CSTE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

OCCUPATIONAL HEALTH SURVEILLANCE SUBCOMMITTEE

Beginning in the early 1990s, CSTE has collaborated with the National Institute for Occupational Safety and Health (NIOSH) to build capacity to conduct surveillance of occupational injuries and illnesses and related prevention activities at the state level. Since 1997, the CSTE Occupational Health Surveillance Subcommittee has met regularly with NIOSH staff to advance the aim of building state occupational public health programs. CSTE's work is an important building block in creating safer and healthier workplaces.

Highlights & Current Activities

- Annually update occupational health indicator (OHI) data on CSTE website
- Develop guidance on generation of county-level OHI data
- Provide at least one state contribution per month to NIOSH e-News
- Annually conduct one training webinar on technical aspects of occupational health surveillance
- Develop CSTE Position Statements related to the conduct of occupational health surveillance
- Plan, organize, conduct, and evaluate the Occupational Health program for the CSTE Annual Conference

- Plan fall and spring Occupational Health Surveillance Subcommittee meetings each year
- Provide ongoing CSTE participation in NIOSH Surveillance Coordination Group activities
- Provide occupational health consultancies to states
- Support two summer occupational health internships annually for college level or graduate students to work with state-based occupational public health programs

Major Accomplishments

- Publication of the revised *Guidelines for Minimum and Comprehensive State-based Public Health Activities in Occupational Safety and Health*
- Recommendations for conditions that should be placed under surveillance through the CSTE Position Statement process, including adult lead exposure, silicosis, pesticide poisoning, bronchiolitis obliterans/diacetyl exposure, asthma, and carbon monoxide poisoning
- Development of a set of state occupational injury, illness, and exposure indicators. This ongoing project has included development of indicator definitions, a step-by-step set of instructions for generating each indicator, and a compilation of multi-state, multi-year indicator data in a publication and on the CSTE web site. (See reverse side.)
- Publication of the *Role of States in a Nationwide Comprehensive Surveillance System for Work-Related Diseases, Injuries, Illnesses and Hazards* publication, which puts forward a vision and recommendations for building state capacity to conduct occupational injury and illness surveillance
- Publication of a guidance document titled Public Health Referrals to the Occupational Safety and Health Administration (OSHA)

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OCCUPATIONAL HEALTH INDICATORS

I. Occupational injury and illness indicators These are indicators using occupational injury and illness data sources that are available in the majority of states. Three of these indicators (i, ii and iii) are published annually by the Bureau of Labor Statistics (BLS) at the national level.

A. Occupational morbidity
   - i. Non-fatal work-related injuries and illnesses reported by employers
   - ii. Work-related amputations with days away from work reported by employers
   - iii. Work-related musculoskeletal disorders with days away from work reported by employers
   - iv. Work-related hospitalizations
   - v. Hospitalizations from work-related burns
   - vi. Hospitalizations from or with pneumoconiosis
   - vii. Acute work-related pesticide-associated illnesses and injury reported to poison control centers
   - viii. Incidence of malignant mesothelioma
   - ix. Work-related low back disorder hospitalizations
   - x. State workers' compensation claims for amputations with lost work-time
   - xi. State workers' compensation claims for carpal tunnel syndrome with lost work-time

B. Occupational Mortality
   - i. Fatal work-related injuries
   - ii. Mortality from or with pneumoconiosis

Surveillance indicators provide information about a public's health status with respect to occupational factors. Indicators allow states to compare its health status with that of other states, evaluate trends, and guide priorities for prevention and intervention efforts.

This document presents 20 indicators that describe the occupational health status of the working population. The indicators presented represent the consensus view of state and NIOSH representatives, and are intended as advisory to the states.

II. National and state-level occupational exposure and hazard indicators These indicators use occupational exposure data or hazard data sources that are consistently collected between states and at the national level. These would include laboratory screening result for exposures such as blood lead, number of workers employed in industries or occupations with high rates of work-related injuries or acute traumatic fatalities.

A. Elevated blood lead levels among adults
B. Percentage of workers employed in industries at high risk for occupational morbidity
C. Percentage of workers employed in occupations at high risk for occupational morbidity
D. Percentage of workers employed in industries and occupations at high risk for occupational mortality

III. National and state-level occupational intervention indicators These indicators use data sources related to interventions that are consistently collected between states and at the national level. These would include occupational health professionals working within a state, the number of OSHA inspections conducted within a state.

A. Occupational safety and health professionals
B. OSHA enforcement activities

IV. State-specific socio-economic indicators This indicator uses occupational injury and illness economic data sources that are primarily state-specific. The only indicator available at this time is for state workers' compensation awards.

A. Worker's Compensation Awards

Visit the indicator webpage at:
www.cste.org/ohindicators.asp