

**Methods** Data were collected from June 2009 to February 2010, from all elementary and junior high schools located in a northern subprefecture of Ibaraki, 100 km north of Tokyo (approximate population of 280 000). The information included school name, school address, the enrolment number by school, dates of absentees from influenza-like illness (type-A), date of class closure and date of school closure. Impacts of school closure was analysed considering timing of closure, enrolment number, geographical location.

**Result** All 68 schools responded for study. 8576 out of 23 880 (143 280 person-months) enrolled school children were infected. We classified these schools into two groups according to date of school closure. The difference of incidence between two groups was estimated with the RR with 95% CI. The incidence rates in the early and late school closure groups were 71.6 and 64.9 (1/1000 person-months), respectively. RR was 1.10 (95% CI 1.05 to 1.15), which was significant.

**Conclusion** The result would show that the early school closure may have impact to prevent infection number of A/H1N1 influenza.

# P1-364 IS SOCIAL CAPITAL IN THE WORKPLACE ASSOCIATED WITH WORK-RELATED INJURY AND DISABILITY? A SYSTEMATIC REVIEW OF THE EPIDEMIOLOGIC LITERATURE

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**Introduction** Social capital is defined as resources embedded in social relationships. Social capital in the workplace may include social support, interpersonal trust, respect, and reciprocity; and may occur at both the worker and workplace level. The objective of this study was to determine if social capital in the workplace is associated with work-related injury or disability.

**Methods** A systematic review of the epidemiologic literature was conducted. Studies were identified from 1990 to 2008 relevant to social capital in the workplace and work-related injury or disability. Identified studies were critically appraised for methodological quality by two qualified independent reviewers. Findings represent a best evidence synthesis of the literature.

**Results** Sixty-six studies were scientifically reviewed. Forty-two were excluded due to poor methodological quality. The remaining 24 consisted of 14 studies examining the association between social capital in the workplace and work-related injury, eight focused on disability, and two studied both injury and disability. Only two studies included workplace-level social capital, the remaining focused on individual-level worker social capital. Limitations of the literature include unclear social capital, injury and disability definitions, limited study populations, and weak study designs.

**Conclusions** Limitations preclude stating consistent conclusions. The evidence suggests an association between individual worker social capital and work disability. Group-level social capital may be important in the development of work-related injury and disability. We summarised the literature, highlighted its strengths and weaknesses, and provided suggestions for future work.

# P1-365 ASSOCIATION OF DISTANCES TO URBAN GREEN SPACES AND OPEN SPORT SPACES WITH PHYSICAL ACTIVITY IN TEENAGERS OF PORTO, PORTUGAL

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**Introduction** It is expected that the proximity to urban green spaces (UGS) and open sport spaces (OSS) can increase physical activity (PA), but their potential is not fully understood.

**Objective** To examine the association between distances from adolescents' residences to UGS and OSS with the intensity of PA and sports activity.

**Methods** We evaluated 1489 (51.4% girls) 17-year-old adolescents living in Porto, Portugal (EPITeen cohort). Residences were georeferenced. Buffers of 250 m and 500 m around each space were created and distances to residences were classified in  $\leq 250$  m (class1),  $>250$  m and  $\leq 500$  m (class2) and  $>500$  m (class3). Association between distances to spaces and Intensity of PA (adjusted to BMI, and parents' education) and with sports activity (adjusted to parents' education and obesity) were measured using OR and 95% CI using logistic regression analysis.

**Results** Considering class1 as reference, in girls the association between distance to UGS and Intensity of PA was 0.99 (0.70;1.42) for class 2 and 0.81 (0.54;1.24) for class 3. Among boys, those results were 0.85 (0.58;1.24) and 0.69 (0.46;1.03), respectively. Regarding the association between distance to OSS and intensity of PA, in girls, was 0.75 (0.50;1.13) for class 2 and 1.14 (0.76;1.71), for class 3. Among boys, those results were 1.30 (0.84;2.01) and 1.38 (0.90;2.11), respectively. Similar results were found between distances to UGS and OSS and sports activity.

**Conclusion** Adolescents closer to UGS and those most far from OSS were more physically active, although in general no statistically significant association was reached.

# P1-366 A PROSPECTIVE MIXED METHODS COHORT STUDY TO ASSESS ETHNIC INEQUITIES IN PATIENT SAFETY IN DUTCH HOSPITAL CARE

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**Introduction** USA studies showed an increased risk of patient safety incidents in hospital care among ethnic minorities, but in Europe ethnic disparities in patient safety have never been analysed. The present study aims to 1. Assess the risk of patient safety events in patients of non-western ethnic origin in comparison to Dutch patients 2. Analyse the determinants of the risk of adverse events in patients of non-western origin, and 3. Explore causal mechanisms in patient-provider interaction.

**Methods** Prospective mixed methods cohort study in four hospitals. In total, 2000 patients (1000 Dutch, 1000 of any non-Western ethnic origin, age range:45–75 years) will be included. Data on explanatory variables (eg, Dutch language proficiency, health literacy, education, religion) are collected at admission. After discharge, a two-stage medical record review study, based on a Dutch record review study, is conducted by experienced reviewers to determine the incidence of adverse events. Determinants will be analysed by multilevel multivariable stepwise logistic regression. Mechanisms in the care process will be explored in qualitative interviews with patients and providers.

**Results** Recruitment has started in December, 2010 and will continue for 24 months. Presently, 50 patients were recruited. By August, preliminary data and practical lessons from data collection will be available.