Action items from CSTE OH Subcommittee meeting in Atlanta, GA on Dec 3-5, 2013

Presentations from this meeting can be accessed here: [http://www.cste.org/group/OHResources](http://www.cste.org/group/OHResources)

- In order to inform a broader occupational health and public health community of tools and resources that we have, targeted outreach to other stakeholders (beyond public health) concerning the state-based clearinghouse, success stories, and CDC connects report is proposed:
  - National COSH
  - NDLON day laborers group (Linda Forst)
  - Interfaith worker justice
  - Migrant clinicians network
  - ACOM
  - AOEC
  - Susan B. Harwood Grantees
  - ERS
  - NIOHS training grant recipients
  - OSHA...standard setting group
- New workgroups have been formed as a result of this meeting: oil & gas exploration/fracking and temp worker surveillance.
- Submit comments on OSHA proposed record-keeping rule and silica rule. The OH leadership group will collaborate to have something sent on behalf of CSTE, but individuals and states are encouraged to comment.
- Outreach to promote support for including I/O in BRFSS; Share Dave Bonauto’s new report on obesity and work with key players in your state (i.e. chronic disease director and BRFSS coordinator). Tish and Meredith will also share their BRFSS reports. Possibly include this and MA ETS findings in CDC Connects (Renee Johnson mentioned this) which is an internal CDC newsletter.
- Discussed inclusion of worker’s compensation claims data into state all-payer claims database and decided that this may be premature, but states are encouraged to have this discussion about including health (not indemnity) data with your workers comp institutions. Tish will create a list of talking points and describe/list what the issues are surrounding this topic.
- Exploring use of syndromic surveillance for non-infectious diseases/occupational health (possible webinar)
- Possible collaboration with OSHA regarding use of infectious disease reports (e.g., electronic lab reports, NEDSS, reportable diseases, etc.) to identify workers with select infectious conditions (need list, food outbreaks related to food processing, poulty/meat) which can be seen as potential sentinels for community outbreaks. They are interested in finding out what occupation and industry information states are in fact collecting in infectious disease reports.
  - Peggy Filios will send OSHA their report on infectious disease surveillance and occupation
  - Cliff was going to phrase the issue and potentially put together a questionnaire
- Incorporating OH in Public Health planning and accreditation (possible session at CSTE annual conference)
  o Community/county level profiles, OHIs, injury data, county needs assessment, etc.
  o Discussed creating a sub-areas on CSTE website to share materials on county level profiles and public health planning/accreditation
  o Kerry Souza will send out PH accreditation materials with highlights on those issues relevant to OH.
- Issue was raised about need for more economic data on costs of OH and prevention and learning from OSHA and others about how to do this.
  o ONET as a possible webinar.
- Need for more success stories from the states for the website. Erin will solicit stories from states.
- Ken follow-up with the chronic disease folks encouraging their support for I/O in BRFSS and have CSTE meeting Day 1 speakers advocate internally in CDC for us.
- Follow-up with Renee Johnson about a possible joint special emphasis report and other collaborations.
- John Myers will find and send out letter that came from NIOSH and NCIPC that encouraged collaboration between state injury and occupational health surveillance programs.
- OHI workgroup activity list has been updated with current priorities for the workgroup, e.g. test copy of OHI access database; AHRQ National Quality measure clearinghouse follow up, Cross walk for OHI to ICD-10, etc.
- SCG coverage complete: Kathy Leinenkugel (IA) and Rabeehah Ghaffar (WI).
- Ken shared contact information of western states colleagues with MSHA representatives at a recent meeting and encouraged their collaboration with states via pilot projects. Additionally, MSHA announced a new partnership with black lung clinics (non coal mining) to receive data.
- Subcommittee members volunteered to participate in a separate CSTE member activity on electronic death registries. The first webinar on this topic will convene in April.
- Follow up with volunteers for temp workers and oil & gas (the CSTE EH subcommittee will also consider activities/projects on this topic).
- Position statement discussions and follow-up.
- Promote CSTE fellowship among ERCs and AG centers (provide ideas on how to accomplish this) – discuss having a quota for OH fellows.