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| Using participatory methods in a workplace weight loss program for low-wage and hourly healthcare workers | Concurrent Session 2.5  
Day 2 – Wednesday  
May 9th, 2018  
2:30 – 3:45pm |

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| Background: Worksite health programs often targeted only the individual, ignoring work organization and work environment factors that affect behavior. Further, most worksite weight loss programs have relied on a top-down approach, rather than a participatory approach based on employee involvement in the design of interventions. This can be especially problematic for low wage and hourly workers, who may have inflexible work schedules that do not allow them to participate in health programs, lack of access to information at the worksite, or low health literacy. While participatory approaches have been successful in reducing workplace injuries and physical hazards, few workplace weight loss interventions have adopted a participatory approach. Participatory approaches can aid in the design and implementation of worksite interventions that enhance the workplace environment to support healthy behaviors and that are relevant and acceptable to workers, thus increasing participation in the interventions.  
Methods: As part of the “Working for You” (WFY) study, a workplace randomized controlled trial for weight loss, approximately 11 separate work units will take part in a participatory program to address negative health influences in the work environment. Modeled after the Healthy Workplace Participatory Program, the program uses the IDEAS tool to guide front line workers through the process of identifying workplace hazards and brainstorming possible solutions. The program also incorporates elements of  | Jaime R. Strickland, MA  
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Human-centered design (HCD), a creative problem solving process that considers both workers’ perspectives and organizational context to develop effective and sustainable solutions. Each enrolled work unit will have its own design team, allowing each team to identify problems relevant to their work and their coworkers. The program is designed to run for two years with the expectation that the research team will facilitate the process for the first year, gradually transitioning leadership to the design team.

Results: To date, six groups have begun the WFY participatory program and two more are scheduled to begin by the end of 2017. At the time of the conference, we will report on the progress of three teams from diverse work settings in one healthcare system: custodial, food service, and laboratory. We will highlight facilitation methods such as journey mapping and rapid prototyping and will present preliminary process evaluation data measuring engagement, reach, and early outcomes. We will also discuss common challenges such as team member engagement and buy-in from middle management.

Discussion: The WFY program uses a participatory approach to address workplace hazards that make it difficult to eat healthy, get physical activity, and maintain a healthy weight. The program seeks to engage low-wage and hourly workers, an underserved and understudied population at high risk for obesity, diabetes, and other weight-related conditions and injuries. If effective, this program could be readily disseminated for use in other workplace settings.

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