NEW HORIZONS FOR OCCUPATIONAL HEALTH SURVEILLANCE

We congratulate Ahonen et al. for their challenge to the community of researchers concerned with inequities.[1] Readers may be surprised to learn that occupation is not a core sociodemographic factor in population statistics, nor do most studies of health inequities consider work despite its importance to the health of adults. We also appreciate the authors' call for better occupational health surveillance. They note the limitations in both quality and content of existing surveillance data on work and health and suggest some ways these could be improved.

We wish to call to the attention of readers the recent report from the National Academies of Science, Engineering, and Medicine: *A Smarter National Surveillance System for Occupational Safety and Health in the 21st Century*.[2] The report presents a comprehensive review of available sources of routine case- and rate-based information about occupation and health. It then identifies a range of opportunities to improve existing sources or to implement new approaches that could address the call by Ahonen et al. to include work in population health research. The bottom line is that there is great promise for developing the data necessary to better understand the links between work and health inequities and to inform efforts to prevent these inequities. AJPH

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CONTRIBUTORS

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FLYNN ET AL. RESPOND

We would like to thank Wegman and Davis for their response to our article and congratulate them and their colleagues on the recent report from the National Academies of Science, Engineering, and Medicine: *A Smarter National Surveillance System for Occupational Safety and Health in the 21st Century* (NAS report).[1] We share Wegman and Davis's optimism that this moment offers an opportunity for developing systems that generate better, more comprehensive data to improve our understanding of the social determinants that drive health inequities and empower society to eliminate health inequities. Whether arguing for a greater recognition for the influence of work on population health or a greater accounting for the role social structures play in health inequalities manifest in the workplace, the need for a more inclusive, social determinant approach to health inequity[2] is a central theme of both documents.

One way social determinants are rendered invisible is that relevant data are simply not collected. Including work-related items in public health data collection instruments and ensuring occupational safety and health (OSH) surveillance systems capture additional sociodemographic variables are essential steps to integrating a social determinants of health approach into health inequity research. The NAS report emphasizes the need to better account for race and ethnicity as well as employment arrangement in OSH systems. Two additional variables that are mentioned but warrant more attention are nativity and business size, as both are associated with elevated rates of occupational injury.[3] These two variables, together with race/ethnicity and work arrangement, should be designated as core variables collected in OSH surveillance systems. Research should also explore how the combination and interaction of these risk factors contribute to increased vulnerability.[4]

National Institute for Occupational Safety and Health work with the Mexican consulates[5] and business associations[6] demonstrates how partnerships with nontraditional stakeholders are essential to promoting health equity. The proposed flexible "systems of systems" approach[1] highlights minimally invasive ways to use existing data collection systems of partner organizations to gather better, more in-depth data on individuals from underrepresented groups. Research findings on social determinants of health inequity can lead to greater use and further integration of health equity concerns into the policies and practices of these stakeholders. Engaging nontraditional partners also provides an opportunity to educate them on the importance of OSH and the relationship