

**WOHC 2007!**  
Save the Date  
October 4-7, 2007

QUARTERLY NEWSLETTER • FALL 2007

## ACOEM Fellowship - Are You Ready?

BY TEE L. GUIDOTTI, MD, MPH, IMMEDIATE PAST PRESIDENT, ACOEM

**F**ellowship is an important step in professional maturity. In ACOEM, it means senior status, recognizing the physician's experience and preparation, and eligibility to hold office and to serve in the important role of council chair. In one sense, the fellows of ACOEM are the "elders" who guide the organization, serve as role models, and direct much its affairs. This is a considerable responsibility and so admission to fellowship is taken very seriously.

The requirements for ACOEM fellowship are posted on the College website at [www.acoem.org](http://www.acoem.org).

The application process focuses on evidence of proficiency in occupational

medicine, evidence of leadership in the field, and evidence of experience. To facilitate assessment and to make the process as transparently fair as possible, an objective point system is used. Applications are reviewed by the College's Board of Examiners, which scrutinizes the applications carefully. The Board of Examiners then forwards its recommendations to the Board of Directors.

Historically, admission to fellowship meant that the candidate was being brought into a group of fellow peers (hence "fellowship"), reflecting the senior members of the profession. In accordance with this usage, many countries use the term fellow as an

official title to describe specialists who are certified by their specialty boards or colleges. In Britain, for example, the senior qualification in occupational medicine is "Fellow of the Faculty of Occupational Medicine" (of the Royal College of Physicians, London).

In the United States, with its different system, the term "fellow" is used as an honorific title by medical specialty societies and scholarly organizations. Somewhat confusingly, it is also used in the US as a title for physicians in sub-specialty training, to signify that they are entering the fellowship of their peers. The assumption is that they have

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## Now is the Time to Register for WOHC 2007!

### The Western Occupational Health Conference October 4-7, 2007 • Loews Coronado Bay Resort (San Diego)

BY ELLYN McINTOSH, MD, CONFERENCE CHAIR

We have a spectacular program this year, with a post-conference course, Basic Disaster Life Support (BDLS) Training & Certification offered on Sunday, October 7th, and a variety of fantastic special events including our signature event this year – "WOHC Zoo-Fest" at the San Diego Zoo, a

sunset sail on San Diego Bay, and a private behind the scenes tour of Sea World (for spouses/children and guests.)

Our conference theme—**Work Healthy, Live Well**—represents our collective goal of ensuring a healthy and productive workforce. Nationally-

recognized physicians, authors, and researchers will present the latest insights into emerging occupational medicine issues, vaccines, updates on guidelines, ACOEM, NFPA, DOT, rehabilitation, treating back injuries, pain management, toxicology and much more.

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## ACOEM Fellowship

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already qualified as specialists and are being admitted to the fellowship of advanced practitioners. (Other countries often call these trainees “fellowship candidates”.)

WOEMA and ACOEM take great pride in its fellowship process and the role that fellows play in College leadership. Fellows are elected from physicians who have been ACOEM members for three (3) years and meet the following qualifications:

- 1.** The applicant must have been engaged in the practice of occupational medicine on a full-time basis for three (3) years;
- 2.** The applicant must have possession of a high level of expertise in occupational medicine as evidenced by certification from the American Board of Preventive Medicine or another medical specialty board or other documented expertise in occupational medicine acceptable to the Board of Examiners for Fellow Candidates and the candidate must meet those other requirements of the College as determined by the Board of Examiners for Fellow Candidates under the rules and procedures of the College, including demonstrated evidence of active participation or service at the National or Component Society level.
- 3.** The applicant must have letters of recommendation from two (2) Fellows. Letters of recommendation should be sent directly from the author to the Board of Examiners, not to the candidate. Letters which are forwarded from the candidate to the Board of Examiners are not acceptable. Responsibility for these letters is solely that of the applicant.
- 4.** The applicant must have attended at least two national ACOEM meetings (one within the last 3 years).
- 5.** The applicant must have attended at least two regional component society meetings (one within the last 3 years).

For more information on becoming an ACOEM Fellow, visit: [www.acoem.org](http://www.acoem.org). ♦

### WOEMA members who are ACOEM Fellows as of August 1, 2007

<b>Madelynn Azar-Cavanagh, MD, MPH</b>	San Diego, CA
<b>R. Donna Baytop, MD</b>	San Diego, CA
<b>Roger M. Belcourt, MD, MPH</b>	Reno, NV
<b>Douglas A. Benner, MD</b>	Oakland, CA
<b>Bryce D. Breitenstein, Jr., MD, MPH</b>	Long Beach, CA
<b>Christopher R. Brigham, MD</b>	Kaneohe, HI
<b>William D. Brown, MD, PHD</b>	Phoenix, AZ
<b>Wesley R. Brown, MD, MPH</b>	Sandy, UT
<b>Kevin P. Byrne, MD, MPH</b>	San Diego, CA
<b>Linda H. Clever, MD</b>	Mill Valley, CA
<b>James A. Craner, MD, MPH</b>	Verdi, NV
<b>J Kenneth Deitchman, MD</b>	Grass Valley, CA
<b>Stephen L. Demeter, MD, MPH</b>	Honolulu, HI
<b>David P. Discher, MD</b>	Pleasanton, CA
<b>Brian P. Dolan, MD, MPH</b>	Santa Monica, CA
<b>Michael L. Fischman, MD, MPH</b>	Walnut Creek, CA
<b>Constantine J. Gean, MD, MBA</b>	Rancho Palos Verdes, CA
<b>Dinesh B. Govindarao, MD, MPH</b>	Pittsburg, CA
<b>Peter P. Greaney, MD</b>	Anaheim, CA
<b>Philip Harber, MD, MPH</b>	Los Angeles, CA
<b>Scott E. Hardy, MD, MPH</b>	Huntington Beach, CA
<b>Jeffrey S. Harris, MD, MPH</b>	Mill Valley, CA
<b>Donald S. Herip, MD, MPH</b>	San Diego, CA
<b>T. Warner Hudson, III, MD</b>	El Dorado Hills, CA
<b>Pamela A. Hymel, MD, MPH</b>	Yorba Linda, CA
<b>Lavanya Kailar, MD, MPH</b>	San Jose, CA
<b>Ronald H. Kienitz, DO</b>	Honolulu, HI
<b>Kenneth W. Kizer, MD, MPH</b>	Rocklin, CA
<b>Dennis W. Korpman, MD, MPH</b>	Escondido, CA
<b>David B. Landers, MD</b>	Los Angeles, CA
<b>Yannick M. LeGuyader, MD, MPH</b>	Hillsborough, CA
<b>James E. Lessenger, MD</b>	Benicia, CA

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## ACOEM Fellows

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Robert L. Levitin, MD	Phoenix, AZ	Steven Pike, MD, JD	Tucson, AZ
Peter D. Lichty, MD, MOH	Berkeley, CA	Alan E. Randle, MD	Stockton, CA
Ghan Shyam Lohiya, MD, MS	Santa Ana, CA	Daner R. Reider, MD, MIH	Tustin, CA
Stephen L. Mandaro, MD, MPH	Fair Oaks, CA	Rolfe O. Reinhart, MD	Fountain Valley, CA
Alvin Markovitz, MD, FACP	Los Angeles, CA	David M. Rempel, MD, MPH	Richmond, CA
Brian F. McCrary, DO, MPH	Vacaville, CA	David E. Root, MD, MPH	Sacramento, CA
Ellyn G. McIntosh, MD, MPH	Torrance, CA	James P. Seward, MD, MPP	Livermore, CA
Robert H. Moore, MD	San Diego, CA	E. Randolph Soo Hoo, MD, MPH	Tucson, AZ
Edward J. O'Neill, MD, MPH	West Hills, CA	Gregg S. Sorensen, MD, MPH	Bay Point, CA
Robert R. Orford, MD, MS	Scottsdale, AZ	Hector L. Westerband-Garcia, MD	Westlake Village, CA
Robert J. Pandya, MD, MPH	Los Angeles, CA	Stephen G. Weyers, MD	Sacramento, CA
William A. Pereira, MDMPH	Livermore, CA	M. Donald Whorton, MD, MPH	Alameda, CA

## WOHC 2007, October 4-7, 2007

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### CONFERENCE HIGHLIGHTS INCLUDE:

- **The Future of Occupational Medicine**
- **New Issues and Developments on the NIOSH Research Agenda**
- **Latest on the ACOEM Guidelines Update**
- **Sleep Apnea in Commercial Drivers Update**
- **The New Asbestos: Food Flavorings – Diacetyl**
- **The Reproductively Destructive Workplace & Environment**
- **Naval Vessel Medical Facility Tour**
- **Power Orthopedics: The Spine**

This is an opportunity for you to meet with your occupational medicine colleagues to share practices, experiences, and challenges, and to enjoy a few days in the San Diego sun. While at WOHC, enjoy some fun activities and guests are also welcome:

- Golf Tournament at Torrey Pines (site of the 2008 US Open) on the morning of Wednesday, October 3
- Tennis Tournament at Loews on the afternoon of Wednesday, October 3
- Welcome Reception at Loews on Thursday, October 4 (featuring a performance by “The WOHC Brothers & the WOHC-ettes”)
- Private Tour of Sea World on Friday, October 5
- San Diego Zoo Fest 2007 on the evening of Friday, October 5
- Sunset Sail in San Diego Harbor on the evening of Saturday, October 6



### HOTEL RESERVATIONS:

Contact Loews Coronado Bay Resort to make your hotel reservations: 800.815.6397.

**REGISTER:** [www.woema.org](http://www.woema.org)

## Workers' Comp Bills Meet Mixed Fates in Western States

BY WOEMA LOBBYIST DON SCHINSKE



**L**egislators in Arizona and Hawaii both advanced Workers' Compensation bills to the Governors' desks this summer.

In Arizona, Governor Napolitano signed HB 2195, which increases benefits to injured workers for the first time in a decade. Specifically, HB 2195 lifts the monthly cap used to calculate benefit payments, from the current maximum \$2,400 to \$3,000 next year, and \$3,600 after that. The worker's monthly benefit is set at two-thirds of the cap.

Early in the session, Arizona legislators had considered a more ambitious set of reforms, one being the adoption of ACOEM Practice Guidelines as the treatment standard. WOEMA conferred with Arizona Medical Association about the prospective treatment-guidelines language. Ultimately, legislators deferred the discussion of larger reforms until next year.

In Hawaii, the Legislature failed to override Governor Lingle's veto of two labor-supported reform bills, SB 1060 and HB 855. Together the bills would have required that:

- An injured worker and the employer or insurer agree on the selection of an independent medical examiner.
- That an injured worker would continue to receive care pending resolution of a treatment dispute,
- An injured worker could receive care even after they had been cleared to return to work.

In earlier drafts, SB 1060 had called

for adoption of chapters 1-7 of the ACOEM Guidelines, along with ODG and a set of chiropractic guidelines. When the bill went into conference committee of the House and Senate, WOEMA contacted the legislative leaders to express opposition to the proposed patchwork of treatment guidelines, which we believe would be practically unworkable. All language pertaining to guidelines was removed from the package when it emerged out onto the legislative floor.

The veto and failed override marks the second year in a row in which the labor-friendly Hawaii legislature and business-friendly Governor have clashed headlong over reforming a system whose premiums are among the highest in the nation.

In contrast, the California Legislature has offered relatively modest proposals for changes the state's Work Comp program.

This spring and summer, WOEMA testified in the policy committees of both legislative houses in opposition to SB 557 (Wiggins), a bill to allow audiologists to serve as Qualified Medical Evaluators (QMEs). WOEMA has argued that although audiologists provide valuable service in the system within their traditional scope of practice, the role of QME requires physician-level training and experience for appropriate diagnosis, apportionment, and disability determination. Proponents of the bill, meanwhile, have countered all along that non-physician providers such as chiropractors and acupuncturists are allowed to serve as QMEs.

WOEMA issued a Legislative

Alert in early August, asking its California members to urge their Assemblymember "no" on the bill when it comes to the Assembly Floor in late August. Should the bill advance of the Floor, WOEMA would issue a new alert to members requesting a Governor's veto.

Elsewhere, the Division of Workers' Compensation has started convening its treatment guidelines advisory committee, which will assist DWC in evaluating whether and how to supplement the system's utilization review schedule, of which the ACOEM Guidelines are the centerpiece. **Bernyce Peplowski, DO**, the Occupational Medicine representative on the committee, reports that the group reviewed ACOEM's new elbow chapter at its first meeting and endorsed its adoption.

At DWC's direction, the committee has turned to the task of adopting guidelines on treatment of chronic pain. Dr. Peplowski reports that the Division is under pressure to move with some urgency in its work. For its part, ACOEM hopes to ready with a chapter on chronic pain by year's end.

Here is other legislation of interest still alive in Sacramento nearing the end of the session:

**AB 1269 (Hernandez)** – Sets reimbursement for burn centers at 120 percent of facility costs. WOEMA opposes this bill, as it did with a similar bill last year, solely on grounds that we oppose all piecemeal fixes to the Official Medical Fee Schedule. DWC intends to revamp OMFS and opposes the bill, as does the state Department

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## WOHC Returns to Napa in 2008!



The WOEMA Board of Directors has selected Napa, California as the site for the **2008 Western Occupational Health Conference, September 18-20, 2008**. Special events are already being planned to include a winery dinner and special tours of the region.

The headquarters hotel for WOHC 2008 is the Napa Valley Marriott Hotel & Spa. Additional hotel rooms available at the nearby Meritage Resort at Napa (located 5 miles away).

September is a busy season in Napa Valley due to the grape harvest and it is always a popular travel destination, so we expect rooms will sell out fast. We are recommending that members make their hotel reservations EARLY!

To make your reservations -- contact your preferred hotel below:

**Napa Valley Marriott Hotel & Spa** located at 3425 Solano Avenue, Napa  
Phone: 707-253-8600 • Room rate: \$245.00

**Meritage Resort at Napa** located at 875 Bordeaux Way, Napa  
Phone: 707-251-1900 • Room rate: \$279.00

## Legislative Update

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of Finance. The Governor vetoed a similar bill last year, invoking the argument against piecemeal adjustments. AB 1269 is on the Senate Floor.

**AB 1073 (Nava)** – Removes 24-visit cap on PT, OT and chiropractic visits for post-surgical visits. Proponents have argued that the UR schedule promotes more use of alternatives prior to surgery, so patients have sometimes “used up” most of their 24 visits prior to surgery. Bill is on Senate Floor.

**AB 515 (Lieber)/SB 546 (Simitian)** – Contentious bills to ban the use of diacetyl in the workplace, AB 515 and SB 546 are on the Senate Floor and in Assembly Appropriations

Committee, respectively. In recent studies, NIOSH concluded that diacetyl, which is used as butter flavoring in microwave popcorn, caused “brochiolitis obliterans” – now termed “popcorn lung disease” – in Missouri popcorn factory workers. Opponents argue that the ban is premature, and bypasses the accepted Cal/OSHA Standards Board review process.

Of concern to all physicians is the shape of the general healthcare reform package that will emerge from the Capitol by summer’s end. At presstime, negotiations between the Governor’s office and Legislative leaders were on hold, pending passage of the overdue State Budget. Even with the end of the Legislative year looming, all parties are

## Welcome New Members!

Jizell Albright, MS, RN

Jay E. Betz, MD

Theresa J. Buratynski, MD, MPH

Joseph M. Chen, MBBS, MPH

Jeanette Engle-Ramirez, OTR

Julie Fuller, MD

Richard R. Gasparre, MD

Jessica Ruth Hanford, MD

Jorge D. Minor, MD

Stasia B. Muhlner, MPH

James B. Peake, MD

Intisab Sultan, MD

Tibor Toplenszky, MD

repeatedly expressing their convictions to enact major reform this year. So the negotiations -- whenever they start in earnest -- may be as short as they are fierce.

For now, Democratic legislators appear to have rallied around AB 8 (Núñez), a plan to expand coverage through an employer “pay or play” system. Meanwhile, the Governor’s office is sticking by its January proposal for individual-mandate, universal-coverage system. Fortunately for physicians, there has been little Legislative interest in pursuing one aspect of the Governor’s plan, his proposal for a 2-percent provider tax on all patient-care receipts to offset a boost in Medi-Cal payments. ♦

# News You Can Use from the Literature

COMPILED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM  
VICE PRESIDENT AND CHIEF MEDICAL OFFICER, UNUM PROVIDENT



**A**scent from ground level to the conditions of 8000 ft lowered oxygen saturation by approximately 4.4%.

This level of hypoxemia was insufficient to affect the occurrence of acute mountain sickness but did contribute to the increased frequency of reports of discomfort in un-acclimatized participants after 3 to 9 hours, per a prospective, single-blind, controlled hypobaric-chamber study of 502 adult volunteers to determine the effect of barometric pressures equivalent to terrestrial altitudes of 650, 4000, 6000, 7000, and 8000 ft above sea level on arterial O<sub>2</sub> saturation and on the occurrence of acute mountain sickness and discomfort as measured by responses to the Environmental Symptoms Questionnaire IV during a 20-hour simulated flight. Acute mountain sickness occurred in 7.4% of the participants, but frequency did not vary among the altitudes studied. Discomfort frequency increased with increasing altitude and decreasing O<sub>2</sub> sat. and was greater at 7000 to 8000 ft than at all lower altitudes combined. Differences manifested after 3 to 9 hours of exposure (persons  $\geq$ 60 years were less likely to report discomfort than younger persons; and men less likely than women. [Editor's note: *ost airlines maintain an internal pressure comparable to that found at 6,000 to 8,000 ft*] *N Engl J Med.* 2007 Jul 5;357(1):18-27

■ **In patients on chronic opioids, point prevalence of current substance abuse and/or dependence was 9.7%, and the point prevalence of current substance use disorder 3.8% - a prevalence 4 times higher than in the general population (3.8% vs 0.9%)** per a study of 801 adults receiving daily opioid therapy in clinical practice settings. Most common diagnoses were degenerative arthritis, low back pain, migraine headaches, neuropathy, and fibromyalgia. Factors associated with current substance use disorder (i.e., use in last 3 mo.) were age 18-30 years (odds ratio [OR], 6.17), severity of lifetime psychiatric disorders (OR, 6.17), having a toxicology test positive for cocaine (OR, 5.92) or marijuana (OR, 3.52), and the presence of 4 aberrant drug behaviors (OR, 11.48). The rate of toxicology tests positive for illicit drug use was 24%. *J Pain.* 2007;8:573-582

■ **The 1-year outcomes were similar for patients assigned to early surgery and those assigned to conservative treatment with eventual surgery if needed, but the rates of pain relief and of perceived recovery were faster for those assigned to early surgery** as assessed by 283 severe sciatica patients randomly assigned after 6 to 12 weeks to early surgery or to prolonged conservative treatment with surgery if needed. Assessed by Roland Disability Questionnaire, visual-analogue scale for leg pain, and the patient's report of perceived recovery during the first year. Of 141 early surgery patients, 125 (89%) had microdiskectomy after 2.2

weeks (ave.). Of 142 conservative treatment patients, 55 (39%) were treated surgically after 18.7 weeks (ave). In the first year there was no significant disability score difference. The probability of perceived recovery after 1 year of follow-up was 95 for both groups. However, relief of leg pain was faster for patients assigned to early surgery. They also had a faster rate of perceived recovery (hazard ratio, 1.97). *N Engl J Med.* 2007 May 31;356(22):2245-56

■ **CDC no longer recommends the use of fluoroquinolones for the treatment of gonococcal infections** and associated conditions such as pelvic inflammatory disease (PID). Consequently, only one class of drugs, the cephalosporins, is still recommended. Fluoroquinolone resistance in *Neisseria gonorrhoeae* has been increasing and is becoming widespread in the United States. This CDC report updates CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006. *MMWR Morb Mortal Wkly Rep.* 2007 Apr 13;56(14):332-6

■ **There was a clear linear relationship between BMI and rate of claims, lost workdays, medical claims costs and indemnity claims costs.** Per a retrospective cohort study of 11,728 health care and university employees (34,858 full-time equivalents [FTEs]) with at least 1 health risk appraisal between 1/1/97 and 12/31/04. There was a clear linear relationship between BMI and rate of claims. Employees with BMI  $\geq$ 40 had 11.65 claims/100 FTEs, while recommended-weight employees

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had 5.80; lost workdays were 183.63 vs 14.19 /100 FTEs, medical claims costs were \$51,091 vs \$7,503 /100 FTEs, and indemnity claims costs \$59,178 vs \$5,396 per 100 FTEs. BMI most strongly affected claims in following groups: lower extremity, wrist or hand, and back; pain or inflammation, sprain or strain, and contusion or bruise; and falls or slips, lifting, and exertion. *Archives of Internal Medicine* 2007;167:766-773

■ **The U.S. FDA announced the approval of Tekturna (aliskiren) tablets for the treatment of high blood pressure.** Tekturna is the first FDA-approved high blood pressure drug that inhibits rennin. Effectiveness was been demonstrated in six placebo-controlled eight-week clinical trials, which studied more than 2,000 patients with mild to moderate hypertension. 2 % of patients on the higher dose (vs. 1% on placebo) experienced diarrhea. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01580.html>

■ **Approximately half the decline in U.S. deaths from coronary heart disease from 1980 through 2000 may be attributable to reductions in major risk factors and approximately half to evidence-based medical therapies.** Per application of the IMPACT statistical model to observed and expected number of deaths from coronary heart disease (CHD) in 2000. From 1980 through 2000, the age-adjusted death rate for CHD fell from 542.9 to 266.8 deaths per 100,000 (men) and from 263.3 to 134.4 deaths per 100,000 (women); this = 341,745 fewer deaths from CHD in 2000. 47% of this decrease was due to treatments, including

secondary preventive therapies after MI or revascularization (11%), initial treatments for acute MI or unstable angina (10%), treatments for CHF (9%), revascularization for chronic angina (5%), and other therapies (12%). 44% was attributed to changes in risk factors, including reductions in total cholesterol (24%), systolic BP (20%), smoking (12%), and physical inactivity (5%), (all partially offset by increases in ave. BMI and diabetes associated with an increased number of deaths (8% and 10%, respectively). *N Engl J Med.* 2007 Jun 7;356(23):2388-98

■ **Postattack antibiotic therapy and vaccination of exposed personnel seems to be the optimal response to an anthrax attack** perpetrated through the US Postal Service when compared to preattack vaccination (increased cost = \$2.6 million per quality-adjusted life-year) and postattack antibiotic therapy without vaccination of exposed personnel (incr. cost = \$59.6K); per a Monte Carlo simulation cost-effectiveness analysis using a 10-year time frame from a societal perspective. *Arch Intern Med.* 2007 Apr 9;167(7):655-62

■ **Regular aspirin use conferred a significant reduction in the risk of colorectal cancers that overexpressed COX-2 (RR = 0.64),** but no influence on tumors with weak or absent expression of COX-2 (RR= 0.96). 423 tumors (67%) had moderate or strong COX-2 expression per this assessment of 82,911 women and 47,363 men, with 636 incident colorectal cancers *N Engl J Med.* 2007 May 24;356(21):2131-42.

■ **57.9% of patients with diabetes have one or more complication and**

**14.3% have 3 or more complications** per a University of Chicago Report, 'State of Diabetes in America', that details specific diabetic cohorts (male, female, race, etc.) and multiple conditions (MI, stroke, etc.) and compares them with euglycemic populations. Data are also factored into microvascular and macrovascular complications for various cohorts. [http://harrisschool.uchicago.edu/News/press-releases/medial/Diabetes%20Complications%20Report\\_FINAL.PDF](http://harrisschool.uchicago.edu/News/press-releases/medial/Diabetes%20Complications%20Report_FINAL.PDF)

■ **Consumption of sugar-sweetened drinks is associated with obesity in children.** 548 schoolchildren (ave. age = 11.7 yrs) were studied prospectively for 19 months. The association between baseline (and change) in consumption of sugar-sweetened drink servings and body mass index (BMI) was assessed. After adjustments, for each sugar-sweetened drink serving, both BMI (mean change = 0.24 kg/m<sup>2</sup>) and frequency of obesity (odds ratio 1.60) increased over the study period. *The Lancet*, Volume 357, Issue 9255, Pages 505-508

■ **High doses of cocoa can improve endothelial function and reduce blood pressure (BP)** due to the action of the cocoa polyphenols, but the clinical effect of habitual cocoa intake on BP are unclear per a randomized, controlled, blinded, parallel-group trial with 44 adults (56 through 73 y/o; 24 women, 20 men) with untreated upper-range prehypertension or stage 1 hypertension (w/o concomitant risk factors) randomly assigned for 18 weeks to get either 6.3 g (30 kcal) per day of dark chocolate containing 30 mg of polyphenols or matching polyphenol-free white chocolate. Dark

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# Post-Conference Course offered in conjunction with WOHC

## Basic Disaster Life Support (BDLS®) Training Course and Certification Sunday, October 7, 2007 • 8:00 am - 4:00 pm

PRESENTED BY THE WESTERN OCCUPATIONAL AND ENVIRONMENTAL MEDICAL ASSOCIATION

You are invited to attend a unique CME experience and new OEM professional competency certification. Basic Disaster Life Support (BDLS®) is a one-day course approved for category 1 CME credit and certification developed in response to the need for a cohesive and effective response to threats of global terrorism and natural disaster.



The curriculum includes the overview of the disaster paradigm for natural and manmade disasters, traumatic and explosive events, nuclear and radiological weapon attacks, biological events, chemical events, the public health system and the psychosocial aspects of disasters.

Certification in BDLS® requires full course completion with a passing score on the competency exam.

BDLS® is a course designed for Physicians, Physician-Assistants, Nurses, Paramedics and other members of the health care team who must learn to work together in a mass casualty situation.

The BDLS® curriculum has been developed with an all-hazards approach (recognition and management) to disaster response.

Those completing the BDLS® didactic course may then participate in Advanced Disaster Life Support (ADLS®), which will be offered by WOEMA in 2008.



### Course Objective/Purpose:

- To identify the critical need to establish health care preparedness for disasters.
- To define “all-hazards” and list possible etiologies.
- To define disaster and mass casualty incident (MCI).
- To become certified in BDLS® to assure an effective professional preparedness and response to man-made or natural disaster.

To register to attend, visit: [www.woema.org](http://www.woema.org) or call the WOEMA office at 415-927-5736.

## WOEMA JOB BANK

### POST JOB OPENINGS & VIEW POSITIONS AVAILABLE

WOEMA offers a new way to find jobs.

Members can post resumes and browse resumes on-line.

Employers and recruiters can also advertise job opportunities. Find out about this new service

by visiting [www.woema.org](http://www.woema.org) and clicking on “Job Bank”.

# Interesting and Useful Web Sites

CONTRIBUTED BY CONSTANTINE J. GEAN, MD, MS, MBA, FACOEM



## Haz-Map

<http://hazmap.nlm.nih.gov/>

“Have you seen Haz-Map?” When asked, my eyes glazed over and I worked hard, as I felt I had to simulate interest – but my instincts were wrong - Haz-Map is really quite *amazing*. It’s a relational data-base from the NIH Specialized Information Services that displays jobs, diseases, symptoms and industries – all cross-referenced so you can start anywhere and find the other items instantly via hyperlinks.

You can search for one or more *symptom*(s) and get a list of jobs where these symptoms are common; or search by Job and have multiple picks from a list of 60+ symptoms and get possible diagnoses. I put in ‘*Painters, construction and maintenance*’ then clicked ‘*fatigue*’ and ‘*headache*’. I got back diagnoses of ‘*Hypersensitivity pneumonitis, acute*’, ‘*Lead, sub-acute*’, and ‘*Solvents, acute*’. Each answer is linked to a detailed information tab with *Disease, Category, References, Symptoms* (all individually hyperlinked to diseases where that symptom is found), and *Job Tasks common to that disease* (all individually linked to diseases associated with them.). I.e., you can view all agents that can cause occupational asthma, or view all agents that can cause both asthma and lung cancer.

You can also browse by categories - in the category Neurotoxin, pick the radio button Parkinson syndrome to see all agents with the potential to cause this syndrome. The “More Searches” tab to find additional information by other categories, including Activities, Industries, Job Tasks,

Processes, and Symptoms; also allowed are text searches, CAS number and an easy to Access Toxnet Search button when you need more detail.

Searching by disease: e.g., aplastic anemia - in addition to the link to the main record for this disease, you will also see links to “Symptoms associated with this disease,” “Hazardous agents that cause this disease,” and “High risk job tasks associated with this disease.” With this site, linking hazards to symptoms to jobs is not only easy, it is actually fun.

## Bonus Site #1:

**Google’s Street Sideview at <http://maps.google.com/help/maps/street-view/>**

Explore neighborhoods at street level – virtually! This Google site uses an 11-lens camera taking high-resolution video while driving along city streets. Put in an address and in certain cities, will let you get a 360 degree street side

view of the address you are putting in. See if your next out of town meeting location has a Starbucks next door.

## Bonus Site #2:

**HRA Evidence Summary Risk Table from HHS [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/Senior\\_Risk\\_Reduction\\_Evidence\\_Tables\\_2.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/Senior_Risk_Reduction_Evidence_Tables_2.pdf)**

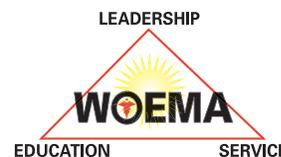
HHS has developed a Evidence Summary Risk Table that lists many studies on Health Risk Appraisals (HRAs) and their components. This is called the Senior Risk Reduction Demonstration but it assesses many health promotion programs developed and tested in the private sector which apply to working-age populations. Download it for free - Really Incredible. A must if you are into wellness and HRAs. ♦

## Advertise in the WOEMA Newsletter and Website

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**For more information, contact WOEMA at 415/927-5736**

# Notice of Annual Business Meeting and WOEMA Board of Directors Election

In accordance with the WOEMA bylaws, the Nominating Committee chaired by Robert Orford, MD, has submitted a proposed slate for the Board of Directors and Officers to be presented to the WOEMA members at the Annual Business Meeting on Friday, October 5, 2007, 12:30 p.m. at the Loews Coronado Resort & Spa (San Diego area) during the 2007 Western Occupational Health Conference.

**A ballot will be mailed to WOEMA members by November 1, 2007 and completed ballots must be returned by December 1, 2007. Each member has the opportunity to vote by mail ballot. Contested positions will be awarded to those receiving the highest number of votes.**

## **AUTOMATIC - NOT UP FOR ELECTION:**

### **Chairman**

James P. Seward, MD, MPP

### **President**

Roman P. Kownacki, MD, MPH

### **President-Elect**

Steven C. Schumann, MD

### **First Vice-President**

Paul J. Papanek, Jr., MD, MPH

## **OFFICERS RUNNING FOR NEW TERMS ON THE BOARD:**

### **Second Vice President**

*(one-year term/contested position -  
you will be asked to vote for one):*

Roger Belcourt, MD, MPH  
Concentra, Reno, NV

Pat Luedtke, MD, MPH  
Utah Dept. of Health, Salt Lake City, UT

### **Secretary**

*(two-year term/uncontested position)*

Peter Swann, MD  
Concentra, San Leandro, CA

### **Treasurer** *(not up for election)*

Alan Randle, MD  
Stockton, CA

## **DIRECTORS RUNNING IN CONTESTED ELECTION:**

*(the candidate receiving the most votes will be elected for a  
3-year term/expiring 2010)*

Robert J. Pandya, MD, MPH  
Kaiser Permanente, Los Angeles, CA

Dennis Pocekay, MD, MPH  
Kaiser Permanente, Petaluma, CA

## **DIRECTORS RUNNING IN CONTESTED ELECTION:**

*(the candidate receiving the most votes will be elected for a  
3-year term/expiring 2010)*

Paula Lenny, MD, MPH  
Kaiser Permanente, Paia, HI

Peter Vasquez, MD  
MBI, Phoenix, AZ

## **THE FOLLOWING WILL CONTINUE AS DIRECTORS TO COMPLETE THEIR TERMS:**

Ellyn McIntosh, MD, MPH (exp/2008)

Walter S. Newman, Jr., MD (exp/2008)

Leslie Israel, DO, MPH (exp/2009)

Sarah A. Jewell, MD, MPH (exp/2009)

Kerry Parker, CAE, Executive Director (Ex-Officio)

## ★ VOTE in the ACOEM Board Election ★

This fall, the following WOEMA members are running for seats on the ACOEM Board:



**T. Warner Hudson III, MD**  
(Treasurer)



**James Seward, MD, MPP**  
(Director)



**Constantine Gean, MD, MBA**  
(Director)

Watch your mail for your election ballot and support our WOEMA candidates!

## News You Can Use

*Continued from page 7*

chocolate intake reduced mean systolic BP by -2.9 mm Hg and diastolic BP by -1.9 mm Hg without changes in body weight, plasma levels of lipids, glucose, and 8-isoprostane. *JAMA*. 2007 Jul 4;298(1):49-60

■ **In participants with subacute low back pain, physiotherapist-directed exercise and advice were each slightly more effective than placebo at 6 weeks** - the effect was greatest when the interventions were combined. A factorial randomized, placebo-controlled trial of 259 persons with subacute low back pain (>6 wks and <3 mo.) who received 12 physiotherapist-directed exercise or sham exercise sessions and 3 physiotherapist-directed advice or sham advice sessions over 6 weeks. Ave. past-week pain (0 to 10), function scale score, and global perceived effect at 6 wks and 12 mo. were assessed; disability, number of health

care contacts, and depression were secondary measures. When combined, exercise and advice had larger effects on all outcomes at 6 weeks; however, by 12 months, there was a statistically significant effect only for function. *Ann Intern Med*. 2007 Jun 5;146(11):787-96

■ **Current regular aspirin use for CVD prevention was reported by only 41% of respondents** even among patients at increased risk per a nationally representative Internet-based survey of 1,299 U.S. consumers  $\geq 40$ y/o. The factor most strongly associated with aspirin use was reporting a previous conversation with a healthcare provider about aspirin (odds ratio 36.6). *Am J Prev Med*. 2007 May;32(5):403-407.

■ **The costs of expanding health insurance coverage for uninsured adults before they reach the age of**

**65 years may be partially offset by subsequent reductions in health care use and spending for these adults after the age of 65**, particularly if they have cardiovascular disease or diabetes before the age of 65 years per a longitudinal Health and Retirement Study data of health care use and expenditures ('92-'04) among 51,58 adults, privately insured or uninsured before Medicare coverage began, at the age of 65 years. Among 2,951 adults with HTN, DM, heart disease, or stroke diagnosed before 65y/o, previously uninsured adults who acquired Medicare coverage at the age of 65 reported more doctor visits (13% rel. difference), more hospitalizations (20% rel. difference), and higher total medical expenditures (51% rel. difference) from ages 65 to 72 years than did previously insured adults. *N Engl J Med*. 2007 Jul 12;357(2):143-53 ♦

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*President*

James P. Seward, MD, MPP

*President-Elect*

Roman P. Kownacki, MD

*First Vice President*

Steven C. Schumann, MD

*Second Vice President*

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Peter Swann, MD

*Treasurer*

Alan Randle, MD

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Leslie M. Israel, DO, MPH

Sarah A. Jewell, MD

Patrick Luedtke, MD

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