Occupational Health and Safety Surveillance Advisory Committee

Date: Monday, May 14th, 2012
Time: 2:00-4:00 PM
Location: Colorado Dept. of Public Health & Environment
4300 Cherry Creek Drive South, Denver, CO 80246
Building A - Rachel Carson Room (1st Floor)

Attendees: Amanda Tran, Lisa Miller, Gene Hook, Alysa Haas, Carol Runyan, Jim McMillen, Yvonne Boudreau, Cecile Rose, Mary Chase, Mike Richen, Barry Spindler, Roxana Witter, Amy Warner, Meredith Towle

Guests: Dr. Al Bronstein and colleagues from the Rocky Mountain Poison and Drug Center (RMPDC)

MEETING MINUTES

Program Updates

Elevated Lead Surveillance

- Board of Health approved our revisions to the reportable requirements for adults. Effective April 15, 2012, all laboratories and physicians must report any blood lead level (BLL) >10 We have not started to reach out to businesses to increase testing. Ideas generated for that were to:
    - Include overview of testing requirements, reporting requirements, and that tests needs to be done in a Pb certified laboratory.
    - Reach out to the VPP at OSHA. Pb has been a focus area. (Note: Nancy Hauter is the new Regional Administrator for OSHA)
    - Also work with the CDPHE Small Business Assistance Program
- Colorado is reporting to the NIOSH Adult Blood Lead Epidemiology and Surveillance (ABLES) Program for the first time in a long time. National data are aggregated online: http://www.cdc.gov/niosh/topics/ABLES/ables.html

Census of Fatal Occupational Injuries (CFOI) Program

Michele Heinzman is working part-time on this project now. She has been to the Bureau of Statistics (BLS) trainings and had a site visit from the BLS project officers. We are focused on shoring up our source documentation. **If you hear of a work-related fatality, please contact Michele (303) 692-2970.**

- CPWR website will give ideas on presenting the data, such as their recent presentation from deaths related to slips and falls
- A graduate student could evaluate the CFOI surveillance system.

CSTE Fellow and Graduate Student Opportunities

- We didn't get a CSTE Fellow for the 2012-2014 placement class.

- To recruit graduate students or medical residents to work on occupational health and to prevent mentor overload, we will come up with a mentoring process/framework and a menu of graduate opportunities and mentors or co-mentors.
    - Roxana and Karen could ask the faculty in the Occ/Med Residency to sign-up as mentors/co-mentors. We could get faculty buy-in before we post opportunities on the MPH practicum site.

HICAHS Pilot Study

We are about to survey pesticide applicators in the state thru direct mailing. Lorann Stallones and Thia Walker at CSU will provide technical support, along with John Scott and Steve Blunt from the Colorado Department of Agriculture (CDA). Alysa Haas is interning with CDPHE to conduct the survey. She is a medical anthropology graduate student at University of Colorado, Denver

Annual Occupational Health Indicator Report

We are working on updates over the summer to include 2009-2011 data as available.

Occupational Poisonings Report (Presentation by Amanda Tran)

- Feedback/discussion:
    - It would be helpful to include the generic description for the products in the appendices rather than the broader categories.
    - Because the age groups are not the same number of years, so reported comparison frequencies could be misleading.
    - This marks the first time that Colorado has looked at this data. Amanda did a great job identifying strengths and weaknesses of the data.
    - 70% did not seek health care. Drill down into the other 30% to look at severity, cost, etc.
- Next steps:
    - Publish, present, further analysis, etc.
    - Linking RMPDC to public health surveillance data (i.e. Hg and Pb).
- Recommendation to RMPDC
    - Add industry and occupation as new fields or part of a pick list.
    - We could work together to refine the interview and attune call center staff to occupational issues.
- Environmental Public Health Tracking/CDC is negotiating with the NPDS to look at pesticide data.

Surveillance Projects Priority Ranking and Discussion

- We shared/discussed a spreadsheet with an overview of surveillance issues/topics – some are defined OHI's, some are new or emerging topics.
- The Washington State SHARP program has a ranking process/criteria to identify highest priority areas to address (The MUST-CURE Criteria)
- Meeting participants did not feel they had enough information to go through a ranking/prioritizing exercise.
- Discussion/Next Steps
    - We need to try to define the occupational health and safety picture across industries and occupations.
    - We need to identify the surveillance gaps that could be filled.

    - Proposal to create a Survey Monkey that includes the spreadsheet information about each topic and allows responders to provide comments and prioritize. This would be staged first to get comments from people such as more background on the OHI and the SHARP criteria. For example,
        - Stage 1 comments on: What criteria would be helpful in prioritizing? Which injury/illness costs more? Which injuries/illnesses are more serious? Which happen with the most frequency?
        - OHSS program completes and compiles responses and resend the survey
        - Stage 2: Based on this information, how would you rank this as a priority focus area for prevention?
- We will need database descriptions:
    - CFOI
    - Hospital discharge
    - Reportable lead
    - National violent death reporting system
    - Cancer registry
    - ED data
    - Death certificates
    - RMPDC
    - Worker's comp (State and Pinnacol)
    - BLS data
    - CENSUS data
    - OSHA inspections data
    - All payers database
    - Wage and labor laws