Introduction to Occupational Health in Public Health Practice







BERNARD J. HEALEY AND KENNETH T. WALKER

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CONTENTS

Figures, Tables, and Exhibits	Χİ
Introduction	XV
Acknowledgments	xix
The Authors	ххі
The Contributors	xxiii
PART ONE	
PUBLIC HEALTH PREVENTION FOCUS	1
1 HISTORY AND IMPORTANCE OF PUBLIC HEALTH	3
A Brief History of U.S. Public Health	4
Healthy People 2010	8
Responsibilities of Public Health	11
Public Health Accomplishments	11
Emphasis on Prevention Not Control	14
Public Health and Occupational Health	16
Summary	25
Key Terms	25
Questions for Discussion	25
2 EPIDEMIOLOGY OF OCCUPATIONAL SAFETY AND HEALTH	27
Introduction to Epidemiology	28
Surveillance Systems	31
Epidemiology Studies	33
Health Hazard Evaluations	35
Public Health Systems in the Workplace	37

Vi Contents

	Chronic Disease Epidemiology in the Workplace	38
	Summary	39
	Key Terms	39
	Questions for Discussion	39
P	ART TWO	
0	CCUPATIONAL SAFETY AND HEALTH	41
3	HISTORY AND IMPORTANCE OF OCCUPATIONAL	
	SAFETY AND HEALTH	43
	Health, Disease, and Prevention	48
	The Role for Public Health	51
	Summary	54
	Key Terms	55
	Questions for Discussion	55
4	OCCUPATIONAL INJURIES	57
	Epidemiology of Injuries	58
	The Case for an Epidemiological Approach	59
	Epidemiology of Accidents	66
	Epidemiology of Violence	68
	Surveillance Systems for Occupational Injuries	69
	Surveillance Results	70
	Injury Prevention Programs	73
	Future Challenges	77
	Summary	78
	Key Terms	80
	Questions for Discussion	80
5	COMPLIANCE VERSUS PREVENTION	81
	OSHA Standards Development	84
	The Inspection Process	88
	Compliance or Prevention	90

Prevention of Cumulative Problems	93
Summary	93
Key Terms	93
Questions for Discussion	93
PART THREE	
PUBLIC HEALTH ISSUES IN OCCUPATION.	AL
SAFETY AND HEALTH	95
6 TOXICOLOGY	97
Application to Occupational Epidemiology	98
Subdisciplines in Toxicology	99
Classification of Toxic Agents	100
Environmental Tobacco Smoke	103
Risk Assessment	104
Toxicology Case Studies	105
Toxin Regulation and Research	105
Summary	108
Key Terms	109
Questions for Discussion	109
7 STRESS	111
Stress Basics	112
Workplace Characteristics and Stress	116
Organizational Response to Stress	117
When to Get Help	122
Summary	122
Key Terms	122
Questions for Discussion	123
8 THE IMPAIRED EMPLOYEE	125
Drug Use Frequency and Demographics	127
Epidemiology of Addiction	129

Viii Contents

	Substances Often Abused	134
	Drug-Free Workplaces and EAPs	136
	Summary	140
	Key Terms	140
	Questions for Discussion	141
9	WELLNESS PROGRAMS	143
	Chronic Diseases in the Workplace	145
	The Value of Wellness Programs	146
	Addressing Obesity and Nutrition	147
	Addressing Physical Inactivity	151
	Addressing Tobacco Use	153
	Developing Comprehensive Health Programs	155
	The Role for Public Health	157
	Summary	159
	Key Terms	160
	Questions for Discussion	160
10	EMERGENCY RESPONSE PLANNING	161
	Definitions	162
	Emergency Management Planning Steps	162
	Terrorism and Bioterrorism	164
	Workplace Preparedness for Terrorism	167
	CDC's Strategic Workplace Plan	168
	Applying Epidemiology to Preparedness	168
	Applying an Information Model to Preparedness	174
	Involving OSHA and NIOSH in Planning	175
	Summary	176
	Key Terms	177
	Questions for Discussion	177
11	ERGONOMICS	179
	Two Approaches: Broad and Narrow	181
	Ergonomists' Roles and Experience	187

Few Absolute Limits	188
Cumulative Trauma Disorders	189
The Industrial Athlete	195
Summary	198
Key Terms	198
Questions for Discussion	198
12 COMMUNICABLE DISEASES	199
Epidemiology of Communicable Diseases	200
Foodborne and Waterborne Diseases	202
Tuberculosis	203
Hepatitis	204
HIV and AIDS	207
Influenza	208
Emerging Infections	209
Summary	213
Key Terms	213
Questions for Discussion	214
13 VISION AND HEARING ISSUES	215
Protecting Vision in the Workplace	216
Protecting Hearing in the Workplace	223
Summary	231
Key Terms	232
Questions for Discussion	232
14 OCCUPATIONAL HEALTH DISPARITIES	233
Disparate Populations	234
How Do Health Disparities Persist?	251
Future Trends in Health Disparities	256
Summary	257
Key Terms	258
Questions for Discussion	258

Index

PART FOUR

EVALUATION AND LEADERSHIP ISSUES	
IN PREVENTION	259
15 ECONOMIC IMPACTS OF PREVENTION	261
Premature Mortality	262
Employer Health Insurance Costs	262
The Purposes of Economic Evaluation	264
The Burden of Injury and Illness	264
Types of Economic Analysis	266
Target Areas for Evaluation	268
Summary	276
Key Terms	277
Questions for Discussion	277
16 IMPACTS OF LEADERSHIP AND CULTURE	279
Using Vision and Management Skills	282
Using Power Effectively	284
Exercising Transformational Leadership	286
Changing the Process of Work	287
Motivating Employees	287
Building a Culture	288
Empowering Workers	290
Improving Team Effectiveness	291
Summary	292
Key Terms	292
Questions for Discussion	292
References	293

313

FIGURES, TABLES, AND EXHIBITS

FIGURES

2.1	The chain of infection	29
2.2	Determination of a rate	30
2.3	The triad of disease	32
2.4	Example of matrix displaying study outcomes	34
2.5	Fatal occupational injury rates by industry division, 2002	37
3.1	The disease process	49
4.1	Distribution of hours worked and occupational injury and illness cases with days away from work in private industry by age of worker, 2001	60
4.2	Number of occupational injuries and illnesses with days away from work in private industry for selected occupations, 1992–2001	61
4.3	Distribution of nonfatal injury cases with days away from work and nonfatal injury plus illness cases by private industry sector, 2001	61
4.4	Median days away from work due to occupational injuries or illnesses in private industry by nature of injury or illness, 2001	62
4.5	Distribution of occupational injury and illness cases with days away from work in private industry by body part affected, 2001	62
4.6	Distribution of occupational injury and illness cases with days away from work in private industry by source of injury or illness, 2001	63
4.7	The Haddon matrix	64
4.8	Number and rate of fatal occupational injuries, 1992–2002	70
4.9	Number of occupational injury cases by type of case in private industry, 1976–2001	71

4.	Distribution and number of documented cases of occupational transmission of HIV among health care workers by occupation, 1981–200	
4.	Estimated number of occupational hepatitis B infections among U.S. health care workers, $1983-2000$	73
4.	Distribution of 10,378 reported percutaneous injuries among hospital workers by medical device associated with the injury, 1995–2000	74
4.	Distribution of 6,212 reported percutaneous injuries involving hollow bore needles in hospital workers by associated medical procedure, 1995–2000	7-
5.	Numbers and rates of traumatic occupational fatalities, 1980–2000	82
5.	Number of occupational injury cases by type of case in private industry, 1976–2001	83
5.	Annual rate of fatal occupational injuries by leading cause, 1980–1998	86
8.	Past month illicit drug use among persons aged twelve or older, by age, 2005	128
8.	Current, binge, and heavy alcohol use among persons aged twelve or older, by age, 2005	129
8.	Driving under the influence of alcohol in the past year among persons aged sixteen or older, by age, 2005	130
8.	Dependence on or abuse of specific illicit drugs in the past year among persons aged twelve or older, 2005	130
8.	Reasons for not receiving substance use treatment among persons aged twelve or older who needed and made an effort to get treatment did not receive treatment and felt they needed treatment, 2004–2005	but 138
11.	Model of events and behaviors contributing to an accident	186
11.	How a crane operates	193
11.	The human back in a cranelike position	193
11.	Critical dimensions for lifting	196
11.	Angle of asymmetry	197
14.	Distribution of employed U.S. workers in 2000 and nonfatal occupational injury and illness cases with days away from work in private industry in 2001 by race and ethnicity	238
14.	Number and rate of fatal occupational injuries by race in the agriculture, forestry, and fishing industries, 1992–2001	238

14.3	Distribution and number of anxiety, stress, and neurotic disorder cases involving days away from work in private industry by race and ethnicity, 2001	241
14.4	Fatal occupational injury rates among Hispanic and non-Hispanic workers in the construction industry, 1992–2001	242
14.5	Distribution of foreign-born and native-born workers by occupational group, 2000 (percentage)	244
14.6	Employment and fatality profiles by sex, 2002	246
14.7	Distribution of MSD cases and all nonfatal injury and illness cases involving days away from work in private industry by sex, 2001	248
14.8	Distribution of anxiety, stress, and neurotic disorder cases involving days away from work in private industry by sex, 1992–2001	249
14.9	Distribution of hours worked and occupational injury and illness cases with days away from work in private industry by age of worker, 2001	251
14.10	Distribution of the uninsured and total U.S. population by race and ethnicity in 2004	254
15.1	A six-step framework for program evaluation	271
TABL	_ES	
1.1	Healthy People 2010 focus areas	9
1.2	Healthy People 2010: short titles of occupational safety and health objectives	10
1.3	Most common causes of death, United States, 2001	17
1.4	Employer chronic disease prevention best practices, by practice type, eight Pacific Northwest employers, American Cancer Society Workplace Solutions Pilot Study, 2005–2006	19
1.5	Employer characteristics and chronic disease prevention best practice scores at baseline and follow-up, eight Pacific Northwest employers, American Cancer Society Workplace Solutions Pilot Study, 2005–2006	22
1.6	Implementation rates of chronic disease prevention best practices at baseline and follow-up, eight Pacific Northwest employers, American Cancer Society Workplace Solutions Pilot Study, 2005–2006	23
2.1	Examples of NIOSH surveillance activities in the workplace	36
3.1	NORA research categories	46

XIV Figures, Tables, and Exhibits

4.1	Incidence and costs of injury in the United States	58
4.2	Application of the Haddon countermeasures to reducing risks of injury by handguns and of cancer associated with smoking	65
8.1	Healthy People 2010: short titles of substance abuse objectives	131
10.1	Haddon matrix and public health emergency readiness and response: a conceptual overview	170
14.1	Median income, education, and occupation for selected racial and ethnic groups, 2006	239
15.1	Overview of economic evaluation methods	269
EXH	IBITS	
1.1	Ten great public health achievements—United States, 1900–1999	12
2.1	Sample NIOSH survey question	35
6.1	Toxicology case studies	106
8.1	Important components of an EAP that supports a drug-free workplace	139
9.1	Criteria for healthy vending machine items	150
9.2	Examples of successful nutrition wellness programs	152
9.3	Elements of a comprehensive worksite health promotion program	156
9.4	NIOSH surveillance: strategic goals	158
10.1	Recommended emergency supplies	164
10.2	CDC strategic plan outcomes	169
11.1	The lifting equation should not be used for these tasks	195
12.1	Preparing the workplace for an influenza pandemic	210
13.1	CFR sections concerning eye and face protection	217
15.1	BASICC: six required data elements	265
15.2	Cost-effective preventive health services	267
15.3	Final report from U.S. Chemical Safety Board on 2004 explosion calls on Houston to enact stricter pressure vessel regulations	273
16.1	Categories of occupational illnesses and injuries	282

INTRODUCTION

In the United States the workplace can be hazardous to one's health through injuries and disease. Although the average worker spends more than forty hours every week in the workplace, many workers are unaware of the potential dangers present in their home away from home.

When young men or women begin their first job, usually at a young age, they are not aware that they have entered a world of potential health problems. This can be a very dangerous period in their lives because they are now exposed both to the possibility of workplace injuries and to the possibility of developing chronic diseases later in life from health behaviors developed or supported in the workplace environment.

According to the Bureau of Labor Statistics (2007), a worker is injured every five seconds and every ten seconds a worker is temporarily or permanently disabled. Individuals usually spend a majority of their lives in the places where they work, and these years in the workplace are the same years when they may be incubating chronic diseases or experiencing serious injuries that often cause disabilities and poor health later in life.

HEALTH IN AMERICA

Length of life has definitely improved in the United States since the early 1900s, and most people can expect to live well into their eighth decade of life. The majority of this increase in life expectancy can be directly attributed to the many public health accomplishments made possible by dedicated workers in the field of public health in this country. The reduction in tobacco use, better nutrition, more physical activity, proper immunizations, and effective health education programs are just a few of the initiatives developed and implemented by public health departments during the past hundred years. Unfortunately, too many Americans still experience premature death, disability, or poor quality of life.

The *healthy people* concept, which was introduced by the U.S. Surgeon General's Office a few decades ago, has helped us continue our progress in helping Americans to achieve good health for themselves and their family members. The most recent report, *Healthy People 2010* (U.S. Department of Health and Human Services, 2000), has established even more aggressive but achievable goals and objectives to improve the health of all Americans.

It is now time to expand this public health success story to the workplace. There is a captive audience in the workplace who want to be healthier and an employer who wants to keep employees healthy and productive. All that is required is leadership to make the workplace a healthy place to earn a living and experience healthy aging.

WORKPLACE HEALTH

Twenty years ago injury was a leading cause of death in the United States, with 143,000 fatalities in 1983. Today over four hundred deaths a day result from injuries, including injuries happening in the workplace. Injuries are the second leading cause of death in this country before the age of seventy-five. The large numbers of injuries that occur on a daily basis lend themselves very well to a public health model of prevention. According to Finkelstein, Corso, and Miller (2006), an injured worker misses an average of 11.1 days of work and the productivity losses associated with the injury are the value of the goods never produced because of the injury.

Chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the United States. As the burden of chronic diseases in the United States increases, greater efforts will be made to identify and implement interventions that successfully reduce disease risk, especially in the workplace. These diseases account for seven of every ten deaths and affect the quality of life of ninety million Americans. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. McGinnis and Foege (1993) point out that daily habits such as smoking, inactivity, eating a poor diet, and using alcohol and their consequences contribute to the development of virtually all morbidity and mortality in industrial nations. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use can prevent or control the devastating effects of these diseases.

Employers are becoming more interested in dealing with the economic losses suffered each year as a result of injuries and illness suffered in the workplace. These losses include higher health insurance costs for the employer and loss of employee productivity. Employers are faced with a real need to reduce costs associated with producing a product and the need to have healthy employees who come to work rather than using sick leave to tend to illness and injuries that may have been acquired in the workplace.

GOVERNMENT INVOLVEMENT

The federal government became deeply involved in occupational safety and health after the passage of the Occupational Safety and Health Act in 1970. This act created the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) to protect American workers from dangers to their health in the workplace.

OSHA is housed in the Department of Labor; it is responsible for creating standards and using those standards to protect the American worker from injury, illness, and death in the workplace. NIOSH is headquartered at the Centers for Disease Control and Prevention, because of its investigative role. It is the research component of the Occupational Safety and Health Act and through the use of the science of epidemiology has helped to discover the causes of injury and disease in the workplace. Through the use of public health expertise, researchers are then able to develop programs to reduce or eliminate workplace injuries and disease.

Despite the success of OSHA and NIOSH over the last few decades, there are still those who dislike any form of business regulation. The conservative governance of the last several years in this country has cut OSHA and NIOSH budgets, experimented with reorganizations and taken away some of these agencies' power, and even tried to abolish these agencies.

There could be a leadership role for OSHA and NIOSH in bringing together partnerships between the businesses they regulate and public health agencies. Such collaborations will be necessary if we are to improve the overall health status of the American worker. In order to make a difference in workers' health we have to go beyond the talent and resources found in any one agency. Because there is a very large difference between what is known about injury and illness prevention in the workplace and what is actually being done to prevent these important health problems, we can accomplish a great deal through collaboration among multiple stakeholders.

PUBLIC HEALTH OPPORTUNITIES

Public health efforts in this country are carried out by numerous agencies with a mandate to improve the health of the population. These agencies have produced remarkable success stories on very limited budgets. In addition they are receiving more new challenges to deal with, including bioterrorism preparedness, emerging infections, the AIDS pandemic, and now avian and swine influenza.

Moreover, in recent years public health agencies have shifted their focus from communicable diseases to the behaviorally caused chronic diseases. These diseases have a very long incubation period and cannot be cured, only treated or prevented from ever starting. Even though chronic diseases and injury prevention programs have high costs at the start, they do very well when cost-benefit analysis is applied to the outcomes associated with them.

The public health success with identifying the causes of chronic diseases needs to be expanded into an effort of preventing the occurrence of these diseases or at the very least postponing their complications until later in life. This knowledge should be of great value to corporate America in reducing chronic and noncommunicable disease costs. Public health has a tremendous opportunity to help businesses reduce the costs of health insurance and keep their employees healthy and productive. The return to the public health field could be the availability of resources from businesses and a captive audience of employees who are practicing prevention techniques and whose results can be documented.

ROLE OF PREVENTION

The Institute of Medicine report titled *The Future of the Public's Health in the 21st Century* (2003) recommends that the corporate community and public health agencies work together to strengthen health promotion and disease prevention programs for employees and their communities. The results of the Framingham study (discussed in Chapter One) have given us guidance for reducing the incidence and damage caused

by chronic diseases such as cancer, diabetes, heart disease, and arthritis among all members of society. The answers produced in the Framingham study need to be given to employers to help them develop programs to prevent chronic disease occurrences in the workplace.

This book was written to discuss the many health problems facing the American worker as he or she ages in the workplace. The authors' premise is that a number of these health problems can be prevented if public health skills are applied in the workplace. The opportunity to eliminate or reduce injuries and many illnesses in the workplace is within reach of employers, employees, and public health officials. Now is the time to learn about this wonderful opportunity that has presented itself and to do the right things to make the workplace safe and healthy.

This book begins with a discussion of the history of public health in the United States, paying particular attention to the many successes of public health programs in the last century. This leads to a discussion concerning the need for public health expertise to understand and reduce occupational illness and injury occurrences. The reader is also introduced to the many uses of epidemiology in developing injury and illness surveillance systems that can help all concerned to better define occupational health problems.

A discussion of occupational safety and health history and the importance in protecting workers from morbidity and mortality follows, and a discussion of OSHA and NIOSH helps the reader understand the various problems faced by workers as they earn a living. Special attention is given to the types of injuries and illnesses that occur in the workplace and the role of legislation in reducing these occurrences.

The text then moves to a discussion of specific public health problems and their potential solutions, paying particular attention to public health prevention strategies for the workplace. The topics in this section of the book include workplace stress, drug and alcohol abuse, worker exposure to toxins, workplace wellness programs, and emergency planning and bioterrorism in the workplace. This book also looks at ergonomics, communicable diseases, vision and hearing problems, and health disparities as they affect the employer and employee. Additional topics include the economics of public health prevention activities in the workplace, the need for program evaluation, and a discussion of leadership and partnerships in keeping the American worker safe, healthy, and productive.

ACKNOWLEDGMENTS

We would like to begin by acknowledging the dedicated people who work in public health and who, despite limited resources, have accomplished so much in making the United States a better place to lead a healthy life. This is really a book about their success stories and their attempt to bring the healthy people concept to the places where people work to earn a living. Once you are bitten by the bug of serving others by making the world a safer place to live, you can never stop being a public health person.

During the process of writing this book we met many dedicated people who demanded professionalism in everything they tried to accomplish. One such person was John P. Sestito, surveillance program coordinator in the Division of Surveillance, Hazard Evaluations and Field Studies, National Institute for Occupational Safety and Health. He was there to help Bernard Healey with the chapter on injuries in the workplace. He shared his work and went out of his way to make this chapter the best that it could be.

Four more individuals to whom we are truly indebted helped us with the writing of particular chapters. They are Bridget McKenney Costello, Alison Healey, Kristin Joseph, and Jason R. Smith. Their biographies appear in the next section.

During the entire research and writing of this book we were surrounded by intelligent, caring individuals who cared only about making our ideas better. We are very fortunate individuals to have the opportunity to write a book for a national publisher but equally fortunate to have been able to work with such talent.

THE AUTHORS

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THE CONTRIBUTORS

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Alison Healey has managed the New York City bureau of an international financial magazine for Thomson Financial, has written and edited copy for a biweekly magazine and daily electronic news updates, and has also written and edited news stories and feature articles for this publication and its supplements, as well as comprehensive sector-specific management reports. She covered North American project finance activity, including but not limited to energy and infrastructure sectors. She is currently employed by Northeast Counseling conducting crisis assessments of children and adolescents in Northeast Counseling offices and emergency rooms. She determines the lethality of crisis patients and consults with on-call psychiatrists. She also conducts psychosocial assessments and links new patients to outpatient medication and therapy services. In addition, she teaches abnormal psychology, general psychology, and stress and coping at Marywood University, in Dunmore, Pennsylvania. She earned her MA degree in clinical/counseling psychology from Fairleigh Dickinson University and her MA degree in journalism from Temple University.

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PART

1

PUBLIC HEALTH PREVENTION FOCUS

CHAPTER

1

HISTORY AND IMPORTANCE OF PUBLIC HEALTH

After reading this chapter, you should be able to

- Understand the use of the skills of public health in the prevention of workplace illness and injuries.
- Understand what public health departments do and how they accomplish their goals.
- Discuss the advantages of partnerships between workplaces and public health departments.
- Explain the evolution of public health responsibilities in the United States.

It is difficult for most people to understand what public health does because they very rarely if ever have to deal with a public health department. Public health agencies become visible only when a health problem receives extensive media coverage. Yet the work that has been completed by public health over the last century is one of the main reasons for the long life expectancy of most Americans.

One way to understand public health is to compare a physician and a public health professional. The physician is most concerned with the health of his or her individual patient whereas the public health professional is concerned with the health of the community. More broadly, the medical care system in our country focuses attention and resources on the individual and the cure of disease whereas the public health system is concerned with the population and the prevention of disease.

Shi and Singh (2008) point out that many people believe that public health is nothing more than a massive welfare system. The agency responsible for the good health of Americans is not a welfare program but a separate agency of government that is supplemented by many nonprofit public health agencies. Every organization should have an interest in the important programs that protect and promote the health of all citizens. It is unfortunate that most people do not come to really understand public health until there is an emergency and that they forget about public health after the emergency ends.

Schneider (2006) believes that public health is concerned with the prevention of disease and the promotion of health. This definition places public health in the area of primary care. McKenzie, Pinger, and Kotecki (2005) argue that public health involves governmental actions to promote, protect, and preserve the health of a population. However, public health activities are also performed by nongovernmental agencies. The perception of public health agencies as responders to health emergencies prevents even health policy experts from understanding the contribution that could be made by public health departments in solving the current health care problems in this country. These departments do many things that prevent disease but that are never publicized and therefore are not known by the average person.

The public health system is always working at making good health available for all individuals. It is usually seen as a silent component of health services, one that demands few resources and still produces immense value for all of our citizens in terms of better health for all. This system employs some of the most dedicated health professionals to be found in any part of this country's health care system. These individuals have special skills that could be extremely useful in helping employers keep their workforces healthy and free from disease and injury.

A BRIEF HISTORY OF U.S. PUBLIC HEALTH

As just described, the valuable contribution made by public health professionals year after year is largely taken for granted. People think of public health and public health departments only when an emergency threatens their health and they need guidance and answers from public health officials and the various governmental agencies that