

April 6, 2023

RESEARCH DAY SYMPOSIUM

Solving Vexing Problems

**MOUNTAIN
& PLAINS** **ERC**

*A NIOSH Education and Research Center for
Occupational & Environmental Health & Safety*

Center for Health, Work & Environment
colorado school of public health

Environmental & Occupational Health
colorado school of public health



Lung impairment and Black Lung in Indigenous coal miners

Jeremy Hua, MD

CHWE Research Day Symposium

April 6, 2023



Disclosures

COI: None


IRB Approval: Biomedical Research Alliance of New York # HS-1701-528

Funding: HRSA (Black Lung Clinics Program grant)
Reuben M. Cherniack fellowship award

Major topics



**1. Indigenous health
and coal mining**

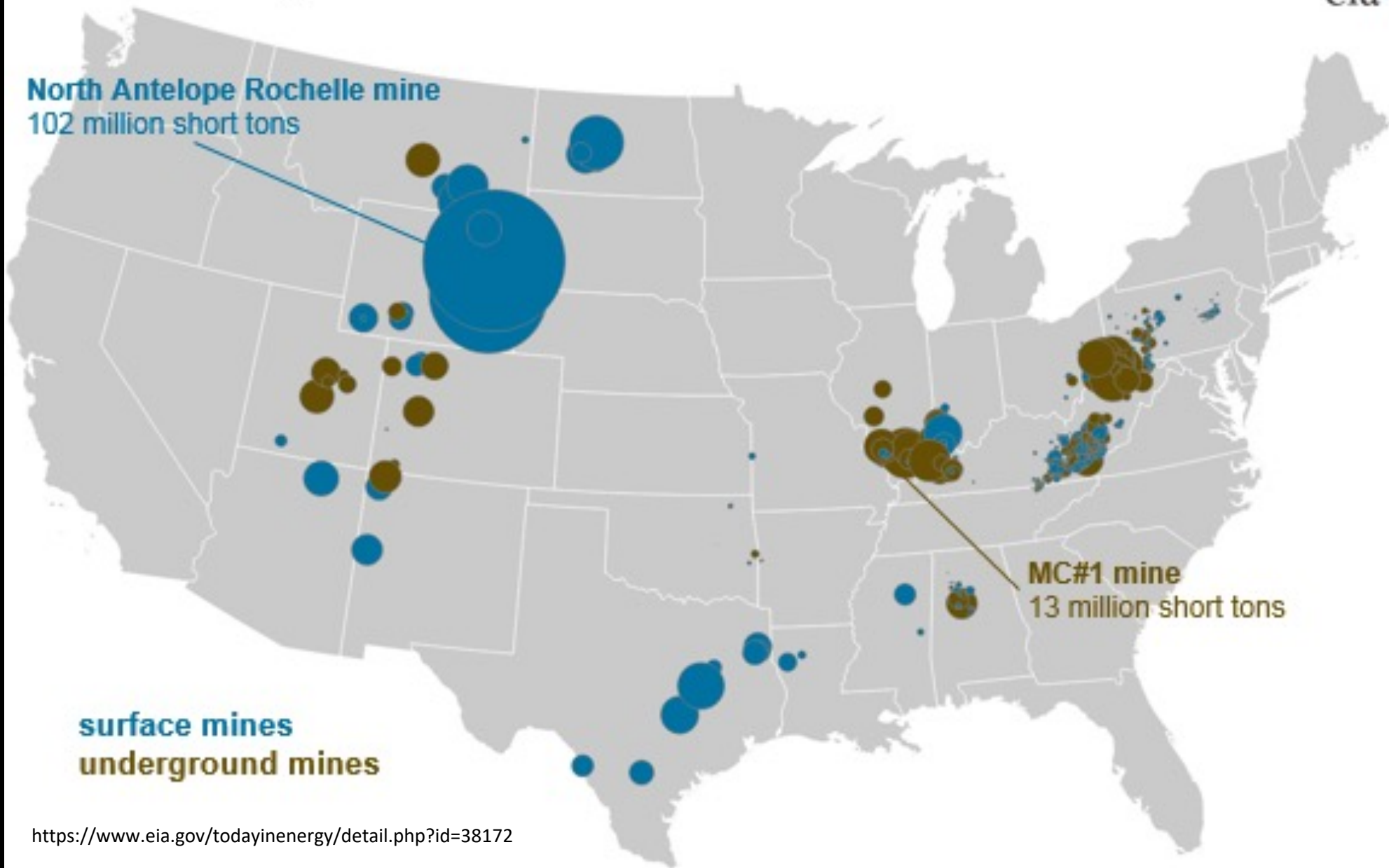


**2. Black Lung and
respiratory impairment**



3. Disability compensation

Surface and underground coal mines in the United States



Healthy lung



Simple black lung disease



Complicated black lung disease

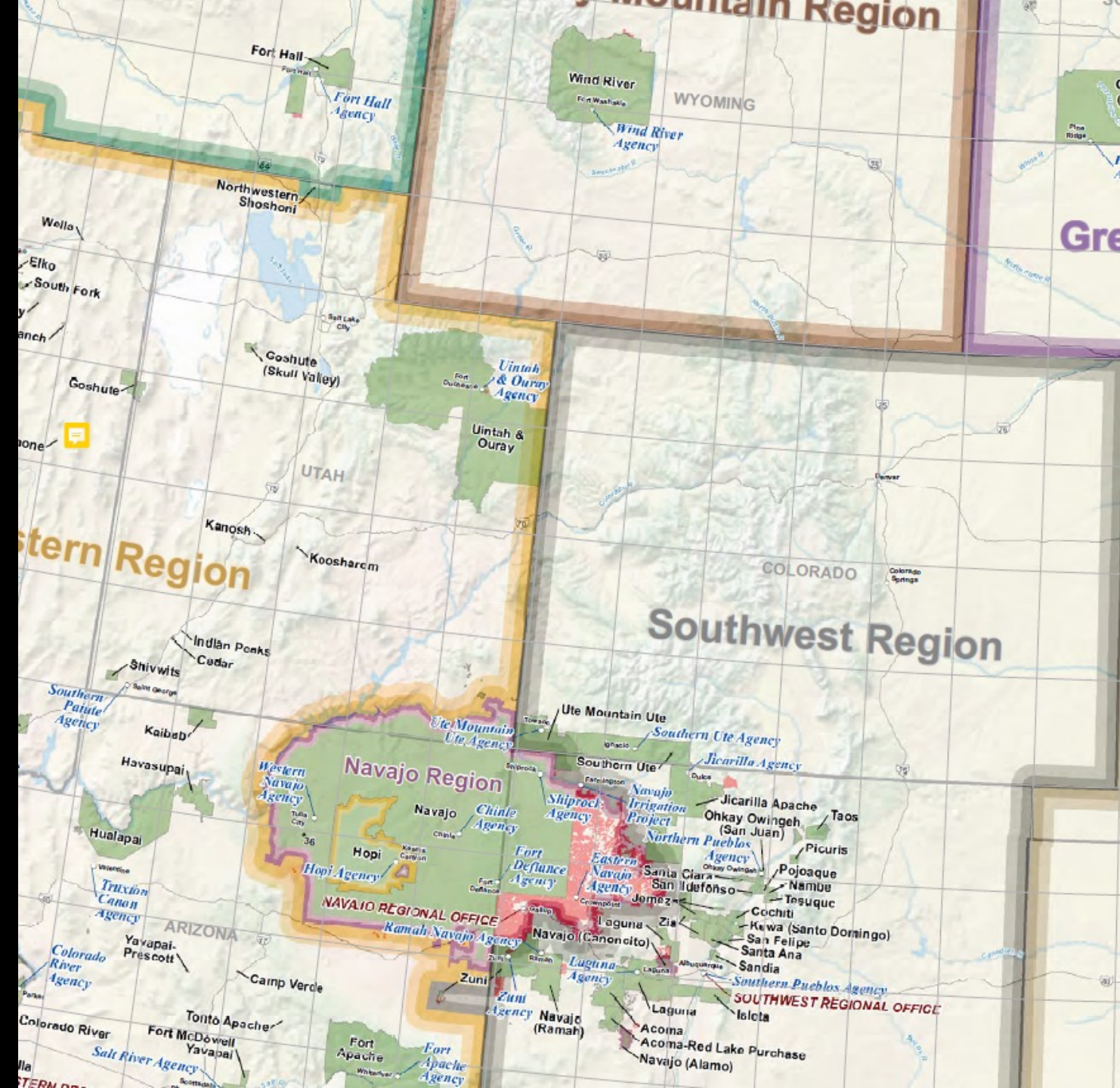


Black Lung (pneumoconiosis)

National Institute for Occupational Safety and Health

Indigenous tribal regions

- Navajo
- Laguna Pueblo
- Hopi
- Zuni
- Ute
- Wind River
- And more...





Bureau of Indian Affairs, 2016.

<https://www.bia.gov/sites/default/files/dup/assets/bia/ots/webteam/pdf/idc1-028635.pdf>

American Indian (AI) health disparities

- Diabetes
- Pneumonia
- Kidney disease
- Liver disease
- Sepsis
- Homicide
- Suicide
- Accidents
- Alcohol use disorder
- Substance use disorder

Respiratory health of American Indian and Alaska Native coal miners participating in the Coal Workers' Health Surveillance Program, 2014–2019

Noemi B. Hall PhD¹  | Maya J. Nye PhD^{1,2} | David J. Blackley DrPH¹ |
A. Scott Laney PhD, MPH¹ | Jacek M. Mazurek MD, PhD¹ |
Cara N. Halldin PhD, MPH¹ 

1405 active AI coal miners (77% surface miners)

- Black Lung: 3%
- Lung function impairment: 9%

Not directly compared with other ethnic groups

Project goals

Aim 1

- Compare the odds of Black Lung and lung function impairment in **AI** vs **non-AI** surface coal miners in the western U.S.

Black Lung	Coal workers' pneumoconiosis on chest x-ray -> Profusion \geq 1/0 on International Labour Office chest radiograph B read
Lung function impairment	Abnormal spirometry -> obstructive or restrictive pattern based on ATS/ERS 2005 guidelines

Sample population

Miners Clinic program at National Jewish Health
Voluntary screening clinics from 2002-2022

905 had 1+ years of coal mining



753 had complete data (demographic, clinical,
imaging, and spirometry)



450 were primarily *surface* miners



137 Non-American Indian



313 American Indian

	Non-AI	AI	<i>P</i>
N	137*	313	
Age, mean (SD)	68 (10)	66 (10)	.07
Female sex, n (%)	8 (6%)	23 (7%)	.70
Smoker (former/current), n (%)	68 (50%)	29 (9%)	.006
Smoking pack-years (SD)	30 (23)	8 (14)	<.0001
Years mining tenure, mean (SD)	23 (11)	30 (10)	<.0001
Black Lung (pneumoconiosis), n (%)	29 (21%)	44 (14%)	.08
Abnormal lung function, n (%)	64 (39%)	76 (24%)	<.0001

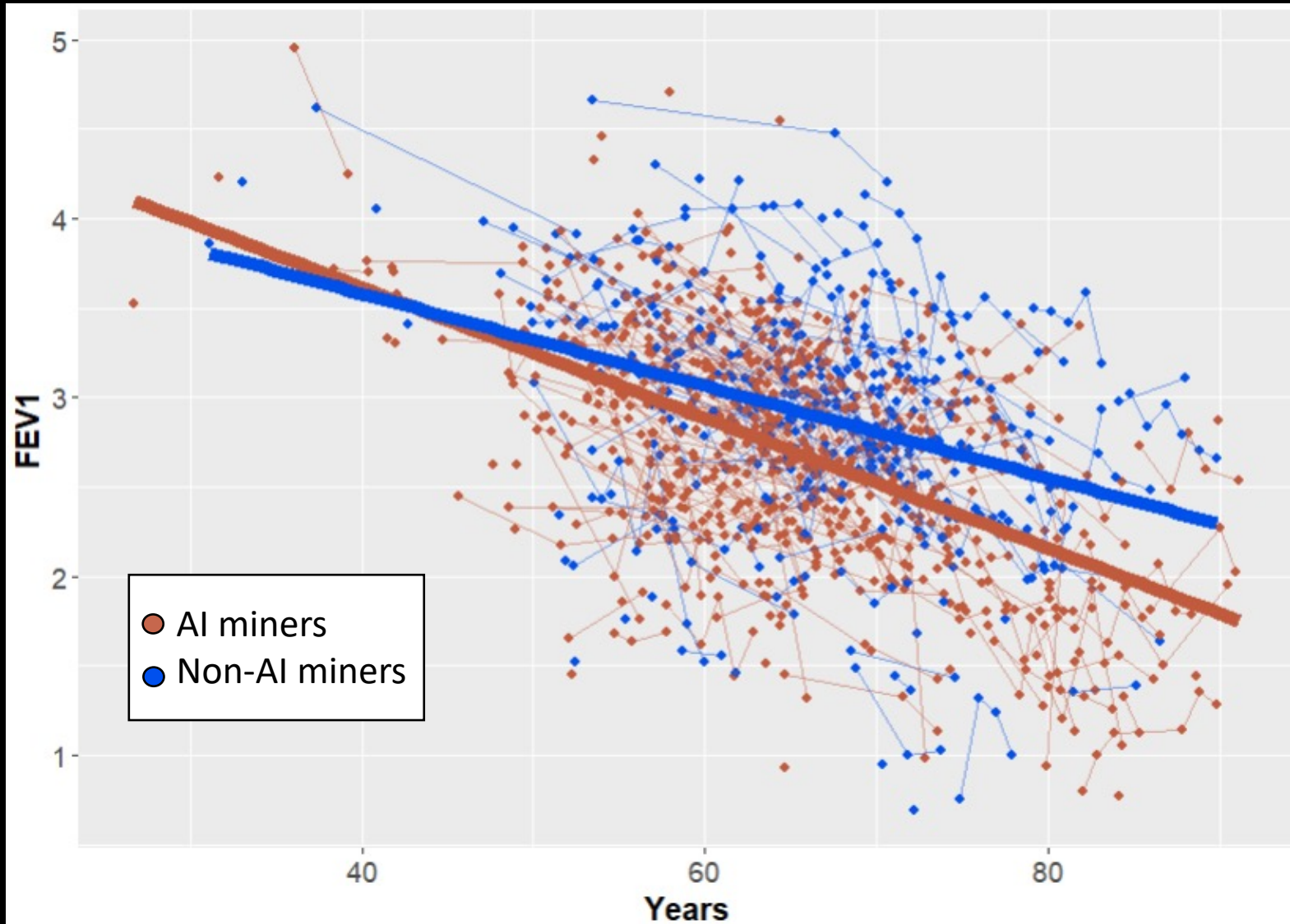
* 117 Non-Hispanic White, 14 Hispanic, 1 Pacific Islander, 5 Other

Greater odds of Black Lung and lung function impairment in AI miners

Odds Ratio per decade (age)	Non-AI	AI	<i>P</i>
Black Lung (pneumoconiosis)	1.59 (1.01, 2.49)	3.06 (2.17, 4.31)	.02*
Abnormal lung function	0.78 (0.59, 1.05)	1.63 (1.24, 2.14)	.0003*

Using Generalized Estimating Equations (GEE), adjusting for age, sex, height, weight, smoking pack-years, and mining duration

Greater lung function decline in AI miners



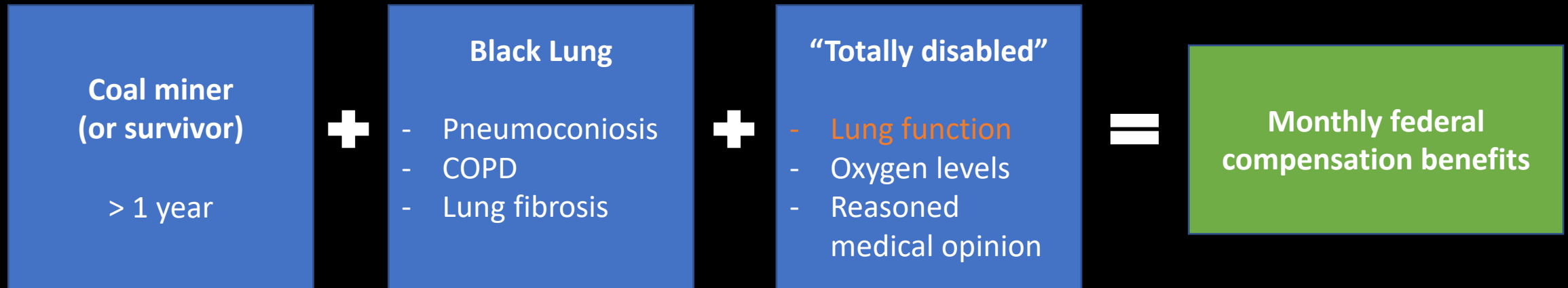
Linear mixed model

Additional **82 mL decline/decade**
for AI coal miners
($P = .04$)

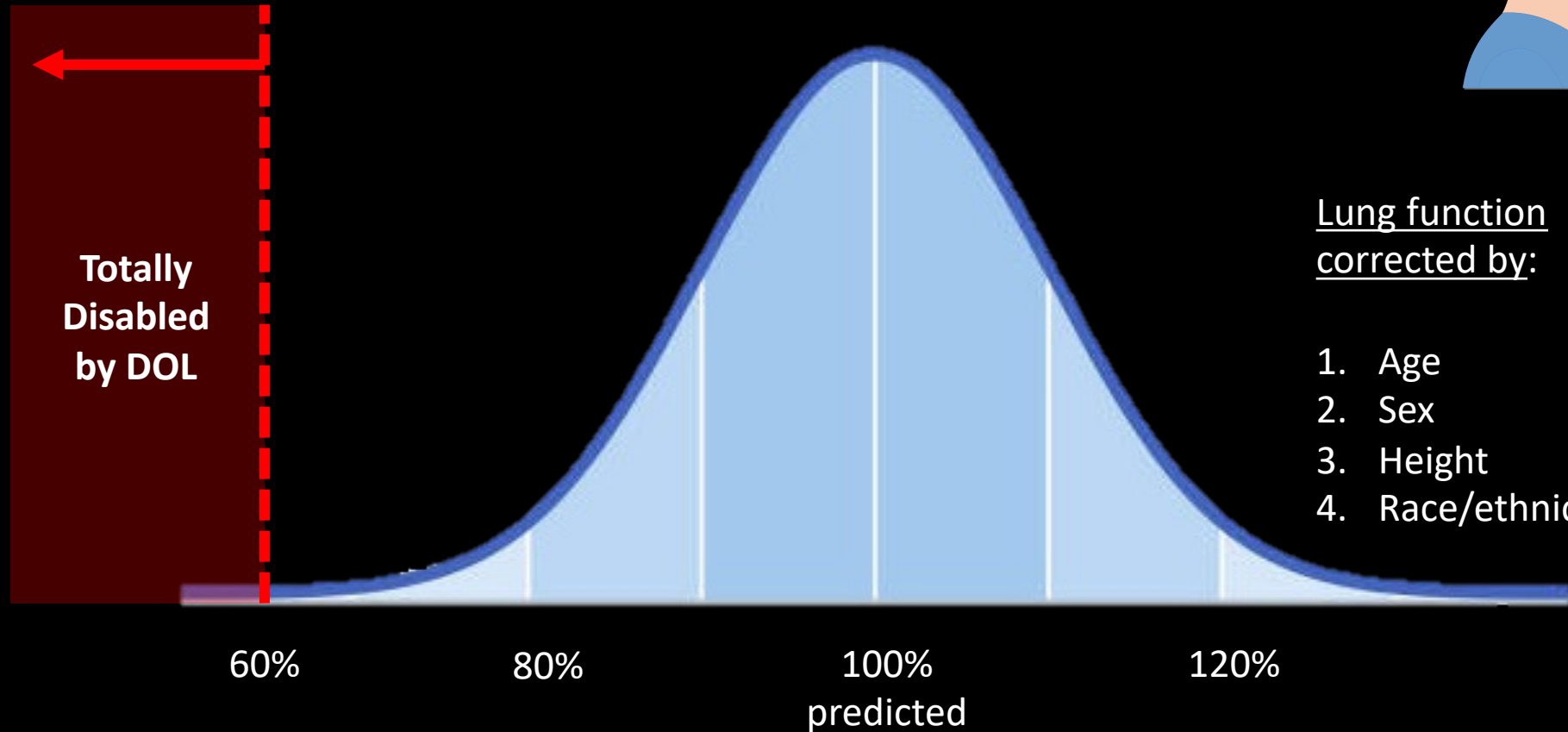
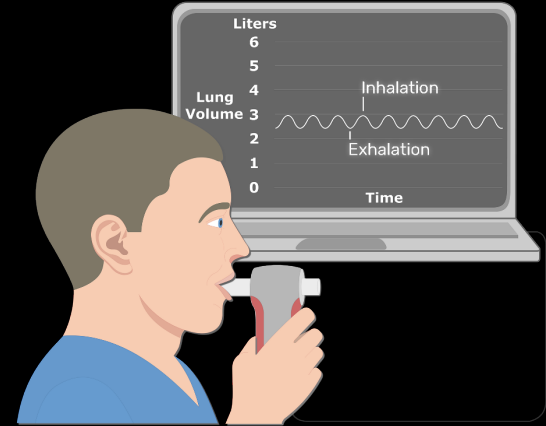
Adjusted for age, sex, smoking
pack-years, height/weight, and
mining duration



Black Lung federal compensation benefits (Coal Mine Benefits Act 1972)



Lung function disability requirements



Lung function
corrected by:

1. Age
2. Sex
3. Height
4. Race/ethnicity



Knudson (1976)

The Maximal Expiratory Flow-Volume Curve

Normal Standards, Variability, and Effects of Age^{1,2}

**RONALD J. KNUDSON, RONALD C. SLATIN, MICHAEL D. LEBOWITZ,
and BENJAMIN BURROWS**

746 healthy individuals (**100% Non-Hispanic White**)

Marion (2001)

Spirometry Reference Values for American Indian Adults*

Results From the Strong Heart Study

*M. Susan Marion, PhD; Gary R. Leonardson, PhD; Everett R. Rhoades, MD;
Thomas K. Welty, MD, MPH; and Paul L. Enright, MD*

443 healthy individuals (**100% American Indian**)

Project goals

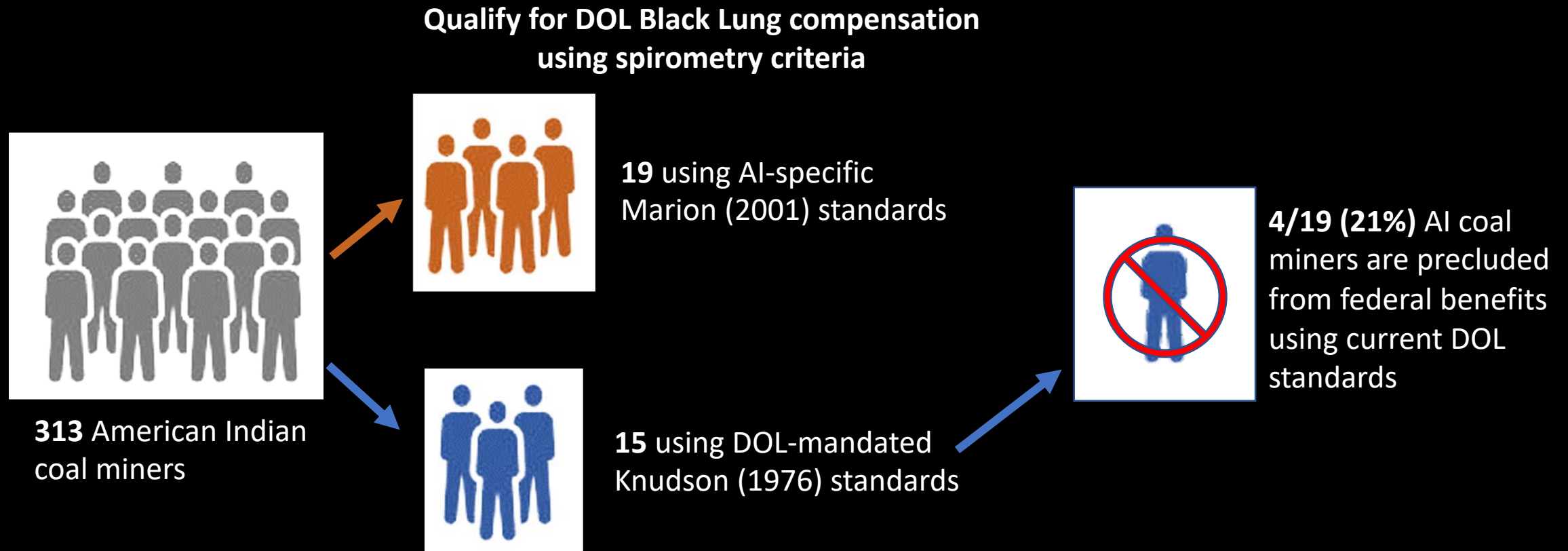
Aim 1

Compare the odds of Black Lung and lung function impairment in AI vs non-AI surface coal miners in the western U.S.

Aim 2

- Compare the proportion of Indigenous coal miners who meet DOL compensation criteria using Knudson vs Marion spirometry standards

Fewer Indigenous miners meet compensation criteria using DOL Knudson standards



Major Takeaways

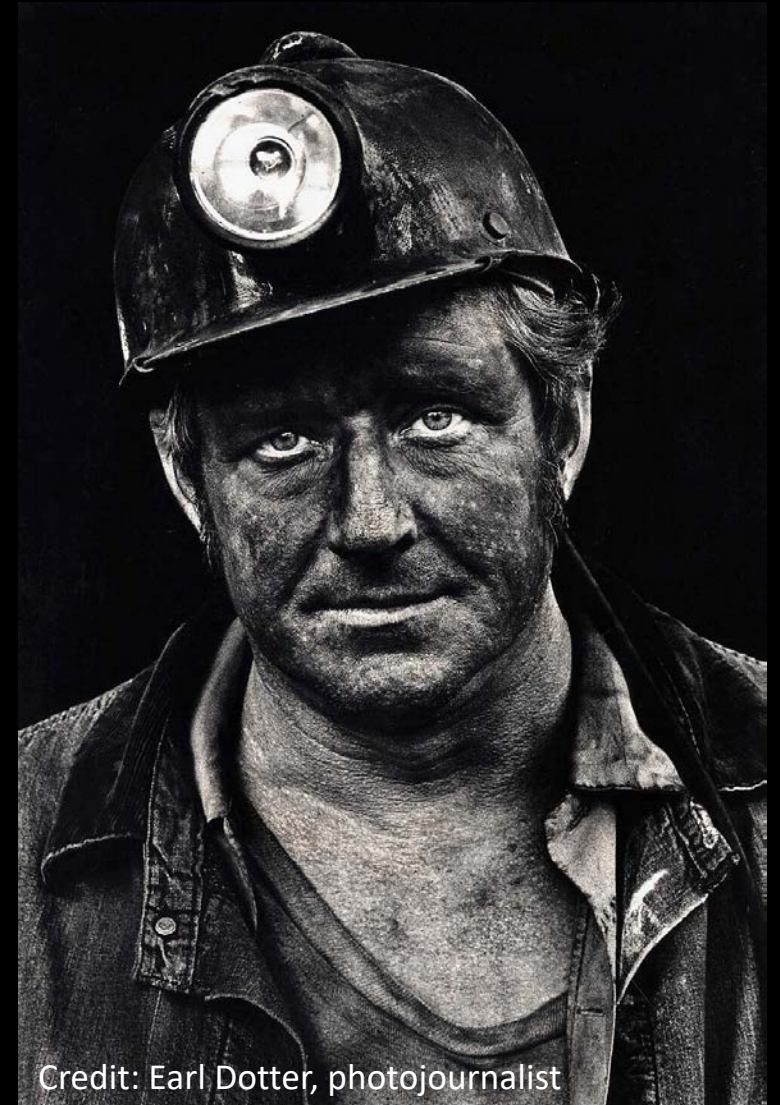
Indigenous coal miners are at **increased risk** for coal mine dust related lung disease compared to Non-Indigenous coal miners in the western U.S.

Structural barriers in spirometry standards adversely affect Indigenous coal miners seeking DOL Black Lung benefits.

Acknowledgements

- Cecile Rose, MD, MPH
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- Michelle Kramaric, MPH

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Credit: Earl Dotter, photojournalist

Neutron Spectrometry and Dosimetry using Electron Paramagnetic Resonance and Alanine Filters

Paige Witter, M.S.

Colorado State University

MAP ERC Research Day Symposium- Platform Presentation

April 6, 2023

Agenda

- ❖ Motivation
- ❖ Background
- ❖ Methods
- ❖ Results
- ❖ Ongoing work

Motivation- Neutron Dosimetry

- ❖ Radiation-induced cellular damage and potential biological effects depend both on the **radiation dose** and on the **type of radiation**
- ❖ Neutrons produce greater damage than equivalent doses of gammas
 - ❖ Damage and biological effects caused by neutrons **vary with energy**
- ❖ Neutron-induced secondary particles, such as recoil nuclei and low-energy protons have high linear energy transfer (LET)
 - ❖ Photon induced secondary particles (electrons) have low-LET
- ❖ In general, neutrons are more effective at damaging cells

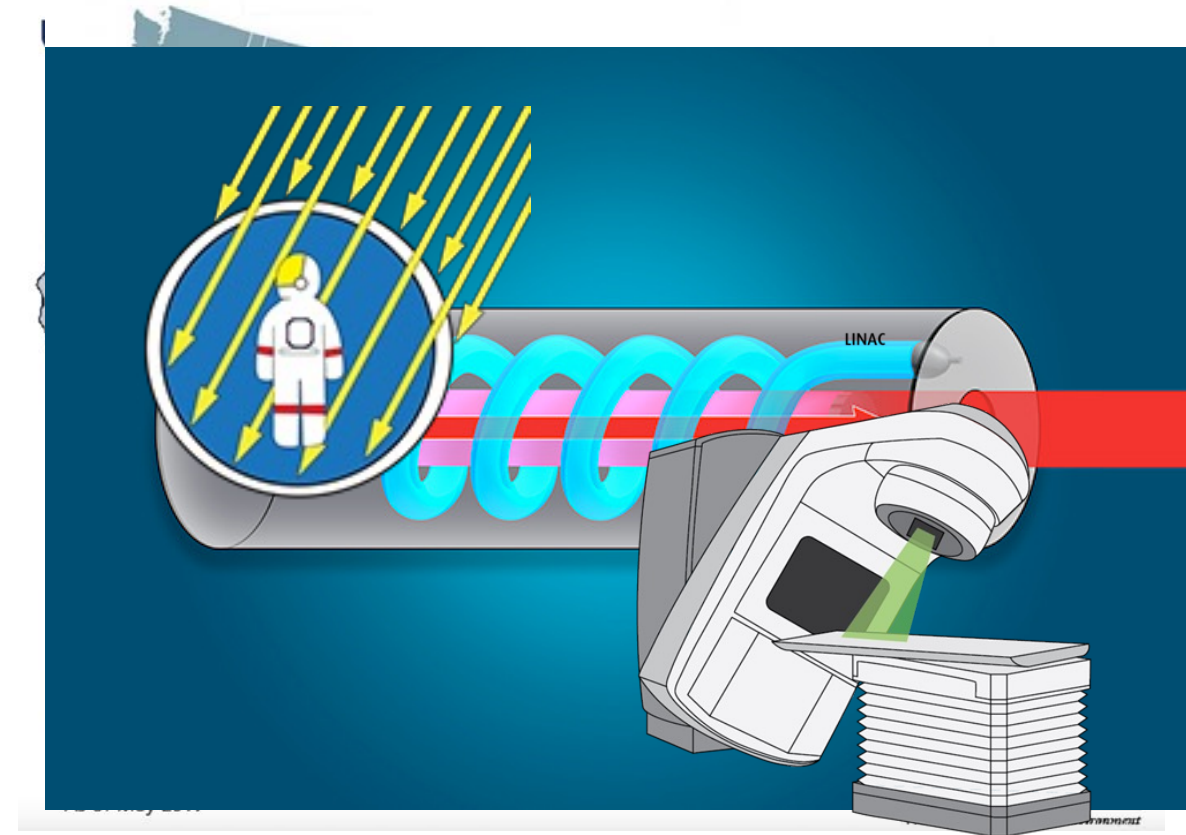
Motivation- Neutron Dosimetry

- ❖ Damage and biological effects caused by neutrons **vary with energy**
 - Knowledge of the neutron energy spectrum and flux needed
- ❖ Multi-step dosimetry process:
 - ❖ Obtain information about the neutron field
 - ❖ Obtain information about the biological effects

**Fast, cheap, accurate neutron dosimeter
for workers, therapies, research over wide
or unknown neutron spectra**

Background

- ❖ Potential neutron exposures are varied and growing
 - ❖ Nuclear power plants and nuclear power research
 - ❖ High energy physics research
 - ❖ Radiological or nuclear incidents
 - ❖ Space exposures
 - ❖ Medical therapies



NASA (2023). Body in space.
<https://www.nasa.gov/hrp/bodyinspace>

Canadian Cancer Society (2023). External Radiation Therapy.
Lawrence Livermore National Laboratory (2023). NIF's Guide to how Lasers Work.
<https://cancer.ca/en/treatment/radiation-therapy/external-radiation-therapy>
<https://lasers.llnl.gov/education/how-lasers-work>

Background

- ❖ Information needed on how to determine the neutron dose
 - ❖ Better estimates of the true biological effects of neutrons and mixed-field (neutron+photon) radiation exposures
- ❖ Neutron spectrums can cover a wide range (0.025 eV to $\sigma(\text{MeV})$ and flux ($10^6 \text{ n} \cdot \text{cm}^{-2} \cdot \text{s}^{-1}$ to $10^{17} \text{ n} \cdot \text{cm}^{-2} \cdot \text{s}^{-1}$)

How to measure the neutron spectrum and/or dose quickly and efficiently?

Background- Experimental set-up

- ❖ CSU's Deuterium-tritium (DT) neutron generator ¹
 - ❖ Investigate the biological effects of high-LET radiation as a model of chronic galactic cosmic radiation
 - ❖ 14.1 MeV neutrons, up to $10^9 \text{ n} \cdot \text{cm}^{-2} \cdot \text{s}^{-1}$
 - ❖ Located in a shielded vault in the basement of MRB

Dose areas of interest:

- ❖ Beamline dose
 - ❖ Affected by scatter throughout room, off incubator, generator itself
- ❖ Operator area in basement
 - ❖ Radiation area, regulation² requires dose to workers <5 rem/year
- ❖ Maintenance storage room
 - ❖ Unrestricted public area, regulation³ requires dose rates < 2 mrem/hour



¹ Adelphi Technology, Redwood City, CA

² 10 CFR 20.1201

³ 10 CFR 20.1301

Methods

A. Best measurements of neutron spectrum and fluence → dose

- A. Bonner Sphere Spectrometry
- B. Computational Modeling
- C. Neutron Spectrum Unfolding



Multiple measurements needed,
not fast
- Can obtain detailed spectrum
information

B. Detector calibration: dose-response calibration curve

- A. Alanine electron paramagnetic
resonance dosimetry



Fast, simple measurements
- Little or no spectrum information
- Should be calibrated to a
specific field if no spectrum
information

Methods: Bonner Sphere Spectrometry

- ❖ Bonner spheres: thermal neutron detector (^6Li) at the center of spherical moderators of increasing sizes (HDPE)
- ❖ Response function of moderator+detector = efficiency of the detector set as a function of incident (monoenergetic) neutrons
 - ❖ Modeled in MCNP
 - ❖ Provided in literature (IAEA TRS 403)



Ludlum Model 42-5
Neutron Ball Cart

Methods: Bonner Sphere Measurements

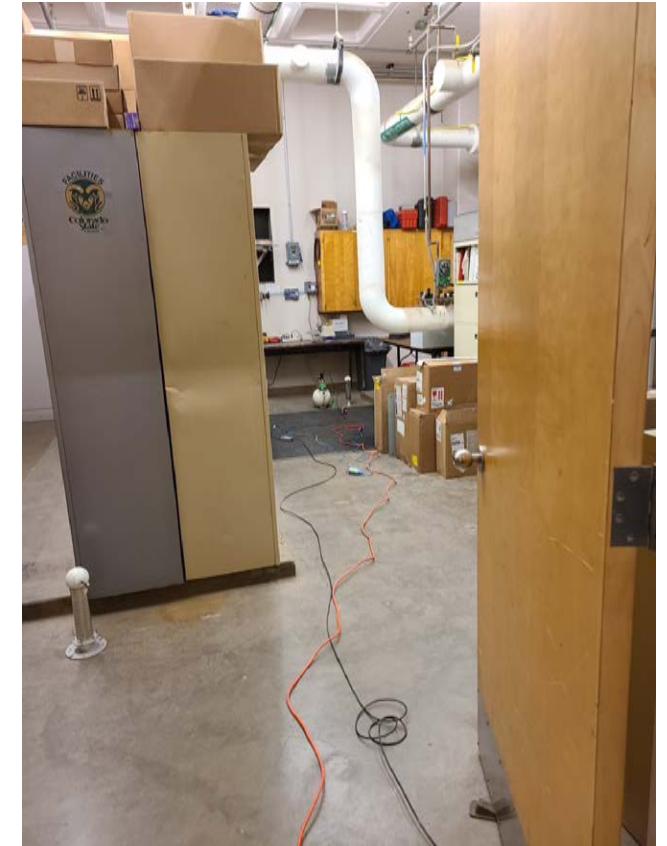
7 count rate measurements x 3 locations



a) Thermal neutron detector in beamline



b) Bonner sphere in beamline

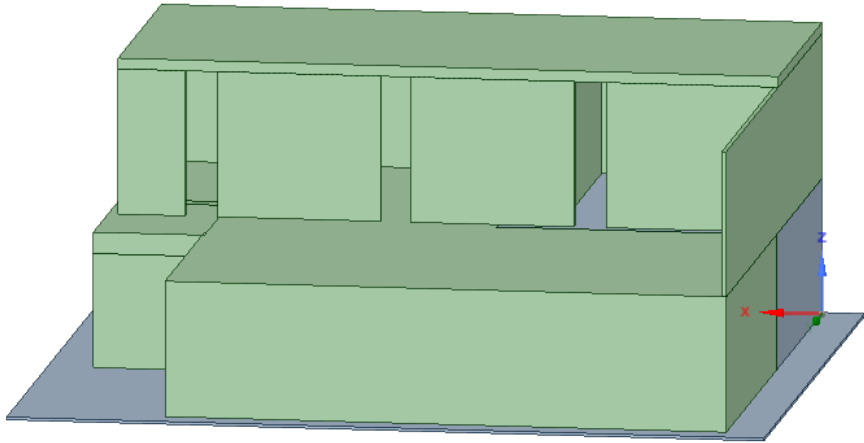


c) Bonner sphere in 1st-floor maintenance room

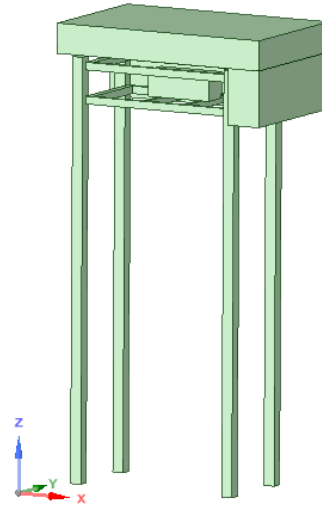
Methods: Computational Modeling

- ❖ MCNP (Triad National Security, Los Alamos, New Mexico)
 - ❖ General-purpose radiation transport code.
- ❖ Attila4MC (SilverFir Software)
 - ❖ Integrates CAD assemblies into MCNP geometries
 - ❖ MCNP guided user interface to eliminate difficulties in setting up, running, and visualizing MCNP solutions.
- ❖ Obtain a **default spectrum** at locations of interest based on simplified neutron source

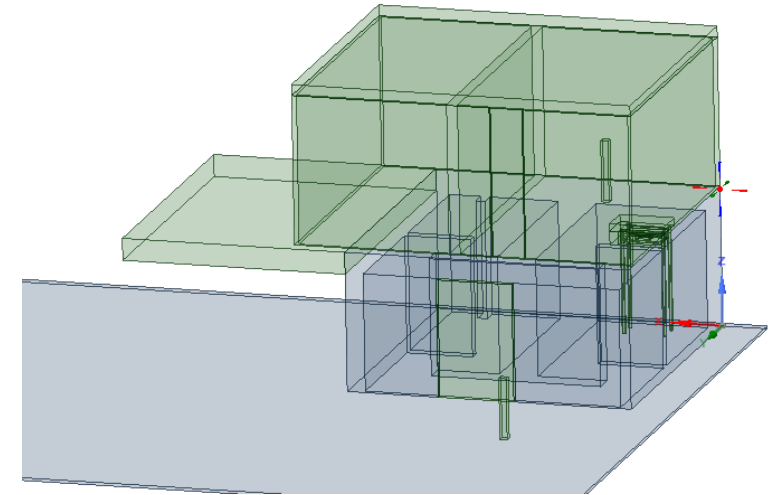
Methods: Computational Modeling



(a) CAD model of MRB
Basement and first floor



(c) Neutron Generator and
shields



(b) Simplified MRB
Basement and first floor

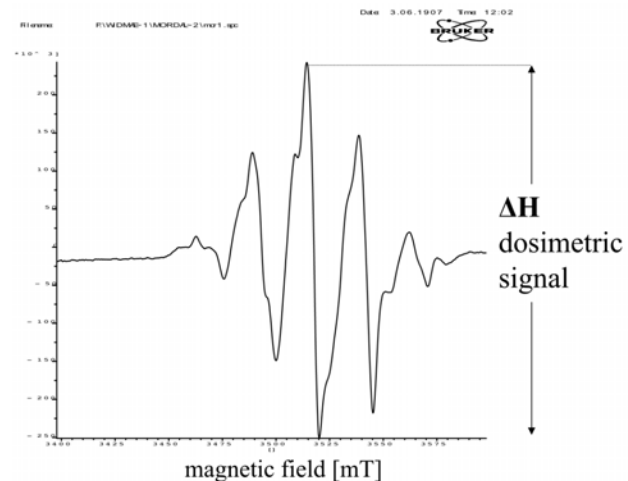
Methods: Neutron Spectrum Unfolding

- ❖ MAXED: a **maximum entropy deconvolution** algorithm
 - ❖ Compares default spectrum to possible spectrums based on measurements and response functions
 - ❖ Inputs:
 - ❖ Bonner Sphere measurements (count rate/ time for each detector+moderator)
 - ❖ MCNP modeled default spectrum
 - ❖ Detector response functions (for each detector+moderator)
 - ❖ Fluence-to-dose integral conversion factors
 - ❖ Output:
 - ❖ Incident neutron energy spectrum and fluence at measurement location
 - ❖ Neutron dose at measurement locations

Methods- Alanine EPR Dosimetry

❖ Electron Paramagnetic Resonance

- ❖ Measurement of radiation- induced radicals (free electrons) in material via applied electric and magnetic fields
- ❖ Number of radicals (amplitude of EPR signal) \propto absorbed dose or dose calibration quantities

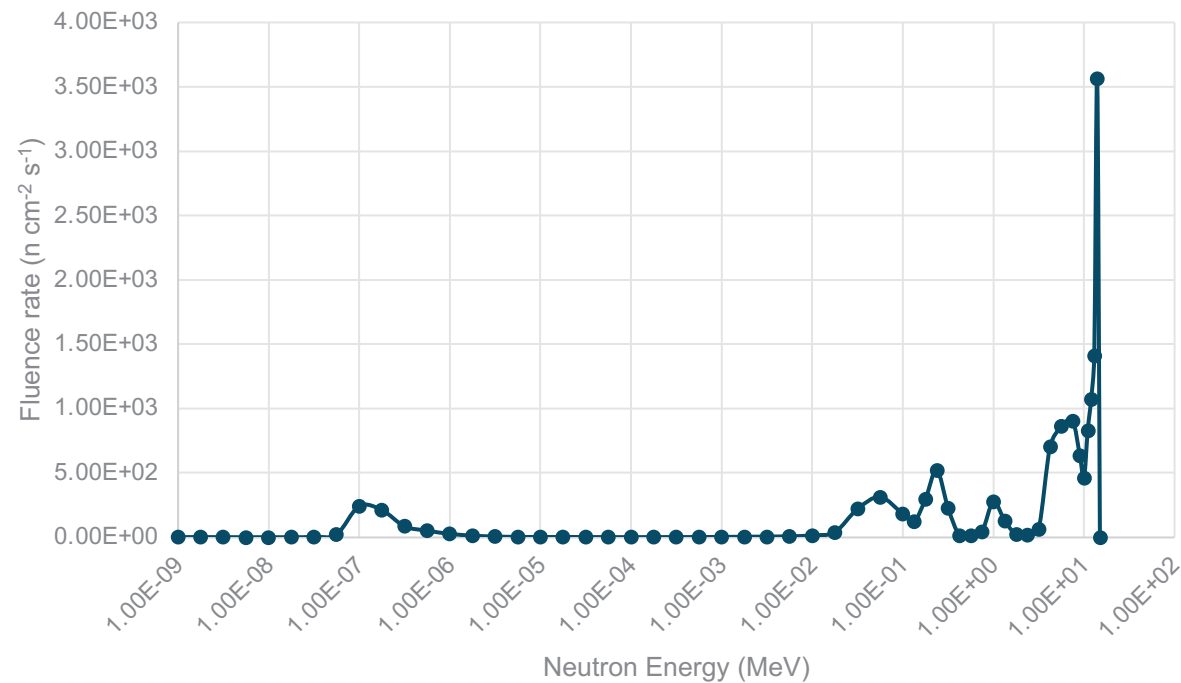


❖ Alanine (L- α -alanine)

- ❖ Tissue-equivalent dose for both photons and fast neutrons
- ❖ Very fast (<3 min.) measurements
- ❖ Create dose-response calibration curve for known fields
- ❖ Low thermal neutron sensitivity
→ underestimate thermal neutron dose contributions

Results- Neutron Spectrum Unfolding and Integrated Doses

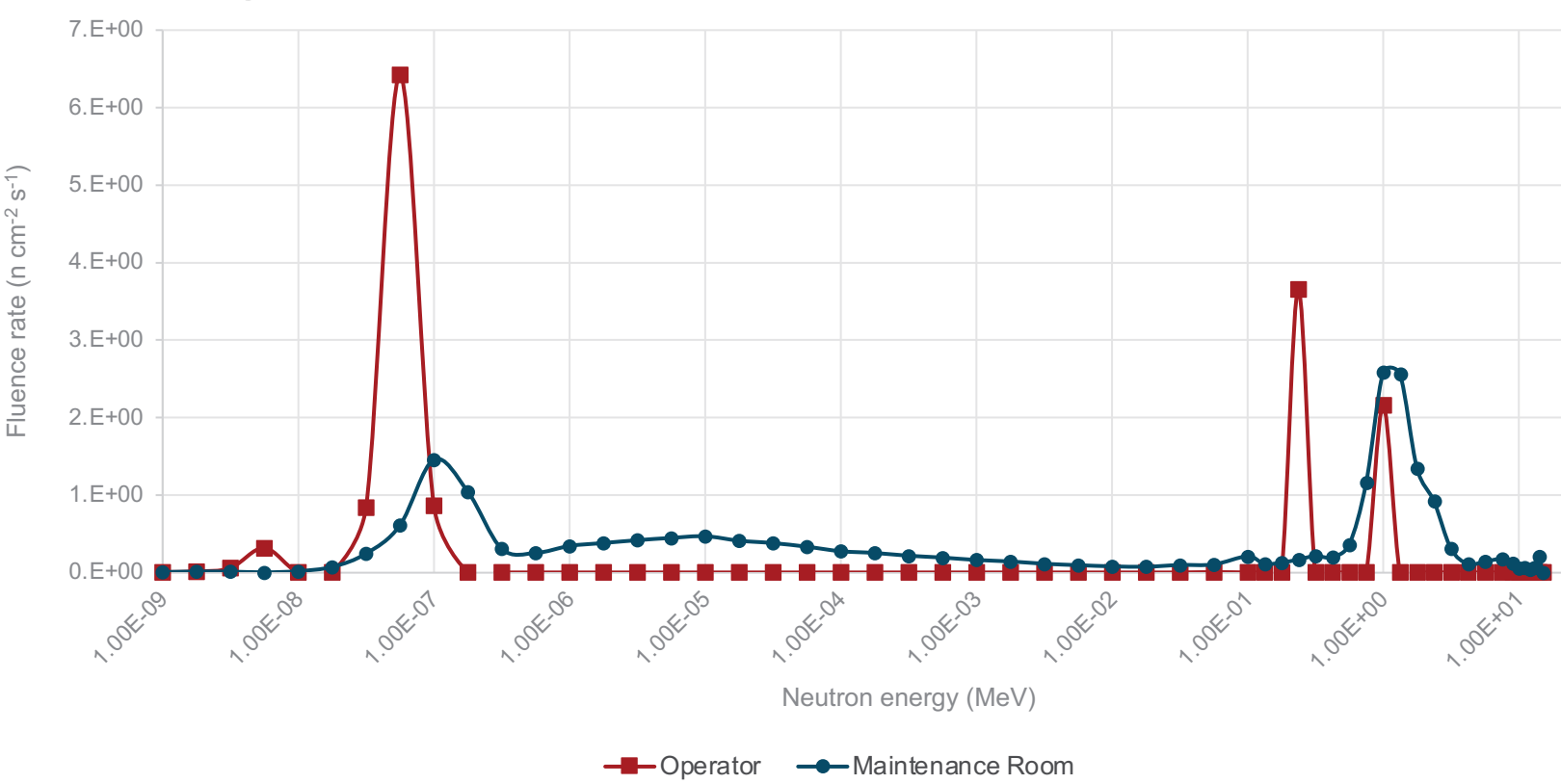
Beamline Fluence
DT Generator at 60 kV



Beamline Quantity	Dose rate (mrem/h)	Absolute uncertainty (1σ)
Total H*(10) dose rate	2.34E+02	1.16E+01
Thermal neutrons	1.78E+00	1.14E-01
Epithermal neutrons	8.00E+00	6.49E-01
Fast neutrons	1.88E+02	1.10E+01
Neutrons >10 MeV	2.86E+01	2.88E+00

Using ICRU 57 Fluence-to-Dose conversion factors

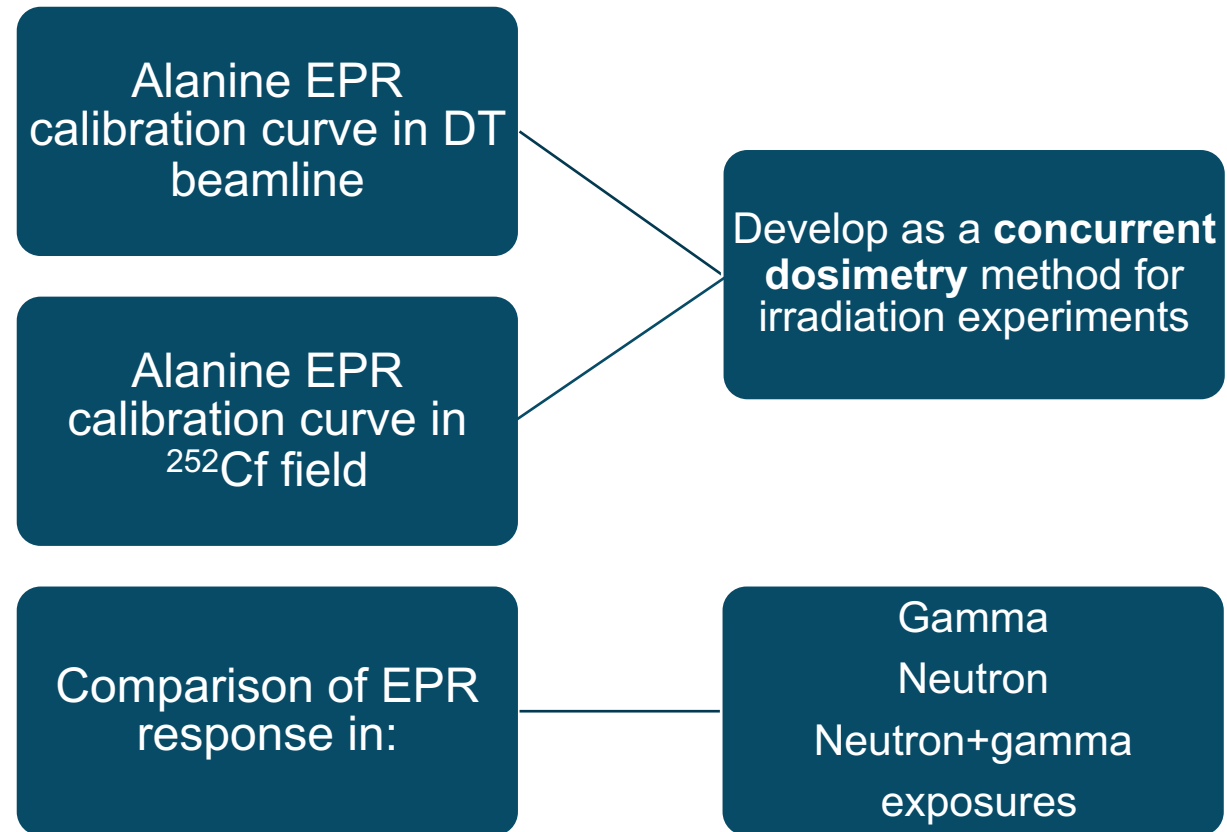
Results- Neutron Spectrum Unfolding and Integrated Doses



Operator Quantity	Dose rate (mrem/h)	Absolute uncertainty (1σ)
Total H*(10) dose rate	2.26E-01	1.28E-02
Thermal neutrons	2.94E-02	4.29E-03
Epithermal neutrons	6.35E-05	2.01E-06
Fast neutrons	1.97E-01	2.01E-02
Neutrons >10 MeV	3.09E-27	4.21E-28

Maintenance Room Quantity	Dose rate (mrem/h)	Absolute uncertainty (1σ)
Total H*(10) dose rate	5.39E-01	5.22E-03
Thermal neutrons	1.26E-02	2.47E-04
Epithermal neutrons	1.87E-02	6.90E-04
Fast neutrons	5.03E-01	6.07E-03
Neutrons >10 MeV	1.81E-03	5.69E-04

Ongoing work



Ongoing Work

❖ Alanine as a neutron spectrometer

- ❖ Increase thermal neutron sensitivity by using thermal neutron-sensitive filters

- ❖ ^6Li , ^{113}Cd , ^{27}Al

❖ Obtain neutron spectrum information:

- ❖ Alanine_(thermal sensitive)
- ❖ Alanine_(intermediate+fast, gamma)
- ❖ TLD_(gamma)

Museum Poisons Test Kit: Analytical Testing for All Museums

Research Day Symposium

April 6, 2023

DoubleTree by Hilton Hotel Denver
3203 Quebec St Denver, CO 80207

Paulette Reading, Textile Conservator, Denver, CO

Brandy Howard, PE, CIH, CSP, Group Manager of Industrial Hygiene and Asbestos,
Terracon, Denver, CO

Charles Koch, CIH, CK Solutions, Denver, CO

What is Cultural Property?

Definition: Objects, collections, specimens, structures, or sites identified as having artistic, historic, scientific, religious, or social significance.

Examples – Sculpture, paintings, natural history and geological specimens, books and archives, etc. etc. etc...



Mexican Saltillo of William Gilpin
Accession # E.1701.1
1863-1894
History Colorado Center



Moccasins / Comanche
Accession # E.1914.2
1880-1900
History Colorado Center



Log Cabin Quilt
Accession # A61-486
Colorado Springs Pioneers Museum



Shag Beaver Velvet Top Hat
Accession # D.H.278.1
History Colorado Center

Where is Cultural Property Located?

- Art Museums
- Natural History Museums
- Science and Technology Centers
- History Museums
- Botanic Gardens
- Zoos
- Libraries and Archives
- National Parks Service
- Historic Houses
- Living History Museums
- Government Agency Museums (e.g. military)
- Indigenous Communities
- Private Collections



History Colorado Center

Hazards in Cultural Collections

Inherent

- Nature of the object

Examples:

- Historic pharmaceutical collections
- Minerology specimens (heavy metal, radioactive)

- Deliberate incorporation during production

Examples:

- Taxidermy
- Artwork constructed with toxic dyes or pigments
- Mercury-felted hats



Beaver / Taxidermy
History Colorado Center



Shag Beaver Velvet Top Hat
Accession # D.H.278.1
History Colorado Center

Hazards in Cultural Collections

Acquired

- Application of pesticides
 - Common use by collectors and museums
 - Late 19th through mid-late 20th c.
 - Arsenic, mercury, and more...
 - Organic pesticides: DDT, and more...
 - Naphthalene, paradichlorobenzene (moth balls)
- Contamination by use or storage environment
 - Natural Disasters
 - War and other conflicts
 - Contaminated dust, mold
- Deterioration of components
 - Flaking or powdery paint or fibers

Moccasins, Comanche
1880-1900
Accession # E.1914.2
History Colorado Center



911 Memorial & Museum



PHOTO BY THINC DESIGN

Who is at Risk?

- Museum Staff
 - Conservators, Registrars, Collection Managers, Curators
 - Facilities and Maintenance
 - Photographers, Art Handlers, Installers
- Students
- Interns
- Researchers
- Volunteers
- Visitors
- Native American Tribal Members
- Private Collectors



Colorado Springs Pioneers Museum



History Colorado Center

Obstacles to Address Contamination

1. Lack of awareness
2. Lack of knowledge / who to contact
3. Lack of funding
4. Intimidation / Denial
 - Misunderstanding of regulations / OSHA compliance
 - Fear of fines, citations, or other consequences
5. Fear of judgement / lack of professionalism



Analysis

- Portable XRF (such as the Bruker Tracer 5i)
 - Non-destructive
 - Limited availability to cultural institutions

Costly

Significant Training Required

Interpretation of Results



Handheld XRF Analyzer

Museum Poisons Test Kit

- Goal of Project – Help to spread awareness about possible contaminations of cultural property, and to provide low-cost access to analytical testing of potential hazards.
- Phases of the Project -
 - 1) Increase awareness about contaminants in cultural collections
 - 2) Develop a test kit that is designed to detect the presence of hazards in a collection by testing museum dust
 - 3) Provide practical, low-cost recommendations, training, and resources to address any detected problems

Museum Poisons Test Kit

Hypothesis:

The presence of toxic metal contaminants can be detected by testing museum dust adjacent to the objects, with samples obtained by personnel with no previous training.

Museum Poisons Test Kit

Participating Institutions



Colorado Springs Pioneers Museum



CU Boulder Museum of Natural History

Greeley Museums



Greeley History Museum



Centennial Village Museum

History Colorado



History Colorado Center



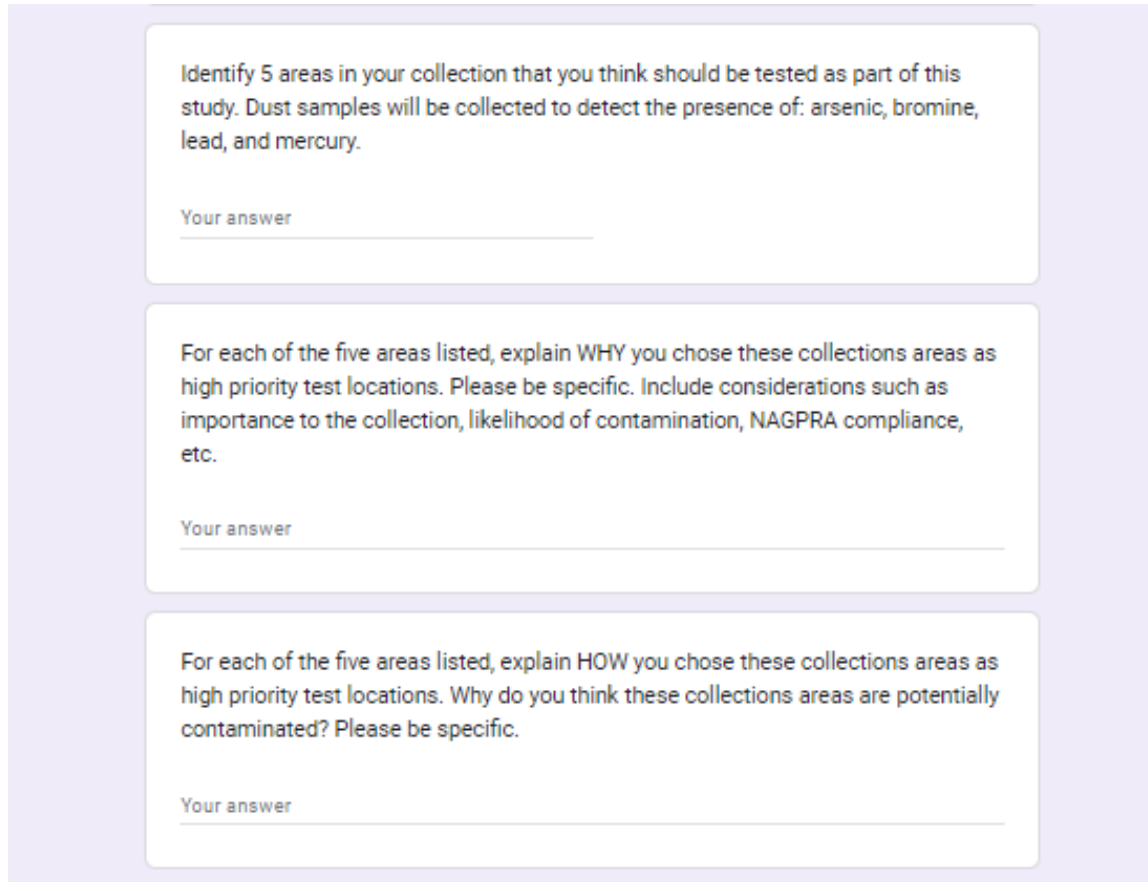
El Pueblo History Museum



Trinidad History Museum

Museum Poisons Test Kit

- Preliminary Survey for Participants



Identify 5 areas in your collection that you think should be tested as part of this study. Dust samples will be collected to detect the presence of: arsenic, bromine, lead, and mercury.

Your answer _____

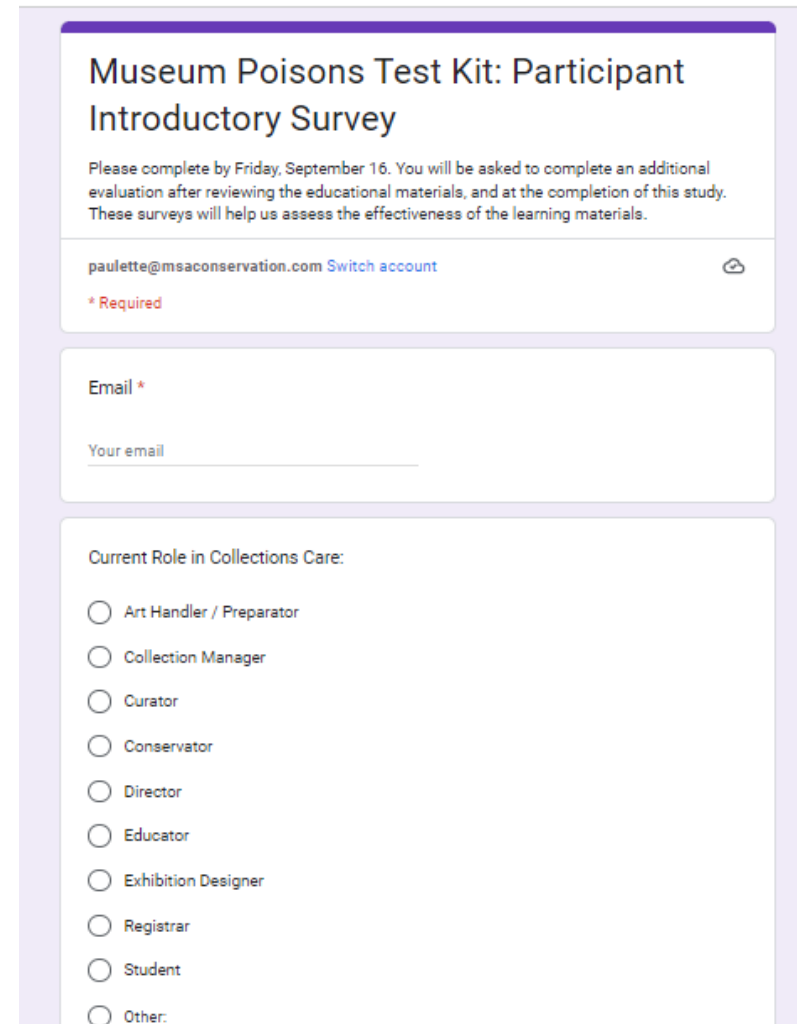
For each of the five areas listed, explain WHY you chose these collections areas as high priority test locations. Please be specific. Include considerations such as importance to the collection, likelihood of contamination, NAGPRA compliance, etc.

Your answer _____

For each of the five areas listed, explain HOW you chose these collections areas as high priority test locations. Why do you think these collections areas are potentially contaminated? Please be specific.


Your answer _____

Open-ended questions



Museum Poisons Test Kit: Participant Introductory Survey

Please complete by Friday, September 16. You will be asked to complete an additional evaluation after reviewing the educational materials, and at the completion of this study. These surveys will help us assess the effectiveness of the learning materials.

paulette@msaconservation.com [Switch account](#) 

* Required

Email *

Your email _____

Current Role in Collections Care:

- ☐ Art Handler / Preparator
- ☐ Collection Manager
- ☐ Curator
- ☐ Conservator
- ☐ Director
- ☐ Educator
- ☐ Exhibition Designer
- ☐ Registrar
- ☐ Student
- ☐ Other: _____

Background info / multiple choice

- Educational Materials



- **Part 1:** Principles of Safety and Health
(fire protection, occupational hazards, and waste management)
- **Part 2:** Specific Hazards
(particulates, chemical hazards, and toxins, physical, mechanical, and electrical hazards, and radiation)
- **Part 3:** Museum Work
(facilities management, emergency salvage, collections management, fieldwork, conservation and restoration, and exhibit protection and maintenance)

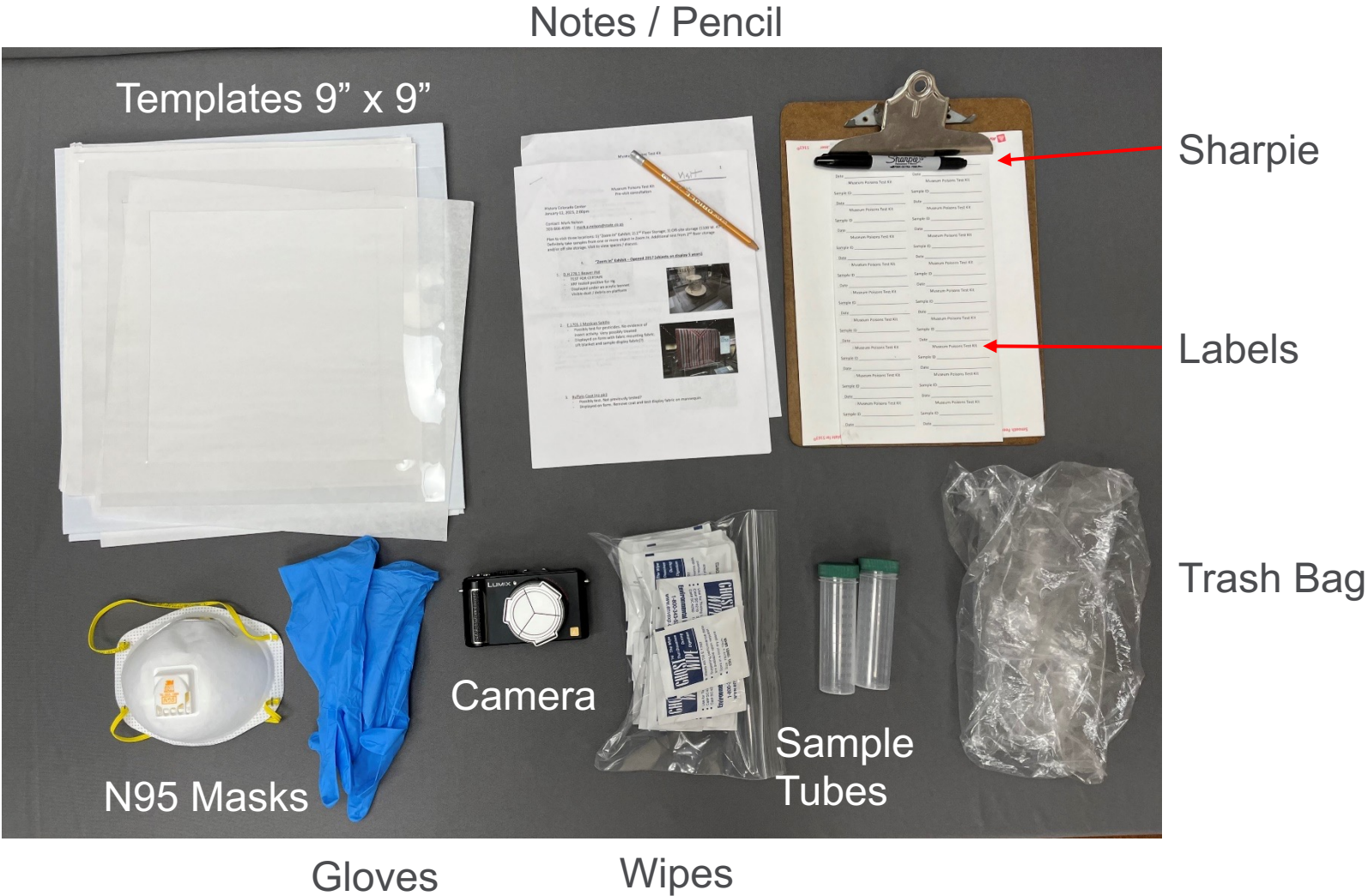
Center for Health, Work & Environment
colorado school of public health

Museum Poisons Test Kit

- Test Kit Assembly



Wipe Sample Instructional Video



Site Visits - Results

History Colorado Center

- Location – “Zoom In” Exhibit
- Time on exhibit – 5+ yrs.
- Suspected pesticide treatment because of surprising lack of damage (old, wool)



History Colorado Center

Mexican Saltillo Blanket



Mexican Saltillo of William Gilpin
Accession # E.1701.1
1863-1894
Cotton warps, wool wefts

Obtaining wipe samples from show fabric underneath blanket



Blanket temporarily folded back to reveal show fabric

Site Visits - Results

History Colorado Center

- Location – Off-Site Storage Facility
- Time in storage – 3 yrs.
- Suspected treatment of pesticides

Shelving in Off-Site Warehouse Storage



Stored on a pallet, inside an historic bathtub, covered in plastic



Deer Head (Taxidermy)
Accession # H.6003.13.5

Moved to Table for Testing



Significant Debris in Bag



Obtaining Wipe Sample

Site Visits - Results

History Colorado | El Pueblo Museum

- Location – Reconstructed Trading Post
- “Family Life” and “Trading Post” Rooms
- Historic Props (non-accessioned objects)
- Hands-on / interactive exhibit space

Reconstructed Historic Trading Post



Trading Post Room – Historic Skins



Obtaining Wipe Samples – Test Area from Packing Blankets under Historic Skins



Family Life Room – Historic Skin on Floor



Folded Fur onto itself – Obtaining Wipe Samples From Floor

Site Visits - Results

History Colorado | El Pueblo Museum

Eurofins Reservoirs Environmental, Inc. Eurofins Reservoirs QA Manual		EUROFINS RESERVOIRS ENVIRONMENTAL, INC																Effective April 28, 2022 QA/QC/Eurofins Reservoirs QA Manual.pdf	
		NVLAP Lab Code 101896-0 AIHA LAP, LLC. LAB ID 101533																	
TABLE: I ANALYSIS: RCRA8 METALS IN WIPE																			
RES Job Number:	RES 553225-1																		
Client:	CK Solutions																		
Client Project/P.O.:	Museum Dust Poison Project																		
Client Project Description:	Pueblo History Museum																		
Date Samples Received:	March 02, 2023																		
Analysis Type:	REI CHEMISTRY SOP / USEPA SW846 3050B/6020A-M (RCRA8)																		
Turnaround:	Standard																		
Date Samples Analyzed:	March 07, 2023																		
		<div> NA = Not Analyzed NR = Not Received ND = None Detected BAS = Below Analytical Sensitivity BRL = Below Reporting Limit </div>																	
Laboratory Sample ID	Sample	Ag		As		Ba		Cd		Cr		Hg		Pb		Se			
	Area	R.L.	Conc.	R.L.	Conc.	R.L.	Conc.	R.L.	Conc.	R.L.	Conc.	R.L.	Conc.	R.L.	Conc.	R.L.	Conc.		
Client ID Number	()	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)	(µg/ft²)		
553225 - Blank Opened	0	<0.51µg		<0.51µg		<0.51µg		<0.51µg		5.4µg		<0.20µg		<0.51µg		<0.51µg			
553225 - Blank Unopened	0	<0.50µg		<0.50µg		<0.50µg		<0.50µg		4.9µg		<0.20µg		<0.50µg		<0.50µg			
553225 - TR-CK	81	0.90	BRL	0.90	3.3	0.90	5.7	0.90	BRL	0.90	9.9	0.36	BRL	0.90	4.4	0.90	BRL		
553225 - TR-JO	81	1.0	BRL	2.0	10.8	10.1	12.2	1.0	BRL	1.0	12.8	0.40	BRL	10.1	22.8	1.0	BRL		
553225 - FL-CK	81	0.91	BRL	0.91	12.3	45.5	119	0.91	0.99	45.5	88.1	0.36	BRL	9.1	26.6	0.91	2.5		
553225 - FL-JO	81	0.90	BRL	9.0	11.2	45.2	219	0.90	1.8	45.2	117	0.36	BRL	9.0	45.2	0.90	5.2		
553225 - E. 1919.2 CK	81	0.94	BRL	0.94	1.0	9.4	14.3	0.94	BRL	0.94	13.9	0.38	1.1	9.4	29.9	0.94	BRL		
553225 - E. 1919.2 JO	81	0.92	BRL	0.92	BRL	0.92	1.6	0.92	BRL	9.2	10.8	0.37	1.2	9.2	49.5	0.92	BRL		

Atomic Absorption Spectroscopy (AAS) / Inductively Coupled Plasma - Mass Spectrometry (ICP-MS)



Sample ID#s
FL-CK (IH Sample)
FL-JO (Collection Manager)



Sample ID#s
TR-CK (IH Sample)
TR-JO (Collection Manager)

Site Visits - Results

Colorado Spring Pioneers Museum

- Location – Stored Rolled, no interleaving, plastic wrapping
- Time in storage – 25+ yrs.
- Suspected weighted silks, powdery

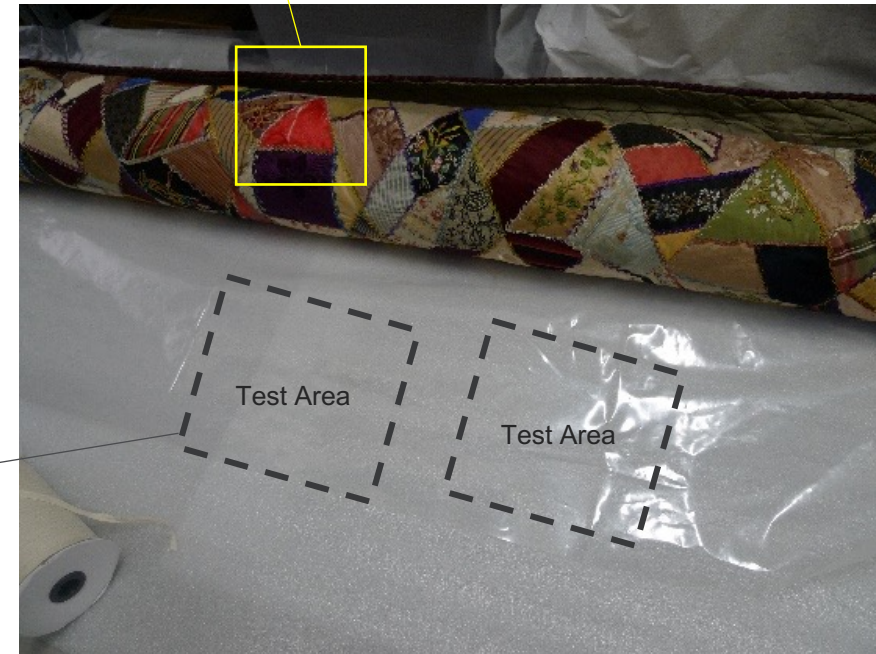


Colorado Springs Pioneers Museum

Detail - Deteriorated Silk



Obtaining Wipe Sample



Crazy Quilt
Accession # 74-2-1
Late 19th – early 20thc.

Future Directions

- Bulk Sample Analysis
- Test for dichloro-diphenyl-trichloroethane (DDT)
- Partner with Additional Analytical Labs
- Design / Develop Test Kit
- Outreach to Indigenous Communities / NAGPRA

Dissemination of Research

- 28th Annual AIHA Fall Technical Conference, September 13-14, Arvada Center for the Arts, Arvada, CO
- American Institute for Conservation (AIC) Annual Meeting, May 16-20, Jacksonville, FL
- American Alliance of Museums (AAM) Annual Meeting, May 19-22, Denver, CO
- Proposal submitted to present at the 2023 International Conference of the Association of Tribal Archives, Libraries, and Museums (ATALM). October 24-26, Oklahoma City.

Acknowledgements

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- AIHA-Museum and Cultural Heritage Industry Working Group | Katherine Makos
- AIHA-Rocky Mountain Section
- AIC Health & Safety Network
- Eurofins Scientific

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GrittyWork

Evidence-based Practices for Improved Patient, Clinician, and Organizational Outcomes

Disclosures



- **Total Worker Health Pilot Grant**

Grant Number U19OH011227 from CDC NIOSH Center for Health, Work, and Environment (CHWE)

Some of the work from this grant is presented in this presentation; a trademark has recently been submitted for GrittyWork

- **Disclosures**

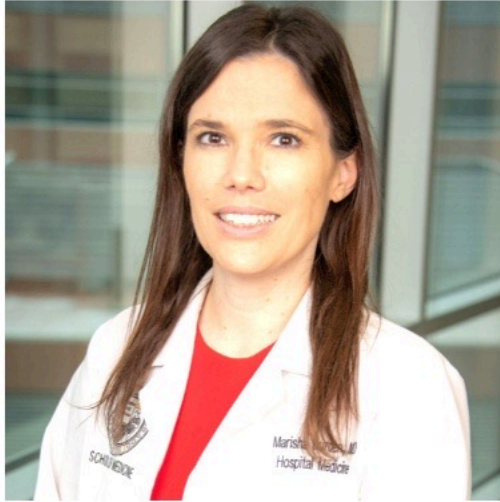
Marisha Burden, MD and Angela Keniston, MSPH currently receive funding from an AHRQ funded study, Achieving Diagnostic Excellence Through Prevention and Teamwork (ADEPT) not related to this presentation

Acknowledgements



- Lauren McBeth, BA
- the incredible Division of Hospital Medicine!
- Richard Albert, MD

Meet us!



Marisha Burden, MD

*Division Head of Hospital Medicine
Professor of Medicine*

Passionate about improving hospital systems and building thriving teams that lead to better patient, team, and operational outcomes



Angela Keniston, MSPH

*Director of Data and Analytics,
Division of Hospital Medicine
Assistant Professor of Medicine*

Passionate about health information technology design to improve quality of care for the hospitalized patient while supporting the clinicians delivering care

Optimizing Hospitalist Staffing
Models with Evidence-based
Practices for Improved Patient,
Clinician, and Institutional
Outcomes

Outline

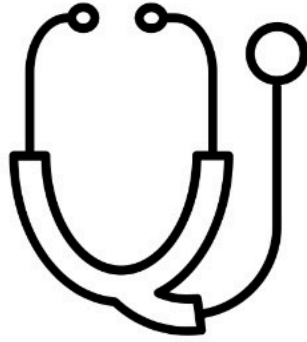
1 | Introduction

2 | Methods

3 | Results

4 | Conclusions

— Fin —

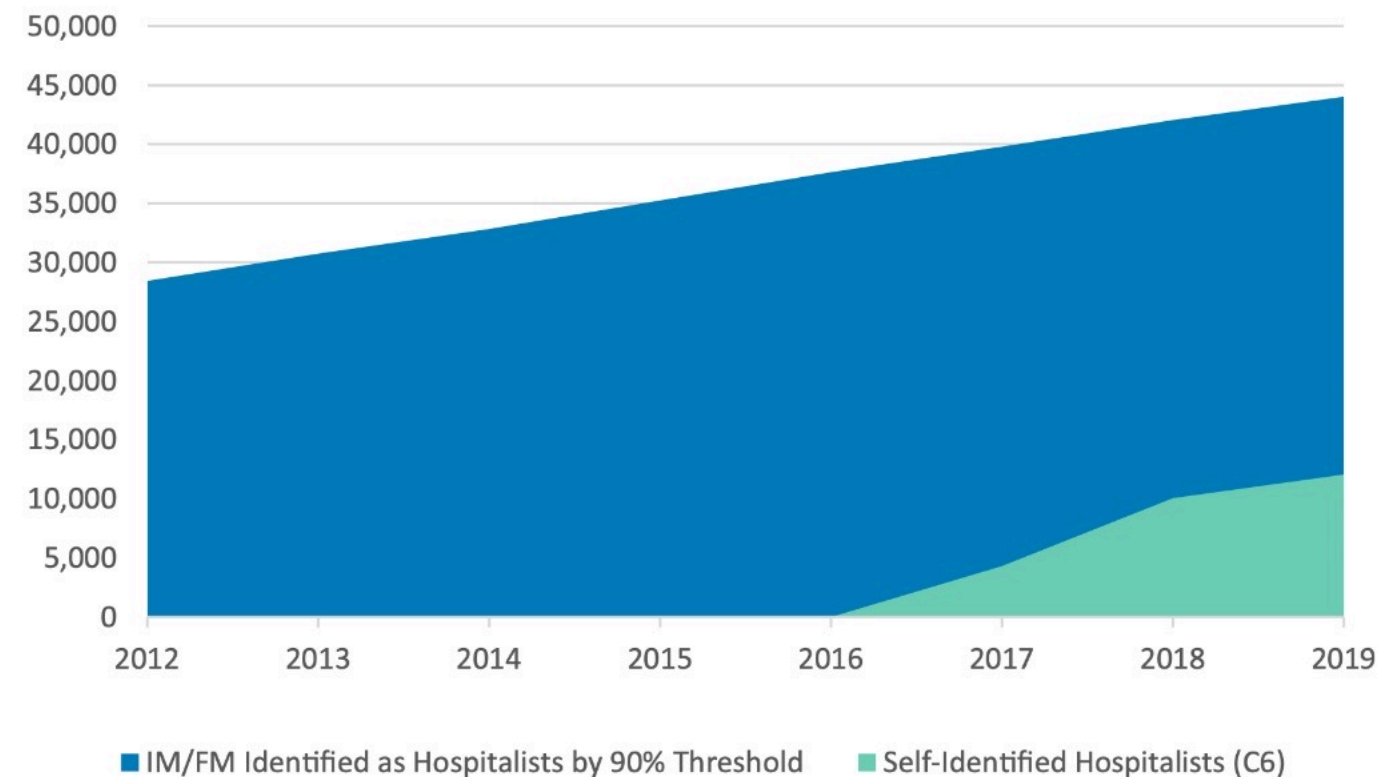


The hospitalist movement

EXPERTS IN HOSPITAL CARE. SYSTEMS CHANGE AGENTS.

Growth trends of the adult hospitalist workforce between 2012 and 2019

Joshua Lapps MA¹  | Bradley Flansbaum DO, MPH²  |
Luci K. Leykum MD, MBA, MSc^{3,4}  | Heidi Bischoff¹ | Eric Howell MD^{1,5}



Hospitalist Growth

Continued growth in the field

Gap fund per physician FTE of \$150,175 (median)*



62% 

Primary driver thought to be related to **workloads**

Glisch C, Yadav S, Bhandari S, Jha P. Perceptions of Burnout Among Academic Hospitalists. WMJ 2021;120(4):268-272. (<https://www.ncbi.nlm.nih.gov/pubmed/35025173>).

The productivity paradox

Costs and LOS increased for each increase in RVU and census

Original Investigation

Effect of Hospitalist Workload on the Quality and Efficiency of Care

Daniel J. Elliott, MD, MSCE; Robert S. Young, MD, MS; Joanne Brice, MD; Ruth Aguiar, BA; Paul Kolm, PhD

Figure 3. Plots of Predicted Cost by Relative Value Units (RVU) and Census

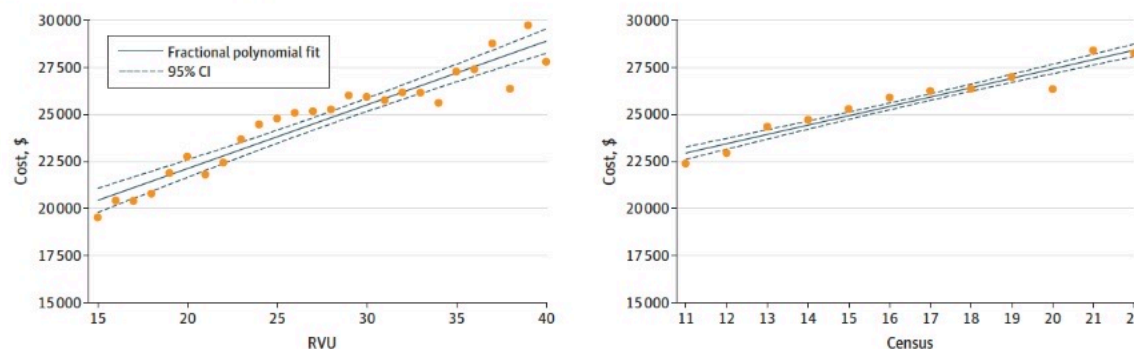
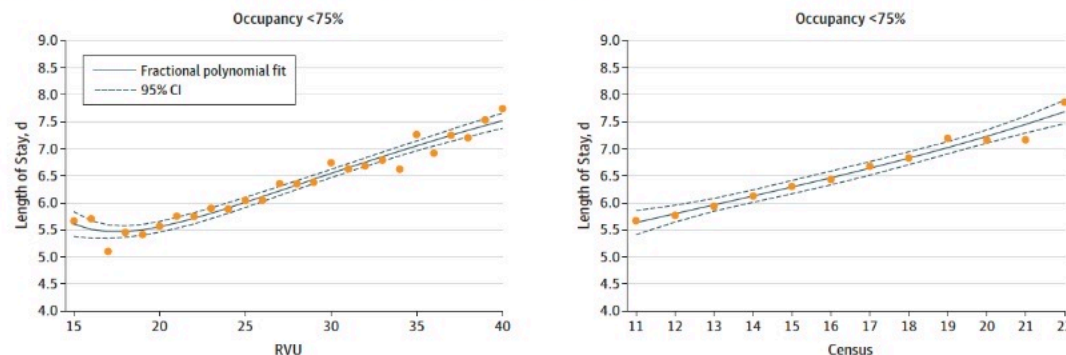


Figure 2. Plots of Predicted Length of Stay by Relative Value Units (RVU) and Census



Work design impacts our teams, our patients, and our institutions.

Burnout

Mental health

Job performance

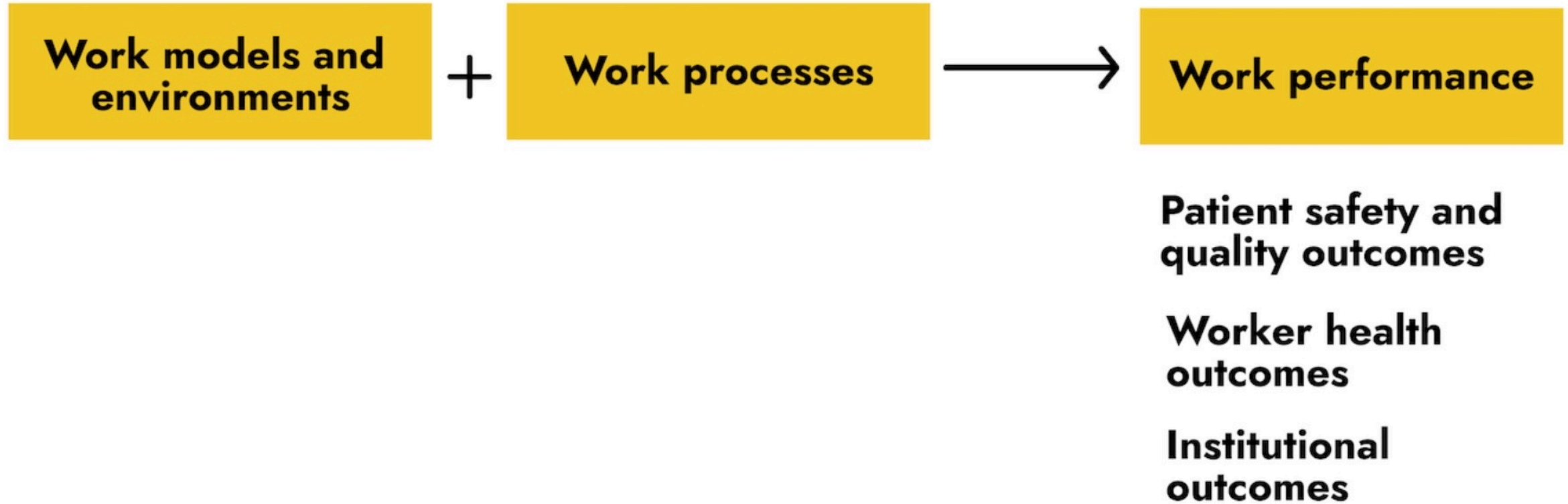
Patient outcomes

Institutional outcomes



Figure from National Institute for Occupational Safety and Health website.

The Concept



We aimed to:

- Define and measure inpatient clinician workload pairing to key outcomes
 - Scoping review
 - Delphi panel
- Develop an easy to use tool to track total work
 - GrittyWork app

IN PREPARATION FOR LARGER SCALE WORKFORCE STUDIES



TOWARDS EVIDENCE-BASED OPERATIONAL PRACTICES

**A holistic
assessment,
adapting rapidly
and iteratively.**



Scoping Review

ON WORK

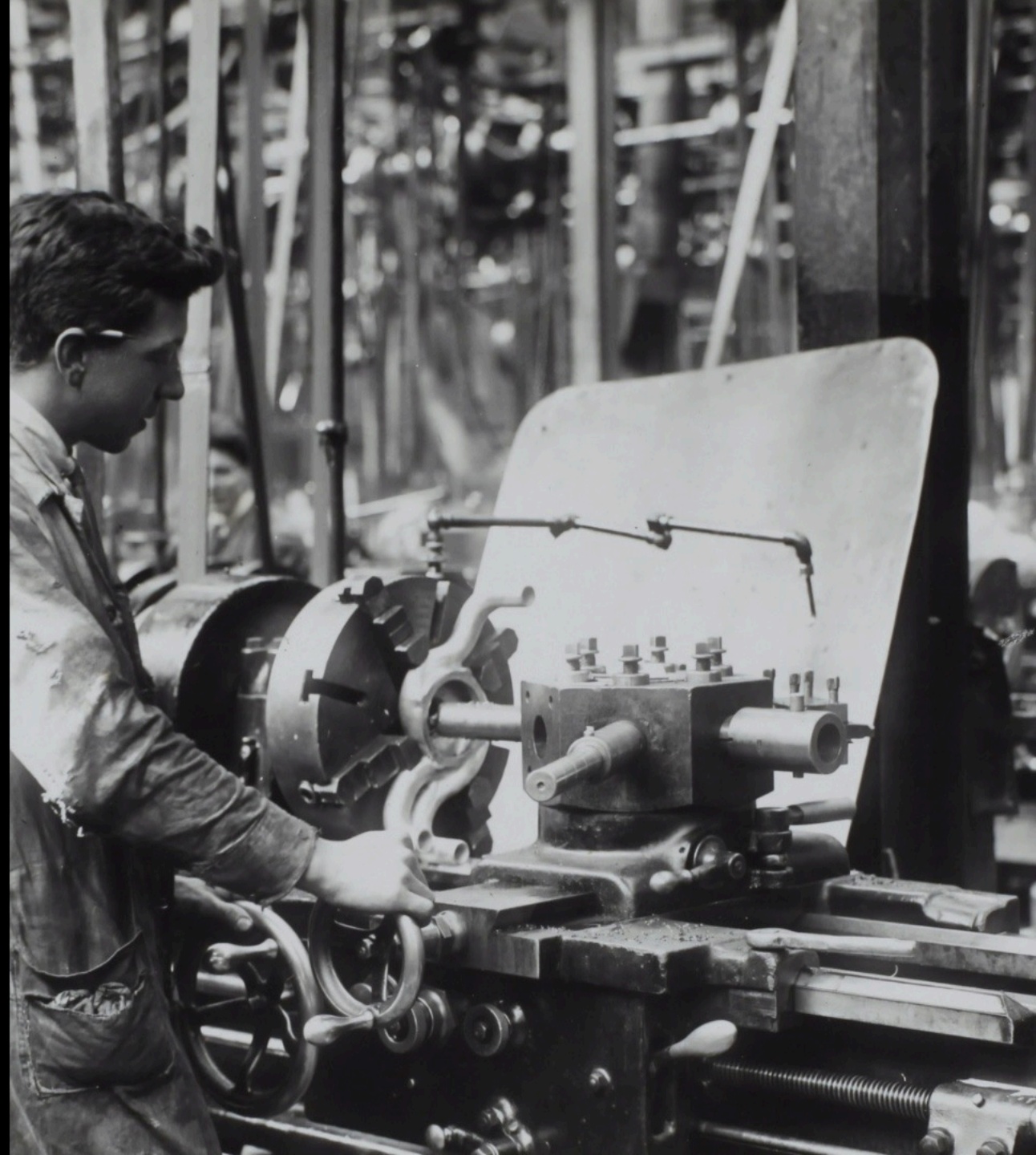


Table 1. Proposed Search Strategy to search Ovid MEDLINE (PubMed)

1.	((task or cognitive) adj3 load*) or ((patient* or hospital* or unit* or department* or clinician* or provider*) adj (volume* or encounter* or census)) or relative value unit* or rvu* or wRVU* or productivity or efficienc* or workload* or work load*).tw,kf. or Workload/ or Efficiency/
2.	(hospitalist* or general practitioner* or primary care physician* or internal medicine).tw,kf. or hospitalists/ or general practitioners/
3.	1 and 2
4.	Ensure inclusion of 13 key articles
5.	4 not 3

Smith E, Keniston A, Vukovic N, McBeth L, Harnke B, Burden M. Inpatient Clinician Workload: A Scoping Review Protocol to Understand the Definition, Measurement, and Impact of Non-Procedural Clinician Workloads. BMJ Open. Dec 12 2022.

Scoping review to date: 6,434 articles, 5,375 irrelevant



Many measures of workload

wRVUs, time, encounters

Some innovation, practice transformation

After work hours, electronic communications

Many articles

But no clear answers on optimal practice

Many impacts

Patient safety, clinicians, institutions

Expert Consensus

DELPHI PANEL

Preparatory Work

- Literature review
- 10 domains of hospitalist work measures identified

Recruitment

- Up to 3 reminders were sent regarding recruitment
- 23 individuals were recruited
- 17 individuals elected to participate

Round 1

- Up to 3 reminders sent
- 15 individuals responded
- 135 qualitative comments were provided across 10 domains
- 192 unique measures were identified via qualitative content analysis

Round 2

- Up to 3 reminders sent
- 15 individuals responded
- 192 measures evaluated across 10 domains
- 6 (3%) measures considered highly relevant by consensus
- 25 (13%) measures considered moderately relevant by consensus
- 0 (0%) measures considered not relevant by consensus

Round 3

- Up to 4 reminders sent
- 13 individuals responded
- 161 measures evaluated across 10 domains
- 25 (16%) measures considered highly relevant by consensus
- 95 (59%) measures considered moderately relevant by consensus
- 0 (0%) measures considered not relevant by consensus

Expert Consensus

FINDINGS: ROUND 2

Domain	Measure	Median (IQR)	% Agreement
Scoring Systems	Patient complexity score: social, behavioral, language barriers, medical acuity	6.5 (1)	93%
Wellbeing and Culture	Maslach Burnout Inventory	6 (1)	100%
Productivity	Work relative value units	6 (1)	87%
Financial Measures	Savings from hospital days avoided	6 (1)	87%
Modifiers*	Clinical severity	7 (1)	93%
Modifiers*	Observed to expected	6 (1)	80%

Expert Consensus

FINDINGS: ROUND 3

Domain	Measure	Median (IQR)	% Agreement
Scoring Systems	Overall score: scoring system that includes length of stay, total visits, average dc time, patient complexity, work relative value units	6 (1)	100%
Wellbeing and Culture	Turnover, intent to leave	7 (1)	100%
Wellbeing and Culture	Engagement	6 (0.5)	100%
Productivity	Encounters: admissions, follow ups, discharges, consults	6 (0)	100%
Productivity	Shifts worked	6 (0)	100%
Productivity	Average starting census	6 (0)	100%
Productivity	Follow-up visit ratio: number of discharges/follow-up encounters for patients still hospitalized for a given period of time expressed as a percentage	6 (1)	100%
Financial Measures	Cost of care	6 (1)	100%
Financial Measures	Savings from readmissions avoided	6 (1)	92%
Financial Measures	Intensive care unit days avoided	6 (1)	92%
Workload	"Pajama Time": hours spent in the electronic health record from home or outside scheduled shift	6 (1)	100%

Qualitative Content Analysis of Unstructured Comments

"Productivity measures should encompass all the different missions that hospitalists serve- and not just the clinical one. (hospitalists are clinicians, scholars, mentors, advocates, QI experts, administrators)."



Participant

"Care should be taken to not incentivize having a high census, as this could inadvertently dis-incentivize discharging patients. Hospitalists are usually not responsible for how many patients are on their service -- it's determined by who is sick and needs hospital admission."



Participant

"I have been wondering about populations that need MORE time from us to provide care that they can trust. While identifying populations seems like another type of stereotyping - perhaps we should start by assuming that some patients deserve MORE time and therefore should be counted twice for our census."



Participant

"I could go on for a bit here - but I think the crux of it is that we should measure things that are within the locus of control for each individual hospitalist."



Participant

"At the heart of it, we are here to take care of patients. Yet, there is no description of what constitutes an excellent hospitalist - Some of what I put down in quality and safety would go into it - but there is more - like communication skills, the quest for lifelong learning etc. And I'd love to see something that would help us recognize, reward and replicate excellence!"



Participant



Take Aways

Traditional measures insufficient.

Traditional measures of hospitalist workload, which often solely focus on productivity, may be insufficient

Measurements involve more than measuring workload.

Importance of the impact of workload on key outcomes: Patients, workforce, and organizational outcomes.

More comprehensive and nuanced approach needed.

Combinations of measures and outcomes.

The steps:



Develop a mobile application

to capture clinician perception of work



Create a safety management platform

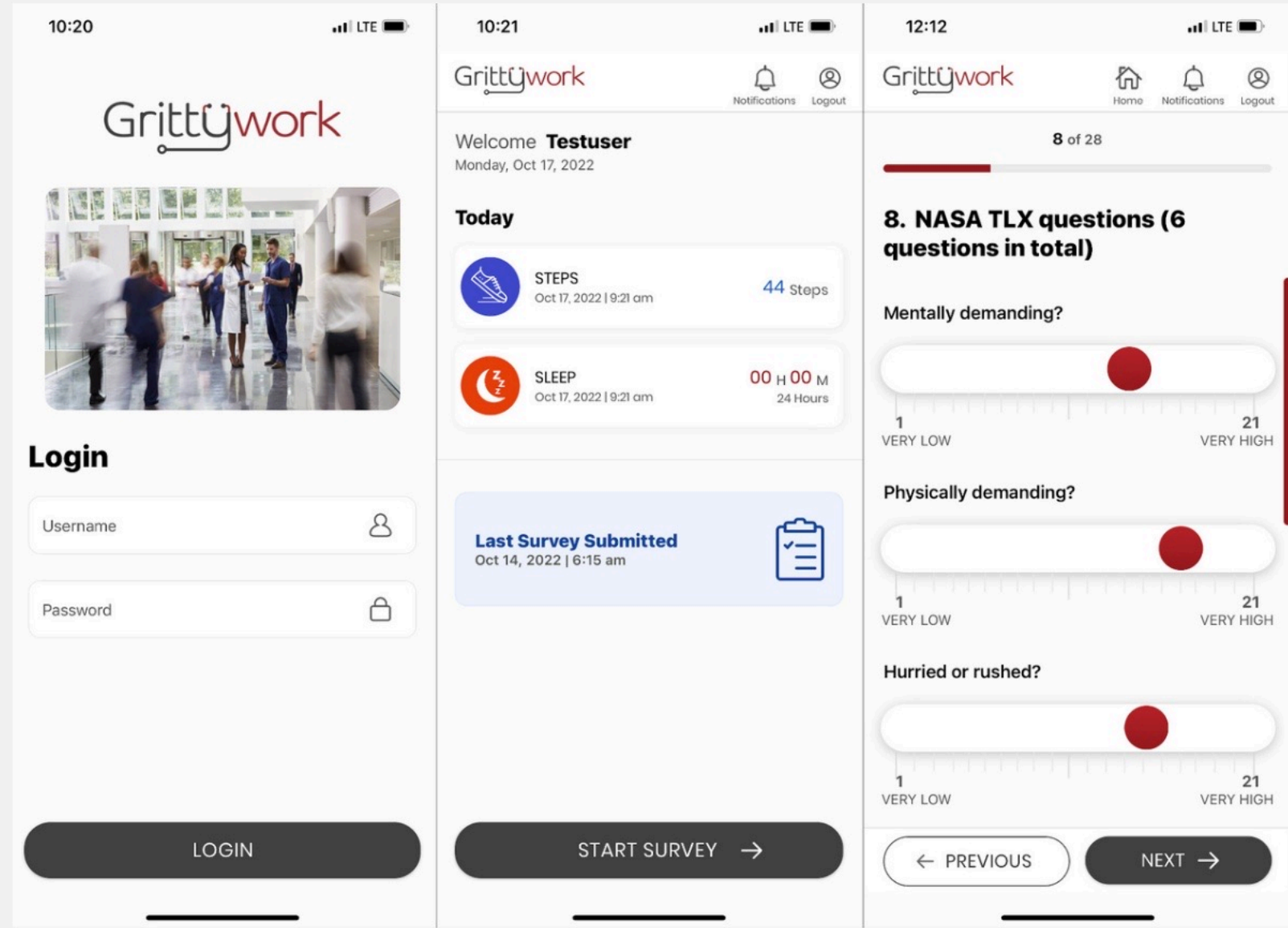
that integrates clinician data and EHR data to monitor for worker and patient harm and offers decision support



Connect structure to outcomes

towards evidence-based practices

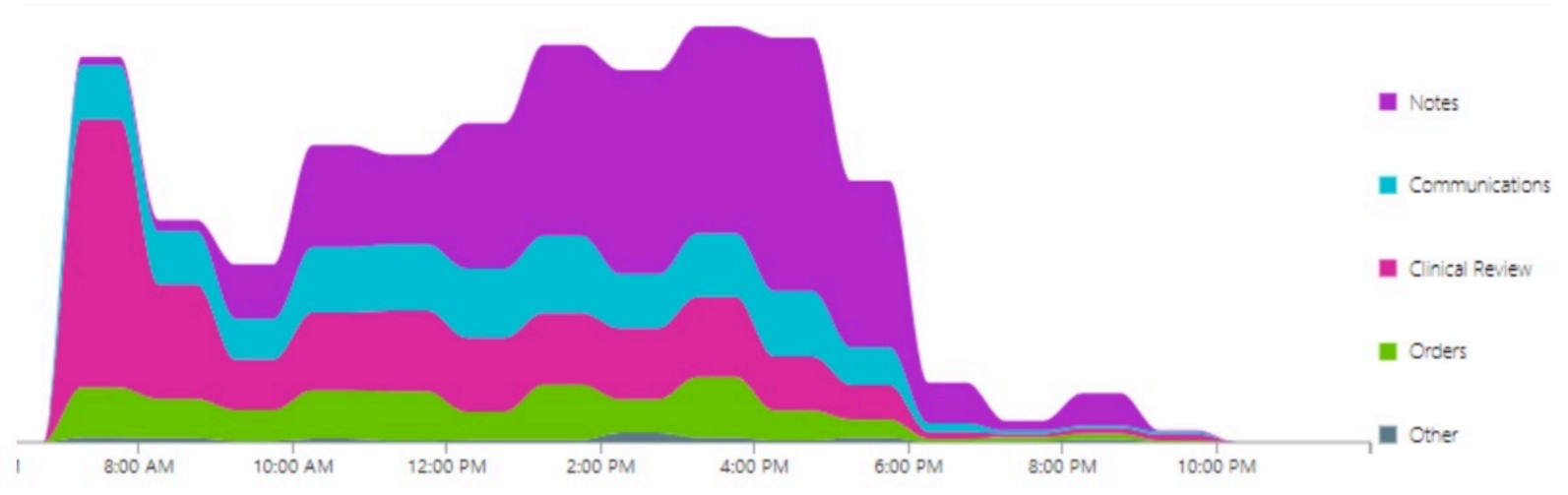
Gritty Work App



EHR Audit Log Data

Primarily utilized in outpatient setting.

Initial studies showing promising links between audit log data and outcomes.





Evaluation

Extract usage measures from mobile application

Number of active users, number of log ins, time spent in app, variation in usage patterns, survey abandonment.

Assess the quality of the data

Assess completeness, correctness, concordance, plausibility, and currency (up to date).

Develop processes to extract EHR workload metrics

Given quantity will need to evaluate best approach.

User experience

System Usability Scale

System Usability Scale

	Strongly disagree								Strongly agree
1. I think that I would like to use this system frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
2. I found the system unnecessarily complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
3. I thought the system was easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
4. I think that I would need the support of a technical person to be able to use this system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
5. I found the various functions in this system were well integrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
6. I thought there was too much inconsistency in this system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
7. I would imagine that most people would learn to use this system very quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
8. I found the system very cumbersome to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
9. I felt very confident using the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				
10. I needed to learn a lot of things before I could get going with this system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3	4	5				

Safety management platform

FUTURE STATE

Work Measures

Burnout at site compared to other sites within system:



Respondents



Survey Period

February 2022

Response rate

78%

Way of collection

Pulsed work survey

Total sites represented

8

Workloads and Outcomes

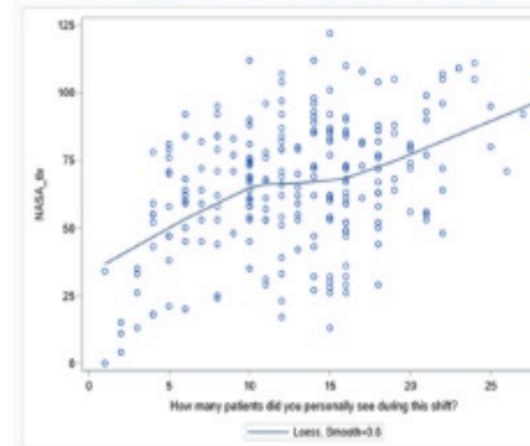
Happiness with shift
41 participants

Great!
27%

Neutral
34%

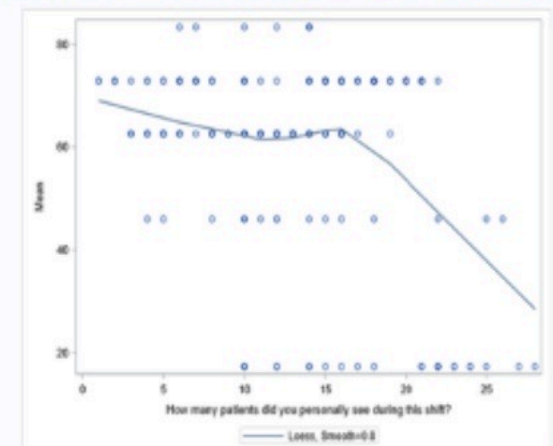
Bad
39%

NASA TLX score by number of patients personally seen



Recommendation: Based upon current model, patient load may need to be reduced to ~16 assuming current complexity score remains stable.

Percent positive patient safety culture by number of patients personally seen



Recommendation: Based upon current model, patient load may need to be reduced to ~16 assuming current complexity score remains stable.

Conclusions/next steps

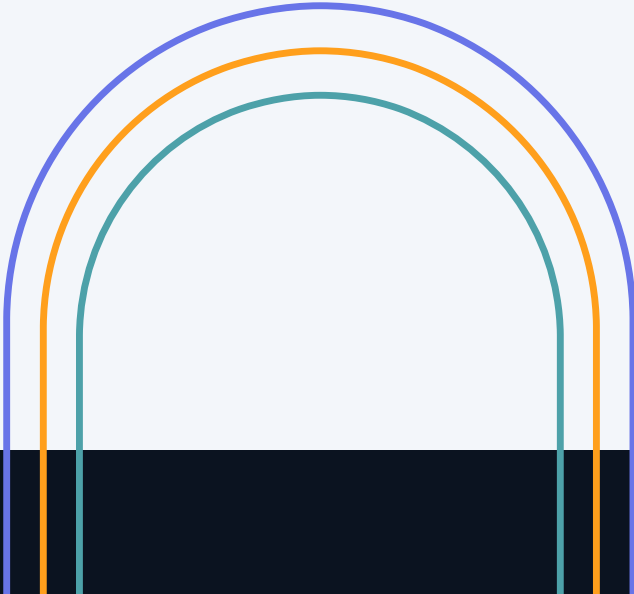

- Many techniques to measure work
- Important to pair work design with work outcomes integrating worker, patient, and institutional outcomes
- Full scale deployment of application
- and so much more!

Grittywork



The Role of Authenticity in Confronting Interpersonal Mistreatment at Work

Brittany Lynner, MA, MS
Occupational Health Psychology Trainee



Acknowledgements

Joshua Prasad, PhD
Danielle Gardner, PhD
Annika Benson, MS
Sarah Boland, MPH
Tony Ramirez
Alyssa Banister
Richard Boustred



Thank you!

This research was supported by the Mountain and Plains Education and Research Center (T42 OH009229).

Why study interpersonal mistreatment?



Job-Related

- Increased cognitive distraction & impaired concentration
- Increased turnover cognitions
- Decreased job satisfaction
- Decreased productivity

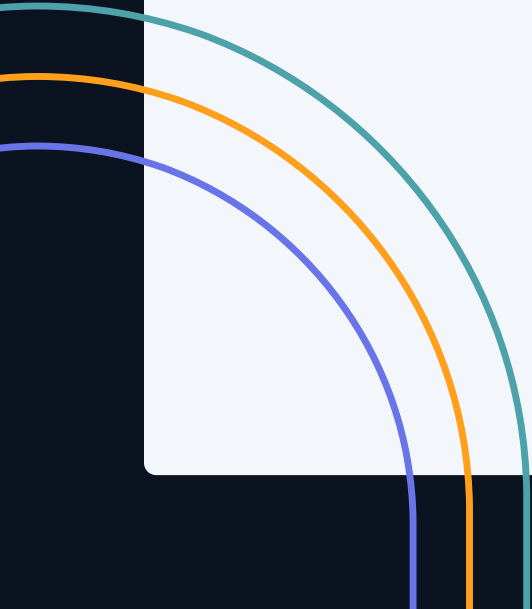
Health-Related

- Increased psychological distress
- Increased negative mood
- Increased fear
- Decreased general well-being



Research Question

What types of work and personal factors explain why an employee may intervene when social identity-based interpersonal mistreatment occurs?





Key Variables

Power

Authenticity at Work

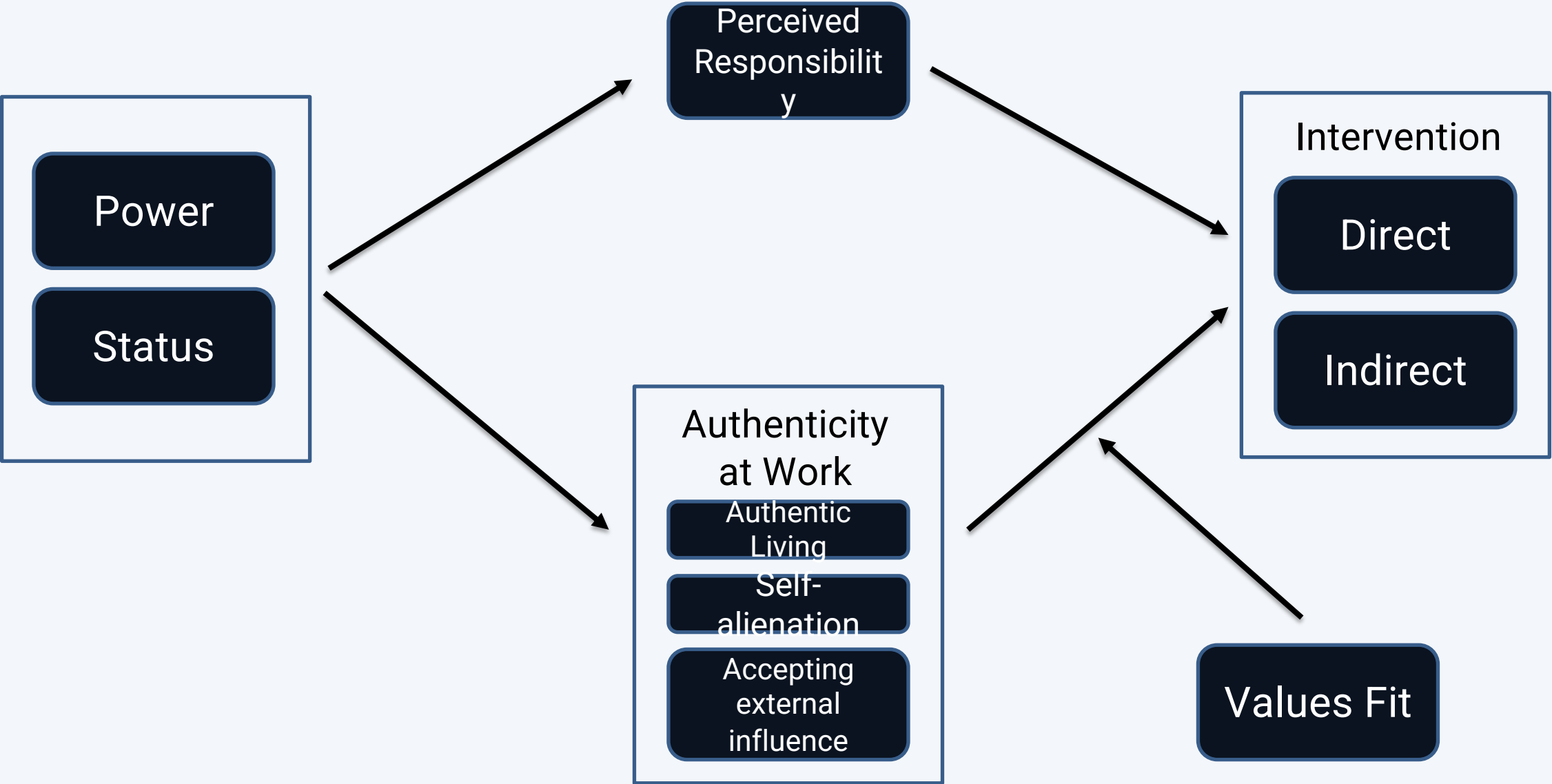
Status

Values Fit

Perceived Responsibility

Intervention

Expected Relationships



Methods



Data Collection

- **Online convenience sample** via Amazon Mechanical Turk (**MTurk**) in September 2022
- **Self-report Qualtrics survey**

Participants

- **Had to witness incident to be eligible**
- **N = 227**
- **73% White**, 7% Asian, 7% Black/African American, 5% Latino/Hispanic
- **57% Women**, 40% Men, 2% Non-binary

Measures

- Demographics of participant, offender, & target
- Perceived responsibility
- Power/status
- Authenticity at work
- Values fit
- Intervention (qualitatively coded)

Analytic Strategy

1

Data Cleaning

- Attention checks
- < 70% completion rate

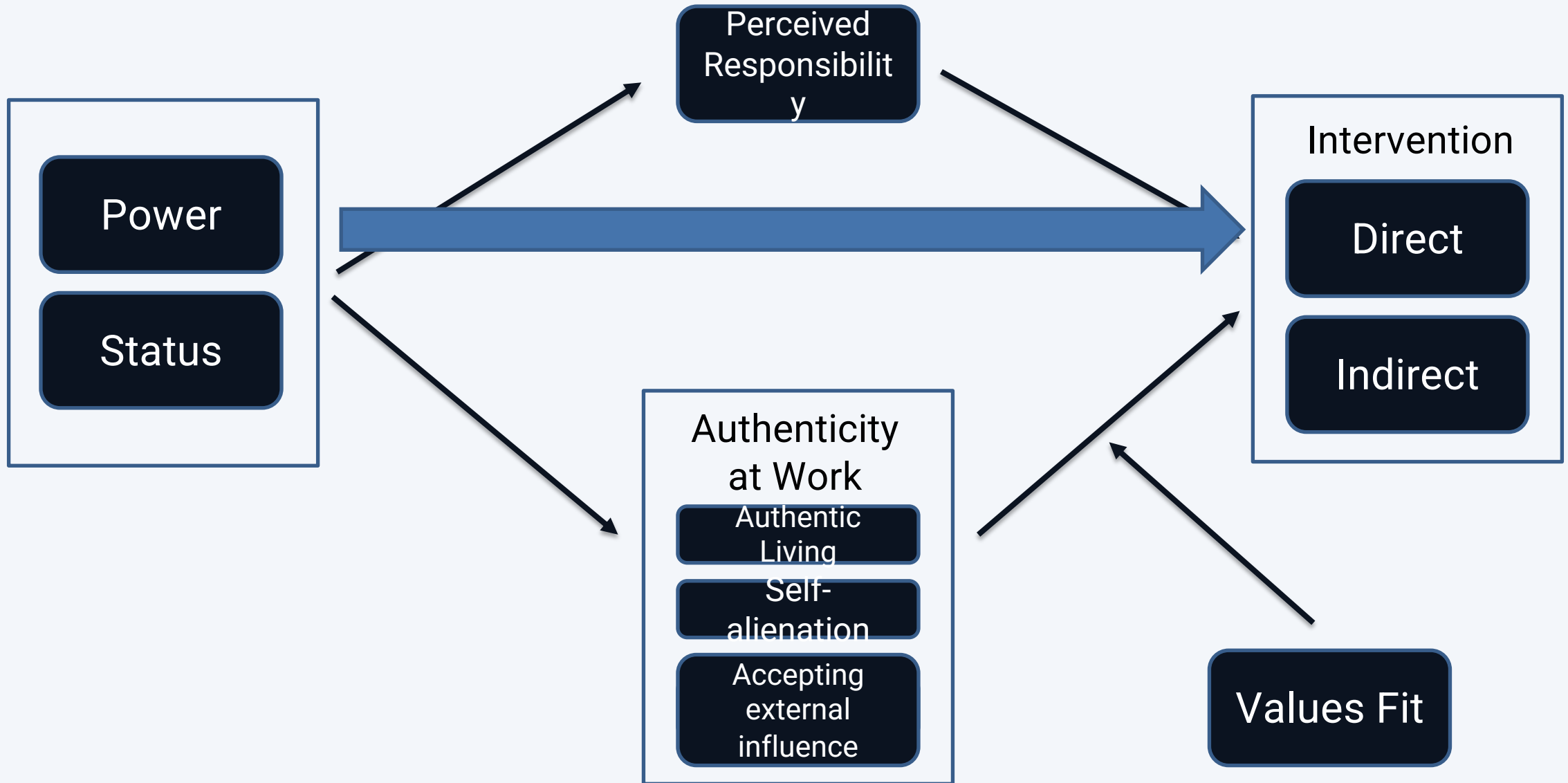
2

Confirmatory Factor Analyses (CFAs) to assess factor structure of latent variables

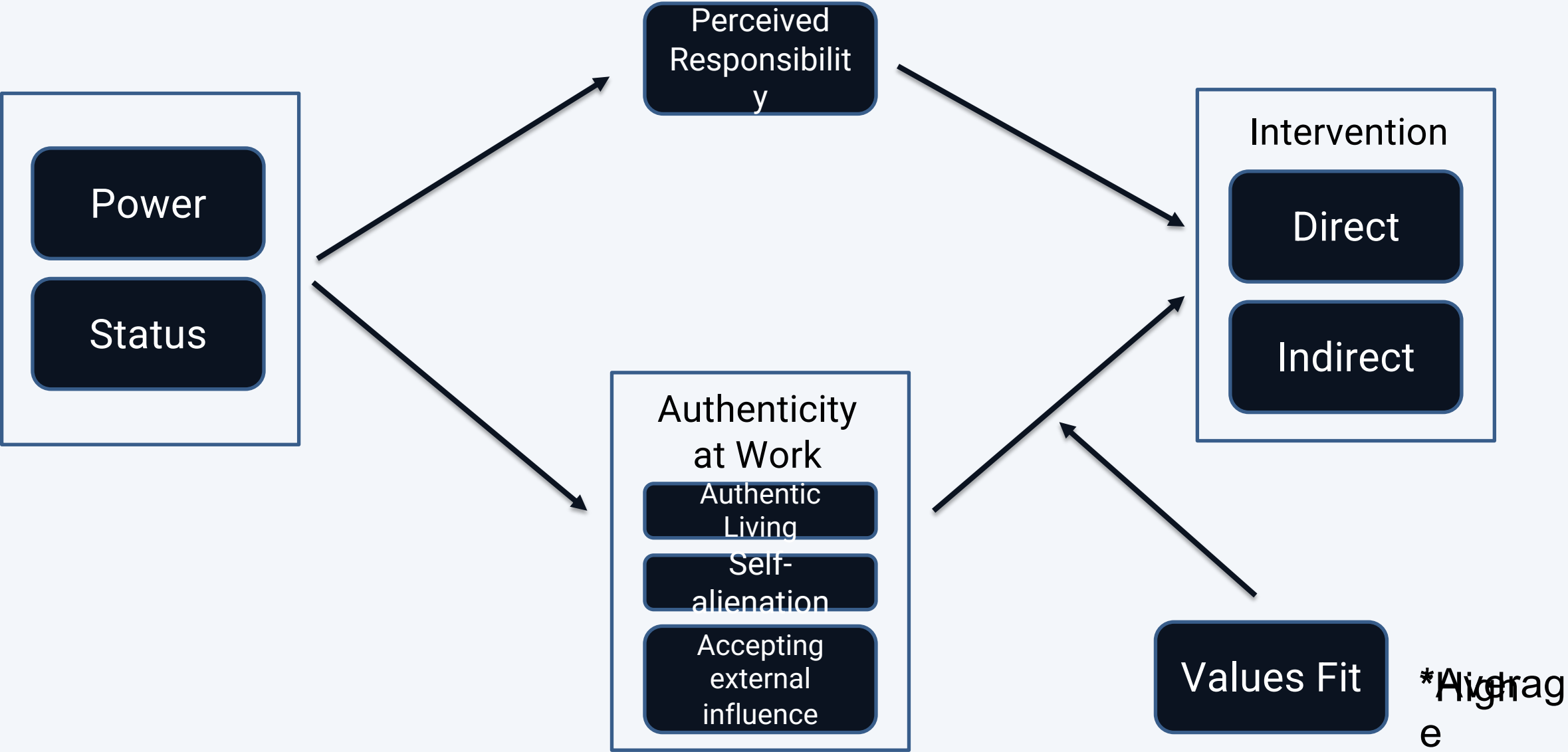
3

Structural equation models (SEMs) to assess moderation and mediation

Results



Results



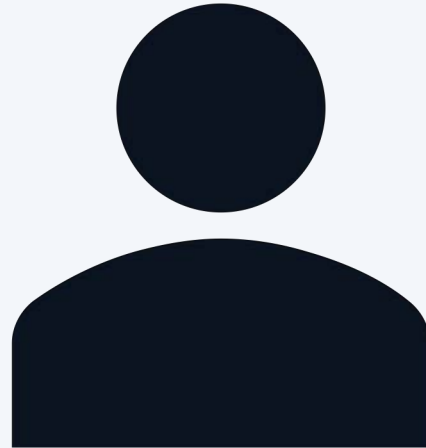


Implications

1. Those with power/status are more likely to intervene.
2. If we can promote perceived responsibility and authenticity, we may be able to increase the likelihood of intervention.
3. When employee values align with organizational values, intervention is more likely to occur.



Limitations





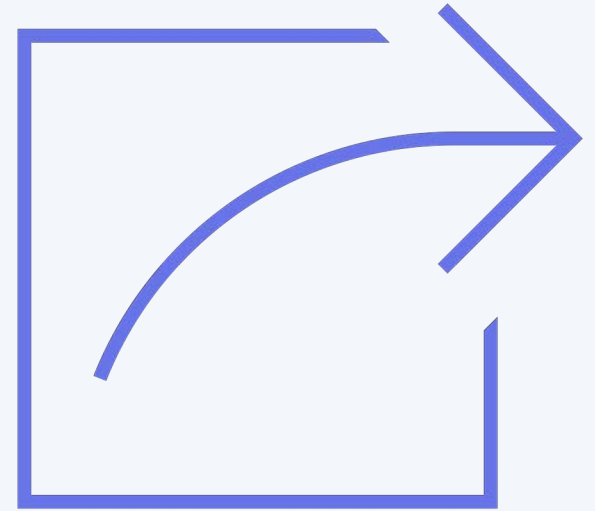
Next Step: Thematic Coding

1. Please describe the **situation** where [OFFENDER] perpetrated interpersonal mistreatment on the basis of one or more social identity.
2. What did you **observe** verbally, visually, and/or via written communication?
3. Who did [OFFENDER] **target** with their mistreatment? Please do not name the target of mistreatment, but feel free to refer to some aspect of their employment (e.g, [OFFENDER's] coworker). Which social identity or social identities did [OFFENDER] target?
4. What, if anything, did you do in **response** to this instance of interpersonal mistreatment?



Future Directions

- Enhance perceived responsibility and authenticity outside of power and status?
- Type of intervention?
- Antecedents and outcomes of intervention?





Thank You!

Questions?



Stooped Postures in Agricultural Workers: Characterizing the Task

Denali Sanders

Occupational Ergonomics and Safety

Advisor: John Rosecrance

Why do we care about stooped postures?

- The lifetime prevalence of a musculoskeletal disorder in agricultural workers is **90.6%**
- The overall prevalence of lower back pain is **50%** amongst US agricultural workers
- LBP can lead to depression, anxiety, and loss of mobility
- Stooped posture is a proven major risk factor for development of LBP



Why does this research matter?

- Very few studies have logged data in real-time or quantitatively
- “Stooped posture” has been defined in different ways
- Many ergonomic quantitative measuring tools are still fairly new and not often used in the field
- There is a shortage on stooped posture data in regard to specific agricultural tasks



Specific aim:

The specific aim of this study is to characterize stooped postures among agricultural workers involved in vegetable production tasks.



Quantitative measurements

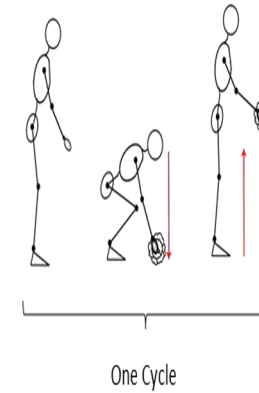


1 Magnitude



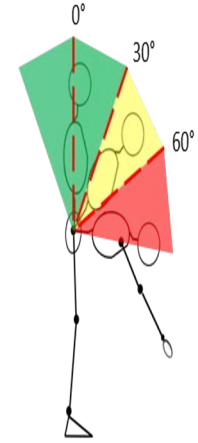
Average and Maximum Trunk Posture

2 Frequency



Cycles/hour

3 Duration



% Cycle in Postures

How could magnitude, frequency, and duration change between these two harvesting tasks?

Methods

- Participants wore an accelerometer-base trunk motion logging system (Zephyr BioHarness) for approximately two hours per task
- Data was analyzed in a custom RStudio script, where breaks were removed



Methods

- BioHarness modules were calibrated in order to create a baseline for upright posture
- A demographic and pain survey was also administered



Methods

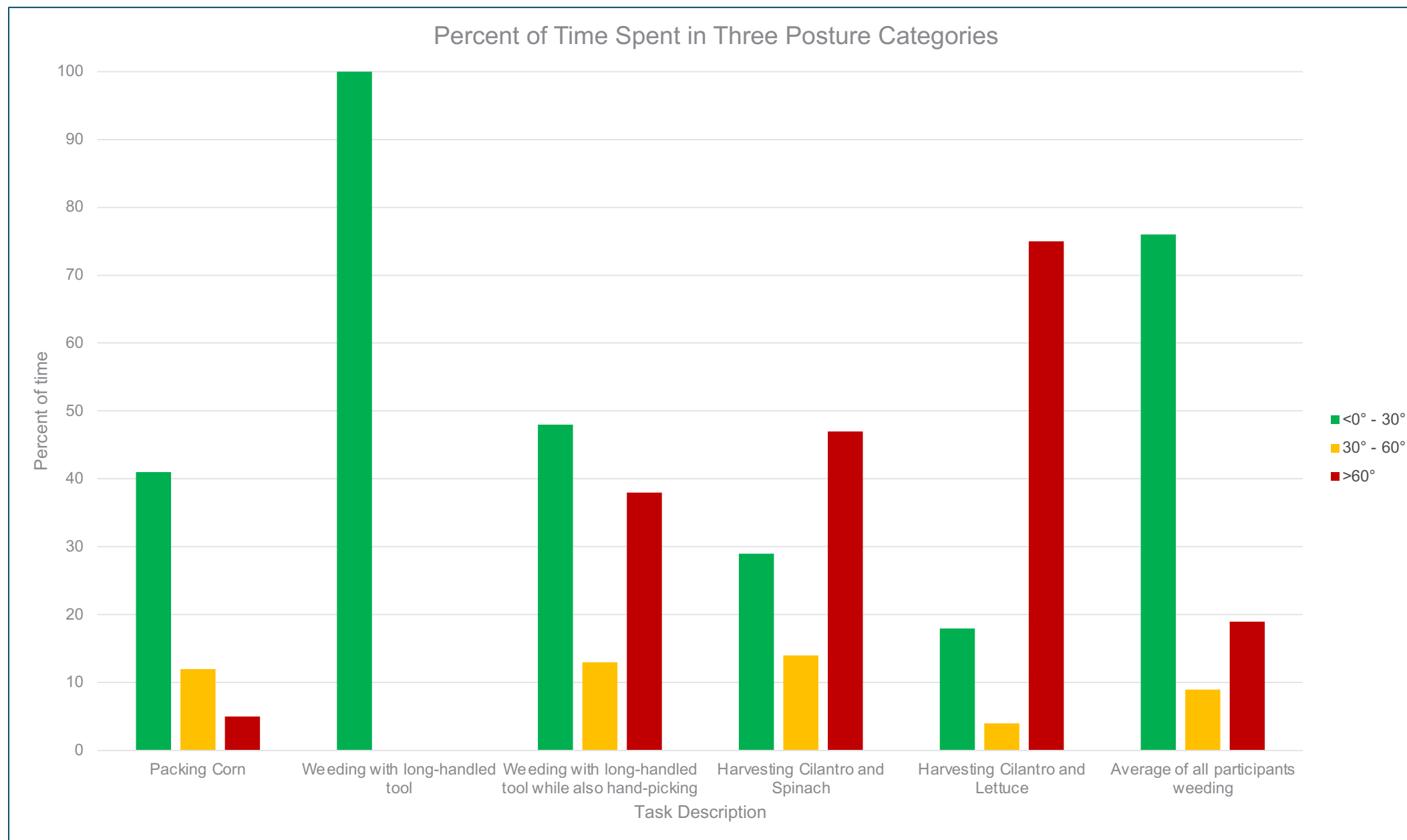
Task Abbreviation	Task Name	Number of data sets
PAK	Packing	1
WEE	Weeding	11
HCI	Harvesting cilantro	16
HLE	Harvesting lettuce	10
HSP	Harvesting spinach	6
CP	Corn picking	7
CS	Corn sorting	7
CL	Corn loading	4
HZU	Harvesting zucchini	5
HON	Harvesting onion	4
		Total: 71 sets of data



Results

- Duration in different posture categories varied **greatly** between different tasks
- Average posture varied **greatly** between tasks
- Many weeders did not spend a dangerous amount of time in stooped postures







Weeding with hoe *and* hand-picking weeds



Weeding with hoe and NOT hand-picking

Discussion

Colorado SB21-87

- This bill seeks to limit how much time workers can spend weeding, but is not properly informed or specific.
- Weeding tasks may in reality provide a *break* from stooped posture



Research references

1. Chapman, Larry & Meyers, James. (2001). Ergonomics and Musculoskeletal Injuries in Agriculture: Recognizing and Preventing the Industry's Most Widespread Health and Safety Problem.
https://nasdonline.org/static_content/documents/1830/d001771.pdf
2. Chapman LJ, Newenhouse AC, Pereira KM, Karsh BT, Meyer RM, Brunette CM, Ehlers JJ. Evaluation of a four year intervention to reduce musculoskeletal hazards among berry growers. J Safety Res. 2008;39(2):215-24. doi: 10.1016/j.jsr.2008.02.025. Epub 2008 Mar 20. PMID: 18454973.
<https://pubmed.ncbi.nlm.nih.gov/18454973/>
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Questions?

PERSONAL BRANDING FOR RESEARCHERS

Cydney Hughes
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PERSONAL BRANDING

Personal branding describes the process by which individuals design a narrative to differentiate themselves, by articulating their unique value proposition, and then leveraging it across platforms with a consistent message to achieve a goal.

The background features a series of concentric white circles on a light green field in the top-left corner. A large blue semi-circle is positioned in the top-center. The bottom-left corner is divided into a light pink triangle and a light red triangle. The quote is centered in a dark blue serif font.

“PERSONAL BRANDING IS
WHAT PEOPLE SAY ABOUT YOU
WHEN YOU’RE NOT IN THE ROOM.”

Jeff Bezos



THANK YOU!

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