Maine Worksite Wellness Initiative: Topics Checklist, 2009-10

Robert H. Ross, PhD, Convener

Maine-Harvard Prevention Research Center, Maine Center for Public Health

One Weston Court, Suite 109, Augusta, ME 04330

ph: 207-629-9272/ext.208, cell: 978-505-8892, fx: 207-629-9277, www.mcph.org

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Topics Checklist, Maine Worksite Wellness Initiative: 2009-10 Venue:	Briefi	ng*		Presentation* (check one)		
		k one)				
Interest level:	High	Mid	Low	High	Mid	Low
Level of analysis (and topic):						
A. Employee fitness, health, and safety (U.S.)						
.1 economic: cost to employers/trends of employee:	()	()	()	()	()	()
overweight/obesity (behavioral)	()	()	()	()	()	()
diabetes, metabolic syndrome (behavioral)	()	()	()	()	()	()
hypertension, pre-hypertension (behavioral, hazardous exposure)	()	()	()	()	()	()
cancer (behavioral, hazardous exposure)	()	()	()	()	()	()
pulmonary (behavioral, hazardous exposure)	()	()	()	()	()	()
depression (behavioral)	()	()	()	()	()	()
violence (behavioral)	()	()	()	()	()	()
other (please write in):	()	()	()	()	()	()
M /		` ′			, ,	
.2 social: employee health risk disparities/trends by:	()	()	()	()	()	()
race/ethnicity, social class, gender	()	()	()	()	()	()
states, regions	()	()	()	()	()	()
industrial sector, i.e. http://www.cdc.gov/niosh/NORA/sector.html	()	()	()	()	()	()
other (please write in):	()	()	()	()	()	()
<i>Y</i>					, ,	
.3 political: worksite policy formation/trends at:	()	()	()	()	()	()
employer level, e.g. Cianbro	()	()	()	()	()	()
consortium level, e.g. League of Cities and Towns	()	()	()	()	()	()
state, regional, national level, e.g. Chambers of Commerce	()	()	()	()	()	()
other (please write in):	()	()	()	()	()	()
<i>Y</i>					, ,	
.4 culture: norms and values/trends re	()	()	()	()	()	()
overweight/obesity	()	()	()	()	()	()
weight management	()	()	()	()	()	()
physical activity, exercise	()	()	()	()	()	()
nutrition, healthy eating	()	()	()	()	()	()
stress, stress reduction	()	()	()	()	()	()
other (please write in):	()	()	()	()	()	()
, and the same of	()	()	()	()	()	()
.5 comparative: B.14 comparing U.S. to						
Canada, Europe, Commonwealth	()	()	()	()	()	()
Asia, Africa, Latin America	()	()	()	()	()	()
other (please write in):	()	()	()	()	()	()
, and the same of				1 \ /		
B. Interventions for employee fitness, health, and safety (U.S.)						
.1 by intervention target: employee	()	()	()	()	()	()
overweight/obesity (behavioral)	()	()	()	()	()	()
diabetes, metabolic syndrome (behavioral)	()	()	()	()	()	()
hypertension, pre-hypertension (behavioral, hazardous exposure)	()	()	()	()	()	()
cancer (behavioral, hazardous exposure)	()	()	()	()	()	()
pulmonary (behavioral, hazardous exposure)	()	()	()	()	()	()
depression (behavioral)	()	()	()	()	()	()
violence (behavioral)	()	()	()	()	()	()

other (please write in):	()		()	()	()	()	()
·	()		()	()	()	()	()
2 by intervention type:	()		()	()	()	()	()
standard worksite wellness: EAP, information, screening	()		()	()	()	()	()
individual wellness approach**: iHRA, coaching	()		()	()	()	()	()
environmental wellness approach***: eHRA, built environment,	()		()	()	()	()	()
policy	, ,		` ,	` ′	, ,	, ,	, ,
integrated wellness approach: iHRA+eHRA	()		()	()	()	()	()
community wellness approach: worksite in community context	()		()	()	()	()	()
standard worksite safety & health: hazardous exposure, OSHA	()		()	()	()	()	()
compliance	, ,		` ,	` ′	, ,	, ,	, ,
comprehensive approach: worksite wellness + safety and health	()		()	()	()	()	()
other (please write in):	()		()	()	()	()	()
,							
3 by intervention objective:	()		()	()	()	()	()
ascertain/change employee behavior, i.e. at work, home	()		()	()	()	()	()
ascertain/change employer behavior, i.e. work culture	()		()	()	()	()	()
ascertain/change hazardous exposure, i.e. environmental	()		()	()	()	()	()
ascertain/change cost to employer of employee behavior	()		()	()	()	()	()
ascertain/change cost to employer of hazardous exposure	()		()	()	()	()	()
other (please write in):	()		()	()	()	()	()
, , , , , , , , , , , , , , , , , , ,							
C. Other Level of analysis and/or topic (U.S.)							
(please write in):							
(please write in):							
(please write in):							
* For a <u>presentation</u> (35 min) a member will typically present a early/mid-stage propo	osal (e.g	. to l	e sub	omitted t	o a funde	r, client,	or

^{*} 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.

^{**} 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.

^{***} 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.