Minnesota Department of Health, Minnesota Occupational Health and Safety
Surveillance Program - Fundamental Program

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Publications/Presentations/News Releases:


Accomplishments:
• We formed a scientific advisory group to provide advice on specific issues and priorities pertaining to occupational health in Minnesota. The group is comprised of members of government, academia, occupational medicine, and industry. The initial meeting – with all invitees present – was held in April 2011. We will continue to host meetings on a quarterly or as needed basis.

• We have worked to continue our collaborative and amicable relationships with the Department of Labor and Industry (DLI), Minnesota OSHA, and the University of Minnesota (U of MN) Midwest Center for Occupational Health and Safety (MCOHS). DLI has provided us with data and expertise for the creation and interpretation of the occupational health indicators that rely on the use of workers’ compensation and BLS data. These partners have expressed interest in the indicator data and trend analysis. When completed we will provide the interpreted indicators and analyses to our partners and organizations interested in occupational health and safety.

• We continue to partner with our Minnesota Department of Health (MDH) Environmental Public Health Tracking (EPHT) Program and our CDC MDH Asthma Program. The EPHT program has recently launched their data portal to provide access to health related data of Minnesota populations; as part of our partnership they have generously provided us with the opportunity to make our indicators available through the portal as well.
As collaborators with our Asthma Program we participated in their re-convened advisory workgroup to address the issues of work-related asthma in Minnesota. At the first advisory panel meeting a number of options were put forward as to how the program might proceed in addressing work-related asthma, including the creation of a work-related asthma state profile or targeted educational program. We included an article about our NIOSH fundamental grant’s activities in the Asthma Program’s *Breathing Space: Respiratory Disease Newsletter* and we also collaborated on the creation and dissemination of an MDH news release alerting salon workers and their customers to the potential hazards of Brazilian Blowout and similar hair straightening products that have been found to contain significant levels of formaldehyde. [see Publications/Presentations/News Releases]

To date we have completed 16 of the 19 specified Council of State and Territorial Epidemiologists (CSTE)/NIOSH occupational health indicators. Of the 16 completed indicators, 14 include data for the years 2000 – 2008. For the adult blood lead indicator, data were only available for the years 2005-2008 and for the occupational health professionals’ indicator; data were available for 2003 to 2008. The 2008 indicator data was submitted to NIOSH for all completed indicators. The three remaining indicators to be completed all utilize hospitalization discharge data which we are in discussions to procure. We are in the process of completing trend analysis of the completed indicators, which will be published to our website once completed.

We conducted a comprehensive literature review to inform the investigation into implementation of a legislative rule (MN 144.34) requiring physicians to report known or suspected cases of occupational disease. The literature review investigated the history of reporting of occupational disease in the United States, the challenges and limitations of physician reporting of occupational disease, the different methodologies created and implemented for occupational surveillance, and the uses of the data obtained through physician reports. To better understand the intricacies of such systems, we created a survey to gather information from states that conduct occupational surveillance with physician report of disease. We then reviewed the annual survey of reportable conditions that is completed by CSTE each year to identify states that may utilize reporting of occupational diseases for surveillance. Once these states were identified we reviewed the information available on each state’s website, identified a key individual to contact, and sent emails requesting an interview with each state about their occupational disease reporting system. Of the 18 states identified, 3 no longer had systems in operation, 12 completed the interview, and 3 did not respond to the request for interview. To date we have compiled the results from the interviews and literature review.

We have attended all required meetings for the grant, including: the PI attended the Principal Investigator “Kick Off” meeting in Atlanta in August 2010; the PI and the PD attended the COSS meeting in Austin in November 2010; and the PI and PD attended the Annual Council of State and Territorial Epidemiologists Conference in Pittsburgh,
Pennsylvania in June 2011. We were invited to and attended (PD) the NIOSH Work-Related Asthma meeting in Oakland California. The PI and PD also attended and presented a poster at the NORA Symposium in April 2011 sponsored by the U of MN Midwest Center for Occupational Health and Safety [see Publications/Presentations/News Releases].

- We resumed and are evaluating the surveillance portion of a Minnesota-specific component of our previous FACE program (1994-2006) which entailed identification of agriculture-related deaths of all ages. While multiple surveillance sources were utilized in the FACE program, approximately 80% of the farm-related fatalities were identified through media sources. As a Minnesota-specific indicator, we began collecting news reports of agriculture-related deaths through manual and automated searches using Google tools and other media sources. For FY11, we identified seven farm-related fatalities, including one youth age 15 or under. During the final two complete years of the MN FACE program (2004-2005) using multiple data sources, an average of seven farm-related fatalities had been identified per year, including one youth fatality. Thus, media reports appear to be a readily available means to identifying farm-related deaths in Minnesota, and we will continue collecting and evaluating this Indicator into the second year of our Fundamental program.