Unique Response to the Deepwater Horizon Oil Spill Disaster

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Environmental Health Outreach and Literacy Project
Gulf Region Health Outreach Program
SouthON
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Disclaimer

• This presentation is supported by the Gulf Region Health Outreach Program (GRHOP).

• GRHOP was developed jointly by BP and the Plaintiffs’ Steering Committee as part of the Deepwater Horizon Medical Benefits Class Action Settlement, which was approved by the U.S. District Court in New Orleans on January 11, 2013 and made effective on February 12, 2014. The Outreach Program is supervised by the court, and is funded with $105 million from the Medical Settlement.

• Dr. Kirkland does not have any other disclosures.
Overall Goals of GRHOP

• The ultimate goal of GRHOP is to ensure that residents of the Gulf region are informed about their own health and have access, now and in the future, to skilled frontline healthcare providers supported by networks of specialists knowledgeable in addressing their physical, behavioral and mental health needs.

• GRHOP will be embedded in and complement, rather than detract from or replace, the existing efforts being undertaken by the public health community.

• GRHOP will involve local communities in the targeted areas and, taking into account input from the community, build capacity tailored to their special needs.

• GRHOP will focus on activities that produce sustainable benefits to the community lasting beyond its five year duration.
Five Integrated Projects

The program consists of five projects:

- Primary Care Capacity Project
- Community Involvement and Outreach
- Mental and Behavioral Health Capacity Project
- Community Health Workers Training Project
- Environmental Health Capacity and Literacy Project
AOEC Role in GRHOP/Tulane

AOEC is part of the project led by Tulane University School of Public Health and Tropical Medicine.

• Under the GRHOP agreement AOEC:
  • Provides training to primary care professionals to evaluate individuals with occupational and environmental health complaints.
  • Provides peer consultations with an occupational and environmental health expert.
  • Provides referrals for individuals to an occupational and environmental health specialist.
Community’s Environmental & Health Concerns

Health Concerns
• Reproductive
• Respiratory
• Cancer
• Children’s development issues
• Dermatitis
• Ergonomic issues
• Workplace exposures

Environmental Issues w/ Possible Health Concerns
• Floods
• Emergency Response
• Dispersants used in cleanup
• Air pollution from petrochemical plants
• Pesticides
• DWH oil spill
Community Member Questions

- Should pregnant women eat seafood and if so, how much?
- Did 90% of the Exxon Valdez clean up workers die from exposure to dispersants?
- Can my job affect my diabetes control?
- Is the air pollution from the local factory affecting my child’s asthma?
- Am I going to get cancer from working on the oil clean-up?
GRHOP Training and Awareness

• Train local Medical providers in Occupational and Environmental Health

• Raise awareness of Occupational and Environmental Health
Primary Care Training?

• Primary Care Providers (PCPs) can and should play an important role in improving the recognition of EOH conditions.

• There is evidence that they don’t and that additional medical education is needed.

• The median medical school curriculum time required was 6 hours in 1991/92.
Clinical Services

• Develop and provide a referral system patients can utilize to receive EOH medical services.
Occupational & Environmental Medicine (OEM) Specialty Network

- OEM Referral Network
  - Located at 6 Federally Qualified Health Centers (FQHCs) in coastal Louisiana, Mississippi, and Alabama
  - This includes over a dozen clinic sites
  - Over 275 community members evaluated by board certified occupational physicians since late 2013
Clinic Evaluations

• There have been 280 case reports filed with AOEC. This doesn’t represent all cases seen.

• The patients have been evaluated between 2013 and 2018.

• Cases varied depending on clinic population.
  – Clinic A is 68% musculoskeletal
  – Clinic B is 50% respiratory and 8% depression/ anxiety (high population of BP recovery workers)
Physician evaluated diagnoses: Clinic A

Percentage of Patients with Diagnosis
(N = 238)

- Musculoskeletal Pain: 68.1%
- Other: 6.7%
- Headache: 5.0%
- Respiratory Issues: 4.6%
- Sciatica: 4.2%
- Pain, Other: 2.5%
- Injury: 2.1%
- Abnormal Chest X-ray: 2.5%
- Dizziness/Fainting: 2.1%
- Mass/Tumor: 1.3%
- Allergy: 0.8%

Preliminary data: do not quote, cite, or distribute
Patient self-reported exposures: Clinic A

Percentage of Patients with Exposure (N = 238)

- Ergonomic/Physical Factors: 70.6%
- Slip, Trip, or Fall: 8.8%
- Other: 7.6%
- Dust: 1.3%
- Asbestos: 2.5%
- Fumes: 2.5%
- Cleaners: 2.1%
- Air Pollutants: 1.3%
- Motor Vehicle Accident: 1.3%
- Hit by Object/Person: 1.3%
- Crude and Diesel Oils: 0.8%
- Crude and Diesel Oils: 0.8%

Preliminary data: do not quote, cite, or distribute
Physician evaluated diagnoses: Clinic B

Percentage of Patients with Diagnosis
(N=24)

- Respiratory Irritation: 33.3%
- Contact Dermatitis: 20.8%
- Respiratory Illness: 16.7%
- Cancer: 8.3%
- Depression/Anxiety: 8.3%
- Hypertension: 4.2%
- Allergy: 4.2%
- Other: 4.2%

Preliminary data: do not quote, cite, or distribute
Patient self-reported exposures: Clinic B

Percentage of Patients with Exposure (N=24)

- Crude Oil: 58.3%
- Oil Dispersants: 29.2%
- Psychological Factors: 8.3%
- Other: 4.2%

Preliminary data: do not quote, cite, or distribute
Limitations to the Referral Program

• Patients must be referred from participating FQHC/look-alike

• Payment only for evaluations-not treatment

• Need to build trust
  – Not only with communities but with PCPs

• Staff at FQHC extremely busy.
  – Limited time for educational activities.
  – Limited time for additional questions re: OEH
Clinic Evaluations

• Elements to be reported back to program are detailed in the AOEC Database Report Form which has been approved by the AOEC IRB.
AOEC CASE REPORT FORM

A report should be submitted whenever you believe there is an association between exposure/hazard and diagnosis, even if the association is uncertain.

However, if the relationship is unlikely, please do not report case.

(1) Clinic # ____________
(2) AOEC Patient # ____________

(3) YEAR OF DIAGNOSIS: ________________
(4) YEAR PATIENT BORN: ________________

(5) ETHNICITY
_____ Asian/Pacific Islander
_____ Black
_____ Hispanic
_____ Native American/Aboriginal
_____ White
_____ Other
_____ Unknown

(6) GENDER
_____ Male
_____ Female

(7) JOB STATUS (check all that apply)
_____ Employed
_____ Unemployed
_____ Sick Leave
_____ Restricted/Work Duties
_____ Temporary Disability
_____ Permanent Disability
_____ Retired
_____ Unknown

(8) PRIMARY DIAGNOSIS
Diagnosis__________________________________________ ICD-9 Code (optional) ______

(9) EXPOSURES/HAZARDS
If you believe there is an association between the Exposures/Hazards and Diagnosis, indicate your level of certainty:

YES  (if you believe the diagnosis is likely to be caused or aggravated by the exposure)

UNCERTAIN (if you are uncertain e.g. it is plausible but there is insufficient evidence to be certain)

May list up to three exposures related to diagnosis

Exposure #1_________________________ Yes ___  Uncertain ___
Was the exposure  Occ. ___  Env. ___  Both ___

Exposure #2_________________________ Yes ___  Uncertain ___
Was the exposure  Occ. ___  Env. ___  Both ___

Exposure #3_________________________ Yes ___  Uncertain ___
Was the exposure  Occ. ___  Env. ___  Both ___

IF OCCUPATIONAL EXPOSURE:
(10) Job most relevant to final diagnosis and exposure/hazard ______________________________________
(11) Industry most relevant to final diagnosis and exposure/hazard ______________________________
(12) In a union at time of exposure?  ___Y   ___N    ____Unknown/not asked
Union name ____________________________________________________________________________

IF ENVIRONMENTAL EXPOSURE:
(13) Setting most relevant to final diagnosis and exposure/hazard ______________________________
(14) This report is considered _____ Preliminary _____ Final

(15) COMMENTS INCLUDING ADDITIONAL DIAGNOSES (Optional)

FOR MORE INFORMATION CALL: Katherine H. Kirkland, 888-347-2632, kkirkland@aoec.org
OEM Continuing Education

• Outreach and education conducted at 14 FQHCs in Louisiana, Mississippi, Alabama, and Florida panhandle
• Interactions with over 800 community members and 400 clinical staff
Educational Modules Available

- Reproductive Environmental Health Concerns in the Gulf Coast Region
- Health Risks of Flooding in the Gulf Coast Region Health Professionals
  - Health Risks of Flooding in the Gulf Coast Region Health Community (no CME or CEU)
- Taking an Occupational and Environmental Health History
- Benefits & Risks of Seafood Consumption
- Reproductive Health Effects of the BP Oil Spill
- Airborne Exposures and Health Effects of the BP Oil Spill
- Dispersant Exposures and Health Effects of the BP Oil Spill

http://www.gulfcoastenvironmentalhealth.com/CME-credits
Synergy from AOEC Involvement

• Working with NIOSH on Diabetes Clinical Decision Support for EHR
  – Used clinic in Mississippi for pilot

• Discussions with Mental and Behavioral Health Programs
  – Diabetes counselor did not understand relationship between shift work and diabetes control

• Collaborating with worker groups on OHS
Additional AOEC Roles in Gulf Coast

• Occupational Health Internship Program (OHIP):
  • Students worked with National Guestworker Alliance documenting shipyard OHS issues in 2015 and with seafood processing workers working on ergonomic issues in 2016 and harassment issues in 2017.

• New Orleans Worker’s Center for Racial Justice and International Chemical Workers Union Council
  • Working in 2018 with sanitation workers on infectious disease risks
Think the Gulf is short of OEM?

- American Board of Preventive Medicine Listing on Board Certified OM Physicians

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Results to Date

• Of the 900+ staff reached by educational outreach, fewer than 300 have claimed CME/CEU credits. Most from in person talks

• Staff at FQHC extremely busy
  – Limited time for educational activities
  – Limited time for additional questions i.e. EOH
For Further Information

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