



COUNTING WORK-RELATED INJURIES AND ILLNESSES: TAKING STEPS TO CLOSE THE GAP

April 21-22, 2009

Arlington, VA

Meeting Summary

Counting Work-related Injuries and Illnesses: Taking Steps to Close the Gap Major Recommendations

Following are the major recommendations that emerged from the meeting for building a comprehensive nationwide system for surveillance of occupational injuries and illnesses that draws on a number of complementary data sources. The agencies identified to be involved in moving the recommendations forward are listed in parentheses after each recommendation. (See Appendix A for Glossary.)

Fill the Gaps

- **Include an annual nationwide survey of the labor force to identify occupational injuries and illnesses among interviewed workers as an essential component of a comprehensive national surveillance system.** This can be done most efficiently by building on existing national population surveys such as the National Health Interview Survey, the Behavioral Risk Factor Surveillance (BRFSS) system or the Current Population Survey and may involve adding supplements to existing surveys on a rotating basis. Precedents for a worker survey component can be found not only in Europe but in the collection of employment data in the U.S. (NIOSH/NCHS/NCCDP/BLS)
- **Expand state-based surveillance using multiple data sources and use data from selected states and on selected conditions to provide periodic estimates of the undercount in the annual employer based – survey.** States are uniquely positioned take advantage of multiple data sources currently available and also to use data to take preventive action at the state and local levels. (NIOSH/States/BLS)
- **Work with those establishing standards for electronic health records and advocate with policy makers to insure that information about a patient’s work and indicators of work-relatedness of health conditions are collected as standardized variables in all electronic health records.** Electronic health records are destined to become a cornerstone of American medicine and a vital source of information for public health surveillance. Action is required now to assure that the opportunity to collect occupational health information is not missed. (NIOSH/ States/BLS)
- **Routinely collect information about industry and occupation in all National Center for Health Statistics and National Institute of Health morbidity surveys and the BRFSS.** This information will be useful not only for tracking work-related health outcomes but also developing integrated approaches to worksite wellness that address both lifestyle and occupational risk factors for chronic disease. (NIOSH/NCHS/ NIH/States)
- **Use workers’ compensation data to supplement other surveillance systems.** Develop a surveillance database using workers’ compensation data (initially from 5-10 states) with standardized data elements designed to permit extrapolation to all states. This could be used to help to uncover work site specific excess risk and to identify reporting gaps in other data sources comparability across conditions. (NIOSH/States/NASI).
- **Expand the use and utility of existing national health data bases.** Review and correct impediments to using existing national data bases such as the National Electronic Injury Surveillance System, National Ambulatory Care Survey, and National Hospital Discharge Survey for annual incorporation into occupational injury and illness surveillance. (NIOSH/NCHS)

Inform the Nation

- **Market surveillance findings in creative formats and venues.** The public as well as policy makers need to know both the stories and statistics underscoring the significance the workplace health and safety problems, the fact that they are preventable, and the value of data in making a difference. (BLS/OSHA/NIOSH/ States)
- **Provide direct and timely access to available surveillance data in user friendly formats.** Easy access by stakeholders to essential knowledge provides potential to engage a wide range of potential data

users and promote use of the data for preventive action. (BLS/OSHA/NIOSH/States)

- **Produce and disseminate a comprehensive annual surveillance report on work-related injuries and illnesses in the U.S.** This report should be informative, attractive and user friendly. It should incorporate data from the Survey of Occupational Injuries and Illnesses, the proposed annual nationwide labor force survey and multiple health data bases including NEISS, ABLES, Poison Control Centers, Cancer registries, and hospital discharge data. Individual case reports will be an essential component. (BLS/OSHA/NIOSH/States)

Successful implementation of these recommendations will provide the public health workforce and the community with essential knowledge that is currently unavailable but critical to permit reduction and elimination of preventable work-related injury and illnesses. The 150,000,000 workers in the US deserve nothing less. To implement these recommendations requires immediate and long-term enhancement of capacity and infrastructure at both the federal and the state levels. Despite the current economic crisis, the groundwork must be laid now and a plan developed to provide adequate funding and expertise to achieve the goals within five years. Some steps can be undertaken now without additional resources such as improved collaboration and coordination between federal agencies and the states to enhance cross fertilization and staffing. Work should begin by forming an inter-agency surveillance coordination committee/workgroup to move forward on implementing these recommendations.

Summary of Meeting

Accurate information about extent, nature and causes of work-related injuries and illnesses is essential to assess and report on the health of the U.S. workforce. This information is also critical to strategically allocate prevention resources to reduce work-related injuries and illnesses and the associated human and economic costs. Surveillance of the impacts of work on health currently, however, is grossly inadequate and has not kept up with changes in risk connected to the rapid changes in our economy and the demographics of our workforce.

A 1987 National Academy of Sciences report on known surveillance system failures did result in a comprehensive multi-data source system for tracking fatal occupational injuries. It also led to important improvements in tracking non-fatal occupational injuries but these improvements were only a beginning. Significant gaps in coverage and quality and completeness of data on non-fatal work-related injuries continue to exist and current efforts based on employer record-keeping have proven insufficient to address the complex problem of finding and significantly reducing the burden of work-related disease

There is already a national consensus among experts that occupational health surveillance must be greatly enhanced immediately. A 2008 congressional oversight hearing and report highlighted the undercount of work-related injuries and illnesses in the current Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics (BLS) and called for developing solutions. The Government Accountability Office will issue a report on this later this year. Eight recent National Academy reports on the National Institute for Occupational Safety and Health (NIOSH) research press for major changes to occupational health surveillance urging national and state authorities to prepare a truly modern multi-system approach to protect our workers.

While many have called for critical improvements in surveillance of occupational injuries and illnesses, little has been done to identify concrete next steps for action. This Work Group meeting was designed to address this task. The Council of State and Territorial Epidemiologists (CSTE) brought together state and federal surveillance experts, researchers and key stakeholders from industry and labor to develop the outline of specific proposals for building a modern national infrastructure for surveillance of non-fatal work-related injuries and illnesses including the creation of the complementary components necessary to finally provide adequate surveillance of occupational illnesses. (See Appendix B for the list of meeting participants and meeting agenda.)

Specific goals of the meeting were to:

- Update state and NIOSH participants regarding proposed strategies to improve the BLS and Occupational Safety and Health Administration (OSHA) data collection systems
- Increase understanding of policy makers and other stakeholders about what the public health infrastructure has to offer to address surveillance gaps
- Identify specific short and longer range recommendations for using multiple data sources to improve surveillance of non-fatal occupational injuries and illnesses.

The meeting began with an overview of public health surveillance and an exercise on the goals of surveillance. Though not an inclusive list, Appendix C lists the major objectives of a comprehensive occupational health surveillance system. Participants emphasized the need for surveillance agencies to work with data users to assure that proper data are collected and provided in ways to most effectively promote **preventive action**. The importance of a **coordinated multi system approach** and **taking advantage of existing data sources** was stressed. Likewise underscored was the need for case-based surveillance to more fully elucidate the problems and provide case examples to augment the statistics. A panel reported on changes underway or suggested to improve the quality and completeness of the data based on employer records collected by BLS and OSHA (See Appendix D). Employer-based data remain a critical source of information and changes are essential to strengthen OSHA record-keeping requirements and the Survey of Occupational Injuries and illnesses. However, even with improvements there will continue to be significant gaps. After the first morning, the remainder of the meeting was devoted to identifying specific recommendations for using multiple data sources to go beyond the current reliance on the employer based survey to substantially enhance and improve surveillance of non-fatal occupational injuries and illnesses.

Appendix A

Glossary of Acronyms

ABLES – Adult Blood Lead Epidemiology and Surveillance
BLS - Bureau of Labor Statistics
BRFSS - Behavioral Risk Factor Surveillance System
CSTE - Council of State and Territorial Epidemiologists
NASI - National Academy of Social Insurance
NCCDP – National center for Chronic Disease Prevention
NCHS – National center for Health Statistics
NEISS - National Electronic Injury Surveillance System
NIH - National Institute of Health
NIOSH - National Institute for Occupational Safety and Health
OSHA - Occupational Safety and Health Administration

Appendix B

Meeting Participants/Organizers and Meeting Agenda

Meeting Organizers: Letitia K. Davis (MA DPH); Kenneth Rosenman (MSU); John Sestito (NIOSH); Robert Harrison (CA DPH); Martha Stanbury (MI DCH); Henry Anderson (WI DHS); David Bonauto (WA DOL&I); Barbara Materna (CA DPH); Erin Simms (CSTE)

Meeting Agenda

Day 1 – April 21

Moderator: Tish Davis

9:00 – 9:30 Introductions and overview of meeting

9:30 - 10:15 Goals of Surveillance - Exercise and group discussion

10:15 - 10:30 Break

10:30 – 12:00 Improving OSHA/BLS data collection - Panel and discussion

Moderator: Barbara Silverstein

- Kate Newman, BLS
- Dave Schmidt, OSHA
- Peg Seminario, AFL-CIO
- Steve Newell, ORC

12:00 – 1:00 Buffet lunch

1:00 – 3:30 Using the public health infrastructure to fill the gaps – Breakout groups

Group 1. **Administrative and clinical data sources**, e.g. hospital inpatient and emergency department records, emergency medical services data, occupational medical monitoring data, electronic health records.

Moderator: Ken Rosenman

Reporter: Eileen Storey

Group 2. **General population and worker surveys**

Moderator: David Wegman

Reporter: Terri Schnorr

Group 3. **Laboratory and poison center reports**

Moderator: Martha Stanbury

Reporter: Marie Herring Sweeney

Group 4. **Workers' compensation records**

Moderator: Les Boden

Reporter: Dawn Castillo

3:30 – 4:00 Break

4:00 – 5:00 Using cases to target worksite follow-up: Protecting patient/worker confidentiality - Presentation and discussion

Moderator: Robert Harrison

5:00 – 6:00 COSS (Consortium of State Surveillance programs) meeting for NIOSH and state participants

Moderator: Jae Douglas

Day 2 – April 22

Moderator: Ken Rosenman

8:30 - 10:30 Reports from Breakout groups WITH group discussion

10:30 – 10:45 Break

10:45 – 12:00 Reports from Breakout groups (continued)

12:00 – 1:00 Box Lunch

1:00 – 3:00 Putting it all together and next steps
Moderators: Tish Davis and Greg Wagner

Meeting participants

State Participants

Robert Harrison, MD, MPH
Chief, Occupational Health Surveillance
and Evaluation Program
CA Department of Public Health
850 Marina Bay Pkwy
Building P, Third Floor
Richmond, CA 94804
TEL (510) 620-5769
robert.harrison@ucsf.edu

Letitia Davis, ScD, EdM, Director
Occupational Health Surveillance Program
Massachusetts Department of Public Health
250 Washington Street, 6th Floor
Boston, MA 02108
TEL (617) 624-5626
FAX (617) 624-5696
Letitia.Davis@state.ma.us

David Bonauto, MD, MPH
Associate Medical Director
SHARP Program
PO Box 44330
Olympia, WA 98504
TEL (360) 902-5664
bone235@lni.wa.gov

Barbara Silverstein, PhD, MPH
Washington State Department of Labor and Industries
Safety and Health Assessment and Research for
Prevention (SHARP) Program
PO Box 44330
Olympia, WA 98504-4330
TEL (360) 902-5668
FAX (360) 902-5672
silb235@lni.wa.gov

Alicia Fletcher, NY
547 River Street, Room 230
Troy, NY 12180
TEL (518) 402-7900
amk05@health.state.ny.us

Kenneth Rosenman, M.D., FACPM, FACE
Professor of Medicine
Chief, Division of Occupational and Environmental
Medicine
Michigan State University
117 West Fee
East Lansing, Michigan 48824-1315
TEL (517) 353-1846
FAX (517) 432 3606
Rosenman@msu.edu

Terry Bunn, PhD
Assistant Professor
Occupational Injury and Illness Surveillance Programs
Kentucky Injury Prevention & Research Center
University of Kentucky
333 Waller Ave., Suite 206
Lexington, KY 40504
TEL (859) 257-4955
tlbunn2@email.uky.edu

Lei Yu, PhD
Kentucky Injury Prevention & Research Center University
of Kentucky
333 Waller Ave., Suite 206
Lexington, KY 40504
TEL (859) 257-6777
FAX (859) 257-3909
lyu2@email.uky.edu

Michelle Lackovic, MPH
Louisiana Department of Health & Hospitals
Office of Public Health
Section of Environmental Epidemiology & Toxicology
PO Box 60630 New Orleans, LA 70160
TEL (504) 219-4518
mlackovi@dhh.la.gov

Stephanie Moraga-McHaley, MS
Surveillance Coordinator
New Mexico Department of Health
1190 St. Francis Drive N1320
Santa Fe, NM 87502
TEL (505) 841-5894
Stephanie.Moraga-Mc@state.nm.us

Academic Participants

Tom St. Louis
Occupational Health Program Director
Connecticut Department of Public Health
410 Capitol Ave., MS# 11OSP
P.O. Box 340308
Hartford, CT 06134-0308
TEL (860) 509-7759
thomas.st.louis@ct.gov

Henry A. Anderson, MD
State Health Officer
Chief Medical Officer
Wisconsin Division of Public Health
PO Box 2659
Madison, WI 53701
TEL (608) 266-1253
Henry.Anderson@dhs.wisconsin.gov

Jae Douglas
Office of Environmental Public Health
Oregon Public Health Division, Department of Human
Services
800 NE Oregon Street, #640
Portland, OR 97232
TEL (971) 673-1139
Jae.p.douglas@state.or.us

David Valiante, MS
Program Manager
New Jersey Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625
TEL (609) 984-1863
David.Valiante@doh.state.nj.us

Susan L Prosperie, MS, RS, Manager
Exposure Assessment, Surveillance, and Toxicology Group
Environ. & Injury Epidemiology and Toxicology Branch
Epidemiology & Disease Surveillance Unit MC-1964
Texas Department of State Health Services
PO BOX 149347
Austin, TX 78714-9347
TEL (512) 458-7111 ext 6704
FAX (512) 458-7222
Susan.Prosprie@dshs.state.tx.us

Pam Rogers
Wisconsin Division of Public Health
PO Box 2659
1 West Wilson Street, Rm. 150
Madison, WI 53702
TEL (608) 264-9829
rogerpf@dhs.state.wi.us

David H. Wegman, MD, MSc
Professor
Department of Work Environment
School of Health and Environment
University of Massachusetts Lowell
Kitson 200
1 University Avenue
Lowell, MA 01854
TEL (978) 934-3265
David.Wegman@uml.edu

Les Boden, PhD
Professor, Environmental Health
Boston University School of Public Health
715 Albany Street, Talbot Building
Boston, MA 02118
TEL (617) 638-4635
lboden@bu.edu

Tim Morse, Ph.D., CPE
Associate Professor, Certified Professional Ergonomist
Occupational and Environmental Health Center
The Exchange, Suite 262
UConn Health Center
Farmington, CT 06030-6210
TEL (860) 679-4720
FAX (860) 679-1349
tmorse@uchc.edu

John Mendeloff
Director
RAND Center for Health and Safety in the Workplace 4570
Fifth Ave., Ste 600
Pittsburgh, PA 15213
TEL (412) 683-2300 ext 4532
jmendel@rand.org

Gordon S. Smith, MD (MB.ChB, Otago), MPH
Professor
Department of Epidemiology & Preventive Medicine
University of Maryland School of Medicine
National Study Center for Trauma and EMS
701 W. Pratt St. #524
Baltimore, MD 21201-1023
TEL (410) 328-3847
FAX (410) 328-2841
gssmith@som.umaryland.edu

Lee Friedman, PhD
Research Assistant Professor
UIC School of Public Health
2121 W. Taylor, MC 922
Chicago, Illinois 60612
lfried1@uic.edu

David Michaels, PhD, MPH
Director, The Project on Scientific Knowledge and Public Policy
Research Professor and Interim Chairman
Department of Environmental and Occupational Health
The George Washington University School of Public Health and Health Services
2100 M St. NW, Suite 203
Washington DC, 20037
TEL (202) 994-2461
FAX (202) 994-0011
eohtmlmm@gwumc.edu

Labor Participants

Peg Seminario
Safety and Health Director
AFL-CIO
815 16th Street, NW
Washington DC 20006
TEL (202) 637-5366
FAX (202) 508-6978
PSeminar@aflcio.org

Eric Frumin
H & S Coordinator, Change to Win
UNITE HERE
275 7th Avenue
New York, NY 10001-6708
TEL (212) 352-4720
efrumin@unitehere.org

Jackie Nowell
UFCW
1775 K Street NW
Washington, DC 20006
TEL (202) 466-1502
FAX (202)466-1562
jnowell@ufcw.org

Scott Schneider
Director of Occupational Safety and Health
Laborers' Health and Safety Fund of North America
905 Sixteenth St., NW
Washington, DC 20006
TEL (202) 628-5465
FAX (202) 628-2613
schneider@lhsfna.org

Bill Borwegen
SEIU
1800 Massachusetts Avenue, NW
Washington, DC 20036
Bill.Borwegen@seiu.org

Consulting Firm Participants

Steve Newell
Organization Resource Counselors Worldwide
1800 K Street NW
Suite 810
Washington, DC 20006-2226
snewell@orc-dc.com

Ann Brockhaus
Organization Resource Counselors Worldwide
1800 K Street NW
Suite 810
Washington, DC 20006-2226

CSTE Participants

Erin Simms, MPH
Research Analyst
CSTE
2872 Woodcock Boulevard
Suite 303
Atlanta, GA 30341
TEL (770) 458-3811
esimms@cste.org

Martha Stanbury, MSPH
State Administrative Manager
Michigan Department of Community Health
201 Townsend Street
PO Box 30195
Lansing, MI 48909
TEL (517) 335-8364
StanburyM@michigan.gov

NIOSH Participants

Margaret S. Filios SM, RN
CAPT, US Public Health Service
State-based Surveillance
Surveillance Branch, Div. Respiratory Disease Studies
NIOSH/CDC
TEL (304) 285-6307
MFilios@cdc.gov

Dawn Castillo, MPH
Branch Chief
NIOSH/CDC
Surveillance and Field Investigations Branch
1095 Willowdale Rd
MS H-1808
Morgantown, WV 26505
TEL (304) 285-5916
DCastillo@cdc.gov

John Sestito, JD, MS
Surveillance Program Coordinator
Division of Surveillance, Hazard Evaluations and Field
Studies
NIOSH, Alice Hamilton Laboratory, MS R-18
5555 Ridge Avenue
Cincinnati, Ohio 45213
TEL (513) 841-4184
Jsestito@cdc.gov

Teresa Schnorr
Division Director
Division of Surveillance Hazard Evaluation and Field
Studies
NIOSH/CDC
4676 Columbia Parkway, MS R-17
Cincinnati OH, 45226
TEL (513) 841-4428
tschnorr@cdc.gov

Marie Haring Sweeney
Chief of Surveillance Branch
Division of Surveillance Hazard Evaluation and Field
Studies
NIOSH/CDC
4676 Columbia Parkway, MS R-17
Cincinnati OH, 45226
TEL(513) 841-4102
Mhs2@cdc.gov

Larry L. Jackson
Supervisory Epidemiologist
NIOSH/CDC
Division of Safety Research
1095 Willowdale Road
Morgantown, West Virginia 26505
TEL (304) 285-5980
FAX (304) 285-5774
larry.jackson@cdc.hhs.gov

John R. Myers
Health Statistician
NIOSH, DSR
1095 Willowdale Road
Morgantown, West Virginia 26505
TEL (304) 285-6005
FAX (304) 285-5774
JRMyers@cdc.gov

Eileen Storey, MD, MPH
Acting Chief, Surveillance Branch
Division of Respiratory Disease Studies
NIOSH
1095 Willowdale Road MS G900
Morgantown, WV 26505-2888
TEL (304) 285-6382
Eileen.Storey@cdc.hhs.gov

Jeffrey Shire
Division of Surveillance, Hazard Evaluation and Field
Studies
CDC/NIOSH
4676 Columbia Parkway, MS R-17
Cincinnati, OH, 45226
Jeffrey.Shire@cdc.hhs.gov

Nancy Stout, EdD
Director
Division of Safety Research (DSR)
1095 Willowdale Road, MS/1900
Morgantown, WV 26505
TEL (304) 285-5894
FAX (304) 285-6046
nas5@cdc.gov

Gregory R. Wagner, M.D.
Harvard School of Public Health
Boston, MA
and
National Institute for Occupational Safety and Health
Washington, DC
TEL (617) 432-6434
FAX (617) 432-0219
grw3@cdc.gov

BLS Participants

Katharine Newman
Economist, Division Chief
BLS Occupational Safety and Health Statistics
2 Massachusetts Ave. NE
Washington, DC 20212
TEL (202) 691-6162
newman.kate@bls.gov

William J. Wiatrowski
Associate Commissioner for Compensation and Working
Conditions
US Bureau of Labor Statistics
2 Massachusetts Ave. NE
Washington, DC 20212
TEL (202) 691-6301
wiatrowski.william@bls.gov

Janice Windau
Epidemiologist
US Bureau of Labor Statistics
2 Massachusetts Ave. NE
Washington, DC 20212
TEL (202) 691-6160
windau.janice@bls.gov

Mark Zak
Supervisory Economist
US Bureau of Labor Statistics
2 Massachusetts Ave. NE
Washington, DC 20212
TEL (202) 691-6174 zka.mark@bls.gov

Scott Richardson
Program Manager, CFOI
US Bureau of Labor Statistics
2 Massachusetts Ave. NE
Washington, DC 20212
TEL (202) 691-6165
richardson.scott@bls.gov

OSHA (DC) Participants

Dave Schmidt
U.S. Department of Labor
OSHA Office of Statistical Analysis
200 Constitution Avenue
Washington, D.C. 20210
TEL (202) 693-1886
Schmidt.Dave@dol.gov

Jim Maddux
Acting Director,
OSHA Office of Physical Hazards, Room N3818
200 Constitution Ave, NW
Washington, DC 20210
TEL (202) 693-1968
maddux.jim@dol.gov

Sven Rundman
Team Leader/Senior Industrial Hygienist
U.S. Dept. of Labor – OSHA
200 Constitution Ave., NW
Room N-3119
Washington, DC 20210
TEL (202) 693-2585
FAX (202) 693-1681
rundman.sven@dol.gov

GAO Participants

Mary A. Crenshaw
Senior Analyst
U.S. Government Accountability Office
441 G Street, N.W., Room 5928
Washington, D.C. 20548
CrenshawM@gao.gov

Sara Pelton
U.S. Government Accountability Office
441 G Street, N.W., Room 5928
Washington, D.C. 20548
PeltonS@GAO.GOV

Tanya Doriss
U.S. Government Accountability Office
441 G Street, N.W., Room 5928
Washington, D.C. 20548
DorissT@GAO.GOV

CDC/NCHS Participants

Charles F. Dillon, MD, PHD
CDC/NCHS/DHANES
3311 Toledo Road, Room 4217
Hyattsville, MD 20782-2064
TEL (301) 458-4685
FAX (301) 458-4028
cid2@cdc.gov

Brenda LaRochelle
Public Health Analyst
National Center for Health Statistics, Division of Health
Interview Statistics, Office of the Director
TEL (301) 458-4686
BLaRochelle@cdc.gov

Jim Dahlhamer
Survey Statistician
National Center for Health Statistics, Division of Health
Interview Statistics, Survey Planning & Special Surveys
Branch
TEL (301) 458-4403
JDahlhamer@cdc.gov

Appendix C

Goals of Tracking Work-Related Injuries and Illnesses

Public health surveillance carries with it a responsibility for action. It is widely accepted that the final link in the surveillance chain is the application of the data to prevention.

Information about where and how workers are injured or made ill on the job is essential **to target, design and evaluate prevention efforts**, ranging from regulatory and educational activities to the development of new safer technologies and public policies to promote safe and healthful work. Surveillance provides this information, allowing us to set priorities for allocation of limited prevention resources, to design relevant interventions, and to monitor progress in meeting injury and illness reduction goals. Surveillance can also play a critical role in mobilizing action to address the workplace health and safety problems. Specific objectives are:

- To document the overall magnitude of the problem. *How many workers are injured/ill? At what rate? How severe are the injuries and illnesses? Are trends increasing or decreasing?*
- To identify the industries and occupations where intervention is most needed. *What industries and occupations have the highest injury rates? The highest numbers of injuries/illnesses? The most severe injuries/illnesses?*
- To characterize the populations (defined by age, gender, race/ethnicity) at risk that merit special attention.
- To characterize the most common types of injuries/illnesses, their causes and known risk factors that need to be addressed.
- To identify potential, previously undocumented risk factors (e.g. inadequate supervision) that require further etiologic research.
- To identify new or emerging hazards (*new hazards; old hazards in new settings*)
- To identify individual workplaces (departments within workplaces) where intervention is warranted
- To evaluate the effectiveness of intervention efforts
- To mobilize support for prevention activities

Appendix D

Specific suggestions and/or plans to improve occupational Injury and illness data collected by OSHA and BLS

Increase enforcement of record-keeping requirements

- Implement National Emphasis Program on record-keeping (planned).

Provide better information and more training for employers, unions and workers about record-keeping and how to use data for prevention at the worksite.

- Develop record keeping advisory to assist employers in walking through record-keeping logic (planned).
- Develop a web-based expert system to determine record ability with employers signing an affidavit that they are using this system.
- Provide improved very clear definition of what is recordable, particularly of musculoskeletal disorders and what is a new versus case.

Require employers to report all hospitalizations to OSHA by phone

Collect additional data in the SOII and improve data collection tools

- Extend survey to the public sector (underway)
- Collection additional data on establishment health and safety programs/practices and firm characteristics
- Collect case and demographic data on restricted workday cases
- Add back columns on musculoskeletal disorders and hearing loss to the OSHA 300 forms
- Report information on whether cases were hospitalized to allow for comparison with hospital data sets
- Add employer use column to the logs to serve employer's own needs
- Require site specific logs for construction
- Explore feasibility of web-based reporting system
- Aggregate state data over time

Collect additional data in the OSHA Data Initiative (ODI) and made it more readily available to users

- Collect corporate wide data (under consideration)
- Collection construction data (will be included in 2009)
- Include injury rates in the published ODI data
- Put ODI data on a dedicated web-page link to OSHA's Integrated Management Information System (IMIS).

Continue and Expand BLS program of small studies. e.g multi-data source studies, workers compensation matching studies (ongoing) new special studies of youth, older workers, contingent workers, falls, highway construction, development of methods to adjust for the undercount.

Amend OSHA recordkeeping rule to prohibit practices that directly or indirectly promote suppression of reporting.

Identify and promote benchmarks other than injury rates for companies to use in evaluating their health and safety performance.