

# **MINUTES**

## **WorkSafe Colorado Occupational Health and Safety Network Implementation Meeting**

Date: June 6, 2011  
Time: 9:00-11:00 AM (MST)  
Location: Colorado Department of Public Health & Environment (CDPHE)  
4200 Cherry Creek Drive South, Building A, Rachel Carson Conference Room  
Hosted by: CDPHE, Occupational Health & Safety Surveillance Program

### **Attendees:**

- Amy Warner, CDPHE Occupational Health & Safety Surveillance Program
- Cindy Deutsch, Rocky Mountain Poison and Drug Center
- Deborah Goeken, Colorado School of Public Health (Former MPH Student Intern at CDPHE)
- Dianne Tobias, Pinnacle Assurance
- Elizabeth Dalsey, National Institute for Occupational Safety and Health (NIOSH)
- Gene Hook, Denver Environmental Health
- Greg Marsh, Greg K. Marsh and Assoc. LLC
- Joan Sowinski, Colorado Board of Health
- Kaylan Stinson, Mountain and Plains Education and Research Center (MAP ERC)
- Ken Scott, Mountain and Plains Education and Research Center (MAP ERC)
- Lynette Myers, CDPHE Environmental Leadership Program Coordinator
- Meredith Towle, CDPHE Occupational Health & Safety Surveillance Program
- Rosine Angbazan, Colorado School of Public Health (Former MPH Student Intern at CDPHE)
- Yvonne Boudreau, National Institute for Occupational Safety and Health (NIOSH)

### **Phone Attendees:**

- Steve Reynolds, CSU, High Plains Intermountain Center for Agricultural Health and Safety

### **Agenda, Notes & Action Items:**

#### **1) Welcome & Introductions**

We began with introductions and updates from participants. Key partner updates included:

- On June 2<sup>nd</sup>, Amy Warner presented to the Colorado Oil and Gas Conservation Commission, Northwest Oil and Gas Forum. Topics included both CDPHE's Occupational Health & Safety Surveillance Program and the Worksafe Colorado Network.
- The MAP-ERC and HICAHS continue combined efforts to reinstate federal funding in the President's FY 2012 budget (NIOSH-funded ERCs and Ag Centers are slated for elimination). Ken Scott followed-up on June 7, 2011 with an email indicating how partners can help by reaching out to their Senators – this information was forwarded to the Worksafe distribution list.
- The MAP ERC collaborated with the CSU Colorado Environmental Pesticide Education Program (CEPEP) to create a training video regarding safe use of pesticides for workers.

This video is currently being translated into Spanish – Network partners will be notified when the video is publically available.

- Denver Environmental Health recently applied for a CDC Strategic Planning grant to help develop its Healthy Homes Program, which includes developing and providing training on safe work practices for working with lead.

## **2) Key Findings/Recommendations for the CDPHE Occupational Health & Safety Surveillance Program as Identified by MPH Student Capstone Projects (Spring 2011 Semester)**

- a. Review of Work-Related Hospitalizations, 2004-2009 (M. Towle)
  - i. To most effectively translate hospitalization data into targeted prevention, it is essential to link these data with other health and workers' compensation systems to obtain information on occupations associated with serious injuries/illnesses
  - ii. Conduct more in-depth analysis of the "Injury and poisoning" diagnosis category to improve better understanding of this largest portion of work-related hospitalizations and target injury prevention activities.
  - iii. Regional differences exist in hospitalization rates and employment in high-risk industries. Evaluate other occupational health data regionally whenever possible. The Colorado Public Health Reauthorization Act (2008, SB 194) mandates integrated state-local public health partnerships to address health needs and implement prevention activities at the community level.

### **Comments/Discussion:**

- CSU's analysis of WC data showed large livestock (dairy) and cattle feedlots associated with serious injuries. Higher rates of Workers' Comp (WC) hospitalizations in certain rural regions could be associated with these occupations.
- This current recession has affected the high hazard industries the most (i.e construction, manufacturing), which could explain declining rates in serious occupational injuries (hospitalizations) and WC claims overall.

## **b. Occupational Health Indicators: A Framework to Occupational Health Disparities Identification (R. Angbanzan)**

- i. It is feasible to include gender, race and ethnicity variables in the description of some state-based occupational health indicators, specifically:
  1. Hospital discharges (all cause, burns, pneumoconiosis, low back disorders)
  2. Cancer registry (mesothelioma)
  3. Death certificate & the Colorado Census of Fatal Occupational Injuries (CFOI)
  4. BLS employment data (workers in high-risk jobs and industries)
- ii. Minority workers and males are more subject to OH disparities than their White and females counterparts
- iii. Colorado's participation in national reporting systems such as the BLS Survey of Occupational Injuries & Illness (SOII), NIOSH Adult Blood Lead and Epidemiology Surveillance (ABLES), and SENSOR pesticide surveillance would improve collection and monitoring of disparities by race/ethnicity/gender.
- iv. Opportunities exist for the CDPHE Occupational Health and Safety Surveillance Program to collaborate with the CDOHE Health Disparities Division to include OH disparities in their annual report

### **Comments/Discussion:**

- Race/ethnicity data is not collected in WC data – likely for political/policy reasons.
  - Language proficiently data is also missing from WC and other sources of occupational health data.
  - Race/ethnicity is collected in the BLS Survey of Occupational Injuries and Illnesses (SOII). Colorado’s participation in this survey would improve evaluation of occupational health disparities, but it requires matching state funds.
- c. Danger on the Job: Risk Factors for Workplace Homicide and Suicide (D. Goekin)
- i. Nationally, victims of occupational homicide tend to be White, Male, and age 35-54, employed in jobs of Managers, Taxi Drivers and Retail Clerks.
  - ii. Nationally, victims of occupational suicide tend to be White, Male, age 35-64, working in Goods-Producing, Service-Producing, or Protective-Service (i.e. Police) occupations.
  - iii. Occupational homicides and suicides appear to reflect regional trends (homicides highest in south, suicide rates highest in the west), indicating that targeted prevention efforts in the workplace could be effective for reducing overall rates.
  - iv. Comparing Colorado to the Western region, average rates of homicides & suicides are not significantly different.

**Comments/Discussion:**

- Dr. Lorann Stallones at CSU has done recent work on homicide/suicide in the agricultural setting, specifically related to injectable veterinary drugs.
- Dr. Peter Chen at UCD has also done research related to suicide and construction workers.
- Pinnacol provides training on violence in the workplace to its clients.

**3) Implementation Work-Groups (small group breakout discussions)**

- a. **Create a Formal Infrastructure:** Small group participants discussed a draft of bylaws governing the Worksafe Network, including duties and positions of the Worksafe Colorado Board. The group recognizes that Worksafe is a network of different entities interested in occupational safety and health. The bylaws should provide a process for consensus or decision making that keeps the various parties working together toward our shared mission.

**ACTION ITEMS:**

- With input from the group, Amy will finalize edits to the bylaws.. The goal is to have a working document approved by the October 2011 meeting and begin filling Board positions with nominations/elections.

- b. **Develop and Market Messages:** We reviewed action items unaddressed from the previous meeting and the results of the efforts of the MAPERC Marketing Messages survey project.

**ACTION ITEMS:**

- Market Messages Survey Project

- The students prepared a summary document and spreadsheet of organizations interviewed. Participants requested copies of these documents be distributed with the meeting minutes.
  - The over-arching theme was that there is a lack of general, public health awareness of occupational health and safety information, rights, and resources. We discussed potential messages including:
    - Free safety training available through WC providers,
    - Lead exposure & toxicity,
    - Regulations for respirator training & use,
    - Workers rights,
    - Resources available through the Worksafe Network,
    - Return on Investment for employers to have safety programs,
    - Highest risk industries/occupations based on Colorado Surveillance Data
  - Emphasis of messages should be targeted to employers.
  - Need to reach out to more professional associations (i.e. Home Builders Association, Public Risk Management Association, Colorado Oil & Gas Association)
  - Need to identify funding for a public awareness campaign. Suggestions were MAP-ERC Pilot Project funding and Public Service Dollars available through media industries.
  - Expand upon the Talking Points/White Paper document: Meredith is currently updating the CDPHE Surveillance data according to the CSTE/NIOSH guidance (which was released in early May) - She will follow-up on this item once the new data are compiled.
    - Aim is to better engage businesses, include explanation about how industries are identified as being "high risk". Include references for more information.
    - Include points about improved economics as a result of prevention of injuries/illness
  - Develop and disseminate WorkSafe Colorado "Issue Briefs". Participants expressed interest in timely updates on efforts of the health department (i.e. site investigations) and offered to locate and provide examples of desired reports. Meredith will also investigate CDPHE's policies/templates for program announcements when issue briefs relate to Surveillance Program Activities.
  - c. **Business Mentoring Program Criteria:** Lynnette Myers and Ken Scott had a preliminary discussion on this component. A follow-up discussion is planned with Amy Warner and Meredith Towle to discuss opportunities for moving forward.
- 4) Next meeting scheduled for **Monday, August 1<sup>st</sup>, 2011** at **9:00-11:00 AM**. It will be in the same location: CDPHE Campus, Building A, Rachel Carson Room

*Funding for this conference was made possible (in part) by award number 1-R13-OH-009748-01 from the Centers for Disease Control and Prevention (CDC). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*