

Annual Report of Accomplishments and Outcomes, July 2010 – June 2011

Maryland Department of Health and Mental Hygiene, Maryland Occupational Health and Safety Surveillance Project

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Major Accomplishments

The Maryland Occupational Safety and Health Surveillance Project (OHSSP) completed its first year as a fundamental surveillance project with the following accomplishments:

- Successfully submitted 16 of 19 CSTE occupational health indicators to NIOSH;
- Identified key data gaps in occupational disease surveillance in Maryland;
- Presented surveillance data to Maryland Occupational Safety and Health (MOSH) Advisory Board and the Maryland OHSSP Advisory Group;
- Identified several priorities for the remainder of the project period, based on a review of the available statistics;
- Worked with the Maryland Asthma Control Program and the Maryland Cancer Surveillance and Control Program to incorporate occupational and environmental issues into both priority areas; and
- Worked with the Maryland Environmental Public Health Tracking Project to incorporate occupational disease indicators into the national and state environmental public health tracking projects.

Outputs

The most significant outputs of the OHSSP included: (1) occupational disease statistics, based on the 19 CSTE occupational health indicators, which will become more widely available for the first time in Maryland; and (2) the start of a work-related asthma program, which will focus on several specific populations at risk, and which includes a brochure that was distributed to occupational safety and health professionals, worker groups, and occupational safety and health regulators.

Outcomes/Impacts for the Reporting Period

At the first meeting of the OHSSP advisory group, members of the Maryland occupational safety and health community raised several issues that were felt to be worth additional efforts by the OHSSP staff. These include the following initiatives:

1. Burn data – several advisory group members had questions about the relatively low rate of occupational burns reported in Maryland, despite a very strong coordinated emergency medical services infrastructure. Even when compared with states like Massachusetts (which have similar industrial and occupational demographics), the Maryland reported rate is low. Advisory group members recommended that the OHSSP staff consider a

small project to look more closely at burns and reporting. This initiative will start in this project year, and will involve the efforts of the CDC/CSTE epidemiology fellow.

2. Work-related asthma – There was a strong feeling that work-related asthma deserved significant attention from the OHSSP. One suggestion was to work with health care providers and institutions on Maryland’s Eastern Shore, as well as some of the major employers, to increase awareness of work-related asthma. In cooperation with the Maryland Asthma Control Program, the OHSSP printed several thousand brochures on work-related asthma, and has been distributing them to occupational groups, health care providers, and other potential audiences, for several months.
3. Maryland Cancer Plan – The principal investigator for the OHSSP served as the chair for the occupational and environmental factors committee of the Maryland Cancer Plan, which was revised in 2010. That plan, which has now been released, contains a completely new section on occupational and environmental issues in cancer (see <http://fha.maryland.gov/cancer/cancerplan/environmental.cfm> for more details). The final recommendations of the Maryland Cancer Plan specifically called for a reduction in occupationally-related cancer incidence by minimizing exposures to known environmental and occupational carcinogens. It also calls for improvements in Maryland-specific data and improved research and education related to environmental and occupational factors and cancer.
4. Finally, the principal investigator for the OHSSP is helping to coordinate a multi-state collaboration between the CDC’s environmental public health tracking (EPHT) project and NIOSH surveillance programs to incorporate occupational health indicators into state tracking programs. This process, which was approved as an initiative by the state tracking programs and CDC, seeks to create occupational disease indicators that can be displayed within the maps and query tables of state EPHT websites. The first four indicators to be considered include adult blood lead, mesothelioma, work-related asthma, and occupational pesticide poisoning. This process involves close collaboration between the occupational and environmental surveillance communities, and could eventually serve as a model of how to present both occupational and environmental surveillance data in a common electronic framework.