



Updated Employer Tools Identify Practices Associated With Population Health Outcomes

Jessica Grossmeier, PhD, MPH¹

Kurt Lewin, the founding father of social psychology once said, “There’s nothing so practical as good theory.”¹ In my early health promotion career as a developer and implementer of workplace health programs, I was drawn to theory and research because it increased the likelihood that I’d succeed in helping the individuals I was working with to improve their health via lifestyle behavior changes that were sustained over time. It’s what drove me to return to school for a master of public health degree and I still remember how excited I was about my first theory course. I still have the textbook that introduced me to the socioecologic model²

and vividly remember how excited I was to gain new insight about why some of the programs and coaching I delivered yielded such short-term outcomes. It was as though I’d discovered the crown jewels! An ecological approach asserts that the most effective behavior change initiatives combine individual- and group-level interventions with environmental, cultural, and societal supports such as health-promoting policies, facilities, access to resources, and social support.

The Art of Health Promotion aims to bridge research and practice by curating content that provides evidence-based guidance and real-world examples of effective approaches to health promotion. One of the most practical tools employers can use to determine whether their health promotion initiatives are informed by research and theory are organizational health scorecards. These free scorecards have several key benefits. First and foremost, they serve as an educational tool to identify the strategies and practices associated with effective health promotion initiatives. Second, they provide a quantified score that helps the user assess the gap between their current efforts and future potential scores, which can support a third benefit of informing the development of a strategic plan for enhancements and improvements. Organizational health scorecards can also help employers to formulate a more thoughtful program evaluation strategy and support data gathering that demonstrates the value of the initiative. A final benefit is yielded when several individuals from different organizational areas, functions, or perspectives come together to collaboratively complete the assessment. This not only ensures the assessment is an accurate reflection of what the organization is doing to advance health and well-being, it also creates the opportunity for discussion about how efforts in one area of the organization align with efforts in another.

The Art of Health Promotion first addressed the issue of organizational health scorecards in the May/June 2013 issue,³ and there has been such substantial change in the accessibility and quality of scorecards available to health promotion professionals that an update is in

In This Issue

Editor’s Desk: Updated Employer Tools Identify Practices Associated With Population Health Outcomes By Jessica Grossmeier, PhD, MPH.	316
American Heart Association Workplace Health Achievement Index By Chris Calitz, MPP, and Kristin Pham, MS.	317
The CDC Worksite Health ScoreCard: An Assessment Tool to Promote Employee Health and Well-Being By Jason E. Lang, MPH, MS, Amanda Mummert, PhD, Enid Chung Roemer, PhD, Karen Butcher Kent, MPH, Dyann Matson Koffman, DrPH, MPH, CHES, and Ron Z. Goetzel, PhD.	319
The HERO Health and Well-Being Best Practices Scorecard in Collaboration with Mercer By Elissa Rosenbaum, CEBS, Jessica Grossmeier, PhD, MPH, Mary Imboden, PhD, and Steven Noeldner, PhD.	321
Measuring a Whole Systems Approach to Wellness With the Well Workplace Checklist By Sara Martin, MS, Ryan Picarella, MS, and Jennifer S. Pitts, PhD	323
The Evolution of Organizational Health Scorecards and Future Directions By Enid Chung Roemer, PhD.	326

¹ Health Enhancement Research Organization, Waconia, MN, USA

Corresponding Author:

Jessica Grossmeier, Health Enhancement Research Organization, Waconia, MN, USA.

Email: jessica.grossmeier@hero-health.org

order. I am honored to partner with my guest co-editor, Dr Enid Chung Roemer, in creating this issue.

In this issue, we feature 4 of the most widely used tools evident in published health promotion research: the American Heart Association's Workplace Health Achievement Index, the Centers for Disease Control and Prevention's Worksite Health ScoreCard, the Health Enhancement Research Organization's Health and Well-being Best Practices Scorecard in Collaboration with Mercer, and the Wellness Council of America's Well Workplace Checklist. The contributors each provide a short history of the development of their respective instruments, the administrative process, benchmarking features, and validation research. They also offer some resources and guidance to using their scorecard.

In conclusion, Dr Roemer discusses the evolution of organizational health scorecards since the 2013 issue on this topic, offers a summary comparing and contrasting the featured tools, and provides guidance on how to select the best tool to fit an organization's needs. As someone who transitioned from health promotion practitioner to outcomes researcher out of a desire to improve the effectiveness of health

promotion efforts in the field, I highly recommend any one of these scorecards for like-minded professionals. Although some organizations balk at the effort involved in completing these scorecards, the relatively small investment of time is worth the effort to ensure the resources devoted to health promotion is money well spent.

References

1. Lewin K. Problems of research in social psychology. In: Cartwright D, ed. *Field Theory in Social Science: Selected Theoretical Papers*. New York, NY: Harper & Row; 1951:155-169.
2. Sallis JF, Owen N. Ecological models. In: Glanz K, Lewis FM, Rimer BK, eds. *Health Behavior and Health Education: Theory, Research, and Practice*. 2nd ed. San Francisco, CA: Jossey-Bass; 1997:403-424.
3. Terry PE, Goetzel RZ, Tabrizi MJ, et al. Organizational health scorecards. *Am J Health Promot*. 2013;27(5):TAHP1-TAHP12.

American Heart Association's Workplace Health Achievement Index

Chris Calitz, MPP¹, and Kristin Pham, MS¹

Background

The Workplace Health Achievement Index (WHAI) is a free online self-assessment tool that allows organizations to evaluate the comprehensiveness of their workplace health promotion program, identify opportunities for improvement, and benchmark their progress over time against their peer organizations. The WHAI was designed not only to help organizations identify which structures and processes they have in place to promote employee health, it also scores companies on the cardiovascular disease profile of their workforce using Life's Simple 7, the American Heart Association's (AHA) definition of ideal cardiovascular health. The WHAI is unique in the organizational scorecard landscape for assessing health outcomes and scoring companies on employee health outcomes. Another unique feature is that the WHAI is tied to a recognition program: Based on the total WHAI score achieved, companies are recognized nationally as bronze, silver, or gold. Companies can attain bronze and silver without submitting employee Life's Simple 7 data; however, it is not possible to receive gold designation without securely submitting Life's Simple 7 data to the WHAI's online portal.

The WHAI scorecard is comprised of 55 questions that are categorized into 7 pillars or domains of best practice: (1) leadership, (2) organizational policies and environmental supports, (3) communications, (4) health promotion programs, (5) employee engagement, (6) community partnerships, and (7) reporting outcomes (Table 1). By completing the WHAI, organizations can evaluate to what extent they are implementing best practices and a dashboard report allows them to compare their results to organizations of similar size and industry sector.

Development

The WHAI was developed in 2015 by a team of AHA staff and the AHA's Workplace Health Steering Committee, a group of 15 science

Table 1. American Heart Association WHAI Topic Areas.

Topic Area ^a	Number of Questions
Leadership	6
Organizational policies and environment	22
Communications	6
Programs	10
Engagement	6
Community partnerships	1
Reporting outcomes	4
Total	55

Abbreviations: AHA, American Heart Association; WHAI, Workplace Health Achievement Index.

^a The AHA WHAI scorecard also includes 3 scored items related to employee health outcomes data.

volunteer representatives from science and industry. The WHAI was called for by an AHA presidential advisory on workplace wellness recognition programs, which conducted a landscape review of industry programs, including AHA's Fit-Friendly Worksite recognition program.¹ The review concluded that although most indices score the organizational structures and processes built to maintain worksite health promotion programs, these tools did not include an objective outcome measure of employee health. The advisory recommended that AHA

¹ American Heart Association, Dallas, Texas, USA

Corresponding Author:

Chris Calitz, American Heart Association, Dallas, TX, USA.

Email: chris.calitz@heart.org

update the Fit-Friendly Worksite program with a more comprehensive assessment including employee cardiovascular health as an outcome measure. American Heart Association staff conducted a landscape review and incorporated questions from the Fit-Friendly questionnaire complementing it with select peer-reviewed best practices available in the public domain, principally the CDC Worksite Health ScoreCard.² Throughout the development process, drafts were shared with the Workplace Health Steering Committee that provided feedback and suggestions. The WHAI was pilot tested with the AHA chief executive officer (CEO) Roundtable, a group of the nation's largest organizations that have come together to pilot, test, and scale-up evidence-based solutions. The WHAI beta was launched in 2016 and is currently in its fourth year of implementation. The development of a second version is currently underway and is scheduled to be launched in 2021.

Administration

The WHAI is available at no cost as an online survey through a link on the AHA's website.³ A user guide is available online along with a pdf of the survey questions and instructions on how to submit employee health data. American Heart Association recommends that a team of people responsible for health, safety, and well-being work collaboratively to develop the correct responses for their organization. Organizations can submit employee health data automatically by utilizing the AHA's My Life Check tool, a brief, 4-minute heart health assessment that provides a Heart Health Score based on Life's Simple 7. Organizations may also submit employee health data securely to the WHAI by using the batch upload or aggregate data report template provided in the online portal. Organizations consult with their health insurer to obtain information on Life's Simple 7 metrics in their population to complete the batch and aggregate data. Scorecard completion takes approximately 2 to 4 hours.

After submitting responses online, users can access a provisional WHAI online dashboard that shows their total Index score and subscores, as well as the organization's aggregate cardiovascular health score if employee health data were submitted. The dashboards can be downloaded to a pdf. To evaluate their progress along the way, AHA recommends that organizations participate annually. This also allows for continuity of recognition.

Benchmarking

Currently, the WHAI provides users with free benchmarking data in users' dashboards. Each metric, for example, the total WHAI score, also shows the performance of organizations of similar size and industry sector. In this way, participants can compare their year-over-year performance compared to their peers. Organizations also have access to free resources⁴ and case studies from the CEO Roundtable.⁵

Validation

In 2019, 938 companies completed the WHAI and 447 (48%) submitted employee health data. Organizations of different company sizes and industry sectors are well represented. A manuscript of the tool's development, implementation, and benchmark data is currently underway for submission to a peer-reviewed publication.

In addition, Goetzel and colleagues used the WHAI to examine the cross-sectional association of WHAI aggregate scores with measures of employee health risks, disease prevalence, and medical expenditures.⁶ Based on analysis of over 373 000 employees from 21 large employers, the findings showed that higher aggregate WHAI scores were associated with lower levels of health risks for 4 of the 7 Life's Simple 7 risk factors. Higher aggregate scores were also associated with lower prevalence of cardiovascular diseases but also higher spending on the condition.

The WHAI is currently being updated through a process of review of the scientific literature. As part of that process, the new survey questions will be tested for their validity and reliability in partnership with an independent academic institution. Results will be made available in 2021 when version 2.0 of the assessment is launched.

References

1. Fonarow GC, Calitz C, Arena R, et al. Workplace wellness recognition for optimizing heart health: a presidential advisory from the American Heart Association. *Circulation*. 2015;131(20):e480-497. doi:10.1161/CIR.0000000000000206.
2. Centers for Disease Control and Prevention. Workplace Health Promotion. Worksite Health ScoreCard. 2019. Updated November 3, 2019. <https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html>. Accessed November 19, 2019.
3. Workplace Health Achievement Index. American Heart Association Website. 2019. <https://www.heart.org/en/professional/workplace-health/workplace-health-achievement-index>. Accessed November 19, 2019.
4. Employer Resources for Success. American Heart Association Website. 2019. <https://www.heart.org/en/professional/workplace-health/workplace-health-achievement-index/employer-resources-for-success>. Accessed November 19, 2019.
5. American Heart Association. CEO Roundtable Website. 2019. <https://ceoroundtable.heart.org/>. Accessed November 19, 2019.
6. Goetzel RZ, Henke RM, Head MA, Benevent R, Calitz C. Workplace programs, policies and environmental supports to prevent cardiovascular disease. *Health Aff (Milwood)*. 2017;36(2):229-236. doi:10.1377/hlthaff.2016.1273.

The CDC Worksite Health ScoreCard: An Assessment Tool to Promote Employee Health and Well-Being

Jason E. Lang, MPH, MS¹, Amanda Mummert, PhD²,
Enid Chung Roemer, PhD³, Karen Butcher Kent, MPH³,
Dyann Matson Koffman, DrPH, MPH, CHES⁴, and Ron Z. Goetzel, PhD^{2,3}



Background

The Centers for Disease Control and Prevention (CDC) Worksite Health ScoreCard (CDC ScoreCard) is a free and publicly available tool designed and validated to help employers assess the extent to which they have implemented evidence-based health promotion interventions or strategies at their worksites to improve the health and well-being of their employees.¹ The current version of the CDC ScoreCard has 154 yes/no questions that address a range of health promotion and disease prevention strategies, including lifestyle counseling services, physical/social environmental supports, workplace policies, and health plan benefits across 18 core topic areas (see Table 1). Each question represents an individual intervention, strategy, or action an employer can put into practice at the worksite.

The CDC ScoreCard scoring system reflects the relative impact of proven health promotion strategies. Each strategy has a point value that indicates its level of impact on health outcomes and the strength and breadth of evidence supporting the strategy's effectiveness, from "good" (1 point) to "better" (2 points) to "best" (3 points).

Development

The CDC ScoreCard was initially published in 2012. The CDC's Division for Heart Disease and Stroke Prevention developed the CDC ScoreCard in collaboration with the Emory University Institute for Health and Productivity Studies, the Research Triangle Institute, CDC's National Center for Chronic Disease Prevention and Health Promotion Workplace Workgroup, and an expert panel of representatives from federal/state government, academia, and the private sector. Centers for Disease Control and Prevention's National Healthy Worksite Program (NHWP) tested and updated the CDC ScoreCard in 2014 to include 4 additional workplace health topics (lactation support, occupational health and safety, vaccine-preventable diseases, and community resources). The CDC ScoreCard was updated again in 2019. The CDC's Workplace Health Program in the Division of Population Health collaborated with the Institute for Health and Productivity Studies at Johns Hopkins University, IBM Watson Health, and national experts to add 4 new topics (cancer, alcohol and other substance use, sleep and fatigue, and musculoskeletal disorders).

Each update followed an identical process for development, reliability, and validity testing that was conducted in 2 phases.^{2,3} Phase I included a comprehensive literature review of previously cited and newly published research studies and an environmental scan of other instruments to examine the evidence base for all topics and questions. CDC held subject matter expert panel meetings organized by topic to rank the strength of the scientific literature evidence for each question and reach consensus on whether to include/exclude questions, the weighted scoring of questions, and their wording and relevance to employer-based workplace health programs. In phase II, the CDC ScoreCard was pilot tested with employers to measure the instrument's validity and reliability. Two knowledgeable

Table 1. CDC Worksite Health ScoreCard Topic Areas.

Topic Area ^a	Number of Questions
Organizational supports	25
Tobacco use	8
High blood pressure	6
High cholesterol	5
Physical activity	10
Weight management	4
Nutrition	14
Heart attack and stroke	12
Prediabetes and diabetes	6
Depression	7
Stress management	7
Alcohol and other substance use	6
Sleep and fatigue	6
Musculoskeletal disorders	7
Occupational health and safety	9
Vaccine-preventable diseases	7
Maternal health and lactation support	7
Cancer	8
Total	154

Abbreviation: CDC, Centers for Disease Control and Prevention.

^a The CDC ScoreCard also includes 20 unscored questions related to worksite demographics and community engagement.

employees (eg, worksite wellness practitioners, human resources specialists, or benefits managers) from each worksite independently completed the draft CDC ScoreCard. Then, CDC examined the percentage agreement between the 2 survey responses from each worksite. Telephone interviews and site visits were conducted with a random sample of worksites that varied in size and industry type to verify responses and examine questions with low respondent agreement to determine whether there was something

¹ Centers for Disease Control and Prevention/National Center for Chronic Disease Prevention and Health Promotion/Division of Population Health, Atlanta, GA, USA

² IBM Watson Health, Bethesda, MD, USA

³ Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

⁴ Centers for Disease Control and Prevention/Office of Science/Office of Science Quality, Atlanta, GA, USA

Corresponding Author:

Jason E. Lang, Centers for Disease Control and Prevention/National Center for Chronic Disease Prevention and Health Promotion/Division of Population Health, Atlanta, GA, USA.

Email: bz10@cdc.gov

inherently flawed about the questions that would require revision or possible deletion. Final revisions were made to items to improve comprehension and ease of use, while maintaining the content and evidence of the original questions, and the CDC ScoreCard was scientifically cleared at CDC and then released.

Administration

The CDC ScoreCard is available as either an online questionnaire on the CDC website or as a downloadable portable document format (pdf) that users can complete by hand and self-score.¹ CDC recommends forming a small team of employees representing different organizational units to complete the survey. A collaborative approach will allow for more accurate responses, increase ownership and involvement among the team, and decrease effort for any single-team member. Completion takes approximately 60 minutes.

Once a CDC ScoreCard is submitted online, employers immediately receive access to their score and a series of benchmarking reports in their account dashboard. The online CDC ScoreCard keeps a record of all submitted CDC ScoreCards, so employers have a historical account of their organizational capacity for implementing workplace health promotion initiatives. The system sends a series of automated reminder messages to employers approaching the 1-year anniversary of their last submission to encourage them to complete a new CDC ScoreCard. Centers for Disease Control and Prevention recommends that employers complete the CDC Scorecard annually to track progress and evaluate organizational capacity building (ie, identifying gaps for opportunities to implement new programs).

Benchmarking

The CDC ScoreCard questionnaire generates 4 main reports for users. The first is a *Summary Report* that lists scores overall and by topic (294 total possible points). The second is a *Detailed Report* showing answers and point values for each question (strategy) by topic. Each of these reports includes yearly benchmark comparisons between multiple worksites within the same organization (ie, sibling worksites), a single worksite against all other worksites of similar size, and a single worksite against all other users of the CDC ScoreCard system regardless of size. The *Interventions in Place Report* shows the number of good, better, and best interventions in place at a worksite overall and by topic (eg, nutrition) versus the number that are not currently in place. For employers with multiple worksites, the final *Scores for Employer Report* allows users to generate customized reports comparing any or all their worksites by overall score, topic-specific score, and year. Employers can view all reports within the online system or download and share them with leadership and the workplace health team for planning, engagement, or reporting progress.

Resources and Guidance

The CDC website offers user guides and manuals as well as video tutorials to assist employers in establishing online CDC ScoreCard accounts, completing the assessment, and interpreting their results.¹ Information icons within the online system connect users to resources for action and implementation tools for all the topics in the CDC ScoreCard. They can also use the CDC Workplace Health Resource Center website to find credible information and tools in the public domain to develop or expand workplace health programs, such as comprehensive workplace health frameworks and models underlying the CDC ScoreCard, and case studies featuring CDC ScoreCard users.^{4,6}

Employers submitting CDC ScoreCards through the online system also have access to the *Action Planning Tool*, a 3-step process to assist

worksites in identifying and prioritizing intervention strategies and next steps to improve their workplace health program. The process results in a tailored *Action Plan* containing annual program goals, objectives, and activities that will help each employer achieve their overall health goals.

The CDC ScoreCard in Action

Since 2012, more than 2800 employers from 48 states have submitted more than 3900 CDC ScoreCards. Half of the employers using the CDC ScoreCard have 100 or fewer employees. Fifty-three percent of employers are private, for-profit businesses, 28% are government, and 19% are nonprofit organizations. The CDC ScoreCard has also been widely used in its “pen-and-paper” format, although these off-line uses are not tracked or included in benchmarking data. In 2019, more than 700 CDC ScoreCards have been submitted by 484 employers in 41 states. The largest proportion of these submissions have come from government agencies (42%). Small employers (100 or less employees) again represent the highest percentage (36%) of users.

Several research projects have employed the CDC ScoreCard to measure organizational capacity and workplace health infrastructure over time. Employers who participated in the CDC NHWP used the CDC ScoreCard at baseline with a follow-up 18 months later. Significantly, more evidence-based interventions and more comprehensive worksite health promotion programs were in place after participating in the NHWP. Employees also made gains in physical activity and nutritional behaviors, but not employee overweight.⁷ Another NHWP study looked at workplace culture of health and perceived organizational support and lifestyle risk using the CDC ScoreCard and employee survey data.⁸ Of the 7 culture of health measures included (eg, leadership and coworker support; environmental, policy, and programmatic supports; employee engagement; and strategic communication), only leadership predicted both perceived organizational support and lifestyle risk. Employers participating in the CDC Work@Health Program also completed pre- and post-assessments using the CDC ScoreCard as part of their training and technical assistance program. The program intended to help employers develop knowledge and skills to build a comprehensive workplace health program. One year after training, employers had significantly increased the number of evidence-based interventions in place (47.7 vs 35.5, $P < .001$).⁹ Additional employers, such as Johns Hopkins School of Medicine, have also independently confirmed the CDC ScoreCard as a valid tool for measuring organizational capacity and change.¹⁰

The CDC ScoreCard has also informed the development of national surveillance tools; been used to report data on workplace health programs, practices, and policies in worksites across the nation; and has been culturally adapted for international use in Brazil (Portuguese), the United Arab Emirates (Arabic), and Korea (Korean).¹¹⁻¹⁴

In summary, the CDC Worksite Health ScoreCard is one of the few current, evidence-based, and validated tools for employers to assess and build effective worksite health promotion programs, both nationally and internationally.

References

1. Centers for Disease Control and Prevention. *CDC Worksite Health ScoreCard: An Assessment Tool to Promote Employee Health and Well-Being*. Atlanta, GA: US Department of Health and Human Services; 2019. https://nccd.cdc.gov/DPH_WHSC/HealthScorecard/Home.aspx. Accessed October 21, 2019.
2. Roemer EC, Kent KB, Samoly DK, et al. Reliability and validity testing of the CDC Worksite Health ScoreCard: an assessment

- tool for employers to prevent heart disease, stroke, & related health conditions. *J Occup Environ Med.* 2013;55(5):520-526.
3. Roemer EC, Kent KB, Mummert A, et al. Validity and reliability of the updated CDC Worksite Health ScoreCard. *J Occup Environ Med.* 2019;61(9):767-767.
 4. Centers for Disease Control and Prevention. *CDC Workplace Health Resource Center.* Atlanta, GA: US Department of Health and Human Services; 2019. <https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html>. Accessed October 21, 2019.
 5. Matson-Koffman DM, Lang JE, Chosewood LC. CDC resources, tools, and programs for health promotion in the worksite. *Am J Health Promot.* 2013;28(2):TAHP1-TAHP12.
 6. Lang JE. Using employer case studies to highlight best practices and tailored strategies to build comprehensive workplace health programs. *Am J Health Promot.* 2017;31(1):79-88.
 7. Lang J, Cluff L, Payne J, Matson-Koffman D, Hampton J. The centers for disease control and prevention: findings from the National Healthy Worksite Program. *J Occup Environ Med.* 2017;59(7):631-641.
 8. Payne J, Cluff L, Lang J, Matson-Koffman D, Morgan-Lopez A. Elements of a workplace culture of health, perceived organizational support for health, and lifestyle risk. *Am J Health Promot.* 2018;32(7):1555-1567.
 9. Cluff L, Lang J, Rineer J, Jones-Jack NH, Strazza KM. Training employers to implement health promotion programs: results from the CDC Work@Health[®] Program. *Am J Health Promot.* 2018;32(4):1062-1069.
 10. Safer R, Bowen W, Maung Z, Lucic M. Using the CDC Worksite Health ScoreCard to assess employer health promotion efforts: a case study at Johns Hopkins Medicine. *J Occup Environ Med.* 2018;60(2):e98-e105.
 11. Meador A, Lang JE, Davis WD, et al. Comparing 2 national organization-level workplace health promotion and improvement tools, 2013–2015. *Prev Chronic Dis.* 2016;13:E136.
 12. Linnan LA, Cluff L, Lang JE, Penne M, Leff MS. Results of the workplace health in America survey. *Am J Health Promot.* 2019;33(5):652-665.
 13. Soárez PC, Ciconelli RM, Pavin T, Ogata AJ, Curci KA, Oliveira MR. Cross-cultural adaptation of the CDC Worksite Health ScoreCard questionnaire into Portuguese. *Rev Assoc Med Bras.* 2016;62(3):236-242.
 14. Yun YH, Sim JH, Lim YJ, et al. Development and validity testing of the worksite health index: an assessment tool to help and improve Korean employee' health-related outcomes. *J Occup Environ Med.* 2016;58(6):623-630.

The HERO Health and Well-Being Best Practices Scorecard in Collaboration With Mercer (HERO Scorecard)



Elissa Rosenbaum, CEBS¹, Jessica Grossmeier, PhD, MPH²,
Mary Imboden, PhD^{2,3}, and Steven Noeldner, MS, PhD¹

Background

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer (HERO Scorecard) is a web-based questionnaire to provide employers of all sizes and industries with guidance on employee health and well-being (HWB) best practices. Available free of charge, the HERO Scorecard is comprised of approximately 62 questions that are organized into 6 sections that represent the foundational components associated with exemplary HWB initiatives: strategic planning, organizational and cultural support, program integration, programs, participation strategies, and program evaluation and measurement.

Development

The HERO Scorecard was initially developed in 2006 by the HERO Think Tank Task Force for Metrics, a group comprised of representatives from industry consulting, vendor supplier, and employer organizations. A literature review allowed developers to incorporate themes and ideas from reputable industry award programs, the US Department of Health and Human Services' Healthy Workforce 2010 criteria, 27 existing inventories, and peer-reviewed published research studies. Throughout the development process, drafts were reviewed by the larger HERO Think Tank membership in addition to nationally recognized industry experts. Each major revision to the

HERO Scorecard content has relied on a similar expert and industry review process. In addition, some of the more recent revisions incorporated content from the HERO-Population Health Alliance Program Measurement and Evaluation Guide.¹

Industry subject matter experts were recruited to assist in developing the scores, with a team of advisors who reviewed and made final decisions based on discussion of the recommendations. The team began with a maximum score of 200 points and each subject matter expert was asked to independently assign a proportion of the points to each of the 6 sections of the HERO Scorecard based on their judgment and available research about the importance of each set of practices on desirable outcomes, such as participation rates, health outcomes, medical care cost trends, and productivity outcomes. All independent assessments were collated and discussed by the advisors who determined the final weighting of scores to each section. A draft version of

¹ Mercer Health & Benefits, LLC, New York, NY, USA

² Health Enhancement Research Organization, Waconia, MN, USA

³ George Fox University, Health and Human Performance, Newberg, OR

Corresponding Author:

Jessica Grossmeier, Health Enhancement Research Organization, Waconia, MN, USA.

Email: jessica.grossmeier@hero-health.org

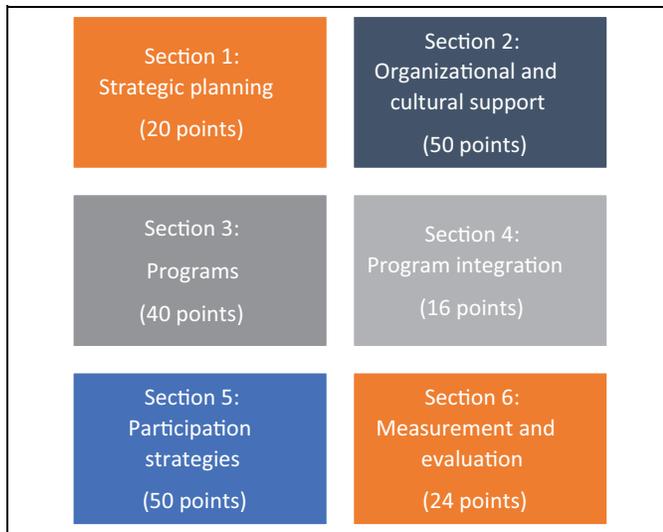


Figure 1. The Health Enhancement Research Organization Scorecard scores by section.

the section scores were sent to all subject matter experts using a modified Delphi approach to gain consensus on iterative rounds until all agreed upon the final scores. A similar process was used to assign scores at the question and response level within each section.

In some cases, practices are included on the HERO Scorecard without being scored in order to collect information on trends and to inform future research on the link between specific practices and outcomes. Although no inventory of best practices will include all innovative approaches, the HERO Scorecard utilizes those most commonly recognized as drivers of successful programs among industry thought leaders and in published research. The total score that could be awarded across all sections is 200 points; however, the average score is approximately 100 points. Figure 1 summarizes the point totals associated with each of the 6 sections on the HERO Scorecard.

Now in its fourth version, the HERO Scorecard has expanded far beyond its initial purpose as an educational tool, with demonstrated usefulness for strategic planning, benchmarking, and research on the HWB practices associated with superior program participation rates, health improvement, health-care cost trends, and business performance. Due to increased interest from organizations based outside the United States, the international version was launched in 2016 and attracted enough organizations to respond, supporting the release of the first International Benchmark Report in 2018.² Current reports feature employer practices in Argentina, Brazil, Canada, Chile, India, and Puerto Rico. Over time, as more employers outside the United States complete the international version, additional national benchmarks will become available for countries throughout the world.

Administration

In its current form, the HERO Scorecard takes 45 to 60 minutes to complete. It is typically completed by the staff of an organization that is responsible for managing and implementing its HWB initiatives. Many HERO Scorecard respondents have found that one of the key benefits of completing the tool comes from bringing together HWB stakeholders from different departments within their organizations, as well as valued external consultants and vendor partners, to discuss how best to respond to the questions. Working with different

stakeholders within and outside the organization to complete the scorecard may result in more accurate responses, enhanced levels of collaboration between HWB stakeholders, and identification of new opportunities for integration across programs. Respondents also report on demographics of their organization, including size, employee gender and employee age distribution, industry type via North America Industry Classification System code, and location of headquarters, which are used to benchmark and analyze results.

Upon completing the online HERO Scorecard, a summary report is automatically generated and e-mailed to the user. The report provides the organization's overall score, section scores, and current national benchmark scores for comparison. The organization's scores provide a sense of how its HWB initiatives compare to the use of expert recommended best practices and identify where opportunity for improvement exists. Although periodic resubmission of the HERO Scorecard is encouraged, there is no requirement for users to do so. It is recommended that organizations consider completing the HERO Scorecard annually or when their health management program has undergone substantial changes.

Benchmarking

The HERO Scorecard database is leveraged for ongoing analyses by HERO researchers and to support benchmarking. Comprehensive benchmark reports are produced quarterly with average scores and aggregated responses to every question asked in the HERO Scorecard. The benchmark report provides organizations with a means for assessing how many other employers are implementing a specific type of program, policy, or organizational support for employee HWB. US HERO Scorecard benchmark reports provide results based on all respondents, industry segment, organization size, and region of the country where the organization is headquartered, while benchmark reports for the international version are currently available at the country level. Benchmark reports are provided through the HERO Scorecard Preferred Providers Program.

Validation

Researchers have assessed the predictive validity of the HERO Scorecard and found that organizations with higher overall scores reported better outcomes, including improved medical cost trend.³ Higher scoring organizations (score of 100 points or more of the 200 possible) experienced an annual reduction in health-care costs over a 3-year period, whereas lower scoring organizations (0-99 points) experienced stable or increased costs over time. Results in early study models did not vary based on company size or industry type. Higher scores on the HERO Scorecard have also been associated with superior stock market performance among publicly traded companies.⁴ In that study, high-scoring organizations (ie, those with an overall score of 125 or higher) were compared to companies represented on the Standard and Poor's (S&P) 500 Index using simulation models. The HERO Scorecard portfolio was associated with stock prices that appreciated 235% versus 159% for the S&P 500. A more recently completed study examined relationships between 4 implemented groups of practices on the HERO Scorecard, including Incentives, Organizational & Leadership Support, Program Comprehensiveness and Program Integration, as well as employer perceptions about the effectiveness of their HWB initiatives.⁵ The study found all 4 groups of practices to have a strong, statistically significant impact on perceived effectiveness, with Organizational & Leadership Support practices associated with the strongest effect. All 3 of these studies support the use of the HERO Scorecard as a promising tool for employers to strengthen the

effectiveness of their HWB efforts and for researchers seeking measurement tools that identify exemplary employer HWB initiatives.

Guidance on Using Results

One of the fundamental goals of HERO is to promote the use of best practices and standard outcomes measurement in workplace HWB. Upon completing the HERO Scorecard, organizations can use the results as an inventory of recommended practices, a benchmark to contribute to their strategic planning, an assessment to identify gaps and priority areas, as well as a baseline to track progress over time.

Focusing on a single section of the HERO Scorecard at a time, organizations can identify the specific strategies and practices that are not being implemented. Some of them may not be relevant to the organization, but those that are can be prioritized based on what is most feasible for the organization to implement in future years. If several different segments of the overall organization have completed the HERO Scorecard, it can be helpful to identify practices that are implemented inconsistently across the organization. It can also be used to identify segments with higher scores that could be leveraged to expand and optimize the HWB initiative across the organization. Organizations may also find it helpful to compare their scores with organizations of similar size and industry type to identify the areas of focus for improvement.

Each of the individual practices listed on the HERO Scorecard is associated with a specific number of points. Practices associated with a higher number of points represent those with stronger evidence linking them to better HWB outcomes and may be prioritized at a higher order. After identifying the specific practices that are most relevant, feasible, and impactful, organizations should select those that align most strongly with broader organizational objectives. With the top 3 to 5 practices that emerge from the prioritization and alignment review, the next step is to work with stakeholders across the

organization to identify those associated with the most positive feedback and support. Once the specific practices have been selected for implementation, HERO recommends incorporating them into a written strategic plan for the HWB initiative. Each practice should be associated with a measurable goal or objective and an evaluation strategy to measure successful implementation. The HERO has many resources available to the public on its website⁶ to provide organizations with guidance, such as white papers, consensus papers, policy recommendations, case studies, and measurement and evaluation recommendations.

References

1. Health Enhancement Research Organization and Population Health Alliance. Program measurement and evaluation guide: core metrics for employee health management. 2015. <https://hero-health.org/resources/all-resources/>. Accessed October 21, 2019.
2. Health Enhancement Research Organization. The HERO health and well-being best practices scorecard in collaboration with Mercer: international version 1.0. January 2016. Updated February 2017. <https://hero-health.org/hero-scorecard/>. Accessed October 21, 2019.
3. Goetzel RZ, Henke RM, Benevent R, et al. The predictive validity of the HERO Scorecard in determining future health care costs and risk trends. *J Occup Environ Med*. 2014;56(1):136-144.
4. Grossmeier J, Fabius R, Flynn JP, et al. Linking workplace health promotion best practices and organizational financial performance. *J Occup Environ Med*. 2016;58:16-23.
5. Imboden MT, Castle PH, Johnson SS, et al. Development and validity of a workplace health promotion best practices assessment. *J Occup Environ Med*. 2020;62(1):18-24.
6. HERO. All resources. <https://hero-health.org/resources/all-resources/>. Accessed October 16, 2019.

Measuring a Whole Systems Approach to Wellness With the Well Workplace Checklist

Sara Martin, MS¹, Ryan Picarella, MS¹, and Jennifer S. Pitts, PhD²

Background

The Wellness Council of America (WELCOA) is a nonprofit organization dedicated to helping business and health professionals improve employee well-being and create healthier organizational cultures. For many years, WELCOA has offered The Seven Benchmarks Checklist to help employer organizations assess the quality of their wellness programs. Over the past decade, the wellness field has evolved to embrace a broader kind of health and wellness and recognize the value of health-supportive environments and cultures.^{1,2} To better reflect this evolution and to guide the advancement of the wellness field, WELCOA undertook development of an updated Well Workplace Checklist (the Checklist) in 2016. The revised Checklist reflects best practices and innovations from many fields with relevance to human health and well-being. This includes, but is not limited to, concepts and practices from sociology, anthropology, many branches of psychology, leadership science, and organization development.

The updated WELCOA Well Workplace Checklist is grounded in WELCOA's definition of wellness that includes the following areas:

1. Health—Beyond the absence of mental and physical illness, health is a feeling of strength and energy from your body and mind.
2. Meaning—Feeling part of something bigger than yourself. Knowing your work matters. Having purpose in your life.
3. Safety—Knowing you are safe from physical and psychological harm. Feeling secure enough to take calculated risks and

¹ WELCOA, Omaha, NE, USA

² Consultant to WELCOA, Omaha, NE, USA

Corresponding Author:

Sara Martin, WELCOA, Omaha, NE, USA.

Email: srauch@welcoa.org



Table 1. Seven Benchmark Areas.

Benchmarks	Subscale Areas
Benchmark 1: Committed and aligned leadership	Organizational commitment Strategic planning Leader alignment Leader role modeling Leader accountability Leader support Communication and celebration
Benchmark 2: Collaboration in support of wellness	Team structure Collaboration Grassroots efforts Use of technology
Benchmark 3: Collecting meaningful data to evolve a wellness strategy	Measures that matter Meaningful workforce data Meaningful workplace data
Benchmark 4: Crafting an operating plan	Strategic program planning Strategic planning for environment, programs, and policies
Benchmark 5: Choosing initiatives that support the whole employee	Caring approach Autonomous approach Comprehensive approach
Benchmark 6: Supportive health promoting environments, policies, and practices	Work environment Employee and family benefits Culture touchpoints Policies and practices Supportive atmosphere Socially responsible business practices
Benchmark 7: Conduct evaluation, communicate, celebrate, and iterate	Evaluation strategy Workforce outcomes ^a Workplace outcomes ^b Quality of wellness resources and programs Progress toward vision Communication of findings Continuous improvement

^a Outcomes related to the state of employees.

^b Outcomes related to the state of the workplace.

show vulnerability. Free of concern about meeting basic life needs.

4. Connection—Experiencing positive, trusting relationships with others. Feeling a sense of belonging, acceptance, and support.
5. Achievement—Feeling you have the support, resources, and autonomy to achieve your goals. Succeeding at meeting your individual goals and work aspirations.
6. Growth—Feeling like you are progressing in your career. Learning and being challenged to use and expand on your strengths.
7. Resiliency—Viewing life with optimism. Feeling grateful and expressing appreciation. Feeling validated and encouraged.

WELCOA recognizes that supporting this kind of whole-person wellness requires a whole-systems approach. The Checklist represents a broad array of approaches and practices that organizations can use to evolve healthier cultures, environments, policies, practices, benefits, programs, and resources in support of employee wellness. The Checklist continues to be organized into the 7 benchmark areas outlined in Table 1.

The content and scoring of the Checklist are grounded in a whole-systems view of wellness. Practices represented in each benchmark logically tie together to represent a strategic and systemic approach to supporting wellness. This is outlined in the strategic framework depicted in Figure 1.

Development Process

WELCOA revised the Well Workplace Checklist with oversight by an advisory committee of nationally recognized industry experts and individuals with extensive knowledge in the wellness industry from consulting and employer organizations, professors from the University of North Carolina at Greensboro, and influencers from the Human Resources Institute, Edington Associates, and Kaiser Permanente. We began the development process with focus groups conducted with Well Workplace Award-winning companies, health and benefits consulting firms, and health plans.

We also conducted an environmental scan of existing scorecards in the health and wellness field and other fields relevant to the impact of the built environment and workspace design (ie, Well Building, LEED, etc). In addition, we reviewed the literature on evidence-based practices in many fields with relevance to well-being (eg, psychology, sociology, organizational and leadership development).

Members of the advisory committee provided input and commentary on several drafts of an early version of the Checklist. Insights from this review process were incorporated into a final test version that was piloted online with stakeholders with multiple roles and from organizations of varying sizes. Each pilot test participant entered information into the tool, while 2 independent reviewers observed and took notes. The interactions were also taped and transcribed. Participants were instructed to think out loud as they were completing the Checklist and provide any feedback about the clarity of question content, ease of completing the items, and ease of navigating the tool. Changes were made to the Checklist to improve navigation in the tool, item readability, decrease redundancy, and include definitions and examples for many of the concepts used in the Checklist. The current version of the Well Workplace Checklist was launched in the Fall of 2018.

Administration Process

The Well Workplace Checklist is available at no cost as an online questionnaire through a link on the WELCOA website (<http://www.Welcoa.org>). Organizations can use the Well Workplace Checklist to assess the current state of their support for employee wellness. The Checklist is made up of 150 items that assess strength in each of the 7 benchmark areas. Each benchmark has multiple subscale scores.

A pdf of the Well Workplace Checklist is available online so that key stakeholders from responding organizations who have knowledge of the health benefits, wellness programs, policies and practices, built environment, and so on, can pull together information needed to complete the Checklist prior to logging into the WELCOA website.^{3,4} Once responses are determined, one representative from the organization can submit them online. The online completion of the Checklist takes approximately 45 to 60 minutes.

Benchmarking and Reporting

Upon completion of the Checklist, a summary report is automatically generated and can be either read online or downloaded as a pdf. Respondents receive 7 benchmark scores, one for each benchmark, and several subscale scores for each benchmark. In addition, all respondents receive a summary of their top 5 strengths, and 5 areas with the most opportunity for improvement. The scores range from 0%

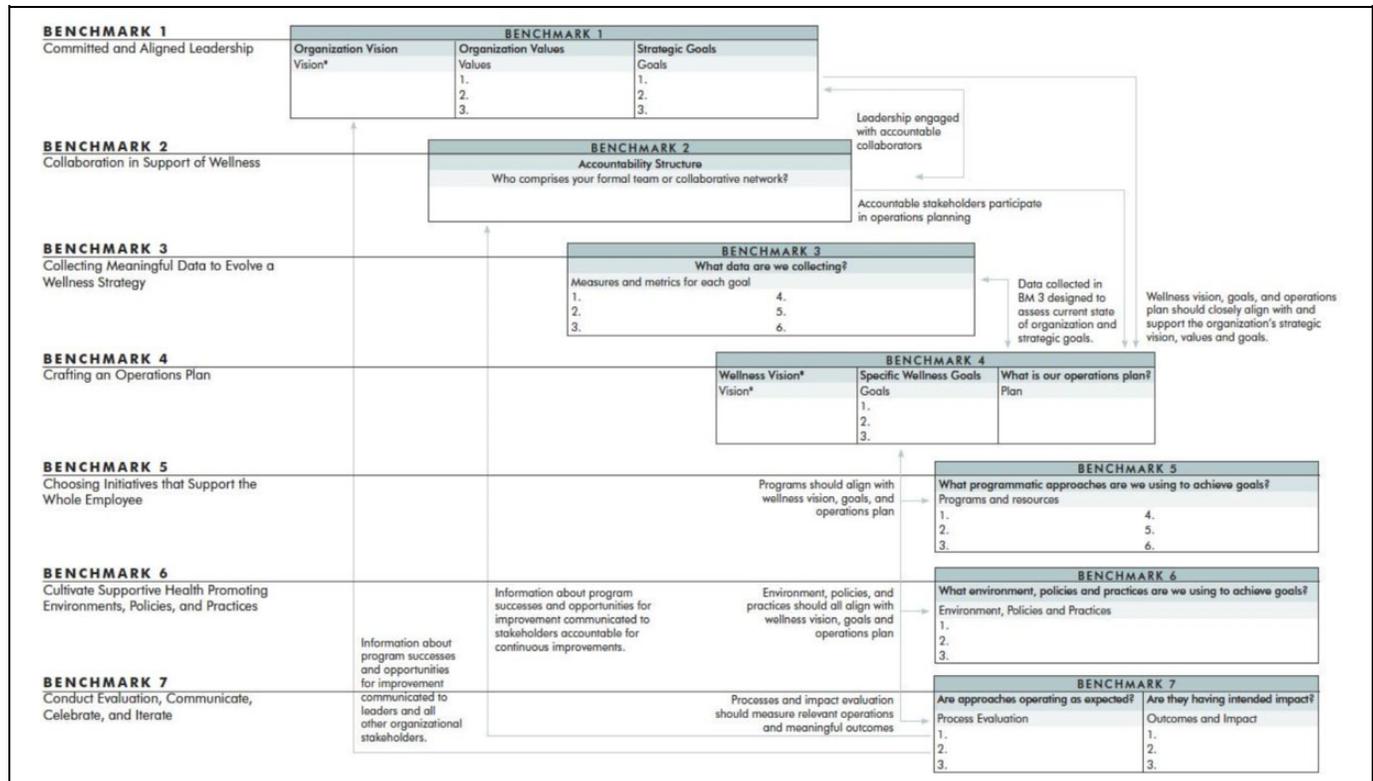


Figure 1. Wellness Council of America's Well Workplace Strategic Framework.

to 100% and represent the points received divided by the total points possible for each benchmark. In addition to benchmark and subscales scores, respondents receive an Alignment Score that represents how well the organization is aligned across leaders and across practices in support of employee wellness.

In addition to overall scores for each benchmark, comparative benchmarks will soon be available by region, organization size, and industry. As the database sample size grows, additional benchmarks will be available. These comparison benchmarks allow organizations to compare their performance to other organizations that have completed the WELCOA Checklist.

Organizations can periodically complete the Checklist to determine whether improvement is being made in support of employee wellness. Users who complete the Checklist more than once get a report that provides change over time comparisons. Wellness Council of America recommends that organizations complete the Checklist at least once a year.

Validation

As of this writing, 500 unique respondents have completed the Well Workplace Checklist, with good representation of large, midsize, and small organizations, across a variety of industries. Respondents represent company sizes ranging from 1 to 99 employees (24%), 100 to 499 employees (29%), 500 to 999 employees (13%), 1000 to 4999 employees (22%) and 5000+ employees (12%). Although all geographic regions in North America are represented, the primary concentration of respondents to date is located in the Midwest and Plains states (34%). Primary industries represented are health care (23%), government (13%), education (10%), and manufacturing (9%), though all major industry classifications are represented.

During development, the Checklist was pilot tested using think aloud method⁵ with stakeholders with a variety of roles from organizations of various sizes. At the time of this publication, the scorecard has only recently been offered to the public, so it has not been tested for other forms of reliability and validity (eg, test-retest reliability, content validity, construct validity). Wellness Council of America plans to further test the tool's validity and reliability to determine the measurement properties of the Checklist.

Resources or Guidance

The summary report generated upon completion of the Checklist contains feedback on strengths and opportunities for improvement and provides suggestions for how organizations might enhance their support for employee wellness. It also contains links to online WELCOA resources that all Checklist respondents (both member and nonmember organizations) can access to help organizations improve in areas where progress is indicated.

Wellness Council of America member organizations receive access to additional resources and feedback, including insight into scores at the subscale level, a full executive summary that includes their top 5 strengths and opportunities, planning templates and guides, and extensive online training via a Learning Management System.

References

1. Weaver GM, Mendenhall BN, Hunnicutt D, et al. Performance against WELCOA's worksite health promotion benchmarks across years among selected us organizations. *Am J Health Promot.* 2018; 32(4):1010-1020.

2. Pitts JS, Martin S. *Worksite Wellness: Strategically Designed*. WELCOA; 2018. <https://www.welcoa.org/resources/worksite-wellness-strategically-designed/>. Accessed October 27, 2019.
3. Key mindsets for mastering the Checklist. WELCOA. November 30, 2018. <https://www.welcoa.org/resources/key-mindsets-mastering-checklist/>. Accessed October 27, 2019.
4. Workplace Checklist Questions. WELCOA. 2019. <https://www.welcoa.org/resources/well-workplace-checklist-questions/>. Accessed October 27, 2019.
5. Fonteyn ME, Kuipers B, Grobe SJ. A description of think aloud method and protocol analysis. *Qual Health Res*. 1993;3(4): 430-441.



The Evolution of Organizational Health Scorecards and Future Directions

Enid Chung Roemer, PhD¹

Introduction

Our goal in this issue of *The Art of Health Promotion (TAHP)* was to not only share 4 examples of prominent, and widely used organizational health scorecards available to employers and health professionals working on improving employee health and well-being, but also offer an overview of the need for and evolution of such tools. Although traditional wellness programs date as far back as the 1970s (focused mainly on individually based initiatives around nutrition, physical activity, and smoking), the idea of a *comprehensive* workplace health promotion and disease prevention program only gained traction in the past 20 years.

Over this period, there has been a proliferation of research documenting that modifiable health risk factors (eg, smoking, poor nutrition, physical inactivity) are a contributing cause to many diseases and disorders and are therefore preventable, to some degree.^{1,2} Studies have also found that workplace health promotion and disease prevention programs can improve health risk profiles of an employee population, which, in turn, can lead to reductions in healthcare costs and improved work performance and may result in a positive return on investment (ROI).^{1,3-6}

An Optum survey of 275 employers conducted in 2015 found that although health-care cost-savings, reduced health risks, and improved employee productivity rank as the top 3 reasons for instituting workplace health promotion (WHP) initiatives, almost all employer respondents (91%) reported other reasons that were also important to them.⁷ These include improvements in employee job satisfaction, employee daily health decisions at work, employee morale, and attraction or retention of talented workers. A 2018 Kaiser Family Foundation Employer Health Benefits survey found that 82% of US employers stated that they offer health promotion programs to their workers.⁸ However, other surveys have found that only 12% to 13% of employers had truly comprehensive WHP in place.^{9,10} Studies have found that comprehensive WHP is more effective at improving employee health.¹¹ This disconnect was an indication that there was a gap to be filled.

Evolution of Scorecards

Scorecards were developed because employers were interested in understanding how to be more effective in achieving WHP outcomes. There was enough anecdotal evidence and theory to understand that programs alone were insufficient to drive outcomes. We have known for decades that workplace environment and cultural norms are important. A socioecological perspective is just one framework that researchers have drawn upon for WHP.¹² However, the challenge was

that we needed to codify practices that helped employers understand how to best address environment, norms, and evaluation for improving employee health.

Demand for this type of guidance led several organizations to develop a variety of resources to help employers with each step of creating an effective WHP initiative that includes needs assessment and strategies related to infrastructure, program design, implementation, and measurement and evaluation. The organizational scorecards were first designed and offered as an educational tool for employers. These instruments helped answer questions such as: What does comprehensive mean? Where and how to begin? How do I know if a program is effective? What practices are evidence-based? What issues need to be considered? What elements make for a successful program?

Several benchmarking studies were performed that identified the key features of what comprehensive WHP entails. The commonalities among these benchmarking studies included the following elements: (1) a culture of health, (2) leadership commitment, (3) specific goals and expectations, (4) strategic communications, (5) employee engagement in program design and implementation, (6) best practice interventions, (7) effective screening and triage, (8) smart incentives, (9) effective implementation, and (10) measurement and evaluation.¹³⁻¹⁷ These and other studies, along with input from industry experts, informed the foundational elements included in these organizational scorecards that were developed 10 to 15 years ago.

These scorecards gave employers a starting point to assess their current assets, strengths, opportunities, and gaps for moving forward in developing or improving their WHP approach. The availability of such organizational scorecards was the beginning of a journey to help employers understand what defines a comprehensive WHP and a way to determine whether they're meeting the criteria for best practices to achieve program success.

Since the 2013 *TAHP* publication describing the organizational health assessments available at that time, great strides have been made. Existing instruments have been updated to meet changing employer demands and employee needs and to reflect current evidence-based research. The WELCOA Well Workplace Checklist

¹ Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

Corresponding Author:

Enid Chung Roemer, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.

Email: eroemer1@jhu.edu

(WELCOA Checklist), the CDC Worksite Health ScoreCard (CDC ScoreCard), and the HERO Health & Well-being Best Practices Scorecard in Collaboration with Mercer (HERO Scorecard) are already in their second, third, or fourth iterations, respectively. The American Heart Association's Workplace Health Achievement Index (AHA WHAI), although relatively new to the scene, is currently in the process of being updated as well (for release in 2021). Some of the changes in these instruments include the incorporation of health and safety, a broadening of the range of health and wellness topics, and tactical strategies. For example, over the past 2 updates, the CDC ScoreCard has added 8 new topics that identify health-specific strategies, including educational programs, policies, health benefits, and environmental supports.

Another change over the past 5 years is an increase in the reliability and validity testing of these organizational health assessments. It is now becoming a standard part of the process to ensure scorecard updates are validated, thus giving employers confidence in the utility of these instruments as educational, planning, monitoring, and predictive tools.

Comparing and Contrasting the Scorecards

Each of the scorecards measures adoption of recommended or evidence-based practices related to programs, policies, and environmental supports for a safe and healthy workplace, and the degree to which they are embedded in a culture of health (ie, woven into the fabric of the organization itself). Table 1 summarizes the major similarities and differences between the scorecards, and below are some highlights.

Similarities

One of the key features of the scorecards profiled in this issue is that they are all free, open access to the public. This is good news for employers, especially smaller sized ones that may not have the resources to hire consultants to help them through the process or to opt into membership-only access to tools. All the instruments are suitable for all types of employers, even though the distribution of users (eg, employer size and industry types) may vary across the 4 instruments.

Another important characteristic is that all the scorecards focus on crucial foundational elements for successful WHP, namely, organizational structural factors (also known as culture of health) including leadership support, strategic planning and communication, employee engagement, supportive policies, programs and environment (both social and physical), and measurement and evaluation. These elements constitute the building blocks upon which WHP initiatives need in order to have a chance at becoming sustainable.

Another essential feature offered by all 4 scorecards is feedback and/or benchmarking reports. Upon completion of the scorecards, each automatically provides the user with its own organizational score and varying degrees of benchmarking information. The information gives the employer a starting point from which to work in terms of identifying strengths, gaps, and opportunities for planning, implementing, and monitoring progress. Also, each organization offers a wide range of resources on their respective websites to help employers take action.

Differences

Although there are plenty of similarities between the featured scorecards, there are also some notable differences. The AHA WHAI, the

shortest of the 4 scorecards, measures both organizational health and employee health. It offers the option to include employee data, thus tying employer WHP efforts to actual employee health outcomes. This option allows employers to be eligible for national recognition as a healthy company at 3 different tiers—bronze, silver, and gold. American Heart Association publishes the names of silver- and gold-winning companies in *Forbes* magazine. Like AHA, WELCOA has a recognition program aligned with its scorecard's essential benchmarking elements. The WELCOA Checklist also embraces the concept of the whole system, multidisciplinary approach, and culture of health.

Of the 4 scorecards featured, the CDC ScoreCard is the longest and most comprehensive, in that it includes questions that drill down to tactical practices and strategies at the health topic level (18 in total; eg, removing barriers or increasing access to encourage more physical activity during the workday), while the other scorecards tend to focus primarily on higher level strategies (eg, broad stakeholder engagement and leadership alignment to WHP goals). Furthermore, each strategy is supported by evidence-based literature. The CDC ScoreCard is also the only instrument that offers a self-scoring paper/pencil version, which provides users the choice to complete only the topic areas of need or interest rather than the whole instrument. Another key feature of the CDC ScoreCard is that it provides benchmarking scores in multiple ways. Scores are compared: (1) overtime within one's one worksite, (2) to other worksites within the same organization, (3) to all other worksites outside the organization that have completed the survey, and (4) to worksites of similar size outside the organization.

The HERO Scorecard also offers various types of benchmarking. Like the CDC ScoreCard, it provides average scores and reports by organizational size. It also provides benchmarks by industry segment and region (for US users), as well as prevalence of best practices reported by country for its international version. Furthermore, the HERO Scorecard publishes the names of employers that complete its survey, which allows employers to see directly who within their industry is engaged in WHP.

Recommendations for Selecting a Scorecard

One cannot go wrong with choosing any of these scorecards. Each instrument includes best practice WHP elements that are solidly grounded in science. So, how does one go about picking the most appropriate scorecard? What factors are important to consider? Figure 1 shows a checklist of key features, distilling the information summarized in Table 1, that may help in making the selection. For example, smaller employers may find the CDC ScoreCard best suited for them as they can take modules one at a time. There may not be the need or resources to address all 18 topics, so using the paper/pencil version can help narrow the focus on assessing key priority areas. The CDC ScoreCard is also great for employers looking for health-specific programs, policies, and environmental support strategies.

For employers who may be looking to deepen their organizational, high-level strategies, all 4 instruments are a good fit. For example, the WELCOA Checklist helps employers understand how to work cross-functionally across the organization to create more alignment between the wellness strategy and organizational goals. The HERO Scorecard and AHA WHAI not only offer a comprehensive approach to WHP, they also offer an optional outcomes section that helps employers assess the impact of their programs.

Employers wishing to be recognized for their quality programs that have demonstrated impact on employee health can be eligible for recognition awards using the AHA and WELCOA Scorecards. For

Table 1. Comparison of Scorecard.

	AHA Workplace Health Achievement Index	CDC Worksite Health ScoreCard	HERO Health and Well-Being Best Practices Scorecard in Collaboration With Mercer	WELCOA Well Workplace Checklist
Administration	<ul style="list-style-type: none"> 55 questions plus a voluntary employee health data component 2 to 4 hours to complete Tied to a national recognition program 	<ul style="list-style-type: none"> 154 questions plus organizational demographic and community engagement sections (20 unscored items) 60+ minutes to complete PDF available for manual (paper) completion Organizational supports Occupational health and safety Maternal health and lactation support Nutrition Physical activity Sleep and fatigue Tobacco use Cancer Heart attack and stroke High blood pressure High cholesterol Musculoskeletal disorders Prediabetes and diabetes Vaccine-preventable diseases Weight management Alcohol and other substance use Depression Stress management 	<ul style="list-style-type: none"> 62 questions plus optional outcomes section 45 to 60 minutes to complete Writable PDF available to support information gathering prior to submission US and international versions Strategic planning Organizational and cultural support Programs Program integration Participation strategies Program measurement and evaluation 	<ul style="list-style-type: none"> 150 items 45 to 60 minutes to complete
Components/ Domains	<ul style="list-style-type: none"> Leadership Organizational policies and environment Communications Programs Employee engagement Community partnerships Reporting outcomes 	<ul style="list-style-type: none"> Organizational supports Occupational health and safety Maternal health and lactation support Nutrition Physical activity Sleep and fatigue Tobacco use Cancer Heart attack and stroke High blood pressure High cholesterol Musculoskeletal disorders Prediabetes and diabetes Vaccine-preventable diseases Weight management Alcohol and other substance use Depression Stress management 	<ul style="list-style-type: none"> Committed and aligned leadership Collaboration and broad stakeholder engagement Collecting data Operations planning Support the whole employee Foster supportive health promoting environment, policies, and practices Evaluate, communicate, celebrate, and iterate 	
Feedback/ Reporting	<ul style="list-style-type: none"> Free report shows performance compared to other organizations by company size and industry sector Online tool stores results and tracks progress yearly 	<ul style="list-style-type: none"> Free feedback report <ul style="list-style-type: none"> Online survey users: <ul style="list-style-type: none"> Dashboard of a series of worksite specific reports containing domain subscores, overall score, individual level question scores, and number of good-, better-, and best-practices in place Online tool stores results, builds customized action plan and tracks progress yearly Feedback includes information and referrals to other resources for guidance on how to improve upon a specific health domain 	<ul style="list-style-type: none"> Users receive an email with overall score, section scores, and current national benchmark scores. Newly enhanced reporting provides guidance on how to interpret scores, identify actionable strategies, and access additional resources to support program improvements HERO training provided to Preferred Provider Network organizations to support enhanced consultation, reporting, and access to additional benchmarking data 	<ul style="list-style-type: none"> Respondents receive a report with scores and subscale scores for each of the 7 Benchmarks. Top scoring areas and areas most needing improvement are highlighted in an Executive Summary Report contains links to online resources that can be used to improve in each Benchmark and subscale area Trend report showing progress over time WELCOA members receive access to additional, more comprehensive resources

(continued)

Table 1. (continued)

AHA Workplace Health Achievement Index	CDC Worksite Health ScoreCard	HERO Health and Well-Being Best Practices Scorecard in Collaboration With Mercer	WELCOA Well Workplace Checklist
<ul style="list-style-type: none"> • Benchmarked against 1000 other participating employers by company size and industry sectors 	<ul style="list-style-type: none"> ○ Paper survey users: <ul style="list-style-type: none"> – Downloadable manual provides detailed action steps for how to use the tool to improve one's program, and a tracking sheet to tabulate scores and to monitor progress over time • Benchmark reports allows worksites to track progress over time, compare itself with the average scores of all registered worksites, registered worksites in the same size category, and worksites that report to the same employer ("sibling" worksites) 	<ul style="list-style-type: none"> • Benchmark reports summarize prevalence of practices by country (International version) • US Benchmark reports also provide breakouts by size, industry segment, and region • Additional benchmarking data available to Preferred Providers • Custom benchmarking reports are available for purchase by any organization 	<ul style="list-style-type: none"> • Once a representative number of responses has been reached, benchmarking will be available by region, industry, and company size
<ul style="list-style-type: none"> • US industry sectors: <ul style="list-style-type: none"> ○ 34% education and health ○ 13% goods processing ○ 18% professional and finance ○ 2% leisure and hospitality ○ 7% transportation and utilities ○ 24% other services • Employer sizes: <ul style="list-style-type: none"> ○ 5%: 50 or less employees ○ 16%: 50-249 employees ○ 19%: 250-749 employees ○ 28%: 750-4999 employees ○ 18%: 5000+ employees 	<ul style="list-style-type: none"> • US industry sectors: <ul style="list-style-type: none"> ○ 25% health care ○ 18% other services ○ 15% educational services ○ 11% manufacturing ○ 9% public administration ○ 5% finance and insurance ○ 17% other • Employer sizes: <ul style="list-style-type: none"> ○ 36%: 100 or less employees ○ 22%: 101-250 employees ○ 20%: 251-750 employees ○ 22%: 751+ employees 	<ul style="list-style-type: none"> • US industry sectors: <ul style="list-style-type: none"> ○ 22% manufacturing ○ 18% health care ○ 14% education ○ 10% government ○ 9% financial services ○ 9% professional services ○ 7% other services ○ 12% other • Employer sizes: <ul style="list-style-type: none"> ○ 36%: <500 employees ○ 43%: 500-4999 ○ 21%: 5000+ employees 	<ul style="list-style-type: none"> • US industry sectors: <ul style="list-style-type: none"> ○ 23% health care ○ 13% government ○ 10% education ○ 9% manufacturing ○ 45% other • Employer sizes: <ul style="list-style-type: none"> ○ 24%: <100 employees ○ 29%: 100-499 employees ○ 13%: 500-999 employees ○ 22%: 1000-4999 employees ○ 12%: 5000+ employees

Abbreviations: AHA, American Heart Association; CDC, Centers for Disease Control and Prevention; HERO, Health Enhancement Research Organization; WELCOA, Wellness Council of America.

	AHA WHAI	CDC ScoreCard	HERO Scorecard	WELCOA Checklist
Free/publicly available	✓	✓	✓	✓
Online	✓	✓	✓	✓
Self-scoring paper/pencil option		✓		
Relatively short (fewer than 70 questions)	✓		✓	
Components/domains:				
High level/organizational strategies	✓	✓	✓	✓
Tactical level/health-specific strategies		✓		
Reporting outcomes	✓		✓	
Feedback:				
Automated report	✓	✓	✓	✓
Tracking of yearly progress	✓	✓		✓
Customizable action plan		✓		
Benchmarking:				
To other participating employers	✓	✓	✓	✓
To other employers by size	✓	✓	✓	✓
To other employers by industry	✓		✓	✓
To other employers by region			✓	✓
Within company w/multiple worksites		✓		
By country			✓*	
Customizable			✓**	
Validated instrument (published)		✓	✓	
Technical online support/resources	✓	✓	✓	✓
Recognition awards program available	✓			✓
International versions available		✓	✓	
Membership options w/additional resources/training			✓**	✓**

Figure 1. Checklist of key scorecard features. * For the international version only. ** Fees apply.

the AHA WHAI, the outcomes section is required for organizations to be eligible for a gold-level recognition award.

If benchmarking data are of high interest to compare to other similar sized organizations, consult Table 1 to examine how each scorecard defines employer size. The size breakdowns vary across the scorecards. Smaller sized organizations may find more meaningful comparison data to other similar users in the AHA WHAI and CDC Scorecard, whereas larger sized organizations may find the HERO Scorecard and WELCOA Checklist's breakdown more meaningful to them. For example, a company with fewer than 50 employees can better compare itself with other small companies using the AHA WHAI, whereas on the HERO Scorecard, employers with fewer than 500 employees are grouped together in the same category. The CDC ScoreCard considers employers with 751 or more employees as large companies; the WELCOA checklist, on the other hand, distinguishes employers with 1000 and more employees from those with 5000 and more employees.

For multinational or international companies, the CDC ScoreCard and HERO Scorecard both have a Portuguese version, and the HERO Scorecard is also available in Spanish. Moreover, with the HERO Scorecard, employers can purchase customizable benchmarking reports (eg, organizations of a certain size within a focused industry category), which is not currently offered by the other scorecards.

It is not uncommon for employers to complete more than 1 scorecard. For some employers, it may be a good idea to compare results across scorecards. The various scorecards can be used alternately depending on how the information will be used to achieve goals and objectives at the given time (eg, high-level vs tactical strategy needs, toward application of a recognition award). However, if tracking time over time progress is a priority, choosing one scorecard to complete periodically (eg, annually) is recommended.

Future Directions for Scorecards

The increased availability and comprehensiveness of organizational health scorecards over the past several years, combined with the number and variety of organizations that are using them (including internationally), underscores how valuable they are to WHP efforts to improve employee health and well-being. Not only is the usage of scorecards indicating an uptick of employers looking to start or improve an existing WHP initiative, these tools are also helping employers identify the elements and strategies to target that represent a comprehensive approach to improve upon their efforts.

Traditionally, many employers adopted WHP to address the rising cost of health care to their organization due to poor employee health and high injury and disability rates. However, nowadays, employers are increasingly recognizing that cost savings is just one of the many

benefits they can reap from effective WHP. Workplace health promotion has evolved over the past several decades from solely individual-focused and often siloed programs, to the more comprehensive initiatives that are built on a culture of health, have integrated health and safety components, and are whole-person focused, addressing physical, social, mental, spiritual, intellectual, and financial health. For example, the Workplace Health in America Survey found that between 2004 and 2017, the proportion of comparable worksites with comprehensive WHP rose from 7% to 17%.^{9,18}

It is exciting to see the WHP field growing to meet employers' needs for measurement and evaluation. Over the past 5 to 10 years, changes to the scorecards were made to improve upon their utility in terms of content, feedback reporting, tailoring of actionable steps, support services, and benchmarking. Yet, there remain opportunities for further enhancements as described below.

1. One opportunity is to incorporate a community context. These scorecards primarily focus on internal workplace-based efforts to improve employee health. But the larger community in which the organization resides, and where the employee lives and plays, also exerts influence on employee health and well-being.¹⁹ Employers are being called upon to recognize the role they can play in affecting employee health outside the walls of their company. A recent study developed instruments to measure employers' efforts at building both an internal (within company walls) and an external (community focused) culture of health and their impact on employee health outcomes.²⁰ However, the findings related to external culture of health efforts were inconclusive. More work needs to be done to evaluate and understand how investing in community health efforts benefits the employer.²¹ Future scorecard updates may include adding, enhancing, and/or scoring the degree to which employers engage directly in community-based initiatives and how the initiatives benefit their employees.
2. Organizational scorecards, with a few areas of exception, tend to focus on the *quantity* of structural elements that are in place, but not necessarily considering *dose* or *quality* of these elements. For example, offering a one-time 4-week fitness challenge may allow an employer to check the "yes" box on a scorecard to earn the point, but that level of intervention may not be enough to bring about sustained behavioral change. As designed, these scorecards assess whether specific policies, programs, and support practices are in place, not the dose needed or how well they are being implemented. Thus, until assessment of process elements are included (as well as outcomes), it is important for employers to use these scorecards in combination with others to measure, evaluate, monitor progress, demonstrate impact, and set and reset target goals and objectives on an ongoing basis.
3. Employers' needs will continue to evolve. New innovations are being tested, new science is being discovered every day, and other unknown emerging issues will need to be considered in the future. For example, new technologies (eg, wearables that did not exist several years ago), new health risks or threats (eg, lung injury due to vaping), or changing business priorities (eg, potential new laws on health care, insurance, minimum wage, automation) will have a big impact on how business is conducted. We don't know the future, but it's probably safe to assume that the scorecards will incorporate any and all of these in the future if they become mainstream and common and have best practices around them. Hence, there will be a continuous

need to conduct validity and reliability testing on updated scorecards to ensure they stay current to reflect best-practice interventions.

Summary

Although we have seen significant improvement in the 17% prevalence of employers with comprehensive WHP programs in place, there is still much more room for growth. There has been a call to action in the past several years for organizations to recognize the need to incorporate employee health metrics into overall business performance reporting.²² When employees are provided a work environment that is supportive of their well-being holistically, the result is a worker who is not only happier, but also more engaged, creative, and productive. Moreover, the integration of a culture of health in the workplace can achieve measurable benefits that also affect the health and well-being of the employees' families and communities where they reside.²³

In sum, organizational scorecards will continue to play a vital role in supporting employers in their efforts to demonstrate the health and success of their businesses. Scorecard results can serve as evidence of impact on a variety of important employee health and business metrics such as engagement, morale, health risk prevalence rates, behavior change, healthcare cost and utilization, attraction/retention of talent, ROI, and stock prices. In the near future, we expect to see more studies examining these relationships between employer investment in comprehensive WHP and population health.

References

1. Healthy People 2000. Retrieved from https://www.cdc.gov/nchs/healthy_people/hp2000.htm. Accessed October 25, 2019.
2. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States. *JAMA*. 2000;291(10):1238-1245.
3. Pelletier KR. A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: update VIII 2008 to 2010. *J Occup Environ Med*. 2011;53(11):1310-1331.
4. Soler RE, Leeks KD, Razi S, et al. Task force on community preventive service. a systematic review of selected interventions for worksite health promotion: the assessment of health risks with feedback. *Am J Prev Med*. 2010;38(2):S237-S262.
5. Baxter S, Sanderson K, Venn AJ, et al. The relationships between return on investment and quality of study methodology in workplace health promotion programs. *Am J Health Prom*. 2014;28:347-363.
6. Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. *Health Aff*. 2010;29(2). doi:10.1377/hlthaff.2009.0626.
7. Optum. *Beyond ROI: Building employee health & wellness value of investment (White Paper)*. Optum and National Business Group on Health: Value of Investment Study Results; 2015.
8. Claxton G, Rae M, Long M, Damico A, Foster G, Whitmore H. *Employer Health Benefits: Annual Survey*. San Francisco, CA: The Kaiser Family Foundation; 2018.
9. Linnan LA, Cluff L, Lang JE, Penne M, Leff MS. Results of the workplace health in America survey. *Am J Public Health*. 2019; 33(5):652-665.
10. McCleary K, Goetzel RZ, Roemer EC, et al. Employer and employee opinions about workplace health promotion (wellness) programs: results of the 2015 Harris Poll Nielsen Survey. *J Occup Environ Med*. 2017;59:256-263.

11. Goetzel RZ, Henke RM, Tabrizi MJ, Pelletier KR, et al. Do workplace health promotion (Wellness) programs work? *J Occup Environ Med.* 2014;56(9):927-934.
12. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988;15:351-377.
13. Kent K, Goetzel RZ, Roemer EC, Prasad A, Freundlich N. Promoting healthy workplaces by building cultures of health and applying strategic communications. *J Occup Environ Med.* 2016;58(2):114-122.
14. O'Donnell M, Bishop C, Kaplan K. Benchmarking best practices in workplace health promotion. *Art Health Promot News.* 1997;1:12.
15. Goetzel RZ, Guindon AM, Turshen IJ, Ozminkowski RJ. Health and productivity management: establishing key performance measures, benchmarks, and best practices. *J Occup Environ Med.* 2001;43:10-17.
16. Goetzel RZ, Shechter D, Ozminkowski RJ, et al. Promising practices in employer health and productivity management efforts: findings from a benchmarking study. *J Occup Environ Med.* 2007;49(2):111-130.
17. National Institute for Occupational Safety and Health Initiative. Essential elements of effective workplace programs and policies for improving worker health and wellbeing. <http://www.cdc.gov/niosh/docs/2010-140/>. Accessed October 25, 2019.
18. Linnan L, Bowling M, Childress J, et al. Results of the 2004 national worksite health promotion survey. *Am J Public Health.* 2008;98(3):1503-1509.
19. Hillemeier MM, Lynch J, Harper S, Casper M. Measuring contextual characteristics for community health. *Health Serv Res.* 2003;38(6 pt 2):1645-1718.
20. Kent KB, Goetzel RZ, Roemer EC, et al. Developing two culture of health measurement tools: examining employers' efforts to influence population health inside and outside company walls. *J Occup Environ Med.* 2018 (Volume published ahead of print). doi:10.1097/JOM.0000000000001438.
21. Henke RM, Head MA, Kent KB, Goetzel RZ, Roemer EC, McCleary K. Improvements in an organization's culture of health reduces workers' health risk profile and health care utilization. *J Occup Environ Med.* 2018 (Volume published ahead of print). doi:10.1097/JOM.0000000000001479.
22. The Vitality Institute. *Reporting on Health: A Roadmap for Investors, Companies, and Reporting Platforms*; 2016. Retrieved from <http://thevitalityinstitute.org/site/wp-content/uploads/2016/01/Vitality-HealthMetricsReportingRoadmap22Jan2016.pdf>.
23. Loeppke R, Hohn T, Baase C, et al. Integrating health and safety in the workplace: how closely aligning health and safety strategies can yield measurable benefits. *J Occup Environ Med.* 2015;57(5):585-597.