In the late 19th century, factory conditions and worker health were among the central concerns of the social reform movement that led to the development of the public health system in the United States. In the first half of the 20th century, the lead role in occupational health and safety alternated between the U.S. Public Health Service and the U.S. Department of Labor. With the passage of the OSHAct in 1970, the lead responsibility for regulating workplace health and safety conditions was entrusted to federal OSHA and state labor departments.

Regulatory agencies clearly have the central and essential role in protecting workers’ health. However, enforcement of workplace health and safety regulations, compliance assistance and worker training are only several components of a comprehensive approach to workplace health and safety. State public health agencies have critical, complementary roles to play in: a) using public health, non employer based data sources to conduct surveillance of work-related diseases and injuries; b) applying epidemiologic skills to investigate occupational health problems in the community, c) working with the medical community to increase their involvement in workplace health and safety and d) integrating prevention activities to protect workers’ health into other public health based prevention activities. Given their traditional focus on addressing health concerns of those most in need, public health agencies may play a particularly important role in addressing the occupational health needs of underserved worker populations, such as immigrant and minority workers, who comprise a significant proportion of our increasingly diverse workforce.

Since the early 1980’s NIOSH has provided funding to state agencies to conduct surveillance of work-related health conditions and related prevention activities. The number of states receiving NIOSH support has increased over the years. Today, 23 states have funding to conduct a minimum level of surveillance with eight states having additional funding to address targeted conditions. Also, 41 states participate in the Adult Blood Lead Epidemiology and Surveillance (ABLES) program.

Some of these state occupational public health programs have long histories of working with their Regional OSHA offices or their State OSHA plans. Others are in early stages of development. Both OSHA and the state public health programs can build on lessons learned in the more experienced states. OSHA and public health agencies are being called on more than ever to “demonstrate impact” and to maximize use of government resources to accomplish our missions.

This working meeting will bring together representatives of state occupational public health programs and OSHA with the overall goal of increasing our capacity to protect the health and safety of workers by improving collaboration between state occupational public health programs and OSHA at the national and regional/area/state levels.
Specific goals are to:
- Identify best practices, from both OSHA and public health perspectives, for public health referrals to OSHA
- Identify OSHA’s unmet data needs that can be addressed by public health agencies. (e.g., data for targeting, impact evaluation, standard setting)
- Explore opportunities for increased collaboration in conducting outreach, education and training to employers, workers and health professionals.

In each of these areas, we will aim to identify specific steps for moving forward to improve public health agency/OSHA collaboration. A meeting summary will be prepared and shared with meeting participants, OSHA and CSTE leadership and others as indicated.

Agenda

Meeting co-chairs
Ken Rosenman, Michigan State University
Marthe Kent, Regional Administrator, OSHA Region I

Day 1 – March 9

1:00 – 1:30  Introductions and overview of the meeting

1:30 – 1:45  Welcome and Introductory remarks: Opportunities for collaboration

David Michaels, Assistant Secretary of Labor for OSHA
Tish Davis, Massachusetts Department of Public Health

1:45 – 2:30  Public health referrals to OSHA: Experiences in the states - Panel

Doug Kalinowski, Director of Michigan OSHA
Elise Pechter, Massachusetts Department of Public Health
Richard Fairfax, Federal OSHA-Deputy Assistant Secretary

2:30 – 3:30  Breakout groups

All breakout groups will all be on the same topic and will be asked to answer the same set of questions (preliminary questions below.)
- What makes a good enforcement referral from an OSHA perspective? From a public health perspective?
- What are benefits of referrals from a state health department perspective? An OSHA perspective?
- What are barriers to referrals from a state health department perspective? An OSHA perspective
- When to refer to enforcement vs. encouraging consultation?
At least one person from each of these groups will participate in the Breakout Session 1 on referrals on Day 2 in which the group will synthesize input from the meeting regarding possible practice guidelines for enforcement and consultation referrals.

Breakout group 1
Moderators: David Bonauto, Washington Department of Labor
       Nancy Hauter, OSHA Directorate of Enforcement Programs

Breakout group 2
Moderators: Tom St. Louis, Connecticut Department of Public Health
       Dionne Williams, OSHA Directorate of Enforcement Programs

Breakout group 3
Moderators: Martha Stanbury, Michigan Department of Community Health
       Gil Gillen, OSHA Region II

Breakout group 4
Moderators: Linda Forst, University of Illinois, Chicago
       Russell Jones, OSHA Director of Cooperative and State Programs

3:30 – 3:45  Break

3:45 – 4:45  OSHA’s data needs: what can a developed state public health program offer - Panel and discussion

This session will focus on data and other resources that states can offer that may inform enforcement, standard setting, program evaluation, identification of and response to emerging issues.

Bill Perry, Deputy Director of Directorate of Standards and Guidance, OSHA
Robert Harrison, California Department of Public Health

4:45 – 5:30  Outreach, education and training activities in the states – Panel and discussion

This session will provide a brief overview of ongoing education and training activities conducted by OSHA and state public health agencies.

Deborah Berkowitz, OSHA Chief of Staff
Barbara Materna, California Department of Public Health

Day 2 – March 10

8:30 – 10:00  Breakout groups

Group 1. Practice guidelines for public health referrals to OSHA

This group will synthesize input from the previous day on initial practice guidelines for enforcement and consultation referrals to OSHA.
Group 2. Collaborating on outreach, education and training efforts

This group will explore barriers and opportunities to partnering on educational and outreach and strategies to avoid duplication of efforts. It may include for example, discussion of:

- Greater public agency collaboration with Harwood grantees
- Increased collaboration with FACE and fatality/FACE alerts
- Development and dissemination of materials
- Reaching underserved workers

Moderators: Terry Bunn, University of Kentucky
Henry Payne, Director, OSHA Directorate of Training and Education

Group 3. Data needs

This group will explore opportunities for using state data sources to address OSHA’s unmet data needs for impact evaluation, standard setting, etc. State needs for OSHA data and uses of data to inform public health practice will also be addressed.

Moderators: Tish Davis, Massachusetts Department of Public Health
Glenn Shor, OSHA Special Assistant to the Assistant Secretary

Group 4. Collaboration on emerging issues

This group will explore a variety of ways in which state public health agencies and OSHA can collaborate on emerging issues. Examples may include strengthening communications regarding potential emerging concerns (e.g., a new chemical hazard), field investigations, alerts, public health data gathering through worker or employer surveys, emergency response to major chemical release events, outreach case-finding efforts for unusual diseases of potential occupational etiology, etc.

Moderators: Kitty Gelberg, New York State Department of Health
David Valiante, OSHA Office of Science and Technology Assessment, Directorate of Technical Support and Emergency Management

10:00 – 10:15 Break

10:15 – 11:15 Report back from breakout groups

11:15 – 12:00 Next steps: Where do we go from here?

12:00 Adjourn