expect 1.1 year decline in work-life expectancy due to poor emotional strain at work. In addition the expected time spend in sickness absence until pension age will increase by 0.9 years, and the expected time spend in unemployment will increase by 0.3 years. Similar results are made for other profiles, with or without the right to early retirement pension scheme.

Discussion Results suggest a significant influence of occupational health on work-life expectancy and work disability among Danish employees. With the new methods utilising the detailed Danish registers one have the ability to estimate work-life expectancy even for small groups, which is often the case when subgrouping levels of occupational health.

420 LIFESTYLE AND WORK ABILITY IN A NORWEGIAN GENERAL WORKING POPULATION

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Introduction There has been increasing attention on work ability promotion and prolonging working life in Norway. The aim of this study was to investigate the association between several lifestyle-related risk factors (unhealthy diet, low physical activity, overweight/obesity and smoking) and self-rated work ability.

Methods This study is based on the Telemark study, a cross-sectional population study conducted in Telemark county, Norway in 2013. Complete data on lifestyle-related factors and work ability were obtained for 10 434 participants aged 18–50 years, all engaged in paid work during the past 12 months. The outcome measure was the first single item question of the work ability index (WAI). We used multiple logistic regression analysis to examine the associations with the independent variables: diet, body mass index, physical activity and smoking. We adjusted for age, gender, education and main occupational group and stratified for age groups (18–30, 31–40 and 41–50).

Results Reduced work ability (score <8) was more likely among obese participants (OR 1.5, 95% CI: 1.3 to 1.7), past and current smokers (OR 1.3, 95% CI: 1.1 to 1.5 and OR 1.4, 95% CI: 1.2 to 1.6 respectively), inactive individuals (OR 1.4, 95% CI: 1.3 to 1.6), and persons responding to have an unhealthy diet (OR 1.3, 95% CI: 1.0 to 1.5). Among participants aged 18–30 years, inactivity and smoking were associated with deceased work ability, while among participants aged 41–50 years, all the studied lifestyle-related factors were significantly associated with decreased work ability.

Discussion Lifestyle-related risk factors were found to be associated with reduced work ability in a general working population aged 18–50. The results indicate that workers may benefit from interventions focusing on multiple life style changes. The findings further indicate an increased importance of lifestyle-related behaviours on work ability with age. The results are considered relevant to occupational intervention health programs aimed at prevention of decreased work ability.

477 SOCIOECONOMIC STATUS, DEMOGRAPHIC AND PERSONAL FACTORS, AND THE EATING BEHAVIOURS OF CIVIL SERVICE EMPLOYEES: A CROSS-SECTIONAL STUDY

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Introduction This study concerns the relationship between socioeconomic status (SES) and eating behaviours in working populations. Much research exists on this topic in a community setting, however more research is needed in a workplace setting to help inform the targeting of interventions to improve employee health.

Methods The study was conducted in 2014 using a single self-report anonymous questionnaire. The variables of interest in this study were age, gender and number of dependents, three measures of SES (education, income and job type), Body Mass Index (BMI), and diet. Two items, 'how often do you eat past the point of feeling full?' and 'to what extent does the cost of food influence what you buy?' were introduced into the survey in response to a literature review. Hierarchical linear regression analyses were conducted to examine the variance in eating behaviours.

Result A 20% response rate was achieved with 6206 responses. All three SES variables, in addition to age, number of dependents and BMI accounted for 9% of the variance in the cost of food influencing purchase behaviours; age, gender and BMI explained 7% of the variance in eating past the point of feeling full; gender, BMI and all SES variables explained 1% of the adjusted variance in vegetable consumption; age, gender and BMI explained 2% of the variance in fruit consumption and age, gender, BMI, education and salary band explained 5% of the variance in consumption of a healthy well-balanced diet.

Discussion The findings demonstrate the importance of socioeconomic status in eating behaviours and suggest that demographics also play a significant role in influencing employee eating behaviours. This raises interesting questions as to the feasibility of targeting healthy eating interventions at work on the basis age or BMI.

483 A SNAPSHOT OF 3887 BELGIAN EMPLOYEE'S WORK-ABILITY: A COMPARISON BETWEEN AGE GROUPS

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Introduction Working life will increase due to a raise of the legal retirement age. Yet, its success will depend on the willingness and ability of workers to remain at work. Work-ability, the backbone of sustainable employability, should therefore continuously be monitored and promoted. Work-ability is determined by health and functional capacities; competences; values, attitudes and

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motivation; work, work community and leadership. Evidence shows that health, functional capacities and work (community) affect work-ability the most. Work-ability and both latter factors were therefore assessed in a large sample of employees and compared between younger and older workers.

Methods A cross-sectional study was performed in 100 Belgian companies. The online questionnaire 'Wellfie' was used, which is based on the 'house of work-ability'. The tool consists of validated scales assessing work-ability using four questions of the work-ability index (Range: 1: very bad to 5: very good), lifestyle (diseases) and physical burden. Descriptive statistics were performed using frequencies and equality of proportions was analysed using Chi-square.

Result 3887 participants completed Wellfie (i.e. 67% female, 33% male; 60% age <45, 40% age ≥45). Their current work-ability was similar (Mean: 3.90), yet the predicted work-ability in the upcoming two years was significantly lower in the upper age group (Mean: 4.10 versus 3.95; $p<0.05$). Employees of 45 years or more reported more musculoskeletal disorders affecting their work (27.7% versus 16.7%), episodes of burnout or depression (17.5% versus 13%; $p<0.05$) and lifestyle diseases such as diabetes (2.4% versus 1.1; $p<0.05$), arterial hypertension (25.9% versus 10%; $p<0.05$) and cardiovascular diseases (10% versus 4.6; $p<0.05$). The reported amount of physical burden (e.g. repetitive movements, lifting) is comparable between age groups.

Discussion Ageing goes along with a higher risk for chronic diseases and comorbidities affecting employee's work-ability. Employers should therefore invest more in a health promotion policy for all workers.

75 DETERMINANTS OF EARLY RETIREMENT AMONG OLDER WORKERS WITH AND WITHOUT CHRONIC DISEASE: RESULTS FROM A DANISH PROSPECTIVE STUDY

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Introduction Previous studies have found that several factors are associated with early retirement among older workers. Given the high prevalence of chronic diseases among older workers the aims of this study were to explore:

- the determinants of early retirement among older workers with and without chronic diseases, and
- whether these determinants differed between workers with and without chronic diseases.

Methods Danish workers aged 56–64 years, who were member of the early retirement scheme were selected from the Danish National Working Environment Survey, and were followed in a public register for four years. Cox-regression analyses were performed separately for those with and without chronic diseases to determine the associations between the determinants (health, work-related, and social factors) and early retirement. To explore differences, an interaction term between the determinant and having a chronic disease was included among the analyses on the total population.

Result Among workers with chronic diseases, poor health (HR 2.15; 95% CI: 1.37 to 3.37), more depressive symptoms (1.01; 1.00–1.03), high physical workload (1.84; 1.37–2.48), low job satisfaction (3.08; 2.09–4.55), low influence at work (1.94; 1.36–2.77), and work-family conflict (1.01; 1.00–1.01) were associated with early retirement. Among those without chronic diseases, poor health (2.56; 1.27–5.16), more depressive symptoms (1.03; 1.01–1.05), high physical workload (2.09; 1.39–3.13), low job satisfaction (5.27; 2.96–9.40), low influence at work (1.69; 1.04–2.75), and poor relationship with colleagues (2.81; 1.44–5.49) were associated with early retirement. None of the interactions were found to be statistically significant ($p>0.05$).

Discussion Prolonged work participation of older workers is a challenge for governments in high-income countries. The findings from this study indicate that determinants that might influence prolonged work participation among older workers are not distinct for those with and without chronic diseases. Interventions aiming at work participation until an older age might be the same for both groups.

783 HEALTHY EATING CHOICES: EMPLOYEE PERCEPTIONS OF THE ROLE OF THE EMPLOYER

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Introduction Changes in lifestyles and diet over the last 30 years have led to a significant rise in overweight and obesity. By the year 2020 seven out of ten people in Britain may be overweight or obese, putting a strain on health services and increasing costs to the economy. Organisations may contribute to poor health behaviours, however they are also well placed to support employees; therefore understanding employees' perceptions of the barriers and facilitators to healthy eating at work may assist in designing interventions to address these.

Methods This qualitative study was conducted in 2017 using semi-structured telephone interviews in a large organisation that had recently been privatised after many decades in public ownership. Demographic information collected from participants included three indices of SES (education, income and job type), age, gender, dependents, and perceived weight status. Participants were asked to consider the barriers and facilitators to eating a healthy well-balanced diet and their perceptions of the role of the employer in promoting healthy eating. Thematic analysis was carried out using Braun and Clarke's (2006) methodology and analysis carried out through the computer software NVivo.

Result Thematic saturation was reached upon completion of 15 interviews. Five main themes were identified, each containing multiple sub-themes:

- Knowledge (fruit and vegetable portions; source of knowledge),
- Behaviour (cost of food influencing purchasing; eating past the point of feeling full; motivation to eat a healthily),
- Access (access to healthy foods in the workplace; preparing food in advance),
- Workplace Culture (long hours and travel; taking breaks; workplace temptation; leadership behaviours) and 5. Responsibility (Government and organisational responsibilities).

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