**Overview**. With this response to SIP10-032 the Harvard Prevention Research Center (Harvard PRC) through its Maine-Harvard PRC (Maine HPRC) proposes to become a Collaborating Center in the Workplace Health Research Network (WHRN). The Maine HPRC was established in 2000 as a partnership between the Maine CDC, the Harvard PRC, and the Maine Center for Public Health. It was created at the request of the Maine CDC and has close ties to that state agency as well as to the state Department of Education. It is unique in that it is a part of the Harvard PRC but has its own independent Steering Committee which has met quarterly since inception, articulating its own priorities through successive 3-year strategic plans. The Maine HPRC is funded through a modest supplemental grant to the Harvard PRC from the Office of the Director of the PRC Program at CDC, and a matching grant from the Maine CDC. On this platform of annually-renewed basic operating grants the Maine HPRC has built a Prevention Research Center closely aligned to state programs and priorities (including the Healthy Maine Partnerships supporting local community engagement via tobacco settlement dollars) in a state without a school of public health or preventive medicine of its own. The Maine HPRC has played and plays a leadership role in policy and program research and development and in evaluation translation and capacity-building. In 2009-10, the University of New England replaced the Maine Center for Public Health as the third partner and site of the M-HPRC. The proposed Center will be based at the Maine HPRC therefore. In January 2008 the Maine HPRC added worksite wellness program building to its development goals and a number of single project collaborations followed (see one at **Appendix**) as well as the Maine Worksite Wellness Initiative (Maine WWI).

This proposal specifies Year 1 of a four-year plan by which the proposed Collaborating Center will build a three-state Northern New England Worksite Wellness Initiative (NNE WWI) modeled on the Northern New England Cardiovascular Disease Study Group (NNECDSG www.nnecdsg.org/), a regional voluntary consortium founded in 1987 to provide information on the management of CVD in Maine, New Hampshire, and Vermont. Objectives of the proposed Center are (Year 1) to consolidate the year-old (2009-10) Maine WWI and, extrapolating from Maine experience, to co-found the New Hampshire Worksite Wellness Initiative (NH WWI) in direct collaboration with the Prevention Research Center at Dartmouth (PRC at Dartmouth); (Year 2) to consolidate the year old (2010-11) NH WWI and, extrapolating from Maine and New Hampshire experience, to found the Vermont Worksite Wellness Initiative (VT WWI); (Year 3) to consolidate the year-old (2011-12) VT WWI and, extrapolating from Maine, New Hampshire, and Vermont experience, to found the Northern New England Worksite Wellness Initiative (NNE WWI); and (Year 4) to consolidate the year-old (2012-13) NNE WWI. The purpose of each state's WWI will be to promote (design, test, disseminate) effective state-based prevention research strategies in areas of chronic disease prevention and control focused on workplace health; that of the NNE WWI will be to report the organizational and research outcomes of each state's Initiative and to devise region-wide strategies in areas of chronic disease prevention and control likewise focused.

The 10/05/09 Maine WWI Charter reads, Definition: The Maine WWI is a results-oriented working collaboration of Maine-based worksite health promotion (WHP), occupational safety and health (OSH), occupational health services (OHS), public and community health (PCH), and public policy science (PPS) professionals—practitioners, providers, and researchers—from industry, government, university, consulting, health care, and community organization settings bent on creating and sharing their practices' evidence base. Vision: The Maine WWI will extend members' understanding of the basic and applied sciences which underlie their practices and facilitate members' work-in-planning, in-progress, and in-conclusion. Purpose: MWWI members will work together to inform each other on the nature and scope of their practices and to generate distinct sponsored research and program development projects variously focused on WHP, OSH, OHS, PCH, and PPS work and on their interactions. Members and Associates: Maine WWI members are those who constitute the 2009-10 Initiative. Members will actively participate, in person or from a distance, in the Initiative's six 2009-10 meetings. Between-meeting work in member sub-groups on up-coming presentations and project proposals is encouraged. MWWI associates are those invited to brief members at scheduled meetings. Projects: Maine WWI-generated projects are typically sponsored by a federal or a state agency (e.g. NIH, Maine CDC), national or local private foundation (e.g. RWJF, MeHAF, New Balance), health care payer or provider (e.g. Anthem, Harvard Pilgrim), or Maine-based employer or employer consortium. Members will work to co-submit two or three competitive bids per year. Structure: For 2009-10, the Maine WWI is composed of ~20 members who meet every six weeks starting in September for 90 minutes face-to-face and web-assisted. Meetings will be held at Augusta, Portland, Bangor, Lewiston-Auburn or other member locations and require webinar capacity so that those at greatest distance (think winter) may attend. Each meeting will have three components and require timely pre-meeting circulation and review of related documents: *Roundtable* (20 min)

where members report projects-in-planning, -progress, and -conclusion, and raise issues, think out-loud, trace lessons, seek partners, collect comments; *Briefing* (35 min) where a Maine WWI associate will brief the group on a current or emerging WHP, OSH, OHS, PCH, and PPS topic of substantive (e.g. clinical, epidemiologic, policy, organizational, exposure, ergonomic) or methodological (e.g. biometrics, econometrics, informatics, GIS, MIS) import; *Presentation* (35 min) where a Maine WWI member will present an early/mid-stage proposal (e.g. to be submitted to a funder, client, or board), project (e.g. preliminary data, outcomes), or project report (e.g. to be submitted to a funder, client, board, journal, or meeting) for constructive comment.

### 3. Research Strategy

**3.a. Significance**. The significance of the proposed Center is that it will put the acumen of two Prevention Research Centers—Harvard's in areas where its Maine WWI excels, including the environmental approach to reducing weight-related employee health risk factors, and Dartmouth's in complementary areas where its NH WWI will excel, including cardiovascular health and vulnerable populations—at the disposal of the WHRN.

**3.a.1. The Problem: An Obesogenic Society** (http://www.cdc.gov/obesity/). American society has become 'obesogenic,' characterized by environments that promote increased food intake, non-healthful foods, and physical inactivity. In 2007-2008, the prevalence of obesity was 32.2% among adult men and 35.5% among adult women. ...

**The Problem at the Workplace**. Overweight and obesity commonly present at work as Metabolic syndrome (MetS), "a group of risk factors linked to overweight and obesity that increase your chance for heart disease and other health problems such as diabetes and stroke. …

**3.a.2. A Solution: To Share the Evidence**. This proposal specifies Year 1 of a four-year plan by which the proposed Collaborating Center will build a three-state Northern New England Worksite Wellness Initiative (NNE WWI). Year 1, the Center will consolidate the year-old (2009-10) Maine WWI and co-found the New Hampshire Worksite Wellness Initiative (NH WWI). As with the Maine WWI (**Tables 1** and **2** list 2009-10 Briefings/Presentations and Membership respectively) so with the NH WWI, barriers fall when worksite health promotion (WHP), occupational safety and health (OSH), occupational health services (OHS), public and community health (PCH), and public policy science (PPS) professionals—practitioners, providers, and researchers—from industry, government, university, consulting, health care, and community organization settings bent on sharing and creating their practices' evidence base meet to consider effective state-based prevention research strategies in areas of chronic disease prevention and control focused on workplace health. Cases in point from the founding year (2009-10) of the Maine WWI include:

**Table 1.** Maine WWI 2009-10 Briefings and Presentations List

| | Briefing | | Presentation | |
|---|---|---|---|---|
| **Meeting number/date/topic** | **Briefer** | **Arranger** | **Presenter** | **Commenter** |
| 1: 1Oct09: Organizational | | | | |
| 2: 19Nov09: OHS & WHP integration | Glorian Sorensen | R. Ross | Jonathan Klane | D. Leonard |
| 3: 7Jan09: Depression at work | Debra Lerner | R. Ross | Susan Olson | C. Cichowski |
| 4: 25Feb10: eHRA & iHRA approaches | Robert Ross | N/A | Larry Catlett | R. Bubar |
| 5: 15Apr10: Case study: MMC Lifeline | Tom Downing | R. Ross | Robert Ross | J. Laliberte |
| 6: 3June10: Diabetes/MetS at work | Dee Edington | R. Ross | A. Spaulding | T. Algozzine |

**Table 2**. Maine WWI 2009-10 Founding Members List with Practice Designations (in italics)

| | |
|---|---|
| **1. Thomas W. Algozzine**, PharmD, BCPS, Medical Outcomes Specialist, Pfizer, Manchester NH. *OHS practitioner/ industry*. | **12. Jaime Nicole Laliberte**, BS, MBA, Director, Wellness Council of Maine, Bangor Chamber of Comm. *OHS practitioner/industry*. |
| **2. Joel Allumbaugh**, National Worksite Benefit Group, Hallowell ME. *OSH practitioner/industry*. | **13. Lynn Lavorgna Landry**, Manager, Workplace Health, Maine General Med Ctr, Augusta ME. *WHP practitioner/health care*. |
| **3. Donald Antonucci**, Director, Small Group Sales, Anthem BCBS, South Portland ME. *OHS practitioner/ industry*. | **14. Delano Leonard**, MS, CIH, Industrial Hygienist, Ransom Environ Consultants Inc, Portland ME. *OSH practitioner/industry*. |
| **4. John Bielecki**, MD, MPH, Director, Workplace Health, Maine General Med Ctr, Waterville ME. *OHS provider/health care*. | **15. Jo Linder**, MD, Director, Division of Community/Prevent Med, Maine Medical Center, Portland ME. *PCH provider/health care*. |
| **5. Rita M. Bubar**, Corporate HR and Wellness Manager, CIANBRO Corp, Pittsfield ME. *WHP practitioner/industry*. | **16. William McPeck**, MSW, CWWPC, Director , Employee Health & Safety, Maine State Gov, Augusta ME. *OHS practitioner/gov*. |
| **6. Larry Catlett**, MD, Occupational Medical Consulting, LLC, Leeds ME. *OHS provider/health care*. | **17. Ivan G Most**, ScD, PE, Maine Occupational Research Agenda (MORA), Old Orchard Beach ME. *OSH researcher/university*. |
| **7. Cheryl Cichowski**, Prevention Specialist, Office of Substance Abuse, State House, Augusta ME. *PPS practitionr/government* | **18. Susan Olson**, MS, FACHE, Director, WorkMed, St. Mary's Regional Med Ctr, Lewiston ME. *WHP practitioner/health care*. |
| **8. Anne-Marie Davee**, MS, RD, LD, School Health Coordinator, | **19. Karen O'Rourke**, MPH, Ctr for Community and Public Health, |

| | |
|---|---|
| Freeport ME. *PCH practitioner/community organization*. | Univ. of New England, Portland ME. *PCH practitioner/university*. |
| **9. Abigail DiPasquale**, MPH CHES, Health Prom Coord, Municipal Employee Health Trust, Augusta ME. *PPS practitioner/gov*. | **20. Joan Orr**, CHES, Operations Specialist, MaineGeneral Health Associates, Gardiner ME. *PCH practitioner/health care*. |
| **10. Tom Downing**, Director, Lifeline Workplace Health, Maine Medical Center, Portland ME. *OHS practitioner/health care*. | **21. William Primmerman**, Director, Somerset Heart Health Proj, Skowhegan ME. *PCH practitioner/community organization*. |
| **11. Jonathan Klane**, MSEd CIH, CHMM, CET, Training Hub LLC, Fairfield ME. *OSH practitioner/consulting*. | **22. Andrew Spaulding**, Worksite Health Specialist , CDC/DHHS Cardiovasc Health Program, Augusta ME. *WHP practitioner/gov*. |

**3.a.3. The Impact: To Focus Attention**. Impact of the proposed Collaborating Center is exactly indicated by Maine WWI member Larry Catlett, MD (Occupational Medical Consulting, LLC, http://www.omcwellness.com/), whose April 7, 2010 note to Dr. Ross concerning Maine WWI Meeting 5 scheduled for April 15 read,

> "Have scheduled a conference with Debra Lerner during this meeting time to incorporate the WLQ into some of our work so will miss meeting. Looking forward to meeting 6."

The WLQ (Work Limitations Questionnaire, Lerner D et al. 2001, http://160.109.101.132/icrhps/resprog/thi/wlq.as) was the subject of Meeting 3 Briefing "Depression at work."

**3.b. Innovation**

**3.b.1. The Challenge: To Shift Practice Paradigms**. That a recent NLM Medline key word search "research practice gap" could yield 2,141 entries shows how widely noted this gap has become across the medical and public health communities. For just one occupational health and safety (OHS) instance, Leka and Kortum (2008), note how "new types of occupational hazards … termed psychosocial … such as work-related stress, bullying and harassment are now receiving attention on a global basis" but then rue that "despite developments of policy in this area, there still appear to be a broad science-policy gap and an even broader one between policy and practice." …

**3.b.2. The Concept: To Bring Evidence to Bear on Practice**. Year 1 (2010-11) of the proposed Center, Dr. Ross at the Maine WWI and Dr. McLellan at the NH WWI will employ Briefing and Presentation components of two (of six) Meetings each to acquaint members with the evidence-based recommendations of two *Guides.*

***The Guide to Community Preventive Services*** (Anderson LM et al., 2009) recommends three distinct programs types which "may occur separately or as part of a comprehensive worksite wellness program that addresses several health issues" (www.thecommunityguide.org/obesity/workprograms.html): Informational and educational strategies aim to increase knowledge about a healthy diet and physical activity … Lectures, Written materials (provided in print or online), Educational software. Behavioral and social strategies target the thoughts (e.g. awareness, self-efficacy) and social factors that effect behavior changes … Individual or group behavioral counseling, Skill-building activities such as cue control, Rewards or reinforcement, Inclusion of co-workers or family members to build support systems. Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures … Improving access to healthy foods (e.g. changing cafeteria option, vending machine content), Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise). Policy strategies may also change rules and procedures for employees such as health insurance benefits or costs or money for health club membership.

***A Purchaser's Guide to Clinical Preventive Services*** (Tohill BC et al., 2006) is an information source for employers on clinical preventive service benefit design which provides guidance for the selection of clinical preventive services shown to be effective by the U.S. Preventive Services Task Force (2003) which likewise targets obesity (see www.businessgrouphealth.org/preventive/topics/obesity.cfm) hence the weight-related risk factors which constitute MetS: "The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. … *A Purchaser's Guide* … recommends [health] plan language and related CBT codes for Screening: "Screening for obesity is a covered benefit and may include measurements and calculations relating to body mass index (BMI) and waist circumference. … [It] is covered for all beneficiaries aged 2 and above once per calendar year. More frequent screening is covered, if medically indicated," and Counseling: "Intensive counseling (2 or more person-to-person individual or group sessions per month, for at least 3 months) is a covered benefit for beneficiaries aged 18 and older who meet criteria for obesity…."

**3.b.3. The Refinement: To "Inter-State" the Initiative**. Objectives of the proposed Center are (Year 1) to consolidate the year-old (2009-10) Maine WWI and, extrapolating from Maine experience, to co-found the New Hampshire Worksite Wellness Initiative (NH WWI) in direct collaboration with the Prevention Research Center at Dartmouth (PRC at Dartmouth); (Year 2) to consolidate the year old (2010-11) NH WWI and, extrapolating from Maine and New Hampshire experience, to found the Vermont Worksite Wellness Initiative (VT WWI); (Year 3) to consolidate the year-old (2011-12) VT WWI and, extrapolating from Maine, New Hampshire, and Vermont experience, to found the Northern New England Worksite Wellness Initiative (NNE WWI); and (Year 4) to consolidate the year-old (2012-13) NNE WWI. The purpose of each state's WWI will be to promote (design, test, disseminate) effective state-based prevention research strategies in areas of chronic disease prevention and control focused on workplace health; that of the NNE WWI will be to report the organizational and research outcomes of each state's WWI and to devise region-wide strategies in areas of chronic disease prevention and control likewise focused. Notwithstanding the contrast in orientation—prevention vs. treatment—the NNE WWI is intended to become the regional home to these three states' occupational health practitioner, provider, researcher communities that the Northern New England Cardiovascular Disease Study Group (http://www.nnecdsg.org/) is to the same states' CVD community. Aptly, the NNECDSG describes itself as "a regional voluntary consortium founded in 1987 to provide information about the management of cardiovascular disease in Maine, New Hampshire and Vermont. The group adopted the following mission statement: *The Northern New England Cardiovascular Disease Study Group exists to develop and exchange information concerning the treatment of cardiovascular disease. It is a regional, voluntary, multi-disciplinary group of clinicians, hospital administrators, and health care research personnel who seek to improve continuously the quality, safety, effectiveness, and cost of medical interventions in cardiovascular disease.* …

**3.c. Approach**. Year 1 (2010-11) Specific aims will be treated separately.

**3.c.1. Specific Aim 1: Strategy, Methodology, Analyses**

***Aim 1 Design rationale***. Specific aim 1 of the proposed Collaborating Center is to participate in the WHRN by a) reporting experience and outcomes of consolidating the year-old Maine WWI and of co-founding the new NH WWI and b) conforming this work with and adapting it to any priority research project that is developed by the consensus of WHRN members and CDC once the network is formed. Collaboration is the rationale, three-way collaboration involving 1) the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Workplace Health Initiative (WHI), a center-wide effort to increase the number of employers actively addressing the health issues of employees and the quality of the workplace health programs they offer, 2) the CDC NCCDPHP WHI's Workplace Health Research Network (WHRN) consisting of one WHRN Coordinating Center and two or three Collaborating Centers, and 3) the Maine HPRC Collaborating Center.

***Aim 1 Sites and subjects***. There will be two sites: the Harvard PRC (specifically the Maine-HPRC located at University of New England, Portland campus) directed by Robert Ross, PhD, and the PRC at Dartmouth (located at Dartmouth-Hitchcock Medical Center [DHMC]) to which Robert McLellan, MD, is affiliated as Chief of the DHMC Section of Occupational and Environmental Medicine. At the Maine-HPRC, Year 1 subjects will be, at the Maine-HPRC, the 2009-10 founding members of the Maine WWI (**Table 2**) convened by Dr. Ross and, at the PRC at Dartmouth, 2010-11 founding members of the NH WWI, to be convened by Dr. McLellan.

***Aim 1 Protocol and timetable***. Year 1 (2010-11), the proposed Center will consolidate the year-old Maine WWI and co-found the NH WWI in direct collaboration with the PRC at Dartmouth (**Table 3**).

**First**, to consolidate the year-old (2009-10) Maine WWI. In 2009-10, the Maine WWI is composed of 22 members who meet every six weeks starting in October for six 90 minute face-to-face and web-assisted. meetings held at Augusta, Portland, Bangor, Lewiston-Auburn or other member locations. Each meeting has three components and requires timely pre-meeting circulation and review of related documents: ***Roundtable*** (20 min) where members report projects-in-planning, -progress, and -conclusion, and raise issues, think out-loud, trace lessons, seek partners, collect comments; ***Briefing*** (35 min) where a Maine WWI associate briefs the group on a current or emerging WHP, OSH, OHS, PCH, and PPS topic of substantive (e.g. clinical, epidemiologic, policy, organizational, exposure, ergonomic) or methodological (e.g. biometrics, econometrics, informatics, GIS, MIS) import; ***Presentation*** (35 min) where a Maine WWI member presents an early/mid-stage proposal (e.g. to be submitted to a funder, client, or board), project (e.g. preliminary data, outcomes), or project report (e.g. to be submitted to a funder, client, board, journal, or meeting) for constructive comment. In 2010-11, Dr. Ross will devote the Briefing component of Maine WWI Meeting 1 to describing, and the

Roundtable component of subsequent meetings to developing, new WHRN-related opportunities to (italicized passages are from the RFA-DP09-00102SUPP10):

1. *collaborate with the WHRN and CDC to advance a prevention research agenda for workplace health*, by engaging WHRN Coordinating and Collaborating Center personnel in the Maine WWI's "results-oriented working collaboration" (see above Maine WWI Charter "Definition") "of WHP, OSH, OHS, PCH, and PPS professionals—practitioners, providers, and researchers—from industry, government, university, consulting, health care, and community organization settings bent on creating and sharing their practices' evidence base," specifically by directly involving these WHRN Coordinating and Collaborating Center personnel as regular attendees of and contributors to the Roundtable, Briefing, and Presentation components of 2010-11 Maine WWI Meeting 2-6.
2. *identify established resources in areas relevant to public health and workplace health within or available to [the] PRC*, by engaging Maine and nascent NH WWI members (see above Maine WWI Charter "Purpose") in "work together to inform each other on the nature and scope of their practices and to generate distinct sponsored research and program development projects variously focused on WHP, OSH, OHS, PCH, and PPS work and on their interactions," specifically by bringing these members into regular contact with those WHRN Coordinating and Collaborating Center personnel who attend and contribute to the Roundtable, Briefing, and Presentation components of 2010-11 Maine WWI Meeting 2-6.
3. *work with other WHRN centers in prioritizing and choosing topics for research, intervention, or translation*, by engaging these WHRN centers in Maine and nascent NH WWI members' own grants work (see above Maine WWI Charter "Purpose") "to generate distinct sponsored research and program development projects variously focused on WHP, OSH, OHS, PCH, and PPS work and on their interactions" as these two or three projects a year may be funded (see above MWWI Charter "Projects") by "a federal or a state agency … national or local private foundation … health care payer or provider … or Maine-based employer or employer consortium," specifically by announcing and then facilitating opportunities for projects collaboration at 2010-11 Maine WWI Meeting 3-6 Roundtables.
4. *facilitate the translation of research into practice*, by engaging WHRN Coordinating and Collaborating Center personnel in areas where the Maine WWI member base is particularly strong (including environmental and individual or coaching approaches to reducing weight-related employee health risk factors) and by engaging Maine and nascent NH WWI members in areas where WHRN Coordinating and Collaborating Center personnel may likewise strong (community approaches thereto) so as (see above Maine WWI Charter "Vision") to "extend members' understanding of the basic and applied sciences which underlie their practices and facilitate members' work-in-planning, in-progress, and in-conclusion," specifically by focusing the Briefing component of 2010-11 Maine WWI Meetings 3 and 5 on translation.
5. *work with WHRN centers and other partners to identify or develop cross-cutting evidence-based interventions that can be implemented in worksites*, by engaging these centers' personnel as (see above Maine WWI Charter "Members and Associates" and "Structure") Maine WWI "Members [who] actively participate, in person or from a distance, in the Initiative's six [annual] meetings" or Associates who "are those invited to brief members at scheduled meetings," specifically by expanding the 2011-10 Maine WWI from ~20 to ~25 members to accommodate these personnel.

Dr. Ross will devote the Presentation component of 2010-11 Maine WWI Meeting 1 to reporting results of a Member Canvass conducted in June 2010 by which member 1) satisfaction with Roundtable, Briefing, and Presentation components of 2009-10 operations will be gauged and suggestions for improvement taken and 2) responses to 2010-11 Maine WWI program development possibilities will be collected, including proposals to

- engage Worksite Wellness Coordinator delegates from Maine's 28 Community Coalitions which coordinate the state's 30 Healthy Maine Partnerships (www.healthymainepartnerships.org/) as Maine WWI members;
- engage Strategic Planning officers of Maine's principal health insurers (n=17 Small Business/Group Health Insurers www.healthinsurancefinders.com/group-health-insurance.html) as Maine WWI members;
- create a Maine WWI website and distribute 2009-10 and 2010-11 Meetings' Roundtable, Briefing, and Presentation materials as a worksite wellness resource to the Maine-HPRC list serve and other servers;
- organize two statewide conferences a year on weight-related employee health risk factor reduction based on *Community Guide (*2009 www.thecommunityguide.org/obesity/workprograms.html) and *Purchaser's Guide's* (2006 www.businessgrouphealth.org/preventive/topics/obesity.cfm) concepts;
- develop and publicize a Maine WWI web-based Worksite Wellness program development and evaluation Speakers bureau and Consultant list;

- target a) specific NAICS (www.census.gov/eos/www/naics/) sectors, e.g. manufacturing, b) specific program approaches, e.g. the environmental, and c) specific interventions, e.g. employee pedometer/walking log programs projects, for development.

The same Canvass will collect, and Dr. Ross will likewise report, Maine WWI member responses to the request, "Please name and give the title and contact information of two of your professional counterparts in New Hampshire; counterpart means someone who does what you do for an employer like yours."

**Table 3**. Year 1 (2010-11) Timetable and Tasks (Specific Aim 1)

| | **Consolidate Maine WWI** | | | | **Co-found NH WWI** | | | |
|---|---|---|---|---|---|---|---|---|
| **Tasks initiated (X) then ongoing (O)** | **Mos 1-3** | **Mos 4-6** | **Mos 7-9** | **Mos 10-12** | **Mos 1-3** | **Mos 4-6** | **Mos 7-9** | **Mos 10-12** |
| Expand Maine WWI from ~20 to ~25 members to accommodate WHRN Center personnel | X | | | | | | | |
| Report results of June 2010 Maine WWI Member Canvass at Meeting 1 Presentation | X | | | | | | | |
| Involve WHRN Center personnel in Roundtable, Briefing, Presentation components of Maine WWI Meeting 2-6 | X | O | O | O | | | | |
| Bring Maine WWI members into regular contact with WHRN Center personnel who attend Meeting 2-6. | X | O | O | O | | | | |
| Announce, facilitate Maine WWI and NH WWI project collaboration at Meeting 3-6 Roundtables | | X | O | O | | | | |
| Focus Briefing component of Maine WWI Meetings 3 and 5 on translation work of WHRN and Maine WWI personnel | | X | O | O | | | | |
| Compose NH WWI Charter (Definition, Vision, Members and Associates, Projects, Structure) and ratify at Meeting 1 | | | | | X | | | |
| Employ Maine WWI Member Canvass "NH Counter-parts" question to compose ~40 Member NH WWI shortlist | | | | | X | O | | |
| Invite from shortlist number required to obtain ~20 founding members of a professionally diverse NH WWI | | | | | X | O | | |
| Organize and convene up to 6 Meetings of the NH WWI and report Meeting proceedings to NH WWI members | | | | | X | O | O | O |
| Delegate NH WWI member/s to bridge Maine WWI, call-in to Maine WWI Meetings 1-6, report proceedings back | | | | | X | O | O | O |
| Conduct June 2011 NH WWI Member Canvass to gauge satisfaction Meetings 1-6, program development ideas | | | | | | | | X |

**Second**, to co-found the NH WWI in direct collaboration with the PRC at Dartmouth. In 2010-11, Dr. Ross will engage the PRC at Dartmouth to which Robert McLellan, MD is affiliated as Chief of the DHMC Section of Occupational and Environmental Medicine, in co-founding the New Hampshire Worksite Wellness Initiative (NH WWI). PRC at Dartmouth Director, Ethan Berke, MD, MPH fully supports his PRC's participation in Year 1 of the four-year plan by which the proposed Collaborating Center will build a three-state Northern New England Worksite Wellness Initiative (NNE WWI) modeled on the NNECDSG (www.nnecdsg.org/) (see **Letters of Support**). The NNECDSG, directed by David Malenka, MD is part of the same institute at DHMC where the PRC is housed. Dr. Berke has agreed to provide the Year 1 NH WWI a conference room at the PRC with call-in capacity in which to hold up to six meetings convened by Drs. McLellan and Ross of ~20 NH WWI members. Dr. McLellan has agreed to work with Dr. Ross to design and implement the Year 1 (2010-11) NH WWI, thus to

- employ the Maine WWI Member Canvass "NH Counterparts" results, and other lists and sources, to compose a short list of ~40 New Hampshire-based worksite health promotion (WHP), occupational safety and health (OSH), occupational health services (OHS), public and community health (PCH), and public policy science (PPS) professionals—practitioners, providers, and researchers—from industry, government, university, consulting, health care, and community organization settings and invite from this short list that number of professional required to obtain ~20 founding members of a professionally diverse NH WWI.
- compose the NH WWI's founding Charter in which the organization's Definition, Vision, Members and Associates, Projects, Structure, and the like are spelled out, and ratify it wording at NH WWI Meeting 1.
- organize (with recourse to that Structure sanctioned by the ratified NH WWI founding Charter) and convene up to 6 Meetings of the 2010-11 NH WWI and report Meeting proceedings to NH WWI members.
- delegate a NH WWI member or members to serve as bridge to the Maine WWI, thus to call-in to 2010-11 Maine WWI Meetings 1-6 and to report their proceedings back to the NH WWI.
- evaluate founding year 2010-11 NH WWI performance by conducting a Member Canvass conducted in June 2011 by which member 1) satisfaction with the Meeting components of 2010-11 operations will be gauged and suggestions for improvement taken and 2) responses to 2011-12 NH WWI program development possibilities will be collected.

***Aim 1 Measures***. A Maine WWI and NH WWI 2010-11 Member Canvass will be administered in June 2011 by which member 1) satisfaction with Roundtable, Briefing, and Presentation components of 2010-11 operations will be gauged and suggestions for improvement taken and 2) responses to prospective 2011-12 WWI program development possibilities will be collected. Anticipating the 2011-12 (founding) year of the Vermont WWI, the Canvasses each will collect, and Drs. Ross and McLellan will respectively report, Maine and NH WWI member responses to the request, "Please name and give the title and contact information of two of your professional counterparts in Vermont; counterpart means someone who does what you do for an employer like yours."

***Aim 1 Data collection, analysis, data sharing and dissemination, resource sharing***. Likert-scaled Canvass item responses will be analyzed and compared by means of standard univariate measures of central tendency and bivariate measures of association. Canvass findings, as well as each WWI's Meeting 1-6 agendas, Write-ups, Briefing and Presentation pdf's, and related resources, will be shared and disseminated at dedicated sub-sites of the respective Harvard PRC and the PRC at Dartmouth websites.

***Aim 1 Feasibility***. The proposed Center team has the required scientific/technical expertise and organizational skills. …

***Aim 1 Problems, Strategy, Feasibility, Hazards***. Potential problems are logistic, e.g. that Dr. McLellan may not find a critical mass of occupational health practitioners, providers, and researchers willing to constitute a 20-member 6-meeting founding year (2010-11) NH WWI. Founding year experience of the Maine WWI, for which member enthusiasm has not waned due Meeting Briefing quality, would indicate otherwise. NH WWI feasibility may be gauged by Meeting 1-3 attendance and addressed, should it fall, by personal invitation and ongoing recruitment until the "enthusiasts" are reached. Aim 1 has no known hazardous situations or materials.