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# COOPERATION OF OCCUPATIONAL HEALTH AND PRIMARY CARE PHYSICIANS IN GERMANY – INSIGHTS FROM A MIXED-METHODS STUDY

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10.1136/oemed-2018-ICOHabstracts.510

**Introduction** Occupational health physicians (OHPs) and primary care physicians (PCPs) have many overlapping fields of work (e.g. general prevention, rehabilitation, return to work process). Yet, studies from several countries have revealed that cooperation between both specialist groups is often scarce. In order to describe barriers and optimisation possibilities, a mixed-method study was performed between 2009 and 2016 in Germany.

**Methods** First, based on a comprehensive literature review, three focus groups were interviewed (8 OHPs, 7 PCPs, and 8 physicians working in both fields) on their experiences and attitudes towards the cooperation of both professional groups, followed by a qualitative content analysis.<sup>1,2</sup> In a second step, the categories derived from this qualitative method were operationalised for a standardised survey assessing the physicians' statements quantitatively. Exploitable questionnaires were returned by 473 OPs (response rate 48%) and 585 PCPs (31%). Based on an exploratory factor analysis (EFA) assessing the structural validity of the questionnaire, mean scores of the dimensions initially described as categories and sub-categories in qualitative data analysis were constructed.

**Results** The interviews resulted in a broad spectrum of experiences and attitudes including prejudices as well as possibilities for optimisation of cooperation. The analysis of single items of the standardised survey in a subsample allowed for the quantification and pointed out significant but rather small differences between both groups.<sup>3</sup> Within the entire sample, conclusive results could be described by comparative analysis of mean scores derived from the EFA. Generally, despite some critical views, both groups matched with regard to occasions for cooperation. However, the need for cooperation was judged higher by the OHPs than the PCPs.

**Discussion** Whereas the qualitative study was valuable to gain a broad spectrum of experiences and attitudes, a sound description was available by the quantitative assessment revealing the improvement potential at this important interface.

## REFERENCES

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# MANAGING CEREBRO-CARDIOVASCULAR DISEASE IN WORKPLACE SETTINGS: COMPREHENSIVE HEALTHCARE PROGRAM IN A LARGE-SCALE MANUFACTURING COMPANY

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10.1136/oemed-2018-ICOHabstracts.511

**Introduction** As chronic disease rates are becoming more prevalent, demand for more effective healthcare programs in

workplace settings are on the increase. At the same time, workers' health examination, followed by post-examination care, is an obligation for all employers in South Korea. Thus, we evaluated the procedures of operating a comprehensive workplace healthcare program in a single manufacturing company, as well as its effect on improving cerebro-cardiovascular disease (CCVD) risk among participant workers.

**Methods** Employees of a single, large-scale manufacturing company with 'D2' (having non-occupational disease) findings by health examination in relation to CCVD risk enrolled in Workers' Healthcare Program (WHP) and chose to participate in Health Promotion Courses (HPC), a combination of series of lifestyle intervention. After three months of WHP with or without HPC, participants underwent re-examination, and changes in health status at enrolment and at re-examination were investigated.

**Results** Between January 2015 to May 2017, 'D2' employees with high CCVD risk who chose to enrol in WHP also underwent re-examination, from which the majority (71%) also participated in the HPC. Improvement of CCVD risk indices such as blood pressure, body mass index, cholesterol and fasting glucose levels were more noticeable in HPC participants compared to non-participants, and especially in subjects who actively participated in the HPC programs.

**Conclusion** Operating an active, autonomous healthcare program in workplace settings showed improvement or control of CCVD risks among the participants, and participating in a comprehensive lifestyle intervention showed further attribution to effective disease prevention.

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# TB TREATMENT OUTCOMES IN MINE HEALTH FACILITIES SOUTH AFRICA 2015 -2018: PRELIMINARY FINDINGS

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10.1136/oemed-2018-ICOHabstracts.512

**Introduction** The mining industry in South Africa is home to mine workers, a key population in the fight against human immunodeficiency virus (HIV) and tuberculosis (TB). Following the UNAIDS inspired and bold HIV strategy of '90–90–90', the South African Ministry of Health announced its plans to emulate a similar HIV and TB strategy for the period 2015 – 2018. In support of this HIV and TB strategy the South African mining industry has pledged to implement and set a similar ambitious HIV and TB strategy of '90–90–09' for itself. This report aims to evaluate and report the preliminary TB treatment outcomes in health facilities of the South African mining industry.

**Methods** A retrospective cohort study conducted on mine health facilities with access to the electronic TB register (ETR. Net); and all reported TB cases from the 2015 cohort (1 January 2015 – 31 December 2015). The analysis was done on Microsoft excel and basic descriptive proportions were calculated. The proportions were determined following the definitions provided by the World Health Organisation (WHO) for all TB treatment outcomes.

**Results** The ETR. Net had 912 TB patients registered for the 2015 cohort in the pilot health facilities. Eight hundred and