

## STATE SPOTLIGHT

### New Hampshire



The state uses BRFSS to gauge the following public health topics:

- Chronic disease.
- Emergency preparedness.
- Occupational safety & health.
- Tobacco use prevalence.
- Health status & mental health.
- Childhood asthma.

#### **BRFSS: A Key Data Source for Studying Workers' Comp**

For nearly a decade, researchers have been using BRFSS data to study the relationship between work-related incidents and how injured or sickened individuals pay for treatment. In New Hampshire (NH), as in many other states, legislators and public health officials try to address the public-health issues that these studies identify, said Karla Armenti, MS, ScD, principal investigator, NH Occupational Health Surveillance Program at the University of New Hampshire.

> In 2007, a [10-state study](#) looked at work-related injury and payer source. Dr. Armenti said the results showed that the proportion of self-reported work-injured persons for whom medical treatment was paid for by Workers' Compensation (WC) insurance ranged from 47% in Texas to 77% in Kentucky (median 61%).

> The 2007 findings prompted the state to conduct another

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study of its own the following year, which found that nearly 5% of respondents reported they had been injured at work in the past 12 months seriously enough to require medical advice or treatment. When asked about the payment source for their injury or illness, about half (54%) of the workers reported their treatment was paid all, or in part, by WC. The remaining injured workers reported their treatment was paid for by private or government insurance (25%) or by other means (21%).

Although these respondents have been hurt on the job, they often avoid filing a workers' compensation claim. Dr. Armenti said researchers have found many reasons why this may happen, such as confusion on what may be reportable, worker preference for paid sick time over WC/Lost Work Time, fear of job loss, language barriers and misdiagnosis.

In September of 2014, New Hampshire Governor Maggie Hassan established the Commission to Recommend Reforms to Reduce Workers' Compensation Medical Costs. Discussions and presentations included subjects tied to under-reporting and cost shifting among the various payer sources. As part of this process, the NH Occupational Health Surveillance Program informed the Commission of its findings from the BRFSS data.

New Hampshire does have a comprehensive health information system (All Payer Claims Database-APCD) in place, but it does not include workers' compensation data. In 2015, Dr. Armenti worked with the NH Insurance Commission to consider changing state statute to require the collection of WC-related data as part of the APCD system. More information, she said, could give the state insight into the types of conditions that are occurring at NH worksites, the quality of treatment given, who pays the associated costs, and if there is potential for shifting costs between WC insurers and other payers like private and public insurance. Having the ability to track the trends of these work-related illnesses and injuries could also help the state develop interventions and track their effectiveness.

Dr. Armenti and her team published their study in June 2015; it used state-added questions to the BRFSS in 2008, 2012, and 2013 about work-related injuries prompting the respondents to seek medical advice or treatment, as well as how the respondents paid for the associated medical care.

## **Utilization of the NH Behavioral Risk Factor Surveillance System (BRFSS) to Better Understand Under-Reporting of Work-Related Injuries**

The study also looked at data the state began to collect in 2011 through state-added questions to the BRFSS survey about respondents' job title, work type, and industry. Findings suggested the highest rates of injury, by occupation, were reported by those working in building, grounds cleaning, and maintenance (12.2%). The industry with the highest percentage reporting injury was accommodation and food services. The study also found, as did previous studies, that although most NH workers were eligible for WC insurance because state law required their employers to provide it (unless the workers are contractors or self-employed), only about half reported their treatment was paid in full by WC. The result, Dr. Armenti noted, is a large financial burden falling to government and private insurers or to individuals having to pay out-of-pocket.

Dr. Armenti emphasized that close collaboration helped the researchers make their findings. "The NH OHSP works very closely with the BRFSS program at the New Hampshire Department of Health and Human Services," she said. "The state has historically been able to add unique and customized questions to its survey to inform a better understanding of specific topics. We also relied on the Centers for Disease Control and Prevention's National Institute on Safety and Health to provide expert coding on occupation and industry variables for the years used in our study. This was a tremendous contribution."

Dr. Armenti noted that her team is hoping to keep the Industry and Occupation question on the BRFSS and, in the coming years, repeat the study. Meanwhile, New Hampshire is currently leading an effort to manage another multi-state study similar to the one conducted in 2007, to provide a large and updated data set to support future research.

### **More Information**

**Research findings were presented at the 2016**

meeting of the American Public Health Association in Denver. Findings were also presented locally in the NH press, the magazine of the National Safety Council, and the 2015 meeting of the Council of State and Territorial Epidemiologists in Boston.

[Publications; Occupational Health Surveillance Program](#)

## National Center for Chronic Disease Prevention and Health Promotion

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