

Putting Data To Work: Occupational Health Indicators

Thirteen states including Michigan have released a new report on occupational health indicators; **Putting Data to Work: Occupational Health Indicators from Thirteen Pilot States for 2000.** The report looks at 19 outcomes as well as the state's employment demographics and compares these outcomes among the 13 states and to the overall United States.

As the introduction of the report states – “Work-related injuries and illnesses can be prevented. Successful approaches to making workplaces safer and healthier begin with having the data necessary to understand the problem. Public health surveillance data are needed to determine the magnitude of work-related injuries and illnesses, identify workers at greatest risk, and establish prevention priorities. Data are also necessary to measure the effectiveness of prevention activities, and to identify workplace health and safety problems that need further investigation.”

The 19 indicators included in the report are shown in Table 1.

Table 1. Occupational Health Indicators

1. Non-fatal injuries and illnesses reported by employers
2. Work-related hospitalizations
3. Fatal work-related injuries
4. Amputations reported by employers
5. Amputations identified in state workers' compensation systems
6. Hospitalizations for work-related burns
7. Musculoskeletal disorders reported by employers
8. Carpal tunnel syndrome cases identified in state workers' compensation systems
9. Pneumoconiosis hospitalizations
10. Pneumoconiosis mortality
11. Acute work-related pesticide poisonings reported to poison control centers
12. Incidence of malignant mesothelioma
13. Elevated blood lead levels among adults
14. Workers employed in industries with high risk for occupational morbidity
15. Workers employed in occupations with high risk for occupational morbidity
16. Workers in occupations and industries with high risk for occupational mortality
17. Occupational health and safety professionals
18. OSHA enforcement activities
19. Workers' compensation awards

Examples of graphs from the report are shown in this newsletter. A copy of the full report is on the Council of State and Territorial Epidemiologists (CSTE) web site: http://www.cste.org/pdffiles/newpdffiles/CSTE_OHI.pdf. CSTE is an organization of state health department professionals from all 50 states.

There were two indicators where Michigan's rates were at the high range for the 13 states and above the U.S. average: all non-fatal injuries and illnesses; and mesothelioma. More frequently (7 indicators) Michigan's rates were at the low range for the 13 states and below the U.S. average: hospitalization for work-related injuries and illnesses; acute traumatic fatalities; burns; hospitalizations for pneumoconiosis; mortality from pneumoconiosis; acute pesticide poisoning; and elevated blood leads. For the other indicators Michigan's rates were in the mid-range. Given the fact that Michigan had one of the higher percentages of workers in high risk industries, the fact that relatively few of the

indicators in Michigan were at the high range for the 13 states suggest that preventive strategies are at least partially effective.

Further work is underway within the state to look at trends for these indicators over the last ten years and to examine approaches to try and reduce these preventable conditions. In addition to effects on the longevity, health and quality of life of Michigan's citizens, the direct annual costs of paying claims and administering the Workers' Compensation system in Michigan is 1.5 billion dollars.

Three figures from the report are shown in this newsletter. Figure 1 from the report shows that although Michigan has one of the higher rates for all work-related injury and illness, it has one of the lower rates for lost time related injuries. Alternative hypotheses for the results in Michigan include better management of injuries and illness, less severe injuries and illness or more complete reporting of injuries and illness.

Figure 1. Rate of Non-Fatal Work-Related Injuries and Illnesses Reported by Private Sector Employers by State and U.S., 2000

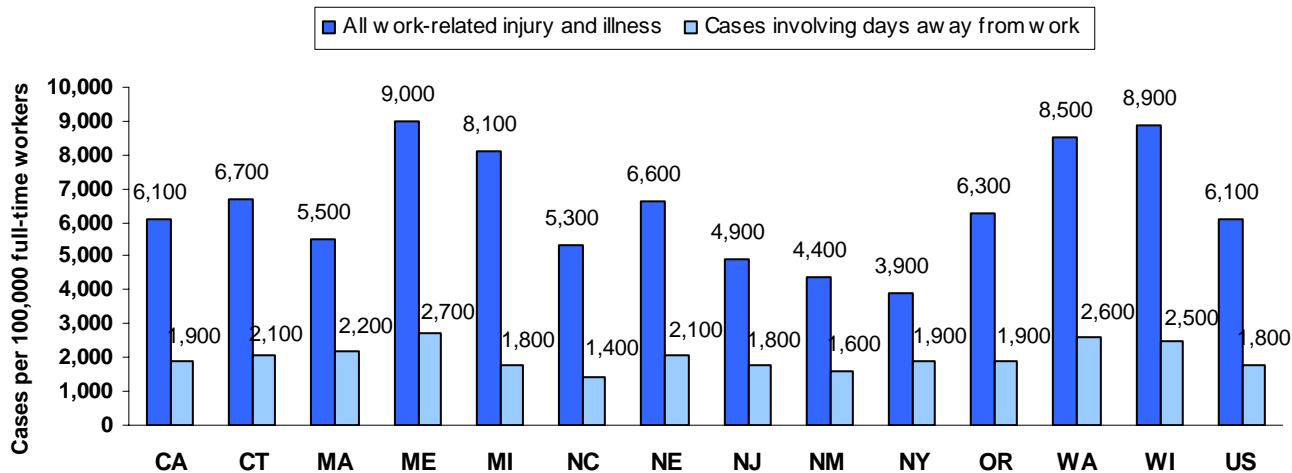


Figure 9 from the report shows that Michigan with low employment in mining/shipyards is at the low end of rates for hospitalizations for all pneumoconioses and asbestosis.

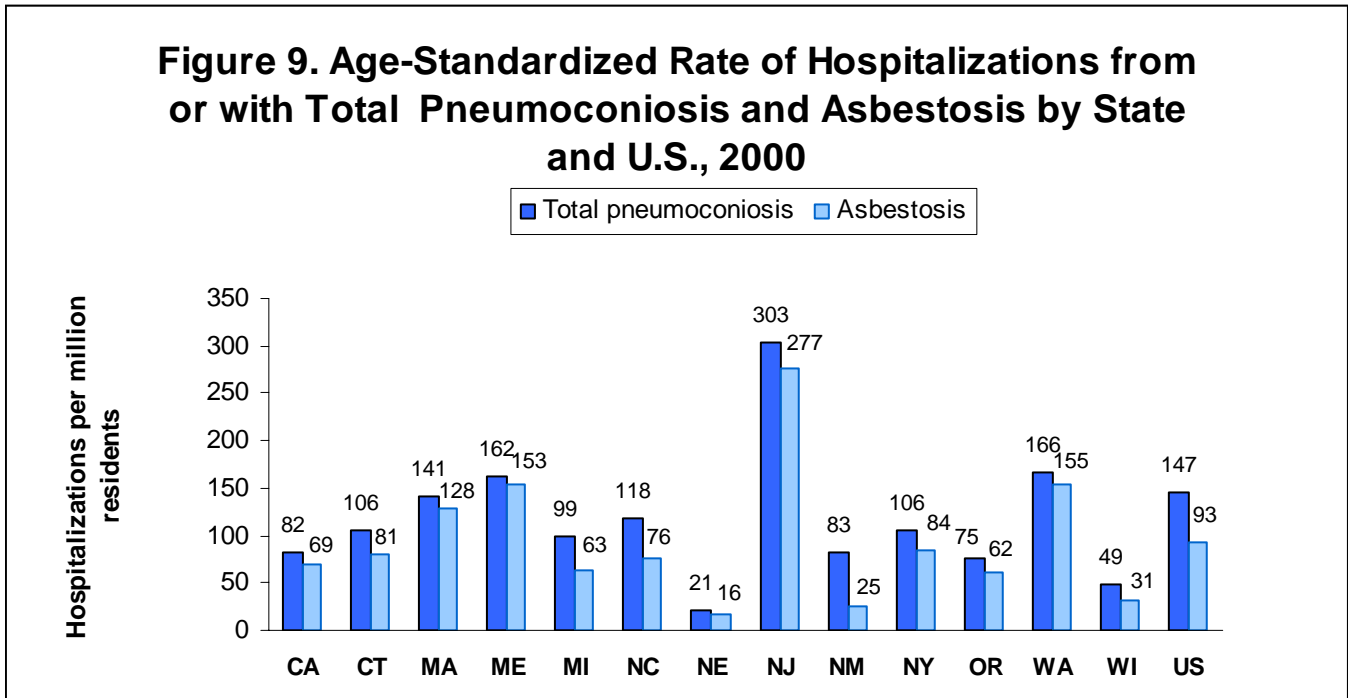
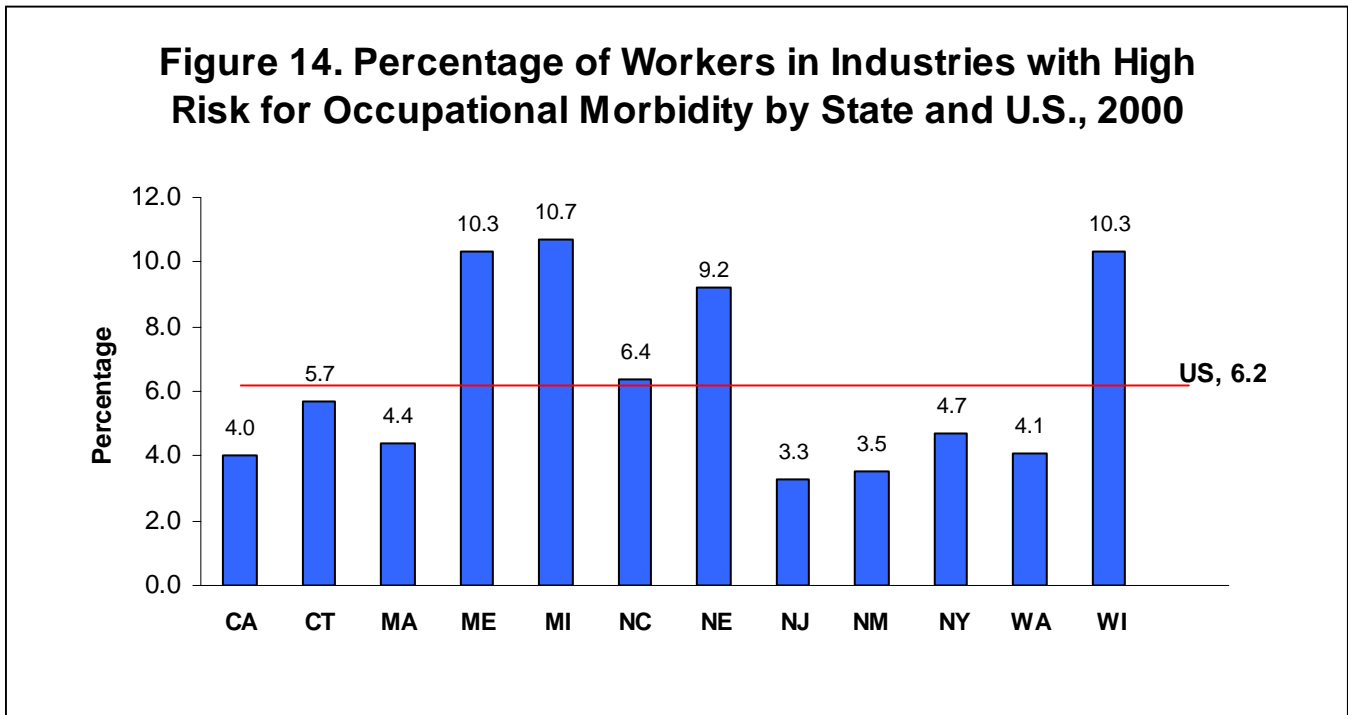


Figure 14 from the report shows that Michigan had the highest percentage of workers in industries with a high risk for occupational morbidity. Despite this increased risk, Michigan did not have the highest rates of occupational injuries and illnesses (Figure 1) suggesting preventive activities including the Michigan OSHA program and those instituted by management and labor are having some success in reducing Michigan's workplace injuries and illness.



*Project
S.E.N.S.O.R.

News

Michigan State University
College of Human Medicine
117 West Fee Hall
East Lansing, MI 48824-1316
Phone (517) 353-1846

Address service requested.

In this issue:

- Putting Data To Work:
- Occupational Health Indicators

*Remember to report all cases of occupational disease!

Printed on recycled paper.

Michigan Law Requires

the Reporting of
Known or Suspected
Occupational Diseases

Reporting can be done by:

Web

www.oem.msu.edu

E-Mail

ODREPORT@ht.msu.edu

FAX

(517) 432-3606

Telephone

1-800-446-7805

Mail

Michigan Occupational Safety &
Health Administration (MIOSHA)

Management and Technical

Services Division

P.O. Box 30649

Lansing, MI 48909-8149

Reporting forms can be obtained by

calling (517) 322-1817

Or

1-800-446-7805

Project SENSOR Staff

At the Michigan Occupational Safety &
Health Administration (MIOSHA)

Douglas J. Kalinowski, C.I.H., M.S.,
Director

MI Occ Safety & Hlth Admin (MIOSHA)
Project SENSOR, Co-Director

John Peck, M.S., Director

Management and Technical Services Div

Byron Panasuk, C.I.H., C.S.P.

Project SENSOR Specialist

At Michigan State University—
College of Human Medicine

Kenneth D. Rosenman, M.D.,
Professor of Medicine

Project SENSOR, Co-Director

Mary Jo Reilly, M.S.

Project SENSOR Coordinator

Amy Sims, B.S.

Project SENSOR NIHL Coordinator

PS News, Editor

Project SENSOR Office Staff:

Tracy Carey

Ruth VanderWaal

Patient Interviewers:

Linda Assaf

Amy Krizek

Lisa McElroy

Erin Frankowicz

Candace Johnson

Francisco Terrazas

Advisory Board

John J. Bernick, M.D., Ph.D.

Representative, Michigan Occupational

Medical Association

James Blessman, M.D., M.P.H.

Wayne State University

Kevin M. Chan, M.D.

President, Michigan Thoracic Society

Michael Harbut, M.D., M.P.H.

Center for Occ. and Env. Medicine

AFL-CIO, Medical Advisor

Gary Reinheimer, M.D.

President, Michigan Allergy and

Asthma Society

Thomas G. Robins, M.D., M.P.H.

University of Michigan

School of Public Health

Division of Occupational Medicine

The Project SENSOR News is published
quarterly by Michigan State University-College
of Human Medicine with funding from the
National Institute for Occupational Safety and
Health and is available at no cost. Suggestions
and comments are welcome.

(517) 353-1846
MSU-CHM
117 West Fee Hall
East Lansing, MI 48824-1316