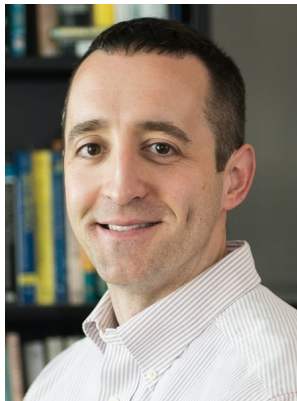


Society for Occupational Health Psychology Newsletter

Fall 2021-Volume 26

SOHP President's Column



Christopher J.L. Cunningham

SOHP President

The University of Tennessee at
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To begin my final column as SOHP president, I will start by thanking you for the opportunity to serve in this capacity for the past two years. My 2020-2022 stint as president ended up rather different than I had anticipated; instead of in-person presentations, meetings, conferences, etc., I found myself coordinating and managing a whole lot of emails, Zoom sessions, and phone calls. Instead of focusing on continued future momentum, the attention and focus of our profession was also constrained and pulled to respond to a number of societal challenges (highlighted in my previous newsletter columns). I also did not anticipate having to work to fill so many roles on our executive leadership team. Looking back, I would not change any of this and I hope you can see that your SOHP leaders did their best to keep our society moving forward even when the rest of the world seemed to pause, stop, or sometimes move in reverse.

On January 1, 2022, I will transition into my new role as past-president. I sincerely look forward to supporting SOHP's next president, Dr. Gwen Fisher, who will most certainly carry SOHP forward to new heights. Between now and when this transition happens, here are the strategic priorities that your current SOHP leadership team is addressing:

Growing and sustaining our membership base: SOHP exists for our members. Various initiatives are underway to grow our membership base and to regain lapsed members. These efforts will be so much more successful with your help. Please encourage professionals and students in your networks to consider making SOHP a part of their identities.

Sustaining and strengthening our society's credibility: The benefits of SOHP membership are many and will become even more valuable as we improve the visibility and credibility of our organization and field of study and practice. All SOHP executive committee members are working diligently to promote and share OHP science with the world, through our website, affiliated journals, LinkedIn group and Twitter efforts, and numerous speaking and consulting engagements. Another major way we elevate SOHP is by helping to organize the Work, Stress, and Health conference series. There is still time for you to register and participate in this year's virtual event – for details: www.workstressandhealth.com.

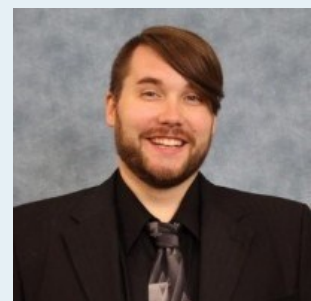
Increasing shared responsibility for OHP's future impact: I had an opportunity to represent SOHP during a NIOSH webinar series to expand research partnerships into the future (<https://www.cdc.gov/niosh/oep/expandpartnerwebinar.html>). In my brief remarks, I emphasized four main areas in which I hope to see OHP efforts grow: (1) Ex-

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panding collaborative connections with other occupational health professions, (2) Balancing our attention on translation/application and new research, (3) Broadening our frame of attention to focus on underrepresented and emerging occupations and worker populations, and (4) Increasing our emphasis on understanding and promoting the power of work done well. My main purpose in sharing this with you here is to challenge you as SOHP members: *Where do you see a*

need and opportunity for OHP to have an impact? Think about it, talk about it with others, and then take steps to make it happen. Let us know how SOHP can help you to succeed.

As always, if you have any feedback or comments, feel free to email me at president@sohp-online.org (through December 2021) or at chris-cunningham@utc.edu anytime thereafter. Thank you for continuing to be the engaged SOHP member that you are!

OHP Across Disciplinary Lines: Well-Being in the Science Workplace



Chelsea LeNoble
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A particularly beneficial aspect of working within occupational health psychology is the ability to inform research and practice across a wide variety of workplaces, which allows us to work across disciplinary lines. When workplaces are focused on the pursuit of academic or scientific activities and goals, OHP scholars have the unique opportunity to help other scientists see their discipline, and associated career paths, from a new perspective. Many (if not most) academic and scientific workplaces in disciplines outside of OHP face the exact issues that OHP research and practice have been working to address for decades. Yet, as they look to the science of their discipline for answers, they may not be aware of the ways that ours might also apply. OHP theory and concepts give us a unique opportunity to pursue collaborative, interdisciplinary projects with other scientists that need our help. This can be a particularly meaningful line of work as issues of stress and burnout impact so many, crippling workforces that are critical to our everyday lives and contribute to the effectiveness, safety, and well-being of society as a whole.

An example of this kind of work can be found in a recent [article published on the AAAS-IUSE Disruptor Blog](#), which introduces OHP concepts to the conversation of humanizing undergraduate education in the areas of science, technology, engineering, and mathematics (STEM). Some of the most pressing issues facing the field of STEM Education are issues that OHP is uniquely situated to address: how to cultivate a positive organizational culture, understand and mitigate burnout, and sustainably invest emotional energy into building a curriculum that supports all students and mem-

bers of the future STEM workforce. Because many of the calls to action did not seem to acknowledge the consequences of asking exhausted educators to do *more*, OHP concepts helped to shed new light on not only the ways that the workplace environment stands in the way of humanistic STEM Education efforts, but also what can be done to better cultivate those efforts successfully.

Beyond this example, a wide variety of interdisciplinary questions for research and practice can be asked at the intersection of OHP and other scientific occupations. How does public opinion about climate change affect meteorologists' well-being? How do workplace stressors faced by engineers impact the resilience of public infrastructure? It is a perfect time for the members of SOHP to collaborate across disciplines to support our local communities—and society as a whole—by doing what we do best: supporting the health and well-being of workplaces that need us most. What other questions can you think of? Who else needs to be included in the conversation to answer them?

First Global Standard on Psychological Health and Safety Published

Psychological health and safety at work is about protecting the psychological health of workers, in the same way that we protect their physical health.

ISO 45003:2021 Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks (ISO45003), the first global standard to help organizations identify and control work-related hazards and manage psychosocial risk, was published on June 9, 2021, by the International Organization for Standardization (ISO), a worldwide federation of national standards bodies.

ISO45003 is a voluntary standard that provides guidance on identifying and managing psychosocial hazards (PSH) and risks within an occupational health and safety management system.

(A quick explanation: Psychosocial hazards (PSH) are work factors that have the potential to lead to physical or psychological injury and stress. Examples relate to how work is designed, organized, and managed, as well as work relationships and interactions. Exposure to PSH may result in stress to the worker if they not managed adequately.)

ISO 45003 addresses areas that can impact a worker's psychological health, including ineffective communication, excessive pressure, poor leadership, and organizational culture.

The standard includes specific information on the following:

- What are psychosocial risks;
- How to identify, assess, and manage them to improve the working environment; and
- The impact of psychosocial hazards on the organization and employee.

Of interest is that ISO 45003 expressly calls for top management involvement, stating that successful management of psychosocial risk calls for a commitment throughout the organization. This is significant as the tone starts at the top and management buy-in is essential.

ISO 45003 is the child of the ISO 45001 standard, an occupational health and safety (OHS) management system. ISO 45003 is intended to be used together with ISO 45001 to identify and control work-related hazards and manage psychosocial risk within an OSH management system. Although ISO 45003 is intended to fit into an existing OHS system rather than to be a stand-alone OHS system to manage PSH, it is also designed to be useful for organizations that have not yet implemented an OHS management system. It is written to be accessible to everyone, including those without expertise.

ISO 45003:2021 is free to read at <https://www.iso.org/obp/ui/#iso:std:iso:45003:ed-1:v1:en>.

Ellen Pinkos Cobb is an attorney and author of [*International Sexual Harassment Laws for the Multinational Employer*](#) (2020) Routledge and [*Workplace Bullying and Harassment: New Developments in International Law*](#) (2017) Routledge. She is presently working on a book about the importance of managing PSH and Work-related Stress in Today's Work Environment, geared toward United States employers. She may be reached and welcomes comments at Ellenpc2@gmail.com.



Ellen Pinkos Cobb
Attorney and Author

Exploring Health and Safety of the U.S. Firefighter Workforce



Natasha Schaefer Solle, PhD, RN

Alberto J. Caban-Martinez, DO, PhD, MPH, CPH

Fast paced, dynamic, stressful, and uncertainty are some of the words used to describe job tasks in the firefighter work environment. It turns out that firefighters have unique physical and psychosocial exposures during fire incident responses that contribute to their risk for health conditions, including cardiovascular disease, cancer, hearing loss, musculoskeletal disorders, and behavioral/mental health. The Firefighter Cancer Initiative (FCI; www.sylvester.org/firefighters) at the University of Miami Sylvester Comprehensive Cancer Center, led by a multidisciplinary team of scientists, healthcare practitioners, and occupational health and safety experts, uses community-engaged approaches to prevent and control cancer in the firefighter workforce. Utilizing a holistic approach to cancer prevention, FCI is organized into four programs of research and service including: Leadership and Outreach; Cancer Prevention, Education and Survivorship; Occupational and Environmental Medicine; and Cancer Registry and Epidemiology. These projects lead to tangible changes in fire service and can result in the reduction and prevention of cancer within the firefighter community.

The Leadership and Outreach program of FCI coordinates communication and dissemination of research findings to fire departments at a local, national, and international level. Since 2019, FCI has hosted annually the National Firefighter Cancer Symposium (NFCS). The NFCS is our opportunity to bring together members from the scientific, academic, firefighting, government, and labor/management communities to support the reduction of cancer risk in the U.S. fire service. In addition, the leadership and outreach program host monthly seminar series presenting the most up-to-date research being conducted at the University of Miami in the space of firefighter research.

Beyond outreach, FCI has created an education curriculum and cancer survivorship intervention within the Cancer Prevention, Education, and Survivorship program. This program brings together resources and tools for firefighters in all phases of the cancer control continuum. Firefighters have been offered screenings for cancers overrepresented in the fire service (i.e., cervical, skin, thyroid). This program

also addressed the burden of cancer in the fire service through the Cancer Prevention and Wellness Clinic, created for firefighters to address their specific needs and risks. Most recently, FCI has built a mobile clinic in collaboration with firefighter leadership across the state of Florida. This mobile clinic was developed to meet the cancer prevention needs of firefighters and other high-risk occupational groups.

The Occupational and Environmental Medicine program coordinates research projects that use exposure assessment techniques to measure personal and ambient carcinogenic sources. Firefighters often suggest research ideas that have yielded research projects linking carcinogenic exposures to biological sampling (blood, urine, saliva, toenails, etc.), providing insight to the effects of workplace exposures. For example, using a silicone-based wristband, FCI researchers can passively measure, in an individual firefighter, products of combustion known to give rise to carcinogenic compounds such as polycyclic aromatic hydrocarbons (PAHs), and subsequently measure metabolites of these exposures across various matrices. Most recently, firefighters responding to the city of Surfside building collapse were invited to provide their toenail clippings to evaluate long-term exposure to heavy metals.

The FCI's Firefighter Cancer Registry and Epidemiology program focuses on the use of the state cancer registry to study cancer incidence and mortality in Florida firefighters, and compare those estimates to the general Florida population. This research has not only characterized the cancer burden of the Florida firefighter workforce, but supports the analysis of specific firefighter sub-groups who may be experiencing difference cancer rates (e.g., career versus volunteer firefighters, women versus men).

In its seventh year, FCI aims to continue to expand research on characterizing firefighter cancer, increase access to cancer screening and earlier detection of disease, offer firefighters education on best practices for cancer risk reduction and prevention strategies, and identify exposures that account for increased cancer risk.

Bridging the Digital Divide as a Means of Supporting Informal Elder Caregivers

[Two of the major challenges](#) facing researchers and practitioners, alike, are the technological revolution and the rapidly increasing age of global populations. What's more, the COVID-19 pandemic has enhanced the influence and necessity of information and communications technology (ICT) as populations endured a rapid shift to virtually working and schooling from home. Mobile phones play a [key role in ICT](#), easing communication and interaction for all age demographics. Indeed, the versatility and rapid advancement of mobile phone technology have made them [indispensable in activities of daily living](#). However, while some populations and age demographics experience social inclusion and ease in activities of daily living that comes with mobile phone proficiency, others (i.e., older adults) experience social exclusion through little to no use of such technology. Specifically, [older adults are at the center of the so-called digital divide](#), which is defined as inequalities regarding access and nature of ICT use.

While there is a growing body of research which examines technology adoption and use among older adults, this research has primarily focused on [enhancing social connectivity and obtaining information and resources from the internet](#). Little is still understood about individual differences among older adults in their use of technology and skill development with technology. Furthermore, while informal elder caregiving is a common family arrangement across the United States (and in many global communities, e.g., China, Japan), we have very little understanding of how technology use among older adults (i.e., enhancing and managing activities of daily living, such as getting to the grocery store, managing medications) may lessen the "burden" of eldercare for older adults' family and loved ones.

We sought to address these aforementioned gaps by conducting a feasibility study aimed at providing a technology intervention for community dwelling older adults with the goal of enhancing mobility and independence while decreasing caregiver stress. Phase one of our research strategy was completed in by March 2020, and involved collecting interview and survey data from community-dwelling older

adults in southcentral Kentucky. Older adults were recruited from one of seven community senior centers and interviewed by trained members of the research team; they also completed surveys on their proficiency with mobile phones as well as demographics and work history information. Phase two of our research strategy involved collecting survey measures from informal elder caregivers who were employed at least part time. Informal elder caregivers responded to survey items concerning their eldercare responsibilities as well as how their elderly loved ones used technology and which means of technology they used (i.e., iPad). Phase two research was conducted between March-April, 2021 (delayed due to a pause in research funding).

We are still compiling and writing up our results. However, preliminary results suggest that community-dwelling older adults report a desire to learn how to more effectively use technology (31.3%), specifically as it relates to enhancements in activities of daily living (e.g., ride-share, medication management). Cost can be a prohibitive barrier for community-dwelling older adults in obtaining technology. For example, the majority of our sample of community dwelling older adults (73%) reported an annual household income of less than \$25,000. Informal elder caregivers ($N = 135$) report an average of 16 hours spent per week providing assistance and care to their eldercare recipient. What's more, the vast majority of informal elder caregivers (78.5%) reported that they would find it helpful if their eldercare recipient could use technology to support their activities of daily living (e.g., grocery delivery, medication management). Furthermore, 60% of informal elder caregivers report that if their care recipient was better able to use technology to support their own activities of daily living, they feel that would relieve some stress from their eldercare situation.

So what can we do for our aging population and their informal elder caregivers? Below are some recommendations:



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Steven Sauter, PhD
(Not Pictured)

1. Provision of government-funded financial supports to community-dwelling elders to obtain technology, particularly in geographic locations where the majority of older adults are at or below the poverty line.
2. Community-based programs to support training initiatives aimed at developing technology skills for older adults.
3. Study effectiveness and long-term impacts of technology training initiatives for older adults and their informal elder caregivers.
4. Implementation and/or enhancement of employer-provided informal eldercare provisions for employees with eldercare responsibilities.

The NIOSH Worker Well-Being Questionnaire (WellBQ): A New Tool for your Toolbox

Increasingly, there is interest by occupational health professionals in the concept of worker well-being as an outcome of public health and organizational policies and practices. However, there has been no consistent or agreed-upon definition for worker well-being, nor a comprehensive measurement tool for worker well-being. NIOSH and the RAND Corporation embarked on an effort to address this gap.

Based on a multi-disciplinary literature review, NIOSH and RAND developed a holistic framework for worker well-being. We defined well-being as “an integrative concept that characterizes quality of life with respect to an individual’s health and work-related environmental, organizational, and psychosocial factors. Well-being is the experience of positive perceptions and the presence of constructive conditions at work and beyond that enables workers to thrive and achieve their full potential.” Five domains of worker well-being were identified¹:

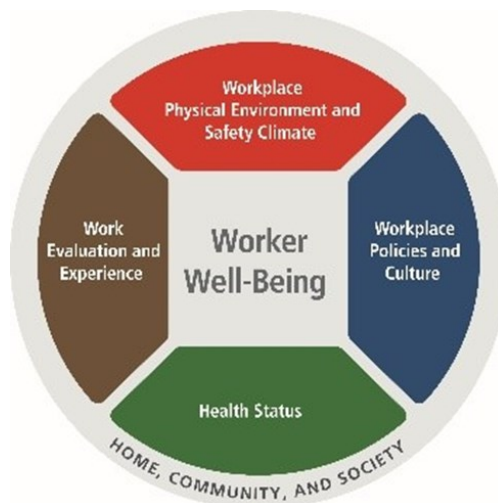
- *Workplace physical environment and safety climate* relates to physical and safety features of the work environment.
- *Workplace policies and culture* relates to organizational policies, programs, and practices that have the potential to influence worker well-being.
- *Work evaluation and experience* refers to individuals’ experiences and evaluations relating to the quality of their work life.

- *Health status* involves aspects of individuals’ lives relating to their physical and mental health, and functioning
- *Home, community, and society* encompasses the external context or aspects of individuals’ lives that are situated outside of work but may still influence worker well-being.

Using this framework and in consultation with an expert panel, the research team reviewed existing instruments to select items and created new items to develop a worker well-being assessment tool. The resulting [NIOSH WellBQ](#) is the first tool to use this

new conceptual framework and measure all five domains of worker well-being. While there are instruments that evaluate certain aspects of “workplace” or “work-related” well-being, the NIOSH WellBQ provides an integrated assessment of the multi-faceted concept of worker well-being, including individuals’ quality of working life, circumstances outside of work, and physical and mental health status and function.

Available for free public use and with an estimated completion time of about 15 minutes, the NIOSH WellBQ addresses a need by occupational health psychologists and other professionals to be able to comprehensively measure worker well-being. It aligns with the [Total Worker Health® \(TWH\)](#) approach, which advocates for integrated and systems-based approaches to advancing worker safety, health, and well-being.



Uses for the NIOSH WellBQ include the following:

1. Set worker well-being benchmarks internal to an organization or workforce
2. Examine changes in worker well-being over time or assess the impact of interventions on worker well-being
3. Examine differences in worker well-being among groups within the same workforce or across organizations or working populations.

As the NIOSH WellBQ becomes widely used and knowledge is accumulated, workers, practitioners,

employers, researchers, and policymakers can gain a better understanding of the drivers of and the individual, organizational, and societal outcomes of worker well-being and of ways to improve the well-being of the workforce.

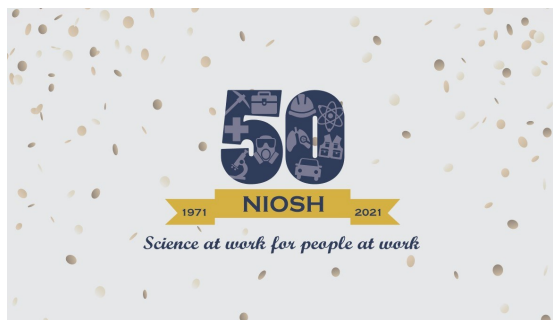
Chari R, Chang CC, Sauter SL, Sayers EP, Cerully J, Schulte PA, Schill AL, Uscher-Pines L. [Expanding the paradigm of occupational safety and health: a new framework for worker well-being](#). *J Occup Environ Med*. 2018;60(7):589–593. DOI: 10.1097/JOM.0000000000001330.

Celebrating 50 Years of the National Institute for Occupational Safety and Health!

The National Institute for Occupational Safety and Health (NIOSH) opened its doors on April 28, 1971, the day the Occupational Safety and Health Act (OSH Act) of 1970 took effect. Two years after opening, NIOSH was transferred from the Health Service and Mental Health Administration into the Centers for Disease Control, which later became the Centers for Disease Control and Prevention (CDC). Fifty years later, NIOSH remains committed to keeping workers safe and protecting workers' health and well-being. How did we get here?

During the early days at NIOSH, a joint OSHA-NIOSH effort “[Standards Completion Program \(SCP\)](#)” aimed to develop substance-specific draft standards, resulting in a series of substance-specific [Criteria Documents](#) and [Occupational Health Guidelines](#). To pull this information together as a resource for occupational hygiene professionals, in 1978, NIOSH published the first [NIOSH/OSHA Pocket Guide to Chemical Hazards](#). To disseminate information about newly discovered hazards identified by the [Health Hazard Evaluation](#) program and other research, NIOSH began producing shorter, more user-friendly documents such as [Current Intelligence Bulletins](#) and [Alerts](#). Later in 1996, the NIOSH [website](#) launched and became a primary tool for sharing these documents and communicating NIOSH research and prevention activities.

Over the years, NIOSH fostered new collaborations and programs to guide research efforts across the U.S. During the 25th anniversary in 1996, NIOSH unveiled the [National Occupational Research](#)



[Agenda](#) (NORA). NORA is a partnership program designed to stimulate innovative research and improved workplace practices. NORA has since become a research framework for NIOSH and the nation. In 2004, NIOSH developed a [program portfolio](#) to select research priorities, share research findings, and evaluate the usefulness of research. The program portfolio consists of 10 programs that focus on specific industry sectors and seven cross-sector programs that focus on specific health and safety issues. For example, one of these cross-sector programs is the [Healthy Work Design and Well-being](#) program, which focuses heavily on work organization and workplace psychosocial factors.

Throughout the decades, psychological health [remained foundational](#) to NIOSH efforts. The OSH Act of 1970 that created NIOSH charges the Institute with the responsibility for investigating behavioral factors and stress as etiologic agents for occupational disease and injury. The Act goes on to specify that research should include the study of relevant psychological, behavioral, and motiva-

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MPH

tional factors. Within two years of opening, NIOSH [released a report](#) commenting that collaboration between psychologists and professionals in occupational medicine, industrial hygiene, and other relevant disciplines was a hallmark of our work. In 1988, NIOSH recognized psychological disorders as a leading occupational health risk, elevating them to the “NIOSH Suggested List of 10 Leading Occupational Diseases and Injuries.” Shortly after, in 1990, the American Psychological Association (APA) and NIOSH began a partnership to develop and promote the new area of occupational health psychology.

NIOSH has also extended its reach by partnering with organizations across the field of OSH for an expanded focus. Since 1990, every two years,

NIOSH co-sponsors the [Work, Stress, and Health Conference](#) with the APA and the Society for Occupational Health Psychology (SOHP). NIOSH also works with SOHP to receive input on the NORA HWD initiatives and, in 2017, welcomed SOHP as a [NIOSH Total Worker Health® Affiliate](#).

For fifty years, NIOSH has continued its mission to protect workers. Upon its creation, NIOSH had 475 employees. Today, NIOSH has nearly 2,000 support staff, contractors, and researchers, including psychologists, in eight locations across the country. NIOSH remains committed to promoting worker well-being by conducting research and sharing recommendations for safe and healthy workplaces. Learn more about how NIOSH is recognizing the 50th Anniversary on [their website](#).



Gwen Fisher, PhD
Associate Professor
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2021 NIOSH MAP ERC Occupational Health Psychology Best Paper Award

Each year, the NIOSH Mountain and Plains Education and Research Center (MAP ERC) conducts a regional occupational health conference, Annual Research Day, where graduate students from five occupational health training programs at Colorado State University and the Colorado School of Public Health present their research and connect with others in the local occupational health and safety community. Each occupational health training program presents a Best Paper Award. The 2021 NIOSH MAP ERC Occupational Health Psychology Best Paper Award is Madi Besterfield.

Madi earned her Bachelor's degree in Psychology from Florida International University. She is currently a graduate student in Applied Social and Health Psychology with a concentration in Occupational Health Psychology at Colorado State University. Madi is very grateful for support and acknowledgement of the award sponsored by the Society for Occupational Health Psychology.

The paper Madi presented is based on her work with a research team (including Amy Tuttle, LSW, Morgan Valley, Ph.D., Paula Yuma, Ph.D., MPH, and Lorann Stallones, Ph.D., MPH) to understand how rural counties in Colorado are addressing the ways in which they can help address farm stress and suicide prevention, including the available resources in these counties and the communities'



Pictured: Madi Besterfield

awareness and access to them. Prior research led them to investigate suicide prevention and farm stress within the same scope. Colorado has

the 10th highest suicide death rate in the U.S. (Colorado Department of Public Health and the Environment, 2019), and a study performed by Stallones et al. (2013) shows that males in Colorado who work in farming, fishing, and forestry have an exceptionally high suicide death rate. They conducted qualitative interviews with Extension agents from five counties in rural Colorado. Using the general inductive approach (Thomas, 2006), a content analysis was conducted on the interview data and five major themes were generated: prevention efforts for suicide and farm stress are increasing in these counties, the communities' have low awareness and concern for these efforts, the stigma associated with seeking help is a barrier for community engagement, the distribution of and access to prevention efforts are barriers to community engagement, and a strong partnership with academia could support Extension agents in these efforts. They recommend these counties tailor their prevention efforts to account for the community engagement barriers that were highlighted by this research, and we urge

universities and the academic community within Colorado to consider the ways in which they can get involved. Their project was supported by the Colorado Injury Control Research Center Foundation at Colorado State University, the Grand Challenge for Social Work: Close the Health Gap Healthy People 2030 in the Colorado State University School of Social Work, and the NIOSH Mountain and Plains Education Research Center (T42OH009229).

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EAOHP Updates

In June, the European Academy for Occupational Health Psychology hosted a summit event examining mental health at work during times of crisis. This event included a range of invited speakers, presenting to our delegates the most recent and up to date information regarding the impact of the COVID-19 pandemic on individual's health, wellbeing, and working lives. This event included presentations from the ILO, the European Foundation for Living and Working Conditions and the European Agency for Safety and Health at Work. As well as several national-level perspectives and experts. We extend our sincere thanks again to our invited speakers. This event marked the incoming of a new Executive Committee for the Academy. We extend our sincere thanks to all the members of the outgoing Executive Committee and for all of their contributions and efforts in further developing the Academy.

The Academy are excited to announce a call for papers examining contemporary issues in occupational health psychology. In line with the three key pillars of the Academy, we welcome written pieces exploring innovative perspectives and emerging

trends in research, practice, and education. A small number of selected pieces will be: highlighted as invited papers at the upcoming conference, receive a fee-waiver on their conference registration fees, and be published in the *Occupational Health Psychologist*. More details can be found on the Academy's website.

We are also excited to announce the date and location of our upcoming conference. The 15th European Academy of Occupational Health Conference will take place from 6-8 July 2022, at the University of Bordeaux, France. The EAOHP 2022 conference will be co-organised in collaboration with the International research chair on comparative studies in occupational health at COMPTRASEC and the Research Centre in Psychology - Programme 6: Transformations, innovation et inclusion au travail" - of the University of Bordeaux. The theme for the 2022 conference is 'Supporting knowledge comparison to promote good practice in occupational health psychology'. We hope that you will be able to join us in Bordeaux - the 'Wine Capital of the World' and a UNESCO World Heritage Site.



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EA-OHP
University of
Nottingham



Tammy Allen,
Past President,
SOHP
University of South
Florida

SIOP Updates

As I write this update, many of you are likely calmly and coolly putting together submissions for the annual SIOP conference scheduled to be held in Seattle, Washington, April 28-30, 2022. The submission deadline this year is October 13th at 5:00 EDT. Current plans are for SIOP to offer an in-person event as scheduled, while also organizing a subset of virtual offerings for members who do not make the trip to Seattle. The tentative schedule can be found here (<https://www.siop.org/Annual-Conference>). Recent years have featured an abundance of OHP content and I suspect the 2022 conference will be no different thanks to all of you. Moreover, with employee health, well-being, wellness, and safety as the #2 trend this year in the SIOP annual list of "Top 10 Work Trends for 2021" look for special sessions that feature OHP content. Keep following Maryana Arvan and Keaton Fletcher for roundups of OHP research https://www.siop.org/Business-Resources/Top-10-Work-Trends/Top-Workplace-Trend-Number-2?utm_source=SIOP&utm_medium=Website&utm_campaign=TOP10Home.

In other news, SIOP has begun focusing on health and wellbeing as an advocacy focal area with the goal of informing federal policymakers. SOHP member Cris Banks is leading this effort and several other SOHP members are part of the committee. See here for the advocacy position statement <https://www.siop.org/Portals/84/docs/Advocacy/I-O%20Advocacy%20Statement%20on%20Health%20and%20Well-Being%2012-21-2020.pdf?ver=2020-12-21-151042-037>. It's exciting to see more attention given to employee health and wellbeing within SIOP overall.

Good luck with those conference submissions and I hope to see you in Seattle!

How Do I Access Occupational Health Science?

Each year, our publisher, Springer, will send SOHP a list of unique URLs for each SOHP member. SOHP will provide members with those links, which you can use to associate your SpringerLink account with your SOHP membership. You can set up and verify your Springerlink account at <https://support.springer.com/en/support/home>. Once you have **received your unique URL** and associated these two accounts you may access Occupational Health Science by logging in on the journal's webpage at: <https://link.springer.com/journal/41542>.

For comments on
the newsletter or
submission,
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On Facebook <https://www.facebook.com/SOHP>
On Twitter: <https://twitter.com/SocietyforOHP>
On LinkedIn: <https://www.linkedin.com/groups/78908>

About SOHP

The **Society for Occupational Health Psychology (SOHP)** is a non-profit organization dedicated to the generation, dissemination, and application of scientific knowledge in order to improve worker health and well-being.

In order to achieve these goals, SOHP seeks to:

- Promote psychological research on significant theoretical and practical questions related to occupational health;
- Encourage the application of findings from psychological research to workplace health concerns; and
- Improve education and training related to occupational health psychology at both the graduate and undergraduate levels.

Upcoming Conferences

Meeting	Location	Date	Website
Work, Stress, and Health	Virtual	November 1-4, 2022	https://www.apa.org/wsh
		*Conference content available to registrants in Jan. 2022	
International Congress on Occupational Health (ICOH)	Melbourne, Australia (Virtual)	February 6-11, 2022	https://www.ich2021.org/
Society for Industrial and Organizational Psychology	Virtual & In-Person; Seattle, WA	April 28-30, 2022	https://www.siop.org/Annual-Conference
Association for Psychological Science Convention	Virtual & In-Person; Chicago, IL	May 26-29, 2022	https://www.psychologicalscience.org/conventions/2022-aps-
15th EAOHP Conference	In-Person; Bordeaux, France	July 6-8, 2022	http://www.eaohp.org/conference.html



*Work, Stress
and Health*
2021 VIRTUAL



ICOH 2022
33rd International Congress
on Occupational Health

