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.

752

LAMPLIGHTER PROGRAM – INDIA A SUSTAINABLE MODEL TO ACHIEVE WELLNESS AT THE WORKPLACE (SHARING EXPERIENCES OF A 12 YEAR FOLLOW-UP STUDY)

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10.1136/oemed-2018-ICOHabstracts.185

Introduction In 2006, Lamplighter Program was globally launched to enhance employee wellbeing, resonating with Unilever's Sustainable Living Plan. From 2014, the Framingham Risk Frame Model is used to focus on employees' vulnerable to cardio-vascular ailments.

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* focussed 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.

827

ARTERIAL HYPERTENSION RISK IN A WORKING POPULATION

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10.1136/oemed-2018-ICOHabstracts.186

Introduction During last years the life expectation and working duration is increasing and consequently is more frequent visiting during periodical medical surveillance workers affected to chronic illness connected to ageing. Arterial hypertension is an age related medical condition that represent an important risk factor for illness potentially impacting on fitness to work. And also can be worsted by some occupational risk as noise, physical load and mental stress.

Methods We analysed 8628 (3159 females and 5468 males) medical report collected during periodical medical surveillance. Average age were 42,6 years±11,3 (males 42,8 years±11,1, females 42,2 years±11,3) and average BMI were of 24,9 Kg/m² (males 25,8, females 23,5). We consider a worker affected by arterial hypertension when systolic blood pressure is over 140 mmHg or diastolic pressure is more than 90 mmHg or in case he takes antihypertensive therapy.

Result Workers affected to arterial hypertension were 1756, 20,3% of workers (498 females, 15,7% and 1258 males, 23%) with an average age were 49,7 years (males 49,1, females 51,1 years) and average BMI were of 27,5 Kg/m² (males 27,8, females 24,7). These workers resulted totally fit to work were 85,0%, ones with limitations in their fit to work were 14,4%, and only 0,6% were unfit to work. About occupational activities we found the higher percentage of workers with arterial hypertension in drivers were 35,6% (mean age 44,3 and average BMI 26,6) and in construction workers 30,3% (mean age 44,3 and average BMI 26,6) vs i.e. 17,4% of office workers (mean age 42,6 and average BMI 23,9).

Discussion Our analysis confirms the importance of company strategies to promote health promotion at work considering the progressive worker's ageing. In accord with our data the intervention for reducing cardiovascular risk factor is more urgent in some occupational group as drivers and construction workers.

Communications in Occupational Health

1596

ADVOCACY TRAINING TO ACHIEVE POSITIVE NATIONAL POLICY CHANGE IN OCCUPATIONAL HEALTH

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10.1136/oemed-2018-ICOHabstracts.187

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

- Change policies and practices within countries to support health in workplaces
- An increase in occupational health and medicine organisation's profile amongst the public, and influential groups such as employers, unions and policy makers
- Increased awareness of the reality of workers' health and the specific problems faced by particular industries or workplaces.

Participants will be asked to consider their objectives, and identify key institutions and individuals relevant to the interests and activities of occupational health and medicine. Core advocacy concepts such as issue identification and analysis; power mapping; lobbying and influencing; working in alliances and campaigning and public outreach will be stated, as part of an advocacy strategy.

Reference will be made to the document, 'the value of occupational health', produced by the Society of Occupational Medicine and publicly available at www.som.org.uk. An international version of this document is in process of being produced and will aim to be made available for this session. A draft Advocacy Toolkit, produced by the International Occupational Medicine Society Collaborative will also be available.

Advocacy Occupational Health

1675 CASE STUDIES IN MOVING RESEARCH INTO PRACTICE: SEPARATING REALITY FROM DESIRE

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10.1136/oemed-2018-ICOHabstracts.188

Aim of special session New advances in moving research into practice has greatly assisted in delivering our OSH information and making an impact. Increasingly OSH researchers and their organisations must make a concerted effort to better translate the findings of their research to their stakeholders, partners, workers, employers and especially to the general public to assist in making better health decisions. This session will address the key factors and relevant case studies that help us understand the factors that improve systemic planning as well as what strategies assist communicating with hard to reach audiences, the general public, key organisations, health professionals, policy makers and assess the impact and relevance of the information and the messages we are delivering. Sustainability of the activities will be addressed.

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1675a TOOLKITS: THE KEY TO SCALABLE INTERVENTIONS AND EFFECTIVE DISSEMINATION

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10.1136/oemed-2018-ICOHabstracts.189

Introduction While workplace intervention research is prevalent and fairly well funded, there remains a gap in the uptake of such interventions within practice realms after the completion of the research project. A review of the intervention research in Total Worker Health (TWH) was used to estimate the degree to which interventions were disseminated or available for dissemination in the area of employee safety, health and well-being. Among other considerations, a key strategy for effective dissemination of interventions depends on tailoring the intervention protocol and methods to a form that is widely useable.

Methods The Oregon Healthy Workforce Centre (OHWC), a US National Institute for Occupational Safety and Health Centre of Excellence in Total Worker Health (TWH), developed and evaluated TWH intervention programs that integrated safety, health, and well-being. The interventions produced positive and statistically significant changes in safety, health, and well-being. To facilitate the effective transfer of these interventions into practice, we set out to systematically translate each research-focused intervention for real-world practice.

Result Each intervention was converted into a ready-to-use, self-guided 'toolkit' designed so that practitioners could independently and feasibly implement within their workplace, thus making them scalable. The final product included videos and documents explaining the goals and strategies of the toolkit, its various components, and necessary instructions for use. In addition to ease of use, the toolkit components range from low- to no-cost to enhance their reach and distribution. Marketing materials were developed to stimulate the dissemination of the toolkits.

Discussion Toolkits from the OHWC have been made available on a university website with the marketing materials being distributed widely. Given that research interventions are often confined within academic constraints, the concept of the self-contained toolkit makes the intervention scalable, thus overcoming a key barrier of translation of sound TWH research efforts into practice.

1675b A GOOD IDEA THAT FAILED: A TECHNOLOGY TRANSFER CASE STUDY

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10.1136/oemed-2018-ICOHabstracts.190

Introduction Advances in technology and innovations in intellectual property are natural outputs of labs performing occupational safety and health research. Many of these new ideas and technologies have the potential to evolve into products or practices that can be adopted in the workplace. Yet practical innovations with a strong market potential routinely fail despite their promise.

Methods The National Institute for Occupational Safety and Health (NIOSH) analysed a variety of workplace safety and health technologies that were never transferred beyond the lab. We mapped their development and considered points at which an alternative process may have led to a more successful outcome. To inform our analysis, we applied product adoption literature from marketing and business strategy fields.

Result We found that most prototypes developed by research organisations were created with laboratory usage in mind.