



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

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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.