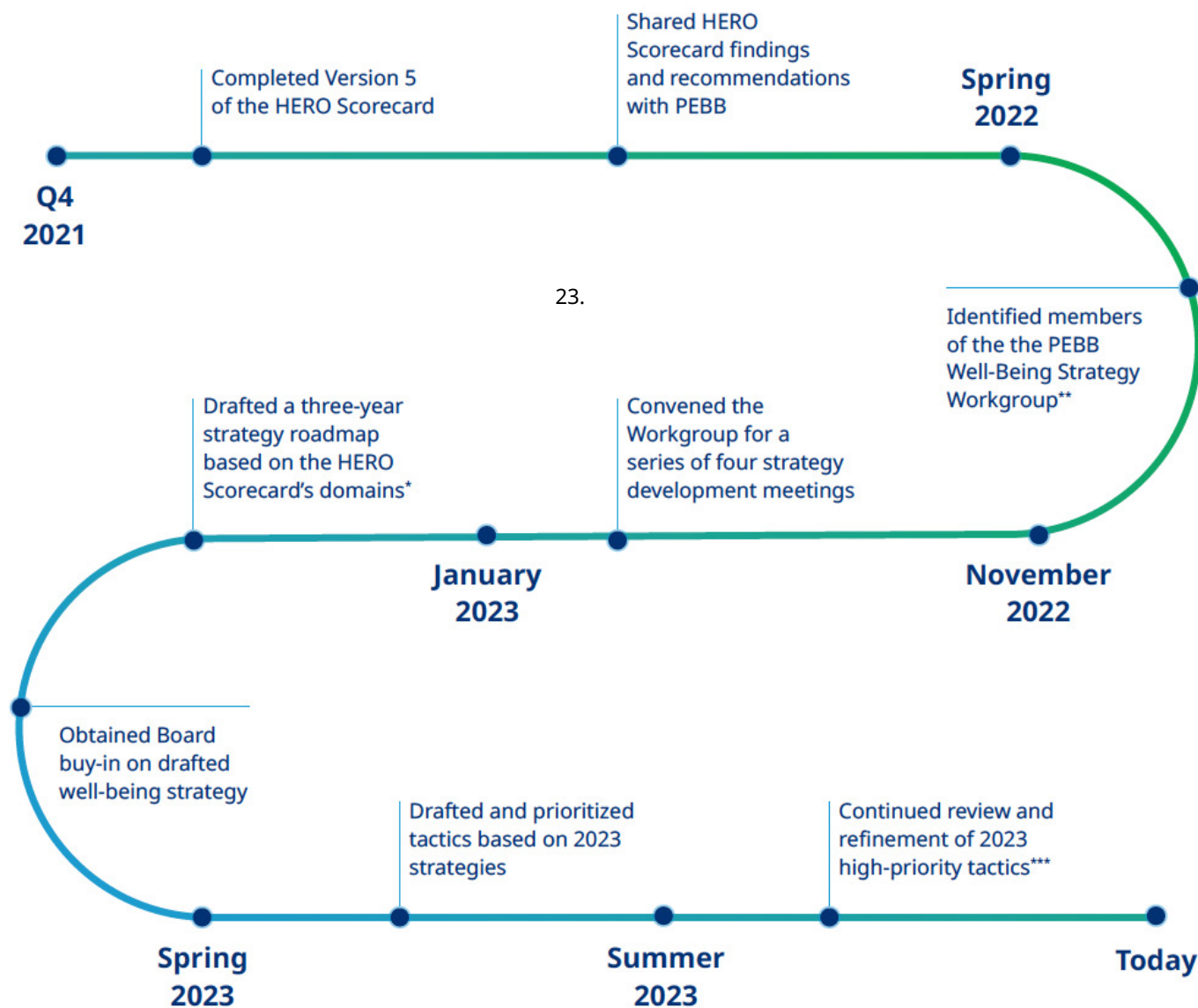


**Repeat** the HERO Scorecard in future to measure growth and identify new opportunities





# PEBB Well-Being Strategy Development\*



\* The HERO Scorecard Subscores (Mental Health, DEI, and SDOH) were highlighted throughout the entire strategy development process  
\*\* The Well-Being Strategy Workgroup is composed of various PEBB Staff and Leadership in order to capture different perspectives and insights  
\*\*\* There are multiple partner groups and layers of approval that PEBB goes through as a public sector employer, which accounts for why the process may have taken longer than a private sector employer

# Mission and Vision Statement

Drafted vision/mission statement based on strategy development



**PEBB offers an equitable and sustainable well-being initiative to support each member's unique well-being journey.**



## PEBB Well-Being Strategy

|   | 2023  | 2024   | 2025   |
|---|---|--|--|
| <b>Strategic Planning</b>                 | <ul style="list-style-type: none"><li><input type="checkbox"/> Finalize and obtain approval for multi-year well-being strategy</li><li><input type="checkbox"/> Utilize Health Equity Workgroup (HEW) determinations and data to propel its directive</li></ul>   | <ul style="list-style-type: none"><li><input type="checkbox"/> Review and revise strategy as necessary</li><li><input type="checkbox"/> Continued integration and application of HEW</li></ul>   | <ul style="list-style-type: none"><li><input type="checkbox"/> Review and revise strategy as necessary</li><li><input type="checkbox"/> Continued integration and application of HEW</li></ul>   |
| <b>Organizational and Culture Support</b> | <ul style="list-style-type: none"><li><input type="checkbox"/> Encourage accountability from agency leaders and others with direct influence on workplace climate and culture</li><li><input type="checkbox"/> Continue encouraging increasing dedicated wellness FTE for larger agencies within PEBB</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Assess effectiveness of leadership and cultural support and revise tactics as necessary</li><li><input type="checkbox"/> Assess progress on expansion of dedicated wellness FTE and revise tactics as necessary</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Assess effectiveness of leadership and cultural support and revise tactics as necessary</li><li><input type="checkbox"/> Assess progress on expansion of dedicated wellness FTE and revise tactics as necessary</li></ul> |

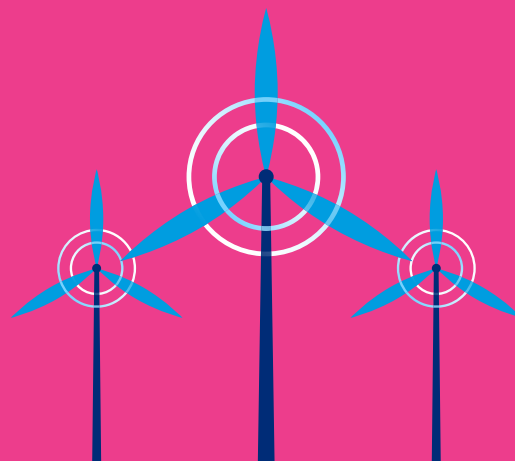
# PEBB Well-Being Strategy

|   | 2023  | 2024  | 2025  |
|---|---|---|---|
| <b>Organizational and Culture Support</b> | <ul style="list-style-type: none"> <li>□ Encourage accountability from agency leaders and others with direct influence on workplace climate and culture</li> <li>□ Continue encouraging increasing dedicated wellness FTE for larger agencies within PEBB</li> </ul>  | <ul style="list-style-type: none"> <li>□ Assess effectiveness of leadership and cultural support and revise tactics as necessary</li> <li>□ Assess progress on expansion of dedicated wellness FTE and revise tactics as necessary</li> </ul> | <ul style="list-style-type: none"> <li>□ Assess effectiveness of leadership and cultural support and revise tactics as necessary</li> <li>□ Assess progress on expansion of dedicated wellness FTE and revise tactics as necessary</li> </ul> |
| <b>Program Integration</b>                | <ul style="list-style-type: none"> <li>□ Identify opportunities to provide navigational and advocacy support/direction to available resources</li> <li>□ Develop integrated reporting requirements</li> </ul>   | <ul style="list-style-type: none"> <li>□ Implement navigational and advocacy support/direction to available resources</li> <li>□ Continue to develop integrated reporting requirements</li> </ul>   | <ul style="list-style-type: none"> <li>□ Assess navigational and advocacy support/direction to available resources</li> <li>□ Implement integrated reporting requirements</li> </ul>  |
| <b>Participation Strategies</b>           | <ul style="list-style-type: none"> <li>□ Continue to evaluate providers and services for alignment with Health Equity goals</li> <li>□ Provide manager training to support worksite wellness goals</li> </ul>   | <ul style="list-style-type: none"> <li>□ Continue to evaluate providers and services for alignment with Health Equity goals</li> <li>□ Begin implementing a plan to provide manager training to support worksite wellness goals</li> </ul>    | <ul style="list-style-type: none"> <li>□ Continue to evaluate providers and services for alignment with Health Equity goals</li> <li>□ Assess manager training to support worksite wellness goals</li> </ul>                                  |
| <b>Measurement and Evaluation</b>         | <ul style="list-style-type: none"> <li>□ Determine what reporting is needed, and who needs to see the well-being reporting</li> <li>□ Develop measurement plan aligned with short- and long-term well-being goals including a timeline and process for regular data collection, evaluation and reporting</li> </ul> | <ul style="list-style-type: none"> <li>□ Review reporting requirements and adjust as necessary</li> <li>□ Begin tracking quantitative and qualitative data metrics to inform roadmap planning, and compare against success metrics</li> </ul> | <ul style="list-style-type: none"> <li>□ Review reporting requirements and adjust as necessary</li> <li>□ Assess and revise quantitative and qualitative data sources as necessary</li> </ul>   |

● Indicates MH, DEI, and/or SDOH consideration



# From Strategy to Tactics



| Strategic Planning: Strategy   | 2023 Tactics  | Responsible Party        | Priority Level |
|--|---|--------------------------|----------------|
| Collaborate with union leadership to learn priorities and how well-being programming can support their members | Ask Labor members of PMAC and Council to inform how best to collaborate with union leadership | PMAC, Council, and Staff | High           |
|  | Develop and implement plan for labor collaboration based on above                             | PMAC, Council, and Staff | High           |



| Organizational and Culture Support: Strategy   | 2023 Tactics  | Responsible Party | Priority Level |
|--|---|-------------------|----------------|
| Encourage accountability from agency leaders and others with direct influence on workplace climate and culture | Update Worksite Wellness Coordinating Council's agency wellness plan review checklist to include a requirement that agencies include at least one goal in their wellness plan around accountability from agency leaders | Staff and Council | High           |

● Indicates MH, DEI, and/or SDOH consideration

# What's ahead?

## PEBB well-being strategy execution

**Finalize the complete tactical roadmap, in collaboration with PMAC, the Council and the Health Equity Workgroup**

**Begin executing on high-priority items noted for 2023, as identified from the HERO Scorecard report**

Example of high-priority tactics for the Council and PMAC:

1.

Labor members of PMAC and Council to inform how best to collaborate with union leadership

*PMAC and council ideas:*

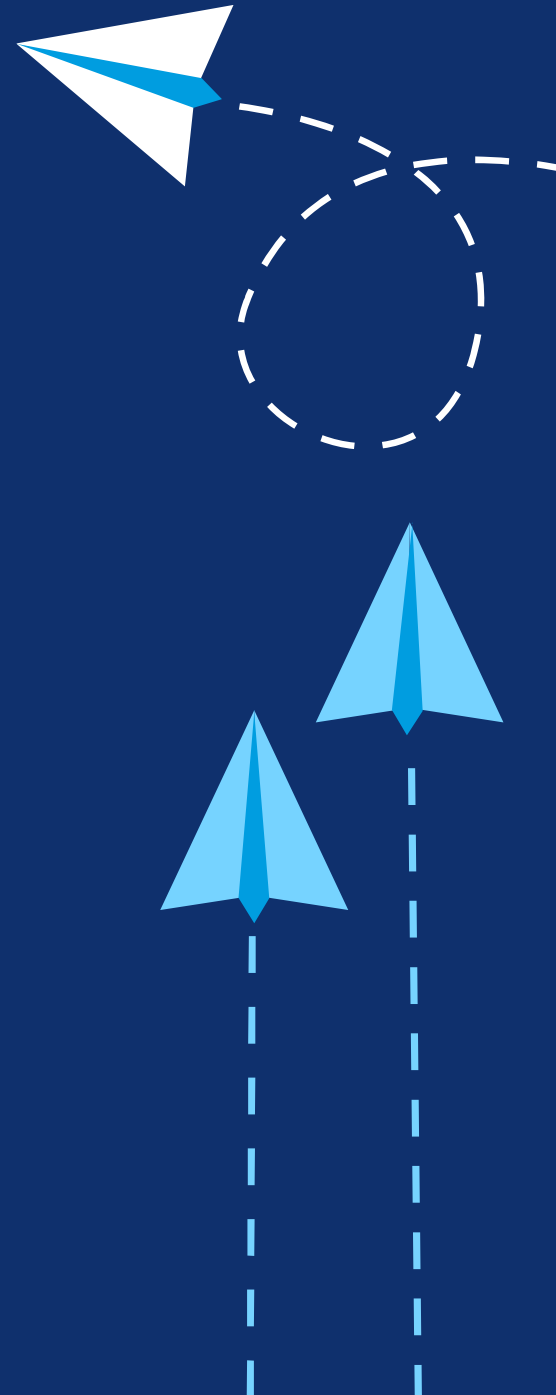
- Identify meetings, conferences, or other events to have a presence and solicit feedback and/or ideas for collaboration
- Set-up a Breakfast/ Lunch/Dinner and Learn topical meeting series where all employees, including those who do not work traditional desk jobs, can attend

Develop a resource document specific to Well-being to provide to union leaders to assist members in navigating all of the different benefits based on their needs

2.

Develop and implement a plan for labor collaboration based on above

**Review and begin planning for high-priority items identified for 2025 and beyond**



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# Using the HERO Scorecard for well-being success

Healthcare industry:  
5,000 employees





# Challenges



The client sought to provide a broad, diverse, and inclusive array of health and well-being programs that promote healthy living for their employees and families (including union and part-time)



Large call center and lower wage employee population in dispersed locations



Had outcomes-based, medical premium incentive program in place with flagging participation



Scored below the national and industry averages in all categories of the HERO Scorecard, highlighting many areas of opportunity for improving health and well-being initiative

## Actions

1

Based on HERO Scorecard results, the client partnered with Mercer to assess their health and well-being program and develop **short and longer-term transformation strategies**

2

Mercer facilitated well-being and several point **solution vendor selections** and **implementations**

3

Transitioned from a medical premium incentive to a **quarterly cash-equivalent, participation-based incentive model** for a variety of well-being activities that include SP/DP and family

4

Provided **bridge funding** in transition year from medical premium to cash incentive to mitigate concerns about higher premium contributions

5

Obtained **visible senior leadership** support and participation



# Results

- In Q1 following implementation of the new participation-based incentive model and a new well-being partner, the client saw a **43% enrollment** and **90% engagement**. In subsequent months, enrollment **increased to 60%** with an average monthly engagement rate of 60%
- Continued efforts to **integrate and cross-promote** cardiometabolic and musculoskeletal point solutions
- **Culture continues to evolve** to one that supports the health and well-being of all members
- Employee **satisfaction is high**

Planning comprehensive  
evaluation of

**Value on Investment**

