Interventions

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BARRIERS AND FACILITATORS FOR PARTICIPATION IN WORKPLACE HEALTH PROMOTION PROGRAMS: PEER-TO-PEER INTERVIEWS AMONG EMPLOYEES

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Introduction Workplace health promotion (WHP) programs have shown to be effective in the reduction of body weight, increased psychological wellbeing and perceived health of employees. Despite the potential benefits for employees, participation rates of WHP programs are often low (10–64%).

Objectives To get more insight into reasons for (non)participation, the objective of this study was to identify the barriers and facilitators for participation in WHP programs from the employee perspective.

Methods Peer-to-peer interviewing, a method derived from citizen science, was used to actively involve the target group of employees. In total 14 employees working in the cleaning-, ICT- and facility- sector were trained to conduct interviews themselves with co-workers. All interviews were recorded and transcribed verbatim. The Consolidated Framework for Implementation Research (CFIR) was used to create an initial codebook, complemented with the constructs ‘interpersonal’ and ‘intrapersonal factors’ from the Social Ecological Model. Data were coded both deductively and inductively, and ranked by two researchers independently.

Results In total, 62 peer-to-peer interviews were conducted by the 14 peer-interviewers. Preliminary findings show that main barriers for participation in WHP interventions are a lack of knowledge about the programs and a negative attitude towards WHP (e.g. no belief that their employer can help them with improving their lifestyle). Facilitating factors identified were fit of the WHP activities to the employees’ needs and available (working) time to participate.

Conclusion Our findings on the main barriers and facilitators for participation in WHP according to employees may contribute to more successful implementation and higher participation rates in future WHP programs.

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COMPLEX INTERVENTION TO PREVENT AND MANAGE MUSCULOSKELETAL PAIN IN NURSING STAFF AT WORK: COST-EFFECTIVENESS OF A CLUSTERED RANDOMIZED CONTROLLED TRIAL (INTEVAL_SPAIN)

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Objective To evaluate the cost-effectiveness of a multifaceted workplace intervention to prevent musculoskeletal pain (MSP) in nursing staff.

Methods The study was a one-year cluster randomized controlled trial and encompassed participatory ergonomics, health promotion and case management. Control group received usual care. The societal and the Health System perspectives were used. Costs included direct health costs and indirect

costs. The outcomes were MSP, sickness absence and Quality-Adjusted Life Years (QALYs). MSP was measured with the Standardized Nordic Questionnaire at baseline, six and 12-month follow-ups. Sickness absence data were obtained from Human Resources database. QALYs were measured using the EuroQol-5D-3L at six and 12-month follow-ups. Incremental costs and effectiveness were modelled by GEE models and adjusted for sex, age, occupation and baseline values. Incremental cost-effectiveness ratios (ICERs) were calculated.

Results Total direct health costs were €102.80 and €73.57 for the intervention and control groups, respectively. The intervention costs were €27.96 per nurse and/or nursing aide. Neck, shoulders and upper back showed a statistically significant difference of 20 percentual points of MSP. From the societal perspective, the ICER in terms of MSP in the former anatomical site was €3.63 (€1.69 Health system perspective) to achieve 1-extra percentual point reduction of MSP. ICER were €60.58 and €28.21 for MSP in hands from societal and health system perspectives respectively; €11.18 and €5.21 respectively in legs; and €12.98 and €6.04 respectively in feet. In both societal and health system perspectives, the ICER was dominated by usual care for low-back pain, elbows, knees, sickness absence and QALY.

Conclusion The intervention was cost-effective to reduce MSP in neck, shoulders and upper back at 12-month follow-up compared to the control group. Health systems and society could implement this kind of multifaceted interventions in the workplace for nursing staff since the additional cost required to improve MSP seems to be low and affordable.

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PILOT TESTING TWO TAKE-HOME EXPOSURE PREVENTION EDUCATIONAL SESSIONS WITH CONSTRUCTION WORKERS AND THEIR FAMILIES

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Introduction ‘Take-home exposures’ occur when workers accidentally bring home contaminants from work. In construction, job responsibilities may expose workers to lead and other metals, which extend to their household members via the take-home pathway. It is crucial that construction workers are aware of the take-home pathway and learn about exposure prevention strategies.

Objectives This work is part of the RECLean Pilot Study, which aims to reduce lead in the homes of construction workers through educational and environmental interventions.

Methods We developed and evaluated a suite of educational materials to train construction workers and their families on strategies to prevent take-home lead exposure. Each of the two sessions targets a specific audience, with one tailored to construction workers and the other to workers’ family or household members. The sessions were originally developed to take place in person but given the COVID-19 pandemic we adapted them for online delivery as well.

Results Like traditional occupational health and safety trainings, the construction worker sessions present workers with best practices to prevent take-home lead and open discussion for how such practices may fit into their own routine after work. Alternatively, the family session is designed to engage