

Orientation Guide for New Personnel Joining an Existing State Occupational Health Program and New States Initiating a State Occupational Health Program

This document has compiled information to assist both states beginning an occupational health program and new personnel joining an existing occupational health program. The guide is formatted around the *Guidelines for Minimum and Comprehensive State-Based Public Health Activities Occupational Safety and Health* developed by the Council for State and Territorial Epidemiologists (CSTE) in 2008 (<https://www.cdc.gov/niosh/docs/2008-148/pdfs/2008-148.pdf>). These guidelines for activity at the state level were organized for beginning states, i.e., the minimum recommendations, and states interested in developing additional activity, i.e., comprehensive recommendations.

See pages 7-9 for a description of CSTE and its activities, with particular emphasis on the Occupational Health Subcommittee, which developed this orientation guide. The Occupational Health Subcommittee consists of individuals at the state level to both facilitate cooperation between the states and to assist states in the conduct of occupational health.

Important resources at the CSTE website:

- CSTE Occupational Health: Overview: <https://www.cste.org/page/oh-overview-page>
- CSTE Occupational Health Resources: <https://www.cste.org/page/oh-resources>
- Occupational Health Publications: <https://www.cste.org/page/OHPublications>
- State Occupational Health Success Stories: <https://www.cste.org/page/oh-successtories>
- Occupational Health Indicators: <https://www.cste.org/page/ohi-home>
- Occupation/Industry and Behavioral Risk Factor Surveillance System (BRFSS): <https://www.cste.org/page/oh-brfss>
- State Occupational Health Websites: <https://www.cste.org/page/oh-state-ohwebsites>

There are multiple additional Web links throughout this guide to obtain more information. It is important that individuals new to the field of occupational health understand the roles of major organizations in occupational surveillance. To obtain an overview of the agencies and other stakeholders involved in occupational injury and illness surveillance, we recommend reading chapters 3 and 4 of the National Academies of Science, Engineering and Medicine *A Smarter National Surveillance System for Occupational Safety and Health in the 21st Century* <https://www.nap.edu/catalog/24835/a-smarter-national-surveillance-system-for-occupational-safety-and-health-in-the-21st-centuryappendix>

The National Institute for Occupational Safety and Health (NIOSH), a part of the Centers for Disease Control and Prevention (CDC), is the major source of funding for state surveillance programs in occupational health. NIOSH currently funds 26 states (<https://www.cdc.gov/niosh/oep/statesurv.html#state>). They also fund 18 Education and Research Centers (<https://www.cdc.gov/niosh/oep/ercportfolio.html>), 11 Centers for Agricultural Safety and Health (<https://www.cdc.gov/niosh/oep/agctrhom.html>), and 6 Centers of Excellence for Total Worker Health (<https://www.cdc.gov/niosh/oep/twhcenters.html>).

Additional important resources at NIOSH websites:

- Worker Health Charts – surveillance data on occupational injuries, illnesses, and related topics <https://wwwn.cdc.gov/Niosh-whc/>
- NIOSH Surveillance Initiatives <https://www.cdc.gov/niosh/topics/surveillance/data.html>
- NIOSH publications on occupational surveillance www.cdc.gov/niosh/topics/surveillance/survpubs.html
- State occupational public health programs www.cste.org/OH/OHwebsites.asp
- Listing of state occupational health contacts <https://www.cste.org/group/OHWebsites>
- Health Hazard Evaluations <https://www.cdc.gov/niosh/hhe/default.html>
- NIOSH Clearinghouse – collection of public health materials prepared by state surveillance programs <https://wwwn.cdc.gov/niosh-statedocs/>
- NIOSH eNews – monthly newsletter <https://www.cdc.gov/niosh/enews/>
- NIOSH Surveillance Coordination Group (SCG) monthly newsletter (contact for NIOSH SCG is Marie Haring Sweeney (mhs2@cdc.gov))
- NIOSH organizational chart <https://www.cdc.gov/about/pdf/organization/niosh-org-chart.pdf>

Key NIOSH Personnel

- Kerry Souza (hkv4@cdc.gov) is the overall technical coordinator for the funded states, a good first contact for any questions.
- Eddie O'Neill (fzt4@cdc.gov) in the Office of Extramural Research Programs manages the state surveillance awards and can assist you with questions about grants management. He holds quarterly conference calls to discuss grant management issues.
- Danette Walker (qki9@cdc.gov), a Grants Management Specialist in CDC, handles state occupational surveillance awards.
- Lauralynn McKernan (ldt4@cdc.gov) is the Director of the Division of Field Studies and Engineering (DFSE) and Manager of the overall NIOSH Surveillance Program.
- Marie Haring Sweeney (mhs2@cdc.gov), DFSE, directs the Informatics Branch and is also the coordinator for the NIOSH Surveillance Program.
- Nimmi Myers (ttp9@cdc.gov) and Suzanne Marsh (mmm2@cdc.gov) co-lead the Occupational Health Indicator group with Komi Modji (komi.modji@dhs.wisconsin.gov) from Wisconsin.
- Walter Alarcon (wda7@cdc.gov) is the NIOSH coordinator for the state pesticide illness surveillance programs.
- Katie Dodd (yla8@cdc.gov) is the NIOSH coordinator for the state occupational lung surveillance programs.
- Rebecca Tsai (vht5@cdc.gov) is the NIOSH coordinator for the state Adult Blood Lead Epidemiology and Surveillance (ABLES) Programs.
- Nancy Romano (ndr4@cdc.gov) is the NIOSH coordinator for the state Fatality Assessment and Control Evaluation (FACE) Programs.
- Sarah Hatcher (lxj9@cdc.gov) and Jess Rinsky (ywc8@cdc.gov) are the Health Hazard Evaluation Program liaisons to the CSTE and state/local/tribal occupational health programs.

Listservs

- There are two listservs that we recommend that all individuals subscribe to, one for CSTE and one for NIOSH surveillance efforts in collaboration with states. To add your name/email: contact for CSTE is Cailyn Lingwall at clingwall@cste.org; contact for NIOSH is Kerry Souza at hkv4@cdc.gov.
- There is a third listserv for those individuals interested in blood lead surveillance in adults, Adult Blood Lead Epidemiology and Surveillance (ABLES); contact Rebecca Tsai at vht5@cdc.gov to add your name to the ABLES listserv.
- There is also a fourth listserv for those individuals involved in maintaining and updating the Occupational Health Indicators; contact Komi Modji at komi.modji@dhs.wisconsin.gov to add your name to the Occupational Health Indicators listserv.

Meetings

All NIOSH funded states receive funds in their award and are required to attend two grantee meetings (referred to as “State Partners” meeting); one meeting is typically in December and one is at the annual CSTE meeting in June. Locations of both meetings change each year. To minimize travel costs, the CSTE Occupational Health Subcommittee couples a one-day meeting just prior to or after the NIOSH meeting in December, and the NIOSH June meeting is part of the larger CSTE annual meeting. To assist states that do not have a NIOSH award, CSTE has limited travel funding for non-funded states. The CSTE Occupational Health Subcommittee also has a spring meeting, typically every other year on a specific occupational health topic. NIOSH also organizes four additional annual meetings for the states that have funding related to acute traumatic injury, respiratory disease, pesticide illness, or workers’ compensation.

There are three additional annual regional meetings:

- Southeast States Occupational Network, SouthON (12 southern states)
<https://www.cste.org/page/oh-partnerships>; Ashley Rockwell (ashley.rockwell@uky.edu)
Central Appalachian Regional ERC
- Western States Occupational Network, WestON (19 western states)
<https://www.cste.org/page/oh-weston>; Liz Dalsey (fof2@cdc.gov), NIOSH coordinator
for the WestON meeting
- New England Occupational Network, NeON; Emily Sparer (Emily.Sparer-Fine@state.ma.us) from Massachusetts is the contact.

Attendance is not required at any of these regional meetings.

To assist states in developing occupational health programs, CSTE published guidelines for what constitutes minimum occupational health activity and what would be part of a more comprehensive occupational health program. The publication outlines minimum and comprehensive activity in three sections

(<https://www.cdc.gov/niosh/docs/2008-148/pdfs/2008-148.pdf>):

- Approaches to Assessment
- Approaches to Policy Development
- Approaches to Assurance

Recommended State-Level Approaches to Assessment

The foundation for public health activity in occupational illness and injury prevention rests on a comprehensive and integrated approach to the collection and analysis of occupational illness and injury data.

Minimum Recommended Activity:

Develop a profile of state-specific characteristics associated with work and occupational risks, including the distribution of industry and occupation types and worker demographics.

Access and assess available health data sources and population (denominator) data for their strengths and limitations for occupational health surveillance.

Regularly compile and disseminate existing data to stakeholders and the public on the magnitude, trends, and risks for occupational illnesses and injuries in the state.

Dissemination modalities should include Web postings at a minimum.

Using validated methodologies, periodically generate those Occupational Health Indicators that are within the scope of available data and resources in the state.

Review surveillance reports within the public health agency to identify opportunities for inserting data related to the occupational health aspects of these subjects.

Two resources for these activities:

1) Occupational Health Indicators

<https://www.cste.org/page/ohi-home>

2) Guidance for Integrating Occupational Health and Safety into Public Health Practice at the State Level

https://www.cste2.org/Publications/CSTE_OH_Integration_Guidance_2017.pdf

Comprehensive Recommended Activity: In addition to the previous minimum activity

Guided by state-specific priorities for illness and injury surveillance, advocate for mandatory health care provider reporting of occupational illnesses and injuries and laboratory reporting of tests (e.g., lead and other heavy metals) related to occupational exposure.

- Compile case reports in secure, electronic data files.
- Conduct sufficient follow-up with reported cases to identify worksites where exposure occurred and to determine whether others are at risk.

Advocate for the inclusion of information, including employer, industry, and occupation, about work-related health conditions in state health data sources.

- Advocate for mandatory coding of cause and place of injuries (“External-cause-of-injury” codes) in state hospital discharge and emergency department databases.
- Periodically compile and disseminate data to stakeholders and the public on the magnitude, trends, and risks in occupational illnesses, injuries, and hazards, including interpretation of significant findings relevant for prevention activities and generation of new hypotheses.
- Develop and implement targeted, condition-specific surveillance systems that are consistent with recommendations from CSTE and/or specific interests of state stakeholders. Include collection of in-depth information on the causes and associated risk factors of the conditions under surveillance.
- Collaborate with other states and NIOSH to make state-based data available nationally in useful, standardized formats. At a minimum, this includes annual generation of all Occupational Health Indicators developed by the CSTE Occupational Health Subcommittee.

Recommended State-Level Approaches to Policy Development

Public health policies in occupational health are often intertwined with complex legal and regulatory issues. Leadership to ensure that the public interest in occupational health is served requires not only technical knowledge and professional expertise, but also sensitivity to larger political issues.

Minimum Recommended Activity:

- Develop and maintain a contact list (e.g., e-mail, address list) of stakeholders in the public and private sectors. This list should be used to target dissemination of reports with surveillance findings and of other materials.
- Develop working relationships with other state and federal agencies conducting occupational health activities to promote actions that address problems identified through surveillance.
- Develop working relationships within the state health agency to promote awareness of occupational health issues by other public health programs.
- Develop and maintain a site on the state’s Web system that serves as a portal for scientifically sound information about occupational health issues in the state and nationally.

Resource for developing working relationship with other parts of health department: Guidance for Integrating Occupational Health and Safety into Public Health Practice at the State Level

https://www.cste2.org/Publications/CSTE_OH_Integration_Guidance_2017.pdf

Comprehensive Recommended Activity: In addition to the previous minimum activity

- Collaborate with stakeholders in establishing statewide public health objectives for occupational health based on local, state, and federal health priorities (e.g., Healthy People objectives).
- Publish a document that establishes long-range goals and objectives for occupational public health for the state, sets priority areas for surveillance and intervention, and proposes resource allocation.

Develop or support enabling legislation, regulations, and policies. These may include establishment of a state-funded occupational public health program, minimum standards in occupational health for local health departments, extension of federal OSHA regulations to public employees, and provisions for state-funded occupational health clinic services.

Implement strategies (e.g., serve on advisory committees, serve as technical advisor on occupational health issues to public health leaders or to other public health programs) to ensure that occupational public health issues and programs are integrated into the full range of public health programs in the state, including those on chronic illness and injury control, environmental health, communicable disease, and emergency preparedness.

Develop programs and working relationships to mobilize and support initiatives among prevention partners (e.g., OSHA) and other stakeholders to promote occupational illness and injury prevention and control.

Develop program capacity and flexibility to identify and respond to emerging occupational hazards, issues, or unique prevention opportunities.

Recommended State-Level Approaches to Assurance

An array of strategies is needed to protect the workforce, including enforcement of applicable laws and regulations; professional, employer, and worker education; technical consultation on design of health and safety programs; hazard reduction activities such as ventilation design and ergonomics; assurance of the linkage to medical services; and research to evaluate the impacts of interventions and to answer etiologic questions.

Minimum Recommended Activity:

Maintain sufficient expertise, Web-based or written materials, and lists of resources so that inquiries from the public about the nature, causes, and control of adverse health effects of occupational hazards can be addressed or referred appropriately.

Maintain sufficient technical expertise to provide referrals in response to reports of particularly serious occupational injuries or illness that signal a need for immediate intervention to prevent additional morbidity.

Two resources for these activities:

1) Comparison of OSHA Enforcement, OSHA Consultation, and NIOSH Health Hazard Evaluation Referrals

https://www.cste2.org/Publications/Comparison_of_OSHA_Enforcement.pdf

2) Guidance: Public Health Referrals to OSHA

<http://www.cste2.org/webpdfs/occupational/OSHArefferal922011.pdf>

Allocate sufficient funds to support office functions, ensure access to occupational health data, maintain the occupational health website, print and mail materials, and enable staff to attend an annual meeting with other states' occupational public health staff.

Assign one epidemiologist to function as the occupational health epidemiologist and designate that person to serve as liaison with NIOSH and with the other state occupational epidemiologists.

Comprehensive Recommended Activity: In addition to the previous minimum activity

- Promote enforcement and, where indicated, revision of pertinent laws and regulations by evaluating the effectiveness of the regulatory authority to reduce work-related risks.
- Compile a comprehensive library of educational materials and technical resources and make it available to stakeholders throughout the state.
- Ensure follow-back to worksites identified by occupational illness and injury surveillance data as sources of hazards to identify and ameliorate hazardous conditions, especially worksites associated with vulnerable groups of workers that fall outside the jurisdiction of regulatory agencies.
- Ensure that lessons learned from worksite follow-back are disseminated to empower employers and employees in similar at-risk occupations/industries to implement prevention strategies, including engineering and administrative controls, personal protective equipment, and worker education.
- Develop linkages with academic medical centers to promote medical education and research in occupational safety and health and the development of hazard control strategies.
- Assign one or more professionals in the disciplines of industrial hygiene, health education, safety engineering, occupational medicine, occupational health nursing, and toxicology to the occupational public health program.
- Allocate sufficient funds to support program operations, conduct field investigations, develop and evaluate education and intervention programs, and maintain a competent occupational public health workforce.
- Promote workforce development, including, for example, support for mentoring, internship, and fellowship programs.
- Implement process and outcome evaluation measures for the occupational public health program.

Background on Council of State and Territorial Epidemiologists (CSTE) (Last Revised July 2023)

CSTE is an organization of member states and territories representing public health epidemiologists. CSTE works to establish more effective relationships among state and other health agencies. It also provides technical advice and assistance to partner organizations and to federal public health agencies such as the CDC. CSTE members have surveillance and epidemiology expertise in a broad range of areas including occupational health, infectious diseases, environmental health, chronic diseases, injury, maternal and child health, and more. CSTE supports effective public health surveillance and sound epidemiologic practice through training, capacity development, and peer consultation. It is organized into six broad subject areas led by a Chair and Vice Chair: (Chronic Disease/Maternal and Child Health; Environmental Health/Occupational Health; Infectious Disease; Injury, Substance Use and Mental Health; Surveillance/Informatics; and Workforce Development). There is an 11-member elected Executive Board.

Environmental Health and Occupational Health Steering Committee Chair and Vice Chair:

- Chair: Cliff Mitchell (cliff.mitchell@maryland.gov), Maryland
- Chair: Marija Borjan (marija.borjan@doh.nj.gov), New Jersey

Occupational Health Subcommittee <https://www.cste.org/page/eoi-steeringcomm>

Beginning in the early 1990s, CSTE has collaborated with the National Institute for Occupational Safety and Health (NIOSH) to build capacity to conduct surveillance of occupational injuries and illnesses and related prevention activities at the state level. Since 1997, the CSTE Occupational Health Subcommittee has met regularly with NIOSH staff to advance the aim of building state occupational public health programs. CSTE's work is an important building block in creating safer and healthier workplaces.

Major activities of the CSTE Occupational Health Subcommittee:

- Annually update Occupational Health Indicator (OHI) data on CSTE website and maintain the How-to Guides.
- Conduct training webinars on technical aspects of occupational health surveillance.
- Develop CSTE Position Statements related to the conduct of occupational health surveillance.
- Plan, organize, conduct, and evaluate the Occupational Health program for the CSTE Annual Conference (June).
- Plan, organize, and conduct two Occupational Health Subcommittee meetings (fall and spring) and regional meetings.
- Provide occupational health consultations to states. These consultations can be via telephone, video conferences or site visits. Contact Cailyn Lingwall (clingwall@cste.org) for more information about obtaining consultation/assistance.

Co-Leads

Ken Rosenman (rosenman@msu.edu), Michigan

Kate McCoy (katherinee.mccoy@dhs.wisconsin.gov), Wisconsin

Leadership Group

Marija Borjan (marija.borjan@doh.nj.gov), New Jersey

Kathleen Grattan (kathleen.grattan@state.ma.us), Massachusetts

Ximena Vergara (Ximena.Vergara@cdph.ca.gov), California

Ketki Patel (Ketki.Patel@dshs.texas.gov), Texas

Derry Stover (derry.stover@nebraska.gov), Nebraska

Alicia Fletcher (alicia.fletcher@health.ny.gov), New York

Ad-hoc member, Marie Haring Sweeney (mhs2@cdc.gov), NIOSH

Occupational Health Indicator Work Group Co-Chairs

Komi Modji (komi.modji@dhs.wisconsin.gov)

Nimmi Myers (ntp9@cdc.gov)

Suzanne Marsh (smm2@cdc.gov)

CSTE Program Analyst

Cailyn Lingwall (clingwall@cste.org), CSTE National Office, Atlanta, Georgia

The operating guidelines/bylaws of the Occupational Health Subcommittee are at:

https://cdn.ymaws.com/www.cste.org/resource/resmgr/occupationalhealth/CSTE_OHS_Subcommittee_Operat.pdf

Occupational Health Indicators

Web link to both How-to Guides and Data for all the OHIs

<https://www.cste.org/page/ohi-home>

Profile: Employment Demographics

1: Non-Fatal Work Related Injuries and Illnesses Reported by Employers

2: Work-Related Hospitalizations

3: Fatal Work-Related Injuries

4: Work-Related Amputations with Days Away From Work Reported by Employers

5: State Workers' Compensation Claims for Amputations with Lost Work-Time

6: Hospitalizations for Work-Related Burns

7: Work-Related Musculoskeletal Disorders with Days Away from Work Reported by Employers

8: State Workers' Compensation Claims for Carpal Tunnel Syndrome with Lost Work-Time

9: Hospitalizations from or with Pneumoconiosis

10: Mortality From or With Pneumoconiosis

11: Acute Work-Related Pesticide-Associated Illness and Injury Reported to Poison Control Centers

12: Incidence of Malignant Mesothelioma, Ages 15 and Older

13: Elevated Blood Lead Levels among Adults

14: Percentage of Workers Employed in Industries at High Risk for Occupational Morbidity

15: Percentage of Workers Employed in Occupations at High Risk for Occupational Morbidity

16: Percentage of Workers Employed in Industries and Occupations at High Risk for Occupational Mortality

17: Occupational Safety and Health Professionals

18: OSHA Enforcement Activities

19: Workers' Compensation Awards

20: Work-Related Low Back Disorder Hospitalizations.

21: Asthma among Adults Caused or Made Worse by Work

22: Work-Related Severe Traumatic Injury Hospitalizations

23: Influenza Vaccination Rates among Health Care Providers

24: Occupational Heat-Related Emergency Department Visits

Checklist for individuals new to occupational health surveillance

Review the following materials

- Minimum and Comprehensive State-Based Activities in Occupational Safety and Health (CSTE, 2008) <https://www.cdc.gov/niosh/docs/2008-148/pdfs/2008-148.pdf>
- Chapters 3 and 4 of the National Academies of Science, Engineering and Medicine *A Smarter National Surveillance System for Occupational Safety and Health in the 21st Century* <https://www.nap.edu/catalog/24835/a-smarter-national-surveillance-system-for-occupational-safety-and-health-in-the-21st-centuryappendix> (Reports from the National Academies can be read online free.)
- Additional resources listed in orientation guide as appropriate

Request to be added to the following listservs:

- CSTE Occupational Health Subcommittee listserv, contact Cailyn Lingwall (clingwall@cste.org)
- NIOSH Occupational Health State Surveillance listserv, contact Kerry Souza (hkv4@cdc.gov)
- Additional listservs as appropriate (ABLES, CSTE OH Indicator Work Group)

Plan to attend the next combined CSTE Occupational Health Subcommittee/NIOSH State Partners Meeting:

- CSTE Annual Conference (usually in June), location changes annually
- Winter Meeting (usually in December), location changes annually