of an existing community-based Total Worker Health (TWH) intervention – *Health Links plus senior-level TWH leadership training* – which aims to *build* small business capacity around health, safety and wellbeing policies and programs as well as *strengthen* organisational climates.

Methods We are recruiting small businesses with fewer than 500 employees in a variety of high and low hazard industries in Colorado USA. Upon enrolment, businesses are randomised into one of two doses:

- Health Links plus senior-level TWH leadership training and
- Health Links.

Annual business- and employee-level assessments are collected.

Results Data collection began in April 2017 and we will have baseline data to share from about 100 businesses and 3500 employees. We will present a cross-sectional assessment of (1) organizational-level adoption of TWH policies and programs (2) organisational safety and health climates, and (3) worker-level health and safety outcomes.

Preliminary data from businesses enrolled in Health Links prior to the start of the study (n=145) indicates variation in level of policies and programs by business. Thus, we hypothesise that small businesses that have more TWH policies and programs have (1) more positive organisational safety and health climates, and (2) safer and healthier workers.

Discussion Little is known about small business capacity for delivering health, safety and wellbeing. Even less is known about *how* TWH interventions impact employee safety, health and well-being in small enterprises. This information is needed to understand how to create generalizable TWH interventions that can have a broad public health impact.

1005

VALUE ON INVESTMENT FOR SMALL BUSINESS SAFETY, HEALTH AND WELLBEING

¹Natalie Schwatka*, ¹Lee Newman, ²Claire Brockbank, ¹Liliana Tenney, ¹Miranda Dally, ³Kim Jinnett, ⁴Adam Atherly, ⁵Ron Goetzel, ⁶James McMillen, ¹David Weitzenkamp, ¹Derek Smith, ¹Erin Shore. ¹University of Colorado Denver, Colorado School of Public Health, Centre for Health, Work, and Environment, Aurora, USA; ²Segue Consulting, Denver, USA; ³Integrated Benefits Institute and Centre for Workforce Health and Performance, San Francisco, USA; ⁴University of Colorado Denver, Colorado School of Public Health, Department of Health Systems, Management, and Policy, Aurora, USA; ⁵Johns Hopkins University Bloomberg School of Public Health, Institute for Health and Productivity Studies, and IBM Watson Health, Bethesda, USA; ⁶Pinnacle Assurance, Denver, USA

10.1136/oemed-2018-ICOHabstracts.1398

Introduction Health promotion programs may succeed in mid-to large-size companies, but what can be done to reach the small enterprises where the majority of people work? Furthermore, how successful can these efforts be and what is the value of investing in small business employee health? This presentation will examine the nexus of workers' compensation (WC), health promotion, productivity and small businesses.

Methods Three-hundred and fourteen businesses and 16 926 of their employees participated in a multi-year worksite wellness program offered by a WC insurer in the United States from 2010–2014. Yearly self-report health risk assessment data and WC claims data were collected. In a series of studies using logistic and generalised linear models, we examined the

relationship between employee health, safety and productivity. Additionally, using data from employees who participated in the program for 2+years (n=5,766), we examined the change in health during the WWP.

Results A greater number of small businesses (<500 employees) participated in the WWP than large businesses (500+employees). Additionally, small businesses had higher employee participation rates than large businesses.

WC claims were best predicted by the occurrence of a previous WC claim and poor behavioural health (e.g., depression). Productivity at work was best predicted by previous WC claim, increasing numbers of chronic health conditions, and work task difficulty.

Small businesses gained the most from the WC insurer-driven WWP, compared to large businesses. Small businesses (<500 employees) saw improvements in job health culture, stress, depression, overall health rating, smoking, nutrition, and exercise from baseline to 1 st and 2nd follow-up.

Discussion Our results demonstrate the value of investing in employee health generally and the value of doing so through local, intermediary organisations. Employers who control job-site safety hazards and promote employee health can observe gains in productivity and reductions in injury.

1039

HEALTH INEQUALITIES, WORK AND ACCESS TO SOCIAL SECURITY OF INFORMAL WORKERS IN LATIN AMERICA, AFRICA AND ASIA

O Solar*, P Bernaldes, MJ Gonzalez, A Riesco, A Vives, V Alamos. *Work, Employment and Health Inequities Faculty of Social Science of Latinamerica (FLACSO), Santiago Chile*

10.1136/oemed-2018-ICOHabstracts.1399

Introduction Around the world exist the expansion of the informal economy and traditionally people -working in the informal economy (WIE) do not have access to the established state-run healthcare systems. Understanding the barriers that explain the low participation of people-working informal economy in health systems and social security systems, providing social protection and eliminate obstacles to accessing care, should be viewed by governments as a strategy to improve the health of these workers.

Methods Develop baseline of information on the health and occupational health of informal workers and their access to health and social security systems in 6 countries of Africa, 6 of Asia and 12 countries of Latin America. The methodology included Case Studies were oriented to analyse access to health and social security, their employment and working conditions and their relationship to the characteristics of the countries' economic structure. The Qualitative Studies Component collected the primary information based on the informal workers' perception The Core Indicators component aimed to build indicators on several domains and subdomains of informal work and health that are relevant, robust and comparable between countries, as well as to identify information gaps, based on the analysis of different country surveys.

Result People –WIE are women and men from different age groups – higher rate of work among eldest and youngest groups – and educational backgrounds levels, living in urban and rural areas; present in different industrial sectors –; strong