



National Institute for  
Occupational Safety and Health  
Centers for Disease Control  
and Prevention (CDC)  
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Micky Tripathi, Ph.D., M.P.P.  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C Street SW, Floor 7  
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Dear Dr. Tripathi:

The National Institute for Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC) is the federal agency responsible for conducting research and making recommendations to prevent work-related injury and illness. As Director of NIOSH, I would like to express my support for including key information in USCDI V3 about the patient's job, usual work, and other work information.

Work has an enormous impact on the health of the U.S. population (IOM 2011). In addition to providing income, work provides an opportunity for creative expression, application of skills and talents, development of social networks, and growth of the national economy. It also poses substantial risks – physical, biological, chemical, and psychological – which can result in injury or illness that can interfere with productivity and quality of life. The work environment and work tasks can also exacerbate or complicate treatment of health conditions that do not have a work etiology, such as asthma or diabetes. However, information about work status and work history often isn't collected in the clinical setting, which can result in missed diagnoses and missed opportunities for preventive interventions. In addition, patterns in work-related morbidity and mortality in communities and at the population level can go unrecognized, resulting in missed opportunities to mitigate work-related health effects on a larger scale.

The addition of job, usual work, and other work information to USCDI V3 will address ONC's priority areas: mitigating health and healthcare inequities and disparities; addressing the needs of underserved communities; and addressing public health reporting, investigation, and emergency response. Work is closely connected to health disparities (Ahonon 2018). For example, during the COVID-19 pandemic, essential and frontline workers (such as those employed in health care, meat and poultry, corrections, grocery, agriculture, manufacturing, and transit industries) (CDC 2021a) have been

required to work in person, and so have faced high rates of COVID-19 infections and death. Communities of color and low wage earners are over-represented in essential and frontline occupational groups and have experienced some of the highest rates of COVID-19 related deaths (Seligman et al. 2021, CDC 2021b, Hawkins 2020, Hawkins 2021).

Similarly, many groups of workers most vulnerable to climate-related hazards are predominantly from communities of color and from under-resourced and disadvantaged communities (Mendez et al. 2020), communities that already suffer disproportionately from environmental health disparities. For example, hired farm laborers, who are predominately Hispanic (USDA 2021), are exposed to extreme heat and humidity and are at risk for heat stroke, heat exhaustion, and death (CDC 2016). An analysis of 2000-2010 data revealed that these workers die from heat exposure at a rate nearly 35 times that of all civilian workers in the U.S. (Gubernot et al. 2015). The addition of job, usual work, and other work information to the EHR will allow clinicians to recognize ways more easily in which conditions such as COVID-19, heat stress, and other health conditions are related to work for these communities and could help them to identify remedies to prevent future harm.

The proposed data elements for USCDI V3 have implications for public health as well. Work contributes to many of the current nationally notifiable conditions (NNCs), most of which are infectious diseases. As illustrated during the COVID-19 pandemic, the workplace can be a location of infectious disease transmission between workers. Workers can also be exposed to infectious disease sources in the work environment, such as fungal spores in soil (de Perio et al 2015, Feldman et al). In addition, work contributes significantly to the burden of chronic diseases. However, there is no comprehensive system in place to track these diseases, document their trends, and provide a mechanism to assure efforts at prevention. The inclusion of job, usual work, and other work information in EHRs would facilitate improved reporting of work-related conditions through electronic case reporting (eCR) and allow states and other jurisdictions and the federal government to improve collection and analyses of data on work-related morbidity and mortality. These data could be used to identify patterns of disease occurrence, which could inform public health interventions to mitigate harm in groups of workers and those with whom they interact.

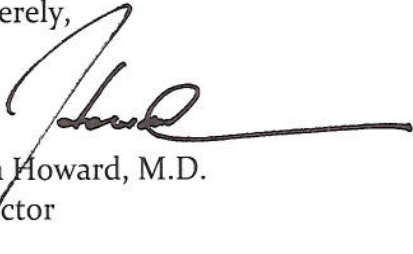
Finally, the addition of the proposed data classes in USCDI V3 could improve patients' and providers' experiences of receiving and providing clinical care. In most cases, patients with work-related health problems will first be evaluated by their primary care providers (PCPs). Clinical guidelines and best practices for work-related conditions can be made available as clinical decision support tools to PCPs in primary care settings, provided the PCP has structured, standardized work-related information. For example, guidance and resources related to the recognition and management of work-related asthma, occupational factors which impact diabetes, and return-to-work for those with musculoskeletal conditions have been developed and primary care providers have viewed them positively (Baron et al. 2017). The PCPs were aware of the impact of work on their



patients' health and recognized that they need additional information to better manage patients' health.

In summary, the data classes and elements submitted by NIOSH as part of the CDC submission are a foundation to promote health in workers and society. The challenges of the climate crisis and the COVID-19 pandemic illustrate the need to mitigate disparities, address the needs of underserved communities, and support public health responses. The inclusion of job, usual work, and other work data elements in USCDI V3 is critical to the promise of timely and equitable care and addressing these challenges.

Sincerely,

A handwritten signature in black ink, appearing to read "John Howard", with a long horizontal flourish extending to the right.

John Howard, M.D.  
Director

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