

2015 CSTE Occupational Health Surveillance Subcommittee Meeting Summary

December 2, 2015

John Weld Peck Federal Building, Room 1-413; 550 Main Street, Cincinnati OH 45202

Tuesday, December 1 – NIOSH/State Partners Meeting (Please refer to NIOSH communications)

Wednesday, December 2 – CSTE Occupational Health Surveillance Subcommittee Meeting

8:30a-8:40a CSTE Welcome & Introduction – Letitia Davis, MA

8:40a-9:00a NIOCCS & BRFSS: Needs and Plans for the Future – State Discussion (*Follow up from Day 1*)
Moderator – Karla Armenti, NH

States need to talk to their BRFSS Coordinator to move the I/O module questions up by the employment status question in the Core; otherwise ends up at the end, usually after HIV module questions, which doesn't make sense. States have to ask individually to be able to do it; CDC won't give a blanket acceptance for moving it up.

Aaron (NIOSH) asked if it's okay to share the missing data from states; states seem okay with it, but Aaron will follow up with BRFSS people and get back to us

Aaron will share the 2013 data about use; states should be getting their 2014 data set very soon

For 2016 BRFSS, they are testing different modes of doing the survey, like paper mail and internet

States should also talk to their BRFSS Coordinator

Don't really know about how much NIOSH can help with coding the IO questions, especially because it'd also depend on how heavy the workload is; much better to have it as a module so NIOSH can get the data, they can't have it if it's a state-added question and NIOSH can't advocate for the module as much

Timeline issue of funds/grant dates and BRFSS dates, so states encumber it

Reminder for states to provide input for the LOS to NIOSH – add GA (Rana)

Need to convey impact (ex: MA- flu, tobacco; look at health outcomes and health access too in their indicator work – Suggested webinar with invitation to the BRFSS Coordinators), especially because people think Census data is enough

There are regular webinars with the BRFSS Coordinators, so CSTE could be on one of those – Aaron will find out more details

Stories in the BRFSS Newsletter have been helpful (WA, MA, NH) – MA tobacco example was a strong one [Emphasis on work organization factors to influence behavioral outcomes, not the actual behavior to change; strategic language related to TWH]

Need a 2-pager crib sheet to explain what NIOCCS is – not sure if it'd be NIOSH or CSTE; NIOSH has a draft and can work with us on it; maybe 2 versions- one lay, one technical

9:00a-10:00a Opportunities for Multi-State Initiatives

Moderator – Barbara Materna, CA

E.g., evaluating amputation/hospitalization reporting to OSHA, collecting occupation in infectious disease reports, temporary workers, dissemination of stone countertop alerts.

Brainstorming other topics and next steps

Ricky Gonzales OSHA – Amputations and hospitalizations data for comparison to OSHA reports

-employers now have to report to OSHA any time there is a hospitalization or eye amputation; definitely an undercount; need more employers to know about this new reporting requirement; overwhelmed with influx of new info so need some help from states

- MA Tish – looked at amputations data before and after the reporting law was passed; around 40% directly from employer and 40% from WC; they compared to see who is reporting and who isn't; it'd be helpful if other states did this too so OSHA learns about how this info is being reported
- OSHA glad to share the data, but on an individual state basis first, later on will be more public but working on another rule right now
- WA- asked if it's really necessary to increase reporting by employers? Could there be alternatives that are more efficient, especially because it's not really feasible for WA b/c they have so many small employers who don't even know about all the national regulations, etc
- OSHA is thinking about getting hospitals to inform the employers, but they do think

Michelle heat illness project – hospitalization and ED data

- 12 SE states, got 9 states on this project (5 funded, 4 not)
- recently published in the Journal of Industrial Medicine
- good example of a successful collaboration

Bob outreach on silicosis from countertop fabrication (engineered stone)

- several NIOSH activities going on related to this (Patty S, Steve W, Peggy F)
- maybe wait a few months to see how those efforts go then see about the states collaboration part

Linda Forst – Temp Agency Workers / precarious help

- has notes from dinner meeting; CSTE will distribute
- Michigan has resources to share and is interested
- Terri Schnorr has a blog link she'll share with me
- Ryan Olsen OR mentioned another resource
- need a central place for resource sharing – new CSTE webpage with forum option for resources
- Add MI (Mary Jo Reilly & Ken) and Marie (NIOSH) to the list
- NHIS Sara Luckhaupt – using population surveys to identify precarious workers

Angela Laramie – MAVEN ID collaboration

- MAVEN is an ID system, don't have it just for OH
- handout
- resend out to subcommittee
- more about the process of setting up the pick list, rather than looking at the distribution of the data
- includes quarterly reports from ID with the conditions/diseases

Michael Hodgson, Cliff Mitchel – Poultry workers (Campy and Salmonella) collaboration

- fits into one of the OSHA national strategies – have a set of regional poultry initiatives, which includes SHDs that are interested in participating at a national level

CSTE should develop a list of diseases that are occ related

ILO HSE and MA others have a starting point; Linda Forst ICD 11

Combine with the update of the Rutstein report

Need to share how-to resources on process, selection of audience, materials, etc so states can disseminate

Karla – Adding an injury work-related question on the BRFSS

Kathy – IA, NE, IN outbreak from pork processing plant and workers got neuropathies

Need to figure out why there's a stark increase in the neuropathies in the hospital discharge data – not sure how much is related to processing plants

States could run this simple query on their hospital discharge data

Reach out to Trauma Center injury person to do education about occupational conditions – Kitty NYS

[Participants indicated their interest in the various projects through post-it notes at the meeting.]

10:00a-10:15a Break

10:15a-11:00a Integration of OHS into Mainstream Public Health: Aim of the New CSTE Award

Moderator – Sharon Watkins, PA

Terry KY – producing county profiles with hospitalizations and ED data and expected payer of Workers' Compensation (WC) – only injuries by cause and intent with e-codes, includes motor vehicle collisions (MVC); later could include the OHIs, but not currently

-via personal meetings with local health departments to bring data to them; haven't reached all 120 counties, but starting on it

Henry WI – Chronic disease (CD) programs – wellness initiatives – counties work with companies, mini-grants; locals mostly interested in the injury side

-KY has done it in the context of Total Worker Health (TWH), can also produce OHIs with CD programs

-NE has done county profiles too

Present at local/state APHA – county data, OHI, etc.

Edward NM – Pick a cross cutting emerging issue and produce data/meetings (ex: oil and gas)

-Use an infectious issue to post on HAN (CDC Health Alert Network) and work with infectious diseases (ID) staff on guidance and PPE

Connect with HANS more often (emergency alert system) – Ex: child lead poisonings

CDC-funded (separate of NIOSH) Prevention Research Centers, Laura Linnan UNC, conducting a state health department (SHD) assessment, need to ensure that our members provide input on the survey tool to identify occupational gaps needs/cross issues

“Occupational health should be in all health” – Linda Forst

26 academic centers under Affordable Care Act (ACA)

SIP is the Worker Health Research Network subgroup under PRC (Prevention Research Centers) – Sherry Baron (CUNY)

Linnan also did a survey for SHD health promotion activities, and Tish thinks the results are available

-update via CSTE OH Leadership Group (LG) call: they're sending survey to one OH person and one wellness person, using STATOSH list; Tish giving input on survey, wants an LG member to review it with her – Margaret NJ, giving their agency a heads up, willing to follow up to help interpret the results

BRFSS, use data, present to groups, chronic/ID/etc. to BRFSS folks

Monthly list of publically available fatalities (county) – NY, MI – disseminating widely

Policy (local/state) – vaccination; place at work for breastfeeding moms, using PRAMS data, BRFSS questions

Core VIPP programs produce indicators on injuries, produce annual state injury reports, easy to modify and add a section on work-related injuries; CDC traumatic brain injury (TBI) Special Emphasis Reports, also easy to include small piece on WC

Cross list with other groups, like EPHT – putting OHIs on the EPHT portal; people start seeing OH in other areas

Accreditation with SHDs – comes around every 5 years, so need to lay the groundwork; requires lots of documentation to address major areas; incorporate OH into it, include docs like OHI reports, etc; also have to prove dissemination to partners; even better if you can document changes, which OH can do and demonstrate, so talking to the accreditation person at your agency will solve a problem for them, and help get OH included in the strategy meetings, etc.

-NYS is accredited, but didn't get much OH info, but the communication among domains is really good and have a lot of occ variables on the agenda, with one on the dashboard

Review your reportable/NNDS list for OH

-NYS Kitty said they have someone who does some of these things, but only for ventilation issues...

Work with ID at staff level and pick/work on certain outbreaks (avian flu; immunizations among workers in food and agriculture, CA – ended up having OH department head (Barbara) sign the letter because ID recognized the importance of the OH backing

Also collaboration with cancer folks, especially for data

Make Occ diseases reportable

Collaboration with the office of preparedness/ work with PHEP on capabilities, like first responder OHS (MA)

State-level Healthy People objectives – usually tied in to the county-level reporting

Occupational health disparities – MI, FL have done reports, MA in progress

11:00a-11:30a BLS and OSHA Updates

Moderator – Margaret Lumia, NJ

Beth Rogers, BLS; Dave Schmidt, OSHA

Dave OSHA – working on turning the report excel data and cleaning it to post publicly on their website

-They do collect info on temp worker -> CSTE wants to know how they ask the question

-whether injured worker is directly employed, temp worker, or other; he'll share the exact language, and they're open to going back and modifying if our group has suggestions

-Investigating about 30% with the rest is rapid follow up investigation- gets root cause info via area director, info via area director determines whether they go out for an investigation or not

-Once their data is public, states can do any analysis and follow up they want, like contacting the insurance company; OSHA is an enforcement agency, so if states give them data (and they'll take any data), then they'll act on it – have collaborations with WC, like NE, WA, MI

-Proposed changes in OSHA record-keeping rule under consideration by OMB

Beth BLS

-Household survey development

-have lots of issues to work on, like proxy respondents, recall bias, sample size, modes of collection, cost

-underreporting in SOII isn't consistent across the economy, so they want to be able to identify those trends in this survey

-Working on autocoding early stages; but they know the SOII won't capture everything, so they're doing a household worker survey and combining with the rich SOII data too

-Since June, they've been working with lots of other groups like BRFSS, NHIS, to learn more about their process

- Interested in working on the BRFS IO Workgroup
- Emphasized being in the research phase and talking to other groups to learn more, open to input
- Worked with Westat last year, lit review, cost benefit analysis, recs
- Working with NORC now to further the research and survey design; may do multi stage or multi-year approach to get all the info

11:30a-12:15p CSTE OH Spring Meeting Planning

Moderator – Tish Davis, MA and Bob Harrison, CA

E.g., alert system for emerging hazards; state data for OSHA targeting; CSTE input to planned National Academy of Sciences panel on OH Surveillance; transportation-related injuries

What type of meeting? (likely April in DC)

- Strategic meeting, like closing the gaps in DC with BLS; another with OSHA on case referral guidance doc – to build surveillance capacity in the states
- Education meeting – speakers, like BLS going in depth with specific data sets with hands on learning, a bit complicated

Potential topics:

Sentinel OH List

- Updating the Rutstein list – need to figure out things like can it be done via calls/WG instead

Alert/notification/query system for emerging issues

- Have EpiX in ID/larger PH, but not rly used for Occ

Intensive development of one of the multi state collaborative projects

Occ MVC in DC

- NSDUH, FMCSA, National Transportation Safety Board, OSHA, BLS, tons of partners there – work related traffic safety, include public safety
- start with hearing from the major players, wouldn't have the strategic plan by the end of the meeting, would require follow up
- KY, IA, NYS, OR, TN
- impaired driving, including opioids
- Am Academy of Sleep Medicine (Ryan Olsen OR) has a task force on fatigue impact, driver training
- NIOSH DSR John Meyers can help too – have something specific to this and a draft strategic plan and some conversations with the aforementioned partners; there is a high need for state level involvement, like traffic laws
- NIOSH Motor Vehicle Safety Center Sara Luckhaupt
- Road construction traffic accidents – state DOT

Eliminating silicosis

- big implications for an occupational standard
- is there more states can do than the OHI to identify silicosis cases to help NIOSH

Examining the increase in neurologic disorders (or other disease specific topics) – education type meeting

Using OSHA data for targeting

- likely too early to do this topic

Input to panel with National Academy of Sciences on OH surveillance

- Opportunity to provide cohesive comment, but may be premature b/c it will have just come out and others have not yet discussed it much yet for us to respond to
- this was recommended in the Gaps meeting document; Labor recommended it too; NIOSH interested in cost

Innovations and new technologies for data sources, collection, and visualization for [OH] surveillance

- could get into HL7 messaging
- informatics
- real time surveillance, syndromic surveillance

Occ health disparities

- NYS nail salon work, new task force on exploited workers
- how to do surveillance in issued workplace

Later:

- Think about updating the document – addressing OH at the national level – Bob, Tish, etc
- includes cultural competency, etc
 - may be relevant for the NAS panel

12:15p-1:30p Lunch on your own

1:30p-2:15p Follow up to Past Position Statements and Any Proposed 2016 Position Statements

Moderators – Sharon Watkins, PA and Tish Davis, MA

14-OH-01 Access to CIOI Case-Level Data for Public Health Purposes – Scott Richardson, BLS

14-OH-02 Inclusion of Work Info in CDC Surveillance Systems – Marie Sweeney, NIOSH

Scott BLS

- delayed release of fatality update
- have a draft response letter from the PS, apologies for the delay
- why are they confidential – 2 reasons
 - timing. Sometimes source docs are received earlier than something
 - something about the request for all of them or not...missed it
- addressing points in the letter
 - sharing source docs
 - can share the ones that are public that would help with sentinel event identification
 - Project X
 - Project H
 - focused on web content
- Working with states and NORA OIL and GAS on sharing CIOI public documents. This will be a good pilot test of sharing source documents.
- Developing a comprehensive manual on “scope determination.” This will be shared with the states.
- Developing a series of coding videos for data coders. Willing to share these.
- Planning to do a training on how to use the BLS website to get data
- Discussing lowering the publishability criteria for the research file and making this available with state specific identifiers.
- Technical memo question that was internal; likely to rewrite a public version; will address at January meeting
- National conference in Jan – encourage all states to be there to be on the same page about resource documents
- Bob advocating for guidance from National Office for CIOI guidance to the regions/states
- When BLS asked about providing line listing of cases, they responded that they still can only provide data from public sources. This is going to vary largely by state. Tish (MA) indicated the states actually need to deal with the data use agreements in their own states. Some may be too protective and could include public health if rewritten. Emphasized however that BLS needs to clarify with their state agents re public source documents because some public health agencies are being told that it is BLS that won't allow data sharing vs the state itself and there is inconsistency across regions.

14-OH-02

- Marie advocates for states to be aware of NMI – NNDSS Modernization Initiative
 - Message Mapping Guides (MMGs) developed without sufficient work info
- Sharon brought up the idea of bringing on chronic, EH, etc folks b/c they're in the similar boat as Occ

-Marie asks states to get involved within their informatics, really need someone from the OH subcommittee who can also speak the S/I language and understands all this process stuff

-NE has potential because Derry's close with the ID group and has someone who does syndromic surveillance and is involved with ISDS, etc

**2:15p-2:45p CSTE OH Subcommittee Business Items – Handout – Amy Patel, CSTE
Co-Chair Announcement – Tish Davis, MA – Since 1997!**

Tish Davis announced she is stepping down as co-lead of the OH Subcommittee. Will continue on leadership group till June when new group will be elected. Ken will continue as lead in the interim.

The Northeast Surveillance meeting (NEON) is scheduled for May 16-17 in Chester CT

Discussion of next year's meetings

-one week after Thanksgiving, consistently do early Dec

-location/fed space issues – close to an ERC; Chicago free space via Linda university

OH Indicators Workgroup & Subgroups Updates – Patty Schleiff, NIOSH; Juanita Chalmers, FL

Input on OHI evaluation and proposed OHI voting

Updates via Corey; Access database tool in development; AHRQ posting of OHIs; trend analysis Workgroup via Corey; OHI evaluation

Proposed OHI: Occupational Heat-Related ED Visits

Michelle noted that it's by e-code AND WC payer, which is different than the other OHIs

Questions about e-codes; some similar issues with the traumatic injury Sears OHI

OHI Workgroup is working on the transition to ICD-10 for the OHIs

PASSED – Will be OHI #24

OHI 17 issues – It's moved up in priority on the OHI Workgroup task list

OHI 14, 15, 16 issues – SOC, NAICCS changes, Census; use the proxy data of 2011 for submission of the 2013 data next year

→ OHI Evaluation

Substate-Level Measures Subgroup

Pilot testers – MA

Terry Bunn will be on the BSE (Karla is on for next two years)

Reminders: NIOSH eNews, Success Stories, NIOSH Clearinghouse Outreach – Amy Patel, CSTE

2:45p-3:00p Wrap-Up and Next Steps – Tish Davis, MA and Amy Patel, CSTE