

## **news & notes**

### **WELLNESS APPS**

According to a recent Marist Poll ([maristpoll.marist.edu/1222-weight-loss-top-new-years-resolution-finding-a-better-job-gains-traction](http://maristpoll.marist.edu/1222-weight-loss-top-new-years-resolution-finding-a-better-job-gains-traction)), health-related resolutions ranked at the top with respondents, including losing weight, exercising more, quitting smoking, improving overall health, and eating healthier foods.

New research finds that mobile apps, social media, and Internet resources are the ways to go in 2016 to make keeping resolutions much more doable. You can use the Web to learn how to adopt better health habits or turn to social media to find a supportive community for your health goals.

For example, an article in *Tech Times* ([www.techtimes.com/articles/119286/20151225/best-apps-to-help-you-keep-your-new-years-resolutions-losing-weight-quitting-smoking-and-more.htm](http://www.techtimes.com/articles/119286/20151225/best-apps-to-help-you-keep-your-new-years-resolutions-losing-weight-quitting-smoking-and-more.htm)) provides names and information on specific apps that will help you keep your resolutions. Your healthcare insurance provider may also have its own apps, websites, or a list of resources you can use to help keep well this year.



**February 2016**

## **Leap year check-in**

### *Technology helps keep health-related resolutions*

In this the second month of the year, how are you doing on your health-related New Year's resolutions? Take heart (during American Heart Month [www.cdc.gov/Features/HeartMonth/index.html](http://www.cdc.gov/Features/HeartMonth/index.html)), you get an extra day this leap year to get back on track to a healthier you!

In addition, online and mobile health interventions are getting easier to access, according to an American Psychological Association (APA) press release ([www.apa.org/news/press/releases/2015/12/apps-health-behaviors.aspx](http://www.apa.org/news/press/releases/2015/12/apps-health-behaviors.aspx)). In a special issue of *Health Psychology* ([www.apa.org/pubs/journals/special/2253415.aspx](http://www.apa.org/pubs/journals/special/2253415.aspx)), practitioners and researchers discuss a range of health behaviors targeted by online and mobile platforms, including smoking cessation, substance abuse, physical activity, sleep habits, stress management, and medication adherence.

"Healthcare costs continue to escalate," said issue coeditor Belinda Borrelli, PhD, professor and director of behavioral research of Boston University (BU). "But with increased access to smartphones and the Internet, there is an unprecedented opportunity to use these less-expensive technologies to prevent, assess, and treat health behaviors across a wide segment of the population never before thought imaginable."

Specifically, according to a BU article ([www.bu.edu/dental/2015/11/12/dr-belinda-borrelli-publishes-paper-on-the-influence-of-mhealth-and-ehealth-interventions-on-smoking-cessation](http://www.bu.edu/dental/2015/11/12/dr-belinda-borrelli-publishes-paper-on-the-influence-of-mhealth-and-ehealth-interventions-on-smoking-cessation)), the study collected data on mobile and smartphone ownership, sending and receiving texts, downloading and using apps, using Facebook, and visiting health-related websites. In addition, the study explored the current use of and future willingness to use electronic (eHealth), and mobile (mHealth) technology.

Borrelli was also lead author of a paper, "Prevalence and Frequency of mHealth and eHealth Use Among US and UK Smokers and Differences by Motivation to Quit," in the *Journal of Medical Internet Research* ([www.jmir.org](http://www.jmir.org)).

Using smoking cessation as an example, Borrelli and her colleagues found that the overall use of these kinds of technologies was high. Although smokers who are not motivated to quit are less likely to use available technology than smokers who are motivated to quit, there was sufficient evidence to justify exploring the use of eHealth and mHealth interventions to encourage cessation for those who are not motivated to quit.

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### **DISTRACTION SURVEY**

A new survey by BambooHR ([www.bamboohr.com/blog/workplace-distraction-infographic](http://www.bamboohr.com/blog/workplace-distraction-infographic)), which polled more than 1,000 U.S.-based employees, reveals that traditional activities rather than social media activities still reign supreme as the most time-consuming workplace distractions.

Key survey findings include:

- Employees spend more time on traditional distractions (breaks to the office kitchen/ water cooler/break room; small talk/gossip with coworkers) than digital distractions (surfing the web, social media, texting).
- Across the board, upper management and executives spend more time participating in these types of activities than lower-level employees
- Women consider office small talk/gossip to be more important to workplace productivity than men; men consider using social media for personal use to be more important to workplace productivity than women.



## **Mental health first aid**

### *Consider getting qualified*

The concept of first responders for mental health crises is still in its infancy, even though millions of workers take sick leave or paid time off each year because of mental illness. The Mental Health First Aid (MHFA) program has been licensed to organizations in more than 22 countries worldwide. In the United States, the National Council for Behavioral Health manages MHFA USA ([www.mentalhealthfirstaid.org/cs](http://www.mentalhealthfirstaid.org/cs)).

MHFA courses teach participants skills addressing how to offer help to people experiencing suicidal thoughts and behaviors, nonsuicidal self-injury, panic attacks, stress reactions after a traumatic event, severe psychotic states, aggressive behaviors, and severe effects of substance use.

MHFA officers also learn how to recognize developing mental health problems such as depression, anxiety, psychosis, and substance use problems. MHFA responders have the necessary skills to recognize changes in emotions, thinking, and behavior and the confidence to reach out to colleagues they are concerned about. They are also in a position to encourage coworkers to seek appropriate professional help early on, according to a press release introducing mental health first responders to the workplace ([prwire.com.au/pr/55805/introducing-mental-health-first-aid-officers-to-the-workplace](http://prwire.com.au/pr/55805/introducing-mental-health-first-aid-officers-to-the-workplace)).

The worldwide goal of the MHFA program is to have employees trained to respond to mental health issues as common as those trained to treat physical injuries in the workplace.

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## **Let it snow, let it snow, let it snow**

### *Stay safe in winter with the three 'P's*

According to the National Weather Service, most injuries during winter storms are a result of vehicle accidents. And, about one-quarter result from being caught out in a storm.

According to the Occupational Safety and Health Administration (OSHA), “Winter driving can be hazardous and scary, especially in northern regions that get a lot of snow and ice.”

The agency recommends the three P's of safe winter driving—prepare for the trip, protect yourself, and prevent crashes.

1. **Preparation** refers to maintaining the vehicle and having supplies on hand like jumper cables, a flashlight, sand or kitty litter, a shovel, a snow brush/ice scraper, flares, blankets, and food and water.
2. **Protection** measures include using seatbelts and child safety seats properly, e.g., never placing a rear-facing child seat in front of an air bag and keeping kids under the age of 12 in the back seat.
3. **Prevent** crashes by avoiding drugs and alcohol, slowing down, staying vigilant for pedestrians, avoiding fatigue, and eliminating distractions, especially cell phones.