

# Oregon Worker Illness & Injury Prevention Program (OWIIPP) Advisory Committee Meeting

*March 24, 2006*

## *Meeting Summary*

OWIIP Advisory Committee Members present:

- Chuck Easterly –SAIF Corporation
- Leslie Hammer – Portland State University (PSU)
- Steve Hecker – University of Oregon, Labor Education Resource Center (LERC)
- Mel Kohn – Oregon State Public Health (OSPH)
- Ronni Rachele – Department of Consumer & Business Services (DCBS), Information Management Division
- Marilyn Schuster – Oregon OSHA (OR-OSHA)
- Anthony Veltri – Oregon State University (OSU)
- Zandra Walton – Liberty Northwest

OSPH Staff attending included:

- Michael Heumann
- Diane DeBruyckere
- Catherine Thomsen
- Lauren Slusser
- Debbie Walker-Quintana

Janet Gillaspie of Environmental Strategies, LLC facilitated the meeting.

A meeting agenda is attached.

The group introduced themselves. Mel Kohn co-chaired the meeting with Marilyn Schuster, who stood in for Michael Woods of OR-OSHA.

### **Goals for Advisory Committee**

Mel Kohn of OSPH outlined his goals for the OWIIP Advisory Committee. He stressed that the Advisory Committee is a forum for collaboration and decision-making. He hoped that the group would be a catalyst for collaborative injury prevention efforts. He used OSPH's relationship with the Pesticide Analytical and Response Center (PARC) as an example of one of their successful collaborations. The OWIIP Advisory Committee will be very helpful in interpreting the available data and considering how to use the information.

Marilyn Schuster of OR-OSHA provided her views that OR-OSHA continually reviews injury and claims data, and is interested in working with others to examine the information. She stressed that OR-OSHA is always trying to identify new resources to be more effective, and that they look forward to working with the group.

### **Oregon Worker Illness and Injury Prevention – Advisory Committee Context**

Michael Heumann provided an overview of the context for the committee. A copy of his presentation was sent as an attachment with this document.

He summarized the history of OSPH occupational health programs. Programs include (with year started):

- Pesticide-related illness and injury surveillance (1987, PARC 1984)
- Burn and dermatitis surveillance (1992)
- Adult blood lead surveillance (1992)
- Partnership in surveillance and prevention (2000)
- Community partners for healthy farming (1997)
- Oregon Fatality Assessment and Control Evaluation (2002)
- Oregon Workers Illness & Injury Prevention (2005)

All of the above listed programs have been funded by the National Institute for Occupational Safety and Health (NIOSH).

The programs' partners are many and include:

- State agencies
- Workers' compensation insurance companies
- Industry associations
- Labor unions
- Health care systems, providers, and labs
- Academic institutions
- Local health departments
- Neighboring and partner states
- Federal agencies

Currently NIOSH is focused on the National Occupational Research Agenda and Research to Practice. Funding for state programs have focused on condition-specific exposures. The Council for State and Territorial Epidemiologists (CSTE) developed 19 occupational health indicators in collaboration with NIOSH. Thirteen states, including Oregon, participated in a pilot project to generate data on the 19 indicators. These indicators include: 12 health effects, one biologic exposure (lead), three hazards, two interventions, and one socioeconomic indicator. The states also generated employment profile data.

Heumann concluded his talk by detailing ways the Advisory Committee might use the 19 occupational health indicators:

- Starting points for discussion of occupational health issues
- Prioritize areas for further analysis (high-risk industries, occupations, etc.)
- Identify and address data problems, data gaps, or coding issues
- Generate new sources of data.

### **Review of Draft Charter**

Gillaspie discussed the draft charter she had crafted for the Advisory Committee. The charter should help the group stay focused on its primary mission, along with outlining how the group will operate.

The group reviewed and discussed the charter. They made several suggestions for improvements including:

- Stress that prevention plans need to be effective and actionable to reduce illness or injury
- Add that research and data will be reviewed to set priorities
- Stress the collaborative nature of the advisory committee

The group approved of the charter with those suggested additions. Gillaspie indicated she would revise the document, and send a revised charter to the group for review and approval.

### Topics for the Group to Tackle

The group considered the list of 19 occupational health indicators detailed in *Putting Data to Work: Occupational Health Indicators from Thirteen Pilot States for 2000*, a report prepared by CSTE. This report is available electronically at <http://www.cste.org/>.

The group discussed the list of indicators and how to set priorities. Should the highest priorities be those injuries or conditions that have the greatest personal impact? ...greatest financial impact? ...greatest opportunity for prevention? The group questioned how the voting for priorities should work. The list contained conditions and various populations/demographic groups of interest.

After some discussion, the group reviewed the list of possible topics, and then voted. Each person had four regular "dots" for voting, and one "priority" (spring chicken) that indicated their highest priority. People used their own judgment to set priorities that effect the greatest number of people, allow the greatest opportunity for prevention, and reflect the most severe condition.

The topics and voting results included:

<i>Topic</i>	<i>"Priority"</i>	<i>"dots"</i>
Musculoskeletal Disorders	3	9
Job stress (broad terms)	2	2
Injuries to young workers (amputations, non-hospitalized burns)	2	5
Injury to Non-English speaking workers	2	6
Aging work force	1	8
Non-time loss injuries	1	7
Hearing loss prevention	1	4
Contingent work force (temporary agencies and leasing companies)	0	5
Non-fatal injuries	0	2
Amputations	0	0
Carpal Tunnel	0	0
Dermatitis	0	0
Hospitalized occupational burns	0	0
Work-related pesticide poisoning	0	0
Neuro-toxic illnesses (solvents and organo-phosphates)	0	0

### Priority Condition to Tackle

In reviewing the results, the group's initial priority appears to be musculoskeletal disorders with special consideration for specific demographic groups and data/aspects:

- Aging work force
- Young workers
- Non-English or limited ESL, immigrant workers
- Non-time loss injuries

### Key Elements in First Committee Report

The first action by the Advisory Committee will be to share information on musculoskeletal disorders from each agency's perspective. Gillaspie explained that each participating agency would gather information about musculoskeletal disorders from their perspective, using the elements agreed upon and listed below. OSPH staff will work with OR-OSHA to gather information about musculoskeletal disorders from each member agency and compile it into a single draft report. The report will synthesize information from each agency so the committee's time could be spent considering the recommendations and developing

intervention strategies. This report will be provided to the advisory committee at least two weeks prior to the September meeting.

The group listed the elements that would be important in the report. These included:

- Data Sources
- Other State programs
  - What worked and what did not work; overall strategies that worked
- Resource delivery system options
  - Building on existing resources
  - Using a combination of information and resource delivery systems, such as hard copy and web-based systems
  - Networking opportunities
- Financial Impacts
  - To the worker
  - To the business
  - To society
- Models to get injury loss dollar amounts
- Time Frame
- Management Information Systems (MIS)
- Initiative Inventory
  - Who else is tackling this issue
- Recommendations
  - Important to have the specific recommendations of each group participating

### **Other Issues Raised**

The group raised some additional concerns including:

- The CSTE report on occupational health indicators in the pilot states provides 2000 data. The Advisory Committee was also given 2001 and 2002 data for Oregon. The group thought these data are not current enough for decision making in 2006.
- Some members of the group questioned the definition of amputation that was used to generate the data.
- Occupational illness and injury data are not complete. The group might want to address new data sources.

### **Meeting Check Out**

Gillaspie asked the group to reflect on the meeting and what worked well, and what needed improvement.

The aspects of the meeting that needed improvement included:

- Time it was scheduled – Friday afternoon before the start of school Spring Break
- Difficult to form a new group and address large topic area
- Agenda could have had more focus
- A reminder that the group will need relevant reports and meeting materials two weeks prior to the next meeting to have sufficient time to prepare.

The aspects of the meeting that went well included:

- Good group with a variety of organizations that have not previously all worked together
- Have the right people around the table
- The group was very engaged.

### **Next Meeting and Follow up**

The group used a chart on the wall to indicate their availability for the next meeting in September.

Gillaspie will provide the group with a meeting summary, confirmation of the next meeting date, an outline of the staff report for review and comment, and her contact information.

## Attachment – Meeting Agenda

### Oregon Worker Illness & Injury Prevention Program Advisory Committee

Friday, March 24, 2006

3:00 pm – 5:00 pm

Environmental and Occupational Epidemiology Program Offices

Oregon Public Health Services

827 NE Oregon Street<sup>1</sup>, Room 250 - Portland, OR

#### A G E N D A

Time	Item/Presenter
3:00 pm	<b>Introductions</b> ...All
3:15 pm	<b>Goals for Advisory Group</b> ...Dr. Mel Kohn, Public Health Services ...Michael Wood, OR-OSHA
3:20 pm	<b>Worker Illness &amp; Injury Prevention Program – Advisory Committee Context</b> ...Michael Heumann, Oregon Public Health Services
3:30 pm	<b>Review of draft charter</b> ...Janet Gillaspie  <b>Discussion and Improvements</b> ...All
3:45 pm	<b>Possible topics for Advisory Committee to tackle</b>  Focus on areas where injury data review and collaboration on injury prevention are likely to be most effective – see Occupational Health Indicators  <b>Brainstorming and Priority Setting</b> ...All
4:15 pm	<b>Focus on highest priorities for next meeting</b> <ol style="list-style-type: none"><li>1. Topic</li><li>2. Report Framework Elements</li></ol> ...All
4:35 pm	<b>Identification of Additional Stakeholders</b> ...All
4:40 pm	<b>Set Next Meeting – Bring calendars for September, 2006</b> ...All
4:55 pm	<b>Meeting Check out</b> ...Janet Gillaspie
5:00 pm	<b>A D J O U R N</b>