

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.nnecds.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.

2. Specific Aims. Year 1 specific aims of the proposed HPRC WHRN Collaborating Center are to 1) actively 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 and 2) identify and develop one pilot project in workplace health promotion research in conjunction with the WHRN. To achieve Aim 1 the proposed Center will (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.*

To achieve Aim 2 the proposed Center will *participate in a process with the WHRN members for prioritizing, identifying, developing, and evaluating at least one pilot/demonstration project for workplace health research (see above, point 3) and identify and describe one pilot project for workplace wellness research.*