

## MINUTES WORKSAFE COLORADO

**Date:** Monday, February 6, 2012  
**Time:** 9:00 – 11:00 AM  
**Location:** Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, Denver, CO 80246

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### Attendees:

- Amy Warner, CDPHE Occupational Health and Safety Surveillance Program
- Anna Vigran, CDPHE Environmental Public Health Tracking
- Brenda Hardwick, State of Colorado Risk Management
- Cecile Rose, National Jewish Health (phone)
- Diana Rodriguez, Kaiser Permanente
- Dianne Tobias, Pinnacol Assurance (phone)
- Gene Hook, Denver Environmental Health
- Greg Marsh, Exposure Scientist
- Kathryn Mueller, CO Div. of Workers' Compensation
- Ken Scott, Mountain and Plains Education and Research Center (MAP ERC) (phone)
- Lynette Myers, CDPHE, Environmental Leadership Program
- Marty Ortanez, University of Colorado Anthropology Department
- Meredith Towle, CDPHE Occupational Health and Safety Surveillance Program
- Sharon West, Colorado Department of Labor, Div. of Workers' Compensation
- Stephanie Minnaert, Ball Aero Space & Technologies Corp.
- Trish Ennis, Willis
- Tsering Dorjee, CDPHE Office of Planning and Partnerships
- Yvonne Boudreau, National Institute for Occupational Safety and Health (NIOSH)

### MINUTES: Follow-up and action items highlighted

#### 1) Introductions and updates

Board of Health rule making hearing for adult blood lead level (BLL) reporting is February 15<sup>th</sup>. The proposal is to reduce the BLL from 25 ug/dl to 10 ug/dl. Passage is expected.

#### 2) Presentation from the Environmental Public Health Tracking (EPHT) Program

##### a. Key Points

- i. EPHT's data portal is accessible online: <http://www.coepht.dphe.state.co.us/>
- ii. National committees are discussing the inclusion of occupational health data for select measures that overlap with environmental health outcomes (i.e. lead toxicity, mesothelioma, pesticide exposure)
- iii. At CDPHE, the Occupational Health and Safety Surveillance Program is housed in the same work unit as the EPHT Program.
- iv. EPHT's data portal is an excellent model for data sharing dissemination, though development is costly

##### b. Discussion

- i. Public health surveillance is limited by the data sources available. Sources like hospital admissions, emergency department visits, and cancer registries provide

- consistent and reliable data, yet may not provide any information about exposure frequency, outpatient treatment, or about those who don't seek any medical care.
- ii. Colorado's reportable conditions are determined through Board of Health rule making. Pursuing new reportable conditions requires some level of infrastructure and capacity within CDPHE to receive, track, and follow-up on case reports. The CDPHE's OHS Surveillance Program grant provides very limited staffing/funding support, making it difficult to pursue new reportable conditions.
  - iii. Who is our audience for occupational health and safety surveillance data?
    1. Legal community/lawyers (WC claims, cluster investigations)
    2. Workers and family members
    3. CDPHE's environmental health staff (environmental justice)
    4. Researchers, academics
    5. Community health organizations/centers (companion trainings)
    6. Physicians, health care providers
    7. Trade unions
    8. Employers
    9. Policy makers, legislatures
    10. Associations
    11. Media (Need data to be accessible and understandable by reporters/journalists)
  - iv. There is likely a need for both public access and secured access portals. We should ensure the general public can access and use the data appropriately.
  - v. We need to always be clear about the limitations in interpreting OHS data (i.e. workers' compensation data can be contaminated, inconsistent, and are complicated)
  - vi. Colorado Senate Bill 2008 requires local health departments (LHD) to conduct community health assessments. The CDPHE created a new data portal for LHD's to access county level data on many public health measures.
    1. Website: <http://www.chd.dphe.state.co.us/default.aspx>
    2. To view occupational health measures
      - Click on "Colorado Health Indicators"
      - In the "Indicator Finder", choose "Morbidity Occupational Health" and county of interest
        - ✓ County, regional and state data for two measures will display: 1) Non-fatal lost-time workers' compensation claims, and 2) Work-related hospitalizations.
      - In the "Indicator Finder", choose "Employment" and county of interest
        - ✓ County, regional, and state unemployment rates will display.

### 3) Review implementation plans, assess, and reprioritize

- a. Leadership Committee Update
  - i. Many Executive Board positions have a nominee in place, but nominations are still needed. The Leadership Committee will meet and present a slate for approval at the next meeting.
  - ii. CDPHE is in the midst of a web-service transition slowing website updates. Meredith will post revised Worksafe documents (minutes, by-laws, etc) as soon as able.

- b. Marketing Committee Update
  - i. Dianne Tobias (Pinnacol) agrees to oversee the student internship for website development and branding for Worksafe.
  - ii. Interested students should look for the posting at the UCD's practice based learning site: <http://pbl.publichealthpractice.org/>.
  - iii. Early Worksafe discussions called for development of a white paper. Discussion revealed what is really needed is a fact sheet and power point slides describing Worksafe, surveillance data key points, and resources for occupational health and safety in Colorado. Also suggested a brochure for membership recruitment.
    - 1. Meredith will create these "Marketing Tools" for review/approval at the next meeting.
  - iv. All Worksafe Colorado members are encouraged to sign up for the MAP ERC's RoadMAP newsletter for notice of conference abstract deadlines and regional EOH events:  
<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/maperc/about/RoadMAP/Pages/default.aspx>.
- c. Identified need: Responding to and tracking local/state response to rare events
  - i. Case example – Bioaerosol exposure and illness from use of resort hot tubs
  - ii. No OSHA PEL, no standard response protocol at local/state level
  - iii. CDPHE's Environmental Epidemiology and Occupational Health unit is working on a response protocol for such events and will include a mechanism for tracking. This protocol will be shared with Worksafe members and local health departments, which have authority to investigate "nuisance" issues.
  - iv. CDC is currently working on recommendations for pool/hot tub lung exposures.
- d. Revision of implementation strategy: "Implement legal, regulatory and statutory agenda"
  - i. Objectives remain, but initial target activity is complete (OHI measures included in Colorado' Public Health Improvement Plan)
  - ii. Need to identify new activity. Suggestions are:
    - 1. Disseminate the new "Marketing Tools" to policy makers and potential members
    - 2. CDPHE surveillance program to work with 2 counties per year to incorporate OHI measures/messages in local community health assessments.
    - 3. Worksafe members to support CDPHE in updating/creating new reportable conditions. This requires consideration of the limited surveillance capacity at CDPHE to receive and act on case data.

**4) Next meeting: Monday, April 2<sup>nd</sup>, 9:00-11:00 at CDPHE Rachel Carson Room**

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