## OCCUPATIONAL LUNG/ CARDIOVASCULAR DISEASE RISKS IN NAVAJO COAL MINERS

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#### Disclosures

- Principal Investigator: Black Lung Clinics Program (Health Resources and Services Administration)
- Co-investigator: Clarifying Distribution, Trends, and Determinants of Adverse Health in United States Miners: Exploration and Integration of Existing Data Systems and Clinical Materials (Alpha Foundation for the Improvement of Mine Safety and Health)

#### Overview

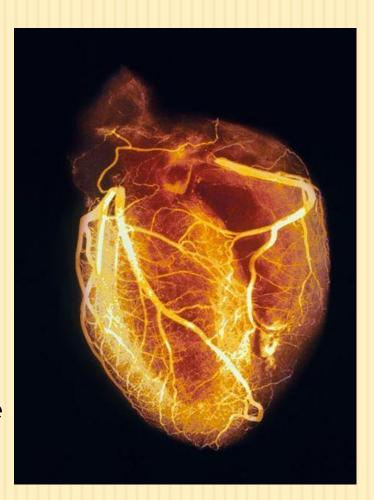
- Review personal and mining-related occupational risk factors for cardiovascular disease
- Review spectrum of lung diseases from exposure to coal mine dust
- Share data on rates of cardiovascular and workrelated lung disease in Navajo coal miners participating in the Miners Clinic
- Discuss implications for care and prevention

## Cardiovascular disease (CVD)

- Leading cause of death in the US.
- > 81 million Americans have CVD, at an estimated cost of \$503 billion in 2010.
- Multiple CVD risk factors (personal and occupational).
- □ Estimated proportion of CVD associated with work-related factors ranges from 15 35%.

### Personal risk factors for CVD

- Smoking
- □ High lipids/cholesterol
- Physical inactivity
- □ Diet/alcohol
- □ Hypertension
- Obesity
- □ Diabetes mellitus
- Family history of heart disease



# Mining-related occupational risk factors for CVD

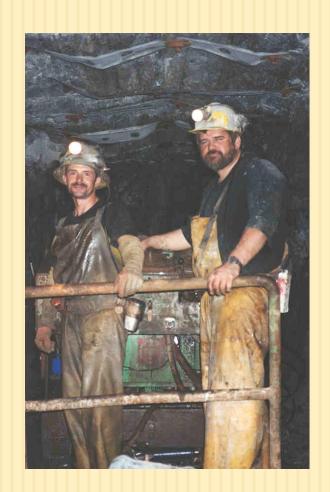
- □ Noise
- □ Particulates (PM 2.5)
- Stress (high demand/low control; shift work; long hours)
- □ Vibration
- □ Temperature extremes
- □ Carbon monoxide
- Some chemicals and metals (lead, solvents, carbon disulfide, nitrates)

Workplace factors contribute to obesity, smoking, alcohol use, and lack of exercise as well as to work-family stress and conflict.

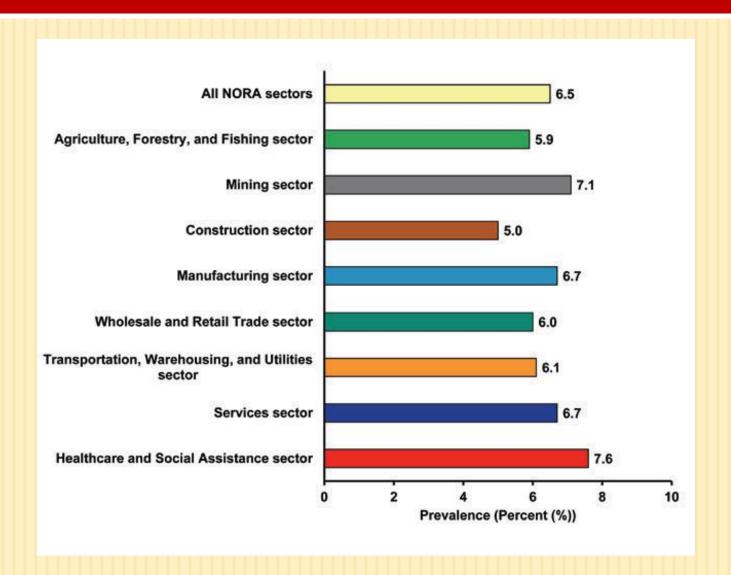
# Morbidity & disability among workers $\geq$ 18 years in the Mining sector, 1997-2007

- Blue collar workers less likely to have health insurance, health screening, health prevention information;
- More likely to be obese, less likely to exercise, more likely to report risky behaviors (smoking, drinking).

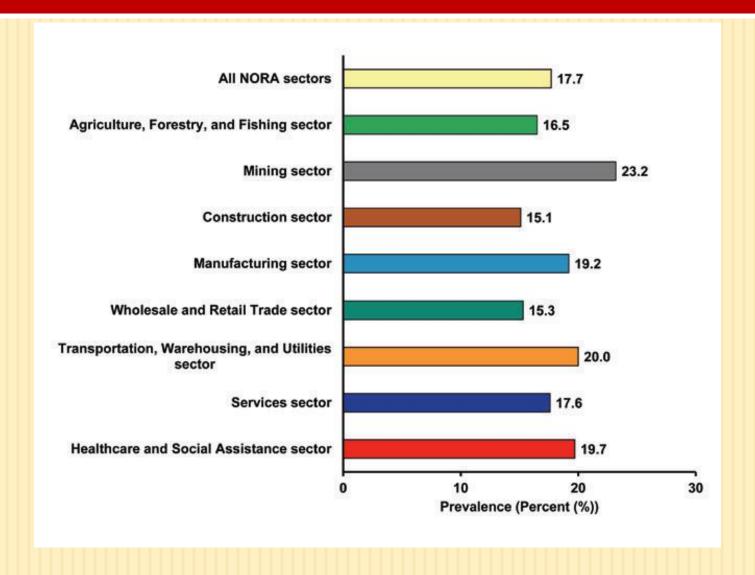
[NIOSH, 2012]



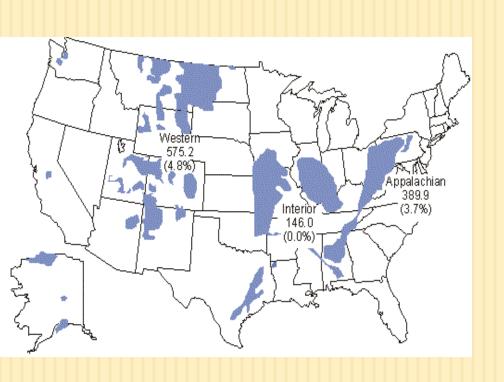
# Heart disease prevalence is high in the mining sector.



# High prevalence of hypertension is in the mining sector (23.2%).



# Coal miners are at risk for workrelated lung disease.

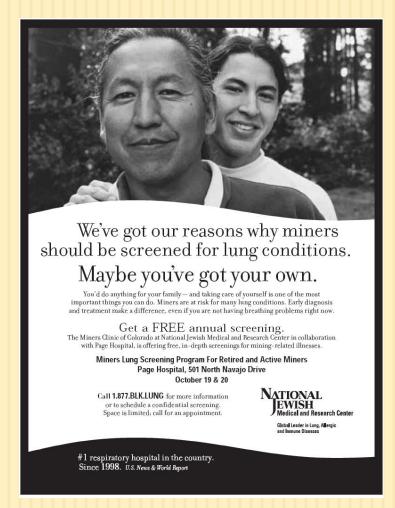


Lung diseases from exposure to coal mine dust:

- Black lung (CWP)
- Silicosis
- Emphysema
- Industrial bronchitis
- □ Diffuse interstitial fibrosis

### Miners Clinic Navajo coal miners 5 year medical screening program in Page, AZ

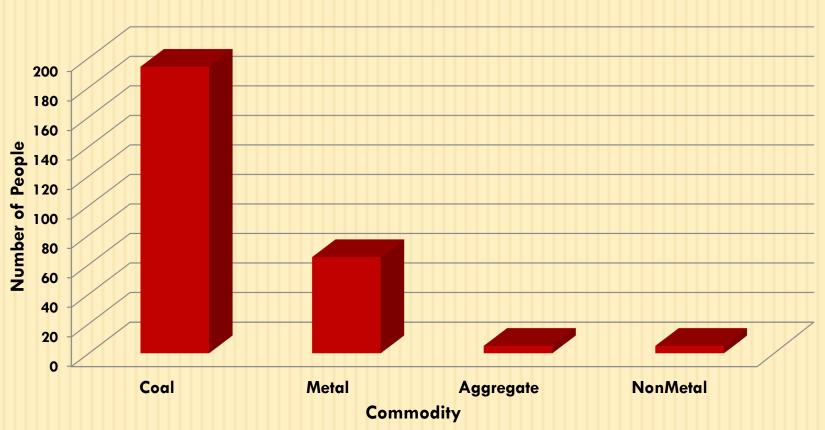




What do we know about rates of cardiovascular and lung disease in participating Navajo coal miners?

# Most of our Navajo patients are surface coal miners.

#### Commodity Distribution For Navajo (N=231)



# Surface coal mining

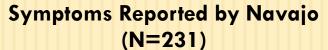


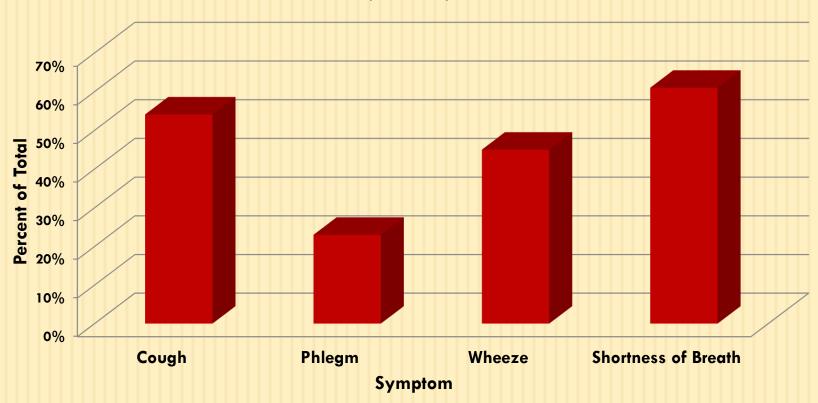
### Characteristics of 231 Navajo miners

- □ Average age: 61.3 (10.3) years
- □ 93% men
- □ Ever smoker: 12.6% (compared to 48% in MCC patients total)
- □ Average years worked as a miner: 20.8 yrs (13.4)



### Respiratory symptoms are common.





### Pneumoconiosis in 231 Navajo coal miners

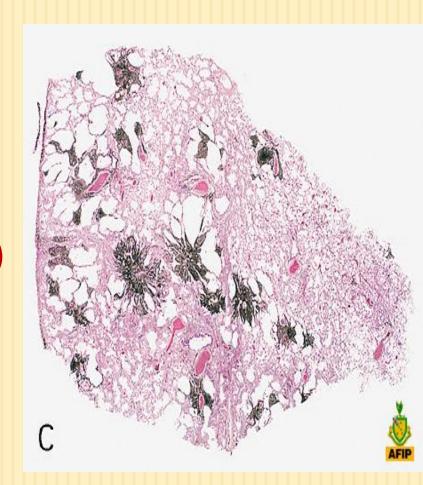
Abnormal chest x-ray profusion score on B reading: 24 (10%)

Benefits counseling and assistance with DOL Black Lung claims



# Emphysema in 4-9% of participating Navajo coal miners

- □ COPD (LLN): 8 (4%)
  - □ 7 never smokers
- □ COPD (GOLD): 17 (8.6%)
  - 12 never smokers



### Hypertension in coal miners

#### High blood pressure

- 38% in Navajo coal miners
- 43% in other coal miners

## Consequences of untreated hypertension

- 4 times as likely to die
  of stroke
- 3 times as likely to die
  of heart disease
- Chronic kidney disease

# High rates of treatable and preventable CV diseases risk factors in Navajo coal miners.

- 1. Obesity (BMI>30): 41%
- 2. Obstructive sleep apnea symptoms: 17%
  - 1. Poor concentration/inattention
  - 2. Errors and accidents (2-3x MVA rates)
- 3. High blood pressure: 38%
- 4. Current smoking: 7%

# Strategies used in the Miners Clinic to manage medical conditions identified.

- Immediate face-to-face discussion and counseling with the patient by the clinic MD
- Urgent finds and recommendations immediate written results for patient to give to provider
- Written health education materials provided at the clinic visit
- Calls to local providers from MCC MDs to discuss referral and management of more immediate problems
- Results letters to patients, with copy to provider if available and with patient's written permission
- □ Follow up phone calls from case manager
- Tracking of calls and results in the BLCP database

### Implications and future directions

- Assure that miners with lung and heart disease get medical and preventive care and follow up (work with local MDs, pulmonary rehab, vaccinations, medications, supplemental oxygen)
- Assure that miners with work-related lung disease get the Black Lung benefits they deserve
- Support efforts to limit coal mine dust exposure



# Miners Clinic team/Acknowledgements

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## Questions?

