However, less is known about the associations of domain-specific sitting and breaks at work and self-rated global health, likewise if physical activity could influence the associations.

Methods

36,120 adults (42% women) from the Swedish working population who participated in a nationwide occupational health service screening 2014-2018 were included in this cross-sectional study. Sitting duration and frequency of breaking sitting time at work, self-rated global health, exercise, leisure time sitting, diet, smoking and stress were self-reported. Cardiorespiratory fitness was estimated by a submaximal cycle test and BMI assessed through physical examination. Occupation was classified to requiring university competence or not. Logistic regression modelling assess OR (95% CI) associated between poor global health and decreased levels of workplace sitting and increased breaks in workplace sitting.

Results

Having poor perceived global health was associated with increasing levels of workplace sitting, OR 0.65 (0.57-0.74) for sitting 75% of the time vs. sitting almost all time. Association were found between having poor perceived global health and lower frequency of breaking up workplace sitting every 30 minutes, in people sitting more than half of their working time, OR 0.60 (0.51-0.69) for occasionally vs. seldom breaking up sitting. The association were affected by sex, type of work, etc.

Methods

This study is a hybrid typology -effectiveness-implementation- design. A community-based participatory research, and mixed methods approach has been adopted to measure the effects of the SFL intervention on Shedders across implementation phases and identify and monitor implementation barriers and facilitators that can inform future sustainability and scale-up of SFL. Central to effective implementation of SFL is a partnership approach between the Irish Men’s Sheds Association (IMSA) and other health-related partner organisations (POs).

Results

Findings from phase 1 will inform phase 2 implementation. Preliminary physical activity outcome results from phase one across four regions (baseline to ten weeks) suggest days active per week increased from 3.07 to 4.32 days (p = .00) days walking increased from 4.29 to 5.28 days (p = .00) minutes walking per day increased from 33.31 to 38.15 (p = .005)

Conclusions

Preliminary findings highlight the potential of the SFL initiative to address the increasing calls for gender-specific health promotion programmes that target lifestyle and health behaviour change in men. Shed settings are unique and effective in attracting men from more marginalised male subpopulations, reaching men who would typically not engage with health services.

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Background
Moving to a different country often leads to changes in a person’s health-related behaviours such as, among others, engagement in moderate-to-vigorous physical activity (MVPA). Italian immigrants in Norway have tripled in the past 15 years, but little is known about their lifestyle and health. The aim of this study was to examine i) the MVPA behaviour, ii) the association of MVPA with self-rated health, and iii) the perceived impact of moving among first-generation Italian immigrants in Norway.

Methods
The data was retrieved from a cross-sectional survey (n = 321) and a set of in-depth interviews (n = 14) conducted within the study Mens Sana in Corpore Sano. Inclusion criteria were: age ≥18 years, living in Norway permanently, having lived in Italy at least until age 16 years. The data included information on the participants’ MVPA behaviour (amount, frequency, and mode), self-rated health, and perceived impact of moving on their MVPA behaviour. Additionally, socio-demographic characteristics (sex, age, and educational level) and factors associated with the settlement process (years in Norway, contact with close friends, and national identity) were included as covariates.

Results
Most of the respondents (62%) engaged in MVPA for ≥150 min/week; the mean MVPA frequency was 3.37±2.29 times/week. The most popular modes of MVPA were active transport and physical activity in natural settings. After controlling for multiple covariates, both engaging in MVPA for ≥150 min/week (β = 0.177; p = 0.002) and higher MVPA frequency (β = 0.164; p = 0.005) significantly predicted higher levels of self-rated health. While 15% of respondents perceived that moving to Norway had a negative impact on their MVPA behaviour, 50% perceived a positive impact. From the qualitative analysis, it emerged that proximity to natural environments and Norway’s culture that value outdoor recreations were important elements supporting the participants’ MVPA habits as well as their perceived health.

Conclusions
In spite of the relatively high socio-economic profile of most first-generation Italian immigrants in Norway, yet their MVPA levels is somewhat lower than the Norwegian population’s. The physical and cultural environment in Norway, however, appears to contribute buffering the health challenges among Italian immigrants in Norway.

Keywords: migration health, adults, older adults, environmental correlates, self-rated health