

AK*Unfunded*

- 1) All workers
- 2) Workplace violence
- 3) Workers Compensation; hospital discharge data
- 4) legalized marijuana and workplace policies

CA*Expanded: Pesticides, asthma, FACE*

- 1) Low wage, Hispanic, health care workers, school maintenance, hotel housekeepers, oil and gas extraction workers, engineered stone fabrication workers
- 2) Silica, cleaning agents, lead, ergonomic hazards, airborne infectious agents, landscaping/tree trimming hazards
- 3) acute pesticide poisoning, occupational lung diseases, acute traumatic fatalities and hospitalizations, coccidioidomycosis, lead poisoning
- 4) electronic death records, workers compensation claims
- 5) MMWR on HIV transmission in the adult film industry; 20+ years of asthma surveillance data; surveillance for acute work-related hospitalizations
- 6) sentinel disease and outbreak surveillance/investigations

CT*Fundamental Plus*

- 1) Young Workers, Non-English-Speaking Workers
- 2) Firing range lead, Exposure to workplace chemicals
- 3) Work-related Asthma, Chemical Inhalation Exposures
- 4) CT Poison Control Center Data, Emergency Dept. Data, Hospital Discharge Data
- 5) "Elevated Blood Lead Levels Related to the Use of Firearms, JOEM. (Manuscript #JOEM-15-5424) (In Press)
Proportion of Dermatitis Attributed to Work Exposures in the Working Population, United States, 2011 Behavioral Risk Factor Surveillance System, American Journal of Industrial Medicine 57:653-659 (2014)
- 6) Firing Range Lead

FL*Fundamental Plus*

- 1) Hispanic workers, construction workers
- 2) Falls; heat
- 3) heat-related illness, pesticide poisoning, adult blood lead
- 4) BRFSS; Trauma REgistry; infectious disease; syndromic surveillance/early notification of ED visits
- 5) Occupational Injuries Syndromic Surveillance Using Emergency Department Chief Complaints ;BRFSS and influenza vaccine; underutilization of Workers' compensation by Hispanics for Traumatic Injuries; Residential Construction; Experienced weather conditions vs weather stations and how it relates to heat watches and warnings; Poison Control Center ;Workers' compensation amputation claims by industry
- 6) Improving our fatality surveillance; building Coalition
- 7) Coalition/advisory groups

Key:

- 1) Priority populations 2) Priority hazards 3) Priority health conditions 4) Data sources you would like to explore further in your state 5) Title or topics of any anticipated reports / publications in the next 1-2 years 6) The one area/topic you would most like to discuss with other states

GA*Fundamental*

- 1) Employees--Lead Exposure
- 2) Lead Exposure
- 3) High Blood Lead Level among adult employees
- 4) EMS Trip Report and Syndromic Data
- 5) Detail Report on Adult Blood Lead Exposure
Other - Worksite Wellness Policies, Georgia Medium Size Employers
- 6) Violent Death

IA*Fundamental*

- 1) ag workers, older workers, self-employed workers, fatalities
- 2) motorized roadway, transportation, falls
- 3) lead poisoning, pesticide poisoning
- 4) ambulance-run data, workers comp data
- 5) Iowa Burden of Injury 2009-2013 data with OH chapter; OHI multi-year report; ABLES multi-year report
- 6) How to demonstrate impact from programming

IL*Fundamental Plus*

- 1) Low wage workers, public sector employees
- 2) Lead; multiple hazards in combination with poor training or poor safety measures
- 3) Burns, injuries
- 4) Emergency room, BRFSS
- 5) Community level clustering of occupational injuries, Injuries and illnesses among temporary employment workers
- 6) Contingent workers

KY*Expanded: Fundamental, OHI, FACE*

- 1) transportation, incident management
- 2) driving, incident management
- 3) TBI
- 4) Trauma, EMS, ICU
- 5) surveillance quality improvement
- 6) data sources

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LA*Fundamental Plus*

- 1) temp workers; construction; oil & gas; hispanic, low income
- 2) fundamental plus focus: heat;
- 3) injuries, asthma; exposure
- 4) WC, syndromic surveillance data, BRFSS
- 5) WC data review (2014-2015); Result of BRFSS analysis; heat-related illness in LA; annual indicator reports
- 6) temp workers: develop mechanism to track injuries/illnesses

MA*Expanded: Fundamental, Young Workers, Work-Related Lung Disease, FACE and Hospital Workers: Sharps and MSDs*

- 1) young workers (< 25) , immigrant minority workers, temporary workers, hospital workers, public sector workers
- 2) Sharps, patient handling, cleaning agents ,
- 3) work-related lung diseases, all injuries to young workers, amputations, sharps injuries, MSDs associated with patient handling, acute chemical poisonings
- 4) infectious disease reporting database, poison control data (using), ACS as a denominator data source
- 5) Occupational Health Disparities in MA by race and ethnicity, Sharps Injuries in MA by hospital, Work-related injuries and illness among local government workers, Fatal Occupational Injuries in MA 2008-2013, Occupational Injuries to Young Adults
- 6) Various BRFSS findings on health outcomes by I/O
- 7) using state data to assess reporting to OSHA

MD*Fundamental*

- 1) Non-English speaking workers
- 2) Prescription opioids
- 3) Falls/TBIs, motor vehicle accidents
- 4) Workers' Compensation, infectious disease databases (NEDSS)
- 5) Prescription opioids and re-injuries

MI*Expanded: Lung, FACE and Pesticides*

- 1) Manufacturing workers, temps, Youth, Minorities
- 2) Asthmagens, Safety hazards
- 3) Lung, acute traumatic fatal and nonfatal injuries, acute pesticides
- 4) Ambulance-run data base
- 5) Annual reports on all conditions, Quarterly newsletter
- 6) How to identify emerging issues

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MN*Fundamental*

- 1) Agriculture, Youth, Temporary Workers, Non-native english speakers
- 2) Asbestos, lead, serious injury
- 3) Mesothelioma, pneumoconiosis, asthma, serious injury
- 4) Ambulance run data
- 5) Costs of Injury related to agricultural work, Impact of work on Youth, Number of High Schools offering some form of occ health and safety
- 6) Agriculture

MO*Unfunded*

- 1) adult lead, hyperthermia, carbon monoxide poisoning
- 2) Poison Control Center data, Syndromic Surveillance (ESSENCE) data
- 3) possibly MMWR on CO poisoning surveillance (with other states & CDC)
- 4) work-related hyperthermia

MS*Fundamental*

- 1) People employed, state workers, Mississippians
- 2) Heat, burns
- 3) Pneumoconiosis, Carpal Tunnel Syndrome
- 4) Poison Control Center Data, hospital discharge data
- 5) Work-related Hospitalizations in Mississippi
- 6) Where and how to obtain the required data?

MT*Fundamental*

- 1) hospital discharge, workers' compensation, ABLES, independent contractors
- 2) Development of workplace injury questions in BRFSS

NC*Fundamental Plus*

- 1) Immigrant workers, Hispanic workers; construction, transportation, & agricultural workers
- 2) Construction, transportation, & agriculture industries
- 3) Lead & pesticide exposure, fatalities
- 4) Workers' compensation, trauma registry, NEISS, ACS
- 5) Occupational health disparities, BRFSS
- 6) Surveillance of immigrant workers, farmworkers

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NE*Fundamental Plus*

- 1) meatpacking workers, agricultural workers, health care workers, older workers,
- 2) lead, pesticide, and other chemical exposures, ergonomic hazards, zoonotic exposures,
- 3) fatal injuries, MSDs, poisonings, work-related infectious disease, chronic diseases
- 4) trauma registry, NHIS
- 5) annual reports for OHIs, lead, pesticide, fatal injuries
- 6) injuries in meatpacking industry, BRFSS reports, maps
- 7) industry/occupation and other work information in EHRs

NH*Fundamental Plus*

- 1) immigrant workers
- 2) occupational poisonings and lead exposures
- 3) elevated blood lead, chronic disease, asthma
- 4) workers' compensation claims data
- 5) commercial vehicle crash information with focus on distracted driving, lactation policies in the workplace, vaccination policies in healthcare
- 6) outreach to stakeholders, effecting policy change

NJ*Fundamental*

- 1) all working residents of NJ
- 2) Hospital billing, lab reports, poison control, death certs
- 3) Occupational Lung Disease
- 4) Hurricane Sandy work-related injuries
- 5) Climate Change affecting occupational hazards

NM*Fundamental Plus*

- 1) Oil and gas workers, Native Americans
- 2) Transportation-related accidents
- 3) Emergency department data
- 4) Work-related fatalities by race and ethnicity
- 5) Lessons learned from other states about obtaining transportation fatality data from multiple streams

NV*Unfunded*

- 1) Road construction workers
- 2) Naturally occurring asbestos
- 3) Respiratory negative health outcomes
- 4) Hospital discharge data

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- 5) Activity-based environmental sampling for Naturally occurring Asbestos
- 6) Environmental Health Risk Assessment
- 7) Tracking negative health effects in areas where naturally occurring asbestos is discovered

NY

Expanded: FACE, Lung, ABLES

- 1) High risk and disparate worker populations including immigrants, refugees, minorities, those in low paying jobs and pregnant women; ski resort workers and tower climbers
- 2) lead, falls and struck-by, motor vehicle traffic injuries, traumatic work-related injuries; respiratory hazards that result in an occupational lung disease
- 3) Occupational illnesses (as seen by NYS OHCN), work-related injuries and poisonings, traumatic injuries, lead exposure; work-related asthma; other acute lung conditions; silicosis
- 4) External cause of injury codes in both emergency department and hospital discharge; SOII; US Census Bureaus ACS; poison control centers; BRFSS; NYS Trauma Registry; NYS Occupational Health Clinic Network; Workers Compensation; NYS Occupational Lung Disease
- 5) A 10-year OHI trend analysis and summary report - web publication; NYS Heavy Metals 2010-2015 Summary Report; exploration of lead questionnaire data; Safety training manual for ski lift maintenance workers; Development of self-assessment tools for asthmatics to determine if their asthma is work-related; reports from IH investigations
- 6) Creation and use of a CATI questionnaire for lead interviews; incorporation of lower blood lead levels into the Heavy Metals Registry to better allow tracking of trends; use of social media to promote existing materials
- 7) Integration of work with other CDC-funded programs

OR

Expanded: FACE

- 1) The top four at-risk populations for fatal injury in Oregon are workers in the construction, transportation, agriculture, and logging. Priority populations for illness and injury surveillance include young workers, homecare/healthcare workers, commercial
- 2) Falls in construction, high risk shifts, exposures that may increase with climate change, and occupationally-acquired infection.
- 3) Occupational traumatic brain injury, back injuries and their treatment
- 4) Non-disabling claims data, emergency department data, EMS/Trauma registry data, syndromic surveillance
- 5) Young Worker injuries
- 6) Toolbox Talks to Prevent Construction Fatalities
- 7) Wildland fire fighting; CROI (federal) data and getting information to compare with state FACE data to determine why there are discrepancies; how investigation priorities are established? (of course high risk based on surveillance but what about emerging

TN

Fundamental

- 1) Migrant workers, minorities, low-SES individuals; Northeast Tennessee/Appalachia
- 2) repetitive movement, severe floods and storms, extreme heat, exposures
- 3) Heat illness, injury, cancer

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- 4) Poison Control Center data, drivers license data, EMS data, Cancer Registry Data
- 5) Minority Health and OH, Impact of heat illness on migrant workers, Work-related injuries in TN
- 6) We will also be partnering with other state agencies to reach vulnerable populations who may be most impacted by OH issues & Work on partnering with Open Data initiatives, fielding additional SAS capabilities
- 7) Direction of their states' activities (since we are new!) & Impacts of health disparities and "self reliance" in Appalachia

TX

Fundamental

- 1) Migrant farm workers
- 2) Occ lead exp, pesticide exp
- 3) asbestosis, & silicosis
- 4) Workers' comp data, EMS-Trauma Registry, BLS data
- 5) Texas Occupational Health & Safety Surveillance
- 6) Exploring BLS data & developing state-specific BLS databases

WA

Expanded: Fatalities, Occ Resp Disease, TIRES, WMSD in Home Health Care

- 1) Truckers, Home Health Care Workers
- 2) Fatalities, Occ Resp Disease
- 3) Poison Control Center, Trauma Registry, Hospital Discharge, BRFSS, Lung Transplant Registry
- 4) Inpt Hospitalization Data, BRFSS Occ Injury and Illness Data
- 5) BRFSS

WI

Fundamental

- 1) Agricultural workers; Youth workers (age 15-24 years)
- 2) Adult Blood Lead Poisoning, other Poisonings (e.g., CO)
- 3) Silicosis
- 4) PCC, ambulance run data (we have access to both and have started exploring data)
- 5) Elevated blood lead levels; E-cigarette poisonings in WI
- 6) Analyzing Workers' Comp data without additional grant funding and/or partnerships (basic analyses that can be done without complete denominator data)

WY

Unfunded

- 1) oil & gas, construction, agriculture, mining, trucking
- 2) motor vehicle crashes, work-site traumatic injury events
- 3) fatalities, severe injuries, driver fatigue
- 4) workers comp, hospitalization, ED, trauma registry, illness data sources
- 5) Annual Occupational Fatality Report, Oil & Gas Industry: Hazards and Health Outcomes, Workers' Compensation Surveillance

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