The overall objectives of the program are to:

- **Interact with state partners and stakeholders**
- **Collect, analyze, and interpret surveillance data**
- **Assess the strengths and limitations of each data source**
- **Develop new data sources and additional occupational indicators**
- **Produce a statewide report and disseminate findings**
- **Develop prevention strategies and interventions and respond to emerging issues**

**MAJOR ACCOMPLISHMENTS AND OUTPUTS**

**Occupational health indicators**

An updated indicator report was prepared (Occupational Health in Louisiana: Indicator data, 1998-2009) with tables and figures highlighting important findings. The report contains trend data for up to 12 years, depending on the data source. The format was changed to make it more accessible to a wider audience. The indicator report will be posted on the web following recent upgrades to the Health Department’s website.

In partnership with Louisiana State University, we reviewed 12 years of asbestosis hospitalizations. According to CDC\ ATSDR, Louisiana has more facilities that produce, process or use asbestos than any other state in the U.S. Age-adjusted rates and subgroup analyses were done to evaluate rates by demographics and location. GIS was used to display rates by parish in order to identify potential exposure sources such as shipbuilding/demolition, railroad, and construction. Improved recording of occupational history by health care practitioners was encouraged. Findings and recommendations were shared with public health professionals through an article in the Louisiana Morbidity Report and presentation at CSTE; outreach to physicians will occur through the Journal of the Louisiana State Medical Society. The article (Asbestosis in Louisiana: A descriptive review and demographic analysis of hospitalizations for asbestosis, 1999-2009) was recently accepted for publication in the journal.

We mentored a Tulane University public health graduate student on a project to evaluate the impact of lower back pain on workers’ health. Previous analyses have shown that disorders of the back and spine account for about one-third of all work-related hospitalizations. The intern’s analysis focused on hospitalizations for low back surgeries. The results of the project are being summarized and will be shared with state partners.
**Interact with state partners and stakeholders**

We partnered with the OSHA-Baton Rouge office to improve the investigation and referral of occupational exposures and injuries. Initially, investigations will target businesses and industries that have multiple workers with elevated blood leads. Annually, there are about 380 adults in Louisiana with blood leads greater than 10 micrograms per deciliter (mcg/dL); about 40% are greater than 25 mcg/dL. To date, 4 businesses have been referred to OSHA for investigation; results of OSHA investigations are pending.

Training in occupational health and safety issues was presented at the Louisiana Governor’s Safety & Health Conference and pesticide applicator meetings. Approximately 300 people attended these trainings.

NIOSH-funded states in the Southeast region (primarily Louisiana, Kentucky, and North Carolina) and NIOSH collaborated to develop a regional occupational health network. Through outreach efforts, partnerships have been made with occupational health partners in SE states, Education and Resource Centers, academia, and OSHA. Goals are to convene a meeting this year, seek a funding sponsor for future meetings, and collaborate on a regional project.

**Respond to emerging issues**

Following the BP Oil Disaster in the Gulf of Mexico, the Occupational Health Program established a surveillance system to track and evaluate acute health effects potentially related to the oil spill. Case reports were received from hospitals, outpatient clinics, and the Louisiana Poison Center. Approximately 1200 reports were evaluated using a database tool. Public reports were posted on LDHH’s website and widely disseminated to local, state, and federal media and public officials/agencies to effect awareness about health problems among response workers. The surveillance system was in place until September 26, 2010. Information on the surveillance system was presented at the CDC Epidemic Intelligence Service Conference, and published in NIOSH e-news.

We collaborated with the Louisiana Hotel and Lodging Association, the Louisiana Department of Agriculture and Forestry, and the LSU AgCenter to develop a guidance document for hospitality staff to manage bed bug infestations and safely use pesticides. The guide is available at www.dhh.louisiana.gov/offices/miscdocs/docs-249/Manual/MngngBedBugs2011_LwRs%20%283%29.pdf

**Enhance surveillance activities**

We were awarded a 5-year grant from EPA to conduct enhanced surveillance of pesticide-related illnesses and injuries. Data, publications, as well as program capabilities, made possible in part through NIOSH funding, were included in the project proposal. This grant will allow us to work closer with state partners (Louisiana State University, Department of Agriculture and Forestry, and the Louisiana Poison Center) to investigate, evaluate, track, and ultimately reduce occupational pesticide exposures in Louisiana.
PRESENTATIONS


Lackovic M, Surveillance of Health Effects, BP Oil Spill, Louisiana. Presented at the 60th Annual Epidemic Intelligence Service Conference, April 2011


PUBLICATIONS
Lackovic M. Louisiana conducts surveillance of oil response workers. NIOSH e-news Volume 8, Number 4, August 2010.


