

45% and for smoking cessation 18% and 10%. Availability was higher among females than males for exercise facilities, weekly exercise classes and smoking cessation. Availability was higher among males than females for healthy diet. Females participated more in contact to health professionals than males. Moreover, the availability to these health promotion programmes was generally lower in job groups with low social class compared to job groups with high social class. However, among those who were offered these programmes participation was not related to social class.

Conclusions Availability of workplace health promotion programmes is unequally distributed across gender and low versus high social class. However, participation is generally the same for low and high social class.

P202 **WORKPLACE HEALTH PROMOTION PROGRAMME
AVAILABILITY AND PARTICIPATION IN A
REPRESENTATIVE SAMPLE OF DANISH WORKERS**

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Objectives To investigate the availability of and participation in health promotion programmes offered by the workplace among males and females and by social class.

Methods Differences in availability of and participation in health promotion programmes were collected in The Danish National Work Environment Cohort Study in 2010. 9634 workers responded to questions regarding 6 different health promotion programmes: 1) Contact to health professional (eg, psychologist, physiotherapist), 2) Exercise facilities, 3) Healthy diet, 4) Weekly exercise classes, 5) Screening tests and 6) Smoking cessation. Participation rates were calculated only among those with the specific programme available.

Results Availability and participation for contact to health professional was 35% and 40% respectively, for exercise facilities 35% and 28%, for healthy diet 22% and 53%, for weekly exercise classes 20% and 26%, for screening tests 19% and