

AOEC NEWS

Newsletter of the Association of Occupational and Environmental Clinics

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PRESIDENTIAL COLUMN ANTHONY SURUDA, MD, MPH

The clinic members of AOEC are currently voting on whether or not to create a new category of clinic membership, *Associate Clinic Members*. For those of you who have never seen an AOEC clinic application, it is very comprehensive. In addition to demonstrated expertise in the field of occupational and environmental medicine, a defining criteria of AOEC clinics has always been that they accept patients from any referral source. The Board decision to develop a new category of membership was primarily due to the realization that there are also many excellent clinics in both in the US and abroad that meet all the criteria except for this last item. These include clinics that limit their patients to a particular group of workers, health maintenance organizations and others.

One major question raised when we first considered this idea was if we open up the membership to these clinics how would we ensure these clinics maintained AOEC standards once they are admitted. That in turn raised the question of how do we do it now? Since AOEC is not a credentialing body, we do not have a set method of reviewing clinics for continued compliance with AOEC criteria. While we ask each clinic to have a quality assurance plan in place, we don't require the clinics to produce an annual report. We did try to require an annual QA report every year back in the mid-90's. It was not an overwhelming success. The basic problem is that in one form (and usually several) or another, every clinic has required reporting and inspection by governments, hospitals, universities and/or governing bodies such as the Joint Commission on Accreditation of Healthcare Organizations or the American College of Graduate Medical Education, etc. Adding one more from AOEC was viewed as overkill. There was a mini-mutiny and the Board decided that if over half the

member clinics didn't comply, it was probably time to reconsider.

However, the Board did recognize the need for some method of evaluating whether or not clinics continue to meet the AOEC criteria. Over the years, an ad hoc method has evolved. It is most frequently triggered by a major turnover in staffing. When that occurs, clinics are contacted to update application materials. If they no longer have the required expertise on staff, they are advised to reapply when they once more have the expertise. We've also found that clinics which cease to have a public health focus generally drop their membership voluntarily.

Members of the AOEC staff visit clinics whenever possible in order to learn what the clinics would like from AOEC and meet clinic staffers they normally wouldn't meet. Kathy Kirkland tells me that in thirteen years of visiting clinics, she has yet to visit one that didn't exceed the resources they reported on their application.

In addition, many of us on the Board have visited other member clinics either to give talks, hear talks or just to drop in while in the area and visit with a colleague. This isn't a case of spying on one another but the public health occupational medicine world is a rather small group. If a clinic has a major change in philosophy, personnel, resources, whatever--it will be discussed when two or more other occupational medicine people are gathered. If you look at the current list of AOEC member clinics, I am sure you will agree that this is as high quality a group of occupational and environmental clinics as you will find anywhere.



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CANARY DATABASE PROJECT

Peter Rabinowitz, MD, MPH and his team at Yale University are working on the Canary Database Project. Anyone working in occupational health is familiar with the practice of taking canaries into the coal mines to detect carbon monoxide. More recently, animal-human health connections have been evident in West Nile disease and SARS. Yet what is the significance to human health of amphibian mortality and deformities, abnormal development in whales and alligators, or chronic wasting disease in elk? Can the health of animal populations near superfund sites or other contaminated areas provide clues about human health? The aim of the Canary Database project is to explore the clinical and scientific potential of such sentinel animal events as early warning signs of human environmental health hazards. The project hopes to achieve this by assembling and classifying scientific studies of sentinel animals published in both the medical literature as well as the zoological and animal health literature.

When completed this project will be a database and web site including a compilation of animal sentinel studies. This relational database will allow the user to search over 30 years of sentinel studies by journal citation, animal species, study type, health outcomes, and hazards. The database will have links to NLM online databases and online document delivery services. The database will be designed to be useful to occupational/environmental clinicians and researchers.

The project is a joint effort of the Yale Occupational and Environmental Medicine Program, the Yale Department of Medical Informatics, the USGS National Wildlife Health Center, and the Consortium for Conservation Medicine. The website and database are currently in the alpha testing stage. According to Dr. Rabinowitz, the project team plans to have the web site active for beta testing in the spring of 2004.

DRINKING WATER RISK COMMUNICATION: INPUT IS CRITICAL



Physicians are needed to participate in a 10 to 15-minute telephone interview that will be conducted either in mid-November 2003 or January 2004. AOEC is collaborating with George Washington University (School of Public Health and Health Services) to implement a project on Water Related Health Risk Communications. George Washington University has been awarded a grant by the American Water Works Association Research Foundation to conduct this work. The AOEC membership provides a great resource of clinicians with interest in environmental concerns including drinking water issues.

The purpose of the interview is to gather clinicians' views about working with utility and public health personnel on drinking water issues. Note, you do not have to be considered "an expert" but only need an interest in drinking water, water contamination and related issues. *Please reply by Friday, October 31, 2003 to participate.*



The Rocky Mountain Region Pediatric Environmental Health Specialty Unit (RMR-PEHSU) has established a collaborative

relationship between the National Jewish Medical and Research Center (NJH), AOEC and the Rocky Mountain Poison and Drug Center (RMPDC). The RMPDC is hosted by the nation's largest 330 Grant funded community health system, the Denver Health and Hospital Authority (DH). The regional populations directly benefit by the collaboration as each organization provides complementary aspects of clinical care.

NJH is an internationally renowned hospital and clinic system, ranked first for the past three years in *U.S. News and World Report* for its respiratory care. Forty faculty members compose the pediatric staff at NJH and much of its success grows from a decades-long focus on pediatric asthma. A similarly active adult care oriented staff work at NJH, where the AOEC clinic is based. NJH has extensive experience in regional environmental health concerns and issues and has a track record of community activism, education, and specialty service provision. NJH brings other collaborators into the environmental pediatrics initiative, including the Denver Children's Hospital and the Healthy Homes Initiative.

The RMPDC, established in 1956, provides an extensive resource and training infrastructure. The RMPDC has regional functions and a track record of extensive outreach on issues of poison prevention and treatment education, lead and mercury intoxication, and multiple other environmental exposure issues.

The RMR-PEHSU provides a 24 hour, toll-free HOTLINE (1-877-800-5554) serving as an educational and referral resource. We conduct training for health care providers as well as the public on environmental health issues. The web site also serves as a repository for resources with patient and provider education materials and resource links. By calling the HOTLINE or accessing www.rmrpehsu.org, clinicians can post questions to the RMR-PEHSU experts as well as government collaborators from the EPA and the ATSDR.

An upcoming conference:

EPA Region VIII is hosting a Children's Environmental Health Summit to be held in Denver on October 23-24, 2003 in celebration of Children's Health Month. The "Kids Grow and Learn Best in Healthy Environments" Conference is being organized jointly by EPA Region VIII, the Rocky Mountain Region Pediatric Environmental Health Specialty Unit, the US Department of Health and Human Services Region VIII, and the AOEC.

The goals for this Conference are to:

1. Increase the ability of health, environmental, and education professionals to identify, prevent, and reduce environmental health threats to children.
2. Share information, resources, "best practices", and emerging science regarding the protection of children's health from environmental hazards.
3. Encourage coordination and information sharing across government agencies, health organizations, health care providers, educators, and the general public in addressing children's environmental health issues.

The first day of the conference will focus on emerging science in the area of children's environmental health. The second day will focus on environmental health issues in schools covering case studies and resources for schools on how to identify and address environmental health concerns. Attendees may register one or both days of the conference and CME credit is available. For more information, visit <http://epa.gov/region8/humanhealth/children> and click on Children's Environmental Health Summit on the menu on the left.

The RMR-PEHSU recently completed its second year as a functioning unit, and year 3 will be particularly important. Our original application to the AOEC to form the unit included a commitment to host a regional children's environmental health summit for Region VIII during our third year of activities. With generous commitments from two keynote speakers, Kathy Shea and Bruce Lanphear, we look forward to the summit as the first of many such activities with interested individuals from the region. The summit will bring together, for the first time in our region, a mix of clinicians, public health professionals, government representatives, and educators in an environment and curriculum designed to spark further interest and collaboration.

SESSIONS AT APHA

For those of you who will be attending APHA this year in San Francisco, below are a number of workshops and panels of which you may want to take note:

Saturday, November 15, 2003

- ❑ *Organized Labor and Public Health*, 9:00am-5:00pm. Continuing Education Institute. Course for public health personnel who wish to learn about form working partnerships with organized labor. Register: www.apha.org/meetings/cei_1007.html.

Monday, November 17, 2003

- ❑ *Developing and Sustaining Participatory Research Partnerships between Clinicians, Worker Organizations and Academics* (3067.0), 8:30am-10:00am. Topics include: basic elements of participatory research; pitfalls/barriers to conducting research with employee populations; approaches to partnering with worker organizations for research purposes; the role of a project advisory group in workplaces. Some of the discussants include: Kate McPhaul, RN, MPH and Jane Lipscomb, RN, PhD.
- ❑ *Environmental Health & Policy – Building the National Environmental Public Health Tracking Network Through Effective Partnerships* (3118.0), 10:30am-12:00pm. This session provides an overview of the CDC sponsored initiative to develop a National Environmental Health Tracking Network. Organized by Susan West Marmagas, MPH of PSR, some of the participants will include John Balmes, MD and Jim Cone, MD, MPH.
- ❑ *Worker Struggles Outside the US* (3143.0), 10:30am-12:00pm. This session will address occupational health issues that workers outside the US face. Presenters include: Arthur Frank, MD, PhD.
- ❑ Organized by Jordan Barab, the panel *Fire, Explosions and Toxic Releases in a Post 9/11 World* (3224.0), 12:30pm-2:00pm, will address tracking toxic events, improving state and national regulations to manage reactive chemicals problems, fixing chemical plant security vulnerabilities, addressing the competition between right-to-know about hazards and security secrecy, and the growing use of immigrant and contract labor in chemical facilities. Among the panelists is Rosemary Sokas, MD, MOH.
- ❑ Anne Bracker, MPH, CIH, Jim Cone, MD, MPH, Jonathan Dropkin, MS, Lora Fleming, MD, PhD, MPH, MSc, Michael Grey, M, MD, MPH, Robert Harrison, MD, MPH, Marcia Trapé-Cardoso, MD, FACP, are among the presenters and contributors to the session, *Occupational Health & Safety: Posters Plus!* (3301.0), 2:30pm-4:00pm. This session covers a variety of occupational health and safety topics too numerous to list but certainly interesting enough to attend.
- ❑ *Summary of Projects Promoting the Integration of Occupational and Environmental Health* (3367.0), 4:30pm-6:00pm, is a session that will highlight some of

AOEC at APHA

AOEC Board Meeting, Sat., November 15, 2003, 8:00am-4:00pm, Marriot Hotel, 55 Fourth St., Salon 6, Yerba Buena Ballroom.

AOEC Get Acquainted Breakfast, Tues., November 18, 2003, 7:00am-8:30am, Marriot Hotel, 55 Fourth St., Salon 1, Yerba Buena Ballroom, (open to current, past, and potential AOEC members)

APHA Occupational Health & Safety Social Hour, Mon., November 17, 2003: 6:30pm-8:00pm, Marriot Hotel, 55 Fourth St., Room C1, Golden Gate Hall

AOEC staff will be available to discuss new and ongoing activities in **Booth 346** in the Exhibit Hall throughout the conference.

☛ **Remember to check your program and message board for any last minute room location changes.**

the research projects that promote the integration of occupational and environmental health. Peter Orris, MD, MPH is among the contributors.

- ❑ Organized by Barbara Sattler, DrPH, RN, the session, *Environmental Health Nursing Practice - Tools for Assessment, Intervention and Advocacy* (3345.0), 4:30pm-6:00pm will discuss the challenges of working with communities on environmental issues; tools available to assist in performing environmental assessments and interventions; and the importance of environmental health advocacy training for public health practitioners. Presenters include AOEC staffer Ingrid Denis, MA.

Tuesday, November 18, 2003

- ❑ Poster Session: 8:30am-10:00am (4067.0/Brd 7) *Relationships between Utilization of Chiropractic Care and Outcomes for Work Related Back Pain and Costs*. Contributors include: Glenn Pransky, MD, MOccH.
- ❑ Poster Session: 8:30am-10:00am (4067.0/Brd 9) *Road to Improved Health & Safety in Poultry Plants*. Stephen Mooser, MPH.
- ❑ *Children's Environmental Health – Healthy School Environments: From Policy to Action* (4033.0), 8:30am-10:00am. Strategies will be presented for improving school environments. Contributors include: Anne Bracker, MPH, CIH and Eileen Storey, MD, MPH.
- ❑ *Innovative Topics – Fish, Fats and Toxic Pollutants, Part I: Benefits and Risks of Eating Contaminated Fish* (4129.0), 12:30pm-2:00pm. This two part session is intended to explore in-depth the complex and troubling issue of fish contamination. Among the presenters is Gina Solomon, MD.

- ❑ Michael Grey, MD, MPH and Robert Harrison, MD, MPH will address *Smallpox Vaccination: the Occupational Health Perspective* (4225.0), 2:30pm-4:00pm.
- ❑ *Is Scientific Research Compatible with Political, Community and Labor Activism?* (4197.0), 2:30pm-4:00pm. Researchers in this panel will illustrate the difficulties and opportunities of combining population health research with advocacy that aims at improving the health of populations. Among the panelists is Kate McPhaul, RN, MPH.
- ❑ Patricia Butterfield, PhD, RN and Jerome Paulson, MD are among the presenters who will address, *Infrastructure Development: Strategies for Incorporating Environmental Health into Health Care* (4260.2), 4:30pm-6:00pm. This session will highlight various strategies and initiatives aimed at integrating environmental health throughout various stages of education and clinical practice for health care providers.
- ❑ *Built Environment Institute III– Policy, Politics, Research, Planning and Development* (4258.0), 4:30pm-6:00pm. This session will aim to identify successes and challenges toward healthy community design and sustainable growth from multiple perspectives. Presenters include Howard Frumkin, MD, DrPH.
- ❑ Robert Harrison, MD, MPH and Frank Mirer, PhD, CIH are among the contributors in the session, *Evaluating Ergonomic Interventions* (4295.0), 4:30pm-6:00pm.
- ❑ *Health Outcomes in Workers Exposed at the World Trade Center Site: An Update on the Occupational Health Screening Programs* (4296.0) will be on of the presentations discussed at the late breaking session, 4:30pm-6:00pm. Contributors include Stephen Levin, MD, and Robin Herbert, MD, MPH.

Weds., November 19, 2003

- ❑ Organized by Tim Takaro, MD, MPH, the session, *Beryllium Exposure and Disease in Populations Downstream from Production: Nuclear Weapons Workers and the Public Surrounding Production Plants* (5060.0), 8:30am-10:00am will address the important aspects of the beryllium exposure/response relationship of proven relevance to occupational health with potential application to community based exposures; current monitoring and beryllium disease prevention programs. Presenters and contributors include: John Dement, PhD, Lewis Pepper, MD, MPH, and Laurie Welch, MD.
- ❑ Poster Session: 8:30am-10:00am. (5021.0/Brd. 3) *Public Health Collaborations. Enhancing the Pediatric Environmental Health Knowledge of Health Professionals: The Role of the Pediatric Environmental Health Specialty Units (PEHSU) Program.* Paula Wilborne-Davis, MPH, CHES, M. Nolana Kabwit, BS.
- ❑ Poster Session: 8:30am-10:00am. (5022.0/Brd. 9) *Risk Perceptions and Communication about Emerging*

Contaminants in Drinking Water. Rebecca T. Parkin, PhD, MPH.

- ❑ Poster Session: 8:30am-10:00am. (5022.0/Brd. 10) *Drinking Water Risk Perception and practices of Persons Living with HIV Disease: Mental Model Results.* Rebecca T. Parkin, PhD, MPH.
- ❑ Barbara Sattler, DrPH, RN will preside over the panel discussion, *Critical Public Health Tools for Addressing Contemporary Environmental Health Threats* (5131.0), 12:30pm-2:00pm.
- ❑ *Close Encounters with Pesticides: Recent Findings from Pesticide Poisoning Surveillance Programs,* 12:30pm-2:00pm. This session will describe pesticide poisoning surveillance activities, risks associated with insecticide applications for adult mosquito control, risks associated with aircraft disinsection, and provide recommendations for preventing acute disinfectant-related illness among youth. Contributors include Geoffrey Calvert, MD, MPH, Rupali Das, MD, MPH and Robert Harrison, MD, MPH.

OHS ACTIVITIES

Saturday, November 15, 9:00am-1:00pm: A Common Goal: Union and Researcher Health and Safety

Collaboration. San Francisco General Hospital, 1001 Potrero Ave. In this seminar, in commemoration of Dr. June Fisher's work and to celebrate her 70th birthday, presenters and participants will discuss the past success and value of cooperative, participatory research that has been conducted with union/worker consent and/or active participation. There is no charge for the seminar. Contact Darryl Alexander: 202-393-5672 or dalexand@aft.org if you have research in this area to share.

Sunday, November 16, 2:00pm-4:00pm: Globalization

Forum. Moscone Convention Center, Rm.222. This forum, organized by APHA's Globalization and Health network, will explore relationships between economic globalization, international trade agreements and economic policy, and public health. The panel will include presentations on workplace, environmental and other public health issues.

Tuesday, November 18, 12:00pm – 2:00pm:

Occupational Health Section Awards Luncheon.

Location: TBA. Come help recognize, and be inspired by health and safety activists: International Awardee, Juliana So, founder of the Chinese Working Women's Network; Alice B. Hamilton Awardee, Dolores Huerta, for lifetime achievement; and the WorkSafe coalition, for their work promoting health and safety in California.

Tuesday, Nov 18, 8:00pm-11:00pm: Dance Party!

Jelly's, a dance café, 295 Terry Francois Blvd. Come dance the night away -- and bring your friends. Co-sponsored by Spirit of 1848.

For more information and tickets, contact Diane Bush, OHS Committee: dbush@uclink4.berkeley.edu, (510) 643-2424.



AOEC BOOK CORNER

Occasional book reviews by AOEC members

Allard E. Dembe, ScD, Sharon E. Fox, PhD, Jay S. Himmelstein, MD, MPH. *Improving Workers' Compensation Medical Care: A National Challenge*. OEM Press. 238 pages, 2003.

➤Book Review by Joel Moorhead, MD, MPH, Emory University Occupational and Environmental Medicine, Atlanta, GA.

This anthology is a compendium of articles published between 1995 and 2003 directed toward improving Workers' Compensation (WC) medical care. The articles are organized into four sections: Section 1 – Opportunities for Improving Medical Care for Injured Workers, Section 2 – Defining and Measuring Quality of Medical Care, Section 3 – Managed Health Care in Workers' Compensation, and Section 4 – Overcoming Barriers to Obtaining High-Quality Care. The original source for each article can be found in the Acknowledgements, on pages viii-ix.

Section 1 gives an overview of the Robert Wood Johnson Foundation (RWJF) Workers' Compensation Health Initiative (WCHI), and the types of proposals that were submitted to the RWJF for funding as part of this initiative. Articles in this section provide current cost statistics for Workers' Compensation and give a thorough overview of service delivery initiatives. The impact of service delivery method on perceived quality of services is addressed. Articles in this section discuss methodological issues in performing Occupational Health Services research, such as choosing appropriate study outcomes, defining quality, and devising accurate measurement tools for research focused on quality of services. The impact of managed care on WC cost and perceived quality is addressed here, and in several other articles throughout the book. Useful findings from other studies are cited often, such as the observation that a first return-to-work is followed by subsequent episodes of work disability 61 percent of the time (p. 45).

Section 2 focuses on quality measurement. Approaches such as the quality report card approach of the Health Plan Employer Data and Information Set (HEDIS) are discussed, as well as a useful contrast between quality indicators that are more useful for general medical care and those that are more useful for WC medical care. Challenges in measuring performance of WC managed care organizations are discussed well in this section. The
(WC, cont'd p.8)

The DOT Medical Examination: A Guide to Commercial Drivers' Medical Certification, 3rd ed. edited by Natalie P. Hartenbaum, MD, MPH. OEM Press. 256 pages, 2003.

➤Book Review by Robert M. Gerbo, MD, West Virginia University School of Medicine, Institute of Occupational and Environmental Health, Morgantown, WV.

Since the second edition of *The DOT Medical Examination*, there have been some significant changes in the certification process for commercial drivers. New guidelines regarding hypertension and cardiac disorders have been released. Even the examination form changed. Fortunately the third edition is here and continues to assist examiners with the navigation and understanding of federal regulations related to this public safety issue. Dr. Hartenbaum is a leading expert in the field of highway transportation safety.

The book is divided into three main sections. "The Examination Process" includes a chapter pertaining to past, present, and future aspects of the medical qualification process for commercial motor vehicle operators. There is also an explanation of specific points unique to the physical examination of individuals in this occupational group. Helpful guidance regarding federal regulations is also provided.

The majority of the text details specific medical conditions including cardiovascular, pulmonary, musculoskeletal, neurologic, endocrine, renal and psychiatric disorders. Of particular usefulness is the chapter addressing cardiovascular disorders as it contains the most recent guidelines established by the Cardiovascular Advisory Panel of the Federal Motor Carrier Safety Administration, including the new hypertension guidelines. The tables in this chapter provide the busy practitioner with a quick, useful guide to these new recommendations. Substance abuse and the effects of medication use on safe vehicular operation are also addressed. Section III explains the health risks and hazards of commercial drivers.

Although the process of medically evaluating commercial drivers is currently changing, the authors provide a valuable service by collating information from multiple sources into a practical, up to date, user friendly reference for us providers that perform this special type of examination. Incorporation of the content of this book into one's practice will improve public safety on the roads.

Bonnie Rogers, DrPH, COHN-S, FAAN, Susan A. Randolph, MSN, RN, COHN-S, and Karen Mastroianni, RN, MPH, COHN-S. *Occupational Health Nursing Guidelines for Primary Clinical Conditions*, 3rd ed. OEM Press. 358 pages, 2003.
➤Book Review by Patricia Butterfield, PhD, RN, Associate Professor, University of Washington School of Nursing, Seattle, WA.

Occupational Health Nursing Guidelines for Primary Clinical Conditions (“Guidelines”) is a practical workhorse. The book is designed to be pulled off the OHN’s book shelf and used like a dictionary or phone book. The brief guidelines are exactly what makes this book so useful; it provides the nurse with quick background information and can help them differentiate between smoke and fire in a pinch. The first part of the book contains pages where the provider can write in emergency contact, professional organization (e.g., American Lung Association), and insurance policy information. “Guidelines” also contains local and national resource information, such as poison control contact information for each state, examples of health history forms, and phone numbers for the regional OSHA offices.

The guidelines are organized into three sections addressing prevention and screening, primary care, and emergency care. Each guideline is formatted using a uniform template, so that a quick glance will direct the nurse to the information they need. The template includes brief sections addressing: problem definition, clinical and related characteristics, policy perspectives, clinical objectives, assessment criteria and nursing interventions, specific conditions requiring medical referral, and follow-up activities. One of the strengths of the book is that the authors recognize that many non-occupational conditions (e.g., thyroid disorders, toothaches, fibromyalgia, major depression) are seen in occupational health clinics. Because the guidelines address both occupation as well as non-occupational conditions, the nurse is able to use this one book for advice on a broad range of subjects. Treatment and medical referral information is brief, practical, and to the point. It’s important to note that this is definitely not the book to obtain pathophysiology or treatment information in any level of detail. The best of both worlds for an OHN’s office might include “Guidelines” as a quick reference guide plus an additional occupational health nursing or medical book from which to obtain background, etiology, and treatment information.

(Guidelines, cont’d p.8)

Robert B. Swotinsky, MD, MPH and Donna R. Smith, PhD. *The Medical Review Officer’s Manual: MROCC’s Guide to Drug Testing*, 2nd ed. OEM Press. 304 pages, 2002.

➤Book Review by Cynthia Lewis-Younger, MD, MPH, *Comprehensive Occupational Medicine for Business and Industry*, Tampa, FL.

The Medical Review Officer’s Manual: MROCC’s Guide to Drug Testing is a comprehensive reference that caters to all levels of experience. It covers the field thoroughly, from how a physician becomes a medical review officer to alternative testing methods. Physicians just learning the field can find basic information about performing medical review. The experienced medical review officer can find discussions about some of the more complex areas of the practice. There is extensive information regarding the use of adulterants and the performance of validity testing that is quite useful. Discussions of drugs and their metabolism are focused on the questions most pertinent to the medical review of drug tests.

The book is well written, and easy to use. Each chapter and section covers an appropriate section of the field and follows a logical train of thought. The text is clear. A number of graphics and tables are included which further elucidate more complex issues. This includes reproductions of various forms such as custody and control forms and a sample MRO punchlist. Flow diagrams are used to illustrate handling of some of the more complicated issues. For example, the flowchart for MRO review of adulterated and substituted specimens found on page 89 lays out the process to determining when a refusal to test should be determined.

Dr. Swotinsky is a recognized expert in the field, with a wealth of knowledge about the drug testing field. His expertise is invaluable and this manual brings that expertise to hand. Dr. Smith’s inside knowledge of the development of the drug testing rules is also apparent. They clearly have substantial experience in the field. Appropriate references are provided in each chapter. In addition, the federal code, 29 CFR Part 40, is reproduced in the back of the book.

The section on ethical issues in drug testing is somewhat disappointing. It simply consists of a list of items that should be included in a drug testing program, rather than including a discussion of the ethical dimensions of drug testing in general, or a discussion of some of the specific ethical dilemmas

(MRO, cont’d p.8)

(WC, cont'd from p.6)

important area of measuring worker satisfaction with care is well-discussed in this section as well.

Section 3 begins with very well-written guide to WC research design, with examples of recent studies and programs. A detailed Appendix to studies assessing the impact of WC managed care is organized in an easy to read table format, allowing quick comparison between programs and studies. The “North Country on the Job Network,” an innovative model for returning injured workers to their jobs, is described in detail. The Washington State Managed Care Pilot Project is described in detail as well, with a useful discussion of WC patient satisfaction measures. Efforts to disseminate ACOEM Practice Guidelines are detailed, as the benefits of case management services in facilitating WC care.

Aspects of social justice are discussed rationally and thoroughly in Section 4. Barriers to access of appropriate WC care are addressed, as well as inequities in care experienced by vulnerable populations. A practical discussion of provisions that can be written into contracts to improve the quality of WC managed care is a strong offering in Section 4, as is the discussion of the role of preventive services in improving worker health.

Hopefully this excellent book will be successful and create demand for a second edition. A recommendation for subsequent editions might be to expand the discussion of prevention measures. A discussion of the Sherbrooke project with its team approach to prevention and care might provide good balance for the many good articles on WC managed care. (Loisel P. Durand P. Abenheim L. Gosselin L.

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The books reviewed in this issue are published by OEM Press. No compensation was given to either reviewers or AOEC. However, in return for publishing reviews of these books, OEM Press is offering free shipping on these 4 books to any AOEC member. To take advantage of this offer you can order online at <http://www.oempress.com/> and enter **347AOEC** in the coupon field. You can also order via snail mail and indicate the same coupon code.

Simard R. Turcotte
J. Esdaile JM.
Management of occupational back pain: the Sherbrooke model. Results of a pilot and feasibility study. [Clinical Trial. Journal Article. Randomized Controlled Trial] *Occupational & Environmental Medicine*. 51(9):597-602, 1994 Sep.). A discussion of the role of the employee's

supervisor in preventing lost-time injuries would be welcome in a subsequent edition as well. The use of cognitive behavioral therapy to target employee attitudes and beliefs about preventing and recovering from on-the-job injury might be a useful contribution to future editions, especially in the area of reducing the incidence of recurrent episodes of disability.

This excellent anthology provides a well-chosen array of articles on managed care arrangements for treating injured workers. The discussions on measuring quality of services and satisfaction with services are thorough and well-written. The treatment of social justice issues in WC is very well done as well. This book is recommended to WC administrators and to physicians who are interested in improving systems by which workers are protected from lost-time injuries and are treated for those injuries when they occur. This book may be particularly useful to administrators who are responsible for writing WC managed care contracts, and to occupational health services researchers.

(Guidelines, cont'd from p.7)

“Guidelines” addresses a wide variety of topics and screening recommendations. Dr. Rogers and her colleagues even include a brief questionnaire where they solicit ideas for additional guideline topics. Although the in-book questionnaire refers to all types of occupational health providers, the book is definitely written for a nurse’s scope of practice. “Guidelines” does not seem like it would be useful for other professionals such as an industrial hygienists or safety engineers. The obvious challenge for “Guidelines” is to keep current by providing best practice information as well as addressing emerging occupational health conditions. To do this the authors will need to release new editions fairly frequently. Fortunately, for now the 3rd edition of “Guidelines” (2003) is up-to-date, comprehensive in scope, and ready for your bookshelf.

(MRO, cont'd p.7)

medical review officers sometimes face. Some short discussions about some of these issues are scattered throughout the text. This book would be more satisfying if a section were devoted to discussing the grey areas where the medical review officer must make decisions that can have profound effects on the donor, but where the use of drugs is not clearly an intentional illicit use. Overall, the Medical Review Officer’s Manual is an excellent reference. Every medical review officer should consider owning a copy.

We conducted an informal e-mail survey of AOEC members last month. In the interest of economy, it was done by e-mail and the summary of results sent out by e-mail as well. For those of you who did not see it, the responses were interesting.

We're trying to respond as efficiently and effectively as possible. You will already see several results. One is the change in the appearance of the AOEC web page. While those of us on the staff were fond of the wood panel background, there were a number of comments about knotty pine and old rec rooms. Interestingly, while some felt the page had a bit too much scrolling, no one asked us to change it. Quite the opposite, it seems that our members have gotten used to the way they navigate the AOEC web page and prefer not to learn a new system.



Of a more practical nature we now have new programs on mold in the AOEC lending library and suggestions for new topics. The topics suggested are as follows: Respirators and Medical Exams, Respiratory Disease in Agricultural Workers, a CD of standardized questionnaires, Air Pollution (indoor and outdoor), Introduction to Industrial Hygiene, Introduction to Toxicology, Global Warming, Adolescent Workers, Child Labor, International OEM Issues, ADA, and Immigrant Work Force Issues. If you have programs on any of these topics you would be willing to share with your fellow members, please let me know. We'd like to add them to our AOEC Educational Resource Library.

We also generated more awareness of the opportunities for AOEC members to get funding for outreach activities. We've already received a request from an Indian Health Service hospital to help teach their family practice staff (physicians, nurses and lay health workers) about occupational health. If you know of any clinicians who could benefit from a grand rounds/outreach program, please contact Ingrid Denis at the AOEC office. Ingrid's the staffer in charge of occupational outreach.

The AOEC database project is still a viable entity. We are currently vetting the new rules for it to ensure it complies with Health Insurance Portability and Accountability Act (HIPAA). Once we have that assurance formalized, we will be actively recruiting for member clinics to participate.

One benefit of belonging to AOEC that was not being fully utilized is our discounted subscription package for *Environmental Health Perspectives*. AOEC members get a discounted rate of \$66 per year. To access the discount go to the following web site: <http://ehponline.org/aoec>.

If you want to add to the comments, discuss what we found or just schmooze with fellow AOEC members, we are hosting a breakfast at APHA on Tuesday, November 18, 2003, 7:00am-8:30am. We will be in the Marriot Hotel, 55 Fourth Street, Salon 1, Yerba Buena Ballroom.

OEM ROTATIONS FOR MEDICAL STUDENTS

As part of the ongoing efforts of AOEC and the AMSA International Labor/Trade and Occupation Focus Group to promote interest in the field of occupational and environmental medicine, AOEC has posted on the website a listing meant to be used as a resource guide by medical students who wish to pursue interests in occupational and environmental medicine. This listing is by no means conclusive and therefore may not include some programs. Additions to the listing are welcome, please send your recommendations to Ingrid Denis, Program Coordinator, idenis@aoec.org.

OPPORTUNITIES

► **Board-eligible or certified occupational medicine specialists** sought for academic faculty positions within the University of Washington's Occupational and Environmental Medicine (OEM) Program, as either the Director of the Program's Fellowship/Residency Program or Chief of the Program's Clinical Service. Qualifications: MD degree, training in a relevant clinical specialty, and formal training in occupational medicine. Appointment to the full-time faculty at the UW will be at the Assistant, Associate or Full Professor level. Selected applicant(s) will become a faculty member in the OEM Program, participating in a range of teaching, clinical, and research activities. A joint or adjunct appointment in the Department of Environmental & Occupational Health Sciences or related other department is possible. Send CV, statement of research and teaching interests and career goals, and 4 references to: Joel Kaufman, MD, MPH, OEM Faculty Search, Attn.: Susan Worden, University of Washington/ Harborview Medical Center, 325 Ninth Ave, Box 359739, Seattle, WA 98104, sworden@u.washington.edu. University of Washington is an AA/EOE. Women and minorities are encouraged to apply.

► **Occupational medicine physician** sought for the Mount Sinai Center for Occupational and Environmental Medicine World Trade Center Health Effects Treatment Program, a philanthropically funded program providing occupational health, social work and mental health services to WTC responders with persistent WTC-related health problems. This position is for a clinical occupational medicine physician, with strong preference given to candidates with both Internal and Occupational Medicine training. Ability to speak Spanish, experience in occupational pulmonary medicine and/or disability management a plus. Must be a strong patient advocate. Direct inquiries and applications to Robin Herbert, MD, Medical Co-Director, Mount Sinai Center for OEM, Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1057, NY, NY 10029. Email: robin.herbert@mssm.edu, Telephone: 212-241-5664.

► The Department of Environmental and Occupational Health Sciences (EOHS) in the University of Washington School of Public Health and Community Medicine seeks applicant(s), tenure-eligible faculty appointment(s). Selected applicant(s) will be expected to become **faculty member(s) in the Occupational and Environmental Medicine (OEM) Program**, participate in OEM fellowship training, teach graduate and/or undergraduate courses, direct graduate thesis research, and develop an extramurally funded research program leading to partial support of his/her own salary. Joint or adjunct appointment in the School of Medicine or related other department may be possible. Successful candidate(s) will have demonstrated potential for conducting scholarly research and obtaining funding support, and complement a multi-disciplinary research organization that includes epidemiology, toxicology, health services, environmental and occupational exposure assessment, and health policy. Candidates with MD degree and BC/BE in OM (or equivalent) preferred. Send CV, statement of research, teaching interests, career goals, and 4 references to: Joel Kaufman, MD, MPH, OEM Faculty Search, attn.: Gail Gilliland, Dept. of EOHS, Box 357234, University of Washington, Seattle, WA 98195-7234, gmg@u.washington.edu.

► The Rocky Mountain Center for Occupational and Environmental Health (a NIOSH-funded Education and Research Center), Department of Family and Preventive Medicine, University of Utah seeks applicants for **Industrial Hygiene faculty appointment**. Position will have significant responsibilities in areas of research, teaching, and administrative/service. Activities will include: research activity in areas of occupational and environmental health; course director for specific academic courses; teaching in continuing education programs; community consultation and outreach. Successful candidates for the position must have a Doctorate degree in industrial hygiene or closely allied field. Board certification in industrial hygiene is desirable. Send CV and references to: Dean R. Lillquist, PhD, CIH, Director, Industrial Hygiene, RMCOEH, University of Utah, 75 South 2000 East, Salt Lake City, UT 84112-5120.

► The Department of Community Medicine, Faculty of Medicine and Health Sciences is recruiting **Professors/Associate Professors/Assistant Professors** in Community Medicine. The Faculty (recognized by the UK General Medical Council) is a developing and progressive medical school located in a state-of-the-art facility in Al Ain. English is the medium of instruction. Appointees will support the Department in teaching, research, and administration. The appointees will contribute to the programs of graduate and professional training which are being developed, and develop research projects relevant to health of communities in the UAE, in collaboration with colleagues in the Faculty of Medicine and other institutions in the University and in the community. Familiarity with USMLE and Canadian Qualifying Examinations and the operation/accreditation of graduate medical programs and certification/fellowship in North America, Australia and Europe and by the Arab Board would be desirable. Specialists must hold a medical degree and should have a higher degree, PhD, MD or equivalent, in an area of Community or Public Health Medicine and certification by the American or Arab Board, MFPHM (RCP, UK) or equivalent from Europe, Australasia or North America. Applicants should have experience in teaching the components of Community Medicine to medical students and graduates. Faculty receive tax-free salary, generous leave, and support for accommodation/furnishings, annual airfares, educational assistance for up to three children, and international conferences. Contact Dr. A. G. Nicol, Department Chair, 971 3 7672000 (tel), + 971 3 7672022 (fax) or email Andrew.Nicol@uaeu.ac.ae or visit website: <http://www.fmhs.uaeu.ac.ae>. Send letter indicating depth of interest, experience, and suitability for the position sought, full CV/publication list and 4 references to: Chair – Department of Community Medicine, Faculty of Medicine and Health Sciences, United Arab Emirates University, P.O. Box 17666, Al Ain, United Arab Emirates, Fax : 971-3-767-2022.

► The Mount Sinai Irving J. Selikoff Center for Occupational and Environmental Medicine is seeking a **Clinical Industrial Hygienist (IH)**. The industrial hygienist for the COEM works in a dynamic environment within the clinic. The main function of this position is to provide occupational health and industrial hygiene services and

expertise. In addition, it is expected that the IH will seek funding for research and will assist ongoing research efforts in the COEM. Qualifications: Master's Degree in occupational safety and health or related field, American Board of Industrial Hygiene Certification (CIH), 5+ years experience as an industrial hygienist, preferably with knowledge of and experience with labor organizations, Excellent writing and oral communication skills. Send CV to: Laura Linker, Mount Sinai Irving J. Selikoff Center for Occupational and Environmental Medicine, Box 1057, 10 East 101st Street, NY, NY 10029; 212/241-0108; Fax: 212/987-6407.

► Center for Rural Emergency Medicine (CREM), West Virginia University seeks a **Director, CREM** with demonstrated capability in social and behavioral determinants of injury or disaster response, medical preparedness, or emergency services research and policy. Selected candidate will lead a center with divisions addressing injury control research, medical and disaster preparedness, and the nation's only injury control training center. Qualifications: MD, PhD, DrPH, or equivalent degree; demonstrated skills and vision in competitively funded research and outreach; leadership capability; and excellent communication skills. Send letter of interest, CV, and contact information for three references to: Alan M. Ducatman, MD, MSc, Chair, Search Committee, Chair, Department of Community Medicine, WVU School of Medicine, Box 9190, Morgantown, WV 26506-9190 (aducatman@hsc.wvu.edu). Applications will be screened until the position is filled.

► The NIOSH Division of Respiratory Disease Studies is seeking qualified candidates for a **senior scientific leadership position** in the Field Studies Branch located in Morgantown WV. The individual will lead and supervise approximately twenty-five research professionals in medicine, epidemiology, industrial hygiene, and statistics, who conduct applied occupational lung disease research through field studies and health hazard evaluations. This job requires someone who is committed to mentoring and working through others to accomplish public health goals and is interested in helping shape the Branch's overall research agenda rather than establishing a personal program of scientific research. For information, contact Dr. Kay Kreiss at kxk2@cdc.gov.

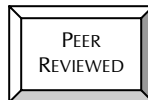
NEW MATERIALS IN THE AOEC-ERL



Health Hazards of Solvents, 2003, James E. Cone, MD, MPH, California Department of Health Services - Occupational Health Branch, Karen Packard, RDH, MS. This CD teaching module is intended to provide an overview of occupational solvent exposure; to review potential health outcomes and public health prevention options; to provide step-by-step approach to diagnostic testing and treatment of solvent-related diseases; to provide background information on specific solvents, and to illustrate the diverse effects of solvents through cases involving solvent toxicity. This module includes a series of case studies (3), author notes and references.

November 2003

- ▶ November 6-8, 2003, Houston, TX. Annual Midwest Farmworker Stream Forum: A Deeply Rooted Commitment to Migrant Health. Contact: 800/531-5120 or visit: www.ncfh.org.
- ▶ November 12-14, 2003, Hanoi, Vietnam. First International Scientific Conference on Occupational and Environmental Health. Contact the Vietnam Association of Occupational Health at nioeh@hn.vnn.vn or the University of Washington's Northwest Center for Occupational Health and Safety at ce@u.washington.edu.
- ▶ November 13-15, 2003, Arlington, VA. National Chronic Obstructive Pulmonary Disease (COPD) Conference. Visit



Pesticide Illness, 2003, Rupali Das, MD, MPH, California Department of Health Services, Michael O'Malley, MD, MPH, University of California, Davis, and Laura Styles, MPH, Public Health Institute. This CD teaching module is intended to provide a knowledge base and material for an individual to either further their own education, or to teach others, about pesticide illness. The module addresses: the general principles of pesticide toxicology, epidemiology, and recognition, diagnosis, and management of acute pesticide illness; acute illnesses due to insecticides; acute illnesses due to fungicides, fumigants, herbicides, and miscellaneous pesticides; and chronic illness due to pesticides and the laws that regulate their sale and use. This four part module includes speaker notes and references.

COURSES & UPCOMING EVENTS

the conference website:

http://www.uscopd.com/index_confer.html

- ▶ November 15-19, 2003, San Francisco, CA. American Public Health Association Annual Meeting and Exposition. Contact: 202-777-APHA or visit www.apha.org/meetings.

December 2003

- ▶ December 4-5, 2003, Bedford, MA. The New England College of Occupational and Environmental Medicine, "State of the Art" Annual Conference. Contact 978-373-5597 or visit <http://www.necoem.org>.

AOEC

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