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Journal articles marked with an asterisk indicate an IWH scientist or adjunct scientist is included in the list of authors.

***Van Eerd D, Robson L, Yanar B, Irvin E, Le Pouesard M, and Rafiqzad H. Early occupational health and safety interventions for small businesses: an environmental scan. *American Journal of Industrial Medicine*. 2025; [epub ahead of print].**

<https://doi.org/10.1002/ajim.70046>

Abstract: **BACKGROUND:** Small businesses (SB) constitute a significant proportion of businesses in all major industrial sectors and pose challenges to occupational health and safety (OHS) authorities. They contribute disproportionately to the total burden of work-related injuries, illnesses, and fatalities. Reaching SB early in their life cycle to support OHS could decrease injuries and related burden. Our objective was to describe the nature of early OHS interventions for SB. **METHODS:** We conducted an environmental scan (ES) of OHS interventions that could be implemented early in SB. We searched for documents from peer-reviewed literature, non-peer-reviewed literature, and websites. Findings from the documents were synthesized using a framework of intervention types from Michie et al. We also conducted interviews with 11 key informants who had experience with OHS in SB and, using a qualitative thematic analysis, produced a narrative summary. We synthesized the document review and interview findings. **RESULTS:** We found 20 relevant documents from all sources describing 24 OHS interventions for SB that could be applied early. The most prevalent SB interventions were education (increasing knowledge), enablement (through consulting and tools), training (imparting skills), and persuasion (through assessment, feedback, and planning). The interview data revealed similar types of interventions, but informants often noted an explicit focus on reaching businesses early. **CONCLUSIONS:** Our findings reveal that there are few published OHS interventions explicitly focused

on application early in the life cycle of SB. However, there were 24 interventions identified that could be applied early, most often focusing on education, enablement, training, and persuasion

***Furlan AD, Zhao QJ, Taenzer P, Smith AJ, Fabico R, Morgan K, et al. Ten years of ECHO chronic pain and opioid stewardship in Ontario: impact and future directions. *Healthcare*. 2025; 13(24):3203.**

<https://doi.org/10.3390/healthcare13243203> [open access]

Abstract: Background: ECHO Pain is a health professions education model that uses telehealth technology to connect specialists in academic centres to healthcare professionals who work in the community to disseminate best practice knowledge and foster interprofessional collaboration to support real patient cases. Methods: This paper summarizes 10 years of ECHO Pain implementation and evaluation in Ontario. We reviewed participants' demographics, characteristics of cases presented in ECHO sessions, and the research output of this ECHO Pain program. Results: From June 2014 to June 2024, there were 529 sessions, 1527 healthcare professionals from urban and rural regions attended ECHO, and 25,898 h of continuing medical education credits were provided. We published 11 papers in peer-reviewed scientific journals using qualitative and quantitative research methods. Conclusions: ECHO Pain has been implemented and sustained in Ontario for 10 years, with demonstrated interprofessional education and an ongoing community of practice to discuss chronic pain cases. ECHO Pain is filling a significant gap in health professions education related to chronic pain in Ontario, especially for primary care professionals living in rural, remote, and underserved areas

***Jetha A, Crouch M, Vold K, Peters SE, Vietas J, Sriharan A, Irvin E. Artificial intelligence in the workplace: a living systematic review protocol on worker safety, health, and well-being implications. *Systematic Reviews*. 2025; 14(1):255.**

<https://doi.org/10.1186/s13643-025-03000-0> [open access]

Abstract: Background: Advancements in artificial intelligence (AI) are transforming employment and working conditions in ways that shape the safety, health, and well-being of workers. We describe a protocol for a living systematic review (LSR) that will examine the interrelationship between AI systems, employment and working conditions, and worker safety, health, and well-being. Research questions are: 1. What types of AI systems are being used within workplaces and how do their design and adoption impact worker safety, health, and well-being? 2. How do a worker's employment and working conditions affect the relationship between the adoption of AI systems and worker safety, health, and well-being? 3. How does a worker's social position (e.g., age, gender, race, disability) shape the interrelationship between AI systems at work, employment and working conditions, and their safety, health, and well-being? Methods: A comprehensive search of primary qualitative and quantitative research will be conducted. MEDLINE, Embase (OVID), PsycINFO (OVID), and Web of Science will be searched every six to twelve months using database-specific terms and keywords. Title/abstract and full-text screening will be completed independently by two reviewers. Relevant articles will be quality appraised using a mixed method assessment tool adapted for studies of AI. Medium and high-quality studies will be synthesized using a best evidence synthesis approach. To ensure relevancy, applied workplace and AI stakeholders will provide feedback at all stages of the LSR process through dissemination excluding quality appraisal. Annually, we will evaluate the appropriateness of the review process (e.g., frequency of searches, requirement to refine research questions, utility of continuing LSR). Any amendments to protocols will be documented. Discussion: This LSR will provide timely and evolving evidence on the implications of AI in the workplace that will

be disseminated through a publicly available living review dashboard. We will capture the emerging impact AI has on workers. Findings can be used to develop strategies to minimize AI's potential workplace harms while amplifying its potential benefits, address emerging worker inequities, and inform ongoing discussions regarding responsible and safe AI adoption. Systematic review registration: PROSPERO CRD42024625501.

Atkinson-Graham M, Mior S, Bakaa N, Konstantinidis T, Wong J, Arienti C, et al. Governance arrangements for rehabilitation services in health systems: an overview of systematic reviews. *Cochrane Database of Systematic Reviews*. 2025; 11(11):CD016309.

<https://doi.org/10.1002/14651858.CD016309>

Abstract: Background: Cochrane Rehabilitation and the World Health Organization (WHO) Rehabilitation Programme have collaborated to produce four Cochrane overviews of systematic reviews that synthesize current available evidence from health policy and systems research (HPSR) in rehabilitation. Each overview focuses on one of the four pillars of HPSR as identified by the Cochrane Effective Practice and Organisation of Care (EPOC) taxonomy: delivery arrangements, financial arrangements, governance arrangements, and implementation strategies. This overview focuses on governance arrangements, defined in the EPOC taxonomy as the rules or processes that affect the way in which powers are exercised, particularly regarding authority, accountability, openness, participation, and coherence. Objectives: This overview aimed to synthesize the current evidence on governance arrangements in rehabilitation from a health policy and systems research (HPSR) perspective. Our series of four overviews, incorporating evidence on governance arrangements, delivery arrangements, financial arrangements, and implementation strategies, have the following overarching objectives. • To offer a broad synthesis of the existing evidence on health policy and systems interventions' effects. • To direct end-users, including policymakers, towards systematic reviews that may address their health policy questions. • To identify current research gaps and set priorities for future primary HPSR. • To pinpoint the needs and priorities for new evidence syntheses where no reliable, up-to-date systematic reviews currently exist. Methods: We searched the Epistemonokos database, the Health Systems Evidence database, and EPOC Group systematic reviews to identify reviews published between 1 January 2015 and 17 November 2024. We applied no language limitations. We included Cochrane and non-Cochrane systematic reviews of randomized controlled trials (RCTs) and selected non-randomized studies of interventions (NRSIs) that evaluated the effectiveness of health policy and systems interventions for rehabilitation in health systems, specifically related to governance arrangements as defined in the EPOC taxonomy. All four overview teams collaborated to screen reviews and extract data. We used AMSTAR-2 to critically appraise the quality of the reviews. Reviews with ratings of high-to-moderate confidence are reported separately from low-confidence reviews. Main results: We found no Cochrane or non-Cochrane systematic reviews of RCTs or NRSIs pertaining to rehabilitation and relevant to the EPOC pillar of governance arrangements. As a result, we are unable to offer a broad synthesis of the existing evidence or to signpost relevant reviews on health policy and systems interventions related to this pillar for end-users. We did describe relevant research gaps and priorities for future primary HPSR in the rehabilitation field. Authors' conclusions: We found no evidence to address our research objectives of understanding the broad effects of governance arrangements for rehabilitation or identifying evidence that could help end-users, including decision-makers and policymakers, to address potential related health policy questions. Authors of future Cochrane overviews of reviews in HPSR focusing on

governance and rehabilitation may wish to consider including systematic reviews with a broader range of observational designs, as well as qualitative and mixed-methods research designs. Funding: This Cochrane review was funded by the Italian Ministry of Health (Ricerca Corrente). The funder played no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. Registration: The protocol was first published in the European Journal of Physical and Rehabilitation Medicine online on 27 January 2025. The manuscript was received on 11 November 2024 and was accepted on 26 November 2024. Protocol: DOI 10.23736/S1973-9087.24.08833-6

Brakenridge CL, Johnston V, Andrews NE, Gomersall SR, Russell T, and Smith MD. Do fixed or personalised sit-stand desk ratios improve lower back pain? A randomised trial. Applied Ergonomics. 2026; 131:104670.

<https://doi.org/10.1016/j.apergo.2025.104670> [open access]

Abstract: Alternating posture between sitting and standing with sit-stand desks may improve lower back pain (LBP). This study explored the effectiveness, acceptability and adherence of two sit-stand desk recommendations on LBP (measured via App) and secondary health and work outcomes. Fifty-six desk-based workers with LBP (age = 37.7 [SD = 10.0] years, 75 % women) were randomised to either a fixed ratio (30 min sitting:15 min standing); or a personalised ratio (self-selected or pre-emptive to discomfort). After 3 months, fixed ratio participants experienced reduced worst (-1.33 points/10) and average LBP (-0.83 points/10); personalised ratio participants experienced reduced worst LBP only (-0.69 points/10). Fixed ratio participants improved in their job-related stress, concentration and presenteeism; whereas, personalised ratio participants reduced their sitting time. Both recommendations were acceptable, while adherence was higher in the fixed ratio group. In conclusion, a 30:15 sit-stand ratio was acceptable and effective at improving LBP in the short term compared to a personalised ratio.

Cohen-Bearak A, Adjognon OL, Mohr DC, Anderson E, Chatelain L, and Bokhour B. "I'm dealing with my whole health right now": a qualitative study of veteran's administration employees participating in Employee Whole Health. Journal of Occupational & Environmental Medicine. 2025; 67(12):1020-1026.

<https://doi.org/10.1097/JOM.0000000000003488>

Abstract: OBJECTIVE: The aim of the study was to examine individual experiences of participation in an employee wellness program at the Veterans Health Administration. METHODS: Qualitative interviews were conducted with 31 employees from seven VA Medical Centers. Transcripts were analyzed using rapid qualitative analysis. RESULTS: 1) Activities : employees participated in a variety of activities; choice of activities varied due to their role at work. 2) Impact : employees found that participating in Employee Whole Health helped reduce stress, schedule in breaks, put themselves first, connect with others, and improved productivity. 3) Barriers and facilitators : barriers were often outside of employees' control. CONCLUSIONS: If the organizational culture supports employee wellness participation through positive messaging and policies, there is social support for participation from colleagues and supervisors, and the activities are convenient in terms of timing and physical location, employee wellness participation is much more likely

Doyen V, Walusiak-Skorupa J, Wiszniewska M, Vandenplas O, Suuronen K, Sastre J, et al. Occupational asthma due to hair dyes containing para-amino compounds. *American Journal of Industrial Medicine*. 2026; 69(1):42-48.

<https://doi.org/10.1002/ajim.70037>

Abstract: Background: Persulfate salts in hair bleaches are a well-documented cause of occupational asthma (OA) among hairdressers, but little information is available on OA caused by hair products containing other low-molecular-weight chemicals. The aim of this study was to investigate the prevalence and clinical characteristics of OA caused by oxidative hair dyes containing para-amino compounds (PACs). Methods: This retrospective multicenter study was conducted among 98 hairdressers with OA ascertained by a positive specific inhalation challenge (SIC) with hair products completed between 2006 and 2018 in 14 European tertiary centers. Nine hairdressers (9%) with a positive SIC response to hair dyes containing PACs were identified and reviewed. Results: Eight hairdressers developed a bronchial response during "work-simulation" SICs with hair dyes used at work, whereas one subject was challenged with pure para-phenylene diamine. The pattern of bronchial reactions was isolated late, dual, and isolated early in four, three, and two subjects, respectively. A significant post-challenge increase in nonspecific airway hyperresponsiveness was detected in three of the seven (43%) subjects with both pre- and post-SIC measurements available. Among subjects with fractional exhaled nitric oxide measurements (n = 3) or sputum eosinophil counts (n = 4) available both before and after the SIC, none showed a significant increase in these airway inflammatory markers. Conclusions: Hair dyes containing PACs may contribute substantially to OA among hairdressers. This possibility should be considered carefully when evaluating hairdressers with work-related asthma symptoms. However, there is a need for further investigation of the underlying inflammatory and immunological mechanisms.

Guo X, Nkwopara C, Peters CE, Villeneuve PJ, and McLeod CB. Impact of heat exposure on workers' health and safety: a scoping review. *Occupational and Environmental Medicine*. 2026; [epub ahead of print].

<https://doi.org/10.1136/oemed-2025-110281>

Abstract: Several studies have synthesised the health impacts of occupational heat exposure, yet previous reviews were limited in scope and only focused on specific diseases, high-risk industries or selected countries. This scoping review aimed to summarise global epidemiological evidence on health outcomes associated with occupational heat exposure, examine factors that may modify heat-health associations among workers and identify knowledge gaps to inform the development of more effective jurisdiction-specific heat policies. A search strategy reflecting heat, worker and health was applied to Ovid MEDLINE, Ovid EMBASE, CINAHL and Web of Science, and grey literature of EuropePMC, ProQuest and SafetyLit, to retrieve studies investigating associations between occupational heat exposure and illness and injury. Studies were independently reviewed by two reviewers to assess eligibility. A narrative synthesis approach was used to compare, contrast and synthesise the most relevant findings. This review included 92 studies that estimated associations between heat and various health outcomes, including workplace illness and injury, heat-related illness and deaths, kidney diseases, cardiovascular diseases, cancer, abnormal bone mineral density, skin diseases, eye diseases, infertility and mortality. The included studies presented conflicting evidence on heat-health associations: some observed stronger risks with rising temperatures, some observed smaller positive or reduced risks at extreme temperatures and others reported no associations. The

discrepancies may be explained by differences in heat measurements and outcome ascertainment, methodological limitations, geographical variations and the varying impacts of demographic, work-related and individual factors. Jurisdiction-specific heat policies are needed to protect workers from acute and chronic health conditions

Hassoon A, Lin C, Woo HYJ, Irimia R, Marsteller JA, Li A, et al. Guiding artificial intelligence in public health and medicine with epidemiology: a lifecycle framework for mitigating AI misalignment.

Annals of Epidemiology. 2025; 112:119-126.

<https://doi.org/10.1016/j.annepidem.2025.11.004>

Abstract: Artificial Intelligence (AI) holds immense promise for public health, yet its potential is undermined by alignment failures where systems act contrary to human values, often exacerbating health disparities. This paper challenges the narrow view that algorithmic bias is solely a data problem, arguing instead that misalignment arises at every stage of the AI development lifecycle. We introduce a comprehensive seven-stage framework, spanning problem definition, team assembly, study design, data acquisition, model training, validation, and post-deployment implementation, viewed through an epidemiological lens. This approach systematically integrates core principles such as population representativeness, rigorous study design, bias characterization, and causal reasoning to identify and mitigate alignment risks. For each stage, we define specific alignment failures, from flawed problem formulation to post-market performance degradation, and propose actionable, evidence-based solutions. By embedding epidemiological rigor throughout the entire AI lifecycle, this framework provides a structured, proactive pathway for researchers, developers, and policymakers to create trustworthy, safe, and fair AI systems. This systemic approach is critical to harnessing AI's transformative benefits for population health while preventing the perpetuation of inequity and harm

Huang YS, Lin CF, Tsan YT, Wang SY, Tiao TP, Lin YH, et al. The relationship between musculoskeletal pain with depression and burnout among fast-food chain workers in Taiwan: a cross-sectional study. Journal of Occupational & Environmental Medicine. 2025; 67(12):1032-1041.

<https://doi.org/10.1097/JOM.0000000000003492>

Abstract: OBJECTIVE: This study examines the relationship between musculoskeletal pain, burnout, and depression among Taiwanese fast-food chain employees, focusing on specific pain sites. METHODS: Musculoskeletal pain, burnout, and depression were assessed using validated Chinese versions of the Nordic Musculoskeletal Questionnaire, Copenhagen Burnout Inventory, and Brief Symptom Rating Scale. Multivariate logistic regression analyzed correlations, adjusting for confounders. RESULTS: A total of 3018 participants completed the survey. Factors associated with depression included trunk pain, seniority, work hours, and sleep. Trunk pain, work hours, and sleep were linked to personal burnout. Trunk and upper extremities pain, gender, work hours, and sleep were associated with work-related burnout. CONCLUSIONS: Trunk pain, work hours, and sleep correlate with depression and burnout. Managers should assess work conditions, address pain sources, and adjust work hours to improve employee well-being

Lawrence K, Mellifont D, and Bulkeley K. Disability employment policy in Australia: barriers and facilitators to workforce participation. Social Policy & Administration. 2026; 60(1):112-123.

<https://doi.org/10.1111/spol.13147> [open access]

Abstract: Australians with disability experience an unemployment rate twice that of people without disability, with little positive change in 20 years. Policy interventions during this time have made little

progress in closing this gap. Aiming to identify possible evidence-based opportunities to improve this pressing policy issue, our research found that deficit-based attitudes and low community awareness of disability act as discriminatory barriers across the employment process. The Australian Government's disability employment policies are yet to deliver widely impactful disability awareness-raising or attitudinal-change activities. Failing to address disability discrimination, combined with ineffective discrimination legislation, means long-term employment remains out of reach for many people with disability. Policy improvements that remove the individual problematisation of people with disabilities while investing in cultural and attitudinal change and inclusive service provision are suggested as the first steps in ameliorating the enduring employment disparity between people with and without disability.

Massamba VK, Milot A, Talbot D, Gilbert-Ouimet M, Brisson C, and Trudel X. Repeated exposure to psychosocial work-related factors and arterial stiffness among aging workers. *International Archives of Occupational & Environmental Health*. 2025; 98(9-10):973-985.

<https://doi.org/10.1007/s00420-025-02177-0>

Abstract: Objective: Arterial stiffness is an independent risk factor for cardiovascular disease. Psychosocial work-related factors may be associated with higher arterial stiffness, but findings from previous studies have been inconsistent. No previous studies have examined the effect of repeated exposure to these factors. Therefore, the potential adverse effect of repeated exposure remains unclear. This study aimed to investigate the association between repeated exposure to psychosocial work-related factors and arterial stiffness among aging workers. Methods: The sample included 475 individuals (women: 52%) from the PROspective Quebec Study on Work and Health. Repeated exposure to psychosocial work-related factors from the job strain and the effort-reward imbalance (ERI) models in 1999-2001 (baseline) and 2015-2018 (follow-up) was assessed using validated instruments. Arterial stiffness (carotid-femoral pulse wave velocity, m/s) was assessed at follow-up. Results: Among women, ERI exposure onset [+ 0.34 m/s (95% CI: + 0.01; + 0.66)] and cessation [+ 0.52 m/s (95% CI: + 0.10; + 0.94)] were associated with higher arterial stiffness compared to unexposed women. The association was of lower magnitude among women repeatedly exposed to ERI [+ 0.16 m/s (95% CI: - 0.08; + 0.40)]. Among men, there was no association between repeated exposure to psychosocial work-related factors and arterial stiffness. Conclusions: Results from the current study suggest that repeated exposure to an ERI at work may contribute to higher arterial stiffness in women. Psychosocial work-related factors may be relevant targets to mitigate arterial stiffness progression.

Martinez Kercher VM, Heeter KN, Schaefer SC, Reese AL, Klein B, Golzarri-Arroyo L, et al. Dream BIG! Empowering employee well-being through wellness coaching: a program and process evaluation. *Journal of Occupational & Environmental Medicine*. 2025; 67(12):1042-1051.

<https://doi.org/10.1097/JOM.0000000000003494>

Abstract: Objective: This study aimed to evaluate the impact of Dream BIG!, a work-life employee wellness program using wellness coaching to enhance employee well-being. Methods: A descriptive analysis was conducted on program outcomes and coaching processes. Results: A total of 22 participants attended an average of 8.3 (± 2.9) one-on-one and 4.6 (± 2.1) group coaching sessions. At program completion, 61.2% reported success in achieving their goals. Common reported improvements included life satisfaction (55.6%) and health management (50%). Participants gave high

ratings (=4.4) for coaches' communication and skills. Conclusions: The development of a program and process evaluation approach successfully highlighted the preliminary impact of a 9-month, holistic, work-life program that integrates dreams to support and promote personal and professional goals of employees.

Nishimura HM, Sngun S, Moen M, and Dean LT. Guaranteed income and health in the United States and Canada: a scoping review. *Epidemiologic Reviews*. 2025; 47(1):mxaf003.

<https://doi.org/10.1093/epirev/mxaf003> [open access]

Abstract: Although the economic impact of guaranteed income (GI) (recurring, unconditional, and unrestricted cash transfers intended to supplement the income of participants) is well studied, much less is known about how GI may affect health, especially in the context of high-income countries like the United States and Canada. We searched 5 electronic databases for terms related to "guaranteed income" and "cash transfer" through April 23, 2022. Among 5340 records originally identified, 25 met our inclusion criteria and represented 16 unique GI initiatives. Most included studies used a quantitative approach (n = 22; 88%), were published between 2000 and 2022 (n = 21; 84%), and were conducted in the United States (n = 15; 60%). Health outcomes included maternal and child health (eg, preterm births, breastfeeding initiation), healthcare utilization (eg, hospital admissions), mental health (eg, depression), physical health (eg, body mass index), and behavioral health (eg, substance use). Maternal, infant, and child health were the most highly represented health outcomes. Guaranteed-income initiatives generally had significant positive impacts on health outcomes, especially among the most vulnerable recipients. Data were absent on neighborhood-level health outcomes, chronic and infectious diseases, potential unintended consequences, and long-term impacts of GI on health. Studies on the impact of GI on health suggest GI has the potential to positively affect many, but not all, health outcomes. Rigorous assessment of health outcomes is still needed, and additional health outcomes should be considered in the design and evaluation of GI initiatives.

Pearson C, Cullingworth J, Salmon K, McLaughlin J, Watson N, Shildrick T, et al. Policy failure in the lives of young disabled people: in search of good transitions. *Social Policy & Administration*. 2026; 60(1):39-49.

<https://doi.org/10.1111/spol.13131> [open access]

Abstract: For many young disabled people, social policies have failed in their role to support transitions from childhood into the next stage of life. Across OECD countries, policy development has been fragmented, haphazard and limited in its scope. It is only relatively recently that governments have begun to engage with the specific needs and develop initiatives which reflect them. Yet there is little known about the experiences of transition to adulthood for this group, and there is an absence of longitudinal data. In seeking to address these issues, this article reports on the first stage of data collection from a major study, based in Glasgow and the North East of England, which follows a group of young disabled people (aged 16–29) as they leave school and move towards adulthood. Drawing on the accounts told by the young people we spoke to, we examine how the failure of transitions support and social policies has impacted profoundly on life experiences and socio-economic well-being, reinforcing barriers to inclusion and inequalities for young disabled people.

Sayre MM, Murphy LA, Kavanaugh C, Dunn G, Grubbs L, Kobetz EN, et al. Perspectives on environmental and occupational exposures and cancer risk from Florida's wildland firefighters: a Forestry and Wildland Risk Discussions (FORWRD) qualitative study. *American Journal of Industrial Medicine*. 2026; 69(1):14-23.

<https://doi.org/10.1002/ajim.70033>

Abstract: Background: Firefighters responding to wildland and wildland-urban interface (WUI) fires increasingly navigate a hazardous landscape of environmental pollutants and occupational risks that may influence their health risk perceptions, yet their firsthand experiences and work-related safety concerns are insufficiently understood. Methods: Between December 2024 and February 2025, we conducted seven focus groups and four key informant interviews with 51 Florida Forest Service personnel, whose service averaged 11.5 years. Qualitative analysis of interview data employed a coding reliability thematic approach informed by a postpositivist paradigm. Results: Four primary themes emerged: (1) Safety risks associated with heavy equipment operations and inadequate immersive training; (2) environmental hazards from complex smoke mixtures, invasive species, anthropogenic contaminants, and expanding WUI conditions; (3) systemic deficiencies in personal protective equipment availability, decontamination infrastructure, and cultural norms that valorize soiled gear; and (4) acute and chronic health burdens, including respiratory irritation, cardiovascular strain, mental health stressors, and perceived elevated cancer risk. Preinterview survey data documented that 72.5% of respondents self-reported wearing no respiratory protection during fireground activities. Health conditions reported included hypertension (24.0%), arthritis (11.8%), and asthma (9.8%). Approximately 8.0% reported having depressive disorder, and 7.8% reported having kidney disease. Among all participants, 46.9% were obese. Conclusion: Findings highlight critical gaps in occupational health practices, resource allocation, and cultural attitudes within the wildland firefighting workforce. Integration of technical interventions, such as enhanced respiratory protection, realistic equipment training, and station-based laundering facilities with culturally informed strategies to shift perceptions of risk and of gear cleanliness should be validated in population-based studies.

Vitrano G and Micheli GJL. Ecosystem perspective for effective occupational safety and health interventions: a cross-national expert study. *Safety Science*. 2026; 195:107034.

<https://doi.org/10.1016/j.ssci.2025.107034> [open access]

Abstract: With the intent to promote lasting workplace interventions for the health, safety, and well-being of workers, this study focuses on supporting the development of Occupational Safety and Health (OSH) interventions, with particular attention to the processes and actors involved. Inspired by the circular ecosystem's principles, the concept of ecosystem in OSH introduces a new perspective into discussions on OSH interventions. This perspective deepens understanding of the underlying dynamics contributing to intervention outcomes. The research adopts a qualitative, exploratory design, structured around expert engagement in two phases: first, exploratory interviews aimed at gathering insights on past OSH interventions; and second, a focus group with the same experts, where initial findings were used as a foundation to collectively discuss and refine strategies for improving intervention effectiveness. Based on the mixture of OSH and ecosystems knowledge, the findings are derived by interpreting data according to the intervention development phases—design, implementation, evaluation, and follow-up—and the five elements of circular ecosystems—value, actors, data materials and flows, circular activities and strategies, and governance. A framework is

determined to interpret the diverse aspects, including contextual factors and drivers, influencing intervention development and its long-term effectiveness. The ecosystem perspective proposed is intended to provide scholars with a fresh approach to intervention development and clear guidelines for practitioners to create successful, long-lasting interventions through the ecosystem perspective.

Wuellner S and Bonauto D. Sociodemographic, industry and health factors associated with underutilization of workers' compensation insurance. *American Journal of Industrial Medicine*. 2026; 69(1):3-13.

<https://doi.org/10.1002/ajim.70032> [open access]

Abstract: Objective: Workers' compensation insurance is an important financial resource for workers, and a key source of occupational injury and illness surveillance and research data. Underutilization of workers compensation is an ongoing concern. Using statewide data for a general working population, we estimated the portion of workers whose work-related injury or illness (WRII) was paid by workers' compensation and assessed workers' compensation utilization by industry, occupation, demographic and health characteristics, and over time. Methods: We combined 5 years of Behavioral Risk Factor Surveillance System telephone survey data (2017-2022, excluding 2020) from Washington State for workers (n = 31,171) and identified respondents with WRII (n = 1463). We estimated the percent of workers who utilized workers' compensation to pay for treatment of their WRII, and calculated adjusted prevalence ratios to estimate underutilization controlling for sociodemographic, work and health factors. Estimates were weighted to be representative of the Washington adult population. Results: Of the 5.1% of Washington workers who experienced a WRII within the past 12 months, just over half (51.3%, 95% CI: 48.1%, 54.5%) reported that their WRII was paid by workers' compensation insurance. Controlling for other sociodemographic, work and health factors, workers' compensation utilization was lower among workers who were younger, male, graduated from college, reported poorer mental health, and could not afford medical care. Workers' compensation utilization was lower among most service-related industries and occupations. Annual estimates of utilization statewide changed little over time. Conclusion: Underutilization of workers' compensation insurance is substantial. Workers' compensation data are more likely to miss younger workers, and workers in service-related industries and occupations.

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