Florida Department of Health, Fundamental State-Based Occupational Health and Safety Surveillance Program

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Aims
The specific aims of the Occupational Health and Safety Program (OHSP) are as follows:
1) Establishing the Program/ Building Capacity: Build the state department of health’s capacity to conduct surveillance for occupational illness and injury.
2) Collection, Analysis, and Reporting of Occupational Illness and Injury Data: Identify, collect, analyze, maintain, and report on state-based sources of occupational illness and injury.
3) Policy Development: Identify issues and means for increased involvement and improvement of policies and processes related to occupational safety and health.
4) Prevention and Intervention Activities: Perform prevention and intervention activities related to identified high-risk occupations, industries, subgroups or exposures.

In year 1 the OHSP focused primarily on aim 1: establishing the program/building capacity and aim 2: collection, analysis, and reporting of data.

Major Accomplishments and Outputs

Staffing
As a newly funded program, the OHSP did not have any dedicated staff. The OHSP hired a part-time data consultant in fall of 2010. This person had previous experience with the Florida Department of Health (FDOH), an interest and involvement with occupational surveillance, and worked to finalize issues with the 2006/2007 occupational indicators as well as other projects. A full-time epidemiologist/program coordinator was hired in December 2010. The epidemiologist was trained on how to compile and analyze the 20 CSTE occupational health indicators.

Partnership Building
The OHSP established formal and informal partnerships within the FDOH with surveillance and prevention programs related to lead, asthma, chemical disease/pesticides, injury, toxicology, behavioral risk factor surveillance system (BRFSS), and environmental public health tracking programs. As a new and small program, establishing contacts with other programs within the FDOH was important for facilitating collaboration on occupational projects, as it increases both access to data sources and opportunities for disseminating information. The OHSP works closely with the pesticide component of the chemical disease surveillance group.

Outside of the FDOH, the OHSP has partnered with the University of South Florida Safety First Program, including a face-to-face meeting in Orlando and follow-up conference calls. A contract has been establish for deliverables that will aid in identifying high-risk industry, occupations, or sub-groups within Florida and opportunities for intervention activities. The first deliverable was received in June of 2011 and summarizes statewide consultations for the period October 2006– May 2001, including by industry, county and potential hazards identified.
Additionally a series of calls was set-up with the University of Miami, Dr. David Lee, to discuss respective program goals, activities and partnership opportunities. Two calls have taken place additional calls scheduled.

The OHSP is committed to working with other states on regional issues. A regional partnership group known as SouthOn has formed between southern states. The OHSP was able to participate in calls and in one in-person meeting at the Council for State and Territorial Epidemiologists (CSTE) annual meeting in June 2011.

**Surveillance**

The OHSP was able to establish a data sharing agreement with the vital statistics program that allows for access to de-identified information for death records and state hospital data, which includes inpatient, emergency room and ambulatory visit data.

A data sharing agreement with Workers Compensation was completed and a secure means of file transfer between the organizations was established. The first data transmission of medical billings and lost times claims was received. Once this dataset is better understood it will allow for generation of occupational health indicators involving workers compensation claims data as well as a better understanding of work-related illness and injury patterns in Florida.

The OHSP met with the Florida Behavioral Risk Factor Surveillance System (BRFSS) program and was able to have two questions from the MMWR *Proportion of Workers Who Were Work-Injured and Payment by Workers’ Compensation Systems --- 10 States, 2007*, added to the survey for the period 2011–2012. The questions will add information on whether a worker was injured on the job and who paid for injury treatment. Data from the first quarter has been shared within the program. An agreement has been reached to add three questions in 2012–2013. This data in conjunction with the demographic information already collected on the BRFSS will provide insight into what characteristics are shared by Florida’s at risk workers, will allow some comparisons to proportions/trends being seen in Workers Compensation data, and which will aid in creating targeted interventions.

The FDOH was awarded funding through the U.S. Environmental Protection Agency (2011–2016) to hire a bilingual pesticide-poisoning investigator to be located in south Florida in an area of high density agriculture. This person will serve as a liaison between the FDOH and agricultural workers, many of whom are migrants who only speak Spanish. This is significant to the OHSP because it will improve surveillance of pesticide poisonings, particularly occupationally related cases, through improved reporting and follow-up and strengthen collaboration between the OHSP and the pesticide program.

**Workgroups/Travel**

The OHSP was able to participate in a workgroup with several other states to pilot test an adult blood lead indicator that will be included on the environmental public health tracking website. The OHSP is also partnering with environmental public health tracking program to include select occupational indicators to be posted on the Florida environmental health tracking program website for wider distribution.

The OHSP (Principal Investigator) was able to obtain permission to travel to the NIOSH kick-off meeting in Atlanta, meeting in Austin TX, joint meeting with OSHA in Washington DC and to the annual meeting of CSTE in Pittsburgh (program epidemiologist as well).
Outputs
The occupational health indicators for 2006 and 2007 were reviewed and resubmitted. The OHSP was able to complete and submit 18 of the 20 CSTE occupational health indicators for 2008. Data from the occupational health indicators was used to prepare a draft report that analyzes the indicators over the time period 2000–2007 and a draft report exploring specific indicators for racial/ethnic disparities. Both reports are currently under review and will be shared with partners and posted in the coming months.

The report “Descriptive analysis of occupational heat-related illness treated in Florida hospitals and emergency departments”, June 2011, was completed and is available online at http://www.myfloridaeh.com/newsroom/index.html. A link to this report was submitted for inclusion in the NIOSH eNEWS. Additional analyses examining heat related illness is underway using more detailed geographic specific temperature data and collaborating with university-based meteorologists.

An internal special topic review of the health risks associated with phosphate mining was also completed. This review was completed to enable us to better answer questions that we anticipate will be generated by upcoming environmental evaluations on phosphate mining areas. (The evaluations will be conducted by an organization outside of FDOH, primarily the U.S. EPA).

Articles (Representing collaboration between the OHSP and the Chemical Disease Surveillance Program)
