

Annual Report, July 2014 - June 2015
Occupational Health Surveillance Program (OHSP)
Massachusetts Department of Public Health (MDPH)
Expanded Occupational Health Surveillance in Massachusetts
Fundamental Project

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The aim of the Fundamental Project is to reduce the incidence of work-related injuries and illness in Massachusetts by:

- Generating and disseminating state occupational health indicators (OHIs),
- Conducting more extensive analysis of available population-based data sets and disseminating findings,
- Conducting sentinel case surveillance and follow-up of serious occupational health events,
- Maintaining working relationships with stakeholders to promote use of surveillance findings for prevention,
- Integrating occupational health with other ongoing public health activities, and
- Promoting collaboration among Northeastern states to improve occupational health surveillance capacity.

MAJOR OUTPUTS/PRODUCTS

A new data source & partner in surveillance. OHSP has fully implemented the system for receiving and reviewing bi-weekly reports of work-related poisonings (electronically via secure email) from the Massachusetts – Rhode Island Regional Center for Poison Control and Prevention (PCC). We have received 212 cases since July 2014. At the PCC's request, OHSP staff presented to toxicology residents rotating through the Center (see below) and also published a MDPH blog on work-related poisonings. OHSP staff continue to participate on the PCC's advisory board.

Focus on local government workers. OHSP completed an analysis of injuries/illnesses among local government workers using workers' compensation indemnity claim data, just as the Massachusetts Coalition for Occupational Safety and Health (MassCOSH) and other groups are launching efforts to bring workplace health and safety to these workers, who are not covered by OSHA in MA. A state law to extend OSHA protections to local government workers has been proposed.

New source of employment data. OHSP is exploring the use of the American Community Survey (ACS) for characterizing the working population in MA because of the survey's diverse data elements and ability to produce robust estimates. We have refined methods for generating estimates for full-time equivalents (FTEs) as the denominator for occupational injury and illness rates and for characterizing employment and social demographic characteristics at the sub-state level. MyDzung Chu, of the OHSP staff, presented in a national webinar hosted by the Council of State and Territorial Epidemiologists (CSTE) on this use of the ACS in occupational health.

Referrals for worksite follow-up. OHSP continued timely identification of serious burns and amputations through the Massachusetts Burn Injury Reporting System (M-BIRS) and workers' compensation records, respectively. We referred 14 burns and 88 amputations cases to the three OSHA area offices and other agencies for worksite follow-up this period. Referrals are detailed below under 'intermediate outcomes.'

Integration. The movement of our Program into the Bureau of Community Health and Prevention this period has increased opportunities for OHSP to serve as a resource for other MDPH programs as well as other groups seeking to understand and use occupational health-related data and information.

- OHSP staff from the Healthcare Worker Project and the Fundamental Project collaborated with the Bureau of Infectious Disease (BID) to update the standardized occupation list for use in the electronic infectious disease surveillance system (see Healthcare Worker Project for details). Information has been shared via CSTE with other states.

- OHSP worked closely with the MDPH Health Survey Program (HSP) in preparing a special report summarizing 23 health indicators in the MA BRFSS by 20 industry groups and by 16 occupation groups (anticipated release August 2015). OHSP contributed to this effort by including an introduction that frames work as an important determinant of health to aide our MDPH colleagues and other public health partners in understanding the impact of work on health and in interpreting these data. OHSP participates in the BRFSS I/O Workgroup facilitated by CSTE and NIOSH, as well as the MDPH BRFSS Working Group.
- OHSP has collaborated with the MDPH Worksite Wellness Initiative in implementing a new state funded initiative to support development of worksite wellness programs in small workplaces, with an emphasis on the need for comprehensive programs that address work organization and work exposure factors as well as individual behaviors.
- Legislation legalizing gambling in MA established a public health prevention trust to support efforts to address public health impacts of gambling in the state. OHSP, with input from community partners, developed a brief on the need to address health and safety issues of casino workers in the strategic plan under development.
- OHSP provided MDPH Bureau of Family Health and Nutrition with data on employment characteristics and work-related injuries and illnesses for reproductive age working women in MA to guide the Bureau's consideration of occupational health as a priority area in the MCH Title V Block Grant.
- The OHSP Director continues to participate in the MDPH team working on the public health department accreditation process.

Occupational Health Indicators (OHIs). OHIs for 2012 have been generated and submitted to NIOSH.

Collaborations.

- OHSP continues to play an active role co-chairing the MA Occupational Health and Safety Team (MOHST) that includes representatives from state and federal agencies that share responsibility for protecting workers in the Commonwealth. Activities this period included collaborative efforts on: 1) promoting the national campaign to reduce falls in construction; 2) training for temporary and host employers regarding best practices (see FACE progress report) and 3) ongoing work to document and address the occupational health and safety needs of local government workers.
- OHSP staff participated in planning the 24th annual Northeast Regional Occupational Health Surveillance meeting May in Chester, Connecticut. Over 40 people attended representing health department from CT, MA, NJ, NH, NY State and NYC as well as the New England Center for Agricultural Medicine and Health, NIOSH, the New Jersey ERC, the Harvard ERC, Connecticut OSHA, Rutgers University, and the University of Connecticut.
- OHSP played a leadership role in planning the Sunday Occupational Health Sub-committee Workshop and the Occupational Health Track at the CSTE Annual Conference held in Boston in June, 2015.
- OHSP staff serve on Advisory Boards to two NIOSH funded Centers for Excellence in Total Worker Health and on the Healthcare Services Board of the Department of Industrial Accidents.

New Funding Application: OHSP prepared and submitted an application to CDC NIOSH for continued funding of the Expanded Occupational Health Surveillance Program. This application was developed with extensive input from the OHSP Advisory Board of community and agency stakeholders. OHSP was also successful in its application for new NIOSH funding to maximize use of workers' compensation data.

Presentations

- Brown K and Chu M. "American Community Survey 101: Overview and Application in Occupational Health Surveillance". National CSTE Webinar, April 2015.
- Chu M, Grattan K, Laing J, Tak S, and Davis L. Work-Related Injuries and Illnesses Among Massachusetts Local Government Workers. Presentation at the 2015 Annual CSTE Conference, Boston, MA. June 2015.

- Chu M, Pechter E. Surveillance of Work-Related Exposures and Poisonings Using the Poison Control Center Data. Presentation to Toxicology Residents at the MA-RI PCC, Boston, MA. Nov. 2014.
- Chu M, Pechter E. Using Poison Control Center Data for Occupation Health Surveillance. Roundtable presentation at the 2015 Annual CSTE Conference. Boston, MA. June 2015.
- Davis LK, Occupational Health Surveillance and the Use of Data for Action. Co-presented with Occupational and Environmental Medicine Resident, Soni Mathews. Brown Bag at Harvard School of Public Health. May 2015
- Davis LK, Epi in Action: Looking Forward, Reflecting Back: Occupational Health Surveillance in Massachusetts. Presentation at the Occupational Health Surveillance Workshop, CSTE Annual Conference, Boston, MA. June 2015.
- Grattan K. Considering the Impact of Work on Health & Well-being: What States can do. Presentation/Discussion at the Occupational Health Surveillance Workshop, CSTE Annual Conference, Boston, MA. June 14, 2015.
- Pechter E, Davis L, Chu M. Little Data: Sentinel Surveillance of Occupational Injuries and Illnesses are Crucial for Action. Presentation at the 2014 Annual APHA Conference. New Orleans, LA. Nov. 2014.

MAJOR OUTCOMES

Intermediate outcomes

- Of burn injuries reported to OHSP by the Department of Fire Services this period and referred to OSHA, OSHA investigated all (14) based solely on the OHSP referral; six of these investigations resulted in citations. Of all the amputation injuries identified this period, 83 were referred to OSHA and five were referred to the MA Department of Labor Standards (DLS). For 68 of these referrals to OSHA, OHSP's referral was OSHA's first notification of the amputation. Of the amputation referrals for which we have outcome data, 52% resulted in citations and an additional 30% resulted in a written notice to correct or recommendations to address the hazard.
- OSHA Region 1 reports that these referrals are a useful means of targeting fruitful investigations. While we have not assessed the impact of these specific investigations, prior research indicates that OSHA enforcement investigations contribute to the improvement of working conditions.
- OHSP Director with other community and academic stakeholders were successful in advocating for the inclusion of several objectives and a number of strategies related to work and health within various Priority Areas of the State Health Improvement Plan (SHIP).
- The work of the Governor's Advisory Committee to extend OSHA protections to employees of State Executive Branch agencies has continued this period. The state legislation passed last year went into effect in March 2015 and require that the new safety and health measures be at least as protective as OSHA standards. OHSP's work to provide data on injuries and illnesses among state employees contributed to this effort and our role will continue as the MA DLS implements this new law.
- The MA DLS has conducted labor assurance reviews of approximately 30 employer applications for tax credits for implementing worksite wellness programs. Last period, the MOHST Team, co-chaired by OHSP director, worked to ensure that the eligibility criteria for tax credits included assurances that applicant employers carry workers compensation insurance and have had no repeat or willful violations of OSHA standards or Wage and Hour laws within the last several years.
- MassCOSH cited data on OHIs and other recent OHSP surveillance findings in their annual report, "Dying for Work in Massachusetts," released on Workers' Memorial Day (late April).

Potential and end outcomes

The MA Fundamental project has not tracked specific end outcomes in relation to its activities. The interagency collaborations and substantial efforts to integrate occupational health into other ongoing public health activities, including the BRFSS and the SHIP, have the potential to promote increased consideration of the influence of work on health by the broader public health community and, in turn, improve the health and safety of working people in Massachusetts and throughout the nation. The increased effort to provide health and safety information to some of our most vulnerable workers and the people who serve them has the potential to reduce occupational health disparities over time.