

# Maine Worksite Wellness Initiative: Topics Checklist Results, 2009-10

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Draft 1 October 2009

Topics Checklist Results, Maine Worksite Wellness Initiative: 2009-10							
	Venue:	Briefing* (check one)			Presentation* (check one)		
	Interest level:	High	Mid	Low	High	Mid	Low
Level of analysis (and topic):							
Color codes:		≥ 5		3-4	≤ 2		
<b>A. Employee fitness, health, and safety (U.S.)</b>							
<b>.1 economic:</b> cost to employers/trends of employee:							
overweight/obesity (behavioral)		ii	iii	i	iii	iii	i
diabetes, metabolic syndrome (behavioral)		i	iii	i	ii	iii	i
hypertension, pre-hypertension (behavioral, hazardous exposure)		i	i	i	ii	iii	i
cancer (behavioral, hazardous exposure)		ii	iii	i	iiii	ii	i
pulmonary (behavioral, hazardous exposure)		ii	ii		iiii	i	
depression (behavioral)		i	iiii	i	iii	ii	i
violence (behavioral)		i	iii	i	iii	ii	i
other (please write in):							
<b>.2 social:</b> employee health risk disparities/trends by:							
race/ethnicity, social class, gender			iiii	ii	i	i	ii
states, regions		i	iii	ii	ii	ii	ii
industrial sector, i.e. <a href="http://www.cdc.gov/niosh/NORA/sector.html">http://www.cdc.gov/niosh/NORA/sector.html</a>		iii	i	iii	iii		iii
other (please write in):							
<b>.3 political:</b> worksite policy formation/trends at:							
employer level, e.g. Cianbro		i	iii	ii	i	ii	ii
consortium level, e.g. League of Cities and Towns		i	iiii	i	i	iiii	i
state, regional, national level, e.g. Chambers of Commerce		i	iiii	i	i	iiii	i
other (please write in):							
<b>.4 culture:</b> norms and values/trends re							
overweight/obesity		ii	iii	i	iii	iii	
weight management		iii	ii	i	iii	ii	i
physical activity, exercise		ii	iii		iii	iii	
nutrition, healthy eating		ii	ii	i	iii	ii	i
stress, stress reduction		iii	ii		iii	ii	
other (please write in):							
<b>.5 comparative:</b> B.1-.4 comparing U.S. to							
Canada, Europe, Commonwealth			ii	iiii		ii	iii
Asia, Africa, Latin America			ii	iiii		ii	iii
other (please write in):							
<b>B. Interventions for employee fitness, health, and safety (U.S.)</b>							
<b>.1 by intervention target:</b> employee							
overweight/obesity (behavioral)		ii	iii		ii	iii	
diabetes, metabolic syndrome (behavioral)		i	iiii		i	iiii	
hypertension, pre-hypertension (behavioral, hazardous exposure)		i	iiii		i	iiii	
cancer (behavioral, hazardous exposure)		ii	ii	i	ii	ii	i
pulmonary (behavioral, hazardous exposure)		i	iii	i	i	iii	i
depression (behavioral)		ii	ii	i	ii	ii	i
violence (behavioral)		i	iii	i	i	iiii	i

other (please write in):						
<b>.2 by intervention type:</b>						
standard worksite wellness: EAP, information, screening	i	ii	i	i	iii	i
individual wellness approach**: iHRA, coaching	iii	i		iii	ii	
environmental wellness approach***: eHRA, built environment, policy	iii	i		iii	ii	
integrated wellness approach: iHRA+eHRA	iii	i	i	iii	i	i
community wellness approach: worksite in community context	iii	iii		iii	iii	
standard worksite safety & health: hazardous exposure, OSHA compliance	i	ii	i	i	iii	i
comprehensive approach: worksite wellness + safety and health	iiii	i	i	iiii	i	
other (please write in):						
<b>.3 by intervention objective:</b>						
ascertain/change employee behavior, i.e. at work, home	iii	iii		iiii	iii	
ascertain/change employer behavior, i.e. work culture	iii	ii		iii	ii	
ascertain/change hazardous exposure, i.e. environmental	iii	ii		iii	iii	
ascertain/change cost to employer of employee behavior	iii	iii		iii	iii	
ascertain/change cost to employer of hazardous exposure	i	iii	i	ii	iii	i
other (please write in):						
<b>C. Other Level of analysis and/or topic (U.S.)</b>						
(please write in):						
(please write in):						
(please write in):						
<p>* For a <u>presentation</u> (35 min) a member will typically present a early/mid-stage proposal (e.g. to be submitted to a funder, client, or board), early/mid-stage project (e.g. preliminary data, outcomes), or early/mid-stage report (e.g. to be submitted to a funder, client, board, journal, or meeting) for constructive comment. For a <u>briefing</u> (35 min) a member or associate will typically brief the group on a current or emerging occupational and environmental health (OEH), public health (PH), health services (HS), or policy science (PS) topic of substantive (e.g. clinical, epidemiologic, policy, organizational, exposure, ergonomic) or methodologic (e.g. biometric, econometric, informatic, GIS, MIS) import.</p>						
<p>** The <u>individual</u> wellness approach links individual health risk assessment (iHRA) to individual-level health risk-reduction programming, employing individual health risk screening and risk-reduction coaching as platform for delivering tailored health services (e.g. targeting healthy diet, physical activity, stress reduction, smoking cessation) to sub-sets of employees identified according to health risk, e.g. poor diet, physical inactivity, unmitigated stress, tobacco addiction.</p>						
<p>*** The <u>environmental</u> wellness approach links environmental health risk assessment (eHRA) to environment-level health risk-reduction programming, employing building/worksite asset screening and asset-improvement coaching as the platform for delivering altered worksite settings (physical, informational, nutritional, grounds, neighboring, policy, educational environments) to all employees alike independent of health risk.</p>						