have implemented a number of intervention and observational studies within the construction industry examining worker safety, health, and well-being within the complexity of the industry. Two intervention projects were based on a conceptual framework put forth by the Center for Work, Health and Well-being at the Harvard T.H. Chan School of Public Health.2 The first project called, All the Right Moves (ARM) was a worksite program that aligned with fundamental worksite programs already in place in the industry – safety inspections, pre-task planning job hazard analysis, and safety week.6 Based on the lessons learned, we developed a second program based within subcontractors called ARM for Subs. For both programs we partnered with industry stake holders to complete almost all stages of developing, implementing, and evaluating the interventions. Our goal here in this abstract is to define and describe the role of the partnerships in our ARM for Subs research project from intervention development to the program evaluation. Procedures and Analyses. Intervention development and evaluation consists of several phases of research where our partnership with the industry played out in different roles. Before developing the intervention fully, we utilize formative research to understand the organizational structure, current practices, attitudes and beliefs within the organization. We completed key informative interviews with four sub-contracting companies. Once we developed an intervention design, we vet the program with both managers (safety, project execs, and foreman) and workers. For this project we vetted the program with three companies. Then we piloted the program with a single subcontractor to work out the implementation logistics and finalize the design. We are currently evaluating the program with three subcontractors needing a total of 14. For this phase we have teamed up with the Association of Subcontractors of Massachusetts to recruit these 14 subcontractor companies. Data collection during the most of these phases were primarily qualitative, which included research staff process tracking notes collected during intervention activities as well as key informant interviews with company managers and focus groups with workers. We used standard analytic methods for thematic content analysis of qualitative data that are collected in the form of texts.7 Results. Throughout the formative research phases of the projects our industrial stakeholders described a need for the work we were proposing to do. They shared our need to help create change within their organizations. As a result, they shared how they as an organization currently work, how they create teams and how crews work together. They provided us with organizational structures in order to understand how they work and how they are structured. During the piloting of the intervention with the single subcontracting company our process tracking revealed that the company saw value in what we were doing. "In our collaboration we gained a better understanding of what we do well and what needs improvement." "[the program achieved measured improvement and increased morale." Currently in our recruitment of the 14 companies, we are hearing the interest in partnering with us has come from our previous success in helping companies meet their needs. Practical Implications and Conclusions. The success of many safety and health interventions appreciates when the intervention's goals and objectives match those of the partnering organization so that those receiving the intervention and are engaged in the activities see a value added for their participation. Developing an intervention in partnership with the key stakeholders through collaborative process has benefits for the intervention design in achieving this goal. In addition aligning activities with current work practices also allow for the intervention to adapt to and adopted by the partners.8,9 Overall, both parties involved in the research, the academic research staff and the industrial partners simply want to do the right thing to improve the safety, health, and well-being of their workers. This shared value has proven time and again to be key in the success of our research.

Confronting challenges in collaboration: Examples from the nursing home industry

Jessica Williams (University of Kansas Medical Center)

Problem. Industry-wide adoption of TWH approaches offers a promising comprehensive strategy to address elevated health risks among nursing home workers. Yet, the degree to which the industry's existing programs, policies, and practices align with the Total Worker Health® approach is unknown. In order to determine whether scarce resources should be allocated to implementing TWH, it is important to understand if this approach is associated with a reduction in occupational injuries and/or with improvements in patient outcomes. The primary goal of the Enterprise Outcomes study is to promote the health and safety of workers in the nursing home industry through understanding of TWH approaches in the industry. The central hypothesis of the Enterprise Outcomes study is that nursing homes whose programs, policies, and practices align more closely with TWH as measured by the Workplace Integrated Health Assessment1 will have better outcomes with respect to occupational injury and quality of patient care compared to worksites less aligned with TWH approaches. Procedures. The project combines three types of organizational level data: (1) survey of Directors of Nursing in nursing homes in three states; (2) quality of care from an administrative database housed at Harvard Medical School; and (3) facility level data on occupational injury rates, which will come directly from state workers compensation boards. To obtain the necessary data for the study, extensive partnerships were sought among several states (MA, NY, OH, CA, and OR). Potential partners included nursing home professional associations and State Worker's Compensation Boards. The goal was to have nursing home associations inform their members of the survey with letters of support or to send out the survey to increase salience for respondents. Facility level data on injuries were needed from the State Worker's Compensation Boards. Ideally, there would be functioning partnerships of both types in each state. Crucially though, we could not do the research without the Worker's Compensation data on injuries, making their participation a binding constraint. For the state worker's compensation boards, state practice regarding data access and our assessment of data quality drove the relationship process. Several methods were used to build partnerships with nursing home associations. These included both email and phone contact, with and without preexisting relationships and referrals from colleagues. Results. The level of identifiers for the nursing homes was the major determinant of whether relationships with state worker's compensation boards could move forward (all states). However, institutional changes, such as in personnel and management structure were also important. In some states the attempted methods worked to build relationships with nursing homes associations, resulting in successful collaborations, while in others they were insufficient to induce participation. In all states, political and policy concerns were important to partner organizations. The perceived heightened scrutiny surrounding nursing homes and pending legislation were insurmountable barriers in some states. There was also a great degree of concern for the workload of the directors of nursing—our intended respondents. There was also concern about the level of shared value for the individual nursing homes as the survey did not itself address patient care—a primary motivator2. Additionally,

management and other changes within organizations made building relationships difficult as personnel, goals, and priorities changed between grant submission and project period. In working with nursing homes associations, the value of the information, training opportunities, and building networks for future collaboration were all central benefits for the associations. Pervious exposure to research seemed to be an important factor in the decision-making process for the potential partner organizations. Despite a lengthy process to build relationships, the partnerships took different forms in each state, with only one state having both types. Practical implications. Establishing shared value for nursing home workers in general was a key part of the original research proposal. Outcomes, such as injury and patient safety were to be evaluated along with testing the Workplace Integrated Health Assessment measure developed by the Center for Work, Health, and Well-being. However, the value to the nursing home associations was more difficult to establish and was balanced by the perceived reputational risks inherent in organizational research.

The mutual benefits of data-sharing for employers and academic researchers: Boston Hospital Workers

Erika Sabbath (Boston College)

Statement of the Problem: Data is the backbone of public health research. Epidemiologists are experts at data analysis, but they often struggle to find data sources that are high-quality, relevant to their research questions, and efficient to collect and analyze. Conversely, many employers are awash in data that they collect in the course of their everyday operations, but they lack the capacity or skills to turn that raw data into meaningful insights about their organization or its employees. The Boston Hospital Workers Health Study (BHWHS) (1) exists at the intersection of these two realities. Through an academic-employer partnership between the Harvard Center for Work, Health, and Well-being (a Total Worker Health Center of Excellence) and Partners HealthCare, a major health system in Massachusetts, we have found novel ways to harness the administrative data that Partners collects in its daily operation. In this presentation, we will discuss how we turn those data into studies that are relevant both for public health research and practice, and for Partners' own interests. Procedures and Analyses BHWHS consists of approximately 15,000 workers to date (growing by about 1,000 people per year) and involves an integrated, longitudinal, administrative database linked with self-report surveys. The sampling frame consists of all patient care services workers at two of Partners' largest hospitals. Types of administrative data include: occupational injury and workers' compensation; health plan spending and utilization; employee workload and productivity; payroll and scheduling; workplace policies and practices at both unit and hospital levels; and, in the upcoming phase, patient outcomes data. We also conduct periodic surveys of a subset of workers to ask questions about both the work environment health outcomes and risk factors. All data can be merged at the individual worker level and all worker data can be aggregated at the workgroup level. Results This presentation will have three parts. First, we will discuss how the two groups have gone about negotiating data-sharing, joint agenda-setting, and partnership throughout the research process. We will discuss practical strategies for building the researcher-employer relationships and data management capacities to construct, administer, and maintain a project like BHWHS, including lessons learned, the structure of the team, and strategies for communication. Second, we will present the structure and function of BHWHS and discuss the rationale for the setup. We will talk about the relationships we built across Partners for all aspects of the study in order to create and sustain the database, with a focus on how that process could be translated to other employer-researcher partnerships. Third, we will provide a brief synopsis of scientific insights that demonstrate how BHWHS advances both the public health enterprise and Partners' concerns about the health of its workforce. For example, Partners is concerned about burnout, employee mental health, bullying, and health disparities within its workforce; these, not coincidentally, are important public health issues and concern employers beyond Partners. We have addressed these issues in a series of empirical studies that we will briefly present (2-5). Practical Implications and Conclusions The BHWHS partnership and database—and the research and practice insights that have emerged from them—can serve as a model for other occupational health practitioners about methods for harnessing administrative data and translating it into a robust dataset that serves the needs of both the scientific community and the employer.

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