

household members in discussion through a process derived from motivational interviewing. The materials for both sessions include an introduction, behavior scoring sheet, behavior wheel, and action plan. Facilitators and participants discuss strategies to prevent take-home lead, identify barriers participants (and their coworkers or families) experience when trying to change their behaviors, and ultimately prioritize a prevention goal.

Conclusion The materials for both educational sessions were developed based on current literature on take-home lead and behavioral theories and in partnership with lead and construction experts from multiple organizations. Using feedback from participants, project stakeholders, and session facilitators, we evaluate the feasibility and efficacy of these educational interventions.

0-352 EVALUATING PROGRAM EFFECTIVENESS ON RETURN-TO-WORK AFTER WORK-RELATED INJURY IN THE CONSTRUCTION SECTOR

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Introduction Return-to-work (RTW) in the construction sector is more challenging than in many other sectors. Between 2010 and 2011, the Ontario Workplace Safety Insurable Board (WSIB) introduced the Work Reintegration (WR) program in an attempt to improve RTW outcomes for injured workers.

Objective To determine whether the WR program was associated with reducing work disability duration in the Ontario construction sector.

Methods WSIB claims data were extracted for construction workers compensated for time off work following work-related injuries between the years 2009 and 2015 (n=27,131). Claims receiving referrals to return-to-work (RTW) and vocational rehabilitation (VR) specialists were propensity score matched with claims receiving no referrals. Multivariable quantile regression models were used to examine differences in the cumulative disability days paid during two-years post-injury between the groups of claims before and after the WR intervention period and the differences in these differences.

Results Prior to the WR program, cumulative disability days paid was greatest among claims referred to VR specialists, followed by claims referred to RTW specialists (390 and 109 additional days than claims with no referrals, respectively). Following the WR program intervention, cumulative disability days paid reduced for all claims but most notably among longer duration claims referred to RTW specialists (reduction of 274 days at the 90th percentile in the disability distribution) and shorter duration claims referred to VR specialists (reductions of 255 and 214 days at the 25th and 50th percentiles in the disability distribution, respectively).

Conclusion The WR program intervention was effective in reducing the cumulative disability days paid for construction worker claims targeted under the various referrals. While the effects varied at different percentiles in the disability distribution, and by specialist referral, future research should examine the type and timing of services received to more fully understand what may be driving the overall findings.

0-423 EVALUATING CHANGES TO SICKNESS ABSENCE IN PRISON STAFF FOLLOWING THE IMPLEMENTATION OF A NATIONAL PRISON SMOKEFREE POLICY

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Objective Sickness absence (SA) is a significant problem for many workplaces, due to loss of productivity, increased workload on other staff, and resources spent to cover incapacity to work and restore health. To date, research on prison staff SA is still limited. High levels of SA related to mental health problems, including job-related stress, anxiety and depression have been reported for UK prison staff. In conjunction with stressful and often challenging working conditions which prison staff experience, organisational change can also impact on SA. In 2018 the Scottish Prison Service introduced comprehensive smoking restrictions across all prisons to protect prison staff and people in custody from second-hand smoke (SHS) exposure. The multi-phase, multi-methods Tobacco in Prisons (TIPs) study has evaluated this process and the impacts of the implementation of the smokefree policy; one part of this evaluation was to assess whether the smokefree policy impacted on prison staff SA rates and duration.

Methods and Results Box-Jenkins Autoregressive Integrated Moving Average (ARIMA) time series is used to analyse potential changes to sickness absence rates before and after the introduction of the smokefree policy. Change in absence duration before and after the implementation of the smokefree policy are analysed using Kaplan-Meier survival curves and Cox's proportional hazards models for all sickness absence events and by cause. Results from each methodology will be presented for the entire prison service, by cause of sickness absence event and by SHS exposure levels.

Conclusions The findings of this study cover a significant knowledge gap on sickness absence in an occupational cohort that often faces challenging and stressful working conditions. In the TIPs study we are able to model potential impacts on SA during organisational change. This information can help employers when developing policies and workplace interventions for employees in improving health and return-to-work times.

Job Control

0-42 THE MEDIATING ROLE OF UNHEALTHY BEHAVIORS AND BODY MASS INDEX IN THE RELATIONSHIP BETWEEN HIGH JOB STRAIN AND SELF-RATED POOR HEALTH AMONG LOWER EDUCATED WORKERS

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Introduction Poor psychosocial working conditions and unhealthy behaviors are known determinants of poor health. The objective of this study is to examine the mediating role of