mental health status, health behaviours, retrospective sickness absence, overall work ability and negative affectivity.

**Discussion** Self-report PA instruments are generally known to suffer from poor absolute criterion validity, and fail to capture all relevant PA. This study aims to increase the knowledge of the cardiovascular health of employees in physically demanding jobs with objective measurements.

**Methodology** Health Status of employees is measured by calculation of Vitality Index* (VI), comprising 4 parameters (Blood Pressure, BMI, Serum Cholesterol and Glucose). A baseline evaluation in 2006 resulted in 88% participation (n=14,233). Based on values of parameters, VI* Scorecard was prepared for each employee ensuring confidentiality. Employees with score 0–4 were designated Greens, 5–6 Ambers and 7 + as Reds. Since 2007, VI* is calculated during pre-employment and periodic check-ups. Subsequently, reds and ambers are closely followed-up every year (by a prospective study) to ensure reduction in risk factors by combination of lifestyle changes, treatment and specialist consultations. In 2014, Framingham Risk Model was introduced, taking into consideration lipid profile, personal history of smoking, aerobic activity, family history of heart disease, hypertension and cancer.

**Results** While VI* focused primarily on health promotion, introduction of Framingham Risk Model helped in specific protection of the high risk group, as our earlier risk assessment model did not assess risk of coronary artery disease, age, gender, smoking history and family history of heart disease. This has helped us in bringing another 9.1% participant employees’ under rigorous monitoring in 2015, and 8.3% in 2016. Baseline evaluation in 2006 revealed 75% employees were green, 17% amber and 8% reds. Follow-up from 2007 to 2016 (78% participation) revealed that number of reds over the years reduced to 6.6%, ambers to 14.9% and greens increased to 78.5%.

**Discussion** Along with calculation of VI*, inclusion of Framingham Risk Frame Model is an excellent tool to focus on employees requiring further interventions. The Health Care Model at Hindustan Unilever Limited combines element of caring for an employee while making it sustainable from a business perspective.

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**Communications in Occupational Health**

**1596 ADVOCACY TRAINING TO ACHIEVE POSITIVE NATIONAL POLICY CHANGE IN OCCUPATIONAL HEALTH**

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How can Government policy in occupational health and medicine be changed for the better? Advocacy is a process which can lead to change through influence. It is a way of influencing public policy through information and communication, directing decision-makers towards a solution and can be used to inform influential groups and raise their awareness of specific issues. Advocacy in occupational health can achieve:

- Increased resources for occupational health—building the case where it is not yet recognised