

**Consortium of Occupational State-based Surveillance (COSS) and
Council of State and Territorial Epidemiologists (CSTE) Workgroup Meeting**

November 13-14, 2008
Hyatt Regency, Lexington

Slides: Slides of presentations at this meeting are available on the CSTE Web board:
<http://www.cste.org/dnn/ProgramsandActivities/CSTEProgramForums/tabid/202/Default.aspx>

Thursday, November 13

COSS Meeting

Update on and Discussion of the Next PAR (Linda Frederick /Terri Schnorr)

Linda Frederick gave an update on the upcoming PAR saying that it would be somewhat similar in nature to the last PAR. She is currently working on a draft copy and hopes to publish it before May but no sooner than March, 2009. Approximately 90 days will be given before the grant proposals are due. Linda said that state concerns about the ability for new states to compete were listened to. The number of anticipated awards will be included in the new RFA and Linda does not know if all the money will be allocated in the first round. The FACE program will not be a separate RFA. Linda's responsibilities as Project Officer will be shifting to Steve Inserra. Teri Schnorr mentioned that applications would strengthen usefulness if they show the ability to perform surveillance to support NORA sectors even if the PAR is not specific. Additionally, the need to re-vamp the OEP website to make it more accessible was discussed.

Action Items

1. The publicly available annual project reports that states submitted to NIOSH will be zipped and Linda will send to the COSS list.

NIOSH State-Based Surveillance Programs (John Sestito)

Pesticides (Geoff Calvert)

Geoff Calvert provided information on the SENSOR pesticide program. Regarding the history of the program, a coding committee was established to standardize definitions, variables and to establish a severity index. The program is funded by NIOSH and the EPA. A "How-to guide" has been published for states to establish a state-based pesticide surveillance program. An MMWR article was just published in October 2008 on total release foggers which can cause explosions when not utilized correctly. Another article has just been published on observed birth defects in children of FL and NC female migrant tomato field workers who were exposed to pesticides during restricted entry intervals. The associated birth defects were linked to time spent in tomato fields when pesticides were applied. Also, a NIOSH fact sheet on pesticides in schools has been published. The pesticide surveillance group meets 2x per year with the next meeting occurring February 2009 in Oakland, CA. An outstanding issue for the program is the need for a champion within EPA for this collaborative work. Contact Geoffrey Calvert (jac6@cdc.gov) for more details.

Lead (Walter Alarcon)

Walter Alarcon mentioned that state contracts to establish ABLES programs began in the year 2001 and that currently there are 40 funded states. \$20,000 is provided to each ABLES state. Some highlights of the program include the sharing of data with OSHA so that companies are targeted for inspections and citations. An MMWR draft for 2005-2006 ABLES data was submitted for publication. GIS applications have been used on ABLES data by sector and ABLES data has been used in a CPWR construction Chartbook. Also, NIOSH participated in a lead and pregnancy workgroup. The next goal of the ABLES program is to collect data on workers with blood lead levels of 10 µg/dL and greater. In order to meet this goal, CA is now calling for complete information on all workers with blood lead levels 10 µg/dL and greater. Within the next five years, the ABLES program will work to improve data quality, usage, and identify new projects including work to collect industry codes. There is still a need to lower the BLL in the surveillance case definition in the CSTE position statement on lead once the format is accepted.

Asthma/Silicosis (Peggy Filios)

The Work-Related Asthma and Silicosis programs work to summarize and disseminate data and information as well as build capacity. Information available on their online clearinghouse includes a link to the AOEC exposure code list which includes an indicator (on the list) for asthma causing agents. Only two states are currently funded for silicosis surveillance (MI, NJ) down from a high of seven states. Currently there are four work-related asthma surveillance states (CA, MI, NJ, NY) down from six states before. Peggy explained the programs and said that states have no extra travel money for condition-specific work meetings. There were 38 HHE requests received by NIOSH related to asthma and silica from October 07- September 2008, and a total of 162 MMWR and scientific journal articles combined put out by the programs. Data sources for surveillance include ED data, workers' compensation data, death certificates, and Poison Control Center data. The next work-related asthma meeting will be in Michigan on March 24th and 25th, 2009.

Fatalities (Dawn Castillo)

Dawn Castillo delivered a PowerPoint presentation on the FACE program, a case-based worker fatality investigation program. There are nine states currently funded down from the 15 states funded for this work before. The FACE program provides detailed information about factor leading to incidents not available at the national level and case studies that complement the national statistics. Current priorities for investigation include Hispanics, youth <18yrs, construction work zone, machine-related, and state priorities. Products of the program include investigation reports, fact sheets, health communication materials, and training materials. The possibility of a national FACE Wikipedia site was mentioned since CA has started a work-related fatalities Wikipedia entry.

NIOSH state-based surveillance website

At last COSS meeting, John Sestito provided an update on the proposed NIOSH state-based surveillance webpage. This webpage is intended to promote distribution of state products and also increase visibility of the state programs both within and outside of NIOSH. Subsequently John sent directions for how states should submit state products. Only two States responded. John is still interested in receiving the information from the states. There is still a need to come up with the list of key words;

Action Items

2. John will re-send instructions regarding sending publication and other resources from states to NIOSH.
3. States send publication information and other resources that may be useful to state and federal partners to John for the creation of a state-based surveillance information clearinghouse. *Identify keywords for each document (at the very least, id sectors and cross sectors).
4. Once finalized, Bob will forward the work related fatalities Wikipedia article to the COSS list.

Occupational Health Indicators

Status report on indicators (E. Simms)

2004 and 2005 state specific data for Occupational Health Indicators has been submitted to CSTE. There will be a short review process for quality control purposes to confirm state data for 2004, then the tables and charts will be synthesized and review by Erin, Tom, and Kathleen for quality assurance. 2004 data will be posted on the CSTE website in December 2008. 2005 data will be compiled shortly and the review process will be in January 2009. It was decided by the group that no trend analysis of the combined state data would be performed but that states should consider state-specific trend analysis for each indicator.

Change in lead poisoning indicator (K. Rosenman)

It was confirmed that the numerator for elevated blood lead levels among adults be revised to include BLL of > 10 µg/dL. The new lead poisoning indicator (Indicator 13) will be posted online with the revised Occupational Health Indicators document (contains indicator templates and how-to guides). Ken Rosenman asked when the Pb indicator data at the new level of 10µg/dL would be included in the indicator reports and it was decided that the Pb indicator data (>10µg/dL) would be collected for the year 2006 which is due in June 2009. Kitty Gelberg said that NY has a SAS program to code and match data for BLL >10µg/dL.

LBP indicator (D. Bonauto)

Dave distributed a handout with new exclusions for the proposed low back pain indicator including diagnosis codes and e-codes which excludes traumatic back pain injuries. In our discussion, a problem was raised in using only inpatient hospitalization data for this indicator and excluding outpatient hospitalizations. The group decided to do a pilot study of the LBP indicator with the exclusions and without the exclusions, i.e. the exclusion of e-codes. It was also suggested that we need to look also at outpatient data over time to see if there is a shift in surgery practices/benefit changes. Kitty mentioned that in NY, expected payer is being changed to payer

source and it is not clear if these are the same or different. The following states volunteered to pilot: MI, MA, KY, OK, LA, TX (Patty Schleiff, national indicator lead, should be included in the pilot as well).

CO indicator (P. Archer)

Based on discussions with Tom Largo and environmental health, Pam presented a possible CO indicator based on national PCC data. Problems were discussed concerning the attainment of PCC data from the EPA and possible costs. It was brought up that states may only be charged for software, not data. Further discussion included whether the use of only PCC data may significantly underestimate the true number of occupational CO poisoning cases. It was suggested that a better indicator might be a total occupational poisoning indicator instead of pesticide and CO poisoning indicators alone. Pam said that she would check with the AAPCC about getting these data and do a pilot study of the indicator with the following states accessing local poison control data.: MI, IA, LA, FL, NM. Tom Largo will check on the environmental health definitions for a similar indicator.

Outstanding technical issues (E. Simms)

For problems regarding PCC vs. AAPCC data, contact Geoff Calvert to resolve. The age cutoff for the pesticide poisoning indicator is now 15 years of age and older. Regarding the number of cause of death/injury fields to be used for the calculation of the pneumoconiosis mortality indicator-When the indicator data is submitted for the pneumoconiosis mortality indicator, it was suggested that a survey be sent out by Erin to assess the number of cause of death fields utilized for the generation of the indicator by each state.

Terry Bunn raised the issue of different states having different numbers of diagnosis and procedure codes in their hospital data sets and that this can influence some of the indicators. There is also a difference in the number of underlying cause of death codes in state vital records systems.

Proposed deletion of indicators 14-16 (B. Materna)

Barbara proposed the deletion of indicators 14-16. She questioned the value of knowing the high risk industries and suggested that BLS or own state data be used to identify high-risk industries. John Meyer responded that 1) no national comparisons can be made if states use different sources of data; 2) the lost work time of one day or more for occupations is at a good level of detail by state; and 3) using the national BLS data provided by him is easier to compute high-risk industries. It was also suggested by the group to state in the description of the indicator report that high-risk industries are defined as those having 2x increased injury rates compared to others. The consensus was not to remove these indicators.

Possible use of OSHA SST data (T. Davis)

Tish brought up the use of OSHA ODI data for an indicator by states. These data are available from OSHA on request (see slides). The file includes the actual names of establishments surveyed together with their injury/illness rates from OSHA logs. Data are available for all but six states. Challenges in using the data for an indicator include the sampling frame which varies somewhat from year to year and the availability of appropriate denominator data. If not used for an indicator, it is still a potentially useful data set for the states.

Action Items

5. Program code for BLL > 10 µg/dL is available if states need it. Email Walter Alarcon (wda7@cdc.gov).
6. The following states will pilot the LBP indicator: MI, MA, KY, OK, LA, TX
7. The following states will pilot the CO indicator: MI, IA, LA, FL, NM
8. Erin will send out a survey to states regarding # of underlying cause of death on state death files and # of diagnoses and # of procedures on HDD.
9. Bob, Terry, Ken, and Tish will explore use of the ODI data for an indicator or otherwise.
10. Kitty will follow-up on the issue of expected payer vs payer source and report back to states.
11. Bob will work on a summary to be sent out and posted on CSTE main webpage announcing 5 years of indicator data. Erin will send out for comments.

Workers' Compensation Claims Adjudication and Applications for Surveillance (Dwight Lovan, Commissioner, Kentucky Office of Workers Claims)

Dwight Lovan talked about the workers' compensation system in KY and mentioned some differences between states. A question was asked on whether the trend of fewer WC first reports and BLS reported injuries was due to decreased injuries or to decreased reporting of injuries. Commissioner Lovan thought that the decrease was due to both. Companies have better safety programs now but may have business practices to limit reporting. There is also more reluctance to litigate. When jobs are terminated, the number of claims tends to increase. This is because workers will work through pain and injury to keep a job but if they're losing it, they will file a claim. The states also asked if there was a move for WC to use the same disease codes and injury codes as in the medical field. He answered that this was an unlikely possibility. Coding is not standardized in offices. Another question asked was how WC can be compared between states. Commissioner Lovan replied that you would have to compare premiums, bottom-line pro-rates and medical costs, income benefits, the number of injuries, cost per injury, hazard level of jobs, how benefits are delivered, etc. It is not easy to do. When asked if the trend is to protect the worker or to protect the employer, he answered that the trend in the last few years has been to favor employers. To improve safety through the WC system, Commissioner Lovan said that employers need to be targeted to improve safety and reduce injuries.

State- University Partnerships to Build Surveillance Capacity (Group Discussion)

A discussion of the benefits and drawbacks of university- state partnerships for the surveillance of occupational injuries and illnesses was discussed. The advantages were access to academia and expertise, less bureaucracy than state agencies, more stakeholders and partners, wider marketing of injury prevention and possibly a reduction in redundancy between programs. Challenges mentioned were communication (not located on same site), grants management, difficulties in gaining access to data or onsite investigations, and MOUs need to be generated for confidential access to data. Discussion points mentioned were that universities may have different agendas (research vs. public health policy changes), and no state funding if grants go away.

BRFSS WC (Dave Bonauto)

Dave Bonauto presented preliminary results of the BRFSS WC module and will begin drafting a manuscript. Issues included missing responses and weighting. It was suggested that in order to learn from one another, states that asked for industry/occupation/employment information should share results with the rest of the workgroup.

Action Items

12. Dawn will look into what it would cost to add this module to BRFSS.
13. Dave will continue working with the other states in completing the analysis and preparing the manuscript.
14. States that collected industry and occupation information should share findings with Dave.

Other COSS Business (Terry Bunn)

Jae Douglas (OR) will take over planning the COSS meeting at the 2009 CSTE annual conference. There was some discussion of the continued need to define the roles of the COSS and CSTE occupational health surveillance workgroup.

CSTE Workgroup Meeting

Tish Davis & Ken Rosenman– co-Chair

Report Back from Western States Meeting (Bob Harrison)

Bob reported on the activities and outcomes of the Western States Occupational Network (WESTON) meeting this past September. The meeting provided an opportunity to build capacity, explore collaborative opportunities, and provided interaction between NIOSH Education and Research Centers (ERC), Agricultural (AG) Centers, and states. 17 of 19 western states participated and most were interested in completing the OH indicators for their state. 10 of 17 states said that they would apply for state-based OH surveillance funding during the next PAR. The planning committee is working on having another meeting next fall. The general sense of the meeting is that ideally similar regionwide meetings should be held in other regions of the country. (NE already holds an annual meeting).

Update on CSTE Cooperative Agreement activities (Erin Simms)

Minimum Guidelines Distribution

The Minimum Guidelines distribution plan was discussed. CSTE has received some copies of the document from NIOSH and included them in the attendee folders. CSTE is working to distribute 20 hard copies per state participant. NIOSH is working on receiving clearance for pdf capability on their website for future referencing of this important document.

NIOSH Intramural Webinar (Educational conference call)

The next educational conference call will take place on December 3rd from 2-4pm Eastern Standard Time. Microsoft Live Meeting software will be used to present PowerPoint presentations in webinar format. The bridge line can only accommodate 100 callers. To increase participation, gather your fellow co-workers together with snacks so that as diverse a group as possible can be involved.

Nationally Notifiable Conditions

CSTE initiative on nationally notifiable conditions (Martha Stanbury)

Martha described the new CSTE position statement format and process for inclusion of non-infectious conditions for reporting. More thought will need to be dedicated to non-infectious conditions that meet the criteria for routinely and immediately notifiable conditions. Certain data elements (such as industry and occupation code) are currently not being included in electronic medical records and effort is need to ensure their inclusion.

Electronic medical records and implications for surveillance (Peggy Filios)

Public health surveillance is moving towards the goal of interoperable, electronic health records (EHR). An overview of the process to create health standards and criteria for EHRs was outlined and the implications for occupational health surveillance in electronic health records were discussed. Occupational health may be left out of this discussion if work does not occur now. NIOSH SCG has formed an EHR subcommittee; comments were submitted to HITSP on public health case reporting, and NIOSH has joined the Public Health Data Standards Consortium. Ideas for future action were also addressed and a small NIOSH/CSTE workgroup has been formed.

Action Items

15. Collaborate with NIOSH on O/I data elements initial case report issue
16. Review position statements of interest on CSTE web site: Jan-Mar 2009
17. Help draft EMR Position Statement
18. Volunteers needed to write position statements for new conditions. They may not meet the “nationally notifiable” criteria, but would help promote state-based surveillance (E.g. CO, asbestosis).

CSTE Annual Meeting 2009 (Kitty Gelberg)

Kitty outlined the ideas that were generated for the Sunday pre-conference session and asked for help in identifying leads for each discussion who would be responsible for inviting the speakers and keeping track of time on the day of the meeting. Ideas included social marketing to create change, electronic medical records, understanding/collaborating with environmental public health tracking, a labor perspective on future directions in occupational health, and Ontario public health.

Action items: Kitty will follow-up with individuals who recommended topics to get help in planning the Sunday session.

Friday, November 14

CSTE Workgroup Meeting

Strategic Planning (Ken Rosenman)

Cross Cutting Issues (Role of States Document)

The revised cross cutting issues were provided in the attendee folders and discussed. It was recommended that these should be revised to more appropriately reflect the complimentary roles of the states, NIOSH, and other federal agencies. Whereas this list was originally part of a document whose objective was to make recommendations “to NIOSH”, it would be more useful today as a list of surveillance recommendations at both the state and federal level. The general sense was that this revised list of recommendations could be a useful stand alone document for those advocating for surveillance short of revising the full “role of the states” document.

Matrix (Role of States Document): addressing sectors and disparities

Tish offered an approach to updating the matrix of priority conditions to be placed under surveillance (minimum (M) and desirable (D) surveillance activities) as seen in the *Role of the States in a Nationwide, Comprehensive Surveillance System for Work-Related Diseases, Injuries, and Hazards* document. She developed a proposed worksheet to be used to add information about extent to which the surveillance activity provided useful data by sector and race, ethnicity or immigrant status. A revised matrix on work-related asthma surveillance was provided as an example. There was some discussion that the sector/disparities worksheet would only need to be completed once for each data set, rather than for each condition. However, there can be variation in usefulness of data sources with respect to disparities and sector by condition; e.g current industry is useful for traumatic injury surveillance but not cancer surveillance. It was agreed that states would update the matrix for the different priority conditions and suggested that lead states for the indicators would take on their respective conditions. Tish and Ken will take the lead on sending out the assignment to the states. .

State involvement in policy issues (R. Harrison)

Bob highlighted the APHA Occupational Health section’s process of drafting specific issues for the new administration to consider regarding worker safety and health. He presented the position paper and asked for comments.

Action Items

19. Each cross cutting topic reviewer should once again review and edit the cross cutting paragraph they previously edited to ensure the following:
 - a) That recommendations should not just be recommendations on NIOSH activity but should include recommendations to other federal agencies and the states.
 - b) That the cross cutting paragraph and recommendations, when appropriate, cite the NAS review documents on NIOSH programs. To facilitate this part b action item, John Sestitto will share a document he has put together summarizing NAS surveillance recommendations to NIOSH. **Due December 19, 2008.**
20. Erin with work with Tish and Ken to send out instructions for updating the matrix to indicator leads.

Multi-source Document Project (John Ruser – BLS)

While the cost of a full multi-source system for nonfatal injuries/illnesses comparable to CFOI is prohibitive (estimated at \$1.2 billion for 4 million OSHA recordable cases), targeted studies are needed to better understand the extent of underreporting in SOII and the cost and feasibility of using data sources that would complement SOII in some cases. John proposed a possible state-federal project using multiple data sources to enumerate selected nonfatal occupational injuries/illnesses in SOII. The project would be a collaboration between interested states and BLS. It would involve collecting personally identifiable state data from multiple data sources (e.g. workers' compensation records, hospital and emergency department data) and ultimately comparing with SOII data. If comparisons to SOII microdata are to be made, this last step would need to be done at BLS – or possibly in states if they currently have access to SOII microdata. There is currently no funding to carry out this project, however, the hope is that states who already have an interest in enumerating nonfatal injuries and illnesses for certain conditions would participate. Two conditions were identified to pilot test: amputations and carpal tunnel. Several states expressed interest in exploring this further.

Action Items

1. John will draft an outline of the project and what it would involve and forward to states to solicit interest in tackling this project.

Planning for Spring Workgroup Meeting and other Ongoing Work

The next CSTE occupational health surveillance workgroup meeting will take place in early March 2009 in the Washington, D.C. area or Baltimore. We will invite the Census Bureau to present on the American Community Survey (ACS). Other agenda items include: low back pain indicator, CO indicator, use of ODI database, and completion of the matrix of priority conditions to be placed under surveillance. Tish will also contact the NIOSH Construction lead, Matt Gillen, about possibly holding in conjunction with a daylong workshop on surveillance in the construction industry. State staff who are interested could stay over to participate.

Action Items

2. John Sestito will contact the Bureau of Census about presenting on the ACS
3. Bob, Henry, and Martha will discuss legislative issues that should be sent to Marcia Mabee.
4. Tish will follow-up with Matt Gillen about a possible construction surveillance meeting and get back to the states.