

# HERO health and well-being best practices scorecard

in collaboration with Mercer®

**Version 5 user's guide**

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welcome to brighter

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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, Inclusion & Belonging, 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.

## 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.

**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: \_\_\_\_\_%

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.

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

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
- Inclusion & belonging
- 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

#### 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".

**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

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.

**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

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 an 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

## 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” and are often part of an organization’s efforts to foster an inclusive workplace.

**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**

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.

**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

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

### 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.

**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

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.

**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

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.

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

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

### 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.

**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.

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

## 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.

**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

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).

# Special best practice scores

## Mental health and well-being best practice score

Maximum score: 100 points

This Mental Health and Well-being Best Practice Score was developed to help organizations assess their workforce mental health and well-being initiatives. An organization's mental health and well-being best practice score is compiled from practices listed throughout the HERO Scorecard. The selected practices and their weighted scores were identified by a core team based on industry research and expertise. The proposed practices and scoring were then reviewed by workforce mental health and well-being industry experts, and their feedback and recommendations were used to refine the mental health and well-being best practice scoring model. The total score is out of 100 total points, and the practices included in this best practice score are listed below. At this time, the Mental Health and Well-Being Best Practice Score is intended to be educational. HERO plans to validate this score through formal research in the future.

### Questions included from Section 1: Strategic Planning

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

- Psychosocial/mental health (9 points)
- Financial well-being (4 points)
- Social well-being (6 points)
- Employee experience survey (2 points)

**Q3. Does your strategic plan include measurable objectives for the following?**

- Employee satisfaction/morale/attitudes or engagement (2 points)
- Employee perceptions of supervisor/management support (2 points)

### Questions included from Section 2: Organizational and Cultural Support

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

- Mental health and well-being (4 points)
- Work-life integration (2 points)
- Work time to participate in health and well-being programs (2 points)
- Responsible alcohol and other substance use (2 points)

**Q14. Does your company intentionally promote and encourage an inclusive workforce through any of the following strategies?**

- Employee Resource Groups (ERGs) (1 point)

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

- Stress management and emotional recovery breaks (3 points)
- Work/life balance (3 points)

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

- Foster social connectedness (3 points)

**Q17. Which of the following describes your leadership's support for health and well-being?**

- Leaders are role models for prioritizing health and work-life balance (4 points)
- Leaders hold their front-line managers accountable for supporting the health and well-being of their employees (4 points)

**Q18. Does your organization have a disaster-preparedness plan that includes manager and employee training to address employee safety, health and well-being in the event of the following?**

- Critical incidents (e.g., death of an employee, workplace suicide) (1 point)

**Q19. Which of the following elements affecting employee health and well-being are included in your organization's leadership training?**

- Psychological safety (1 point)
- Leaders' role as an influencer of employee health and well-being (1 point)
- Opportunities for growth and advancement for under-represented groups (1 point)
- Workload management (1 point)
- Empathy and compassion training (1 point)
- Manager effectiveness (1 point)

### **Questions included from Section 3: Programs**

**Q24. What programs or services does your organization offer to help individuals manage one or more physical or mental health issues?**

- Educational programs focused on self-management (0.5 points)
- Coaching/counseling delivered through multiple interactions with a health professional (0.5 points)
- Health care navigation supports (0.5 points)
- Virtual care (0.5 points)
- Interactive digital expert system (0.5 points)

**Q25. What types of health and well-being issues does your health and well-being initiative address?**

- Chronic physical and mental health condition (1.75 points)
- Mental & emotional well-being (2.75 points)
- Financial well-being (1.25 points)
- Career growth (1.25 points)
- Personal growth (1.75 points)
- Social and relational well-being (1.75 points)

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

- Virtual delivery of services is offered (0.5 points)
- Online social connection and group support (0.5 points)

**Q27. Does your organization, including any specialty vendors or health plans you use, provide any of the following resources to support individuals in managing their overall health and well-being?**

- Employee assistance program (EAP) (4 points)
- Behavioral health advocacy services (0.5 points)
- Child care assistance (0.5 points)
- Elder care assistance (0.5 points)
- Financial well-being (0.5 points)

### **Questions included from Section 4: Program Integration**

**Q33. Are steps taken to ensure health and well-being is integrated with the efforts in any of the following areas?**

- Employee assistance (2 points)

### **Questions included from Section 5: Participation strategies**

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

- Peer support (1 point)

**Q39. Does your health and well-being engagement 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 (3 points)
- Yes, somewhat (2 points)

### **Questions included from Section 6: Measurement & Evaluation**

**Q52. Please indicate which of the following types of data are used to evaluate health and well-being initiative performance. Only select the types of data used to influence program decisions.**

- Psychosocial/mental health (3.5 points)
- Overall well-being, life satisfaction, and quality of life (2 points)
- Social well-being (2.25 points)
- Financial well-being (2 points)
- Employee engagement/morale (2 points)

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

- A substantial improvement in health and well-being was found (2.25 points)
- A slight improvement in health and well-being was found (1.25 points)

## Instructions for interpreting your Mental Health and Well-being Best Practice Score

**Q1.** If you selected financial well-being as a type of data that your organization uses in its strategic planning of the company's health and well-being initiative, you should only include the 4 points allocated to this question if you are including a broad range of financial well-being data beyond 401K participation.

**Q25.** If you selected financial well-being as a type of health and well-being issue that your health and well-being initiative addresses, but your organization only offers typical employee benefits such as 401K plans and does not consider the day-to-day financial needs of employees, such as budgeting, bill/debt consolidation, loan repayment, etc. this response option should not be counted towards your mental health and well-being best practice score. Therefore, you should subtract 1.25 points from the score provided in your instant results report.

**Q27.** If you selected financial well-being as a resource that your organization (including any specialty vendor or health plans used) uses to support individuals in managing their overall health and well-being, but this resource does not consider the day-to-day financial needs of employees, you should subtract 0.5 points from your mental health and well-being best practice score.

**Q52.** If you selected financial well-being as a type of data used to evaluate health and well-being initiative performance you should only include the 2 points allocated to this question if you are including a broad range of financial well-being metrics beyond 401K participation.

# Social determinants of health best practice score

Maximum score: 100 points

This Social Determinants of Health Best Practice Score was developed to help organizations assess their workforce social determinants of health initiatives. An organization's Social Determinants of Health Best Practice Score is compiled from practices listed throughout the HERO Scorecard. The selected practices and their weighted scores were identified by a core team based on industry research and expertise. The proposed practices and scoring were then reviewed by industry experts in workforce social determinants of health practices whose feedback and recommendations were used to refine the social determinants of health best practice scoring model. The total score is out of 100 total points, and the practices included in this best practice score are listed below. At this time, the Social Determinants of Health Best Practice Score should be used as an educational tool to help organizations identify areas for improvement in this area. HERO plans to validate this score through formal research in the future.

## Questions included from Section 1: Strategic Planning

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

- Financial well-being (5 points)
- Social well-being (5 points)
- Human capital (2 points)
- Psychosocial/mental health (4 points)
- Employee experience survey (2 points)

## Questions included from Section 2: Organizational and Cultural Support

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

- Work time to participate in health and well-being programs (3 points)
- Mental health and well-being (2 points)
- Healthy eating (1 point)
- Volunteerism or community involvement (1 point)

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

- Healthy eating choices (2 points)
- Work/life balance (2 points)

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

- Analyze disparities in healthcare outcomes within the workforce (3 points)
- Address health literacy and health awareness in culturally relevant and appropriate ways (3 points)
- Ensure providers in the health plan's network match workforce needs (3 points)
- Address the health culture in the community (3 points)

- Provide or facilitate access to child care (3 points)
- Provide or facilitate access to elder care (3 points)
- Provide or facilitate transportation to work (3 points)
- Provide or facilitate access to housing (3 points)
- Address food insecurity (3 points)

**Q19. Which of the following elements affecting employee health and well-being are included in your organization's leadership training?**

- Resources to help employees address social risk factors (3 points)

## Questions included from Section 3: Programs

**Q24. What programs or services does your organization offer to help individuals manage one or more physical or mental health issues?**

- Virtual care (1 point)

**Q25. What types of health and well-being issues does your health and well-being initiative address?**

- Social or relational well-being (2 points)
- Financial well-being (2 points)

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

- Online social connection and group support (1 point)
- Virtual delivery of services is offered (1 point)

**Q27. Does your organization, including any specialty vendors or health plans you use, provide any of the following resources to support individuals in managing their overall health and well-being?**

- Onsite or near-site medical clinic (2 points)
- Onsite fitness or wellness center (2 points)
- Child care assistance (2 points)
- Elder care assistance (2 points)
- Legal assistance (2 points)
- Financial well-being (2 points)

## Questions included from Section 4: Program Integration

**Q35. In what ways does your organization actively participate in community initiatives focused on health and well-being?**

- Refer/connect employees to community resources that address social determinants of health (3.5 points)
- Encourage employees to volunteer in the community (1.5 points)
- Sponsor community health events (1.5 points)
- Partner with other community organizations to address social determinants of health (1.5 points)

## Questions included from Section 5: Participation Strategies

**Q38. Do health and well-being program communications include any of the following?**

- Multiple communication methods/formats appropriate for targeted populations (2 points)
- Communications tailored to specific subgroups based on demographics or health status (2 points)

**Q42. Are financial incentives available to all employees in the organization?**

- Yes, any incentives that are offered are available to all employees (1 point)

## Questions included from Section 6: Measurement & Evaluation

**Q52. Please indicate which of the following types of data are used to evaluate health and well-being initiative performance. Only select the types of data that are periodically reviewed (at least once per year) and used to influence program decisions.**

- Financial well-being indicators (2.5 points)
- Culture or climate assessment (1.5 points)
- Social well-being (2.5 points)
- Psychosocial/mental health (2.5 points)

## Instructions for interpreting your Social Determinants of Health Best Practice Score

**Q1.** If you selected financial well-being as a type of data that your organization uses for strategic planning for your health and well-being initiative, you should only include the 5 points allocated to this question if you are including a broad range of financial well-being data beyond 401K participation.

**Q1.** If you selected human capital as a type of data that your organization uses for strategic planning for your health and well-being initiative but you do not consider how human capital impacts social capital or areas such as retention or recruitment, you should subtract 2 points from your total social determinants of health score provided in your instant results report.

**Q25.** If you selected financial well-being as a type of health and well-being issue that your health and well-being initiative addresses, but your organization only offers typical employee benefits such as 401K plans and does not consider the day-to-day financial needs of employees such as budgeting, bill/debt consolidation, loan repayment, this response option should not be counted towards your mental health and well-being best practice score. Therefore, you should subtract 2 points from the score provided in your instant results report.

**Q27.** If you selected financial well-being as a resource that your organization (including any specialty vendor or health plans used) uses to support individuals in managing their overall health and well-being, but this resource does not consider the day-to-day financial needs of employees, such as, budgeting, bill/debt consolidation, loan repayment, you should subtract 2 points from your social determinants of health best practice score.

**Q52.** If you selected financial well-being as a type of data used to evaluate health and well-being initiative performance, you should only include the 2.5 points allocated to this practice if you are including a broad range of financial well-being metrics beyond 401K participation.

**Q52.** If you selected culture or climate assessment as data used to evaluate health and well-being initiative performance, you should only include the 1.5 points allocated to this practice if you are using tools that help assess psychological safety or a culture of caring.



# Health equity best practice score

## Maximum score: 100 points

This Health Equity Best Practice Score was developed to help organizations assess their workforce health equity initiatives. An organization's health equity best practice score is compiled from practices listed throughout the HERO Scorecard. The selected practices and their weighted scores were identified by a core team based on industry research and expertise. The proposed practices and scoring were then reviewed by workforce health equity industry experts, and their feedback and recommendations were used to refine the health equity best practice scoring model. The total score is out of 100 total points, and the practices included in this best practice score are listed below. At this time, the Health Equity Best Practice Score is thought to be an educational tool to help organizations identify areas for improvement in this area. However, HERO plans to validate this score through formal research in the future.

### Questions included from Section 1: Strategic Planning

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

- Financial well-being (2 points)
- Social well-being (2 points)
- Employee experience survey (2 points)

**Q3. Does your strategic plan include measurable objectives for the following?**

- Improvements in health equity (6.75 points)
- Inclusion & belonging (6.75 points)

### Questions included from Section 2: Organizational and Cultural Support

**Q10. Which of the following describe your organization's wellness committee?**

- Committee members represent diverse perspectives (3 points)

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

- Work time to participate in health and well-being programs (1 point)
- Mental health and well-being (1 point)
- Work-life integration (1 point)
- Volunteerism or community involvement (1 point)

**Q14. Does your company intentionally promote and encourage an inclusive workforce through any of the following strategies?**

- Policies (2 points)
- Employee Resource Groups (ERGs) (2 points)
- Facilitate forums for open discussion (2 points)
- Workforce training and growth opportunities (2 points)

- Workforce accommodations (2 points)
- Race and ethnicity data are used in strategic planning to identify specific needs (2 points)
- Race and ethnicity data are used in program evaluation to assess health equity issues (2 points)

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

- Stress management and emotional recovery breaks (1 point)
- Work/life balance (1 point)

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

- Analyze disparities in healthcare outcomes within the workforce (1 point)
- Address health literacy and health awareness in culturally relevant and appropriate ways (1 point)
- Ensure providers in the health plan's network match workforce needs (1 point)
- Address the health culture in the community (1 point)
- Foster social connectedness (0.5 points)
- Provide or facilitate access to child care (0.5 points)
- Provide or facilitate access to elder care (0.5 points)
- Provide or facilitate transportation to work (0.5 points)
- Provide or facilitate access to housing (0.5 points)
- Address food insecurity (0.5 points)

**Q18. Does your organization have a disaster-preparedness plan that includes manager and employee training to address employee safety, health and well-being in the event of the following?**

- Demonstrations or protests (0.5 points)
- Critical incidents (0.5 points)
- Active shooter (0.5 points)
- Natural disasters (0.5 points)
- Epidemic/Pandemic/Infectious disease outbreak (0.5 points)

**Q19. Which of the following elements affecting employee health and well-being are included in your organization's leadership training?**

- Empathy and compassion training (1 point)
- Resources to help employees address social risk factors (1 point)
- Psychological safety (1 point)
- Opportunities for growth and advancement for under-represented groups (3 points)

**Q20. Which of the following describe the involvement of employees in your health and well-being initiative?**

- Employees provide significant input, such as program content, delivery options, communication and future needs (2 points)
- Voluntary employee-led resource groups (ERGs) are active (2 points)
- Employees are formally asked about their perceptions of organizational support for their health and well-being (2 points)

**Questions included from Section 3: Programs**

**Q25. What types of health and well-being issues does your health and well-being initiative address?**

- Mental & emotional well-being (1 point)
- Personal growth (1 point)
- Social and relational well-being (1 point)
- Career growth (1 point)

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

- Provide targeted outreach to groups relevant to their needs or gaps in care (2 points)
- Personalize interventions at the individual level (2 points)

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

- Yes (2 points)

**Q30. Has your organization taken any of the following steps to manage employee disabilities?**

- Performance standards hold supervisors accountable for disability management program goals (0.5 points)
- Written return-to-work policies and procedures (0.5 points)
- Modified temporary jobs for employees ready to return to work but not to their former jobs (0.5 points)
- Complex claims receive clinical intervention or oversight (0.5 points)
- Ongoing supportive communication throughout the duration of leave (0.5 points)

- Use metrics to regularly monitor and manage disability trends (0.5 points)
- Strategies to direct disabled individuals to appropriate health and well-being programs (0.5 points)

**Questions included from Section 4: Program Integration**

**Q33. Are steps taken to ensure health and well-being is integrated with the efforts in any of the following areas?**

- Disability management (2 points)
- Employee assistance (2 points)
- Inclusion & belonging (3 points)
- Organizational learning and development (2 points)

**Questions included from Section 5: Participation Strategies**

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

- Affinity groups connecting people with common interests or characteristics (1 point)
- Allowing family members, friends, or community members to participate (1 point)

**Q38. Do health and well-being program communications include any of the following?**

- Multiple communication methods/formats appropriate for targeted populations (2 points)
- Communications tailored to specific subgroups based on demographics or health status (2 points)

**Q39. Does your health and well-being engagement 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 (1 point)
- Yes, somewhat (0.5 points)

**Questions included from Section 6: Measurement & Evaluation**

**Q52. Please indicate which of the following types of data are used to evaluate health and well-being initiative performance. Only select the types of data that are periodically reviewed (at least once per year) and used to influence program decisions.**

- Financial well-being indicators (1.5 points)
- Culture or climate assessment (1.5 points)
- Social well-being (1.5 points)
- Employee engagement, morale, or satisfaction (1.5 points)

## Instructions for interpreting your Health Equity Best Practice Score

**Q1.** If you selected financial well-being as a type of data that your organization uses for strategic planning for your health and well-being initiative, you should only include the 2 points allocated to this question if you are including a broad range of financial well-being data beyond 401K participation.

**Q52.** If you selected financial well-being as a type of data used to evaluate health and well-being initiative performance, you should only include the 1.5 points allocated to this practice if you are including a broad range of financial well-being metrics beyond 401K participation.

**Q52.** If you selected culture or climate assessment as data used to evaluate health and well-being initiative performance, you should only include the 1.5 points allocated to this practice if you are using tools that help assess psychological safety or a culture of caring.

# Brain health best practice score

Maximum score: 100 points

This Brain Health Best Practice Score was developed to help organizations assess their health and well-being initiatives and practices related to promoting brain health. An organization's brain health best practice score is compiled from practices assessed throughout the HERO Scorecard. The selected practices and their scores associated with each were identified by a multidisciplinary core team based on industry research and content expertise. 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. The total score is on a 100-point scale, and the practices included in this best practice score are listed below. The Brain Health Best Practice Score is an educational tool that can help organizations identify best practices in promoting workforce brain health. HERO plans to validate this score through formal research in the future.

## Questions included from Section 1: Strategic Planning

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

- Physical health (1.5 points)
- Psychosocial/mental health (1.5 points)
- Human Capital (0 points)
- Financial well-being (0.5 points)
- Health and well-being program data (1 point)
- Social well-being (1.5 points)
- Occupational health and safety (1 point)
- Employee Experience Survey (1 point)

**Q2. Does your organization have a formal, written strategic plan for health and well-being? (Only one box can be selected for a maximum score of 5 points)**

- Yes, a long-term plan (two or more years) only (4 points)
- Yes, an annual plan only (3 points)
- Yes, both a long-term and annual plan (5 points)

**Q3. Does your strategic plan include measurable objectives for the following?**

- Participation in health and well-being programs (1 point)
- Improvements in health equity (1.5 points)
- Improvements in health/clinical measures (1.5 points)
- Recruitment/retention (0.25 points)
- Employee satisfaction/morale/attitudes or engagement (1.5 points)
- Employee perceptions of supervisor/management support (1.5 points)
- Inclusion & belonging (1.5 points)
- Productivity/performance impact (0.5 points)

**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 (0.5 points)

**Q5. Does your organization provide any key components of your health and well-being initiative to any of the following groups?**

- Spouses/Domestic partners (1 point)

**Q6. Is your initiative designed to provide support to members across all points on the health spectrum—healthy, at risk, chronically ill, and with acute needs?**

- Yes, we offer robust programs for individuals in all segments (1.5 points)
- Yes, but we need to improve offerings for one or more segments (0.5 points)

## Questions included from Section 2: Organizational and Cultural Support

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

- Mental health and well-being (1.25 points)
- Work-life integration (1.25 points)
- Work time to participate in health and well-being programs (1.25 points)
- Physical activity (1.25 points)
- Healthy eating (1.25 points)
- Tobacco free workplace or campus (policy addresses vaping) (1.25 points)
- Tobacco free workplace or campus (policy does not address vaping) (1 point)
- Responsible alcohol and other substance use (1.25 points)
- Volunteerism or community involvement (1.25 points)
- Injury prevention and safety (1.25 points)

**Q14. Does your company intentionally promote and encourage an inclusive workforce through any of the following strategies?**

- Employee Resource Groups (ERGs) (0.75 points)
- Workforce training and growth opportunities (0.75 points)
- Workforce accommodations (0.75 points)
- Race and ethnicity data are used in strategic planning to identify specific needs (0.75 points)
- Race and ethnicity data are used in program evaluation to assess health equity issues (0.75 points)

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

- Stress management and emotional recovery breaks (1 point)
- Work/life balance (1 point)
- Healthy eating choices (1 point)
- Physical activity options (1 point)
- Safety features (0.5 point)
- Healthy building design (1 point)

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

- Analyze disparities in healthcare outcomes within the workforce (0.25 points)
- Address health literacy and health awareness in culturally relevant and appropriate ways (0.5 points)
- Ensure providers in the health plan's network match workforce needs (0.25 points)

- Address the health culture in the community (0.25 points)
- Provide or facilitate access to elder care (0.5 points)
- Foster Social Connectedness (1 point)
- Address food insecurity (1 point)
- Provide or facilitate access to housing (0.25 points)
- Provide or facilitate transportation to work (0.25 points)
- Provide or facilitate access to childcare (0.25 points)

**Q17. Which of the following describes your leadership's support for health and well-being?**

- Leadership development includes the business relevance of worker health and well-being (1 point)
- Leaders are role models for prioritizing health and work-life balance (1 point)
- Leaders actively participate in health and well-being programs (1 point)
- Leaders hold their front-line managers accountable for supporting the health and well-being of their employees (1 point)

**Q19. Which of the following elements affecting employee health and well-being are included in your organization's leadership training?**

- Resources to help employees address social risk factors (0.5 points)
- Psychological safety (0.5 points)
- Leaders' role as an influencer of employee health and well-being (0.5 points)
- Opportunities for growth and advancement for under-represented groups (0.25 points)
- Workload management (0.5 points)
- Empathy and compassion training (0.5 points)
- Manager effectiveness (0.25 points)

**Q20. Which of the following describes your leadership's support for health and well-being?**

- Employees are formally asked about their perceptions of organizational support for their health and well-being (e.g., annual employee survey) (1 point)

**Q22. Are mid-level managers and supervisors provided any of the following tangible supports for employee health and well-being?**

- Budget or resources for team-level activities (0.5 points)
- Recognition of their efforts (0.25 points)
- Training specifically related to health and well-being resources and assessing needs (0.5 points)

### Questions included from Section 3: Programs

**Q24. What programs or services does your organization offer to help individuals manage one or more physical or mental health issues?**

- Educational programs focused on self-management (0.25 points)
- Coaching/counseling delivered through multiple interactions with a health professional (0.25 points)
- Health care navigation supports (0.25 points)
- Virtual care (0.25 points)
- Interactive digital expert system (0.25 points)

**Q25. What types of health and well-being issues does your health and well-being initiative address?**

- Chronic physical and mental health condition (2 points)
- Physical health (1.75 points)
- Mental & emotional well-being (1.75 points)
- Financial well-being (0.5 points)
- Career growth (0.5 points)
- Personal growth (1 point)
- Social and relational well-being (1.75 points)

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

- Virtual delivery of services is offered (0.25 points)
- Online social connection and group support (0.25 points)
- Program incorporates use of tracking devices such as an accelerometer, glucometer, automated scale or sensor technology (0.25 points)
- Mobile applications (0.25 points)

**Q27. Does your organization, including any specialty vendors or health plans you use, provide any of the following resources to support individuals in managing their overall health and well-being?**

- Employee assistance program (EAP) (0.25 points)
- Behavioral health advocacy services (0.25 points)
- Onsite fitness or wellness center (0.75 points)
- Onsite or near-site medical center (0.5 points)
- Childcare assistance (0.25 points)
- Elder care assistance (0.5 points)
- Financial well-being (0.25 points)
- Medical decision support (0.5 points)
- Legal assistance (0 points)
- Concierge services (0 points)

**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 (0.25 points)
- Provide targeted outreach to groups relevant to their needs or gaps in care (0.25 points)
- Personalize interventions at the individual level (0.25 points)
- Inform health professionals to better support participants (e.g., support health coaching) (0.25 points)
- Ongoing, real-time feedback to participants (0.25 points)

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

- Yes (1.5 points)

**Q30. Has your organization taken any of the following steps to manage employee disabilities?**

- Modified temporary jobs for employees ready to return to work but not to their former jobs (0.75 points)
- Strategies to direct disabled individuals to appropriate health and well-being programs (0.25 points)



## Questions included from Section 4: Program Integration

**Q32. Are your health and well-being programs integrated in any of the following ways?**

- Health and well-being program partners (internal and external) refer individuals to programs and resources provided by other partners (0.25 points)
- Health and well-being program partners “warm transfer” individuals to programs and services provided by other partners (0.5 points)
- Partners collaborate as a team to meet regularly, share information, and track outcomes (0.5 points)
- Automated processes for sharing information between partners (e.g., shared vendor portals, regular data exports between vendors, embedded into electronic medical record, etc.) (0.5 points)

**Q33. Are steps taken to ensure health and well-being is integrated with the efforts in any of the following areas?**

- Employee assistance (0.25 points)
- Disability management (0.5 points)

**Q34. Is your organization’s health and well-being initiative integrated with your worksite safety program in any of the following ways?**

- Safety and injury prevention are elements of health and well-being goals and objectives (1 point)

**Q35. In what ways does your organization actively participate in community initiatives focused on health and well-being??**

- Encourage employees to volunteer in the community (0.75 points)
- Sponsor community health events (0.5 points)
- Partner with other community organizations to address social determinants of health (0.75 points)
- Refer/connect employees to community resources that address social determinants of health (1 point)

## Questions included from Section 5: Participation Strategies

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

- Group goal setting or activities (0.5 points)
- Affinity groups connecting people with common interests or characteristics (1 point)
- Peer support (1 point)
- Supporting a cause (0.25 points)
- Allowing family members, friends, or community members to participate (1 point)

**Q38. Do health and well-being program communications include any of the following?**

- Multiple communication methods/formats appropriate for targeted populations (0.75 points)
- Communications tailored to specific subgroups based on demographics or health status (0.75 points)
- Communications directed to spouses and family members as well as employees (0.5 points)

**Q39. Does your health and well-being engagement 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 (1.5 points)
- Yes, somewhat (1 points)
- Yes, a little (0.5 points)

## Questions included from Section 6: Measurement & Evaluation

**Q52. Please indicate which of the following types of data are used to evaluate health and well-being initiative performance. Only select the types of data that are periodically reviewed (at least once per year) and used to influence program decisions.**

- Psychosocial/mental health (1.5 points)
- Physical health (1.5 points)
- Overall well-being, life satisfaction, and quality of life (1.5 points)
- Social well-being (1.5 points)
- Financial well-being (0.25 points)
- Employee engagement, morale, or satisfaction (1 point)
- Occupational health and safety (1 point)

## Instructions for interpreting your Brain Health Best Practice Score

**Q1.** Financial well-being. Financial hardship is associated with mental health challenges and poor brain health. While offering employees opportunities to enroll in a 401(k) is important for long-term financial well-being, you should only include the full 0.5 points allocated to this practice if you are including a broad range of financial well-being data beyond 401(k) participation

**Q15.** Stress management and emotional recovery breaks. Chronic and acute stress can be harmful to the brain and cognitive health. Select this option if your company offers a quiet or serene space where employees who are feeling stress can sit, relax, and be mindful of how they are feeling. A space of this type, along with the time during a workday to use this space, allows employees to stay tuned into their bodies and their response to stress. This serene space would allow employees the necessary time and space to process and release their negative emotions.

**Q16.** Ensure the providers in the health plan's network match workforce needs. Select this option if you are reviewing benefit options and provider networks to ensure that provider availability within the workforce's geographic footprint is diverse, representative of your employee population, and matched to employees' needs and preferences.

**Q24.** Coaching/counseling delivered through multiple interactions with a health professional. A health coach can help employees create goals around their physical and mental health and establish strategies to help individuals succeed. Further, coaches help to connect employees to other health and well-being resources and initiatives. However, employees need the opportunity to interact with coaches regularly for support and accountability. This practice should only be selected if your health coaching/counseling program allows employees to receive personalized experience and accountability/support needed to move towards their goals.

**Q24.** Health care navigation supports. This refers to a service that helps companies and their employees navigate the healthcare system, the enrollment process, their benefits packages, and ongoing care.

**Q24.** Interactive digital expert systems. Mental health, physical health, and brain health are inextricably linked. Select this option if your company offers digital resources whereby employees can get instant feedback on their questions and concerns on how to manage related aspects of these life domains including where to find professional resources. This would include advice on stress management, mental health concerns (e.g., anxiety, depression, etc.), heart disease, diabetes, obesity, smoking cessation, nutrition, physical activity, and sleep hygiene, to name a few.

**Q27.** Behavioral health advocacy services. Brain and cognitive health can be influenced, for better or worse, by certain lifestyle choices. Select this option if your organization provides specific programs to help employees quit smoking, address substance use disorders, manage their weight, manage acute or chronic stress, get better sleep, learn how to eat healthy and nutritious meals, and to address any mental health concerns.

**Q30.** Modified temporary jobs for employees ready to return to work but not their former jobs. Select this option if the organization has policies and procedures in place related to job modification or providing the employee with other available work that meets their medical restriction requirement.

**Q30.** Strategies to direct disabled individuals to appropriate health and well-being programs. Select this option if the strategies used are specific to employees with disabilities, such as varying communication methods for employees with vision or hearing impairments.

**Q35.** Sponsor community health events. Select this option if your organization sponsors events that are open to community members that promote positive lifestyle behaviors and address health concerns that can have an impact on brain health (e.g., what's good for the heart is good for the brain). This could be events that promote exercise, such as 5K runs/walks or community yoga events. It could also be health fairs such as free screenings for blood pressure, cholesterol, glucose, or weight. These health fairs may also include a component that encourages social engagement through group exercise.

**Q52.** Financial well-being. If you selected financial well-being as a type of data used to evaluate health and well-being initiative performance, you should only include the full 0.25 points allocated to this practice if you are including a broad range of financial well-being metrics beyond 401(k) participation.

# Glossary of Terms

**This glossary of terms aims to support completion of version 5 of the US HERO Scorecard. While the terms may have broader definitions outside of the context of the HERO Scorecard, the definitions provided here should be interpreted only within the context of HERO Scorecard question completion. The definitions used here may not apply to other contexts or uses.**

## **Absence**

Being away from work, which may be planned or unplanned. Depending on the specific provisions of an employer's absence policy, causes may include an illness or injury of the employee or one of his or her family members, or other personal reasons. Prolonged absence for an illness or injury is generally referred to as disability, which is generally covered in the disability components of the employer's benefit structure.

## **Access**

Access to a program refers to whether a program is available to employees.

## **Active Transportation**

Employer subsidies that support employee use of public transportation that may increase physical activity in the form of rolling, walking or bicycling to/from public transportation or the workplace. Other policies or benefits that make it more convenient for employees to actively commute to work might include flexible scheduling or providing facilities that support bicycle storage, lockers to store clothes and personal care items, or shower areas to freshen up before work.

## **Behavioral Health**

As a discipline, behavioral health refers to a range of services that might be provided by social workers, counselors, psychologists, psychiatrists, neurologists, and physicians. It is a blanket term that may include mental health, psychiatric counseling, and substance use prevention intervention, treatment, and recovery support.

## **Biometric Screening**

A basic health examination that uses body measurements, which may or may not include a blood sample, to assess one or more of the following: height and weight to calculate body mass index (BMI); blood pressure; cholesterol levels; glucose levels, etc.

## **Chronically Ill**

Refers to individuals with a managed or unmanaged chronic or long-term illness, such as autoimmune disorders (multiple sclerosis, rheumatoid arthritis), cancer, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, chronic pain, depression, or diabetes.

## **Climate Assessment**

An assessment of the employees' perceptions of the organization's policies, practices, procedures, leadership behaviors, and reward systems.

### **Clinical Measure**

Biometric values that may be measured through a blood test, remote or wearable remote monitoring device, and/or physical exam (e.g. blood pressure, cholesterol, weight, blood sugar, etc.)

### **Coaching**

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

### **Competitions / Challenges**

Activities used to encourage healthy behaviors. Activity or steps-based challenges are most common, but companies may introduce challenges related to nutrition, sleep, safety or volunteerism, as well as other health domains. Challenges may be individual or team-based, often structured so locations or departments compete against one another.

### **Culture Assessment**

Data derived from the evaluation of the culture of an organization (i.e., shared values, traditions, beliefs, interactions, behaviors, and attitudes).

### **Digital Expert System**

Computer programs that mimic the thinking of human experts through a complex series of logic rules to support problem solving or decision making, some of which rely on artificial intelligence(AI). When applied to health, expert systems may be used for such things as supporting lifestyle behavior change, habit formation, or triage an individual to additional health services or benefits.

### **Disability Management**

A Disability Management Program is used to assist employees who are unable to work due to non-occupational injury or illness and to benefit the employer by returning experienced, trained employees to work as quickly as medically indicated. Program components may include Return-to-Work programs and review, transitional work, and reasonable accommodation.

### **Employee Assistance Program (EAP)**

A voluntary program that offers short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. Many modern EAP services also provide support for basic legal assistance, financial and retirement planning, adoption assistance, and navigation to services such as childcare and eldercare.

### **Employee Health and Well-Being**

The activities, policies, programs, and decisions within the initiative (or strategy). Also known as: workplace health promotion; workplace health and well-being programs; health management; wellness.

### **Employee Resource Groups (ERGs)**

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” and are often part of an organization’s efforts to foster a diverse, inclusive workplace.

### **Engagement**

The degree to which employees are committed to their organization's goals and values, and motivated to contribute discretionary effort to organizational success.

### **Extrinsic motivation**

Doing something for the purpose of obtaining an external reward or reinforcement.

### **Financial Outcomes**

Measuring the financial impact of health and well-being initiatives, including medical plan cost or other spending, such as disability, turnover, or productivity costs. Financial outcomes could also include financial metrics for the business, such as impact on profitability and stock price.

### **Full-Time vs. Part-Time**

Full-time employment is employment in which a person works a minimum number of hours defined as such by his/her employer. Full-time employment often comes with benefits that are not typically offered to part-time, temporary, or flexible workers, such as annual leave, sick leave, and health insurance. Depending on the country, the definition of full-time employment may range from 30 to 60 hours. Part-time employment is employment in which a person works less than the number of hours required for full-time employment, as defined by his/her employer or government.

### **Health Assessment**

A data collection process that aims to provide individuals with a personalized evaluation of their health and lifestyle risks. Common forms include use of a questionnaire, biometric health screening, or a preventive exam from a health professional.

### **Health Risk**

Lifestyle behaviors or out-of-range biometric measures that put an individual at elevated risk of death, morbidity, or specific diseases or conditions.

### **Healthy Culture**

A work environment in which good health and well-being flourish and individuals have the opportunity and support to make choices and take actions that lead to healthy lifestyles. This may include leadership support, peer support, policies and practices, key values, assumptions, understandings, beliefs, and norms of behavior that are commonly shared by members of the organization and which contribute to employee health and well-being.

### **Medical Decision Support**

A service to help employees understand medical diagnoses and available treatment options or to select a provider.

### **Mobile Applications**

Typically, a small, specialized program downloaded onto mobile devices to allow the user to easily and remotely participate in desired activities.

### **Organizational Support**

The degree to which an organization demonstrably commits to the health and well-being of its employees.

### **Participation Rates**

The percentage of eligible employees and/or dependents who participate in a given health and well-being program or service.

### **Physical Work Environment**

The physical built environment of a work location, as well as the immediate surroundings of the workplace. This typically includes multiple factors relating to the place of employment, such as the quality of the air, lighting, noise level, and additional perks and benefits of employment. For teleworkers, this may include the ergonomics and safety of the remote work environment.

### **Psychological Safety**

A workplace environment, policies, or benefits that support mental and emotional well-being, address life challenges, value the uniqueness of individuals, and provide a climate where it is safe to voice views or concerns without fear of retribution or shame.

### **Psychosocial Data**

Data or information related to the design or management of work that may have the potential to contribute to psychological well-being or mental health outcomes including work-related stressor burnout, job control, worker autonomy, skill discretion, job strain, and effort reward balance.

### **Quality of Life (Life Satisfaction)**

An individual's subjective evaluation of the positive and negative aspects of their life, which may apply to job, housing, educational opportunities, and one's neighborhood or community life. Health-related quality of life includes perceptions about one's physical and mental health including functional status, social support, and socioeconomic status.

### **Remote work**

Working remotely refers to employees who telecommute or don't work in an employer's office setting or building, including those who work exclusively from home or travel most of the time (e.g. traveling salespersons or drivers).

### **Resiliency**

Resilience is the ability to adapt well and recover quickly after encountering distress, adversity, trauma or tragedy.

### **Social Determinants of Health**

The societal conditions that positively or negatively influence health, illness, and quality of life. Examples include cultural norms, social support, education level, economic/financial stability and opportunities, and physical attributes of one's home or community (e.g., air and water quality; access to healthy, affordable food; access to health care; transportation and housing). May also be referred to as "vital conditions for well-being".

### **Tracking Devices**

Devices 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.

### **Union**

Organization of workers who have come together to achieve common goals such as protecting the integrity of their trade; improving safety standards; achieving higher pay and benefits such as health care and retirement; increasing the number of employees an employer assigns to complete the work; and better working conditions. Also known as Bargaining Councils, Work Councils, Trade Unions or Labor Unions.



**Vendor**

Third-party provider of goods or services.

**Warm Transfer**

A call transfer from one vendor to another in which the first vendor dials a number and talks to the person who has picked up the call before transferring the member/ employee over to the second vendor. There could also be a three-way conference including both vendors and the member / employee before the first vendor drops-off.

**Well-being Committee**

A voluntary or appointed group of committee members focused on supporting an organization's wellness initiative through strategic planning, promotion, implementation, and evaluation activities. This group may have authority to make decisions or recommendations about the design and delivery of programs and may include fiduciary responsibility and oversight of wellness initiatives.

**Wellness/Workplace Health Champions/Ambassadors**

Employees who volunteer or are appointed to support and promote wellness initiatives through role modeling, communicating about programs and services, offering support, and educating their peers. While formal education in health and well-being is not often required, wellness champions or advocates are typically passionate about their own health and well-being and motivated to support others in achieving their health and well-being goals. They often serve as advocates to health and wellness initiative planners and understand the wellness-related needs and experiences of their peers.

**Workplace**

May refer to a single office, office building, factory or corporate campus. In virtual settings, it is comprised of the collective management practices, work requirements, policies, practices, and processes associated with completing paid work.



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