# CITED INTERVENTIONS AND EFFECT SIZES

Effect sizes show the magnitude of intervention impact. These are shown in Cohen's d (large=0.8, medium=0.5, small=0.2) or Treatment Sums of Squares ( $\eta^2$ ; large=0.14, medium=0.06, small=0.01) where possible. Significant findings are defined as p<.05.

To review manuscripts from these OHWC and affiliated interventions, visit ohsu.edu/oregon-healthy-workforce-center/center-accomplishments

## Community of Practice and Safety Support (COMPASS)

\*Findings reported from 3 manuscripts

## 2. Safety & Health Improvement Program (SHIP)

\*Findings reported from 2 manuscripts

#### 3. BeSuper! in Construction

\*Findings reported from 1 manuscript

## 4. Promoting U through Safety and Health (PUSH)

\*Findings reported from 2 manuscripts

#### 5. Study for Employment Retention of Veterans (SERVe)

\*Findings reported from 2 manuscripts

## 6. Mental Health Awareness Training (MHAT)

\*Findings reported from 1 manuscript

## 7. Safety & Health Involvement For Truckers (SHIFT)

\*Findings reported from 2 manuscripts

Significantly improved experienced Community of Practice (d=0.4) and lost work days due to injury (d=-0.7), and increased talks with client about work hazards (d=0.8), use of new tools for moving (d=0.7) and cleaning (d=0.5), corrections of slip hazards at home (d=0.5), fruit and vegetable servings (d=0.3), HDL cholesterol (d=0.2), grip strength (d=0.3), physical activity (d=0.8), and depressive symptoms (d=0.3).

Significantly decreased blood pressure (d=0.2), and (for those who perceived a poor relationship with their supervisors prior to the intervention) increased Family Supportive Supervisor Behaviors (d=0.4), team effectiveness (d=0.7), and work-life effectiveness (d=0.6).

Significantly improved health topic knowledge (d=1.5), Family Supportive Supervisor Behaviors (d=0.7), frequency of exercise (d=0.5), family and coworker healthy diet support (d=0.5), team cohesion (d=0.4), sugary snack and drink consumption (d=0.5), sleep duration (d=0.4), and systolic blood pressure (d=0.3).

Significantly improved safety and health knowledge (d=0.4) and 'past 30 day' alcohol consumption (d=-1.1).

Significantly improved supervisors' attitudes toward Veteran employees and (for those whose supervisors held more favorable attitudes toward Veterans at baseline) improved Veteran employees' sleep quality and perceived stress. For employees with greater supervisor support at baseline, significantly improved physical health and job performance, and reduced turnover intentions.

Organizational leaders significantly improved communication about mental health (MH) and MH resources ( $\eta^2=0.33$ ), recognition of warning signs ( $\eta^2=0.20$ ), and action taken to encourage resource use ( $\eta^2=0.15$ ). Employees significantly improved MH resource use ( $\eta^2=0.12$ ) as well as perceptions of leaders' communication about MH ( $\eta^2=0.07$ ), and perceptions of leaders' consideration for struggling employees ( $\eta^2=0.07$ ).

Significantly reduced Body Mass Index (d=-0.1), objective body weight (d=0.1), waist circumference (d=-0.1), and percentage body fat (d=-0.2); and increased fruit and vegetable consumption (d=0.3) and frequency of physical activity (d=0.3); as well as improved health and safety knowledge (d=1.9).