UNE UNIVERSITY OF NEW ENGLAND

Center for Community and Public Health
716 Stevens Avenue
Portland, Maine 04103

TO: Maine Worksite Wellness Initiative (MWWI) Year 2 (2010-11) Members and Prospective Members
FR: R.H. Ross, Convener
DA: 24 January 2011
RE: Year 2 Meeting 3, 13 January 2011, 3:00-4:30pm, UNE, Room 200, Linnell Hall, 716 Stevens Avenue, Portland ME 04103

Present: Tom Algozzine, Joel Allumbaugh, Larry Catlett, Tom Downing, David Crawford, Ryan Friesen, Lynn Lavorgna-Landry, Dawn Littlefield, Rachel Maier, Sarah Martin, Bill McPeck, Dean Paterson, Bill Primmerman, Andrew Pritchard, Robert Ross, Andy Spaulding, Amy Wagner. Regrets: Dona Forke, Jonathan Klane, Jaime Laliberte, Del Leonard, Victoria Rogers, Phyllis Wolfe. The Convener regrets anyone overlooked.

The meeting commenced at 3:30pm, 30 minutes late, due to failure to execute in the UNE Webinar world, and thus adjourned at 5:00pm. The Convener sincerely apologizes again, here in writing, and promises that there will not be another such debacle.

1. **Roundtable**. Bob Ross introduced Meeting presenter Dawn Littlefield, Maine CDC, and invited quick introductions by attendees, including Tom Algozzine's guest Ryan Friesen, a PharmD candidate from Mass College of Pharmacy, Manchester NH. Andy Spaulding announced that his Division of Health Improvement at Medical Care Development (www.mcd.org/index.html) had received a grant from the Maine Health Access Foundation (www.mehaf.org/news/2010/12/09/maine-health-access-foundation-makes-grants-contain-costs-health-systems/) to partner with Bill Primmerman at Greater Somerset Public Health Collaborative (www.somersethearthealth.org/gsphc.html)"to develop and offer a worksite wellness product specifically designed for rural micro-businesses and individuals as an add-on to current insurance coverage. To demonstrate the business and employee value of worksite wellness plans, the pilot will offer rebate incentives for participating businesses that mimic tax credits or discounts for wellness plan participation as described in the Affordable Care Act. In the process, the project will develop a business model for Healthy Maine Partnerships to offer community-based wellness outreach to very small workplaces and will test alternative funding approaches to support the work." Tom Downing announced the January offering at Maine Medical Center Lifeline (www.mmc.org/lifeline_body.cfm?id=7020) "Family Caregiving Employees: Employer Strategies." According to a 2006 Metlife Care Giving Cost study, productivity losses due to absenteeism/presenteeism at the workplace ranged from $17-33 billion per year. The MMC Southern Maine Wellness Council will be hosting a wellness training workshop on Thursday Janaury 27, from 8:30am-11:30am at USM that will address the business case for helping educate our employee caregivers and provide resources and strategies to support them. Ann O'Sullivan from the Southern Maine Area Agency on Aging will facilitate the workshop. Fee is $50 for council members, $75 for non members. Registration deadline is Monday, January 24. Sarah Martin described the "ME First" (http://wellnessworksme.org/files/2010/09/ME-First-Program-06-10.pdf) Maine State Employee Wellness/Prevention Program she is evaluating and which Rachel Maier serves as Program Manager (http://wellnessworksme.org/?page_id=1493). Larry Catlett announced that he had completed and reported (to JOEM) the first part (measurement validation) of a NIOSH-funded "pulmonary conservation" spirometry monitoring project he's conducted at Cianbio (see spirola software download at www.cdc.gov/niosh/topics/spirometry/spirola-software.html and the spirometry site at www.cdc.gov/niosh/topics/spirometry/spirola.html), David Crawford announced a Society of Actuaries (SOA, www.soa.org/) review article (December 2010, www.soa.org/files/pdf/research-2011-obesity-relation-mortality.pdf) which outs "the total economic cost of overweight (BMI between 25.0 – 29.9) and obesity (BMI of more than 30) in the U.S. and Canada at $300 billion per year, with 90 percent of the total – $270 billion – attributed to the U.S. … [T]he SOA study looked at the economic costs of overweight and obesity caused by increased need for medical care, and loss of economic productivity resulting from excess mortality and disability." (www.thestreet.com/story/10967835/new-society-of-actuaries-study-estimates-300-billion-economic-cost-due-to-overweight-and-obesity.html#). Bill McPeck announced CDC's 11/16/2010 call for comment on HRA standardization (www.federalregister.gov/articles/2010/11/16/2010-28788/development-of-health-risk-assessment-guidance#p-3): "The Centers for Disease Control and Prevention (CDC) … is seeking public comment on the development of guidance concerning Health Risk Assessment (HRAs). Section 4103 of the Affordable Care Act (ACA) (Pub. L. 111-148) requires that a health risk assessment be included in the annual wellness visit benefit authorized for Medicare beneficiaries under the ACA. CDC is collaborating with the Centers for Medicare and Medicaid Services (CMS), also located within HHS, in the development of guidance for this type of assessment. This guidance is also intended to be useful for HRAs conducted in other patient populations such as privately insured populations, including those persons covered by employer healthcare plans. Comments received from this request for information will be used to inform the HRA guidance development process."
2. **Briefing**. Robert Ross, MWWI Convener and Scientific Director, Maine-Harvard Worksite Wellness Project, briefed with "The Community Hospital and its Healthcare Workforce: A *Societal* Case for Keeping the (Older, Night shift) Working Nurse Fit. He

stood in for Michael Bilton, M.A., Executive Director, Association for Community Health Improvement, American Hospital Association, whose report on the Hospital workforce was not produced in time for this Briefing. Bob covered the Background (the U.S. population is aging and adding weight, the NAICS HCSA sector and the Community hospital), U.S. workforce ("graying" is just beginning), HCSA workforce (graying, 12% of all employment, three sectors including hospitals, public financing and under-reimbursement, rapid technological change, high proportion of workers in 15 million who do shift and night work), HCSA Nurse Workforce (shortage is alarming from every angle, costs of scarcity include adverse patient outcomes), HCSA Older Nurse Workforce (one-in-three, reaching retirement age, job satisfaction enhanced not only by benefits but also by workplace culture and wellness policy and programming), and Healthcare Shift and Night workers (significantly higher incidence of Metabolic syndrome). Bill McPeck emphasized the importance of construing worksite wellness in the broadest terms of workplace culture.

3. Dawn Littlefield, PAN-Healthy Weight Project Specialist at Maine CDC, presented "Priority Populations: Poverty in Maine, Let's Get Real," drawn from a recent Margaret Chase Smith Policy Center (http://mcspolicycenter.umaine.edu/) report. She defined the "working poor" and gave per-person household Federal poverty guidelines (2008); described rates of Maine and Maine county (compared to U.S.) median household income (2008: $46,419), personal income by source (earnings, dividends, interest, and rent, and transfer payments), poverty (2008: 12.6%), 0-17 year olds living in poverty (2008: 16.5%), percentage of enrolled students eligible for free or reduced lunch (2009: 49.8%), unemployment (2002-09), and percentage of population participating in supplemental nutrition assistance program (2008-09: 16.0%). She asked, How does this affect the workforce? Maine's business climate? The small and large scales of economy? Possible solutions? What already exists? Bill Primmerman noted how poor Maine's Somerset county is by these indicators and how wellness programs to small employers may lower this poverty.

Mark your calendars please for Meeting 4 at 3:00-4:30pm on 24 February 2011, location TBD.