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**June 5, 2020**

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**\*Zhao J, Salemhamed N, Stinson J, Carlin L, Seto E, Webster F, Furlan AD. Health care providers' experiences and perceptions participating in a chronic pain telementoring education program: a qualitative study. *Canadian Journal of Pain*. 2020; 4(1):111-121. <https://doi.org/10.1080/24740527.2020.1749003> [open access]**

**Abstract:** Background: Chronic pain affects one in five Canadians. Frontline health care providers (HCPs) manage the majority of patients with chronic pain yet receive minimal training to do so. The Extension for Community Healthcare Outcomes (ECHO) model™ is an education intervention aimed at HCPs (not patients) to support and improve care in underserved communities. ECHO Ontario Chronic Pain and Opioid Stewardship (ECHO PAIN) is an adaptation of the ECHO model where the program goals are to support and improve chronic pain and opioid management in the province of Ontario, Canada. **Aims:** This study aimed to investigate the perceptions of HCPs participating in ECHO PAIN. **Methods:** Thirteen HCPs attending ECHO PAIN participated in in-depth semistructured phone interviews. Resulting data were analyzed through a qualitative descriptive lens. **Results:** Analysis uncovered four themes: (1) HCPs' motivation for joining ECHO PAIN, (2) interprofessional collaboration through ECHO

PAIN, (3) the use of opioids for pain management, and (4) barriers and facilitators to participation and satisfaction in ECHO PAIN. HCPs joined ECHO PAIN because of their struggles managing their complex patients with chronic pain. HCPs also recognized the importance of interprofessional collaboration in pain management and shared examples of integration of different professional approaches in their clinical teams. Opioids for pain management remained a controversial issue, and ECHO served as an opportunity to decrease this knowledge gap. Finally, HCPs described how time constraints, organizational support, and session structure acted as barriers to their participation and satisfaction in the ECHO PAIN program; technology mediated satisfaction.

Conclusions: This study was the first in Canada to explore the motivations of HCPs in attending a chronic pain telementoring program as well as to examine the interprofessional effects of participation. HCPs increased their knowledge about management of chronic pain and increased their interprofessional approach.

**Antony J, Brar R, Khan PA, Ghassemi M, Nincic V, Sharpe JP, et al. Interventions for the prevention and management of occupational stress injury in first responders: a rapid overview of reviews. Systematic Reviews. 2020; 9(1):121.**

<https://doi.org/10.1186/s13643-020-01367-w> [open access]

Abstract: BACKGROUND: First responders are a high-risk population for occupational stress injuries as they often encounter prolonged stress within their line of work. The aim of this rapid overview of reviews is to summarize existing evidence on interventions for the prevention and management of occupational stress injury (OSI) in first responders. METHODS: MEDLINE, EMBASE, PsycINFO, CINAHL, Web of Science, and Cochrane Library were searched for systematic reviews examining the impact of prevention, rehabilitation, and resilience-building strategies targeting frontline community safety personnel in February 2019. Pairs of reviewers screened titles and abstracts followed by full-text articles and conducted data abstraction and quality appraisal using the AMSTAR II tool. To ensure a rapid overview process, the search strategy was limited to the last 10 years, quality appraisal of reviews and abstraction of study-level data was completed by one person and verified by another, and the quality of the individual primary studies was not appraised. The findings were

summarized descriptively. RESULTS: A total of 14 reviews with 47 unique primary studies were found after screening 1393 records. A majority of studies targeted OSI in police officers (78.7%), followed by firefighters (17%) and correctional officers (4.3%). Of the 47 included primary studies, 24 targeted prevention of OSI (i.e., resilience training, stress management, suicide prevention, and other health promotions) and 23 targeted rehabilitation (i.e., drug therapy, psychotherapy, and other therapies). Prevention strategies including resilience training programs had positive outcomes, while suicide prevention and psychotherapy interventions reported mixed results. CONCLUSIONS: Some promising interventions targeting the prevention and rehabilitation of OSI among police officers, firefighters, and correctional officers were identified in the included studies, and these results will serve as a basis for the development of evidence-based strategies to mitigate future risks in this population. However, several gaps were also identified in this area that will require further investigation prior to widespread implementation of effective interventions. SYSTEMATIC REVIEW REGISTRATION: PROSPERO CRD42019125945

**Bianchini C, Consentino C, Paci M, and Baccini M. Open access physical therapy journals: do predatory journals publish lower-quality randomized controlled trials? Archives of Physical Medicine & Rehabilitation. 2020; 101(6):969-977.**

<https://doi.org/10.1016/j.apmr.2019.12.012>

Abstract: Objectives: To compare the quality of randomized controlled trials (RCTs) published in predatory and nonpredatory journals in the field of physical therapy. Data Sources: From a list of 18 journals included either on Beall's list (n=9) or in the Directory of Open Access Journals (DOAJ) (n=9), 2 independent assessors extracted all the RCTs published between 2014 and 2017. When journals published more than 40 RCTs, a sample of 40 trials was randomly extracted, preserving the proportions among years. Indexing in PubMed, country of journal publication, and dates of submission or acceptance were also recorded for each journal. Main Outcome Measures: The PEDro (Physiotherapy Evidence Database) scale and duration of the peer review. Results: Four hundred ten RCTs were included. The mean PEDro score of articles published in non-Beall, DOAJ journals was higher than those published in Beall journals (mean score  $\pm$  SD,

5.8±1.7 vs 4.5±1.5; P<.001), with the differences increasing when the indexing in PubMed was also considered (6.5±1.5 vs 4.4±1.5; P<.001). The peer review duration was significantly longer in non-Beall than in Beall journals (mean duration [d] ± SD, 145.2±92.9 vs 45.4±38.8; P<.001) and in journals indexed in PubMed than in nonindexed journals (136.6±100.7 vs 60.4±55.7; P<.001). Indexing in PubMed was the strongest independent variable associated with the PEDro score (adjusted R<sup>2</sup>=0.182), but noninclusion on Beall's list explained an additional, albeit small, portion of the PEDro score variance (cumulative adjusted R<sup>2</sup>=0.214). Conclusions: Potentially predatory journals publish lower-quality trials and have a shorter peer review process than non-Beall journals included in the DOAJ database.

**Choi B. Opioid use disorder, job strain, and high physical job demands in US workers. *International Archives of Occupational & Environmental Health*. 2020; 93(5):577-588.**

<https://doi.org/10.1007/s00420-019-01514-4> [open access]

Abstract: PURPOSE: Little is known about the work environmental risk factors for opioid use disorder (OUD) in working populations. The purpose of this study is to examine whether adverse physical and psychosocial working conditions are associated with OUD in a working population of the United States (US). METHODS: Among the participants of the National Survey of Midlife Development in the United States (MIDUS) II Study (2004-2006), 2134 workers (1059 men and 1075 women; mean age, 51 years) were chosen for this study. OUD was measured with self-administered questions in line with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Physical demands (physical efforts, heavy lifting, and crouching/stooping/kneeling) and psychosocial work stressors (skill discretion, decision authority, job control, psychological job demands, supervisor and coworker support at work, job insecurity, and work hours) were measured with a standard questionnaire. RESULTS: The prevalence of OUD was 3.8%. In multivariate analyses, low skill discretion, high psychological job demands, job strain (a combination of low control and high demands), and high physical job demands were significantly associated with OUD. The multivariate prevalence ratios for OUD by job strain and frequent heavy lifting were 1.98 (1.27-3.10) and 2.23 (1.22-4.10), respectively.

Job strain was more strongly associated with OUD in men, while high physical job demands were more strongly associated with OUD in women. **CONCLUSION:** This study implies that adverse physical and psychosocial working conditions may be important risk factors for OUD in US working populations. Future longitudinal and mechanistic studies are urgently warranted

**Chu DK, Akl EA, Duda S, Solo K, Yaacoub S, and Schunemann HJ. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. Lancet. 2020; [epub ahead of print].**

[https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9) [open access]

**Abstract:** Background: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes COVID-19 and is spread person-to-person through close contact. We aimed to investigate the effects of physical distance, face masks, and eye protection on virus transmission in health-care and non-health-care (eg, community) settings. Methods: We did a systematic review and meta-analysis to investigate the optimum distance for avoiding person-to-person virus transmission and to assess the use of face masks and eye protection to prevent transmission of viruses. We obtained data for SARS-CoV-2 and the betacoronaviruses that cause severe acute respiratory syndrome, and Middle East respiratory syndrome from 21 standard WHO-specific and COVID-19-specific sources. We searched these data sources from database inception to May 3, 2020, with no restriction by language, for comparative studies and for contextual factors of acceptability, feasibility, resource use, and equity. We screened records, extracted data, and assessed risk of bias in duplicate. We did frequentist and Bayesian meta-analyses and random-effects meta-regressions. We rated the certainty of evidence according to Cochrane methods and the GRADE approach. This study is registered with PROSPERO, CRD42020177047. Findings: Our search identified 172 observational studies across 16 countries and six continents, with no randomised controlled trials and 44 relevant comparative studies in health-care and non-health-care settings (n=25 697 patients). Transmission of viruses was lower with physical distancing of 1 m or more, compared with a distance of less than 1 m (n=10 736, pooled adjusted odds ratio [aOR] 0.18, 95% CI

0.09 to 0.38; risk difference [RD] -10.2%, 95% CI -11.5 to -7.5; moderate certainty); protection was increased as distance was lengthened (change in relative risk [RR] 2.02 per m; pinteraction=0.041; moderate certainty). Face mask use could result in a large reduction in risk of infection (n=2647; aOR 0.15, 95% CI 0.07 to 0.34, RD -14.3%, -15.9 to -10.7; low certainty), with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (eg, reusable 12-16-layer cotton masks; pinteraction=0.090; posterior probability >95%, low certainty). Eye protection also was associated with less infection (n=3713; aOR 0.22, 95% CI 0.12 to 0.39, RD -10.6%, 95% CI -12.5 to -7.7; low certainty). Unadjusted studies and subgroup and sensitivity analyses showed similar findings. Interpretation: The findings of this systematic review and meta-analysis support physical distancing of 1 m or more and provide quantitative estimates for models and contact tracing to inform policy. Optimum use of face masks, respirators, and eye protection in public and health-care settings should be informed by these findings and contextual factors. Robust randomised trials are needed to better inform the evidence for these interventions, but this systematic appraisal of currently best available evidence might inform interim guidance.

**Gholizadeh P and Esmaeili B. Cost of occupational incidents for electrical contractors: comparison using robust-factorial analysis of variance. Journal of Construction Engineering and Management. 2020; 146(7):04020073.**

[https://doi.org/10.1061/\(ASCE\)CO.1943-7862.0001861](https://doi.org/10.1061/(ASCE)CO.1943-7862.0001861)

**Heron LM, Agarwal R, Gonzalez I, Li T, Garcia S, Maddux M, et al. Understanding local barriers to inclusion for individuals with intellectual and developmental disabilities through an employment conference. International Journal of Disability Management. 2020; 15:e1.**

<https://doi.org/10.1017/idm.2020.1>

**Jule JG. Workplace safety: a strategy for enterprise risk management. Workplace Health & Safety. 2020; [epub ahead of print].**

<https://doi.org/10.1177/2165079920916654>

**Abstract:** Background: Injury and illness incidence rates continue to be higher in healthcare facilities than in the manufacturing environment despite improvement efforts implemented by various organizations. The prevention of workplace injury and illness is a challenge for facilities due to reasons including exposure to body fluids, infectious diseases, and patient handling activities. The purpose of this project was to reduce workplace safety-related incidents and prevent employee injuries through leadership involvement in employment of preventive, directive, and corrective controls. Methods: A tertiary medical center in California experienced 114 accepted injury claims in 1 year. As a response to the problem, the medical center developed a safety management system consisting of a process for engagement between leadership and staff members/employees to increase accountability and reduce injury risks. Findings: The medical center achieved a 59% reduction from 114 to 67 injury claims over a period of 2 years and a two-point increase in engagement scores from both leaders and staff members. Conclusion/Application to Practice: The development of a safety culture starts with leadership behavior, establishment of clear safety processes, and hazard mitigation activities. Workplace safety is a shared responsibility between frontline staff managers and leadership within an organization. Senior leaders must serve as role models to promote a speak-up culture to support safe work practices

**Langevin SM, Eliot M, Butler RA, McClean M, and Kelsey KT. Firefighter occupation is associated with increased risk for laryngeal and hypopharyngeal squamous cell carcinoma among men from the Greater Boston area. Occupational and Environmental Medicine. 2020; 77(6):381-385.**

<https://doi.org/10.1136/oemed-2019-106271>

**Abstract:** OBJECTIVE: Firefighters are exposed to a wide variety of carcinogens during the line of duty, including several associated with head and neck cancer. Existing studies assessing head and neck cancer risk with firefighting have predominately included occupational cohorts or registry data, which are limited by inability to adjust for smoking and alcohol consumption-major risk factors for head and neck cancer. Our objective was to assess the risk of head and neck cancer among men with an occupational history as a firefighter. METHODS: This work was conducted using male subjects from a

large population-based case-control study of head and neck cancer from the greater Boston area using self-reported occupational history (718 cases and 905 controls). RESULTS: An occupational history as a firefighter was reported for 11 cases and 14 controls. Although no significant association was observed overall, we observed substantial increased risk for hypopharyngeal and laryngeal squamous cell carcinoma among professional municipal firefighters who had a light or no smoking history (OR=8.06, 95% CI 1.74 to 37.41), with significantly increasing risk per decade as a firefighter (OR=2.10, 95% CI 1.06 to 4.14). CONCLUSION: Professional municipal firefighters may be at increased risk for hypopharyngeal and laryngeal squamous cell carcinoma due to carcinogenic exposures encountered during the line of duty

**Law PCF, Too LS, Butterworth P, Witt K, Reavley N, and Milner AJ. A systematic review on the effect of work-related stressors on mental health of young workers. International Archives of Occupational & Environmental Health. 2020; 93(5):611-622.**

<https://doi.org/10.1007/s00420-020-01516-7> [open access]

Abstract: PURPOSE: There is no review on the effect of work-related stressors on mental health of young workers. We systematically reviewed epidemiological evidence on this relationship. METHODS: The review searched eight databases: Embase, PubMed, Web of Science, Cinahl, Cochrane Library, Informit, PsycINFO, and Scopus from their respective start dates until May 2017. Studies that have examined a mental health outcome in relation to a work-related stressor as exposure in young workers were included. The review was reported based on the PRISMA statement. RESULTS: Three cross-sectional studies and six longitudinal cohort studies were included. Cross-sectional evidence showed that adverse work conditions including working overtime, job boredom, low skill variety, low autonomy, high job insecurity, and lack of reward were associated with poor mental health of young workers. Longitudinal evidence showed that high job demands, low job control, effort-reward imbalance, and low work support (men only) were associated with poor mental health. There was evidence on the contemporaneous relationship between two or more adverse work conditions and poor mental health. CONCLUSIONS: Although more research (particularly high-quality longitudinal studies) is warranted in



this area, our review indicates that work-related stressors have a negative impact on the mental health of young workers. The current review suggests that workplace interventions and policy are required to improve the quality of work for young workers

**Pettersson H, Olsson D, and Jarvholm B. Occupational exposure to noise and cold environment and the risk of death due to myocardial infarction and stroke. International Archives of Occupational & Environmental Health. 2020; 93(5):571-575.**

<https://doi.org/10.1007/s00420-019-01513-5> [open access]

Abstract: PURPOSE: The present study examined a possible association between occupational exposure to noise, working and living in cold conditions, and the risk of mortality in myocardial infarction and stroke. METHODS: The present cohort study consists of 194,501 workers in the Swedish construction industry that participated in health examinations between 1971 and 1993. Noise exposure was defined on a job-exposure matrix based on a survey of the working conditions carried out during the mid 1970s. All workers were categorised into three main regions of Sweden, differing in temperature: Reference (Gotaland), colder (Svealand), and coldest (Norrland). Relative risks (RR) were analysed by negative binomial regression adjusting for age, BMI, and smoking habits. RESULTS: Moderate and high noise exposure was associated with increased risk of myocardial infarction (RR 1.10-1.13 with 95% CI over unit) and stroke mortality (RR 1.15 to 1.19 with 95% CI over unit). There was an increased risk for myocardial infarction (RR 1.10, 95% CI 1.01-1.20), but not for stroke mortality (RR 1.09, 95% CI 0.94-1.25) associated with living and working in the coldest region. There was an interaction on the risk of myocardial infarction mortality between different regions and noise exposure ( $p=0.016$ ), but not for stroke mortality ( $p=0.88$ ). CONCLUSIONS: The study indicates an interaction between working at hazardous noise levels and living and working in cold conditions for increased mortality in myocardial infarction

**Polanin JR, Espelage DL, Grotpeter JK, Valido A, Ingram KM, Torgal C, et al. Locating unregistered and unreported data for use in a social science systematic review and meta-analysis. Systematic Reviews. 2020; 9(1):116.**

<https://doi.org/10.1186/s13643-020-01376-9> [open access]

Abstract: Meta-analysts rely on the availability of data from previously conducted studies. That is, they rely on primary study authors to register their outcome data, either in a study's text or on publicly available websites, and report the results of their work, either again in a study's text or on publicly accessible data repositories. If a primary study author does not register data collection and similarly does not report the data collection results, the meta-analyst is at risk of failing to include the collected data. The purpose of this study is to attempt to locate one type of meta-analytic data: findings from studies that neither registered nor reported the collected outcome data. To do so, we conducted a large-scale search for potential studies and emailed an author query request to more than 600 primary study authors to ask if they had collected eligible outcome data. We received responses from 75 authors (12.3%), three of whom sent eligible findings. The results of our search confirmed our proof of concept (i.e., that authors collect data but fail to register or report it publicly), and the meta-analytic results indicated that excluding the identified studies would change some of our substantive conclusions. Cost analyses indicated, however, a high price to finding the missing studies. We end by reaffirming our calls for greater adoption of primary study pre-registration as well as data archiving in publicly available repositories

**Ridde V, Aho J, Ndao EM, Benoit M, Hanley J, Lagrange S, et al. Unmet healthcare needs among migrants without medical insurance in Montreal, Canada. *Global Public Health*. 2020; [epub ahead of print].**

<https://doi.org/10.1080/17441692.2020.1771396> [open access]

Abstract: While access to healthcare for permanent residents in Canada is well known, this is not the case for migrants without healthcare coverage. This is the first large-scale study that examines the unmet healthcare needs of migrants without healthcare coverage in Montreal. 806 participants were recruited: 436 in the community and 370 at the NGO clinic. Proportions of individuals reporting unmet healthcare needs were similar (68.4% vs. 69.8%). The main reason invoked for these unmet needs was lacking money (80.6%). Situations of not working or studying, not having had enough food in the past 12 months, not having a medical prescription to get

medication and having had a workplace injury were all significantly associated with higher odds of having unmet healthcare needs. Unmet healthcare needs were more frequent among migrants without healthcare coverage than among recent immigrants or the citizens with health healthcare coverage (69%, 26%, 16%). Canada must take measures to enable these individuals to have access to healthcare according to their needs in order to reduce the risk of worsening their health status, something that may have an impact on the healthcare system and population health. The Government of Quebec announced that all individuals without any healthcare coverage will have access to COVID-19 related health care. We hope that this right, the application of which is not yet obvious, can continue after the pandemic for all health care

**Schunemann HJ, Mustafa RA, Brozek J, Steingart KR, Leeflang M, Murad MH, et al. GRADE guidelines: 21 part 1. Study design, risk of bias, and indirectness in rating the certainty across a body of evidence for test accuracy. Journal of Clinical Epidemiology. 2020; 122:129-141.**

<https://doi.org/10.1016/j.jclinepi.2019.12.020>

Abstract: OBJECTIVES: This article provides updated GRADE guidance about how authors of systematic reviews and health technology assessments and guideline developers can assess the results and the certainty of evidence (also known as quality of the evidence or confidence in the estimates) of a body of evidence addressing test accuracy (TA). STUDY DESIGN AND SETTING: We present an overview of the GRADE approach and guidance for rating certainty in TA in clinical and public health and review the presentation of results of a body of evidence regarding tests. Part 1 of the two parts in this 21st guidance article about how to apply GRADE focuses on understanding study design issues in test accuracy, provide an overview of the domains, and describe risk of bias and indirectness specifically. RESULTS: Supplemented by practical examples, we describe how raters of the evidence using GRADE can evaluate study designs focusing on tests and how they apply the GRADE domains risk of bias and indirectness to a body of evidence of TA studies. CONCLUSION: Rating the certainty of a body of evidence using GRADE in Cochrane and other reviews and World Health Organization and other guidelines dealing with in TA studies

helped refining our approach. The resulting guidance will help applying GRADE successfully for questions and recommendations focusing on tests

### **Related Article**

**Schunemann HJ, Mustafa RA, Brozek J, Steingart KR, Leeflang M, Murad MH, et al. GRADE guidelines: 21 part 2. Test accuracy: inconsistency, imprecision, publication bias, and other domains for rating the certainty of evidence and presenting it in evidence profiles and summary of findings tables. Journal of Clinical Epidemiology. 2020; 122:142-152.**

**<https://doi.org/10.1016/j.jclinepi.2019.12.021>**

**Abstract:** OBJECTIVES: This article provides updated GRADE guidance about how authors of systematic reviews and health technology assessments and guideline developers can rate the certainty of evidence (also known as quality of the evidence or confidence in the estimates) of a body of evidence addressing test accuracy (TA) on the domains imprecision, inconsistency, publication bias, and other domains. It also provides guidance for how to present synthesized information in evidence profiles and summary of findings tables. STUDY DESIGN AND SETTING: We present guidance for rating certainty in TA in clinical and public health and review the presentation of results of a body of evidence regarding tests. RESULTS: Supplemented by practical examples, we describe how raters of the evidence can apply the GRADE domains inconsistency, imprecision, and publication bias to a body of evidence of TA studies. CONCLUSION: Using GRADE in Cochrane and other reviews as well as World Health Organization and other guidelines helped refining the GRADE approach for rating the certainty of a body of evidence from TA studies. Although several of the GRADE domains (e.g., imprecision and magnitude of the association) require further methodological research to help operationalize them, judgments need to be made on the basis of what is known so far

**Sutherland W, Jarrahi MH, Dunn M, and Nelson SB. Work precarity and gig literacies in online freelancing. *Work, Employment and Society*. 2020; 34(3):457-475.**

<https://doi.org/10.1177/0950017019886511>

**Tchir DR and Szafron ML. Occupational health needs and predicted well-being in office workers undergoing web-based health promotion training: cross-sectional study. *Journal of Medical Internet Research*. 2020; 22(5):e14093.**

<https://doi.org/10.2196/14093> [open access]

**Abstract:** BACKGROUND: Office workers face workplace-related health issues, including stress and back pain, resulting in considerable cost to businesses and health care systems. Workplace health promotion attempts to prevent these health issues, and the internet can be used to deliver workplace health promotion interventions to office workers. Data were provided by Fitbase GmbH, a German company, which specializes in workplace health promotion via the internet (Web-based health). The Web-based health intervention allowed workers to focus on different health categories by using information modules (reading health information) and/or completing practical exercises (guided, interactive health tutorials). OBJECTIVE: This study aimed to identify the extent to which office workers have workplace-related health issues, assess whether office workers who differ in their health focus also differ in their improved well-being, and assess whether completing practical exercises is associated with improved well-being compared with reading information modules. METHODS: Fitbase GmbH collected data for the period of February 2016 to May 2017 from health insurance employees undergoing Web-based health training in Hamburg, Germany. The data consisted of a needs assessment examining health issues faced by office workers, a wellness questionnaire regarding one's perception of the Web-based health intervention, and activity logs of information modules and practical exercises completed. Through logistic regression, we determined associations between improved well-being from Web-based health training and differences in a worker's health focus and a worker's preferred intervention method. RESULTS: Nearly half of the office workers had chronic back pain (1532/3354) and felt tense or irritated (1680/3348). Over four-fifth (645/766) of the office workers indicated that the Web-

based health training improved their well-being ( $P < .001$ ). Office workers who preferred practical exercises compared with information modules had 2.22 times greater odds of reporting improved well-being from the Web-based health intervention ( $P = .01$ ; 95% CI 1.20-4.11). Office workers with a focus on practical exercises for back health had higher odds of improved well-being compared with other health foci. Office workers focused on practical exercises for back pain had at least two times the odds of having their well-being improved from the Web-based health intervention compared with those focused on stress management ( $P < .001$ ), mindfulness ( $P = .02$ ), stress management/mindfulness ( $P = .005$ ), and eye health ( $P = .003$ ). No particular health focus was associated with improved well-being for the information modules. **CONCLUSIONS:** Office workers frequently report having back pain and stress. A focus on Web-based health training via practical exercises and practical exercises for back health predict an improvement in office workers' reported well-being

\*IWH authored publication.