

Council of State and Territorial Epidemiologists
Occupational Health Subcommittee Meeting
Enhancing Partnerships between OSHA and State Public Health Agencies

Washington, D.C, March 9-10, 2010

Meeting Summary

Background

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, the U.S. Department of Labor and some state labor or factory inspection agencies. With the passage of the OSHA Act in 1970, the lead responsibility for regulating workplace health and safety conditions was entrusted to federal OSHA and state agencies that administer OSHA-approved state plans with complementary national research, technical support and educational roles assigned to NIOSH.

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, the National Institute for Occupational Safety and Health (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 brought together representatives of state occupational public health programs, NIOSH, BLS 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.** (See Appendix A for the list of meeting participants and meeting agenda.)

Specific goals of the meeting were to:

- Identify best practices, from both OSHA and public health perspectives, for public health referrals to OSHA
- Identify OSHA's unmet data needs that may be addressed by public health agencies. (e.g., data for prioritizing activity, impact evaluation, standard setting)
- Explore opportunities for increased collaboration in conducting outreach, education and training to employers, workers and health professionals.

- Explore opportunities for increased collaboration in addressing emerging occupational health and safety issues.

Issues Discussed

The meeting began with a welcome by OSHA followed by an overview of occupational public health activities in the states. State health agencies conduct both case based surveillance that involves identification and follow-up of specific workplace injuries and illnesses and population-based surveillance in which large representatives data sets such as hospital discharge data or clinical laboratory reports are used to track trends in work-related injuries and illness over time and locale. Examples of state data sources used for occupational health surveillance are listed in Table 1. These sources provide critically needed data on occupational illnesses that are not captured on OSHA logs. They also augment available data on occupational injuries. Intervention activities undertaken by state occupational public health programs range from non-regulatory investigations of workplace incidents leading to broad dissemination of prevention recommendations, referrals to regulatory agencies, and educational outreach. State health departments also incorporate occupational health considerations in ongoing public health activities such as worksite wellness, and emergency preparedness.

A subsequent panel provided examples from federal and state OSHA states of public health referrals to OSHA, followed by discussion of what makes for good referrals. Multiple successful examples of the usefulness of

Table. Examples of State data sources used for surveillance of work-related Injuries and Illnesses by state occupational health programs
<ul style="list-style-type: none"> • Health care provider reports • Death certificates • Cancer registries • Statewide hospital discharge data • Statewide emergency department data • Clinical laboratory reports • Workers' compensation records • Trauma registries • Emergency Medical Service (ambulance run) records • Poison control data • Agricultural extension reports • Behavioral Risk Factor Survey • Youth Risk Behavior Survey

State health department referrals to OSHA for enforcement investigations were provided. Outcomes included identification of significant violations of OSHA standards, identification of OSHA standards that were not sufficiently protective, correction of significant hazards and identification of other workers with occupational diseases. The importance of state health agencies developing working relationships with OSHA staff was emphasized. A panel on the use of data to inform standard development was highlighted by how data on adult blood lead levels from California have been used to inform recommendations to CalOSHA on revising the general industry and construction lead standards. OSHA provided an overview of ongoing education and outreach activities

focusing on Hispanic workers and states provided examples of educational initiatives including, for example, health and safety training for young workers through vocational education and workforce development programs in Massachusetts, extensive outreach, web resources and e-news on health and safety in the trucking industry in Washington State, tailgate trainings on construction safety for small contractors in California, a public health, OSHA industry, labor alliance to address silica hazards in construction in New Jersey and participation in the Farm Progress show in Iowa . (A copy of the slides presented at the meeting are available on request

The participants divided into four groups to address the meeting aims, and identify next steps for moving forward to improve public health agency/OSHA collaboration.

Group 1. Public health referrals to OSHA

This group identified the benefits of public health referrals to OSHA and synthesized input from the previous day to enhance the quality of the information shared for enforcement and consultation referrals. These referrals may:

- Improve OSHA inspection targeting, particularly health inspection targeting which has been historically difficult and also better target safety inspections to facilities where serious injuries have occurred

- Identify workplaces where disease/injury has already occurred and potentially those with the worse working conditions.
- Facilitate and extend the effectiveness of health department disease and injury surveillance to reduce and correct hazardous working conditions.

Factors that make for a good referral include:

- Timeliness
- Details and accuracy, quality data – confirmed problem
- Hazard is serious ,
- OSHA has jurisdiction
- Disease condition/hazard referred is covered by an existing OSHA standard,
- Condition/hazard is addressed by national or local emphasis programs

Referrals to OSHA consultation were considered appropriate in those circumstances where the state health department identified small businesses in need of assistance and did not consider the situation to be immediately hazardous. Of note, the OSHA consultation program has confidentiality requirements so that no information about consultations, including whether they were actually performed, can be shared with state health departments.

For follow-up discussion:

- A "How –to – Guide" for states to be developed by CSTE for referrals to OSHA that will address issues of timeliness, conditions to refer, what information to include in the referral, whom and how to contact, etc.
- Consideration of approaches to enhance outreach from OSHA Regional Administrators and Area Offices to work with state and local health departments (including discussion of possible OSHA directive, guidelines for a memorandum of understanding (MOU) between a State and OSHA if the State and regional administrator decide a MOU will be useful, guidelines for how OSHA would share information with the State, etc.) A successful approach in Region II has been a "sharing letter" with the referring state agency
- Approaches to enhance collaboration between State plan OSHA states and their respective state health departments, potentially as an evaluation criteria.

Group 2. Collaborating on outreach, education and training efforts

Both OSHA and State health departments develop educational materials on occupational safety and health and have networks of contacts and stakeholders to whom they disseminate information. This group shared information about ongoing efforts and explored opportunities for collaboration to increase efficiency, eliminate duplication and expand impact of educational outreach.

There are more than 17,000 active OSHA outreach trainers, including those that teach the 10 or 30-hour OSHA classes throughout the country. Federal OSHA determines the subject areas for 10 and 30 hour OSHA classes, which include mandatory and optional topics. While OSHA has developed some required curriculum, trainers have the flexibility to customize training to meet the needs of the class. There was also discussion about promoting use of NIOSH funded Fatality Assessment and Control Evaluation (FACE) reports, alerts and other occupational health materials developed by state public health programs as optional training resources for use by OSHA outreach trainers. Many occupational health materials produced by state health departments are available in Spanish and could be used in OSHA outreach efforts targeting Hispanic workers. Some states publish materials in other languages as well. State materials are now available through the new NIOSH state based surveillance (SBS) web-based clearinghouse, which can be searched by topic, state and language. FACE reports are also available through the NIOSH FACE website.

The use of closed OSHA fatality cases for development of similar public health alerts was also discussed. Access to OSHA fatality data may vary from state to state.

Educational materials and state surveillance data published by occupational public health programs may also be useful to Susan Harwood grantees for use both in training and in preparation of training proposals. Grantees may serve as important avenues for states to disseminate their materials. In turn, training materials

developed by Harwood Grantees available through OSHA website (pages currently being updated) may also be useful to state public health programs. Public health networks, such as the migrant clinics and community health centers, can be used to disseminate OSHA information. State public health programs were encouraged to access OSHA Education Center trainings to build capacity within their own programs.

For follow-up discussion:

- Use of closed OSHA fatality cases to develop public health alerts. , These could be used as a means of disseminating prevention lessons, as resources in 10- and 30-hour training, compliance assistance trainings, OSHA regional office trainings, and OTI Education Center trainings (pilot project).
- Introducing OSHA OTI Education Center staff to NIOSH funded state occupational public health programs and FACE investigation reports /alerts and other educational materials available for use in OSHA trainings. A state or NIOSH representative was invited to present at the meeting of OTI Education Centers Directors to be held in May 2011 in Salt Lake City, Utah.
- Surveying OSHA trainers to identify how trainers obtain safety and health information (pilot study)
- Linking OSHA training materials to the NIOSH State Based Surveillance (SBS) clearinghouse (wwwn.cdc.gov/niosh-survapps/statedocs/. and to the FACE website (www.cdc.gov/NIOSH/data)
- Possible inclusion of State health department participation in monthly compliance assistance and OSHA Hispanic outreach calls.
- Participation by NIOSH in the Susan Harwood Trainer Exchange on March 22-23, 2011, in Washington, DC, to discuss the FACE program, and include other prevention materials and handouts as resources for current Harwood grantees (Kerry Souza of NIOSH subsequently presented at this meeting.)
- Disseminating information on Harwood grantees to state health departments
- Inclusion of the link to NIOSH's SBS clearing house in the Requests for Proposals (RFP) as a resource for applicants to use in developing their proposals.

Dissemination

- Disseminating OSHA Quick Takes to state health departments.
- Informing state health departments how to access the OSHA Resource Center Loan Program.
- Informing state health departments how to access the OSHA publication office as a resource to obtain OSHA materials for dissemination
- Encouraging the placement of OSHA prevention information in local health departments, migrant clinics and health centers.
- Sharing stakeholder lists for community outreach between OSHA and state health departments.

Group 3. Data needs

This group explored opportunities for using state public health data sources to address OSHA's unmet data needs, e.g. standard setting, impact evaluation.

States learned about the types of information that OSHA needs for standard setting. In addition to surveillance data on the extent of the problem, qualitative case studies rich with details about cases/clusters can provide important information not available elsewhere. Peer reviewed publications receive more weight than other publications in the standard setting process. Information on costs of illness/injury and of implementing controls is also needed, as is information about the extent of exposure (numbers of workers exposed.) States were also reminded that they like others can petition to have issues placed on the OSHA regulatory agenda. Also discussed were the types of data available to the states and the possibility of using state data for assessing compliance with OSHA record-keeping. The possibility of states undertaking initiatives to collect data on specific topics, through the BRFSS or worker interviews, for example, was raised as was the potential for using state public health data to take advantage of "natural experiments"(e.g variation in OSHA's local emphasis programs) to evaluate impact of OSHA activities. A Washington state study using state workers' compensation data to compare impact of OSHA consultation vs. enforcement activities was presented as an example. Strategies for improving ongoing communication between OSHA and state public health agencies about data needs and opportunities were discussed.

For follow-up discussion:

- Consideration of options to improve communications between OSHA and state public health agencies about data needs and mutual research interests, recognizing OSHA's need to comply with OSHA's public notification requirements. Options suggested include: periodic conference calls, webinars, and participation of OSHA staff in bi-annual CSTE occupational health workgroup meetings.
- A CSTE survey of states regarding access to state workers' compensation data, emergency department, emergency medical services and hospital discharge data, and other disease/injury reporting data sources.
- Exploring use of state public health data sources as an external source of illness/injury information to help assess record-keeping compliance. (Possible collaborative pilot project.)
- CSTE tutorial for states on using available state data to document costs of occupational injury/illness.
- Potential for OSHA to use new SBS clearinghouse to readily access available state findings.
- CSTE tutorial for states on how to respond to OSHA's published "requests for information."

Group 4. Collaboration on emerging issues

This group explored ways in which state public health agencies and OSHA might collaborate on emerging issues. The group first discussed the definition of an "emerging issue" identifying the following types of issues: new hazards, disaster response, and previously recognized hazards that are occurring in new uses or industries. There was discussion of the importance of identifying and monitoring emerging issues in a systematic way to assure widespread dissemination of the information about the issues and to develop actions to reduce or eliminate health and safety hazards associated with these issues. Also discussed were various sources of information and how to strengthen communications regarding potential emerging concerns (e.g., a new chemical hazard). These sources can include field investigations, alerts, public health data gathered through worker or employer surveys, emergency response to major chemical release events, and outreach case-finding efforts for unusual diseases of potential occupational etiology. Information can be shared regularly using existing occupational health list serves and forums of sector-based workgroups

For follow-up discussion:

- When NIOSH funded states identify a potentially new issue, they should contact their relevant NIOSH contact who will disseminate the information to all NIOSH funded states and the appropriate OSHA personnel as an immediate alert.
- Establishment of a quarterly telephone conference call between regional administrators and state occupational public health programs in their regions. OSHA Area Offices and state DOL consultation programs could also be included. Other participants might include the OSHA National office and NIOSH HHE program. The issues to be discussed during quarterly calls could include other areas of collaboration, particularly referrals.
- Use of webinars to exchange information between OSHA and state public health agencies when new and developing safety and health issues are identified.