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## Notes from CSTE Occupational Health Subcommittee meeting – Wednesday March 9 (am) and Thursday March 10 (afternoon), 2011, Washington, D.C.

Slides for presentations are available at the following link- Notes from the OSHA-CSTE meeting will be forwarded separately. <https://cste.sharefile.com/d/s09e3c9084df41019>

### **NIOSH SCG update**

John Sestito provided an update on NIOSH activities (See slides.) Marie Sweeney provided an update on NIOSH/state efforts to include I/O in the BRFSS and encouraged states to be in communication with their BRFSS coordinators who will vote this at their upcoming meeting on March 21-23. They will vote first on whether to include the questions in the core. If they vote against this, they will then vote on including them in an optional module. She clarified a recent decision that NIOSH will be responsible for coding the narrative I/O data collected by the states. States ask Marie to send an email clarifying this point that they can share with the BRFSS coordinators. (See slides). Marie also reported that although I/O has been on death certificates for over 40 years, this is being revisited and NCHS is not strongly advocating for retaining it. States need to advocate with their vital registrars to retain I/O on death certificates.

### **Action items:**

- States: Encourage BRFSS coordinators to vote in support of including I/O in the BRFSS core and/or optional module.
- Marie: Send email clarifying that NIOSH will code I/O data in the BRFSS. (Email sent Friday March 11.)
- States: advocate retaining I/O on death certificates.

### **CSTE OH Subcommittee update**

*Status of cooperative agreements with NIOSH.* The capacity building cooperative to continue subcommittee work over the next five years has been submitted and reviewed. We do not know when we will hear from NIOSH about funding given budget uncertainties. A separate conference grant to support travel to the CSTE annual conference was submitted and approved by NIOSH, although for a lower amount that requested. This should not be a problem for this coming June as CSTE has some unobligated funds left in the current capacity grant and will be able to use this to subsidize travel to the annual meeting in Pittsburg. Total requests for travel so far exceed what is available so many but not all travel requests will be met. Decisions regarding travel awards will be made in the next few weeks. Some additional unobligated funds were used to: 1) support travel to the current meeting (CSTE\_OSHA); and 2) support two student internships this coming summer in a health department.

*Success story update.* Since our last meeting this past November, success story authors have edited their stories based on editor comments and we have convened two conference calls mainly to discuss tone of document, finalize the bullet points in the Introduction so that they made sense to our audience and finally decided upon the organization of the stories within the document. Bullet points in the Introduction have been edited to be shorter and punchier. They are organized into 5 themes:

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Investigation, data, partnerships, vulnerable workers, and the integration of occupational public health into public health. There is now a clearer Introduction, bullet points that clearly outline public health skills and functions, which then flow into the document and each of the stories falls under one of the highlighted bullet points to highlight a skill or function. The document is currently under external review at NIOSH.

*Occupational health indicators update*

- 2006 data are in final stages of QA/QC – states have been asked to respond to comments and questions regarding their submission.
- 2007 data has been compiled and sent to Tom, Kathleen, and Mathew Groenewold for a joint QA/QC so that NIOSH can be integrated into the process. States will be hearing from us shortly regarding their 2007 data.
- The CSTE national office has asked indicator leads and OHI workgroup members to provide revisions and edits to the how to guide. We will collect these and make the changes which will be incorporated into a revised indicators document that will be posted online (generally April of each year).
- CSTE has contacted Dave Schmidt at OSHA about the OSHA enforcement activities indicator and how national data is collected. Most of the other indicators have national how-to guides but this was never completed for this indicator.
- John Myers posted an announcement and link to the new HHS Health Indicators Warehouse and put forward the possibility of including occupational health indicators into this forum – this will likely be a topic discussed in the future.
- First indicator workgroup call of 2011: provided an update on the indicators, reviewed notes from the Nov. state based surveillance meeting, discussed changes in the occupational mortality indicator on fatal work-related injuries, discussed the new indicator timeline, and briefly touched on the possibility of a new workgroup on analyzing multi-year indicator data. There will likely have a follow up call with the workgroup late March.

*Public Health Surveillance and Public Health Workforce Summits.* Martha Stanbury and Tish Davis attended a CSTE surveillance summit in Denver on March 2-3. This meeting brought together epidemiologists from different domains and from CDC to provide input on updating a 1996 document “Blueprint for a National Public Health Surveillance System for the 21<sup>st</sup> Century.” Changing technology and preparedness are among factors that have changed the surveillance landscape. (See Martha’s slides). At this meeting Martha provided an (excellent according to Tish) overview of new initiatives and challenges in occupational health, injury and environmental health surveillance. Both Martha and Tish reported that meeting participants did acknowledge the importance of occupational health and other non-infectious disease domains. There was also a recognition that we should continue to identify and present position papers on conditions that should be nationally notifiable. Perry Smith, former State Epidemiologist is working on rewriting the vision document based on input from the meeting and will hold a round table on the topic at the upcoming Annual CSTE meeting in June.

Bob Harrison attended a recent CSTE summit on the public health workforce. They discussed epi capacity in the states and ongoing deficiencies. Also discussed was the need to train PH professionals

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better with respect to informatics and healthcare delivery. The importance of CSTE fellowship program was highlighted. A report will come out soon.

Bob also discussed the elimination of support for the ERCs and Ag centers in the President's proposed budget for NIOSH. Also mentioned was a recently released report on overlap/duplication within government and there was a section on public health.

**Action items:**

- States: submit applications to be an OHIP site to Erin Simms at CSTE by March 19th.
- States: consider attending the roundtable on the revised vision for public health surveillance in the 21<sup>st</sup> century at the upcoming CSTE meeting.
- Martha: Send copies of slides presentation on occ/env/injury surveillance at the Surveillance Summit to the Erin for dissemination to the states.
- Bob Harrison: write letter on behalf of CSTE in support of continued funding for ERCS and the Ag centers which were eliminated in the president's proposed budget.

**Environmental Public Health Tracking**

Cliff Mitchell reported on efforts to include select occupational health conditions in EPHT: adult blood lead levels, mesothelioma, work-related pesticide poisoning, and possibly work-related asthma. State occupational health programs should discuss with their EPHT programs how to include these data on their Tracking portals (and potentially on the national portal, although these would be optional, not mandatory, measures at this time). Cliff noted that the way to get these occupational conditions considered for Tracking is to submit a "Content Work Group Initiative Proposal". He came up with a proposal template which he handed out at the end of the meeting to states interested in being a part of this initiative. He intends to submit this before the March 15 deadline on behalf of all of the states who express an interest. He also noted that a new RFP for Tracking will be coming out soon, and he encouraged states who apply, to include the occupational indicators initiative in their submittal.

**Action items:**

- States: those who are interested in participating in the initiative formally should let Clifford Mitchell know ([cmitchell@dhmh.state.md.us](mailto:cmitchell@dhmh.state.md.us)) so that he can include them in the proposal.
- States: those states planning to include any of the OH indicators to their state portal should feel free to use the language and description of the initiative in their applications under the pending RFP. Contact Cliff if you would like a copy of the initiative language.

**BLS Update**

John Ruser provided a brief update on BLS surveillance activities. One of several new developments is the revised OIICS codes that will be used in 2011 in both SOII and CFOI. There will be a break in series as a result of these revisions. State asked BLS for an overview of the changes. Other initiatives include piloting collection of case and demographic data for the SOII cases resulting in job transfer or restriction.

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Currently this information is collected only for cases with days away from work. BLS is also collecting much more SOII data electronically. This is done through a central vs. state specific system but states SOII programs can access their state data. CFOI is collecting several new data elements. (See slides).

***Action item***

- BLS: provide states with an overview of changes in the revised OIIC system.

**CSTE Meeting – Day 2**

**Emergency Medical Service Data sets**

Karla Armenti provided an overview of the new EMS (ambulance run) data sets that states are required to develop in order to receive National Highway Transportation Safety Administration (NHTSA) funds. States develop their own systems following the national program model (NEMSIS). Some data elements are required; others optional. Occupation/industry and work-relatedness are optional and have been included in the New Hampshire system. Location of pick-up is required but not entirely consistent with work-relatedness. Karla presented data from a preliminary review of the NH EMS data, with a focus on asthma. The following issues were raised in the discussion.

- Accuracy of diagnosis and work-relatedness for asthma: how does an EMT define asthma, what do they consider work-related?
- Unemployment insurance dataset might be an optimal denominator.

NH is planning on linking their EMS and Hospital inpatient data to explore further the value of this data set for occupational injury/illness surveillance. She will also be presenting at the Work-related asthma meeting in California in late march.

**OSHA data initiative + Record keeping Emphasis program**

Dave Schmidt, director of the federal OSHA office of statistics provided an overview of the OSHA record-keeping emphasis program. He expressed interest in the possibility of pilot projects where OSHA might be able to work with PH departments in using other external data sources such as workers' compensation data to validate OSHA record –keeping. (See slides)

**Occupational health disparities**

Martha Stanbury provided an overview of their new state report on occupational health disparities in Michigan. She asked for input on recommendations. Tish suggested adding the need for interventions projects targeting high rate industries in which immigrant and minority workers are employed, e.g. a home health care intervention. (Sherry Baron of NIOSH is working with the Labor Occupational Health Program in California to pilot a home health care intervention in Alameda County.)

There was discussion about multiple states doing similar reports. The following states expressed interest: MA, WA, FL, IL

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The NIOSH conference on occupational health disparities will be held in Chicago in September (See NIOSH website: <http://www.aocdata.org/conferences/healthdisparities/index.html>).

Abstracts are due April 1<sup>st</sup>. Some scholarship money to support attendance is available. Note that for this conference, Matt Groenewold of NIOSH is also collecting and compiling tables and charts of findings on OH disparities.

CSTE has a health disparities work group bringing together colleagues from multiple public health domains. The goal is to: Develop standard methods to monitor health disparities with focus on small area (census tract analysis) to measure socio-economic status/race/ethnic inequalities in health outcomes. Plans are to: 1) engage academic partners and CDC experts from Office of Surveillance, Epi and Laboratory Support; 2) hold a face to face meeting in spring to discuss develop general methods and potential indicators; and 3) after methodological work, apply to real data in a sample of states. There will be a round table on this issue at the CSTE Annual conference in June. Kathleen Fitzsimmons of the Massachusetts OH program is participating.

**Action items:**

- Erin: Send URL for MI disparities report out to states and follow-up to arrange a call among states interested in working on a similar report - [http://www.michigan.gov/documents/mdch/occupational\\_disparities\\_2\\_9\\_2011\\_final\\_345408\\_7.pdf](http://www.michigan.gov/documents/mdch/occupational_disparities_2_9_2011_final_345408_7.pdf)
- States: Submit abstracts for OH disparities conference to NIOSH by April 1<sup>st</sup>
- States: Submit charts or graphs of OH disparities findings in your states to Matt Groenewold ([gyr5@cdc.gov](mailto:gyr5@cdc.gov)).
- States: Contact Erin Simms ([esimms@cste.org](mailto:esimms@cste.org)) if interested in participating in the CSTE disparities workgroup

**CSTE Business**

- In a previous letter to states from Steve Inserra indicated that there would not be a required SBS meeting in conjunction with the CSTE Annual meeting in June. This was a mistake and he will correct this in another letter.
- States present at the meeting all supported holding the fall SBS meeting in conjunction with the OH Disparities meeting in the fall if possible. Given NIOSH budget constraints (this is the end of the federal fiscal year), NIOSH can't commit to travelling NIOSH folks to go to a Sept. meeting, thus they did not feel that this was possible.
- As follow-up to the OSHA-CSTE meeting, Kerry Souza of NIOSH agreed to present information about state educational materials to the upcoming meeting of Susan B. Harwood grantees on March 22-23 in Washington DC. We need also a state or NIOSH volunteer to attend a May meeting of the OSHA training centers. Meredith from CO expressed interest.
- The number of state surveillance meetings held through the year and prospects for other regional meetings is proving to be a challenge. States and NIOSH need to seriously review the

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meeting schedule/purpose/audience and make decisions about what is reasonable and feasible in this budget climate. Martha + Tish will put together a calendar of meetings for discussion and decision at the June CSTE meeting.

- Given the larger number of funded states and increasing number of smaller working groups, we as a group need to give more thought to governance of the CSTE OH subcommittee. For example, should we have a steering committee that includes representatives of old and new states? This will be discussed further at the annual CSTE meeting.
  
- Possible agenda items – June CSTE mtg
  - Governance
  - Meeting organization/collaboration
  - Collaborative surveillance projects within state (real research)
  - Disparities workgroup
  - Follow-up to OSHA meeting: Contacts for Education/outreach and for data needs follow-up
  
- CSTE Position Statements
  - Elise Pechter and Brienne Brown will each submit a position statement to the Occupational Health Subcommittee
  - Updating the existing CSTE asthma position statement for Environmental Health (lead: Sarah Lyon-Callo-MI)