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**Andersen LN, Stochkendahl MJ, and Roessler KK. A municipality-based vocational rehabilitation programme for occupationally marginalized citizens: a study protocol for a mixed methods study. *BMC Health Services Research*. 2018; 18(1):517.**

<http://dx.doi.org/10.1186/s12913-018-3322-4> [open access]

**Abstract:** BACKGROUND: In 2013 vocational rehabilitation programmes (VRP) were given official and legal approval under Danish law to assist occupationally marginalized citizens in gaining general life skills, building their work ability, and increasing their chances of entering the work force. The project's aim is to develop a detailed understanding of the health, psychosocial and work circumstances of participating citizens, and of the important processes and mechanisms underlying the potential effects of participating in the VRP. METHODS: This study uses an exploratory mixed methods approach with sequential use of quantitative and qualitative methods. Participants are citizens assigned to an individually tailored VRP in the municipality of Sonderborg, Denmark. The quantitative part of the study consists of a longitudinal survey in which participants complete questionnaires at baseline and at follow-up one year later. Variables include demographic and personal characteristics, the latter ascertained through validated questionnaires on well-being, physical activity, interpersonal problems, general health, work ability, kinesiophobia, self-efficacy, depression and anxiety. The qualitative part of the study consists of semi-structured interviews and observations that explore experiences related to VRP. Participants will be recruited and data collected from questionnaires, interviews and observations in the period February 2

**Bastien MF and Corbiere M. Return-to-work following depression: what work accommodations do employers and human resources directors put in place? Journal of Occupational Rehabilitation. 2018; [Epub ahead of print]. <http://dx.doi.org/10.1007/s10926-018-9801-y>**

**Abstract:** The magnitude of economic and social costs related to common mental disorders has a profound impact on the workplace. Returning to work following depression is, therefore, a major issue for all stakeholders involved (employee, employer, human resources director, union, physician, etc.). Considering their role in the organization, Human Resources Directors (HRD) and employers have a decisive impact on the return-to-work (RTW) process. Purpose This study aims to determine which RTW accommodations are implemented, following depression, by one of the central stakeholders: HRD and employers. Methods 219 HRD/employers participated in a semi-structured telephone interview about RTW of employees after depression. From that interview, the question related to this article was: Do you put in place work accommodations for employees after a sick leave due to depression (yes or no)? If their response was positive, we asked: If yes, what were the work accommodations? Results 170 HRD/employers specified accommodations. The most common categories identified were related to: work schedule, task modifications, job change and work environment change. Accommodations directly related to the employee or the colleagues were considerably less mentioned and those concerning other RTW stakeholders, including supervisor, were almost absent. Conclusion Our results suggest that accommodations directly related to work aspects seemed to predominate in our sample of HRD/employers when an employee returned-to-work following depression. The relational aspect and the involvement of the different stakeholders are also not prioritized to accommodate the RTW. These results contrast with employer best practice guidelines for the RTW of workers with common mental disorders

**Fernandez-Nino JA, Bonilla-Tinoco LJ, Manrique-Espinoza BS, Romero-Martinez M, and Sosa-Ortiz AL. Work status, retirement, and depression in older adults: an analysis of six countries based on the Study on Global Ageing and Adult Health (SAGE). SSM - Population Health. 2018; 6:1-8. <http://dx.doi.org/10.1016/j.ssmph.2018.07.008> [open access]**

**Abstract:** The aim of the present study was to analyse the association between the occurrence of a major depressive episode among older adults and work status in low- and medium-income countries. A cross-sectional study was conducted with people 60 years of age and older from the six countries (Mexico, India, China, Russian Federation, Ghana and South Africa) included in the Study on Global Ageing and Adult Health (SAGE) and who participated in its first wave (2009-2010). The occurrence of a major depressive episode (MDE) over the previous 12 months was determined based on an adaptation of the ICD-10 diagnostic criteria. The association between current work status and the presence of an MDE was estimated using binary logistic regression models with country-level fixed effects, and interaction terms between the country and work

status. Results showed the odds of presenting an MDE were lower for older adults who were retired with a pension than for those who were currently working, although this protective association was observed only for men in China (OR=0.23; CI 95%:0.08-0.70) and Ghana (OR=0.25; CI 95%:0.07-0.95) and for women in India (OR=0.05; CI 95%:0.01-0.51) and South Africa (OR=0.19; CI 95%:0.04-0.97). For women, being a homemaker also showed a protective association in South Africa (OR=0.09; CI95%:0.01-0.66) and Mexico (OR=0.32; CI95%:0.14-0.76). In the case of being retired without a pension, no significant association was found in any country. The previous indicates that retirement with pension has a protective association with MDE only for men in China and Ghana and women in India and South Africa. The heterogeneity of this association reflects cultural and socioeconomic differences between the analysed countries

**Gao L, Flego A, Dunstan DW, Winkler EA, Healy GN, Eakin EG, Willenberg L, Owen N, LaMontagne AD, Lal A, Wiesner GH, Hadgraft NT, and Moodie ML. Economic evaluation of a randomized controlled trial of an intervention to reduce office workers' sitting time: the "Stand Up Victoria" trial. Scandinavian Journal of Work, Environment & Health. 2018; [Epub ahead of print].**

<http://dx.doi.org/10.5271/sjweh.3740>

**Abstract:** Objectives This study aimed to assess the economic credentials of a workplace-delivered intervention to reduce sitting time among desk-based workers. Methods We performed within-trial cost-efficacy analysis and long-term cost-effectiveness analysis (CEA) and recruited 231 desk-based workers, aged 24-65 years, across 14 worksites of one organization. Multicomponent workplace-delivered intervention was compared to usual practice. Main outcome measures including total device-measured workplace sitting time, body mass index (BMI), self-reported health-related quality of life (Assessment of Quality of Life-8D, AqoL-8D), and absenteeism measured at 12 months. Results Compared to usual practice, the intervention was associated with greater cost (AU\$431/person), benefits in terms of reduced workplace sitting time [-46.8 minutes/8-hour workday, 95% confidence interval (CI): -69.9- -23.7] and increased workplace standing time (42.2 minutes/8-hour workday, 95% CI 23.8-60.6). However, there were no significant benefits for BMI [0.148 kg/m (2)(95% CI -1.407-1.703)], QoL-8D [-0.006 (95% CI -0.074-0.063)] and absenteeism [2.12 days (95% CI -2.01-6.26)]. The incremental cost-efficacy ratios (ICER) ranged from AU\$9.94 cost/minute reduction in workplace sitting time to AU\$13.37/minute reduction in overall sitting time. CEA showed the intervention contributed to higher life year (LY) gains [0.01 (95% CI 0.009-0.011)], higher health-adjusted life year (HALY) gains [0.012 (95% CI 0.0

**Hahn RA, Truman BI, and Williams DR. Civil rights as determinants of public health and racial and ethnic health equity: health care, education, employment, and housing in the United States. SSM - Population Health. 2018; 4:17-24.**

<http://dx.doi.org/10.1016/j.ssmph.2017.10.006> [open access]

**Abstract:** This essay examines how civil rights and their implementation have affected and continue to affect the health of racial and ethnic minority populations in the United States. Civil rights are characterized as social determinants of health. A brief review of US history indicates that, particularly for Blacks, Hispanics, and American Indians, the longstanding lack of civil rights is linked with persistent health inequities. Civil rights history since 1950 is explored in four domains-health care, education, employment, and housing. The first three domains show substantial benefits when civil rights are enforced. Discrimination and segregation in housing persist because anti-discrimination civil rights laws have not been well enforced. Enforcement is an essential component for the success of civil rights law. Civil rights and their enforcement may be considered a powerful arena for public health theorizing, research, policy, and action

**Jones M, Mavromaras K, Sloane PJ, and Wei Z. The dynamic effect of disability on work and subjective well-being. Oxford Economic Papers. 2018; 70(3):635-657.**

<http://dx.doi.org/10.1093/oep/gpy006>

**Juurlink TT, ten Have M, Lamers F, van Marle HJF, Anema JR, de Graaf R, and Beekman ATF. Borderline personality symptoms and work performance: a population-based survey. BMC Psychiatry. 2018; 18(1):202.**  
<http://dx.doi.org/10.1186/s12888-018-1777-9> [open access]

**Abstract:** BACKGROUND: This study aims to elucidate the interplay between borderline personality symptoms and working conditions as a pathway for impaired work performance among workers in the general population. METHODS: Cross-sectional data from the Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2) were used, including 3672 workers. Borderline personality symptoms were measured with the International Personality Disorder Examination (IPDE) questionnaire. Working conditions (decision latitude, psychological job demands, job security and co-worker support) were assessed with the Job Content Questionnaire (JCQ). Impaired work performance was assessed as total work loss days per month, defined as the sum of days of three types of impaired work performance (inability to work, cut-down to work, and diminished quality at work). These were assessed with the WHO Disability Assessment Schedule (WHO-DAS). Common mental disorders (CMD) were assessed with the Composite International Diagnostic Interview (CIDI). RESULTS: Number of borderline personality symptoms was consistently associated with impaired work performance, even after controlling for type or number of adverse working conditions and co-occurrence of CMD. Borderline personality symptoms were associated with low decision latitude, job insecurity and low co-worker support. The relationship between borderline personality symptoms and work performance diminished slightly after controlling for type or number of working conditions. CONCLUSIONS: The current study shows that having borderline personality symptoms is a unique determinant of work

performance. This association seems partially explained through the impact of borderline personality symptoms on working conditions. Future studies are warranted to study causality and should aim at diminishing borderline personality symptoms and coping with working conditions

**Langner LA. Flexible men and successful women: the effects of flexible working hours on German couples' wages. *Work, Employment & Society*. 2018; 32(4):687-706.**

<http://dx.doi.org/10.1177/0950017017708161>

**Melkevik O, Clausen T, Pedersen J, Garde AH, Holtermann A, and Rugulies R. Comorbid symptoms of depression and musculoskeletal pain and risk of long term sickness absence. *BMC Public Health*. 2018; 18(1):981.**

<http://dx.doi.org/10.1186/s12889-018-5740-y> [open access]

Abstract: BACKGROUND: Symptoms of depression and musculoskeletal pain have both been found to be associated with increased risk of long term sickness absence (LTSA). The comorbidity between depression and pain i.e. simultaneous presence of both symptoms, is well established in the literature. The aim for the current investigation was to investigate whether the presence of comorbid pain influences the associations between depressive symptoms and LTSA or if the presence of comorbid depressive symptoms influences associations between musculoskeletal pain and LTSA. METHODS: A sample of 6572 Danish female health care workers responding to a questionnaire about health and working conditions were followed up in a national register of social transfer payments (DREAM) for 550 days. We estimated the risk for LTSA of four weeks or more, associated with depressive symptoms and number of musculoskeletal pain locations using a Cox proportional hazards model allowing multiple observations per individual. We conducted a test for multiplicative interaction between musculoskeletal pain locations and depressive symptoms, and presented stratified regression models to facilitate the interpretation of the results. RESULTS: The severity of depressive symptoms was correlated with the number of pain locations reported (Spearman's rho = .24,  $p < 0.001$ ). We found a significant multiplicative interaction between depressive symptoms and musculoskeletal pain in predicting the risk of LTSA. Depressive symptoms and number of musculoskeletal pain locations were associated with increased risk of LTSA for individuals who did not have comorbid symptoms. However, we found no significant associations between the two predictors and LTSA among participants who reported comorbid symptoms. CONCLUSIONS: The risk of LTSA associated with depressive symptoms and musculoskeletal pain appears to be moderated by the presence of comorbid symptoms. The modified risk for LTSA among workers with comorbid symptoms requires further investigation

**Miller BM, Metz D, Smith TD, Lastunen J, Landree E, and Nelson C. Understanding the economic benefit associated with research and services at the National Institute for Occupational Safety and Health: an approach and three case studies. *Rand Health Quarterly*. 2018; 8(1):1**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075803/> [open access]

Abstract: The National Institute for Occupational Safety and Health (NIOSH) asked the RAND Corporation to develop an approach, reported here, for estimating the economic benefit of NIOSH research, using three case studies. The cases provide concrete illustrations of the ways in which NIOSH research could affect worker health and safety practices and outcomes, as well as some initial estimates of the economic benefit associated with those impacts. The authors selected the case studies to illustrate variation in types of NIOSH research and in intended users. The first case study examines research to develop, test, and support implementation of engineering control measures to limit exposure to silica among road construction workers. This case study offers an example of NIOSH's intervention and surveillance research and provision of technical assistance. The second case study involves two NIOSH studies that strengthened the evidence base about the linkage between firefighting activities and increased risk of certain cancers among firefighters. This case study provides an example of etiological and exposure surveillance research, coupled with an intervention study. The third case study involves a NIOSH evaluation of the effectiveness of Ohio's Safety Intervention Grant Program in reducing the prevalence and costs of workplace injuries. This case study illustrates intervention research targeting government organizations. The first and second case studies led to the development of control technologies, and all three case studies involved dissemination and stakeholder engagement efforts that promoted the adoption of risk-reducing technologies and practices

**Moore JE, Rashid S, Park JS, Khan S, and Straus SE. Longitudinal evaluation of a course to build core competencies in implementation practice. *Implementation Science*. 2018; 13(1):106.**

<http://dx.doi.org/10.1186/s13012-018-0800-3> [open access]

Abstract: BACKGROUND: Few training opportunities are available for implementation practitioners; we designed the Practicing Knowledge Translation (PKT) to address this gap. The goal of PKT is to train practitioners to use evidence and apply implementation science in healthcare settings. The aim of this study was to describe PKT and evaluate participant use of implementation science theories, models, and frameworks (TMFs), knowledge, self-efficacy, and satisfaction and feedback on the course. METHODS: PKT was delivered to implementation practitioners between September 2015 and February 2016 through a 3-day workshop, 11 webinars. We assessed PKT using an uncontrolled before and after study design, using convergent parallel mixed methods. The primary outcome was use of TMFs in implementation projects. Secondary outcomes were knowledge and self-efficacy across six core competencies, factors related to each of the outcomes, and satisfaction with the course. Participants completed online surveys and semi-structured interviews at baseline, 3, 6, and 12 months. RESULTS: Participants (n = 15) reported an increase in their use of implementation TMFs (mean = 2.11; estimate = 2.11; standard error (SE) = 0.4; p = 0.03). There was a significant increase in

participants' knowledge of developing an evidence-informed, theory-driven program (ETP) (estimate = 4.10; SE = 0.37;  $p = 0.002$ ); evidence implementation (estimate = 2.68; SE = 0.42;  $p < 0.001$ ); evaluation (estimate = 4.43; SE = 0.36;  $p < 0.001$ ); sustainability, scale, and spread (estimate = 2.55; SE = 0.34;  $p < 0.001$ ); and context assessment (estimate = 3.86; SE = 0.32;  $p < 0.001$ ). There was a significant increase in participants' self-efficacy in developing an ETP (estimate = 3.81; SE = 0.34;  $p < 0.001$ ); implementation (estimate = 3.01; SE = 0.36;  $p < 0.001$ ); evaluation (estimate = 3.83; SE = 0.39;  $p = 0.002$ ); sustainability, scale, and spread (estimate = 3.06; SE = 0.46;  $p = 0.003$ ); and context assessment (estimate = 4.05; SE = 0.38;  $p = 0.016$ ). **CONCLUSION:** Process and outcome measures collected indicated that PKT participants increased use of, knowledge of, self-efficacy in KT. Our findings highlight the importance of longitudinal evaluations of training initiatives to inform how to build capacity for implementers

**National Academies of Sciences, Engineering, and Medicine. A smarter national surveillance system for occupational safety and health in the 21st century. Washington, DC: National Academies Press; 2018.**

**Quigley DD, Doyle MB, and Wynn BO. Physician reporting requirements for injured workers in California: a review of reporting processes and payment policies. Rand Health Quarterly. 2018; 7(4):5.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075806/>

**Abstract:** California's workers' compensation (WC) program provides medical care and wage-replacement benefits to workers who suffer on-the-job injuries and illnesses. Individuals who are injured on the job are entitled to receive the medical care they need to relieve the effects of their injury with no deductibles or copayments. Physicians who treat and provide care to injured workers are required to file reports with the WC payer that address the worker's treatment, medical progress, and work-related issues. California's Division of Workers' Compensation (DWC) asked the RAND Corporation to review the reporting process and pricing structure of the WC-required reports to ensure that the policies are consistent with efficient program administration. This study provides a framework for understanding the current processes for filing WC-required reports in California and establishes a baseline for comparison with other state systems. The objective of this study is to provide an assessment of WC-required reports, including the structure and content, level of effort, and allowances, and to compare the elements and processes with other systems to inform potential improvements and further refinements to California's reporting requirements and policies. The study should be of general interest to stakeholders in California's WC system and in other WC programs

**Ramage-Morin P and Gosselin M. Canadians vulnerable to workplace noise [Statistics Canada: Catalogue no. 82-003-X]. Health Reports. 2018; 29(8):9-17.**

<https://www150.statcan.gc.ca/n1/pub/82-003-x/2018008/article/00002-eng.pdf> [open access]

**Rubery J, Grimshaw D, Keizer A, and Johnson M. Challenges and contradictions in the 'normalising' of precarious work. *Work, Employment & Society*. 2018; 32(3):509-527.**

<http://dx.doi.org/10.1177/0950017017751790>

**Ruh P and Staubli S. Financial incentives and earnings of disability insurance recipients: evidence from a notch design [Working Paper 24830]. Cambridge, MA: National Bureau of Economic Research; 2018.**

<http://www.nber.org/papers/w24830>

**Walsh E and Murphy A. Investigating the causal relationship between employment and informal caregiving of the elderly. *BMC Research Notes*. 2018; 11(1):570.**

<http://dx.doi.org/10.1186/s13104-018-3684-z> [open access]

Abstract: OBJECTIVE: Examining the causal relationship between employment and informal caring to date has been impeded in countries like Ireland where there is a lack of suitable panel data and/or variables for instrument construction. This paper employs propensity score matching to control for non-random selection into treatment and control groups which controls for differences in employment outcomes between carers and non-carers in Ireland using data from Quarterly National Household Survey 2009 Quarter 3. Earlier papers focus on using regression techniques which may lead to biased estimates. RESULTS: Results suggest that differences exist between carers and non-carers with respect to their employment status in Ireland. Overall the results suggest that the effects are more significant for those providing greater hours of informal care per week than those providing fewer hours of care per week. The effects estimated in this paper are likely to be more precise as failing to account for potential biases in the relationship are likely to underestimate the true effect of caring on employment outcomes. We find that propensity score matching provides an alternative method of examining the relationship when suitable panel data and/or variables for instrument construction are not available