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A. Executive Summary

The MWWI End-of-Year 1 Member Canvass aimed to collect Members' impressions of Year 1 (2009-10) operations and their preferences for Year 2 (2010-11). Its purpose was to bring these impressions to bear on Year 2 operations.

Year 2 Meeting 1 (14 October 2010, UNE Portland) will be dedicated to the discussion of this report and to the charting of Year 2 from it.

The MWWI is entirely voluntary and member-driven. The Canvass collected Member information, Charter assessment, Member ideas, and Suggestions for new members. In all, three-in-four Year 1 members (18 of 24) responded to the Canvass in time to be included in the following analysis. The Canvass revealed

- **willingness to participate:** three-in-four Year 1 members responded to the Canvass.
- **willingness to attend:** two-in three respondents attended at least half of Year 1's six meetings.
- **balanced membership:** by principal field, respondents were spread across worksite health promotion (n=7), community and/or public health (n=5); occupational health and safety (n=3), health care and health care services (n=2); by principal practice, they came from industry (n=4, all health-related), from their own business (n=4, all but 1 health-related), from government (n=6 of which 5 state-level, 1 local), from post-secondary education (n=1) and a community agency or coalition (n=2), and from "other" practices (n=2).
- **qualified consensus:** no fewer than eight-in-ten respondents agreed with each passage from the Year 1 MWWI Charter (revised), hence 17 agreed with the Purpose as worded, 16 each with the Introduction, the Structure Year 2, and with Meetings as worded, and 15 each with the Definition and Targeted Funding as worded. But re-wordings and re-writings were also suggested, for example to the Charter's
 - **Introduction:** Re-word¹ "We aim to be a project-generating collaboration, not solely a seminar gathering, using a meeting briefing and presentation format." Re-write² "Bottom line, while we aim to be a project-generating collaboration, during the early stages of development, we recognize that more time will be spent educating members about wellness related issues using a meeting briefing and presentation format."
 - **Definition:** Re-word¹ "Much of what I do would likely not fit into the 'sponsored research and program development,' however, the opportunity to collaborate is useful. You could potentially add to the last bullet "and/or collaboration between members." "Replace 'bent' with 'inclined' or 'resolved'."
- **support for new ideas:** all but two-of-eight stated ideas were liked by at least two-in-three respondents:
 - **most liked** (n=15 and 13 respectively) were the MWWI website and MWWI Strategic partnership with Healthy Maine Partnerships (<http://www.healthymainepartnerships.org/>).
 - **least liked** (n=10 and 8 respectively) were MWWI sponsored state-wide occupational health-related conferences and MWWI meetings announced and opened (by webinar) to Maine-Harvard Prevention Research or other list-serves.

"Other ideas" proffered included "Create as a group a wellness program evaluation model based on WELCOA's good, better and best program model or, or a white paper on the similarities between wellness and safety and how they might utilize the same organizational infrastructure, or a wellness/safety program model for the employer with less than 50 employees, or a repository of evidence based wellness and safety programs Maine employers can access for their wellness and safety programming needs."

Five new members were proposed and will be invited into Year 2.

B. Introduction

The MWWI End-of-Year 1 Member Canvass aimed to collect Members' impressions of Year 1 (2009-10) operations and their preferences for Year 2 (2010-11). Its purpose was to bring these impressions to bear on Year 2 operations. Year 2 Meeting 1 (14 October 2010, UNE Portland) will be dedicated to the discussion of this report and to the charting of Year 2 from it. The MWWI is entirely voluntary and member-driven. The Canvass collected

1. Member information, including

- a. **Principal field of work**, whether worksite health promotion (WHP), occupational health and safety (OHS), community and/or public health (CPH), health care and health care services (HCS), health policy and/or policy sciences (HPS), other principal field (please name);
- b. **Principal practice**, whether practitioner/provider (please name type) or researcher (please name **branch**);
- c. **Principal work setting**, whether
 - i. industry (non-health-related, not your own company or partnership) or
 - ii. industry (health-related, not your own company or partnership)
 - iii. own business (non-health-related, your own company or partnership) or
 - iv. own business (health-related, your own company or partnership)
 - v. government (community or municipal level)
 - vi. government (state or regional level) or
 - vii. government (national or federal level)
 - viii. education (primary or secondary school level) or
 - ix. education (post-secondary, college or university level)
 - x. community agency or coalition (non-health-related) or
 - xi. community agency or coalition (health-related)
 - xii. foundation (national level) or
 - xiii. foundation (community or state level),
 - xiv. other (please name).
- d. **Year 1 (2009-10) participation**, whether a regular attender (5 or 6 of 6 scheduled meetings, physical or wired in), intermittent attender (3 or 4 scheduled meetings ...), sparse attender (1-2 scheduled meetings ...), or non-attender (0 scheduled meetings ...).

2. Charter assessment of 2009-10 operations, assessment indicated by agreement (or not) with corresponding passages from the Year 1 MWWI Charter (revised), hence agreement or not with the MWWI's stated

- a. **Introduction:** Bottom line, we aim to be a project-generating collaboration, not just a seminar, hence the meeting briefing and presentation format.
- b. **Definition:** The MWWI is a serious, results-oriented, working collaboration of Maine-based worksite health promotion (WHP), occupational health and safety (OHS), community or public health (CPH), health care services (HCS), health policy science (HPS) and other professionals—practitioners, providers, researchers—from industry, business, government, education, community agency or coalition, and foundation settings, bent on working together to understand each others' crafts and to generate distinct sponsored research and program development projects.\
- c. **Purpose:** MWWI purpose is to acquaint Maine-based occupational health practitioners, providers, and researchers with each other's work and to generate funded projects exactly focused on occupational health promotion and health protection, disease, accident, and injury prevention, and disease, accident, and injury treatment and treatment improvement.
- d. **Targeted funding:** MWWI-generated research and program development projects typically are sponsored by a federal or a state agency (e.g. NIH, CDC, Maine CDC), national or local private foundation (e.g. RWJF, MeHAF, New Balance), health care payor or provider (e.g. Anthem, Harvard Pilgrim), or Maine-based employer or employer consortium. Following the rule of three—three proposals equal one acceptance—members will work to co-submit at least one competitive bid three times a year, by December 15, March 15, and June 15.

- e. **Structure Year 2:** For 2010-11, the MWWI will be composed of 20-25 active members who meet every six weeks for 90 minutes face-to-face or wired in (webinar-assisted). Meetings will alternate across the Augusta, Portland, Bangor, and Lewiston locations of members and require webinar capacity so that those at greatest distance (think winter) may attend. Meetings, depending on the agenda, may involve invited associates for the briefing or presentation components. Associates lend their expertise to MWWI for 35 minutes and may subsequently collaborate on project work.
 - f. **Meetings:** MWWI meetings have three components. Each will entail timely pre-meeting circulation and require member review of an agenda and one or more documents.
 - i. **roundtable** (20 min): where members report projects-in-planning, in-progress, and in-conclusion, raise issues, think out-loud, trace lessons, seek partners, collect comments.
 - ii. **briefing** (35 min): where an associate (or member) briefs the group on a current or emerging occupational health, public health, health services, or policy science topic of substantive (e.g. clinical, epidemiologic, organizational, environmental, ergonomic, policy) or methodologic (e.g. biometric, econometric, informatic, geographic-informatic) import.
 - iii. **presentation** (35 min): where a member (or associate) presents an early/mid/end-stage project proposal (e.g. to be submitted to a funder, client, board, journal, or meeting) or project report (e.g. preliminary data, final outcomes, article) for constructive comment.
3. **Member ideas** for 2010-11 operations, ideas indicated by the ranking of eight program possibilities by how well liked each would be, including a MWWI
- a. Website for announcements and resources lists, briefings and presentations logs, meeting write-ups, etc.
 - b. Member/affiliate consultants bureau.
 - c. Member/affiliate speakers bureau.
 - d. Meetings announced and opened (by webinar) to Maine-Harvard Prevention Research or other list-serves.
 - e. Sponsored state-wide occupational health-related conferences.
 - f. MWWI strategic partnership with Healthy Maine Partnerships (www.healthymainepartnerships.org/) and their Worksite Wellness Coordinators.
 - g. Strategic partnership with Group/Small Business Health Insurers. (<http://www.healthinsurancefinders.com/healthinsurance/maine/>) and their Strategic Planning Officers
 - h. Strategic partnerships targeting specific sector (www.census.gov/eos/www/naics/) employers and worksites made to disseminate specific employee health promotion program approaches (e.g. coaching, social ecological) or to pilot specific disease/accident/injury prevention (e.g. employee pedometer/walking log) or treatment improvement (e.g. Worker-based outcomes assessment system) interventions.
 - i. Other (please specify):
 - j. Other (please specify):
4. **New member suggestions:** Please name any one or two new members you would care to propose.

C. Findings.

In all, three-in-four Year 1 members (18 of 24) responded to the Canvass in time to be included in the following analysis. The Canvass revealed

1. **Member information (Table 1).** Two-in-three respondents' principal field was worksite health promotion (n=7) or community and/or public health (n=5), but occupational health and safety (n=3), health care and health care services (n=2) were also represented. The principal practice of nearly half (n=8) was industry: health-related (n=4) or own business (n=3 health-, 1 non-health-related), but one-in-three (n=6) were from government (n=5 state-level, 1 local level); one (1) each came from post-secondary education and a community agency or coalition and two (2) were of an "other" practice. Two-in three respondents attended at least half of Year 1's six meetings.
2. **Charter assessment (Table 2).** No fewer than 15 of 18 respondents agreed with each passage from the Year 1 MWWI Charter (revised), hence 17 agreed as written with the Purpose as worded; 16 each with the Introduction, the Structure Year 2, and with Meetings as worded; and 15 each with the Definition and Targeted Funding as worded. But re-wordings and re-writings were also suggested to the Charter's
 - **Introduction:** Re-word¹ "We aim to be a project-generating collaboration, not solely a seminar gathering, using a meeting briefing and presentation format." Re-write² "Bottom line, while we aim to be a project-generating collaboration, during the early stages of development, we recognize that more time will be spent educating members about wellness related issues using a meeting briefing and presentation format."
 - **Definition:** Re-word¹ "Much of what I do would likely not fit into the 'sponsored research and program development,' however, the opportunity to collaborate is useful. You could potentially add to the last bullet "and/or collaboration between members." "Replace 'bent' with 'inclined' or 'resolved'."
 - **Purpose:** Re-word¹ "Again, I don't exactly fit into this description, but I don't know that it is necessary to modify."
 - **Targeted funding:** Re-word¹ "Not sure how to answer this one. This calls for specific action that I may not be familiar with in terms of the past years activities." "Following the rule of three—three proposals equal one acceptance—members will work to co-submit "or provide support in terms of review or other assistance" at least one competitive bid three times a year, by December 15, March 15, and June 15." Re-write² "I'd prefer to see a more natural approach. If there's a grant or some other funding opportunity that members are genuinely enthusiastic about, then we go after it. I just don't see that members have much extra capacity to give to writing/reviewing grants, hence my position on this."
 - **Structure Year 2:** Re-word¹ "...who meet every six weeks for 90 minutes, face-to-face or connected via webinar-assisted technology" and "... require webinar capacity so that those at greatest distance and/or affected by scheduling limitations or inclement weather may attend."
 - **Meetings:** Re-word¹ "Again, not sure if the description fits exactly into what I experienced in the past year, but the meetings I could attend I found informative and generally useful in different respects. Not sure that the wording necessarily needs changing, but I do appreciate flexibility evident in meetings thus far." "I think the around the room roundtable is one of the best ways to learn in real time what folks are working on and involved with, and would like to see that bumped to 30 minutes at the expense of some of the briefing time."
3. **Member ideas (Table 3).** All but two-of-eight stated ideas were liked by at least two-in-three respondents. Most liked were the MWWI website (n=15) and MWWI Strategic partnership with Healthy Maine Partnerships (<http://www.healthymainepartnerships.org/>) (n=13); next most liked were (n=12 each) MMWI Strategic partnership with Group/Small Business Health Insurers (<http://www.healthinsurancefinders.com/healthinsurance/maine/>) and MWWI strategic partnerships targeting specific sector (www.census.gov/eos/www/naics/) employers and worksites; and (n=11 each) MWWI member/affiliate consultants bureau and MWWI member/affiliate speakers bureau. Least liked (n=10 and 8 respectively) were MWWI sponsored state-wide occupational health-related conferences and MWWI meetings announced and opened (by webinar) to Maine-Harvard Prevention Research or other list-serves.

Correspondingly, fully nine (9) respondents were indifferent to MWWI meetings announced and opened (by webinar) to Maine-Harvard Prevention Research or other list-serves and seven (7) to MWWI sponsored state-wide occupational health-related conferences; six (6) each to MWWI member/affiliate consultants bureau and MWWI member/affiliate speakers bureau; five (5) each to with Group/Small Business Health Insurers (<http://www.healthinsurancefinders.com/healthinsurance/maine/>) and MWWI strategic partnerships targeting specific sector (www.census.gov/eos/www/naics/) employers and worksites; and four (4) to MWWI Strategic partnership with Group/Small Business Health Insurers (<http://www.healthinsurancefinders.com/healthinsurance/maine/>). Two (2) respondents did not like the MWWI website (n=15) and one (1) respondent did not like MWWI sponsored state-wide occupational health-related conferences. Indifference or dislike were expressed as follows

- **MWWI sponsored state-wide occupational health-related conferences:** Not like² “Sponsoring a conference would probably be a good thing though I think as an organization MWWI is too young to take on such an endeavor yet. I think we lack the infrastructure, support and organizational energy to pull it off successfully.”
- **MWWI strategic partnership with Healthy Maine Partnerships:** Indifferent¹ “Partnership for what purpose?”
- **MWWI strategic partnership with Group/Small Business Health Insurers:** Indifferent¹ “Partnership for what purpose?”
- **MWWI strategic partnerships targeting specific sector employers and worksites:** Indifferent¹ “While I think this is another worthwhile goal, I again think that as an organization MWWI is too young to take on such an endeavor yet. I think we lack the infrastructure, support and organizational energy to pull it off successfully.”

“Other ideas” proffered included

- “It may be helpful to keep an eye out for other initiatives in state to promote wellness initiatives and collaborate/coordinate when appropriate/possible in an effort to create cohesiveness within the industry.”
- “Participate in/contribute to as appropriate, HMP related worksite wellness training offerings other than above-mentioned conferences.”
- “I am particularly interested in the small business sector.”
- “Create as a group a wellness program evaluation model based on WELCOA’s good, better and best program model or, or a white paper on the similarities between wellness and safety and how they might utilize the same organizational infrastructure, or a wellness/safety program model for the employer with less than 50 employees, or a repository of evidence based wellness and safety programs Maine employers can access for their wellness and safety programming needs.”
- “Would like to have some type of forum to discuss the mental health/illness implications for employers and employees We are currently working with a number of MMC/MaineHealth stakeholders on this very issue. Need to advocate for employers to embed their EAPs, mental health initiatives in wellness.”

4. **New member suggestions** were Bill Whitmore, RVP of Maine Underwriting, Anthem, (207) 822-8949, william.whitmore@anthem.com. I find Bill to be a great resource at Anthem, deep understanding of cost drivers in health care; Dean Paterson, Owner- HealthCare Solutions, 865-3867, hlthcare@suscom-maine.net; Lisa Kuronya, Occupational Hygiene Program Manager, GEI Consultants Inc., 74 Gray Road Falmouth, ME 04105, 207-797-8918, lkuronya@geiconsultants.com; Amy Wagner, Manager Worksite Wellness and Adult Program Services, Healthy Communities of the Capital Area, Gardiner, awagner@mcd.org; and Anthony Anderson, Wellness Program Manager, Bath Iron Works Corporation, 207-442-2915, anthony.anderson@BIW.com.

D. Tables (n=3)

Table 1. MWWI Year 1 Member Canvass: Member information					
Principal Field	No.	Percent	Year 1 Participation	No.	Percent
Worksite Health Promotion	7	38.89	Regular Attender	6	33.33
Occupational Health and Safety	3	16.67	Intermittent Attender	4	22.22
Community and-or public health	5	27.78	Sparse Attender	6	33.33
Health care and health care services	2	11.11	Non-Attender	2	11.11
Other principal field	1	5.56			
Total	18	100.00	Total	18	100.00
Principal Practice					
Industry: <u>non</u> -health-related, <u>not</u> your own company or partnership	-	-	Education (primary or secondary school level)	-	-
Industry: <u>health</u> -related, <u>not</u> your own company or partnership	4	22.22	Education (post-secondary, college or university level)	1	5.56
Own business: <u>non</u> -health-related, <u>your</u> own company or partnership	1	5.56	Community agency or coalition (<u>non</u> -health-related)	-	-
Own business: <u>health</u> -related, <u>your</u> own company or partnership	3	16.67	Community agency or coalition (<u>health</u> -related)	1	5.56
Government (community or municipal level)	1	5.56	Foundation (national level)	-	-
Government (state or regional level)	5	27.78	Foundation (community or state level)	-	-
Government (national or federal level)	-	-	Other (please name).	2	11.11
			Total	18	100.00

Table 2. MWWI Year 1 Member Canvass: Charter assessment			
	Okay as is	Re-word	Re-write
Introduction: Bottom line, we aim to be a project-generating collaboration, not just a seminar, hence the meeting briefing and presentation format.	16	1 ¹	1 ²
Definition: The MWWI is a serious, results-oriented, working collaboration of Maine-based worksite health promotion (WHP), occupational health and safety (OHS), community or public health (CPH), health care services (HCS), health policy science (HPS) and other professionals—practitioners, providers, researchers—from industry, business, government, education, community agency or coalition, and foundation settings, bent on working together to understand each others’ crafts and to generate distinct sponsored research and program development projects.	15	3 ¹	-
Purpose: MWWI purpose is to acquaint Maine-based occupational health practitioners, providers, and researchers with each other’s work and to generate funded projects exactly focused on occupational health promotion and health protection, disease, accident, and injury prevention, and disease, accident, and injury treatment and treatment improvement.	17	1 ¹	-
Targeted funding: MWWI-generated research and program development projects typically are sponsored by a federal or a state agency (e.g. NIH, CDC, Maine CDC), national or local private foundation (e.g. RWJF, MeHAF, New Balance), health care payor or provider (e.g. Anthem, Harvard Pilgrim), or Maine-based employer or employer consortium. Following the rule of three—three proposals equal one acceptance—members will work to co-submit at least one competitive bid three times a year, by December 15, March 15, and June 15.	15	2 ¹	1 ²
Structure Year 2: For 2010-11, the MWWI will be composed of 20-25 active members who meet every six weeks for 90 minutes face-to-face or wired in (webinar-assisted). Meetings will alternate across the Augusta, Portland, Bangor, and Lewiston locations of members and require webinar capacity so that those at greatest distance (think winter) may attend. Meetings, depending on the agenda, may involve invited associates for the briefing or presentation components. Associates lend their expertise to MWWI for 35 minutes and may subsequently collaborate on project work.	16	2 ¹	-
Meetings: MWWI meetings have three components. Each will entail timely pre-meeting circulation and require member review of an agenda and one or more documents. <ul style="list-style-type: none"> • roundtable (20 min): where members report projects-in-planning, in-progress, and in-conclusion, raise issues, think out-loud, trace lessons, seek partners, collect comments. • briefing (35 min): where an associate (or member) briefs the group on a current or emerging occupational health, public health, health services, or policy science topic of substantive (e.g. clinical, epidemiologic, organizational, environmental, ergonomic, policy) or methodologic (e.g. biometric, econometric, informatic, geographic-informatic) import. • presentation (35 min): where a member (or associate) presents an early/mid/end-stage project proposal (e.g. to be submitted to a funder, client, board, journal, or meeting) or project report (e.g. preliminary data, final outcomes, article) for constructive comment. 	16	2 ¹	-
Introduction: Re-word ¹ “We aim to be a project-generating collaboration, not solely a seminar gathering, using a meeting briefing and presentation format.” Re-write ² “Bottom line, while we aim to be a project-generating collaboration, during the early stages of development, we recognize that more time will be spent educating members about wellness related issues using a meeting briefing and presentation format. Definition: Re-word ¹ “Much of what I do would likely not fit into the ‘sponsored research and program development,’ however, the opportunity to collaborate is useful. You could potentially add to the last bullet “and/or collaboration between members.” “Replace ‘bent’ with ‘inclined’ or ‘resolved’.” Purpose: Re-word ¹ “Again, I don’t exactly fit into this description, but I don’t know that it is necessary to modify.” Targeted funding: Re-word ¹ “Not sure how to answer this one. This calls for specific action that I may not be familiar with in terms of the past years activities.” “Following the rule of three—three proposals equal one acceptance—members will work to co-submit “or provide support in terms of review or other assistance” at least one competitive bid three times a year, by December 15, March 15, and June 15.” Re-write ² “I’d prefer to see a more natural approach. If there’s a grant or some other funding opportunity that members are genuinely enthusiastic about, then we go after it. I just don’t see that members have much extra capacity to give to writing/reviewing grants, hence my position on this.” Structure Year 2: Re-word ¹ “...who meet every six weeks for 90 minutes, face-to-face or connected via webinar-assisted technology” and “...require webinar capacity so that those at greatest distance and/or affected by scheduling limitations or inclement weather may attend.” Meetings: Re-word ¹ “Again, not sure if the description fits exactly into what I experienced in the past year, but the meetings I could attend I found informative and generally useful in different respects. Not sure that the wording necessarily needs changing, but I do appreciate flexibility evident in meetings thus far.” “I think the around the room roundtable is one of the best ways to learn in real time what folks are working on and involved with, and would like to see that bumped to 30 minutes at the expense of some of the briefing time.”			

Table 3. MWWI Year 1 Member Canvass: Member ideas			
	Like	Indifferent ¹	Not like ²
1. MWWI website for announcements and resources lists, briefings and presentations logs, meeting write-ups, etc.	15	1	2
2. MWWI member/affiliate consultants bureau.	11	6	-
3. MWWI member/affiliate speakers bureau.	11	6	-
4. MWWI meetings announced and opened (by webinar) to Maine-Harvard Prevention Research or other list-serves.	8	9	-
5. MWWI sponsored state-wide occupational health-related conferences.	10	7	1
6. MWWI strategic partnership with Healthy Maine Partnerships (www.healthymainepartnerships.org/) and their Worksite Wellness Coordinators.	13	4	-
7. MWWI strategic partnership with Group/Small Business Health Insurers (http://www.healthinsurancefinders.com/healthinsurance/maine/) and their Strategic Planning Officers	12	5	-
8. MWWI strategic partnerships targeting specific sector (www.census.gov/eos/www/naics/) employers and worksites made to disseminate specific employee health promotion program approaches (e.g. coaching, social ecological) or to pilot specific disease/accident/injury prevention (e.g. employee pedometer/walking log) or treatment improvement (e.g. Worker-based outcomes assessment system) interventions.	12	5	-
	Yes		No
Other (please specify):	5 ³		10
<p>Idea 5: Not like² "Sponsoring a conference would probably be a good thing though I think as an organization MWWI is too young to take on such an endeavor yet. I think we lack the infrastructure, support and organizational energy to pull it off successfully." Idea 6: Indifferent¹ "Partnership for what purpose?" Idea 7: Indifferent¹ "Partnership for what purpose?" Idea 8: Indifferent¹ "While I think this is another worthwhile goal, I again think that as an organization MWWI is too young to take on such an endeavor yet. I think we lack the infrastructure, support and organizational energy to pull it off successfully."</p> <p>Other Idea³: "It may be helpful to keep an eye out for other initiatives in state to promote wellness initiatives and collaborate/coordinate when appropriate/possible in an effort to create cohesiveness within the industry." "Participate in/contribute to as appropriate, HMP related worksite wellness training offerings other than above-mentioned conferences." "I am particularly interested in the small business sector." "Create as a group:</p> <ul style="list-style-type: none">• a wellness program evaluation model based on WELCOA's good, better and best program model or,• a white paper on the similarities between wellness and safety and how they might utilize the same organizational infrastructure, or• a wellness/safety program model for the employer with less than 50 employees, or• a repository of evidence based wellness and safety programs Maine employers can access for their wellness and safety programming needs." <p>"Would like to have some type of forum to discuss the mental health/illness implications for employers and employees We are currently working with a number of MMC/MaineHealth stakeholders on this very issue. Need to advocate for employers to embed their EAPs, mental health initiatives in wellness."</p>			