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HEALTH RISK APPRAISAL PROGRAMS

To the Editors

In their critical discussion of the limitations of health hazard/health risk appraisal (HHA/HRA) programs, Schoenbach *et al.* [1] did not mention that most HHA/HRA programs do not include an adequate evaluation of occupational risk factors. In fact, in their Table 5, in which they presented risk characteristics for generic HHA/HRAs, occupational risks are not even included. Occupational chemical exposures and physical hazards constitute major risks for many people [2]. Moreover such risks often are modifiable by primary or secondary preventive actions.

Numerous government agancies, universities, labor unions and corporations have occupational epidemiologic risk information on individuals that is pertinent to their personal risk appraisals but which is usually not available for inclusion in these appraisals. This type of group information can be supplemented by individual exposure information from records or by ingenious retrospective methods of exposure reconstruction that are of further relevance to individual risk. A third level of risk information may also be determinable for some specific risk situations; this is the assessment of certain disease susceptibilities due to genetic traits, such as the slow acetylator phenotype for aromatic amine-induced bladder cancer [3]. Clearly this latter type of information would only be available after some clinical intervention. Nevertheless, there is a variety of occupational risk information, ranging from information that any employee might know, such as occupation, to more specific information, such as the results of an epidemiological study, that an employee could provide only if some other party made it available. The societal compartmentalization of occupational risk information has been the result of historic political and economic pressures [4]. Public policy and ethical interpretations in the last fifteen years have promoted the decompartmentalization of this risk information and the dissemination of it to those to whom it pertains.

Currently, the Centers for Disease Control (CDC) is developing a new risk appraisal instrument. This has been performed, under contract with Dr Lester Breslow of the University of California at Los Angeles School of Public Health in conjunction with the American College of Preventive Medicine and the General Health Corporation. They have also been in consultation with the Department of National Health and Welfare of Canada. These efforts have built on the work of Schoenbach *et al.*, and do include occupational variables as risk factors in risk appraisal instruments.

In addition to overcoming the limitations identified by Schoenbach *et al.* [1], if personal risk assessment is ever to be useful in health promotion and disease prevention it must include a better representation of the risks of occupational disease.

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