

CSTE Occupational Health Subcommittee Meeting
Tuesday, June 5, 2012
Omaha, Nebraska

Completed activities 2011-2012

Accomplishments this past year (7/1/2011 – 6/30/2012)

Indicators

- Revised, distributed, and posted OH indicator document on CSTE website
- Occupational Health Indicator workgroup
 - Finalized workgroup operating guidelines and membership list
 - Developed data submission timeline
 - Created list of ongoing indicator issues and workgroup tasks to be completed
 - Drafted procedural guidelines for addition/deletion of indicators
- Developed and pilot tested a crosswalk of BLS and National Council on Compensation Insurance codes pertaining to carpal tunnel syndrome and updated the current CTS workers' compensation indicator (#8)

Enhance access to state OH information

- Success stories workgroup – completed print publication
- Webinars
 - Using social media
 - NIOSH Health Hazard Evaluation program
 - Story banking
- Updated CSTE distribution lists and points of contact in states
- Post useful materials on CSTE website
- NIOSH eNews publication coordination

Update technical guidance

- CSTE position statement submitted
- Solicited states to submit new and updated technical materials to the NIOSH Clearinghouse

Annual scientific meeting

- CSTE annual conference – June 5, 2012 in Omaha, NE
- Conducted and analyzed pre-conference workshop evaluation
- Collected presentations for posting on CSTE conference website

National forums

- Fall meeting – OH Subcommittee meeting, Dec 7, 2011 in Orlando, FL
- Spring meeting – Use of Workers' Compensation Data for Occupational Safety and Health Workshop, June 19-20, 2012 in Washington, DC

Promote state, regional, and nationwide collaboration

Consultations:

- Bob Harrison - New Mexico Department of Health Fundamental OH surveillance program to discuss their protocol for occupational health notifiable conditions and procedures for encouraging the reporting of OHNCs by health care providers
- Elise Pechter - OSHA regional administrator meeting on Dec 6, 2011 to discuss referrals for investigations based on sentinel surveillance data in state health departments

Liaisons:

- NIOSH SCG
- NORA sector councils
- APHA

- Collaborated with NIOSH to establish BRFSS workgroup
 - Facilitate development of the national optional module to collect I/O data in the 2013-2016 BRFSS
- Discussed possibility of multi-state project/publication on OH disparities: MI & FL completed reports and 3 other states are interested in drafting a similar report
- Finalized operating guidelines that defined the purpose and governance of the OH Subcommittee Leadership Group
- Developed and analyzed national assessment on access to workers' compensation data in state health departments
- Publications
 - *Public Health Referrals to the Occupational Safety and Health Administration (OSHA)* guidance document
 - *Putting Data to Work for Worker Safety and Health: Successes in the States*
- OHI workgroup member participates on cross cutting indicator subcommittee led by CSTE Surveillance/Informatics Subcommittee
- New Hampshire Occupational Health Surveillance Program chosen as state health department site for Association of Occupational and Environmental Clinics (AOEC) Occupational Health Internship Program (OHIP) interns
- Established BRFSS industry and occupation workgroup in collaboration with NIOSH

Upcoming Activities 2012-2013

New projects and activities for this coming year (7/1/2012 – 6/30/2012)

Indicators

- Post 2009 data
- OHI workgroup calls
- Revise indicator guide
- Finalize procedural guidelines for submission/deletion of indicators
- Develop guidance on generation of county-level OHI data

Enhance access to state OH information

- Create/maintain new “Success Stories” feature on CSTE website
- Maintain/post key information on state activities/products on CSTE website and NIOSH Clearinghouse
- Provide two state contributions per month to NIOSH e-News
- Host webinars, including one training webinar on technical aspects of occupational health surveillance
- CSTE/other position statements
- Develop user-friendly template for state fact sheets ??

Update technical guidance

- Develop 10 essential occupational public health services and associated performance standards
- Encourage subcommittee to utilize NIOSH State-based Surveillance Clearinghouse to promote the availability of technical best practices documents developed by the states

Annual meeting/ national forum

- Fall – OH subcommittee meeting, Dec. 2012 in Tampa, FL
- Spring – ??
- 2013 CSTE Annual Conference, June 9-13, 2013 in Pasadena, CA

Promote state, regional, and nationwide collaboration

- Continue participation in cross-cutting CSTE Indicator Subcommittee (Surveillance/Informatics, Health Disparities)

- Continue planning and execution of CSTE OH Subcommittee activities
- Have ongoing CSTE participation in NIOSH Surveillance Coordination Group, APHA, NORA sector councils with reports back to CSTE OH members
- Maintain OH Consultancy to states
- Mentor and support two summer OH interns based in state health department
- BRFSS industry and occupation workgroup activities

CSTE intern – what project should they focus on??

Fellowship follow-up

One occupational health host site was successful in matching with a CDC/CSTE applied epidemiology fellow. There were 8 potential host sites where fellows could have been placed. Of the candidates interviewed, 2 listed OH as their 1st choice and 3 listed OH as their 2nd choice. Seven candidates interviewed with 6 different host sites.

Recommendations:

1. Don't get discouraged if you did not match with a candidate this time. Some host sites have gone through this process a few times before matching with a fellow. Save your host site application information. This will make it easier and faster to update each year for the host site application process. (Since CSTE requires host sites to fill out a new application every cycle).
2. Top 3 things fellows look for are an interesting/robust/flexible billet, location, and caliber of mentorship. So they should focus on the two that they can control. If they are new or want help they can email Amanda Masters (amasters@cste.org) for some sample billets that attract a lot of candidates.
3. CSTE does not have the EIS rule about not staying in the same location, so sites should encourage students/interns/local PH students to apply.
4. It is important to include as much detail as possible when writing about potential projects in billets- the more detail and variety, the better. It is also good to include activities/roles that the fellow can take part in, in addition to major projects (ie- journal clubs, call centers, office representative opportunities, etc). Many candidates coming out of grad school are not as likely to be exposed to OH projects or experiences. Making billets as appealing and detailed as possible is a great way to catch the eye of an applicant.
5. This group should brainstorm ways to “get the word out” about OH positions. Amanda and Ashlyn at CSTE would be interested in the group's thoughts on this. Do you have grad interns working in your departments that we should be recruiting, are you an adjunct professor at a school of public health? If so, are you willing to recruit to their students?

NIOSH eNews sign-up

Completed sign-up sheet sent separately to CSTE distribution list.

Indicator workgroup

- 2009 indicators due to Matt by June 30th
- Updates to indicator #3 and #7 are not listed in how-to guide posted on CSTE website currently – See Matt for these changes [will be posted on website by 6/18/2012].
- Susan Prosperie volunteered to replace Pam Archer as the lead for indicator #1- Non-Fatal Work-Related Injuries and Illnesses Reported by Employers.
- Kathy has submitted language to have states acknowledged on the CSTE website for their input and leadership in maintaining ongoing submission of OHIs.

Action: Need to create sub-workgroups to focus on issues for existing indicators and will recruit on next OHI call. Erin will post language submitted by Kathy to the CSTE website. States would like to get most recent national hospitalization data possible distributed for state use. NIOSH support is requested.

New indicator proposals

Ken and Bob initiated the procedure for adding a new indicator. The first step is to have a majority of states to agree to move forward in piloting the new indicator. Caveats: If adopted, it would be a CSTE added indicator and NOT a NIOSH required indicator. Anyone who proposes a new indicator has to identify people who agree to be responsible for engaging the OHI workgroup, leading pilot process, and developing and finalizing the indicator how to guide. (Realistically any states piloting the indicator will likely have their representative on the OHI workgroup involved in the pilot so there will a connection between the piloting process and the OHI workgroup).

- Work related asthma indicator was proposed by the five states that conduct work-related asthma surveillance for the following reasons: potential for workplace intervention; feasible because utilizes asthma call-back survey which asks about work relatedness in BRFSS; available in most states
 - Karen Cummings, NY submitted a proposal which outlines the proposed indicator
 - Karen will lead pilot process
 - Issue to consider: obtaining a national estimateVote: Unanimous YES to proceed
- Influenza vaccination status in healthcare personnel: vaccination is cornerstone of prevention; vaccination is universally recommended for healthcare personnel and there are certain personnel signified as high risk; CDC proposed an occupation-related national quality forum (NQF) measure #437, and reporting of NQF measures will begin in the 4th quarter of 2013. They will report to CDC through the National Healthcare Safety Network (NHSN). CDC will be the national data steward and will provide aggregated state data once received. This measure will also be published online on Health Compare and if the states don't release will be released anyway
 - Easily available statewide data
 - PH importance is clear for flu – could be helpful for disability days and time away from work and maintaining the healthcare system for severe flu seasons or pandemics
 - Issue to consider – occupational health importanceVote: 15 YES to proceed, 3 abstentions

Fall and spring meetings/ BRFSS meeting

- The BRFSS workgroup meeting will be September 5-6, 2012. This will be a working meeting.
- The Fall OH Subcommittee meeting will be in conjunction with the NIOSH surveillance partners meeting and SouthON meeting this December in Tampa, FL. Date TBD.

- It was suggested that the spring meeting be a follow up of the 2009 CSTE spring meeting “Counting Work-related Injuries and Illnesses: Taking Steps to Close the Gap” in Washington, DC. We will discuss this further in the next few months and at the fall meeting in December.

Success stories update

- Hard copy publication is now complete.
- Martha and Barbara put together a PowerPoint presentation of next steps. See attached presentation. Workgroup members are need to work on this next iteration: website layout and story writing guidance

Action: If you would like to request copies of the publication, email Erin (esimms@cste.org). Please let Martha or Barbara know if you are interested in working on this further as a member of the success stories workgroup.