THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

TOWN HALL MEETING

NORA

NATIONAL OCCUPATIONAL

RESEARCH AGENDA

The verbatim transcript of the Town Hall Meeting of the National Occupational Research Agenda held in Jackson, Mississippi, on March 24, 2006.

C O N T E N T S

March 24, 2006

TRANSCRIPT LEGEND

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-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

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-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

TOWN HALL ORGANIZERS

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P R O C E E D I N G S

(9:00 a.m.)

OPENING REMARKS

DR. DAVID DZIELAK, UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

DR. DZIELAK: My name is David Dzielak, and I'm an associate vice chancellor here at the University of Mississippi Medical Center. I want to welcome you to our campus and welcome you to the National Institute of Occupational Safety and Health Mississippi town hall meeting and the research enhancement session this afternoon.

Now, the University of Mississippi Medical Center, which opened on this campus in 1955, is the only health sciences campus in the State of Mississippi. We have the School of Medicine, the School of Nursing, the School of Health-related Professions, the School of Dentistry, and our newest school, the School for Graduate Studies in Health Sciences.

We are located on 164 acres of property right here in the heart of the capital city, Jackson, Mississippi. We have about 7200 full-time employees. If we were a private entity and not associated with the state, we would be the

second largest employer in the State of Mississippi. So we're quite proud about that. The last decade has really seen one of the largest expansions in the physical facilities here on the Medical Center campus. If you noticed on the way in, that expansion is still underway. The construction project immediately to the southwest of where we're located is really the expansion of the Guyton Research building into the Arthur C. Guyton research complex. When that is done, that's going to add about 178,000 square feet of state-of-the-art research space to our campus; much needed research space, I might say.

The National Institute for Occupational Safety and Health, or NIOSH as it's called, is the main federal agency responsible for conducting research into occupational health and safety matters. This morning's town hall meeting is a public forum where stakeholders and partners are asked to come together to present their views about research and research needs in the field of occupational safety and health. This afternoon's session is going to focus on NIOSH funding opportunities and how you might be able

to garner support and apply for NIOSH grants and the grant process.

Now, you might ask why is the Medical Center involved in occupational health and safety? And I think the real answer to that question is several fold, but we are an integral partner in the Mississippi AgroMedicine Program. And part of that AgroMedicine Program, of course, is occupational safety and health. The other partners in the AgroMedicine Program, of course, are Mississippi State University, the Delta Health Alliance, and the Delta Council. Today, we have an excellent program and we're once again just very pleased that you could join us this morning. We're happy that you're on our campus. There are refreshments in the back. There will be boxed lunches for everyone at lunchtime. And once again, welcome and enjoy the program. I'm going to introduce Dr. Max Lum and he's going to tell you a little about the overall schedule for the morning. Max?

DR. MAX LUM, NIOSH

DR. LUM: Thanks very much. I'm Max Lum. I'm the communication lead in Washington, D.C. for

NIOSH. As David said, NIOSH is the National Institute for Occupational Safety and Health. We are one of the Centers of the Centers for Disease Control. We're not part of the NIH campus. We'd love to have that kind of money in our research projects, but we're working on it, I think. And one of the ways to work on it, really, has been ten years ago, I think, NIOSH looked around and said there's got to be a better way to design our research; a framework that we could use to look for other resources and for partnering.

And that's when this concept of NORA, the National Occupational Research Agenda, was conceived as a framework activity for us to design the way that we do research and to kind of guide the Institute as well as the nation through the process of putting together what are the priorities, really, and how do we go about doing that. So we're not here as an institute for NIOSH talking about research, we're really -- The NORA project has been for the last ten years a truly National Occupational Research Agenda. I think the best way to kind of look at the importance of that

is that when you have a national agenda it allows us as a small agency to leverage our funds for research. We've had other NIH Institutes support us in our research. We've combined funds with other federal agencies for increasing research in a particular area. But when it's not so focused on one institute, I think it allows us to look broadly across the federal government as well as the private sector and say what are the things that we really want to concentrate on, who are the partners that we need to bring to the table, and how do we go about doing that.

So ten years ago we did three town hall meetings around the country to ask that question, really, to our partners. We went to Boston, Seattle, Chicago, and we had meetings like this, really, and we formed up partnerships. I think out of that we probably came away with 400 or 500 partners that we began to work with. Not all on research projects, but a lot of them participated in our research over the years. So I think one of the criticisms of that effort was gee, Boston's a great place, Chicago is a terrific place,

Seattle's nice to go, but you need to get out around the country and really get away from a couple of the big cities and concentrate on a broader regional look.

So I think this round, ten years have gone by and we're saying what do we need to do. We said let's do some town hall meetings. We went overboard. This is our twelfth and last town hall meeting. Actually, it's probably not our last. We're going to do a mining town hall meeting. Mining folks were so busy for obvious reasons and they said why don't you wait a while and things will calm down a little bit and we'll have a town hall meeting. So we still have one to go, but we've done 12 to date and we've gone around the country, you know, Los Angles, Washington, D.C. area, Houston, a small community in Ohio, Piqua, Ohio, and listened to what folks have told us about concerns, problems, issues that they have with safety in the workplace. We've recorded those problems. Sid will tell you a little bit about now what do we do from here. This is all well and good, but what happens to all the information that we've gleaned? We have a

court reporter in the back, Shane, who's been with us for about half of these meetings and we've always had someone transcribing our folk's testimony and that's very important to us.

When I think about the town hall process, I guess that what I have is a clear vision ten years ago, almost to the date, when we were in Boston. Some nurses coming to the town hall meeting brought a patient with them. And they talked about the importance of NIOSH focusing on a very important area of latex allergy. They had some interesting surveillance data from the hospital network in that part of the country about the debilitation that's suffered by the healthcare community from latex allergy. It was something that was on the NIOSH screen, but it wasn't really high up on our agenda at that time. It didn't take us very long to look at this area, to pull together what we had, and to involve other agencies and issue an alert, which went to just about every hospital in the United States. And it was done in a very short time, and it really came out of that town hall meeting. Certainly, the importance of doing it

now, really, the impetus was out of that town hall meeting. We were in Salt Lake City, a meeting that the Chamber of Commerce helped us put together a couple of weeks ago, and the director of the Educational Resource Center was talking about him actually attending one of the earlier town hall meetings and how important it was for him personally and professionally to get a grasp of his own research and to then push very hard through the system about musculoskeletal issues and to work with us over the last five years on our musculoskeletal projects.

So the town hall meetings are extremely important. And I know some of you here have signed up to testify and to give us your five minutes of what you think is important, but we're going to ask all of you to come forward if you are so inclined. We'll try to convince you it's a good thing to do. Everybody here is pretty much friends of the family. We're all concerned about this issue. We know we have to do a better job at focusing our research. So we'll make that opportunity available as we go along. As David said, we have a boxed lunch

and then we're going to go in the afternoon and do a little bit of a session, I think, which is kind of unique to this meeting. And that is how to figure out what the requirements, the issues, the importance of the grant's cycle, the capturing resources, human and otherwise for doing occupational safety and health research.

So that's where we are and, again, I can't thank the folks here enough for the support that they've provided. Also, the University of Alabama has provided some support. We appreciate that for working and getting folks here. Kristin Borre, who's hiding outside because she's afraid to come in the door, I just saw her stick her head in here, has helped us on previous meetings. She's at the Agriculture Center in North Carolina. There she is. Come on in, come on in. It's okay. I just said we're among friends, now you can prove that. Kristin was with us in Washington a few weeks ago when we had our town hall meeting there and was helpful in brining folks.

So essentially, I'd like to turn it over now to Sid. Again, thank you very much for giving us

some time this morning. We do appreciate it. We absolutely want to hear what you have to say. But, I think, Sid will talk a little bit about some specifics. You know, what is NORA? Where is it going? What are going to do with all of this information? How are we going to handle it? What are the next steps? How do you participate with us in this process? So again, thank you very much. Sid?

INTRODUCTION TO RESEARCH AGENDA PROCESS

SID SODERHOLM, NIOSH

DR. SODERHOLM: Well, my name is Sid Soderholm, and I'm the NORA Coordinator at NIOSH. I prefer to wonder around a little bit, so if I don't end up in trouble having two mics too close to each other, I'll do some of that. So one of my messages today, and I'll end with this, is have a low-threshold for contacting me if you have additional interests, questions, issues you want to talk about with regard to this National Occupational Research Agenda; please contact me. I have some business cards out on the front desk and I'll have an e-mail address that I'll show you and so on. So that's one of my messages today.

As has been indicated, NORA has been going on for ten years. Over the last ten years there have been certain characteristics of NORA and they're not changing. In some ways we're redefining and reinvigorating it for the next decade. But the thing that hasn't changed is it's a national partnership effort to define and conduct priority research. So we're talking about priorities, we're talking about partnerships.

Some of the major components of this are that we seek stakeholder input. As Max mentioned, we had town hall meetings ten years ago, and we're having a series of them now. So we're very interested and the NORA process uses the input that is provided. The input is combined with other information to identify research priorities, and these research priorities then become the focus of the NORA effort and the NORA funding that congress has given us over the next several years. So priorities are very important. There are some many things that need to be done, but let's get together with partners and let's talk about what the priorities are. Then, let's work together to

address the priorities. Some of that has to do with funding, but a lot of it has to do with access to workplaces, communication channels. Once we find an intervention, how are going to have it be adopted in workplaces? So there's a big need for researchers to partner with each other and for researchers to be partnering with people who can really make a difference in the workplace.

We already mentioned leveraging funds. In the first ten years we were successful in identifying parts of the NIH and some EPA funds and parts of their mission that overlaps or had enough in common with these priorities on occupational safety and health that by lifting up these priorities these funds were made available to us and we were able to accomplish more in occupational safety and health than we would have been otherwise.

In the next decade we hope to do an even better job of this. Not only NIH funds and EPA funds, but also to see if there are opportunities for foundations, corporations, insurance companies, other people who are interested in removing uncertainty and gathering information to

partner with each other or with us, whatever is appropriate, and to fund this research.

So what's different now in the second decade? We're adding a focus and honing the focus to talk about moving research to practice in workplaces in sector-based partnerships. So it's important to be doing priority research, but let's make sure we take those extra steps needed that when we find something important it's actually going to change how things are done in workplaces and improve the lot of the workers, and that usually will improve the productivity of the whole process.

So what is this sector-based approach? We're talking about addressing the most important problems and setting the priorities. And problems can be defined in a lot of different ways. It might be injuries, or diseases, or risks, or exposures, or problems in the system. We're talking about having not just a broad naming of a priority, which is what we did the first ten years and we had great success with that. But we think we can do even better by having a research strategy, and I'll talk a little bit more about that. It's a research

strategy in each of the eight sector groups where we'll be talking about in general what we're trying to fix, but what are the key steps that we can take now. What kinds of information and what kinds of research are needed now to make a difference?

As we focus on the sector approach we're not losing all of these cross-sector issues. The first decade of NORA focused on diseases, and injuries, and work organization issues. And these have many commonalities across all workplaces or most workplaces. In focusing on the sector approach, we're trying to draw in the additional partners who identify themselves with a sector approach. But the issues are still the injuries, the diseases, the work organizations issues. So that's not being lost, just we're headlining the sectors, the cross-sector needs are there, and they're still very much a part of NORA.

So why a sector-based approach? It's how most of us think of ourselves at work. We're part of an industry, we're part of a company or an organization that has a role in the world and it's part of a sector. Many research needs

differ by sectors, especially those needs having to do with how to effectively make a difference in the workplace. Once you have knowledge about how to improve the situation of a lung disease or an injury, what are the communication channels? Well, those tend to differ by sectors. Who are the people who are the faux leaders who can really lead an industry into a better way of doing things? That differs by sectors.

So the research needs, especially the delivery end -- How do we better deliver the information and have it be effective differs by sector. So we think the sector approach will be efficient. We think it will add partners, catch the attention of additional partners who can be very valuable in the process, and we think it will really help us focus on the goals that will lead to getting the information and having it make a difference. So I've talked about these eight sectors a little bit. They're mentioned here in some abbreviation form. These actually come from the North American Industrial Classification System, which is a system that Mexico, the United States, and

Canada all use to describe a business, what type of business it is. And so these codes have -- the Census Bureau defines 20 or 21 sectors. We've grouped them some into areas that are similar from the point of view of occupational safety and health issues. So we have these eight sector groups, and I think you can tell from the abbreviations what they are as you read through them. Within NORA, we're actually creating a research council. If you're familiar with the first decade of NORA we had 20 NORA teams. Each was focused on a priority area that was described or that was defined.

This time, we're changing the names to avoid confusion a little bit. We're having eight sector research councils, and each sector research council will create this research agenda. I'll talk a little bit more about that in a minute. But there will also be a cross-sector research council, which will really be the executive committee. Each research council is led by one person from within NIOSH and a stakeholder, co-leader, from outside of NIOSH. Those 16 people will be the

core of the cross-sector research council, which really is an executive committee. If mining, agriculture, construction are all coming up a with similar injury or similar MSD issues then they will be meeting at the cross-sector research council and saying well, these particular goals within our sector are so similar that in order to most efficiently handle those we need to really link them and make sure they're compatible to the extent they need to be and really highlight them as opportunities to meet needs within sectors, but the same research in one sector could well apply to another. So the cross-sector research council will do some of that, and then also the nuts and bolts of keeping things moving. What has worked well on one research council could be adopted by another, for example.

The NIOSH role is really one of stewardship and providing some of the infrastructure. We know NORA isn't going to go forward without NIOSH really supporting it and putting some structure to it in helping it move along, but we don't own it, we don't manage it. It truly is a partnership effort. We have certain boundaries

where we feel activities are within the NORA approach and as long as the sector research councils are setting their priorities and working along those lines, then that's great. We don't know exactly where they're going to go, but we will try to help them move forward. It's only if somehow somebody gets going off in some odd direction that really isn't compatible with NORA that we would try to pull it back. We provide some of the infrastructure, you know, the opportunity to do teleconference calls and set up meetings and so on, but we hope our partners can, too. So that's the role of NIOSH.

A little bit more about the research councils and the inputs to them, and then a little bit more about the research strategies. So the initial work of the NORA research councils will be to take the various inputs available and front and center is the stakeholder input. It's coming in through the town hall meetings. As Max mentioned, Shane Cox is back there and talking into that little thing. He's basically repeating everything that's being said, as well as recording it so he has an accurate copy. He

and his company will give us a certified copy, and then Christy Forrester, sitting here in the front row, will actually parse that and put it into the NORA docket through our website. I'll give you the website in a minute. You can actually go onto our website and type in comments; the information that you feel should be considered by the research councils as they set the priorities for the next several years. There's actually an interesting point at that spot on the website where there are ten boxes, one for each of the eight sectors and then a box for any of the cross-sector issues and then a box to talk about the process, if you have any comments about the process as it's been defined. To the left of each box there's an unassuming little link that says view comments by others. That's becoming a very rich source of information. That opportunity to put information through the web has been there for several months now. If you click on that view comments by others, say next to the construction input box, you'll see at least several dozen if not a hundred comments that people have put in about the construction

sector and issues. A lot of the comments are in cross-sector areas. So that's a very rich source of information. You can view most of what's gone into the docket. There is the opportunity if you want to not just put in text, if you have pictures, graphs, and other things you can e-mail it or mail it in and how to do that is also mentioned on the website. Those contributions to the docket are not as easy to get onto the web. They're not under the view comments by others section yet, but we're going to get all of that together here soon.

So stakeholder input is through the town hall meetings. It will go into the website and into the docket through the website directly, and you can have your input go into the docket. That will then go to the research councils. I'll talk a little bit in a few minutes about how that happens.

Of course, anytime you get a group of experts together they have their own expertise. So that will be some of the input that they will use. Then we're not working in the dark, we have surveillance data, we have BLS data, we

have other kinds of studies that talk about what the major problems are in the different sectors. So each research council will have its own priority-setting process, and they will end up with a research strategy. That draft strategy is going to be put on the website. We will invite comments. In fact, one way we ask you to participate is to volunteer to be on a research council. If you don't feel that you can do that, at least give us your e-mail address and say when the research strategy comes up in whatever let me know. I'd like to review it and comment on it at that time. So that's another way you can be involved.

So let's talk some more about your participation. The input that you provide today will go into the NORA docket as I just described. It will be put on the website. The website address is there. Actually, if you pick up one of my cards and if your eyes are good -- it ended up in quite small print, but on the back of my card is this website. So that's another way to pick up that information. The NIOSH docket is available as a set of files in Cincinnati, if you happen to be in

Cincinnati and want to go visit it. But also, we will make it available through the website and we're working on that now. The information that we're collecting in the docket is principally for the use in of the research councils. We will provide that information as the full comments. So everything will be in context. Everything you gave us will be there when they look at the comment. In addition, though, we are in the process of indexing all the comments. So you may stand up and say it's important to do such-and-such in construction, and this cross-sector issue is important, and I want to say this about the process. So we will take those individual thoughts, we'll index them so the research council when they're looking for construction comments or they're looking for hearing-loss comments can find your comments, but then they will be provided in their full context. So that's what we're dong with your comments. In addition, Christy has already done a preliminary summary of what was received as of about three weeks ago during the Washington, D.C. meeting there. But we're also going to summarize the comments for the use of

the workshops at the NORA symposium. The symposium is a very good opportunity to learn about NORA. We're going to be celebrating the accomplishments of the last ten years, and we're going to be kicking off the next decade and the sector-based approach. We'll have some workshops. Some of the highlighted workshops will be in each sector area where we'll actually end up with some multi-voting and a picture from the people in the workshop of what they feel the priorities are in this area. And that will be additional information going to the research council. So there's another website there. It's just a subpart of the main NORA website that talks about the symposium. I would really appreciate anybody looking at that. For another week or so you can register ahead of time and after that we'll be taking registrations onsite.

So let's talk a little bit more about what we feel that we're looking for. What kinds of information do we think will be helpful? Now, you may stand up and define things in other ways and have other kinds of inputs, and that's fine. But just to warm people up, the kinds of

things that we think we're looking for are the issues, the problems. It might be formulated in terms of diseases, or injuries, or exposures, or populations at risk, or failures in the system. But beyond that, if you know of some key partners who could be involved in the research, be involved in communicating the results of the research to make a difference in the workplace, then we'd like to know who those partners might be. And if you're a researcher or if you're familiar with research you may know what kind of research would be particularly useful, and we'd be interested in any thoughts on that.

We're looking for brief presentations. We know that people can't say in five minutes everything that needs to be said often. So we're really looking for the highlights here, and we encourage you to either give us your written comments, if you've got something written out, or if you have more detail that you'd like to add, add it through the website or the e-mail address on the website. And we'd like to have the highlights today and as much additional detail as you care to give us that

can be added to the docket. Some people have already typed out or printed out what they're going to say, it is helpful you could leave a copy of that with us. It helps Shane make sure he's got names spelled the way you intended. We will put that into the docket also. So we're looking for brief presentations today. The last point among family here probably isn't necessary, but we generally ask that people give us their thoughts. If somebody has said something you like, stand up and just say something similar, support that. If somebody has said something that you disagree with, stand up and give a different opinion. We would prefer not to get into any real dialogues today, any debates. That's not the purpose. The purpose is to be here and listen. So we're interested in that.

So the final take-home messages are if you don't already get the NIOSH eNews, it's a monthly newsletter that comes to your mailbox, and if you're too busy just delete it like you do all of those other things. We hope you'll take time and read it. They're 100 to 200 word summaries of a lot things that are going on in

NIOSH and it's good way to kind of track what's happening. And specifically there's just a short summary and short update every month about what's happening in NORA. So if you don't have time to search through the website, please at least go to this website and give us your e-mail address; that's all that's required. You can unsubscribe at anytime if you want. We would like to have you read through the eNews, specifically to keep track of what's going on at NORA. If you have any questions, as I said, have a low threshold for contacting me. I've got a direct e-mail listed on my card. It's probably easier to spell coordinator than Soderholm. Please feel free to contact me. So that's what we're about and I'll turn it over so we can get started and we can listen.

DR. LUM: We have to be sort of careful when we use that family analysis. There's a lot of dysfunctional families. I think I can speak with personal experience on that. Really, you are among friends here today. We are going to encourage everyone to say a few things, but people have signed up. So Bruce has

volunteered to kind of guide us through this first. He'll be calling the folks who have said that want to come up and they want to testify. Then we'll actually ask everyone else who would like to come up to do so. I had some private conversations with some folks before the meeting and I think there's some good information that we would like to capture, particularly for reaching the populations that we want to reach in our research-to-practice mode this coming ten years. I think we're going to have to know a lot about community organizations and how worker communities function. So we will go through this and give everybody a chance. We will break and have a boxed lunch and come back and through the good auspices of the University of Kentucky, who have been working with us on this program from the very beginning, they will come back and our office in Atlanta will also be working with the afternoon session, which we think may begin close to noon or probably a little bit before noon. Then we'll get into that second part. So without any adieu, Bruce, can I ask you to come? He'll just call you by name and if

you'll just tell us who you are for the reporter, then your five minutes begins. We'll have somebody tell you when there's a minute left, and she's mean. She'll pull this trapdoor right on you and you'll be gone. We're pretty lenient, although this has been an evolving effort. We were real tough in the beginning and then finally people just sort of get it. So five minutes and then we can go from there. Thanks, Bruce.

REGIONAL AND LOCAL STAKEHOLDER PRESENTATIONS

MODERATOR: BRUCE BRACKIN, UNIVERSITY OF MISSISSIPPI

DR. BRACKIN: Well, again, welcome to the University of Mississippi Medical Center. We're glad everyone could make it. We've had a number of people sign up on their website. Some wishing to formally give testimony that we know of beforehand, others on the list certainly may. So we're going to go down the line starting with the ones that said they would like to go ahead and present formally. So we'll go ahead and go in that order. The first speaker I'd like to ask to come up would be Lane Ellison. Not here? The second on the list was Anita Grabowski from Morton

with poultry worker concerns. We're going to have a brief session here. All right. Frances, you want to go ahead and give yours? This is Frances Henderson. Frances is actually an old friend. We're certainly glad to have you here this morning.

MS. HENDERSON: Good morning. My name is Frances Henderson and I'm a professor of medicine and special assistant to the director of the Jackson Heart Study, Dr. Herman Taylor. Prior to my retirement in June of 2003, I was professor and dean of the School of Nursing at Alcorn State University.

During my 17 years at Alcorn State University I had the opportunity to participate in collaborative research projects with the School of Nursing and the School of Agriculture at Alcorn, as well as with the Southeast Center for Agricultural Health and Injury Prevention at the University of Kentucky at Lexington, and with the National Children's Center for Rural and Agricultural Health and Safety at the Marshville Clinic in Marshville, Wisconsin. I was also a member of the NORA Special Populations at Risk Taskforce from '97 to 2002.

I do have lots of old friends here and I was sort of reading this in order to get through the five minutes and not get the fist or to be within the time. But I do want to acknowledge many of the persons I worked with over the years and to say that my affiliation with Dr. Bob McKnight began in 1993 when Dr. Alfred Morris, a sociologist at Alcorn State University School of Nursing and I participated in individual oral history interviews and focus group interviews with African-American farmers in selected counties in southwest Mississippi. From that time and for a 14 year period, Alcorn State University School of Nursing implemented and are partnered on at least eight health and safety projects in which the participants were largely African-American. These included a school-based agricultural safety and health project involving 1,000 school children, and that was funded by NIOSH. It also included a project in which the School of Nursing and the School of Agriculture partnered on myths of prostate health and prostate cancer myths and realities.

We also pilot-tested certain segments of the

North American guidelines for children's farm safety and health via focus groups with farm families, and that was Dr. Morris and I did that as well. We learned many lessons from these years of experience of participating in the use of qualitative research to research agricultural safety and health of African-Americans in Mississippi across the lifespan. We know the demographic profile of southwest Mississippi, in particular where I spent about the last 20 years. It's mostly African-American in many of those counties. We also know that there are many limitations on resources among the African-American population, including financial limitations, healthcare, emergency response limitations, and knowledge limitations.

We know that the six leading causes of death in Mississippi are heart disease, malignant neoplasms, cerebral vascular diseases, accidents, emphysema and other lower-respiratory diseases, and diabetes. In terms of heart disease in Mississippi and the Jackson Heart Study, where my heart is now, we know that the Jackson Heart Study is the

largest single-site epidemiological study of African-Americans and heart disease ever undertaken. We know that via the Jackson Heart Study that we have debunked the myth of African-American participation in research. In that there are over 5,300 participants actively involved in this longitudinal study.

As a part of the original team that worked on recruitment strategies, we largely attribute recruitment success to the use of qualitative approaches that were sensitive to the African-American community. We are in need therefore of research that focuses on -- NORA research I would say that focuses on health promotion and illness prevention, increased awareness of the affects of aging on health status and injury potential, the side effects of medication, such as those given for hypertension and diabetes, the benefits of regularly monitoring blood pressure, blood sugar of hypertension and diabetes, and regular cancer screening, especially prostate, colon, breast, and female reproductive organs. Awareness of the benefits of personal protective devices on the prevention of chronic

lower respirator diseases, prevention of unintentional injuries, emergency response systems to appropriately deal with farm injuries, the focus on the reduction of risk factors associated with heart disease, hypertension, stroke, chronic lower respirator disease, cancer, and diabetes, and especially emphasis on physical activity, overweight, and obesity.

To the extent possible, I strongly recommend the use of qualitative approaches in combination with quantitative approaches when addressing issues related to agricultural safety and health of African-American populations in Mississippi across the lifespan.

In terms of key partners just from the more recent comments, I certainly think schools of nursing and schools of agriculture make good partners, and ancillary studies to major studies such as the Jackson Heart Study might also be another possibility.

In terms of translation, I also chair the subcommittee for the Jackson Heart Study on translating research into practice and prevention. Thank you.

DR. BRACKIN: The list that I have of now does not have everyone on there who formally asked to speak. Certainly, the floor is open, if you do wish to comment whether informally or very formally. If you've prepared something in the mean time, certainly feel free to come up when I call your name. We'll get through the name, and then we'll just open it to the floor. First on the list is Kristen Borre. Is Kristen here? I don't have my glasses on, so I'm having to do the stretched-arm bit.

MS. BORRE: I want to thank everyone for being here this morning. I want to thank you all for giving me the opportunity to speak. My name is Kristen Borre and I have several roles and identities, but this morning I want to speak as the director of the Growing Up Fit Program at East Carolina University, and as an associate clinical professor in the Department of Pediatrics at Brody School of Medicine. I also want to speak from being involved with the North Carolina Agromedicine Institute for over ten years, helping form it, and working with partnerships to identify problems with our board of collaborators that we have sought

funding for. And many of those problems we have been able to address through partnerships and we had some successes. I'm not going to talk about those successes this morning. What I'd like to do is talk about key issues that I think we need to pay attention to over the next ten years, and then give some suggestions about how we might address those.

First of all, I think it's very important that we continue to support basic research in agriculture, forestry, and fisheries. Basic research gives us -- there are several areas of basic research that are on the horizon, and because they're on the horizon, we need to follow up with those things. In particular, I want to mention chemical toxicities studies, pesticides and specialty biomarkers; a number of very interesting and important findings that are coming out of the agricultural health study that's being funded by NIH. We need to follow up with them as a partner and support their efforts.

Environmental health exposure, exposure to natural elements, exposure to man-made problems put in the environment as a result of our work

efforts in agriculture are very important to follow up on. There's new exciting methods out there that need to be funded and looked at very carefully, especially when they are cross-disciplinary in their approaches using both quantitative and qualitative kinds of studies and community-based studies as well as laboratory studies.

Finally, one of the most important issues that we've been struggling with in the last five years is the problems of stress in agricultural workers. Stress related to economic uncertainty, to communities that are disintegrating, to breakdowns of family systems as children become educated and move away. Parents sometimes don't want their kids to stay on the farm as life is just too hard, it's too uncertain. We have to take a community-based approach to look at that problem.

I think it's very important that we do translational research, and the research-to-practice model endorsed by CDC, and NIOSH, and NORA is clearly the way to go because there's been too many studies done that are excellent studies, but they're sitting on

the shelf somewhere. We need to get them off the shelf, get the information out there, and figure out how to make a difference in the lives of our agricultural workers in their everyday life. That's the only way to build trust with our agricultural workers. When you go to do a study sometimes they sit there and they look at you and they say all right, I understand, farmers are smart, fishermen are smart, foresters are smart, they understand. But their big question is what's the benefit going to be to me and you'd better be ready to tell them if you want them to work with you in partnership. You have to hit the road running with them. You have to be where they are. Sometimes our basic researchers are too far removed and don't understand that. That's why it's very important that they partner with people from public health, from agricultural extension, and in the social sciences. They also need to partner with local groups, faith-based groups, NGOs. They need to find who is in the community. They need to partner with local businesses. Partnerships can be built in many different directions because

those people all are there to care about their community. If you go there and talk to them and be patient with them, meet them on their schedule, they'll give you some good information and work with you.

Finally, I think it's very important that we address some things that are on the horizon. One of the past speakers mentioned several of these things. Agricultural workers are more likely to die of heart disease, diabetes-related illnesses, and obesity than they are to die of a tractor turnover. Tractor turnover, though, should be prevented. There shouldn't be any tractor turnovers, but we've got to figure out how to prevent the tractor turnovers in the community from happening and get farmers to use the devices. But getting back to cardiovascular disease, diabetes, and obesity, those problems are real. They're prevalent. They cause disability. That disability will lead to disability in the workplace. When a fisherman is injured, it is very hard for him to heal if he has diabetes. When a farm worker has diabetes and becomes injured, he's sometimes laid off and can't work

to support his family. And most recently in a study I interviewed a 24-year-old mother of two who's a farm worker who injured her back working in sweet potatoes. She was out of work for 18 months until she lost 80 pounds so she could recover and go back to work.

We have to pay attention to the issues of aging in rural communities. We have to pay attention to the disability. The average age of farmers in North Carolina right now is 55. We have to look at their issues with access to care, and we have to look at issues with health insurance. These problems are big. These problems are broad-based. These problems, though, are synergistic. And if we don't bring together the different people who can address those issues with our farmers, we're not going to have farmers in the future. So we need to do this and we need to do this in a way that's meaningful for those farmers. Thank you very much.

DR. BRACKIN: Next on the list is from Kentucky State University, Avinash Tope.

MR. TOPE: Good morning. Thank you for giving me an opportunity to share a few of my research

findings and for being on the same horizon as the rest of the speakers are. My name is Avinash Tope and I'm from Kentucky State University. I'm a researcher there and I'm a part of the land-grant program. I'm here to share a few findings from my recently concluded USDS-supported project on the evaluation of genetic toxicity to farm workers exposed to pesticides. We have had a little bit of success, though we thought we could do a whole lot better. We had some genuinely constraining situations to -- that presented a challenge on recruitment of the needed number of people. In our recently concluded project we had recruited about 30 predominately African-American farmers and we wanted to check the long-term low-level chronic exposure problems and impact of this exposure on whether or not they become predisposed to DNA damage. We happened to study them for two years. We happened to sample their blood and urine nine times a year, six times in the growing phase and three times in the non-growing phase of their agricultural cycle. We had about 18 samples overall per person. And we monitored

changes such as chromosomal damage, formation of DNA adduct, which is considered to be a very significant cause behind cancers, and it was a fundamental research. And we tried to run the statistics and we figured out there was a particular biomarker that was a spiked in the DNA adduct and the chromosomal damage. And it was an awaking call. We were trying to, again, as suggested by Dr. Borre, we tried to have this information sent out to the stakeholders, the farmers that were part of the study per se, and we have tried to reach out to the community as such through some of the programs at Kentucky State University. We have farmers from the local counties who visit us every Thursday for our special-interest programs, which cover a wide range of topics that are relevant to day-to-day lives. These usually send a message for the farmers and we are trying to send this message that there is an event of greater risks of genetic toxicity to them and ways to overcome.

Some of the suggestions that we have offered were to make it necessary to use protective wearing while they’re working in farms because

usually we have also observed summertime these folks do not tend to use clothing because of heat and humidity. We also emphasize the fact that it's very important that they read the instructions offered on the pesticide bottles and use the needed safety measures to help them from getting unduly exposed.

We would be interested to see more of an effort being put into this direction of fundamental research on pesticide and agricultural health. Again, African-American populations seem to be slightly higher and more predisposed to diseases such as hypertension, and cardiovascular diseases, and diabetes. We would like to see addressed that funding from CDC and NIOSH that will address some of those issues and we get to see something more meaningful reaching out to the needed clientele. Thank you.

DR. BRACKIN: Next on the list is Robin Tutor.

MS. TUTOR: Good morning. Thank you so much for letting me come. You will quickly know from the things that I have to say that I'm not the researcher in the room. So I hope that you will bear with me. I am from East Coast

Migrant Head Start Project in North Carolina. And my job is to oversee the health disability needs of migrant farm worker's children in eastern North Carolina who are ages six weeks to compulsory school age in the summer while their parents are in the fields.

In addition to that I serve on the North Carolina Farm Worker Program Board. And so I have worked very hard to do a lot of things that you're talking about, about building collaborations. Because when I first came to Migrant Head Start I really felt like I had been put on Pluto, not even Mars, but Pluto because we were so separate from the rest of the world. In coming up through a very strong system in North Carolina for birth-to-five services, I was totally lost and wondered how I could be in my home state that I had known for so long and feel so isolated.

So I've come to you to tell you some stories and to suggest to you some problems that I hope that you all who are the researchers can help figure out how we can come up with solutions and indeed put them into practice.

Recently, I had a meeting where someone said

that the numbers, the statistics are people with the tears wiped away. And so I want to encourage you to remember that as you're setting your agenda. We've also heard it said many times that a picture is worth a thousand words, and so I hope you'll bear with me when I show you this picture because I think just the opposite. When I saw this picture, I was speechless. And as I tried so hard to put my comments in writing today, I could not make the words flow from my brain and my heart to my fingertips, even though I have a very strong background in developmental disabilities. This migrant farm worker baby is one of three children who were born last year to migrant farm worker mothers. These mothers all worked for a very large produce grower that raises tomatoes, those little grape tomatoes you like in your salad. They work for this producer in both Florida and North Carolina. These mothers were young and they came with the anticipation of hard work, and they didn't mind doing what needed to be done in the fields every day, even though they were pregnant with their children to feed you and I at the very minimal amount of

money that they receive. There's no way to say what caused the birth defects of this young man. There's no way to say what caused the birth defects of the child who died. There's no way to say what caused the birth defects of the other child who lived in the camp. There's no way to say 100 percent what happened to the other children who were miscarried or born prematurely.

We don't know how many children there are. It's very difficult to establish causality. Why? Because we don't have surveillance data. This is an invisible population. In North Carolina, we take our statistics for our 10,000 H2A single-men workers and that's where the attention goes. No one knows about the other 90,000 farm workers, many of whom are women are children. And we went to the health departments and we asked them what do you know about this? What do you know about prenatal care? What do you know about pesticide education? One of them even had a pesticides are dangerous sign outside on the mound in front of their health department. They knew nothing about pesticides. They knew nothing

about pesticide education. And they knew very little about prenatal education for women of childbearing age.

And so I want to tell you why my passion is today to speak to you about migrant farm workers. In a couple of months my son is going to marry, and he's going to marry a young woman who is a grower, a farm worker, in North Carolina. And she did not know about why it was so important that she took her precautions. She had heard it, she had been schooled on it, but she didn't do it.

So I can just tell you that while we focus today on our migrant farm workers that there are many women of childbearing age who are also regular everyday farm women that we need to make sure are being educated and taken care of. So thank you so much.

DR. BRACKIN: We'll have one more and then we'll take a break about 10:15, and then we'll start back up in a few minutes after that. Next on the list is Sam Wiggins from Alabama Cooperative Extension out of Auburn.

MR. WIGGINS: Thank y'all for letting me come today. My name is Sam Wiggins. I'm county

extension coordinator in Pickens County, Alabama. I have with me today Dr. Ray Rice, who is my supervisor out of Auburn University. The Alabama Cooperative Extension System is made of the land-grant universities in Alabama, which is Auburn University, Alabama A&M, and then in partnership with Tuskegee University. Today, I'm going to talk about the Alabama Agromedicine Program, and I kind of title it a full partnership. But I need to give you just a little bit of history of how it's kind of developed.

It's a very informal partnership. Through the vision of Dr. John Wheat at the University of Alabama and his love for rural Alabama, he has developed a Rural Medical Scholars Program, a Rural Health Scholars Program. The Rural Health Scholars Program is for juniors in high school between their senior year to try to get them interested in the health field. The Rural Medical Scholars Program is a program for future rural doctors to get into medical school and then go back and practice in the rural areas of Alabama, hopefully.

As part of the process, farm business was a

requirement. And through this linkage we developed some relationships with the farmers throughout Alabama, and especially in my area because we're next to Tuscaloosa. And with this relationship, we expanded into now what is deemed Alabama Agromedicine. And in this, Dr. Leaper had gotten a grant to do a study of farmers. And when he met with the farm group, they were very concerned about who was going to get the information and how it was going to be used. Not that they were wanting to hide anything, but it was a level of distrust of what the federal government might can turn and use against them. So they punted that, but they came back to them and formed a steering committee. And through this steering committee they reviewed the survey instrument that would be handed out to farmers to gather information on what were the health needs, concerns in the agricultural community. So everything is run through this steering committee, which is made up of agricultural producers, a rural medical doctor, and myself as an extension agent. And we were able to pilot this program in 2003 with our poultry growers in Pickens County, and that

night we got 35 or 40 surveys back from the group that were there, and he compiled the initial data. Since that time we've also surveyed the swine growers in west Alabama and got all of them. The plans are now to expand this survey out state-wide to get input from all the different commodity and different segments of Alabama agriculture.

The preliminary early results that came from the survey that addressed the concerns of the farmers was biosecurity and bioterrorism. Then the others were the stress level that they have to face because agriculture has changed so much. I grew up on a farm and about all you worried about was the weather and crop prices. But now we're in such a world economy and there's so many things that happen that there is just an additional stress level to them.

The other concerns were the need for healthcare that's affordable; in other words, the lack of affordable insurance for them. Many of their spouses would work off the farm so that they could provide insurance. Then the other things that came across were the daily things of being in the environment that they're in. Not that

the environment is bad, it's just a stressful-type environment that they're exposed to dust and other things like that. And then the concerns of people understanding what they're trying to do, and appreciating them for the value that they bring to the table.

So I encourage you, if you will, just to support research. And what we like about this partnership is that it's a genuine partnership between the land-grant universities in Alabama, the agricultural producers in the Schools of Medicine in the University of Alabama. We're going to take this research and the goal is to develop a textbook for future doctors to use so that they could have practical information to take back to the agricultural segment. Thank y'all very much.

DR. BRACKIN: We were going to take break, so let's plan on starting back at about 10:30.

(Whereupon, a recess was taken from 10:15 a.m. to 10:35 a.m.)

DR. LUM: Maybe we could take our seats because we want to try to stay to our schedule. I know there are some folks that do want to speak and we want to give them a chance. I guess I had a

chance to talk to some of you while I was here earlier and I know this is always a hazard to call on people to see if they'd come on up and give us the benefit of some of their thoughts. I would like to do that now. Melissa, could you come up? She drove four hours all the way from her university to be here today.

MS. NORMAN: Good morning. I'm Melissa Norman. I'm a native Mississippian, but now I live in Birmingham, Alabama. I am an assistant professor at the University of Alabama in the Environmental Health Sciences Department, and I'm here as a representative for the Deep South Center for Occupational Health and Safety. The Deep South Center is an education and research center that is funded by NIOSH. It's one of only 16 in the United States. We service Alabama, Mississippi, Georgia, Tennessee, and the Florida panhandle. Some of our programs within the Deep South Center for Occupational Health and Safety include occupational health nurses; nursing, which is with the UAB School of Nursing. We have industrial hygiene, which is in the UAB School of Public Health. We have occupational safety

and ergonomics, which is housed at the Auburn University School of Engineering. And we also have a continuing professional education department, which is on the campus of UAB. Our Center's mission is to develop professionals who will work to protect and promote the safety and health of workers throughout the southeast and the United States. By doing this, we're going to conduct research on occupational hazards that are primarily relevant in the industries within the southeast. Our Center's vision is to become a regional center of excellence that promotes occupational health and safety throughout interdisciplinary activities. In some of our interdisciplinary activities, our students go out in groups of five to industry, and we have a representative from occupational health and nursing, health and hygiene, occupational safety and ergonomics. And they all get together to tackle one specific occupational hazard that the company is concerned about. So we're teaching our students to go out into the industry and take a multidisciplinary approach to whatever the occupational health and safety

hazard is so that the practicing industrial hygienist can understand what an occupational physician or an occupational health nurse may need to know to adequately diagnose or to help to prevent certain kinds of musculoskeletal disorders, as far as having them do pre-work stretches or teaching them about their work-risk cycles.

Another important aspect of our Center's planning and development is to assess the training and research needs of industries within the southeast. We do this every three years. We have a survey that is sent out to our alumni, which we have over 300 alumni from the University Industrial Hygiene Program. And we also send it out to industry within the southeast in the states that we service, and they give us feedback on the type of training that they need or emerging issues within their industry that they want us to look at to try to come up with some kind of strategy to help them tackle these occupational health and safety issues. And our primary industries in our region include forestry, wood products, papermaking, poultry processing, and automobile

manufacturing. That's the new emerging occupational health and safety area that we have now. We have three automobile manufacturing companies in the State of Alabama; the newest one being Hyundai, which is down in Montgomery, Alabama. Right now, our Center is trying to work on a project to help them go in and try to prevent some of those musculoskeletal disorders. We're look at their noise problem. Also, from my understanding, these employees have never worked on an assembly-line type of process, and to try to make them understand that they have to get their rest and you have to rotate from station to station to help to prevent some of the occupational issues that are coming up. So that's a project that we're working on.

Last summer, our Center presented at a NORA-related symposium that was held down at Auburn, Alabama. We had individuals from private industry, federal and state government. We had a representative from the U.S. Congress from the State of Alabama, and a civil rights advocacy group. Some of our topics included special populations at risk, the Hispanic

worker, intervention effectiveness, social and economic consequences of workplace illness and injury. Our keynote speaker was Sid. He came down and did our opening remarks for our research symposium last summer. And we had other speakers from the University of Texas Health Center. We had University of Massachusetts Medical School Center for Health Policy and University of Washington School of Public Health. So we tried to get some of the top researchers within the United States to come down and talk to us about their research and how we can take that research into practice. And one of the reoccurring problems that we are facing is that when you do research it is such a controlled environment and how do we take these controlled environments and apply it to an occupational setting where you have so many uncontrollable variables that you have to look at. One of our possible solutions to our actual research going from research to practice is to have researchers go in and use occupational workplaces and use their data or use their work populations to do their research and do their studies so you can account for

some of the variables that come up from a controlled environment in the research area and some of the uncontrolled environments that come up when you're dealing with occupational health and safety. And one of the biggest issues is behavior. You may have all of your key elements in place, but if you have improper workplace behavior, all of your safety features are really null and void. So we want to try to look at behavior aspects of occupational health and safety and try to implement those into research that we do in a controlled environment. Thank you.

DR. LUM: Also out of state is Jim. Can I call on you from Arkansas Pine Bluff? We've got a nice selection of states today. I want to see this person from California, though.

MR. GARNER: Good morning. James Garner from University of Arkansas at Pine Bluff. I'm the department chair for agriculture and the associate research director there. I'm also a native Mississippian, also a state retiree from Mississippi. I worked at Mississippi State University for 25 years, and retired five years ago and took a job in Arkansas.

I have a little handout to go with my talk. I want to talk about several things, but to get through this in five minutes -- We did a study on developing a rehabilitation service delivery model for minority farmers with disabilities. And that's some of the highlights of that study that I'm handing out to you; if we go through that together.

Just to give some of the high points because you can go through it completely so you can read that on your own. But just on the second page there you can see that we have some demographics of the farmers that we work with. The average age is 53 years old. The schooling average is around 12 years. The household size is 2.7. Farmer profit -- and you have to take those farm profits and that data with a grain of salt because farmers don't really like to tell the truth about what they make all the time. But if you go down to the figures and look at that marital status that mostly we had married farmers, the next largest group was single. And then gender, a little less than 600 of the farmers were male, but we also had a little over 400 female. And that's one thing

that I would like for you to keep in mind from one of our previous speakers who talked about women in the farming industry and it's increasing every day. In our study we had over 700 black, with the next largest group being white farmers, a little over 100. And again the schooling, you can see that the average is 12 years, but we had a pretty good variety of how much school most of them had.

Table four and five -- we also in this study looked at groups that served the farmers with disabilities. We looked at agricultural workers, extension agents, people that work with the NRCs, and the state vocational rehabilitation personnel. So we have some information on that group also. But going on on page 15, farmer's health and disability, I just wanted to point out in that third figure there what the major disabilities that they reported were; visual, as being the most prominent, hearing, metabolic, orthopedic, and then heart disease or cardiac problems.

Now, one of the things that we noticed in the study is that farmers were reluctant to admit that they had disabilities because they feared

that if they admit that they had disabilities it would affect them as far as obtaining loans to continue the operation. So these figures may be low to what the real situation is. The other you can sort of look through, but turn back on page number 25. These are recommendations that came out of the study. Basically, what we try to do is recommend what the farmer's recommended or what the groups that we worked with recommended. So some of those you'll just have to use as information. It's not like we're trying to give you recommendations on what to do or what needs to be done, but what they feel is recommended. So some of those that I thought would stand out would be that second one where it says create literature and videos about disabilities on the farm to educate counselors about this population. Because some of the counselors that work with the disabled were not aware of the type of disabilities or the type of jobs that had to be performed by the people with disabilities. Better federal regulations to reduce financial threats for farmers who are afraid to seek help when they have a

disability. Collaborate with the USDA agencies to provide information to farmers. What we're finding is that the state agencies had less contact with the farmers than some of the traditional agencies, such as the extension service or even the NRCs. And that the farmers tended to trust them a lot more and the university personnel than they did the state rehabilitation service agencies. I'm going to stop there and let you read through that at your will.

At the University of Arkansas at Pine Bluff we have what we call a regulatory science degree administered in the Department of Agriculture. In that degree we have three options. We have industrial health and technology option, an environmental biology option, and an agricultural option. All three of those degree options are administered under agriculture. We also have what we call the Regulatory Science Center, which was supported by the USDA. Since 9-11, we really lost that support once they took some of the people out and put in homeland security we sort of lost our contact and that's no longer there. They were really instrumental

in helping us develop that program. The program itself is very strong. Many of our students go to work for some of the government organizations, but what we really try to do is look at policy and how it affects farming or how it affects the health status in other parts of the United States and Arkansas in general. Along with that, we try to develop research areas that are covered under that center that we were talking about.

Now, a couple of things that we feel may be important, especially with small farmers. We try to work with all farmers, but we particularly work with small and what we call limited-resources farmers. For example, these disease problems that we're talking about every day, such as the Avian flu. I was at a large poultry producer and one of the gentlemen there told me that they thought that was a little bit blown out of proportion. I said even if that's correct, we feel that the small farmers who have a lot of poultry that's in the yard everywhere, and they handle this poultry and they kill this poultry. So I think those small farmers may be at risk if we do get that Avian

flu within the United States. So we think that even with the mad cow and some of these other things that our small farmers are highly at risk when it comes to these.

We also work with medicinal crops. We have a joint project with the University of Arkansas at Fayetteville where we are looking at crops that have been reported to have health effects and we're trying to identify the active compounds of those crops. And we're also working with small farmers to try to get them to grow these crops and utilize them, especially some of those that have been said to affect high blood pressure, for example, which is prevalent among blacks. Thank you.

DR. LUM: Thank you very much. I think as NIOSH moves toward research to practice in this whole issue of translating science for utility, it's going to create a cultural change in the Agency. It certainly will affect the way that we approach research. I certainly hope it will in terms of translation research. The key is, and we're hearing it at all of the town hall meetings, during which we've heard almost 1200 people testify over the course of the last four

months is this issue of networks is very, very strong. I think that walking around and talking with y'all beforehand I heard two networks that I'd like to ask folks to give us a little talk about here. So I'm going to ask Mike if he would come up and let us know a little bit about the Farm Bureau Safety Network, and then Kelly can speak of the OSHA Consultation Network. I think these will become more and more important as we move forward. Thanks, Mike.

MR. BLAKENSHIP: I'm Mike Blankenship. I'm the safety director and rural health director with the Mississippi Farm Bureau. Most of the time when people hear Farm Bureau, it's an insurance company. When in reality the Mississippi Farm Bureau Federation is the parent company of the insurance company. Insurance was formed as a service for rural families because they couldn't buy insurance. Don't get me wrong, the insurance company is a big organization, but they are just part of the Federation. Through the programs in the Mississippi Farm Bureau last year we trained over 30,000 people in the State of Mississippi. We do some 14

different programs, everything from CPR to machinery safety. We formed a networking group with other states through the Farm Bureaus. Right now we have 22 states involved in it. All the Farm Bureaus have people who do training. We don't do research, okay? What we do is take the research that's been done and we put it out there to the people. We think that's where it needs to go and I know a lot of you do research, but research is not any good to me unless we have the ability to put it out there where it's going to do some good, and that's what this networking group does. Right now we have 22 states involved in it and every year it grows. We have a meeting next month in the Outer Banks of North Carolina, and we'll hopefully have around 30 states represented at that point. It's a good contact for y'all. It's a partnership through your state Farm Bureaus because a lot of them have either health, safety or a combination of the two that are involved with training for the people in the state.

DR. LUM: Thank you very much. I know it's hard to stand on your feet and talk, but it's

real important for us. Thank you very much for doing that. Kelly, if I could call on you?

MR. TUCKER: I'm Kelly Tucker. I am the director of the Center for Safety and Health at Mississippi State University, which is actually located here in the metropolitan Jackson area. And as part of that job I am the program manager of the OSHA Consultation Program. I guess my talk will be geared mainly toward OSHA consultation in general and not just Mississippi.

There are 56 of these OSHA Consultation Programs. Every state has one. I think six of the territories have one. They just actually started one of the programs in the northern Marianas. They have one in the Virgin Islands. I need to go down there and check out their program on some trip. OSHA and the U.S. Department of Labor funds these programs and you can find them everywhere in state government. I know Kentucky's is in the Labor Department; part of the universities are there; Georgia Tech University, University of South Florida have the programs. Health departments, Workers' Comp Commissions. We all basically do

the same thing, and that is that we provide a free service to the owners and managers of small high-hazard businesses. Unfortunately, that does not mean the farm. We do some agribusiness here in Mississippi, but we have to track what OSHA tracks and they're riders put on the OSHA bill every year and that typically eliminates the farm. We work with Bruce on agromedicine and we attend conferences and provide guidance, but as far as actually going out to the farm, we don't. Now, some other states do.

There are basically two kinds of states as they deal with OSHA. One is called a federal state, which Mississippi is. Where the federal government does compliance work and OSHA does the consultation work -- or the state does the consultation work. In state planned states, the state does everything; Tennessee, Kentucky, the Carolinas are some that jump to mind. Those states have the compliance officers, the consultants, and they also do public-sector work. No one in Mississippi is looking at the public sector.

What we do is we go out to the small

businesses. We go only where we're invited and that's nationwide. So if you have a small business owner in California or North Dakota or Mississippi to get our services they have to invite us in. As I said, we are a free service. Historically, what these programs did is they tried to OSHA-proof companies. Well, that term disappeared probably about ten years ago. And really what we're trying to do now is work with the companies and implement a safety and health system which will put emphasis back on everyone in the factory, or the business, or the hospital, or wherever we're working. Everybody takes responsibility. All of the programs that are required are in place. During Katrina we had something happen here that was real interesting. We do a lot of work in nursing homes, and one of our key sites -- well, we called all of our key sites, our recurring customers, and we called some folks to help us implement an emergency action plan. You know, in a nursing home that's somewhat difficult as we saw on TV during Katrina down in the New Orleans area. These people were so excited that this system had been implemented

because everything worked right, backup power, accountability. And these are the type of things that we work with our clients on. Not just to find a physical hazard, but to try to develop a system. Again, when I'm talking about what we do, I'm talking about what all of the programs do.

We all basically have two types of people. We have safety consultants and health consultants or industrial hygienists. The safety folks are looking at machine guarding. They're looking at egress from the facility. The health consultants or industrial hygienists, whichever way they want to be called, are looking at workstation air contaminants. Are these people at a workstation where there's spray painting going on? Are they overexposed to the organic solvents? Are they running a saw? Are they overexposed to wood dust? My background is industrial hygiene, so I know that a little more. We're looking at workstation noise-abatement work. We're doing some ergonomics work. Some of the states that are well-funded, of which we unfortunately are not, have ergonomists on their staff. We do a good

bit of blood-borne pathogen work, first-aid work. We are typically, though, identifiers. Some programs have training elements. We do not in Mississippi. We go out and identify hazards and the companies fix those hazards. I was talking to some people earlier about some of the problems that we actually see that are causing hazards. I guess in different states it's different things, but the biggest cause in Mississippi is people being killed on the job while operating moving vehicles. Now, they may be the salesman traveling between clients, the over-the-road tractor-trailer truck operator. We've had several wrecks west of Jackson in the last couple of weeks attributed to fog; trucks running into each other and people being killed. Also, fatigue, we see a lot of that. We see a lot of ergonomic issues; mainly back strains, shoulder strains, people having problems like that. We see a lot of trash in the eyes in some of the facilities that we go into, which is a lot of foundries, sand and that type of stuff getting into the eyes. One of the services that we offer is trend analysis. We'll go into one of these

facilities and look at their OSHA 300 form, which is the log of injuries and illnesses and we'll try to come up with a trend and help them to come up with solutions to solve these problems. As I said, these programs are in every state. Every state has one program except Wisconsin. They broke their safety and health program out into two programs. Then in all of the territories, including Washington, D.C., has a program. They're everywhere. OSHA is trying to get the programs that want to move into universities because universities are the masters of managing grants, and we found that when we up under Mississippi State University in 1994 that everything just smoothed out. It helps during football season too when you're working for an Ole Miss or University of Southern Mississippi client there's always something good to pick on them about.

One thing that makes us feel good, you know, sometimes I feel like that we're sort of looked at as the son of OSHA. You remember the old horror movies the son of Frankenstein? Nobody likes to see OSHA show up, EPA, any of the regulatory agencies. We sort of consider

ourselves the good guys. OSHA does a lot of good work and they provide our funding. I got a letter from one of our clients not long ago who worked with a series of nursing homes and we worked with them quite a bit. He sent me a letter and said that they appreciated all of the work that OSHA Consultation had done, and that they had actually improved their situation so much that they had actually gotten a refund on their workers' comp insurance. So those are the nice things that you hear from your clients.

Like I said, people during Katrina commented that some of their plans had really played out in the proper way. Of course, we're always glad to hear that also. You can go to the OSHA homepage, which www.osha.gov, and look down on the right side of the page down to consultation which is a link there and you can go to your state and find out exactly where the program is located. One of the things that we hear quite often is we didn't know you existed. So if people ask you for safety and health work wherever it might be, we'd appreciate your referral. Thank you.

DR. LUM: The son of OSHA might take on a different meaning if you bring in a check with you. That would be different, I think. So thank you very much for sharing that. This is a time that I will really open it up. If anybody would like to come forward and say anything, now's the time. Yes? Please. Identify yourself. Let's let this lady first and then Bob.

MS. HARDY: Thank you. I'm Maureen Hardy. I'm a physical therapist here at Saint Dominick's Hospital here in Jackson. And last year in 2005 Time Magazine picked Mississippi as the fattest state in the nation. We have our hospital, also, which has problems with not only obesity, but the co-morbidity problems surrounding that. Our human resources is looking at ways of reducing our healthcare costs. So this year we partnered with Mississippi State University. They have an extension service for each county, and they've come to our facility -- this is free, it's part of a study they're doing -- to initiate Mississippi in Motion. It's a weight-loss program and it's really a wellness lifestyle

change.
We limited it to our employees. We had over 150 applications and we could only choose 25; that's just within our employees. So we're in the middle of this program right now and I would encourage that you look at partnering with programs like the Mississippi Extension Service, which are already up and running. However, I do want to comment that although this is for adults, I really feel we need to go back to the roots, which are the children. We put three girls through public high school here. Recently, I went back to high school with my fourth child, and there was a ten-year gap because I hadn't been in this high school for ten years. I was looking forward to seeing the changes and what shocked me when I walked in the door were the number of vending machines. I counted 30 vending machines in that high school with junk food and sugar-laden soda blocking water fountains; purposefully blocking water fountains. So, of course, I went to the principal to complain and I was told, truthfully, life is about choices and these choices and this is an opportunity to

learn to make right choices. I said well, where's the good food? So the choice is either I eat or snack or I don't. That's the choice. So following this line of logic I suggested that they put in casino slot machines so the children could learn to become compulsive gamblers or not. The schools make a lot of money, and we know that, from the machines. But that's not the right answer. They have a problem and we've not gone with the right answer. So I ask you to look at the children in Mississippi.

Now, I want to switch to my role as a physical therapist. I treat injured workers from traumatic and cumulative trauma injuries on the job. And part of my role is to go back to the company with the injured worker to recommend light-work restrictions for the employee. I find that I'm talking in a different language than the company. I'm talking in the R alphabet; rate, redesign the tools, rotate your employee. And the managers are talking in the P language, which is profits, product, and productivity. We're not connecting. The employees themselves -- I work so much in the

clinics teaching them safe ways of moving. I place ergonomic knives in their hands to cut the poultry. But they are not empowered when they go back in the work to make these changes. So my request to you is that we all belong to professional associations. I'm on the American Society for Hand Therapy, American Physical Therapy Association, American Occupational Therapy Association. We need the research that you're developing. And if you have systematic literature reviews, and especially any evidence-based practice guidelines that we could link on our websites with our professional organizations, we need to get this literature to the practitioners so that they can use it. So anything on ergonomic intervention that will speak to the clinician as well as to industry, help us translate this information so we can put it in practice. Thank you.

DR. LUM: I have to tell you the ultimate vending machine I saw was on this town hall process. I may have called attention to some other folks that were with me. This was in the Dayton airport. It's a machine, a

free-standing vending machine that serves hot pizza. I actually hope my children never see this machine. I hope it never goes to college. But can you imagine? I can see something that would serve it cold and you had to put it in a microwave, but this serves hot pizza. So this is coming to a school near you, I think, is what I would fear. Bob?

DR. MCKNIGHT: I'm Bob McKnight from the University of Kentucky College of Public Health. I have five quick things to talk about today. Each one will be fairly brief. I want to talk about one population that I think NIOSH should place more emphasis on as a population at risk. I want to talk about a geographic region that I'd like to see more emphasis in the research agenda. I want to talk about one specific hazard. I want to talk about one partnership model. And I'm going to save the fifth on to the end.

First thing I want to talk about is a population that needs more of an emphasis area. I'll sum it up with two words, older workers; those workers over the age of 55, the area of occupational gerontology. I've been to some of

the international conferences on occupational gerontology and I am amazed at how the Europeans and the Scandinavians seem to be so much ahead of us in this field recognizing special issues with older workers related to adapting the worksite so that older workers may be more productive. As we have an older population in the U.S., we need to adapt the types of research and strategies that our colleagues in Europe and other nations are doing to make the workplace a safer healthier place for older workers.

The second thing I want to talk about is a geographic region. Particularly, I'm going to sum that up in just a very quick word, rural occupational safety and health; those non-metropolitan counties, the rural areas of America. I come from Kentucky. We have a substantial rural population. You go to the next county and you're in Appalachian from where I live. So much of the emphasis that I hear about occupational safety and health tends to be either larger industries or businesses that are placed in metropolitan counties. When you go into the rural areas of any of the

states, particularly in the south, you're going to find a lot of smaller businesses, in addition to farms, that are simply unaware of occupational health and safety resources that are available. These are mom-and-pop radiator shops, these are the junk yards, these are the sawmills, these can be nursing homes in rural areas. This is quite a number of businesses and industries in rural environments. Unfortunately, so many of the decision makers and leaders and researchers live in urban environments where they're things such as the Gap and Starbucks. So I would suggest a method to identify these rural counties is to get a map, make an overhead, have a plot map of the 50 states and plot out Gap Store, then I want you to take every Starbucks store and look for the regions of the country that don't have any of those dots. That way you will find rural America. It's not particularly a scientific definition, but I think it will get you there. The other thing that I want to address is a specific hazard. And it's a hazard that has both occupational and non-occupational issues. And it is deaths and injuries from all-terrain

vehicles. The all-terrain vehicle is one of the unique hazards that has both recreational and occupational lifestyle issues. They are often used in agricultural areas. They're used in ranching operations. They're used in other types of small industries as well. But at the same time, they're also a recreational vehicle. Some of the issues that we have faced is people have said we really want to study all-terrain vehicles, and I think that NIOSH might want to emphasize the occupational use of all-terrain vehicles as you begin to examine possible PARs and RFAs out there and how we can address this, really, emerging occupational health issue. There's also other funding agencies that need to address this from a recreational vehicle standpoint. And I supposed there's also in the recreational area for ATVs -- in Kentucky we have something called bush-hogging. Does everyone in here know what bush-hogging is? Well, usually it's an agricultural mowing operation, but we have a fair amount of recreational bush-hogging in Kentucky, where the guy just wants to get out on the tractor to get away from the family for two hours. But I

think there's a fair amount of this going on with ATVs. It may be very hard to separate occupational from lifestyle, but let's put ATVs a little higher on that list.

The fourth thing I want to mention has been mentioned before, but I want to put it in a little different term. And that's the issue of partnership. I want to really emphasize how NIOSH could partner more with your state cooperative extension services and your state agricultural extension services. I'm not talking here just about partnership for farm safety and health. As director of one of the agricultural health centers, we do a lot with cooperative extension related to injuries, illnesses, and exposures, and poisoning on farming operations. However, several states, including Kentucky, have developed some rather innovative strategies for putting many types of health and safety information through extension service. We could expand that to the non-agricultural small business in the rural area. So I think there's a connection that could be made between focusing more on rural occupational health and safety using

cooperative extension as a conduit. We've got some examples that we're working on now that -- and I know Mississippi has a program with health extension as well. I'm familiar with Texas, who has a very good program in health extension. Kentucky has a program called the Health Education Extension Leadership Program as well. So let's look at cooperative extension as a better way of reaching these rural populations.

Now, my fifth item ties into the use of cooperative extensions. I want to address how people spell NIOSH. So many times I have found that people particularly in rural areas spell NIOSH OSHA. Even though I've never used the word OSHA in a presentation it comes out as NIOSH, oh, you mean OSHA. The bottom line here is an issue of trust. This was mentioned by the extension agent from Pickens County, Alabama. I think that when you're dealing particularly with rural populations, with small businesses, there is a fear of the federal government that if I get involved with a funding agency that is somehow tied to NIOSH, I've got to sign all of these assurances. I've

got to have all of this legalistic looking paperwork. These are the feds, and they have a suspicion there.

I think NIOSH could do a better job in developing partnerships with community groups that would help to alleviate some of this suspicion and mistrust and that initial feeling that I'm here from the federal government and I'm here to help you. We need to get over that barrier.

So my last comment is NIOSH work a little bit more on developing trust relationships with local people by using local opinion leaders to help build that trust. I don't think NIOSH can do it alone, probably they should not do it alone, but they could certainly work with local health departments, local extension services, local opinion leaders to do that. If we're going to have good research in rural occupational safety and health, we're going to have to develop stronger and more trusting partnerships. Thank you.

DR. LUM: Amen on all five of those points, except the Starbucks. That makes me a little nervous, Bob. Anyone else before we have a

summary of what we've heard? Joe is going to give us a summary of what we've heard this morning and move to our afternoon program. Anybody like to come forward? You'll have to wait ten years before we come this way again, maybe. Yes? Please.

MS. WESTMORELAND: Hi. I'm Margo Westmoreland. I'm with the Occupational Safety and Health Administration, OSHA. I am a compliance safety and health officer, which is one of the people who go out and do enforcement in the private and federal sector.

I was listening to all of the people talking about the different research and it's one concern that I have that I would like more research done and that's with Hispanic workers in poultry plants and furniture manufacturers. What I'm noticing is that traditional jobs that other races have done, like de-boning and stuff that has caused musculoskeletal disorders, now I only see Hispanics doing those jobs. Normally, they don't complain. I don't see injuries placed on their logs, but I'm beginning to think that maybe because they're so grateful for the job and they don't speak

out and they don't say anything about these disorders that they may not get put on the log. So as far as research, a partnership with someone -- I'd like to see more work done where something can be done that we can get together and find out are they still getting these musculoskeletal disorders that was traditionally given to blacks and whites and everybody who did their job previously that they were getting.

DR. LUM: Thank you very much. Anyone else at this point? Yeah, Kristen.

MS. BORRE: I'm Kris Borre. I'm from East Carolina University. I guess now I'm going to talk as an associate scientist with the North Carolina Agromedicine Institute. In hearing the things that everyone has been saying today, it reminds me that for our work to make a difference we really have to be able to measure what is successful. What kinds of interventions and educational programs are successful? So it's very important that we develop good evaluation. Evaluation research is a little different than basic research, and I think we need to look at what the different

models of evaluation research may be. I'd like to recommend that we try to pull all of these ideas about partnership in broad-based communities together. One of those models that I find useful is a socioecological model that's often used in public health. I'd like to recommend that we look at that. But in order to do this one of the things that we have to do is be able to know who the workers are, where they are, and why they're doing the work. One of the hardest jobs that we have in research is being able to make measurements when we don't know exactly who those people are. With our special populations, like our Hispanic workers, we often have very poor information on how many there are, where they come from, how long they're here, whether they're really migrants or they're sort of migrants. They switch and work from one industry to the other. They may start in agriculture, then they go to food processing, then they go to construction, and come back. We need to find a way to be able to count people. We need to build trust with those people in order to be able to count them. Even when we work with farmers and farm

families, they're often reluctant to tell us about all of the migrant workers that they have contact with and that they're working with because they're worried that they may somehow get in trouble, and they don't want to get in trouble, and they don't want to get their good workers in trouble either.

So I think that we have to do something to build trust and dispel any kind of fear that people are going to be punished in order to keep a good agricultural workforce available to us.

Finally, I think it's really important when we look at what we're risking to lose. In the United States we have very rich farmland. We can produce to feed the world probably. One reason we're so fat is because we control all of the calories. We have more calories today than any other civilized country has ever had in their history. We have more calories here in the United States to eat, to burn, than any other nation does, and we tend to wear it on our hips. But our food supply is coming in from international locations. And if we lose the farm production in our own country we're

going to be dependant internationally for our food more and more. That creates a biosecurity risk, but in addition to that, what is it doing to the tradition of our own country and our own rural areas. I think we need to think about all of those things.

So NIOSH has a big role here because NIOSH and CDC together are key in building a healthy safe rural environment where farmers want to work, where agricultural workers can work. They will be key partners with us if they will work in the local communities. Thank you.

DR. LUM: Thank you very much. Hank?

MR. COLE: My name is Henry Cole; people call me Hank. I'm from the University of Kentucky. I'm a part-time farmer lifelong. I thought I'd just like to comment on a couple of things here. If you look at the Bureau of Labor Statistics Census for fatal occupational injuries for 2004, they're about 5500 fatal injuries across all industries in the United States. If you look at just the injuries related to tractors, two to three percent of the farming population account for about 3.3 percent of all of those national injuries.

Tractor-related injuries and tractor machine-related injuries account for about a third of all of the farm fatals. If you add the drownings, the falls, the electrocutions, all of the other sorts of things that happen, it looks as though in that year and other years that traumatic injuries to farmers account for nearly ten percent of the annual fatals. So that's the area that I've worked in for a long time with Bob McKnight and other people. It's the prevention of those types of injuries.

Some of the things that are really important if you're going to do that are there are a lot of partners, particularly related to tractors and machinery. Some of those partners are equipment dealers. They are very, very important. That was established a long time ago by Carol Latola (*) and her work. It's been established by more recent work that we've done.

Another group that's very important are the equipment manufacturers. We had a program a number of years ago where the major manufacturers got together and they worked with the dealers to promote ROPs. It made a big

difference. Then when that dropped off, for many reasons because of the international competition and all the complications in manufacturing tractors, and not the least of which is having four or five sets of standards for ROPs design, made it very complicated. One of the nice things that's happening is the National Tractor Safety Initiative. So we have nine centers plus the children's centers that are working together over a period of two three years. That group is working together on a series of projects, which include policy, engineering, looking at ROPs design, ways to make them available, ways to distribute them involving the equipment dealers. Another part has to do with the economics of tractor-related injuries and the economics of their prevention. And there's a huge, huge economic advantage of taking these easily implemented measures. In addition, there's also the social marketing aspect to this that's going on where we have 36 focus groups, I think, in nine states where we're taking the initiative to the people in the community and we're asking their advice on this and having a dialogue with them about what

needs to be done and in what ways that can become involved and what ways they might want to be involved.

So I think when we're thinking about the injury area it seems to me that it's easier to get someone to put a ROPs on their tractor than it is to change their lifestyle for smoking and diet. Yet, it's hard enough to do that. Anyway, I think that's a good development and I'm very happy that we're able to be involved in this at the Southeast Center, and very happy that NIOSH initiated this tractor safety initiative.

DR. LUM: Thank you, Hank. Anyone else?

MR. TUCKER: Just a follow-up comment on something that I had mentioned and Bob had mentioned also was about getting the word out and talking about rural safety and health. Of course, Mississippi is from top to bottom considered a rural state. As I had mentioned, we have problems getting the word out about our program, and they're a lot of other fine programs represented in this room. And I don't know if y'all being NIOSH have any ideas on how to get the word out about programs. It seems

like we'll put on a good program and a lot of folks don't show. I don't know what the answer really is in that. I know we meet yearly here in Mississippi with the Mississippi Manufacturer's Association, and I know that OSHA puts on some presentations there. We don't really do that because of a lack of staff. I think that would be something to think about. There's got to be some way nationally to get the word out about not only occupational safety and health, but the other fine programs. I thought I'd just throw that out.

DR. LUM: I think it's a point well taken. We're proud to support the social marketing effort from our office, which we don't do research in the Office of Communication, but we're proud to support this social marketing effort to learn these new techniques. I think Sid can support this. We're going to try to set up a structure that allows our researchers to understand that the R to P does mean that we have to think about the P part. At the very early R you're going to have to start talking about the practice part. I'm going to give

some proposals, they may not go anywhere, but certainly one of the ones that I have been thinking about is we're going to try to put communication folks in the laboratories. They won't be in Washington, D.C. because we want to get them out in the field. They would be the go-betweens and help our researchers who haven't been trained in this area of social marketing. They look at you like it's a bad thing. You're marketing yourself or you're marketing the Institute. That's not what we're talking about. So we have a lot of work to do and we've heard this all over the country. I think we talk about the importance of engineering controls. We talk about the three Es, essentially. The engineering controls, enforcement, and education. We're also hearing more Es, efficiency. Are we providing the Farm Bureau information that they could use in their program? Is it efficient the way we're providing it? Is it effective? How effective is what we're doing? How much evaluation have we done? The fourth E would be economics. We have to think about economics and particularly for small business and how to reach them.

So the next ten years, I would guess, is going to look very different. I'll be bass fishing ten years from now, maybe, if I'm lucky. But I hope that we'll be able to set up some structures that will support what we've heard over these town hall meetings. I think we're certainly going to give it a shot. We're going to really try to do this. There's a lot of good feeling about it, but there's a lot of concern among our researchers. We're going to have to help them out and we're going to need the folks on the ground to really help us do that. So I'd to end it there unless somebody would like to come up and make a comment. At this point I'm going to have Joe come up and introduce himself and kind of give us a summary about what we heard. Joe?

SUMMARY

JOE SURKIN, MISSISSIPPI DEPARTMENT OF HEALTH

MR. SURKIN: Thank you. My name is Joe Surkin and I'm with the Department of Health here. I've been there for 22 years. I work with Bruce Brackin in epidemiology for 15 of those 22 years. So I know what you're going through. We've been doing it ourselves for so long and we're still trying to do it. But I was told I

had an hour to do this summary. Actually, Bruce said I had five minutes or less. The basic theme that we've got going on here is trying to get everybody to work together. We've been doing that since I've been with the Agency, and Teresa was there before. We've been trying to get people to work together for 20 years and that's a difficult thing. Basically, on the topics that everybody heard, and what I heard, was basically the top problems that we're seeing and we're hearing everybody say is we have the leading causes of death. Those leading causes of death have not changed. In the 20 years that I've been doing research they've been the same. They may fluctuate and move around, but they're pretty much the same. We've have that problem. So we haven't addressed that issue and we need to. The manmade problems that we've got; the toxins, the pesticides, the constant use of things that are going on. The medical issues, the stress. Stress is at an all-time level, and it's even escalated since 9-11 and the problems with terrorism increased. I can recall right after that occurred that we had

three or four complaints when crop dusters were being used on farmlands in south Mississippi. We're being invaded. We had to address those issues at the Department of Health.

The medical issues, the co-morbidity issues, obesity is striking at everybody. But people are still dying from cardiac problems and the injuries and so forth. The birth defects and the cost of healthcare and the cost of everything that they need to do. Biosecurity and bioterrorism, like I just mentioned is a big issue that we're hearing.

Basically, to sum all of that up, we have the problems with the occupational issues and so forth. But as was stated before, we're probably more likely to die from some type of medical condition or some type of injury than we would from the long-term issues. The key partnerships that people talked about and wanted to hear are the same ones that we've been using forever. The issue with key partnerships is getting those partnerships to talk. We have universities doing research. We have the health department doing the same research. We have other areas doing research.

We need to get them to the table. When I first started at the Health Department, my responsibilities were you're going to this meeting, and you're going to this meeting, and you're going to this meeting. Wait, we're all talking about the same thing. Why can't we get everybody to talk about the same thing?

The schools of medicine, the schools of nursing. I'm not sure if the school of nursing and the school of medicine talk because they're doing their own thing. The schools of agriculture, the schools of public health; Southern, Jackson State, those types of things. The communities need to talk. You know, the trickle-down effect here, we don't have it. Word gets up here to the upper level and the people actually on the ground are not getting the information that needs to be done. The local governments need to be involved. What's going on in there?

The clinicians, the nurses. Now because we're a rural state, we have the nurse practitioners. They need to be involved in this issue as well. The extension services and the manufacturers, those are partnerships that we need to utilize

that we have and get everybody to the table. The research that will make a difference is the quantitative and qualitative research that we're doing. We do that. The translational research, guilty. I've done so much research on injuries and so forth that's sitting on my shelf that has not gotten out. We've published it. It's been published in journals and everything, but to get the word out to the people that really need it is where it needs to go. The ongoing research that we have on pesticides and toxins and so forth. The ongoing research of the underserved populations; we've heard of the minorities, the African-Americans, the Hispanic population and so forth. We need to keep that going. The Department of Health is initiating the birth defects. We have the birth defects registry to look at that. We incorporate all of the underserved populations into that type of research.

The research towards a healthy lifestyle. We know we have an obesity problem. We know the cardiac problems. These things have been going on for 20 years. Get the data out so we can do

something about it. Basically, to sum that up the research needs to be directed towards addressing the areas of the priorities. What do we need to address? The populations that we need to research -- what I have heard specifically is the underserved; the African-American farmers, the minorities, the Hispanic workers in the community, the migrant workers that come in. We don't know if they are here legally or illegally. The agriculture, forestry, and fishery people, those types of groups that are doing things. Then the older workers. Mississippi's population is an older population. The expected lifespan of individuals went from 65 years of age 20 years ago to 75 and 80 years of age now. People are going to work until they're older now. I started young. I've been with the Department for 22 years. I'm hoping to retire in three, but, you know, I'm still young. I'll be going to work somewhere else, if I do.

The priorities that we talked about and they're numerous. I have to stop and go back and talk about the calories and the Coke machines and

everything. I was watching TV last night and I saw this commercial. It was a Coca-Cola commercial. The guy was riding a cart inside a Coke machine and he was watching the steam coming. He thinks to himself and he slides down and he’s looking at the wall and it says -- he flips the switch and the switch says no calories. So all of a sudden all of these new Coke machines put out Cokes with zero calories. That’s their new product that they’re pushing it. So Coke is getting the word out.

We need better access to care. We have three urban areas that are classified as metropolitan areas in Mississippi. One is in north Mississippi in Desoto County, the Jackson metropolitan area, and the Gulf Coast. We all know what’s going on in the Gulf Coast. The issues on aging are very important. Our population is getting older and we need to take care of that. Again, addressing the medical issues; the cardiac problems, the diabetes, the obesity, things that have been ongoing. We need to look at the multi-occupational research approach. People go from one thing to another to another. I started in the back of

ambulances. Bruce had me crawling under houses. I sit in an office chair working on the computer. I don't work out in the field, but it's the multi-occupational things that I've had to endure working. Another thing that stuck out was the continued issues directly related to the populations that are effected. With that, we have to utilize that research that we've collected to make the difference. A lot of it is the same. You know, the African-American farmers and the things that are going on with them are also affecting the white farmers and the migrant workers. There needs to be more technical and financial services available to the populations. We need to ensure that all information and resources are easily defined and available. We need to get the message out. We have 110 hospitals licensed in the State of Mississippi; two are still using a card-catalogue system to manage their patients. They do not have computer systems. So for me to say our health information is on our website, go get it. They don't have access to that and we need to figure out a way to get that done.

The big thing to summarize this is we need to gain the trust of all of the people that are involved. I liken that to the old adage of the commercial where the guy has his office staff working around and he goes around handing out airplane tickets, and they say what's this for? And he says it's because you're going back to put a face with the customer. That's how I've always approached my career. I've gone personally to the individual site that I'm going to work with, introduced myself, and tell them what's available and this is what we're doing. We're in the process of implementing an electronics surveillance system in the State of Mississippi where hospitals are sending us data every day on all patients that come to the emergency department. We do have a hospital in the Gulf Coast that is sending us data every day and we are actually posting that data back that day for them to look at what they've sent us in graphs, and charts, and so forth. So we're moving in that direction. We need to bring all of the sectors that we talked about here today together.

ADJOURN
DR. MAX LUM

DR. LUM: Thank you, Joe, for that review. Before we move on to lunch I'd like to give David something for his rearview mirror. It really is true, you give a job to the busiest guy and he gets it done. We do appreciate everything that you've done here and thanks very much for all of your work on the ground here. If I could just read this, for your leadership in organizing a town hall meeting for the National Occupational Research Agenda. We appreciate your dedication in advancing the safety and health of workers in your region and throughout the nation. Thanks very much.

DR. DZIELAK: Thank you.

DR. LUM: Bob, really this project and particularly this afternoon's session which you're about ready to go to is really his idea. And when we talked about this he said well, you know, we'll do it; meaning someone who really knows how to do that. I'm thinking the government will do it, but the government never fills out those forms. So we're really bringing somebody that really knows how to do this to help you this afternoon. But, again, the same thing, thanks very much. I think the

key word in that little sentence is leadership. Thank you very much for that.

DR. MCKNIGHT: Thank you, Max.

DR. LUM: I've got to give these away because I can't carry them back to Washington. The Deep South Center, could you accept for the Deep South Center? For your help with this meeting as well as the help for the other town hall meetings, thank you very much.

One final one, Kristen escaped from the Washington meeting before we could give her a plaque. If you wouldn't mind coming up and for your support -- this is your third town hall meeting. This is above and beyond the call of duty, I think. Again, thank you very much for all of your help.

MS. BORRE: Thank you very much. I appreciate it.

DR. LUM: Any instructions? Lunch is in the back. So some of us are going to leaving on airplanes and we'll be leaving you in very good hands. I say this at every town hall meeting. Thank you for coming, but particularly, thank you for staying and sharing information together. We've got to go back to NIOSH and

figure out how to implement a lot of what we're hearing. It all starts here, and again, thank you very much.

(Whereupon, the meeting adjourned at 12:00 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF COBB

I, Shane Cox, Certified Court Reporter, do hereby certify that I reported the above and foregoing on the day of March 24, 2006; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 7th day of April, 2006.

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SHANE COX, CCR

CERTIFIED COURT REPORTER

CERTIFICATE NUMBER: B-2484