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July 14, 2017

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***Mustard CA, Skivington K, Lay M, Lifshen M, Etches J, and Chambers A. Implementation of a disability management policy in a large healthcare employer: a quasi-experimental, mixed-methods evaluation. *BMJ Open*. 2017; 7(6):e014734.**

<http://dx.doi.org/10.1136/bmjopen-2016-014734> [open access]

Abstract: OBJECTIVE: This study describes the process and outcomes of the implementation of a strengthened disability management policy in a large Canadian healthcare employer. Key elements of the strengthened policy included an emphasis on early contact, the training of supervisors and the integration of union representatives in return-to-work (RTW) planning. DESIGN: The study applied mixed methods, combining a process evaluation within the employer and a quasi-experimental outcome evaluation between employers for a 3-year period prior to and following policy implementation in January 2012. PARTICIPANTS: Staff in the implementation organisation (n=4000) and staff in a peer group of 29 large hospitals (n=19 000). OUTCOMES: Work disability episode incidence and duration. RESULTS: Both qualitative and quantitative measures of the implementation process were predominantly positive. Over the 6-year observation period, there were 624 work disability episodes in the organisation and 8604 in the comparison group of 29 large hospitals. The annual per cent change in episode incidence in the organisation was -5.6 (95% CI -9.9 to -1.1) comparable to the annual per cent change in the comparison group: -6.2 (-7.2 to -5.3). Disability episode durations also declined in the organisation, from a mean of 19.4 days (16.5, 22.3) in the preintervention period to 10.9 days (8.7, 13.2) in the postintervention period. Reductions in disability durations were also observed in the comparison group: from a mean of 13.5 days (12.9, 14.1) in the 2009-2011 period to 10.5 days (9.9, 11.1) in the 2012-2014 period. CONCLUSION: The

incidence of work disability episodes and the durations of work disability declined strongly in this hospital sector over the 6-year observation period. The implementation of the organisation's RTW policy was associated with larger reductions in disability durations than observed in the comparison group

Alexander L, Cooper K, Mitchell D, and MacLean C. Effectiveness of vocational rehabilitation on work participation in adults with musculoskeletal disorders: an umbrella review protocol. JBI Database of Systematic Reviews and Implementation Reports. 2017; 15(6):1518-1521. <http://dx.doi.org/10.11124/JBISRIR-2016-003133>

Abstract: REVIEW QUESTION/OBJECTIVE:: The objective of this umbrella review is to determine the effectiveness of vocational rehabilitation on work participation in working age adults with musculoskeletal disorders (MSDs). More specifically the review will address the following questions

Ameri M, Schur L, Adya M, Bentley FS, McKay P, and Kruse D. The disability employment puzzle: a field experiment on employer hiring behavior. ILR Review. 2017; [epub ahead of print]. <http://dx.doi.org/10.1177/0019793917717474>

Bartys S, Frederiksen P, Bendix T, and Burton K. System influences on work disability due to low back pain: an international evidence synthesis. Health Policy. 2017; [epub ahead of print]. <http://dx.doi.org/10.1016/j.healthpol.2017.05.011>

Abstract: Work disability due to low back pain is a significant global health concern. Current policy and practice aimed at tackling this problem is largely informed by the biopsychosocial model. Resultant interventions have demonstrated some small-scale success, but they have not created a widespread decrease in work disability. This may be explained by the under-representation of the less measurable aspects in the biopsychosocial evidence base; namely the influence of relevant systems. Thus, a 'best-evidence' synthesis was conducted to collate the evidence on how compensatory (worker's compensation and disability benefits), healthcare and family systems (spouse/partner/close others) can act as obstacles to work participation for those with low back pain. Systematic searches of several scientific and grey literature sources were conducted, resulting in 1762 records. Following a systematic exclusion process, 57 articles were selected and the evidence was assessed using a system adapted from previous large-scale policy reviews conducted in this field. Results indicated how specific features of relevant systems could act as obstacles to individual efforts/interventions aimed at tackling work disability due to LBP. These findings reinforce the need for a 'whole-systems' approach, with all key players onside and have implications for the revision of current biopsychosocial-informed policy and practice

Beus JM and Taylor WD. Working safely at some times and unsafely at others: a typology and within-person process model of safety-related work

behaviors. Journal of Occupational Health Psychology. 2017; [epub ahead of print].

<http://dx.doi.org/10.1037/ocp0000092>

Abstract: Why do individuals choose to work safely in some instances and unsafely in others? Though this inherently within-person question is straightforward, the preponderance of between-person theory and research in the workplace safety literature is not equipped to answer it. Additionally, the limited way in which safety-related behaviors tend to be conceptualized further restricts understanding of why individuals vary in their safety-related actions. We use a goal-focused approach to conceptually address this question of behavioral variability and contribute to workplace safety research in 2 key ways. First, we establish an updated typology of safety-related behaviors that differentiates behaviors based on goal choice (i.e., safe vs. unsafe behaviors), goal-directedness (i.e., intentional vs. unintentional behaviors), and the means of goal pursuit (i.e., commission vs. omission and promotion vs. prevention-focused behaviors). Second, using an expectancy-value theoretical framework to explain variance in goal choice, we establish within-person propositions stating that safety-related goal choice and subsequent behaviors are a function of the target of safety-related behaviors, the instrumentality and resource requirement of behaviors, and the perceived severity, likelihood, and immediacy of the threats associated with behaviors. Taken together, we define what safety-related behaviors are, explain how they differ, and offer propositions concerning when and why they may vary within-persons. We explore potential between-person moderators of our theoretical propositions and discuss the practical implications of our typology and process model of safety-related behavior. (PsycINFO Database Record

Boden C, Bidonde J, and Busch A. Gaps exist in the current guidance on the use of randomized controlled trial study protocols in systematic reviews. Journal of Clinical Epidemiology. 2017; 85:59-69.

<http://dx.doi.org/10.1016/j.jclinepi.2017.04.021>

Abstract: OBJECTIVES: The use of trial registry records and randomized controlled trial (RCT) study protocols can assist systematic reviewers in evaluating and, possibly, minimizing publication and selective reporting biases. This study examined current guidance on the use of registry records and RCT study protocols from key systematic review organizations, institutes, and collaborations. STUDY DESIGN AND SETTING: Handbooks, guidelines, and standard documents from key systematic review organizations and the EQUATOR network database were identified. Textual excerpts providing guidance on the use of trial registry records, RCT protocols, and ongoing/unpublished studies were extracted independently by two reviewers and coded into a systematic review framework. RESULTS: Eleven documents published in English between 2009 and 2016 were included. Guidance for using RCT protocols and trial registry records was provided for 7 of 16 framework categories, and guidance for using unpublished and ongoing studies was

available for 8 of 16 categories. **CONCLUSION:** This study identified gaps and ambiguities in language in guidance on the use of RCT protocols and trial registry records. To encourage and assist reviewers to use trial registry records and RCT study protocols in systematic reviews, current guidance should be expanded and clarified

Casey T, Griffin MA, Flatau Harrison H, and Neal A. Safety climate and culture: integrating psychological and systems perspectives. Journal of Occupational Health Psychology. 2017; 22(3):341-353.

<http://dx.doi.org/10.1037/ocp0000072>

Abstract: Safety climate research has reached a mature stage of development, with a number of meta-analyses demonstrating the link between safety climate and safety outcomes. More recently, there has been interest from systems theorists in integrating the concept of safety culture and to a lesser extent, safety climate into systems-based models of organizational safety. Such models represent a theoretical and practical development of the safety climate concept by positioning climate as part of a dynamic work system in which perceptions of safety act to constrain and shape employee behavior. We propose safety climate and safety culture constitute part of the enabling capitals through which organizations build safety capability. We discuss how organizations can deploy different configurations of enabling capital to exert control over work systems and maintain safe and productive performance. We outline 4 key strategies through which organizations to reconcile the system control problems of promotion versus prevention, and stability versus flexibility. (PsycINFO Database Record

Contreary K, Honeycutt T, Bailey M, and Mastrianni J. Patterns of employment and allowances for disability insurance applicants. DRC brief. Washington, DC: Center for Studying Disability Policy, Mathematica Policy Research; 2017.

<https://www.mathematica-mpr.com/our-publications-and-findings/publications/patterns-of-employment-and-allowances-for-disability-insurance-applicants>

Elbers NA, Chase R, Craig A, Guy L, Harris IA, Middleton JW, Nicholas MK, Rebbeck T, Walsh J, Willcock S, Lockwood K, and Cameron ID. Health care professionals' attitudes towards evidence-based medicine in the workers' compensation setting: a cohort study. BMC Medical Informatics and Decision Making. 2017; 17(1):64.

<http://dx.doi.org/10.1186/s12911-017-0460-2> [open access]

Abstract: **BACKGROUND:** Problems may arise during the approval process of treatment after a compensable work injury, which include excess paperwork, delays in approving services, disputes, and allegations of over-servicing. This is perceived as undesirable for injured people, health care professionals and claims managers, and costly to the health care system, compensation system, workplaces and society. Introducing an Evidence Based Medicine (EBM) decision tool in the workers' compensation system could provide a partial

solution, by reducing uncertainty about effective treatment. The aim of this study was to investigate attitudes of health care professionals (HCP) to the potential implementation of an EBM tool in the workers' compensation setting. **METHODS:** The study has a mixed methods design. The quantitative study consisted of an online questionnaire asking about self-reported knowledge, attitudes and behaviour to EBM in general. The qualitative study consisted of interviews about an EBM tool being applied in the workers' compensation process. Participants were health care practitioners from different clinical specialties. They were recruited through the investigators' clinical networks and the workers' compensation government regulator's website. **RESULTS:** Participants completing the questionnaire (n = 231) indicated they were knowledgeable about the evidence-base in their field, but perceived some difficulties when applying EBM. General practitioners reported having the greatest obstacles to applying EBM. Participants who were interviewed (n = 15) perceived that an EBM tool in the workers' compensation setting could potentially have some advantages, such as reducing inappropriate treatment, or over-servicing, and providing guidance for clinicians. However, participants expressed substantial concerns that the EBM tool would not adequately reflect the impact of psychosocial factors on recovery. They also highlighted a lack of timeliness in decision making and proper assessment, particularly in pain management. **CONCLUSIONS:** Overall, HCP are supportive of EBM, but have strong concerns about implementation of EBM based decision making in the workers' compensation setting. The participants felt that an EBM tool should not be applied rigidly and should take into account clinical judgement and patient variability and preferences. In general, the treatment approval process in the workers' compensation insurance system is a sensitive area, in which the interaction between HCP and claims managers can be improved

Fields A, Uppal S, and LaRochelle-Cote S. The impact of aging on labour market participation rates. Insights on Canadian Society. 2017; June:1-10.
<http://www.statcan.gc.ca/pub/75-006-x/2017001/article/14826-eng.pdf>

Fisher GG, Chaffee DS, Tetrack LE, Davalos DB, and Potter GG. Cognitive functioning, aging, and work: a review and recommendations for research and practice. Journal of Occupational Health Psychology. 2017; 22(3):314-336.

<http://dx.doi.org/10.1037/ocp0000086>

Abstract: There is a larger proportion and number of older adults in the labor force than ever before. Furthermore, older adults in the workforce are working until later ages. Although a great deal of research has examined physical health and well-being of working older adults, less research has focused on cognitive functioning. The purpose of this article is to provide a broad contemporary and multidisciplinary review of the intersection between cognitive functioning, aging, and work as a follow-up to a paper previously written by Fisher et al. (2014). We begin by providing definitions and background about cognitive functioning and

how it changes over the life span. Next we discuss theories relevant to the intersection of cognitive functioning and work, including the use-it-or-lose-it hypothesis, the cognitive reserve hypothesis, hypotheses regarding environmental influences on intellectual functioning, and the job-demands-resources model. Then we summarize recent research about the effects of work on cognitive functioning, as well as ways that cognitive functioning may influence work motivation, learning, development, training, and safety. We conclude by emphasizing the importance of person-environment fit, suggesting avenues for future research, and discussing practical implications for the field of occupational health psychology. (PsycINFO Database Record

Frontera WR, Bean JF, Damiano D, Ehrlich-Jones L, Fried-Oken M, Jette A, Jung R, Lieber RL, Malec JF, Mueller MJ, Ottenbacher KJ, Tansey KE, and Thompson A. Rehabilitation research at the National Institutes of Health. Neurorehabilitation and Neural Repair. 2017; 31(4):304-314.
<http://dx.doi.org/10.1177/1545968317698875> [open access]

Di Girolamo N and Reynders RM. Health care articles with simple and declarative titles were more likely to be in the Altmetric Top 100. Journal of Clinical Epidemiology. 2017; 85:32-36.

<http://dx.doi.org/10.1016/j.jclinepi.2016.11.018>

Abstract: OBJECTIVES: The aim of this study was to assess whether specific title characteristics could influence the likelihood of being included in the "Altmetric Top 100." METHODS: We conducted a 1:2 matched case-control study with the cases being the health care articles included in the "Altmetric Top 100" lists (2013-2015) matched through a random computerized procedure with two health care articles published in the same journal and year. For each title, we extracted the number of characters in the title, the number of uncommon words, and whether the title was declarative. Conditional logistic regression was used to estimate odds ratio (OR) with 95% confidence intervals adjusted for a prespecified baseline confounder (open access). RESULTS: One hundred eight "Medical and health sciences" articles were retrieved in the 2013-2015 "Altmetric Top 100" and matched to 216 control articles. Titles of the "Altmetric Top 100" articles were 102.6 characters (+/-42) long, included 3.4 (+/-2.0) uncommon words, and 29.6% (32/108) were "declarative." Titles of the matched articles were 109.3 characters (+/-37.1) long, included 4.7 (+/-2.4) uncommon words, and 21.8% (47/216) were "declarative." After multivariate adjustment, declarative titles with a lower number of uncommon words were significantly more represented in the Altmetric list, with declarative titles having 2.8 times the odds of being in the top list (OR: 2.8; 95% confidence interval: 1.2, 6.4). For each additional uncommon word in the title, there was a 1.4 increase in the odds of being a non-Altmetric Top 100 article (1.4; 1.2-1.6). CONCLUSION: An easy-to-understand, informative title may help bridge the gap between scholar and social media dissemination

Related Article



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McGowan J. Measuring most informative titles (declarative titles) as a knowledge translation dissemination tool is possible using altmetrics. Journal of Clinical Epidemiology. 2017; 85:12-13.

<http://dx.doi.org/10.1016/j.jclinepi.2017.03.009>

Grigorovich A, Stergiou-Kita M, Damianakis T, Le Dorze G, Lemsky C, and Hebert D. Persons with brain injury and employment supports: long-term employment outcomes and use of community-based services. Brain Injury. 2017; 31(5):607-619.

<http://dx.doi.org/10.1080/02699052.2017.1280855>

Abstract: OBJECTIVES: To understand how employment services (ES) are provided to persons with brain injuries (PWBIs) in Ontario, Canada, and the impact service delivery has on competitive-employment outcomes. DESIGN AND METHODS: A mixed-method case study of one community-based agency that provides specialized services to PWBIs. Relationships between demographic, service-related variables and employment outcomes (2009-2014) were analysed using chi-squares and analyses of variance. In addition, 14 interviews were conducted and analysed using thematic analysis. RESULTS: PWBIs accessed services on average of 16 years post injury; 64% secured at least one competitive-employment job, which was how employment success was defined in this study. Average job tenure was 368 days, and average job intensity was 3.8 hours/day. Employment success was significantly associated ($p < 0.05$) with use of job development, job coaching, case management and job retention services. Interviews revealed that PWBIs were provided five services: job goal(s) identification, assessment of work-related abilities/skills, job development, on-the-job supports and job retention assistance. Challenges to ES delivery included lack of suitable jobs and hiring incentives, and difficulties in establishing natural supports at the workplace. CONCLUSIONS: PWBIs' employment outcomes may be supported through provision of ES to assist with: the development of realistic job goals and job-finding skills, securing work, on-the-job coaching and advocacy with employers

Lavoie CA, Voaklander D, Beach JR, and Gross DP. The association between rurality and return to work for workers' compensation claimants with work-related musculoskeletal injuries: an analysis of workers who failed to return to work within typical healing time frames. International Journal of Occupational Medicine and Environmental Health. 2017; 30(5):1-15.

<http://dx.doi.org/10.13075/ijomeh.1896.00926>

Abstract: OBJECTIVES: The objectives of this study have been to: 1) describe and compare urban and rural injured worker populations in Alberta, Canada; 2) identify return-to-work outcomes in urban and rural populations; 3) examine the relationship between geographic location of residence and recovery from work-related musculoskeletal injury; and 4) investigate if this relationship is attenuated after controlling for other known risk factors. MATERIAL AND METHODS: This

study was a secondary analysis utilizing data of a population of musculoskeletal injury claimants who underwent clinical/RTW (return to work) assessment between December 2009 and January 2011 collected by the Workers' Compensation Board of Alberta. Descriptive statistics were computed for 32 variables and used for comparing urban and rural workers. The logistic regression analysis was performed to test the association between geographic location of residence and likelihood of return-to-work. RESULTS: Data on 7843 claimants was included, 70.1% of them being urban and 29.9% - rural. Rural claimants tended to have spent less time in formal education, have a blue-collar job, have no modified work available, have a diagnosed comorbidity, and not been enrolled in a specialized rehabilitation program. They were 1.43 (1.12-1.84) times the odds more likely than urban claimants to be continuing to receive full disability benefits 90 days after their RTW assessment, and 1.68 (1.06-2.67) times the odds as likely to report a recurrence of receiving disability benefits. CONCLUSIONS: Rural residence was associated with prolonged work disability, even after controlling for age, job type, education level, health utilization and other potential confounders. Further research is required to explore why injured workers in rural settings experience prolonged reception of disability benefits and have greater rates of recurrence of receiving disability benefits. *Int J Occup Med Environ Health* 2017;30(5)

Martinez Garcia L, Pardo-Hernandez H, Superchi C, Nino de Guzman E, Ballesteros M, Ibargoyen Roteta N, McFarlane E, Posso M, and et al. Methodological systematic review identifies major limitations in prioritization processes for updating. *Journal of Clinical Epidemiology*. 2017; 86:11-24.

<http://dx.doi.org/10.1016/j.jclinepi.2017.05.008>

Abstract: OBJECTIVES: The aim of the study was to identify and describe strategies to prioritize the updating of systematic reviews (SRs), health technology assessments (HTAs), or clinical guidelines (CGs). STUDY DESIGN AND SETTING: We conducted an SR of studies describing one or more methods to prioritize SRs, HTAs, or CGs for updating. We searched MEDLINE (PubMed, from 1966 to August 2016) and The Cochrane Methodology Register (The Cochrane Library, Issue 8 2016). We hand searched abstract books, reviewed reference lists, and contacted experts. Two reviewers independently screened the references and extracted data. RESULTS: We included 14 studies. Six studies were classified as descriptive (6 of 14, 42.9%) and eight as implementation studies (8 of 14, 57.1%). Six studies reported an updating strategy (6 of 14, 42.9%), six a prioritization process (6 of 14, 42.9%), and two a prioritization criterion (2 of 14, 14.2%). Eight studies focused on SRs (8 of 14, 57.1%), six studies focused on CGs (6 of 14, 42.9%), and none were about HTAs. We identified 76 prioritization criteria that can be applied when prioritizing documents for updating. The most frequently cited criteria were as follows: available evidence (19 of 76, 25.0%), clinical relevance (10 of 76; 13.2%), and users' interest (10 of 76; 13.2%). CONCLUSION: There is wide variability and

suboptimal reporting of the methods used to develop and implement processes to prioritize updating of SRs, HTAs, and CGs

Rashid M, Kristofferzon ML, Nilsson A, and Heiden M. Factors associated with return to work among people on work absence due to long-term neck or back pain: a narrative systematic review. *BMJ Open*. 2017; 7(6):e014939. <http://dx.doi.org/10.1136/bmjopen-2016-014939> [open access]

Abstract: OBJECTIVE: The purpose of this narrative systematic review was to summarise prognostic factors for return to work (RTW) among people with long-term neck/shoulder or back pain. METHODS: A systematic literature search was performed through three databases (Medline, CINAHL and PsycINFO) for studies published until February 2016. Only observational studies of people on work absence (a per thousand yen2 weeks) due to neck/shoulder or back pain were included. The methodological quality of the included studies was assessed using guidelines for assessing quality in prognostic studies on the basis of Framework of Potential Biases. Factors found in the included studies were grouped into categories based on similarities and then labelled according to the aspects covered by the factors in the category. RESULTS: Nine longitudinal prospective cohort studies and one retrospective study fulfilled the inclusion criteria. From these, five categories of factors were extracted. Our findings indicate that recovery beliefs, health-related factors and work capacity are important for RTW among people with long-term neck or back pain. We did not find support for workplace factors and behaviour being predictive of RTW. CONCLUSIONS: Our findings suggest that recovery beliefs, perceived health and work capacity may be important targets of intervention for people with long-term neck or back pain. However, more high-quality prospective studies are needed to confirm the results and improve our understanding of what is needed to facilitate RTW in this population

Solvang PK, Hanisch H, and Reinhardt JD. The rehabilitation research matrix: producing knowledge at micro, meso, and macro levels. *Disability and Rehabilitation*. 2017; 39(19):1983-1989.

<http://dx.doi.org/10.1080/09638288.2016.1212115>

Abstract: PURPOSE: EU policy documents and health scholars point out that in order to understand the complexity of modern health systems, as well as to devise appropriate policy responses, considering micro, meso, and macro levels is indispensable. This article aims to develop an analytical framework for how rehabilitation as an interdisciplinary field can be framed in such a three-level framework. METHODS: This is a conceptual paper based on recent contributions to the development of a theory of rehabilitation. The paper applies sociological theory to build an analytical framework for a holistic understanding of rehabilitation. RESULTS: Three groups of agents in the field of rehabilitation are identified: individuals with disabilities, professionals, and governmental authorities. The paper systematizes how these agents are positioned and act at micro, meso, and macro levels. In the intersection between the three levels of

society and the three groups of actors, a nine-cell table emerges. In the cells of the table, key examples of important social processes to study in the field of disability and rehabilitation are identified. At the micro level, individuals experience a daily life relevant to rehabilitation, professionals ask what works in therapy, and policy authorities promote a strong work ethic. At the meso level, individuals with disabilities act as service user groups, professionals develop organizational designs and the policy authorities ask for cost-effective services. At the macro level, organizations representing people with disabilities lobby, professionals negotiate authorization issues, and the policymaking authorities must identify what can count as just distribution of services. The nine cells of the table are elaborated on by presenting relevant current studies exemplifying each cell. CONCLUSION: To systematize societal levels and agents involved is to enhance the understanding of rehabilitation as an interdisciplinary field of research. Implications for rehabilitation Rehabilitation practice and research must relate to different levels of society and identify different social agents. Service users are not only individuals receiving therapy, but also organized agents influencing the organization of rehabilitation services as well as priorities made at the level of policy development. Both the results produced by health professionals doing a clinical trial and political scientists studying rehabilitation policy disputes will improve when placed in a wide frame of knowledge production

Suman A, Bostick GP, Schaafsma FG, Anema JR, and Gross DP. Associations between measures of socio-economic status, beliefs about back pain, and exposure to a mass media campaign to improve back beliefs. BMC Public Health. 2017; 17(1):504.

<http://dx.doi.org/10.1186/s12889-017-4387-4> [open access]

Abstract: BACKGROUND: Low back pain (LBP) is one of the most common and costly healthcare problems worldwide. Disability from LBP is associated with maladaptive beliefs about the condition, and such beliefs can be influenced by public health interventions. While socioeconomic status (SES) has been identified as an important factor in health literacy and inequalities, not much is known about the association between SES and beliefs about LBP. Therefore, this study examined the relationship between measures of SES and the belief that one should stay active through LBP in a representative sample of the general population in Alberta, Canada. We also examined the association between measures of SES and self-reported exposure to a LBP mass media health education campaign. METHODS: Population-based surveys from 2010 through 2014 were conducted among 9572 randomly selected Alberta residents aged 18-65 years. Several methods for measuring SES, including first language, education, employment status, occupation, and annual household income, were included in multivariable logistic regression modeling to test associations between measures of SES and outcomes. RESULTS: Univariable analysis showed that age, language, education, employment, marital status, and annual household income were significantly associated with the belief that one should

stay active through LBP. In multivariable analysis, income was the variable most strongly correlated with this belief (odds ratios ranged from 1.04 to 1.62 for the highest income category, $p = 0.005$). Univariable analysis for exposure to the campaign showed age, language, education, employment, and occupation to be significantly associated with self-reported exposure, while only education ($p = 0.01$) and age ($p = 0.001$) remained significant in multivariable analysis.

CONCLUSIONS: Individuals with higher annual income appear more likely to believe that one should stay active during an episode of LBP. Additionally, targeted information campaigns are recalled more by low SES groups and may thus assist in reducing health disparities. More research is needed to fully understand the association between socioeconomic factors and LBP and to target campaigns accordingly

de Wind A, Boot CRL, Sewdas R, Scharn M, van den Heuvel SG, and van der Beek AJ. Do work characteristics predict health deterioration among employees with chronic diseases? Journal of Occupational Rehabilitation. 2017; [epub ahead of print].

<http://dx.doi.org/10.1007/s10926-017-9716-z>

Abstract: Purpose In our ageing workforce, the increasing numbers of employees with chronic diseases are encouraged to prolong their working lives. It is important to prevent health deterioration in this vulnerable group. This study aims to investigate whether work characteristics predict health deterioration over a 3-year period among employees with (1) chronic diseases, and, more specifically, (2) musculoskeletal and psychological disorders. Methods The study population consisted of 5600 employees aged 45-64 years with a chronic disease, who participated in the Dutch Study on Transitions in Employment, Ability and Motivation (STREAM). Information on work characteristics was derived from the baseline questionnaire. Health deterioration was defined as a decrease in general health (SF-12) between baseline and follow-up (1-3 years). Crude and adjusted logistic regression analyses were performed to investigate prediction of health deterioration by work characteristics. Subgroup analyses were performed for employees with musculoskeletal and psychological disorders. Results At follow-up, 19.2% of the employees reported health deterioration ($N = 1075$).

Higher social support of colleagues or supervisor predicted health deterioration in the crude analyses in the total group, and the groups with either musculoskeletal or psychological disorders (ORs 1.11-1.42). This effect was not found anymore in the adjusted analyses. The other work characteristics did not predict health deterioration in any group. Conclusions This study did not support our hypothesis that work characteristics predict health deterioration among employees with chronic diseases. As our study population succeeded continuing employment to 45 years and beyond, it was probably a relatively healthy selection of employees

Wolfenden L, Yoong SL, Williams CM, Grimshaw J, Durrheim DN, Gillham K, and Wiggers J. Embedding researchers in health service organizations improves research translation and health service performance: the

Australian Hunter New England Population Health example. Journal of Clinical Epidemiology. 2017; 85:3-11.
<http://dx.doi.org/10.1016/j.jclinepi.2017.03.007> [open access]

***IWH authored publications.**