

## Online health check for reducing alcohol intake among employees: a feasibility study in six workplaces across England

March 2015

### Key findings

- Occupational health leads were enthusiastic about providing a free online health check for their employees.
- Most participants were supportive of workplaces offering employees an online health check and many were confident of the confidentiality of their responses.
- Participation rates were low, with 8% of employees completing the health check across the six workplaces.
- The health check attracted the 'worried well' employees rather than those at greatest health risk.
- Older employees (aged 60 years and above), those from ethnic minority groups and those in Routine and manual occupations were most concerned about providing personal information on the Internet and had less confidence in the accuracy of the feedback.

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### Background

Alcohol misuse remains a global health and economic concern (World Health Organisation, 2014; Rehm and Shield, 2012). The World Health Organisation advocates screening and brief intervention (SBI) for adults drinking at hazardous and harmful levels, yet novel approaches are needed to achieve population level access (World Health Organisation, 2010). Two ways of broadening the reach of SBI is to deliver interventions over the Internet and in non-health care settings. Evidence for online approaches is mounting, but is limited to student populations (Khadjesari et al., 2011; Bewick et al., 2008; Carey et al., 2009; Riper et al., 2011; Rook et al., 2010; Donaghue et al., 2014). Most hazardous and harmful drinkers are of working age and do not seek help with their drinking, therefore the workplace setting offers a unique opportunity to universally screen employees across a wide range of socioeconomic and ethnic groups. Limited re-

search has been conducted on the use of online SBI in the workplace setting to date (Webb et al., 2009; Schulte et al., 2014), yet its adoption is gaining popularity in a small number of private and public sector workplaces in England. This study explored the feasibility and acceptability of providing an online health check with personalised feedback on a range of health behaviours. It explored privacy concerns around the Internet and workplace setting, usefulness of personalised feedback, and whether concerns differ by demographic characteristics and health behaviours, and differences between different types of organisations.

## Objectives

To undertake a feasibility study of online screening, personalised feedback and access to an extensive online alcohol intervention in six workplace settings in the North and South of England.

To determine whether a definitive multicentre trial is feasible by estimating study parameters and thereby informing a sample size calculation. Study parameters included rates of eligibility, recruitment and retention at three months.

To explore the acceptability to employees of completing an online health screen, receiving feedback on health behaviours and access to an online alcohol intervention, and completing follow-up measures, with particular reference to perceived risks to confidentiality.

To determine the extent of access to an extended online alcohol intervention, and its suitability for this population.

## Methods

A multi-site feasibility study of electronic screening and brief intervention for reducing alcohol intake in employees of six workplace settings in the North and South England.

Six organisations were selected for their diversity, including five public sector and one private sector organisations (three local authorities, one hospital, one university and one petrochemical company).

Eligible participants were employees at each of the six workplaces, providing informed consent. As employees of these companies, participants were adults with the ability to read English. Employees needed to gain access to the Internet to participate in this study.

Employees were invited to complete an online health screen and to take part in a study led by researchers from UCL (University College London) and NCL (Newcastle University). The study was advertised via the occupational health and Human Resources leads choice of email, Intranet, newsletter / magazine (electronic and hard copy), electronic noticeboard and posters. Employees were invited to visit the study website to access the health check, following online consent, which included questions alcohol, smoking, diet and physical activity. Demographic data on gender, age, ethnicity and occupational classification were collected before provision of feedback on health behaviours.

All participants received instantaneous personalised feedback from the health screen in-line with standard NHS recommendations for healthy living. Participants who scored eight or more on the AUDIT, smoked, ate less than five portions of fruit and vegetables a day or did less than 150 minutes of moderate or vigorous physical activity a week received feedback on the government's recommendations and the benefits

of changing their behaviour, in addition to hyperlinks to corresponding pages of the NHS Choices and NHS Livewell websites for further information. Participants exceeding the AUDIT threshold received brief advice on the harms of excess drinking, along with details of local alcohol services and a hyperlink to the Down Your Drink (DyD) website, based on motivational enhancement, cognitive behavioural therapy, and relapse prevention.

All participants were contacted by email three months after baseline data collection to complete follow-up questionnaires online, via hyperlink, regardless of level of alcohol consumption at baseline. Outcome measures included the AUDIT and a questionnaire designed by the research team that explored the acceptability and potential risk of delivering electronic screening and brief intervention to employees in the workplace.

## Findings

Engagement with the online tool varied greatly between workplaces, with an average of 14% of employees accessing the online tool across the six workplaces. A total of 1,254 (8%) employees across the six workplaces completed the health check and received personalised feedback on their alcohol intake, alongside feedback on smoking, fruit and vegetable consumption and physical activity.

Most participants were female (65%) and of 'White British' ethnicity (94%), with a mean age of 43 years (SD 11). Participants were mostly in Intermediate occupations (58%), followed by Higher managerial / professional (39%) and Routine and manual occupations (2%). A quarter of participants (25%) were drinking at hazardous levels (33% male, 21% female), which decreased with age. Prevalence of smoking among employees across all workplaces was 10%, median level of physical activity was 350 (IQR 201, 560) minutes a week (with 85% exceeding recommended threshold) and median fruit and vegetable consumption was 3 portions a day (with 30% exceeding threshold).

Sixty-four percent (n=797) of participants completed online follow-up at three months. Most participants were supportive of workplaces offering employees an online health check (95%), their preferred format was online (91%) and many were confident of the confidentiality of their responses (60%). Whilst the feedback reminded most participants of things they already knew (75%), some were reportedly motivated to change their behaviour (13%). A small number of participants drinking at hazardous levels accessed further support with their drinking via the Down Your Drink website.

## Implications

Workplaces identified in the Northeast and Southern England were keen to offer an online approach to raise alcohol awareness, as part of a health check.

Promotion of an online health check in workplace settings appeared to attract relatively healthy individuals, with lower smoking prevalence, higher levels of physical activity than the general population, and with levels of alcohol intake and fruit and vegetable consumption comparable to the general population. This may help explain the finding that an online health check approach was largely seen as acceptable among employees in this study.

## Conclusion

This study suggests that the relationship between alcohol and live entertainment is culturally embedded in the UK. When combined, alcohol and entertainment (e.g. music) can alter moods, of crowds and indi-

viduals, often in a pleasurable direction, for example the idea that drinking and dancing go in tandem. Thus, even if the strictest regulations to prevent overt alcohol marketing (e.g. bans on advertising, verbal endorsements, branding, sponsorship, and price controls) were to be introduced, this link is likely to persist, and be exploited to promote bar-sales. However, participants spoke of an ideal level of relatively moderate intoxication, a temporal 'golden point' that could bring out the best in them and in their audiences (e.g. preventing trouble). Thus, on-trade entertainment provision could provide an alternative attraction for nightlife patrons instead of mere intoxication, and alternative income for venues (e.g. entry fees or more attendance, a selling-point over the off-trade) as opposed reliance on alcohol provision alone.

### Questions For Further Research

What are the barriers to completing an online health check in the workplace setting?

Which intervention approach attracts the greatest proportion of hazardous drinkers - alcohol-specific focus or health check approach?

Which interventions are most acceptable to older employees, ethnic minorities, routine and manual employees?

### References

Bewick BM, Trusler K, Barkham M, Hill AJ, Cahill J, Mulhern B. (2008) The effectiveness of web-based interventions designed to decrease alcohol consumption--a systematic review. *Preventive medicine* 47.1,17-26. Epub 2008/02/28.

Carey KB, Scott-Sheldon LA, Elliott JC, Bolles JR, Carey MP. (2009) Computer-delivered interventions to reduce college student drinking: a meta-analysis. *Addiction* 104.11, 1807-19. Epub 2009/09/12.

Donoghue K, Patton R, Phillips T, Deluca P, Drummond C. (2014) The effectiveness of electronic screening and brief intervention for reducing levels of alcohol consumption: a systematic review and meta-analysis. *Journal of Medical Internet Research* 16.6, e142. Epub 2014/06/04.

Khadjesari Z, Murray E, Hewitt C, Hartley S, Godfrey C. (2011) Can stand-alone computer-based interventions reduce alcohol consumption? A systematic review. *Addiction* 106.2, 267-82. Epub 2010/11/19.

Riper H, Spek V, Boon B, Conijn B, Kramer J, Martin-Abello K, et al. (2011) Effectiveness of E-self-help interventions for curbing adult problem drinking: a meta-analysis. *Journal of Medical Internet Research* 13.2, e42. Epub 2011/07/02.

Rooke S, Thorsteinsson E, Karpin A, Copeland J, Allsop D. (2010) Computer-delivered interventions for alcohol and tobacco use: a meta-analysis. *Addiction* 105.8, 1381-90. Epub 2010/06/10.

Rehm J, Shield K, D. (2012) Alcohol consumption, alcohol dependence and attributable burden of disease in Europe. *Potential gains from effective interventions for alcohol dependence*. Canada: Centre for Addiction and Mental Health.

Schulte B, O'Donnell AJ, Kastner S, Schmidt CS, Schäfer I, Reimer J. (2014) Alcohol screening and brief intervention in workplace settings and social services: A comparison of literature. *Frontiers in Psychiatry* 5.


Webb G, Shakeshaft A, Sanson-Fisher R, Havard A. (2009) A systematic review of work-place interventions for alcohol-related problems. *Addiction* 104.3, 365-77. Epub 2009/02/12.




World Health Organisation. (2010) *Global strategy to reduce the harmful use of alcohol*. Italy: World Health Organisation.

World Health Organisation. (2014) *Global status report on alcohol and health 2014*. Geneva: World Health Organisation.

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