

CSTE Occupational Health Surveillance Subcommittee Meeting
December 7, 2011
Renaissance Orlando at Sea World Hotel

Meeting Summary

Meeting handouts (attached):

Summary of new CSTE cooperative agreement with NIOSH
Potential topics for CSTE pre-conference workshop at the June 2012 Annual CSTE conference
Draft disparities guidance document from CSTE Health Disparities Subcommittee
OHIP intern promotional flyer
CSTE organizational structure 2011-2012
State occupational health projects spreadsheet

CSTE General Update

CSTE has created the Applied Public Health Informatics Fellowship (www.aphif.org) and is currently accepting fellow applications. Deadline is February 1st.

The State Reportable Conditions Assessment is currently ongoing. The deadline was Dec 9th, but many states were given an extension to complete.

There will be a BioSense pre-conference workshop at the CSTE annual conference in Omaha, NE.

CSTE is funding an online certificate program on public health informatics. There will be 6 awards. Call for applications will occur in December with a March 2012 deadline. This funding opportunity is geared towards tier 2 epidemiologists and higher.

The application deadline for CDC/CSTE Applied Epidemiology Fellows is February 1, 2012. Encourage students to apply!

CSTE has compiled an online workforce training catalog. It will be open and available shortly and will allow users to browse and post training opportunities for epidemiologists.

New Capacity Building Cooperative Agreement Activities

The items listed below and discussed are activities that currently need volunteers and leadership oversight (for a list of all activities included in cooperative agreement, see Handout). A sign-up sheet was circulated at the meeting. Names of volunteers for specific activities are included at the end of these notes.

Success stories document & web resource

Volunteer workgroup will: Review comments from outside reviewers and finalize document. For the website resource, workgroup will develop timeline and work plan and develop a template for stories and determine web layout

CSTE website-online resource tool

The CSTE Injury subcommittee created a resource page on the CSTE website for injury epidemiologists. Volunteers would provide links to resources for occupational health epidemiologists, including an example OH epi job description

Educational Webinars

Ideally would like to convene two of these a year. One on a general topic of interest and the other geared towards providing more technical guidance.

Ideas include: denominator data; including occupation in EHR; social media & marketing; examples of how states have taken OHI data to the next level: linking data sources, models for enhanced

surveillance/research projects, how to determine state specific high risk industries and occupations; use of workers compensation data for occupational injury and illness prevention; and difference between using FTEs vs employed persons and how to figure out FTEs for various demographic groups i.e. by race, sex, age, etc.

NIOSH State-based program is also considering webinars. The group agreed that CSTE and NIOSH should work together to coordinate webinar efforts. (*NIOSH has subsequently scheduled a webinar on social marketing for Wednesday, February 15, 2012, 2-3PM EST*)

EHR position statement

Volunteer to be lead author (must be current, active CSTE member) and to coordinate with other contributing authors if needed

Health disparities projects

Volunteers to participate in health disparities projects, which may include a state disparities report and/or multi state project.

Liaison with other CSTE groups

Need a volunteer for each of the following groups: Cross indicators workgroup [Decided: Tom Largo]; CSTE Health Disparities Subcommittee (someone with experience in geocoding preferably); CSTE Surveillance and Informatics Subcommittee

CDC/CSTE Applied Epidemiology Fellowship

- 9 states were selected as host sites for CDC/CSTE Applied Epidemiology Fellows: MI, IL, CA, NH, MA, CO, NY, MN, NM
- Action Item: get list of schools that we visit/advertise and send to subcommittee; send announcement to ASPH/ ERCs/ Occ env med listserv/ OHIP graduates

OH state contact list

A list was circulated to meeting attendees for the purpose of reviewing existing contact information for edits. If you were unable to provide comments, the list can be accessed here:

<http://www.cdc.gov/niosh/statosh.html>##

- 2 contacts per state is the preferred layout
- Updates to this list should be sent to Erin Simms or Martha Stanbury
- Final contact list will be posted on NIOSH and CSTE websites

Update on Occupational Health Internship Program (OHIP)

- States (IL and MA) with OHIP students last summer reported that the projects were successful and recommended that CSTE continue to fund. The program is one way to help build the occupational public health workforce of the future.
- There were some issues with IRB approval of data collection activities by students. This has been an ongoing discussion at AOEC and there are different approaches to addressing it. – Most OHIP projects are considered student training and are not required to obtain IRB approval. However, if the students collect aggregate data and may want to publish results – or if the policy of the host site requires IRB approval – AOEC will facilitate and/or work with the host site to submit proposals for exempt or expedited IRB approval.
- Decided: CSTE will continue this funding mechanism for 2012, funding two students in one state; and OH leadership group will be review panel for OHIP applications
- Action items: Bob Harrison will send Erin Simms requirements for host sites as FYI to include with applications for host sites. Erin Simms will forward information about OHIP host site application to states.

Occupational Health Indicators New Indicators

- Bob Harrison (CA) proposed consideration of a new indicator on flu vaccination rates among health care personal using data that will be available in the National Health Care Surveillance Network in the future. Hospitals are going to be required to report this information under CMS rules. There was some discussion that this is a highly controversial issue and may not be easy for new states to take on as an indicator. The group however was willing to continue to explore this as an option and it has been referred to the occupational health indicator workgroup
- Decided: Bob will move forward with next steps, putting together the indicator documents, including key questions for states to consider

Coding system for CTS

- David Bonauto (WA) presented a proposed crosswalk between NCCI and OIICS case identification of CTS. This will augment the CTS OHI Indicator which relies on workers' compensation for cases. Dave Bonauto (WA) will participate in an OHI conference call to propose a brief pilot the proposed crosswalk.
- States that have access to OIICS and NCCI data will be asked to participate in a pilot of a proposed crosswalk. Following the pilot, Dave will update the OHI with proposed NCCI case identification for CTS.

Addressing Occupational Health Disparities

Report back from NIOSH Disparities Meeting

- States who attended the September Disparities meeting reported back on the meeting. One unique aspect was that the meeting included a public hearing providing an opportunity to provide input to the HHS Interagency Working Group on Environmental Justice that is working to update agencies environmental justice strategies. As a consequence, many of the recommendations coming out the conference have been included in the revised HHS Environmental Justice Strategic Plan (ejstrategy@hhs.gov).
- Next steps: 5 white papers on occupational/environmental justice were prepared for the conference. These are available on the NIOSH occupational health disparities website and can be an important resource for people working to address this issue. Following the conference, these white papers are being revised for publication in peer reviewed publication.

Multi State disparities report

- Ken Rosenman (MI) provided the example of the MI disparities report and posed recommendations for possible next steps with workgroup
- States who are interested can cut in state specific report should feel free to cut and paste their information into the MI report template
- Ideas for collaborative work included:
 - A multi-state occupational health disparities report. Martha Stanbury (MI) is willing to help lead this effort. There was interest in this and a number of states sign-on (*NJ, FL, TX, NH, MA, WA, LA, WI, GA, NM*)
 - Development of a how-to guide on addressing OH disparities in states which would include recommendations for both surveillance and intervention
- There was further discussion about the possibility of including information on disparities by SES and age, as some states have relatively few minority workers.
- John Myers (NIOSH) also reported that several indicators were developed by NIOSH – DSR for the disparities meeting that the CSTE group working on disparities might want to consider for the future:
 - #employed in low income jobs
 - mean income of workers employed in low income jobs
- We also discussed taking the indicator on workers employed in high risk industries and occupations and analyzing by race
- .As follow-up to the April 2011 meeting Tish Davis (MA) is working with OSHA on a short survey of states regarding access to workers' compensation data. (forthcoming). This led to a discussion of the possibility of conducting a brief CSTE survey of states regarding availability of race/ethnicity in state data sets (Martha Stanbury has subsequently completed this brief survey

- Action item: Ken will share notes with everyone, in this topic and will work with volunteers who have expressed interest in this topic to develop next steps

Update on EPHT – OHI Collaboration

- Clift Mitchell (MD) provided an update. A key outstanding issue is what is an appropriate way to present rates of elevated blood lead levels: work-related elevated BLLS/working pop; or all elevated BLLS/ total adult population. The challenge is that OHI currently computes rate as all adults with elevated BLL/adult working population, many states do not have information necessary to differentiate work-related from non-work-related cases. How do you represent elevated BLL that are not occupational? These issues need to be resolved. The group expressed concern about having different indicators in different systems.
- Those working on this is are also trying to create a framework for including other conditions
- Next steps: Continue discussions with EPHT ABLES and CSTE workgroups

CSTE Spring Meeting update

According to the new CSTE-NIOSH cooperative agreement, CSTE will hold a workgroup meeting in spring dedicated to a particular theme, such as last years' meeting with OSHA. There are funds to travel one person from each funded states and several none funded states to these spring meeting. This year however, there is no one issue that has risen to the top. There is also going to be a NIOSH meeting on Workers Compensation in late June that some states might want to attend.

Decided - Plan a smaller CSTE Subcommittee spring meeting on the topic of using I/O data and the BRFSS survey, possibly to coincide with the March 24-28, 2012 meeting of state BRFSS coordinators with CDC in Atlanta, GA. Reserve some funds to support states who are interested in attending the June Workers' compensation meeting.

**The CSTE OH Leadership Group in discussion with NIOSH has subsequently decided that it will not be possible to organize a CSTE OH Subcommittee meeting in conjunction with the BRFSS meeting in March. There is simply not enough time to do this. CSTE will however support state's attendance at the June meeting on workers compensation.*

CSTE Annual Meeting Review

A handout of proposed topics for the Sunday occupational health pre-conference workshop was in the meeting folders.

CSTE position statements

Decided: A small group of volunteers will collaborate on developing a CSTE position state on inclusion of occupational information in electronic health records. See volunteers listed below. (Conference call subsequently scheduled for Thursday, February 9th at 3:00pm Eastern time).

Subcommittee Volunteers

Success Stories workgroup

Terry Bunn
Barbara Materna
Susan Prosperie

CSTE Website online resource tool workgroup

Susan Prosperie

Webinars workgroup

Farah Ahmed
Kathy Leinenkugel
Adrienne Kari
Sharon Watkins

Position Statement workgroup – EHRs

Bob Harrison
Susan Payne
Marie Haring Sweeney
Letitia Davis

Health Disparities

Margaret Lumia
Juanita Chalmers
Susan Prosperie
David Bonauto
Michelle Lackovic
Pam Rogers
Antionette Lavender
Stephanie Moraga-McHaley
Karla Armenti

Representative to CSTE Health Disparities Subcommittee

Pam Rogers or Karla Armenti

Representative to CSTE Surveillance/Informatics Subcommittee

Terry Bunn or Susan Payne