

Should workplace health promotion programmes (whpp) for addiction prevention go digital?

Representative findings from the German lidA cohort study of older employees

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1. Background and aims

- Ca. 75% of the German population (18-64 yrs.) consumes alcohol (hazardous consumption: 17 %), 25% smokes & 30% uses analgesics without a prescription (30-day prevalence; Atzendorf et al. 2019).
- The workplace is a main setting to implement health promotion programs for adults, incl. those to address addiction (EMCDDA 2017).
- Older workers are a special target group for whpp.
- Higher client-centeredness of programs could increase demand & participation in whpp.

2. Methods

- Survey data (N = 3195, Computer-Assisted Personal Interviews)
- 3rd wave of German lidA cohort study (2018): representative of socially insured working population born in 1959 and 1965

Variables:

- Reasons for not taking part in whpp (e.g. lack of time, inconvenient scheduling, already pursued offers in leisure time)
- Willingness to participate in digital whpp (digital interventions, health apps, digital platforms)
- Demand for whpp (e.g. addiction prevention, weight loss, stress reduction)
- General preference for digital or non-digital whpp

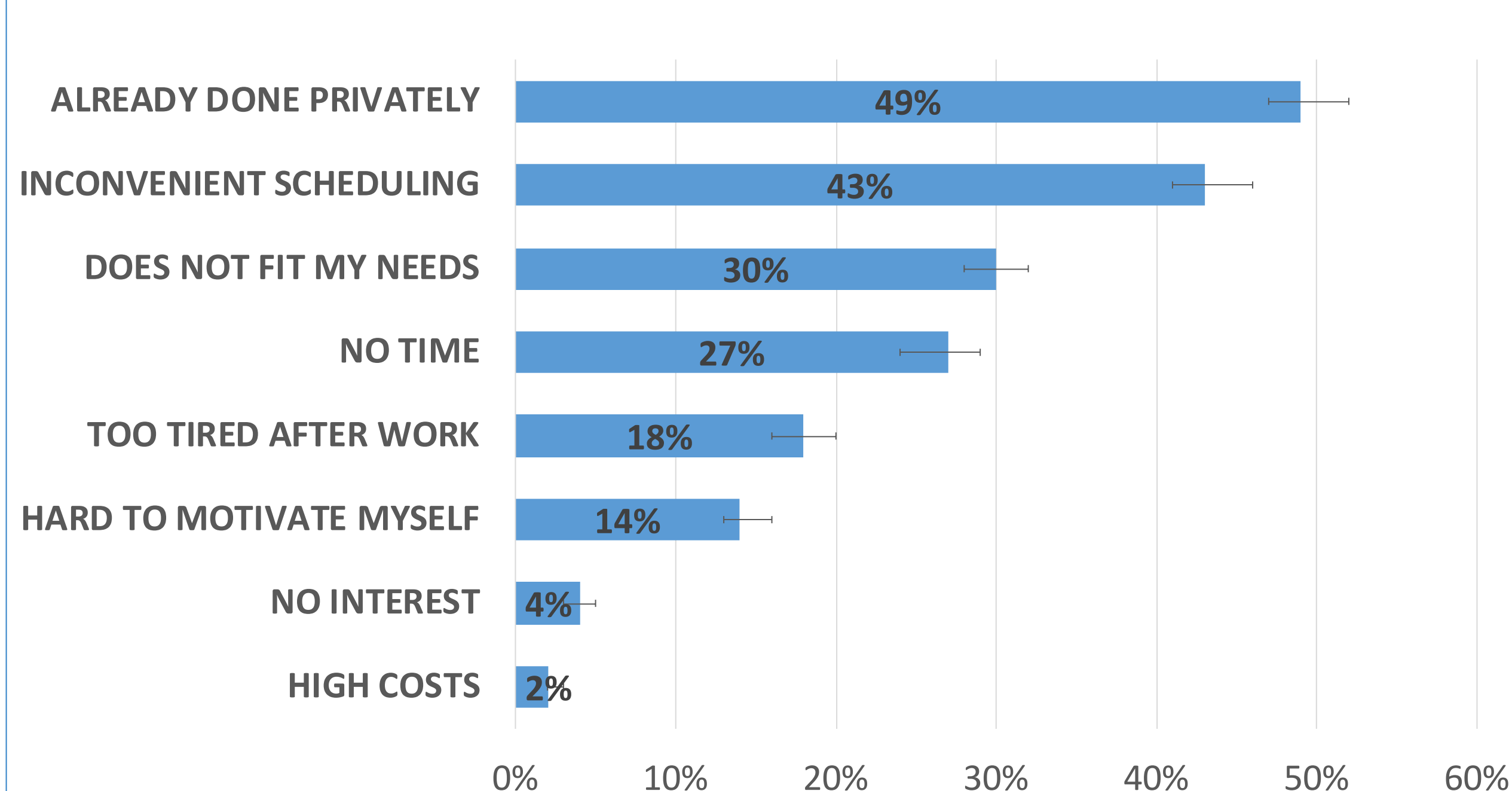
Analysis:

- Proportions incl. 95% confidence intervals (95%-CI)

3. Reasons for not participating in whpp

- The main reasons for not participating are inconvenient scheduling and that respondents already pursue offers in private.

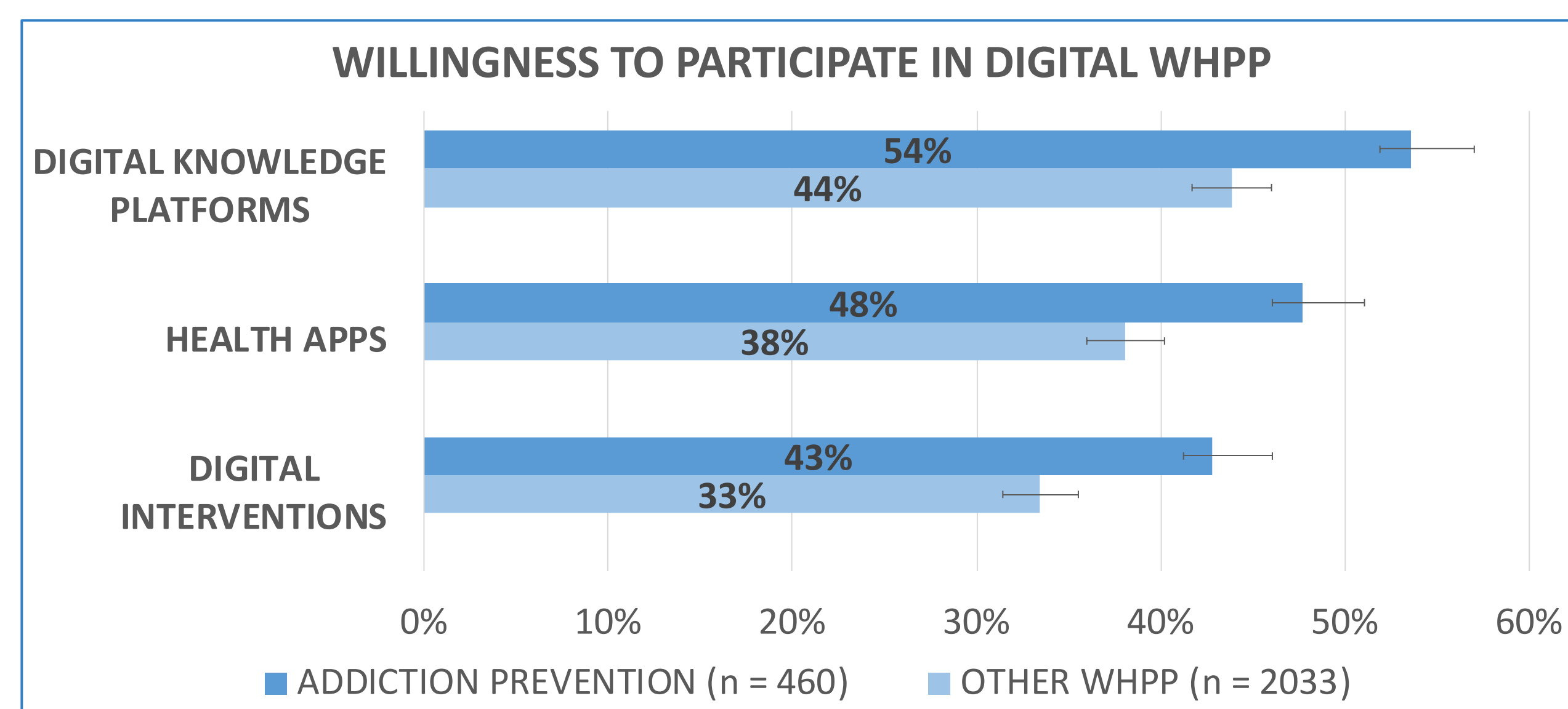
REASONS FOR NON-PARTICIPATION IN WHPP



- Digital interventions are considered an economically feasible solution to increase participation (Albrecht et al. 2016, Donker et al. 2015).
- Perceived anonymity of digital whpp to overcome addiction could make it easier to reach people despite stigmatization (e.g. alcohol abuse; Postel et al. 2005).
- Growing need for evaluation to ensure that eHealth investments do not inappropriately divert resources from non-digital offers (WHO 2019).

4. Willingness to participate in digital whpp

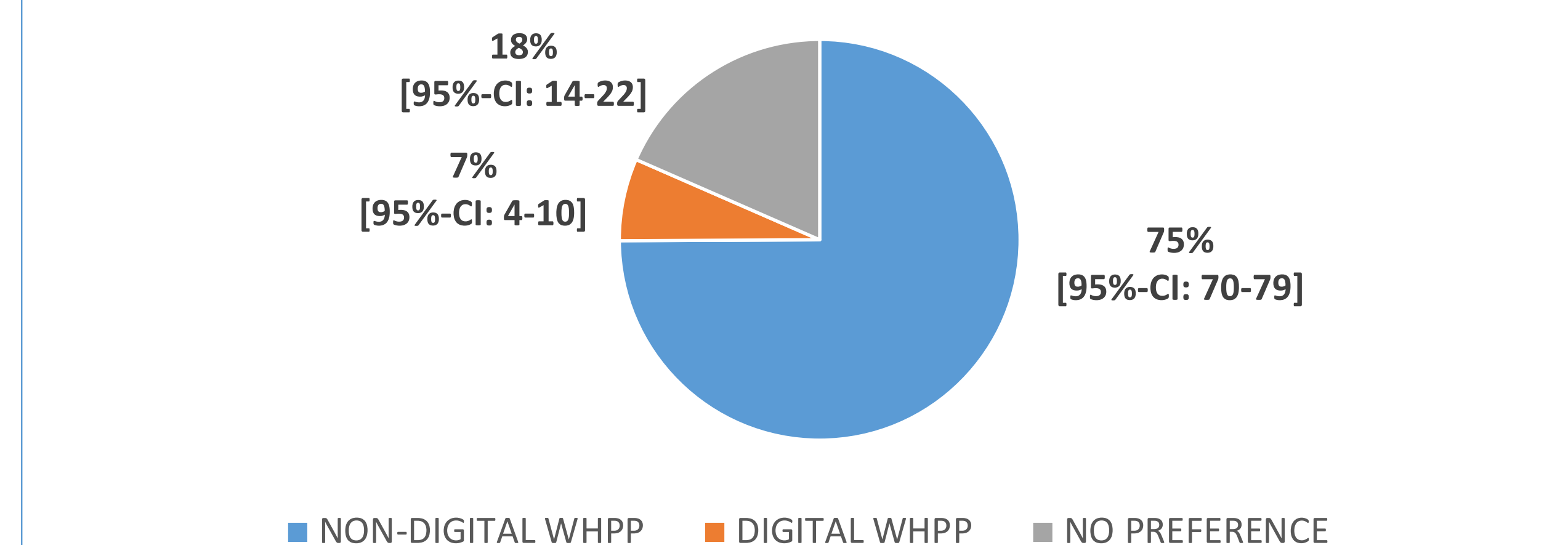
- Overall, around 1/3 of older employees already takes part or is willing to participate in each type of digital whpp (digital knowledge platforms: 42%, health apps: 37%, digital interventions 32%).
- Demand for addiction prevention is associated with higher willingness to participate in all three types of digital whpp compared to demand for other whpp (e.g. digital knowledge platforms: 54% [95%-CI: 49-58] vs. 44% [95%-CI: 42-46]).



5. Digital or non-digital whpp?

- 75% (n = 260) of respondents requesting whpp for addiction prevention prefers non-digital whpp over digital whpp, if given the choice.
- There are no significant differences between whpp groups (95%-CI).

PREFERENCE AMONG RESPONDENTS REQUESTING WHPP FOR ADDICTION PREVENTION



6. Conclusions

Time factors are the main reasons for non-participation in whpp, which may be addressed by enabling more flexible scheduling digitally. The willingness to participate in the investigated digital whpp varies and is moderately high. Our results suggest that there is a **higher acceptance of digital whpp for addiction than for other whpp topics**. However, if given the choice, both groups of respondents (requesting addiction whpp vs. other whpp) expressed an **overall preference for non-digital interventions**. Further research is needed to identify potential predictors of participation in whpp to overcome addiction. Such research could investigate employees' reasoning as to why they prefer digital or non-digital whpp, both for addiction and other topics, as well as address validity issues of hypothetical questions ("Would you...?") that may be influenced by social desirability and "wishful thinking".

