Results The factorial analyses indicated a two-dimensional structure (perception of work ability/mental resources and diseases and health restrictions). The value of Cronbach's α and McDonald ω was, respectively, 0.80 and 0.87. The theoretical hypothesis of the construct validity were confirmed with direct correlation and significant of the WAI with the scores of reward, control and self-evaluate of the health status; inverse correlation and significant with the scale of need for recovery, psychological distress, effort, over-commitment and demand.

Conclusion We found good evidence for a high reliability and construct validity of WAI questionnaire, supporting its use in future analyses in similar populations.

SP6-12 THE HEALTH AND WELL-BEING OF LAID-OFF AUTOMOBILE INDUSTRY WORKERS IN DURHAM, CANADA

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E Bartfay,* W Bartfay, T Wu. *University of Ontario Institute of Technology, Oshawa, Ontario, Canada*

Introduction The City of Oshawa in Durham, Canada is a major manufacturing hub for automotive production. In 2008–2009, we witnessed an unprecedented economic crisis not seen since the great depression. A record number of auto-workers lost their jobs as a result. Little is known about how these lay-offs affected the health and well-being of the workers. This exploratory study examined the impact of being laid-off on the emotional, physical, social and financial health of auto-workers.

Methods A purposive sampling technique was employed to recruit participants from two locations: The CAW Community Action Centre and a Service Fair organised by the Durham Region Local Training Board. All participants were asked to complete an in-depth demographic and health questionnaire.

Results A total of 36 laid-off workers were interviewed between 28 October and 30 November 2009. Approximately two-third of our participants were male and the mean age was 45 (SD=6, range=30–61). The average length of time since laid-off was 13 months (SD=8, range=1–36). Half of our participants reported a feeling of burden to others and a loss of social status, and 75% reported a loss of identity and pride. With regard to the self-rated health and well-being status on a scale of 1 (very poor) to 5 (excellent) since being laid-off, our participants reported mid-level physical health (score=3.12), but relatively poor emotional health (score=2.59), social health (score=2.5) and financial health (score=1.97).

Conclusion Job loss can have a wide range of effect on one's well-being, including physical, emotional, social and financial health.

SP6-13 SLEEP DURATION AND OVERWEIGHT IN EUROPEAN CHILDREN: IS THE ASSOCIATION MODIFIED BY GEOGRAPHIC REGION?

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¹S Hense,* ²S De Henauw, ³G Eiben, ⁴D Molnar, ⁵L A Moreno, ⁶G Barba, ⁷C Hadjigeorgiou, ⁸T Veidebaum, ¹H Pohlabein, ¹W Ahrens. ¹*Division of Epidemiological Methods and Etiologic Research, Bremen Institute for Prevention Research and Social Medicine (BIPS), Bremen, Germany;* ²*Department of Public Health/Department of Movement and Sport Sciences, Faculty of 3Medicine and Health Sciences, Ghent University, Ghent, Belgium;* ³*Department of Paediatrics, Queen Silvia Children's Hospital, Goteborg University, Goteborg, Sweden;* ⁴*Department of Paediatrics, Medical Faculty, University of Pécs, Pécs, Hungary;* ⁵*Growth, Exercise, Nutrition and Development (GENUD) Research Group, E.U. Ciencias de la Salud, University of Zaragoza, Zaragoza, Spain;* ⁶*Unit of Epidemiology & Population Genetics, Institute of Food Sciences, National Research Council, Avellino, Italy;* ⁷*Research and Education Institute*

of Child Health, Strovolos, Cyprus; ⁸*National Institute for Health Development, Tallin, Estonia*

Introduction An association between sleep duration and overweight has been reported from several countries. Comparability of those results is limited by reasons of methodological differences. In a multi-center study we analysed this association in children from northern and southern Europe.

Objectives To investigate differences and a possible effect modification by geographical region in the association between sleep duration and overweight.

Methods In the IDEFICS-Study we examined 16.223 children (2–9 years) from eight European countries. Sleep was assessed by means of a parental 24h-Recall. Logistic regression models were applied to analyse the association between overweight and sleep duration and to test for effect modification by region.

Results A dose dependent association between sleep duration and overweight was seen. This persisted after adjustment, but remained significant only for sleeping <9h if stratified by region (north:OR 2.0; 99% CI 1.3 to 3.2 vs south:OR 2.5; 99% CI 1.4 to 4.3). No effect modification by region was found. The association was stronger in older children.

Conclusion Geographic region and related aspects do not modify the association between sleep and overweight, but should be taken in consideration as a confounding factor on this association.

SP6-14 SLEEP DURATION AND HEALTH STATUS ASSESSMENT IN BRAZILIAN ELDERLY. A POPULATION BASED STUDY (ISACAMP 2008/09)

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M G Lima, M B A Barros.* *State University of Campinas, UNICAMP, Campinas, São Paulo, Brazil*

Objective The aim of this study was to assess the association of sleep duration with health status or health related quality of life (HRQL), according to gender, in non-institutionalised elderly population living in Campinas (Brazil).

Methods It is a population-based cross-sectional study developed using data from the Campinas Health Survey carried out in 2008/2009. The SF-36 v2 health survey was used to assess the HRQL of 1520 elderly individuals. The eight scales of SF-36 and the physical and mental component summary measures were the dependent variables and the principal independent was sleep duration. Simple and multiple linear regression models were used to verify the association among the variables.

Results The sleep duration of 5 or fewer hours was associated with poor health status only in the female population, in the mental component of HRQL. Sleeping 10 h or more was associated with the eight SF-36 scales and two components, in the elderly male population. In the female, only the physical function, role physical, mental health dimensions were associated with this sleep duration.

Conclusion HRQL was associated only with the long sleep in the elderly men. In women, both the short and long sleep was associated negatively with the health status, in different dimensions. Considering that health self-assessment has a significant relationship with clinical status and mortality, research on health related quality of life and sleep duration become important, and this study is among the first to present this relationship.

SP6-15 FETAL AUTOPSY AND INFORMATION QUALITY OF DEATH CERTIFICATES

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¹M F de Almeida,* ¹G P de Alencar, ¹D Schoeps, ¹E Minucci, ¹Z P da Silva, ¹L P Ortiz, ¹H M D Novaes, ¹D Schout, ¹A P de Alencar, ¹P Raspanini, ¹P Santos. ¹*University of*

São Paulo, São Paulo/SP, Brazil; ²São Paulo/SP, São Paulo/SP, Brazil; ³Fundação Seade, São Paulo/SP, Brazil

Introduction High proportion of fetal autopsy is supposed to furnish information of better quality to death certificates.

Methods The completeness and underline cause of death was studied in a sample (212) death certificates from public system hospitals (539), 1st semester 2008, in São Paulo City, Brazil. This information was compared to hospital and coroner's office records and interviews were carried out with these professionals.

Results Public System Hospitals respond for 57.5% of all deliveries; 78.5% of fetal deaths were sent to coroners' office (CO) to be autopsied. The completeness of data of death certificates fulfilled by CO was worse than those emitted by hospitals. CO death certificates presented low completeness for mother's age (39.2%); parity (29.9%); type of gestation (3.9%) and low concordance with hospital records. Gestational age (97.8%) and birthweight (99.3%) showed high completeness and were obtained from autopsy. Two causes of deaths respond up to 90% of CO death certificates: fetal death unspecified cause (65.8%) and intrauterine hypoxia (24.3%). The main causes from hospital certificates were: intrauterine hypoxia (41.7%); fetus affected by maternal complications of pregnancy (19.4%); fetal death unspecified cause (18.1%).

Conclusions fetal deaths are mainly ante-partum and are understood as furnishing ill defined causes of deaths by obstetricians and were sent to autopsy. CO does not have accesses to hospital records, resulting in poor data quality. Instead of receiving social support to face fetal deaths, families were sent to police offices to get authorised file to transport fetus from hospitals to CO.

SP6-16 THE ASSOCIATION OF BMI WITH SELF-RATED HEALTH AND FUNCTIONAL CAPACITY AMONG COMMUNITY-LIVING JAPANESE PEOPLE AGE OVER 75 YEARS

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Y Aihara,* J Minai. *International University of Health and Welfare, Odawara, Japan*

Objective Increasing age is strongly associated with poor nutritional status, hence approaching the risk of poor nutrition in the elderly people is important. This study aimed to identify the associated factors of body mass index (BMI) among community-living Japanese people age over 75 years.

Methods A cross-sectional study was conducted using with a self-administered questionnaire, and 658 participants (347 men and 331 women) were analysed. Demographic, lifestyle (eg, dietary habits, physical exercise), oral status, chronic illnesses, self-rated health, and activity of daily living (ADL) were asked. BMI was calculated from self-reported weight and height, and it was classified as underweight (<18.4), normal weight (18.5–24.9), or obesity (≥25.0). Multiple logistic regression model were applied for analysis.

Results The study demonstrated that 70% of participants were normal weight, following to obesity (21.4%), and underweight (8.5%). Number of taking medicines, hypertension, diabetes, hyperlipaemia, and gastroenteropathy were associated with BMI. The adjusted OR with age, gender, economic status, number of drugs being taken, and presence of associated illnesses for excellent/good self-rated health tended to be lower among underweight participants (OR=0.40, p=0.008), whereas higher among obese participants (OR=2.53, p=0.001) than normal weight. In contrast, ADL was not associated with BMI. Compared to normal weight participants, underweight participants tended to perceive chewing problem (OR=2.47, p=0.003), and not always eat 3 meals in a day (OR=3.75, p=0.003).

Conclusion The results suggested that nutritional interventions should be targeted particular to underweight latter-stage elderly

people for promoting their health. Moreover, keeping good oral health is key element to prevent underweight among elderly people.

SP6-17 SMOKING, LABOUR MARKET STATUS AND GENDER AMONG BRAZILIANS

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L Giatti,* S Barreto. *Federal University of Minas Gerais, Belo Horizonte, Minas Gerais, Brazil*

Introduction Employment relations play an important role in explaining social inequalities in health.

Objective To investigated whether labour market status of men and women is associated with current smoking status, after adjusting for education, income and health and discuss hypotheses to explain the associations.

Methods Study included participants from National Health Survey of a nationally representative sample of Brazilians who were aged 15–64 years, economically active and residing in the eight metropolitan regions. Current smoking was defined as having a smoked at least 100 cigarettes in their life and who were currently smoking. Labour market status Associations were estimated by prevalence ratio and its 95% CI obtained by Poisson regression.

Results Among men, after all adjustments, workers without social protection and unemployed had higher prevalence of smoking (PR 1.31; 95% CI 1.24 to 1.38 and PR 1.31; 95% CI 1.18 to 1.44, respectively). Among women, corresponding figures were PR 1.22 (95% CI 1.12 to 1.31) and PR 1.16 (95% CI 1.03 to 1.32). The highest prevalence of smoking was found among male workers without social protection.

Conclusion Our results confirm that labour market status is an independent dimension of social inequalities related to smoke exposure. Despite being more pronounced among men, the social gradient was present in both genders. Future research should examine factors explaining this differences.

SP6-18 UNEMPLOYMENT AND SELF RATED HEALTH: NEIGHBOURHOOD INFLUENCE?

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L Giatti,* S Barreto, C César. *Federal University of Minas Gerais, Belo Horizonte, Minas Gerais, Brazil*

Objetive To investigated whether unemployment and socio-economic characteristics of the neighbourhood are associated with poor self rated health after adjustment for individual sociodemographic characteristics, behavioural risk factors and health status. Moreover, it tests whether living in socioeconomic deprivation areas modifies the association between unemployment and self rated health.

Methods Participants aged 15–64 years, living in four Brazilian Capitals included in the National Household Survey on Risk Behaviours and Reported Morbidity from Non-Communicable Diseases (2002/2003). Data from the 2000 Brazilian Population Census were used for building up two socioeconomic neighbourhood indicators: the proportion of householders with low income, a compositional variable of individual level characteristics, and residing in slums, a contextual variable not captured by individuals properties. Logistic regression analysis was estimated by Generalised Estimating Equations.

Results From the 6426 participants, 20.6% reported poor self-rated health. Unemployment as well as residing in slums or in low income household areas were significantly associated with poor self-rated health. The magnitudes of these associations were attenuated after