

CSTE Occupational Health Surveillance Subcommittee Meeting
Wednesday, December 5, 2012
Tampa, FL

CSTE Update [see attached slides]

NIOSH Science Blog

Max Lum suggested that states begin to contribute articles to this well read NIOSH blog

- o States would be responsible for answering questions that are received

One Idea for a blog entry was to summarize multi-state BRFSS work:

- o Utilize 2012 BRFSS data analysis
- o Tie into total worker health

Position statements

It has been recommended to Secretary Sebelius that NCHS include socioeconomic data elements in their surveys. The subcommittee will continue to follow the outcome of this recommendation.

New CSTE website

CSTE has updated their website (www.cste.org). The redesigned site has a great new look and features, including a membership management system for the CSTE National Office. The new features include: Enhanced search function & navigation; updated content; improved position statement layout; and robust member interaction capabilities.

OCC-HLTH-STATE-SURV@LISTSERV.CDC.GOV

The NIOSH occupational health listserv is now being updated by BJ Haussler. To view the current list Occupational Safety & Health Contacts at State & Territorial Health Departments, go to (<http://www.cdc.gov/niosh/statosh.html>). If you would like to be added to this listserv or would like to change the contact person for your state, please email (bhaussler@cdc.gov).

New Publication: State health agencies' access to state Workers' Compensation data: Results of an assessment conducted by the Council of State and Territorial Epidemiologists, 2012

CSTE conducted an assessment in April 2012 to learn whether state public health departments have access to WC data for surveillance purposes and the type of data to which they have access. The assessment findings will inform future efforts to increase state capacity to use WC claim data for surveillance of work-related injuries and illnesses. This report will be included in the appendix of the *Use of Worker's Compensation Data for Occupational Safety and Health: Proceedings from June 2012 Workshop*.

CSTE strategic plan

CSTE's new Executive Director, Jeffrey Engel, and the Executive Board have updated the organization's strategic plan. The 2012-2014 plan includes four priority areas, one of which is to build and sustain applied epidemiology programs through an increased emphasis in non-infectious epidemiologic programs. This is the first update of the strategic vision of the organization since 1997. Find the new plan on the CSTE website here:

<http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PDFs/cstestrategicplan.pdf>

Update on Inclusion of I/O in electronic health records

The Subcommittee submitted a letter of comment to the Health IT Policy Committee on draft stage 3 recommendations for Meaningful Use. The Subcommittee also facilitated submission of a number of state and individual citizen comments by providing useful language as well.

*The Occupational Health Surveillance subcommittee acknowledged Martha Stanbury's service and contribution to this subcommittee and the CSTE Executive Board

Success Stories Update

Martha and Barbara discussed progress of this workgroup since the printing of the hard copy document on occupational health success stories. Participants were emailed example success stories from four states. Comments on style and format were discussed. The success stories workgroup will develop a short 1-page guidance for states on submitting state success stories to be included on the CSTE website. Stories don't have to necessarily be a success story, but can also take the form of testimonials, partner achievements, lessons learned, interesting fatality or injury report, promising practices as opposed to proven best practices, building of successful partnerships – could expand your submission to include data successes, but needs to be interesting and attention grabbing. We are looking for things that will help build awareness of our state programs. Guidance for states:

- Photo or graphic needed – get proper permission
- 1 page only
- Include a quote or story
- Website and web interface is the next step
- Include acknowledgement of funding source(s)
- Response to stories
 - Majority of people liked headings (bolded)
 - It is important to have the worker's name and story up front to really highlight the human connection (elicit an emotional response) – don't allow this to be buried in the headings and organization of the story.
 - Text boxes help
 - Make it known what people do for work. Tell a story of what people do every day. Understanding "dirty jobs" done in a professional way

Action Items – Volunteers: Tom St. Louis and Susan Moraga-McHaley, Sara Rattigan (MA), and Derry Stover will lend editorial assistance to workgroup once we receive more stories from states. All states – need a strong commitment from states to participate (each state present committed to 1-2 stories a year). The workgroup will focus on – develop story guidelines and a website to host the stories.

Discussion

- If you develop a story for the website, it could also work as a nice printed document for dual use in your state.
- Additional resources:

This is an excellent guide to the concept of a public health "success story":
http://www.cdc.gov/oralHealth/publications/library/pdf/success_story_workbook.pdf

CDC Environmental Public Health Tracking program:
<http://www.cdc.gov/nceh/tracking/flashmap.html>

From CPWR:
<http://www.cpwr.com/highlights/index.php>

Plans for CSTE Spring Meeting

The Spring CSTE meeting will convene April 17-18 in Washington, DC. Resources are available from CSTE to travel one person per state and a limited amount of non-funded states for this meeting. Historically, the spring meeting is a working meeting where we try to advance the field and develop partners. One idea is to convene a follow up *Counting Work-Related Injuries and Illnesses: Taking Steps to Close the Gap* meeting hosted in 2009. This would be a working meeting with breakout groups on data sources, surveys, workers comp, and lab & poison control centers. Goals of this meeting would include: an update participants on strategies to improve BLS and OSHA data collection systems; increase understanding about what public health

infrastructure has to offer; and develop specific short and long term recommendations for using multiple data sources to improve occ safety and health.

- Recommendations from 2009 included –
 - National labor force survey (BLS worker survey)
 - Expand state surveillance of select conditions using multiple data sources (this has happened)
 - Assure work in EHRs (success)
 - Routinely collect I/O (happening)
 - Use of workers comp data to supplement other sources (states have done this since then)
 - Produce and disseminate a comprehensive annual surveillance report on work related injuries and illnesses (NIOSH is working on a similar report)

We want to

- Get an update on what has been accomplished since the 2009 meeting
- Generate new strategies
- Bring together similar stakeholders
- Craft new recommendations and identify work that still needs to be done (2-pager)
- Educate BLS on the lag – how to respond to issues
- Suggested meeting format: From OSHA – what are their recordkeeping strategic plan and how states can impact that or meet the need – What is NIOSH's priorities and how can states be integrated into this; more focused on how/where we can collaborate and partnership
 - If the goal is to come up with a way to do this for the nation, what are the skills necessary to fill the gaps

Other ideas:

- Building bridges w/injury groups, or infectious disease
- Results of undercount research
- EHRs
- Expanded state initiatives
- BRFSS/Nat'l surveys
- OSHA record keeping changes
- Burden project
- Surveillance and preparedness response. Worker volunteers for emergencies
- Green jobs, energy – other emerging issues (workers in recycling facilities)
- Traumatic injuries resulting in hospitalizations (multisource data collection)
- Heat illness
- States participate or comment on proposed changes and strategic planning of other groups (OSHA, CDC Injury group, etc)

Action Item – The following people volunteered to participate on the planning committee: Dave Bonauto, Terry Schnorr, David Valiante (will get someone), Ken Rosenman, Tish (ERC representative?).

OHIP report back and call for applications

Karla reported on the positive experience of the 2 summer interns placed in New Hampshire to work on an immigrant survey project. The most important finding was that 62% of respondents had never heard of workers' comp. The NH occupational health surveillance program was able to utilize NH COSH as a partner and received funding from a private organization for the study. (great idea for CSTE success story). Applications for 2013 summer OHIP internship experience is due at the end of Feb. States should apply with an established project.

Action Item - Create a link to OHIP presentations for the CSTE website.

Workers Compensation Data Report Back

Many of you listened to webinar that we had recently that included: WC 101, results from CSTE assessment, proceedings of the June Use of Workers' Compensation Data for Occupational Safety and Health Workshop, and how to learn more about your state system. A full report of our CSTE workers' compensation assessment findings will be published in the proceedings of June Use of Workers' Compensation Data for Occupational Safety and Health Workshop that David Utterback at NIOSH is putting together.

Next steps –

- What are healthcare reform needs as it relates to workers' comp
- As HIE changes, the environment for workers comp may change, so there may be more opportunities upcoming for workers comp – CDPH was able to get access at the point when the legislation began to change for the upcoming HIE (as the legislative comment changes)
- NIOSH initiative – workers' comp center (will be a virtual center for stakeholder use)
- Building relationships with the workers' comp agency in your state
- Site visits – For example, MA could go to NH and help them understand the data
- CSTE experts to help (workgroup and consultants)
- What circumstances prevent state access to this data?
- We should identify a defined individual project for states that would allow them to HAVE to work with their state agency (a commitment to use the data), then a CSTE workgroup that consults on this work
- Need to show stakeholders (like DOL and insurance carriers) what's in it for them. Challenge is to present the prevention aspect. If a state can show amputations that didn't go through WC, they would want to know – it's a non-compliance issue.
- Think about what we can offer to the insurance folks to let them understand how this is beneficial for them
 - Best practices
 - Examples/ Success Stories
- Prepare a canned PowerPoint presentation that states can use to present to their WC departments.
- Insurance companies provide the underwriting function and they also generally have much richer data than what the state agency receives, so it would be beneficial to break into this group as well as it relates to the work that we do in states.
- David Elenbaas goes to an annual meeting end of April/May and could present to this group
- We should attend IAIABC and other workers comp meetings
 - Interactive webinars
- Booklet of useful information to send to new states
- Other areas of interest: WC in an era of affordable care act, all payers claims database (APCD), add a WC indicator.
- Volunteers: WC workgroup (Stephanie, Dave, David Elenbaas, Cliff Mitchell)

BRFSS Report Back and Other Joint State Projects

NIOSH and CSTE created a BRFSS workgroup which met in-person this September. 10 states included state added I/O questions in the 2012 BRFSS. There are potentially 20 states that will be adding the I/O module or state added questions in their 2013 BRFSS.

- Created one-pager to give to state BRFSS coordinators
- Trying to answer question – What is the usefulness of these data after 1 year
- States should go ahead and solicit implementation of I/O in BRFSS for 2014.
- Have the really supportive state BRFSS coordinators write something up to share with other coordinators

Multi-state projects

- Heat related illness in collaboration with SouthON – EPHT indicator guidance will be tweaked

Occupational Health Indicators

Matt will be a new CEFO in Kentucky and therefore moving away from project scientist responsibilities. Jan Birdsey of NIOSH will be the new project scientist. This year, the OHI workgroup has:

- Finalized a timeline/schedule for submitting the indicators and updating the how-to guidance
- Created a process for proposing new indicators and deleting indicators
- Next steps for the workgroup: focus on list of tasks developed last Fall meeting:
 - Visual presentation of indicators on CSTE website
 - Investigate whether FTE calculations are appropriate for indicators that rely on CPS data
 - Trend analysis recommendations [Corey has SAS coding and other resources for trend analysis for CFOI; John Myers has done much of this work already]
 - County level indicators guidance
 - Other new indicators (poisonings, heat stress)
 - How to keep track of EPHT indicator work
 - Transfer to ICD 10
- Status of work related asthma indicator (based on BRFSS data)
 - Approved in June by this subcommittee
 - Karen Cummings is piloting locally and will send out to pilot information to a few states in January (send to everyone and those that want to pilot test can volunteer).

Webinars

Ideas for other webinars

- OHI reports and state usage
- Story banking (done)
- OH clearinghouse
- Workers comp (done)
- Using OHI MS Access tool
- EHR update (done)
- NIOSH HHE (done)
- Writing MMWR articles (done)
- Methylene chloride
- BRFSS I/O
- EHR updates
- John Myers – trend analysis for indicators
- How-to analyze workers' comp data
- ACS hands-on/how this can be used for denominator data

Upcoming webinar: Karla Armenti to cover occupational poisoning data linkage project

Nationally notifiable non-infectious Disease Issue - MMWR Strategy

Weekly and annual summaries of notifiable diseases distributed by MMWR include only infectious conditions. However the current list of nationally notifiable conditions has 5 non infectious conditions that are not represented in these communications to states and stakeholders (cancer, lead exposure, acute pesticide related illness, silicosis, non-ID waterborne illness). Steve Macdonald and Martha have discussed their concerns with the CSTE surveillance policy committee in August. Martha put together a list of options (title change or re-work the summaries completely) prior to this meeting and preliminary response from CDC was that OSELS division leadership has been informed but the current priority is to improve NNDS data provisioning process. Another roadblock that remains is the arduous MMWR editorial and clearance process

- Revised Options –
 - CSTE position statement
 - Refer to links of data already published

- Since there are major issues with the timeliness of the data, have NIOSH or NCEH publish a separate non-infectious disease report annually
- “Demand” inclusion – but we’d have to have all the details worked out first
- Change title of report to say infectious only (but then would be harder to add later)
- If you move forward with title changes only – include a footnote with links to non infectious published materials

Action – Martha will talk with the CDC contacts that manage these data for non-infectious diseases to get their perspective and develop a strategy to move forward

Medical monitoring of emergency responders (ERHMS)

Emergency Responder Health Monitoring and Surveillance (ERHMS) consist of a U.S. National Response Team (NRT) Technical Assistance Document and A Guide for Key Decision Makers, which includes a variety of tools, surveys, etc. for stakeholders. These resources provide guidelines for protecting emergency responders over a full range of emergency types and settings. It is for use by all who are involved in the deployment and protection of emergency responders, including health, safety and medical personnel. ERHMS was implemented during the Deep Water Horizon oil spill and Federal Bio-Terror Response exercise.

- Future plans:
 - Electronic database
 - Field tools
 - Training materials (including online training modules)
 - Field testing of ERHMS concepts

How this applies to you: each state is required to address a public health emergency preparedness (PHEP) capability related to responder safety and health

- Connect with your preparedness coordinators and show them your expertise in responder safety and health (include this tool)
- Utilize the tools that NIOSH is developing (will need pilot testers)
- There is a CEFO workgroup to develop PHEP capability 14 plans for states
- Get trained!! States can get assistance from NIOSH to do field testing of concepts
- Data sharing with other state agencies or multi-jurisdictional sharing is still being worked out
- If there are agencies that you commonly work with, then there may be an advantage of developing MOUs in advance if this is of interest.

Action – Renee will need pilot testers for the development of the online training modules; will send out a note to the NIOSH listserv. States – reach out to your state preparedness partners and get involved – educate on responder safety and health.

Final action items

- Every state should submit 1 or more success stories to Erin
- All states should apply for OHIP interns
- MA, CO, and NH should pool data results around immigrant and refugee workers knowledge of WC, since they have each done similar projects and tailor materials for training, outreach, and pilot with group of immigrants.
- Workers compensation workgroup or panel at CSTE annual conference
- Workers compensation success story
- Workers comp workgroup – Stephanie, Dave, David Elenbaas, and Cliff Mitchell
- Those with supportive BRFSS coordinators should think about a way to communicate their supportive position to other coordinators
- Forward new ideas for webinars to Erin – effort to give more lead time
- Martha will talk with the CDC individuals that manage data for non-infectious diseases to get their perspective on the options for acknowledgement of non infectious conditions as

it relates to the nationally notifiable conditions list. Will think about all of the strategy approaches discussed.