Global Leadership for Health Education & Health Promotion

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Dr. John Howard National Institute for Occupational Safety and Health NIOSH Docket Office. 1090 Tusculum Ave. MS C-34 Cincinnati, Ohio 45226-1998 Attn: CDC-2017-0068, NIOSH-299

Society for Public Health Education's (SOPHE) comments on the proposed National Occupational Research Agenda (NORA), focusing on occupational cancer, adverse reproductive outcomes related to occupation, and CVD among workers (CDC-2017-0068)

Dr. Howard:

The Society for Public Health Education welcomes the opportunity to comment on the National Occupational Research Agenda (NORA) for Cancer, Reproductive, Cardiovascular and Other Chronic Disease Prevention. Identifying the knowledge and actions most urgently needed to identify occupational risk factors to prevent avoidable adverse outcomes among workers is not only of utmost importance, but is essential to reducing the incidence of costly chronic diseases and conditions.

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

Comments on Proposed Rule

We commend the National Institute for Occupational Safety and Health for their initiative to improve methods and research to prevent chronic disease and to prioritize occupational safety and health research. Annually, over 4,500 deaths are caused by work-realated injuries with work-related injuries causing an estimated 10 - 20% of all cardiovascular diseases, the leading cause of death, in working-age people in the U.S.¹ A research agenda that includes objectives and recommendations to prevent these illnesses and deaths can increase the likelihood that employees at all levels are informed and educated on the hazards of their workplace, thus enabling them to implement health education initiatives are critical to reducing the incidence of cardiovascular

disease associated with non-chemical workplace factors such as physical inactivity, unhealthy food choices available in workplace cafeterias and vending machines, and job strain. Health education programs aimed at all levels of the organization could impact purchasing/ordering, scheduling, and job description decisions to have a positive impact on occupational health.

We understand that recommendations made to improve the field of occupational safety and health must be conducted in concert with public health to achieve an integrated approach to population health, considering the similarity of initiatives of these fields. Furthermore, occupational safety and health is advanced through application of health education and health promotion to reduce disparities, with special tools and resources specifically for the workplace setting.³ Workplace health programs improve the quality of individuals' lives and promote health, while also fostering a healthy work environment for more than 159 million workers in the United States.² Preventative measures are proven to lower direct costs, such as insurance premiums and compensation claims, while also indirectly impacting worker productivity and absenteeism in a positive way.⁴ Coordinated and comprehensive strategies work to meet the safety and health needs of all employees, and with continued research can keep up with the ever growing list of risk factors presented in the workplace. To that end, SOPHE encourages the council to focus on health education efforts related to occupational exposures and adverse health risks. It is unfortunate that less than two percent of agents manufactured or processed in the United States have been evaluated for their carcinogenicity but when approximately 20% of lung cancer deaths and 10-20% of cardiovascular diseases are thought to be attributable to occupational exposure, the council cannot wait years or decades for confirmation of carcinogenicity to begin health education initiatives to mitigate these potential risks. Education regarding and reducing exposure to known and suspected carcinogens can save millions of lives in the intervening timeframe.

Overall, SOPHE is encouraged by the inclusiveness of measures to capture knowledge of health education, as well as the goal to improve workplace interventions that include the understanding of identified exposures and resources. To that end, SOPHE recommends that the role of health education be inserted within this agenda to advance the prevention of chronic disease in the areas of occupational cancer ensuring the health and safety of all individuals. As supported by the multitude of examples of evidence-based research that proves prevention is the solution to reduce risk for disease and adverse health outcomes, we hope the integration of public health disciplines in occupational health and safety and public health promotion & education will lead future efforts to reduce exposure to worksite factors that contribute to adverse health outcomes. Workplace programs are key to disease control strategy as they protect workers and contribute to the sustainable development of organizations.⁵ Workplace promotion focuses on factors such as organizational environment, the promotion of a healthy lifestyle, and non-occupational factors such as family welfare and community factors.⁵ The ability to protect workers, their surrounding communities, and the environment for future generations is possible when the barriers are understood and we have health education tools at our disposal.

The Role of Health Education Specialists in Occupational Safety and Worksite Wellness

The National Institute for Occupational Safety and Health also highlights their improvements to epidemiological studies on priority populations to identify potential workplace risk factors, workers at risk, and adverse reproductive outcomes, including male and female infertility. As suggested, research and epidemiological assessments on high-priority, high-feasibility populations should be conducted and communicated to identify and quantify the risk of cardiovascular diseases associated with workplace exposures, as well as occupational and non-occupational risks. To that

end, SOPHE recognizes the opportunity for health education to be an integral component in the improvement of key workplace exposures and interventions and recommends inclusion of health education and health promotion examples in the workplace and interventions, evident in Objective 11 (Understand the Risk Factors Associated with Cardiovascular Disease) and Objective 12 (Develop and Evaluate Workplace Interventions for Cardiovascular Disease). Acknowledging these different exposures and their affect on employee health is not only an important aspect of identifying those factors, but essential for health educators to make an impact on workplace health and wellness to ultimately improve population health. With epidemiological assessment data, individualized interventions can be put in place to address the multiple risk factors in low-income, high-risk work environments as well as those in managerial and office jobs who may experience prolonged periods of physical inactivity and job-related stress. These targeted interventions will benefit not only the individuals, but the organization.⁴ Occupational health is fundamental to public health and it is increasingly clear that these programs are part of the solution.⁴ SOPHE emphasizes the need to acknowledge health education as the method for preventable occupational exposures to further the efforts of the National Institute for Occupational Safety and Health. Collectively, public health promotion and health education utilized in workplace intervention will propel the aim of the research agenda towards the reduction of risk factors for a safer workplace.

Thank you for consideration of our comments. In the ever-changing arena of public health, the necessity for streamlined application of known best practices cannot be overemphasized to prevent disease and illness by the employer and employee. Thus, in the new decade (2016-2026) of NORA, it is vital that the National Institute for Occupational Safety and Health encompasses these recommendations to produce the best outcomes in occupational safety and create our strongest, healthiest communities. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

Elaine Culd

Elaine Auld, MPH, MCHES Chief Executive Officer

¹ Center for Disease Control and Prevention. (2017). New Frontiers in Workplace Health. Retrieved from

https://www.cdc.gov/cdcgrandrounds/archives/2017/august2017.html

² United States Department of Labor. (2017). Recommended Practices for Safety and Health Programs, 2017. Retrieved from https://www.osha.gov/shpguidelines/education-training.html

³ Quinn, M. M. (2003). Occupational Health, Public Health, Worker Health. American Journal of Public Health, 93(4), 526. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447781/

⁴ Center for Disease Control and Prevention. (2016). Workplace Health Model, 2016. Retrieved from https://www.cdc.gov/workplacehealthpromotion/model/

⁵ World Health Organization. (2017). Workplace Health Promotion, 2017. Retrieved from

http://www.who.int/occupational_health/topics/workplace/en/index1.html