

MVP SPF-SIG Logic Model
For *Healthy Workplace* Intervention Strategy

Goals	Risk and Protective Factors	Target Population	Strategies	“If-Then” Statements	Objectives / Outputs	Short-term Outcomes	Intermediate Outcomes	Impacts
Reduce Underage and Binge Drinking	<p>Social Norms:</p> <p>18-34 year olds: missing work or being injured as a result of alcohol use</p> <p>18-34 year olds: Perception that getting drunk is ok</p> <p>Parents & youth believing that underage drinking is normal part of growing up</p> <p>Young adult: Perception of risk is low for harming self</p> <p>Bigger is better mentality</p>	<p>Parents</p> <p>Young Adults</p>	<p><i>Healthy Workplace:</i> 12-session workshop with 5 video segments</p>	<p>If adults participate in HW, they will report:</p> <p>Increased perception of risks associated with alc use</p> <p>greater motivation to reduce alcohol consumption</p> <p>less frequent use of alc to relieve stress</p>	<p>One Healthy Workplace “train the trainer” session by May 2009</p> <p>Healthy Workplace will be piloted in at least one workplace in Eastern Monadnock region by June of 2009</p>	<p>15 HW trainers trained by May 2009</p> <p>HW training implemented in one workplace in Eastern Monadnock region by June 2009 and completed by November 2009.</p>	<p>1. Higher belief in risks of alc use</p> <p>2. Greater motivation to reduce alcohol consumption</p> <p>3. Less frequent use of alcohol to relieve stress</p> <p>(All measured by <i>Health Behaviors Questionnaire</i>)</p>	<p>Reductions in drinking, as indicated by National Outcome Measures (“NOMs”)</p> <ol style="list-style-type: none"> 1. # of last 30 days on which you used alcohol. 2. age at first use. 3. frequency of binge drinking (5 or more drinks). 4. perception of risk associated with binge drinking. <p>Additional items for young adult segment:</p> <ol style="list-style-type: none"> 5. likelihood that you would work for an employer that tests employees for alcohol. 6. frequency of speaking with friends or family about problems associated with alc use.

Evidence for effectiveness of this intervention strategy

Citations from the NREPP website:

Cook, R.F., Back, M.S., and Trudeau, J. (1996). Substance abuse prevention in the workplace: Recent findings and an expanded conceptual model. *Journal of Primary Prevention*, 16, 319-339.

Randomized trial, comparing early version of Health Workplace to wait-list control, documenting **increased motivation to reduce alcohol use and reductions in alcohol use** (though not in frequency of heavy drinking) for the treated group.

Cook et al. (2003). Integrating substance abuse prevention into health promotion programs in the workplace: A social cognitive intervention targeting the mainstream user. In J.B. Bennett and W.E.K. Lehman (Eds.), *Preventing Workplace Substance Abuse: Beyond Drug Testing to Wellness* (pp. 97 – 133). Washington, DC: American Psychological Association.

Reports several randomized field trials, documenting **reduced alcohol use, reduced substance use for stress relief, increase in perceived risks of alcohol use**. Stress management component showed almost as much impact on alcohol use as the alcohol-specific components, and was better tolerated. Few men completed the program.

Deitz, D., Cook, R., and Hersch, R. (2005). Workplace health promotion and utilization of health services. *Journal of Behavioral Health Services & Research*, 32, 306-319. Longitudinal (2 year), quasi-experimental design, comparing various health behaviors and utilization of insured services in two large offices of an insurance company—one of which had implemented the Health Workplace intervention, and the other of which had not. Statistically significant **reductions in heavy drinking** were reported for the treatment group, when compared with the comparison group.