**Poster presentation**

**Method** Leptin and adiponectin levels were measured in 388 non-diabetic officers from the Buffalo Cardio-Metabolic Occupational Police Stress study, following a 12-hour fast. HRV was performed according to methods published by the Task Force of the European Society of Cardiology and the North American Society of Pacing Electrophysiology for measurement and analysis of HRV. Mean values of high (HF) and low frequency (LF) HRV were compared across tertiles of leptin and adiponectin using ANOVA and ANCOVA; trends were assessed using linear regression models.

**Results** Leptin, but not adiponectin, was significantly and inversely associated with HF and LF HRV. BMI and percent body fat (also waist circumference and abdominal height) significantly modified the association between leptin and LF (but not HF) HRV. Among officers with BMI ≥25 kg/m², the association between leptin and HRV was inversely related, after adjustment for age, gender, and race/ethnicity; p-values for trend (HF HRV, p = 0.019 and LF HRV, p < 0.0001). Similarly, among officers with percent body fat ≥25.5%, leptin and LF HRV showed significant, inverse associations (adjusted p for trend = 0.001).

**Conclusions** Our results show that leptin levels were inversely and significantly associated with HRV among all officers, and particularly among officers with higher levels of adiposity. These results suggest that increased leptin levels may be associated with CVD-related health problems.

**0057** QUALITATIVE FINDINGS FROM A SAFETY COMMUNICATION AND RECOGNITION PROGRAM ON SAFETY AWARENESS AND TEAMBUILDING IN CONSTRUCTION

Emily H Spencer, Mia R Goldwasser, Kincaid A Lowe, Robert F Herrick, Jack T Dennenfeld, Harvard School of Public Health, Boston, MA, USA; Northeastern University, Boston, MA, USA

**Objectives** To qualitatively explore the impact of a safety communication and recognition program (“B-SAFE”) on safety attitudes and beliefs among construction workers.

**Method** B-SAFE consisted of weekly, detailed feedback to foremen and workers on safe and unsafe work practices. B-SAFE ran for approximately 5 months on three commercial construction sites in Eastern Massachusetts. Sites were paired with a similar worksite (same owner or general contractor), and data collection methods were identical at each site. Focus groups and key informant interviews were conducted to qualitatively assess the program’s impact on workers’ perception of site safety. Transcripts of focus groups and key informant interviews were coded and analysed for thematic content using Atlas.ti (V7).

**Results** At B-SAFE intervention sites, workers noted increased levels of safety awareness, communication, and teamwork, when compared to experiences on-site before the program, and to past worksites. Workers attributed an increase in morale to B-SAFE, compared to experiences on-site before the program, and to past worksites. Tran-...
RESULTS: Smoking cigarettes was associated significantly with current rotating night shift work (OR=1.4), frequency of night shifts (OR=1.5 and OR=1.7 among women with 5–7 and ≥8 night duties/month, respectively) and longer duration of the night shift work (OR=2.1 for duration >25 yrs). The total physical activity was higher among rotating night shift nurses (242 vs. 203 MET*h/week), but OR of recreational inactivity was significantly increased among rotating night shift workers (OR=1.6). Mean BMI was significantly higher among postmenopausal women working night shifts when compared to day workers (BMI=28.9 vs. 27.6 kg/m²), with increased OR of obesity (OR=2.8). No significant associations were observed between night shift work and alcohol consumption.

Conclusions: The results of our study indicate that rotating night shift work may be associated with poorer lifestyle, which may contribute to chronic diseases.

OBJECTIVES: Employed persons are considered healthier than the general population. Yet, between 5–18% of all coronary heart disease deaths can be attributed to occupational exposures, ranging from noise to job stress. Cardiovascular health (CVH) is based on seven modifiable characteristics (i.e. cigarette smoking, body mass index (BMI), physical activity, diet, blood pressure, and levels of total cholesterol and fasting glucose) used to categorise individuals as having poor, intermediate and ideal CVH. In this study, we compared levels of CVH among employed and unemployed participants in the 2005–2006 National Health and Nutrition Examination Survey (NHANES).

Method: The study population included 935 cardiovascular disease-free participants aged 20 and older (731 employed, 204 unemployed). Employment status and work characteristics were derived from self-report questionnaires. Poor, intermediate and ideal levels of CVH and its components were defined using American Heart Association criteria. Weighted means and percentages were calculated using SUDAAN 10.0; models were adjusted for age, sex and ethnicity.

RESULTS: Mean number of ideal CVH components was significantly higher for employed compared to unemployed participants: 17.7% of those employed had ideal CVH compared to 12.2% of those unemployed. Ideal CVH was significantly lower for those in construction, manufacturing and transportation industries (8.6%) and in precision, product and transportation occupations (4.4%). Ideal CVH was significantly higher for afternoon shift (26.7%) compared to night/rotating (10.9%) and day (18.2%) shift workers.

Conclusions: Understanding unique stressors and exposures for persons working in manufacturing, transportation and construction industries would be an important next step in designing interventions to improve their CVH.