

OCCUPATIONAL HEALTH INDICATOR (OHI) PROPOSAL PROCESS

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Occupational Health Indicators (OHI) Workgroup

Council of State and Territorial Epidemiologists (CSTE) Occupational Health Surveillance Subcommittee

Purpose: This document explains the procedures for review, approval and implementation of new Occupational Health Indicators or “substantive changes” to the Occupational Health Indicators as defined in the CSTE document *Occupational Health Indicators: A Guide for Tracking Occupational Health Conditions and their Determinants*. Substantive changes include additions, deletions, regroupings, or changes to the data collection and calculation methods.

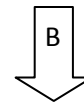
PROCEDURE I: FOR ADOPTING NEW OCCUPATIONAL HEALTH INDICATORS

Step 1: Indicator developer completes the Proposal Form and presents to the full CSTE Occupational Health Subcommittee. This may be done during the Spring, Summer or Fall meetings, or by special session. The documents should be circulated to the full committee at least 2 weeks prior to the meeting. The full CSTE Occupational Health Subcommittee votes to pursue one of two options below.

Step 2 - Option A or B



Tabled. This decision may be reached when there is disagreement among the full committee about proceeding with the indicator. The developer should be given guidance on how to proceed.



Pilot Testing and How-to Guide Development. The developer should recruit 3-5 states to participate in indicator development & testing. This should include a mix of experienced and new state- surveillance programs. The developer should provide on-going updates to the OHI Workgroup during its quarterly teleconference meetings. Updates should be arranged through the Co-chairs and should include a review of any revisions to the initial Proposal Form, example state data, and a draft of the How-to Guide as needed to inform members. Members will receive pertinent documents with the meeting announcement to review with state PI's and local surveillance partners. Members should come to meetings prepared to discuss and provide feedback and edits. Members may invite their colleagues to join the indicator discussion.

At the successful completion of the pilot phase and development of the How-to Guide, the proposed indicator moves to Step 3



Step 3: The new proposed indicator, How-to Guide instructions and results of the pilot testing are presented to the full CSTE Occupational Health Subcommittee to vote for adoption as one of the current Occupational Health Indicators included in the annual guidance document disseminated by CSTE. This can only occur if the data are readily and consistently available to a majority of states.

Voting outcome options are: Accept, Accept after agreed upon revisions, Refer Back to 2B for further development, or Dismiss. If Accepted, move to Step 4.



Step 4 Next Page

Step 4: The developer identifies a person to serve as the “Indicator lead” (See the OHI Workgroup Operating Guidelines). In some cases, both a state-level and national-level person will be identified. These may be people who were active in the pilot testing/How-to Guide development phase, or they may be recruited through the CSTE Occupational Health Subcommittee at large.



Final Step 5: The new indicator lead(s) will work with the OHI Workgroup Co-chairs to ensure the new indicator is included in the next update of the OHI How-to Guide. Updates typically occur during January-March each year.

PROCEDURE II: FOR ADOPTING CHANGES TO EXISTING OCCUPATIONAL HEALTH INDICATORS

This procedure should be used when an OHI Workgroup member or other interested party wishes to change the methodology used for data collection or calculation of an existing indicator, or drop an indicator from the CSTE How-to Guidance document.

Stage 1: The requesting person should discuss potential change with the Indicator Lead. Together, they should create a brief proposal (1-2 pages) describing:

- The purpose and reason for the change.
- The historical rationale of the aspect of the indicator they wish to change (whether case definition or collection methods, if known).
- The impact on results and interpretation (both prior year comparison, and affects on accuracy of future estimates using the measure).
- Provide state-examples if needed, or include request for states to participate in pilot testing the change.



Stage 2: Through coordination with the Co-chairs, this proposal will be presented to the OHI Workgroup during a quarterly meeting, or by special meeting. Change proposal documents should be circulated to members at least 2 weeks prior to the meeting. Members should discuss with state PI's and local surveillance partners, and come to the meeting prepared to discuss and vote on next steps. The Workgroup will vote to pursue one of two options:



Tabled. This decision may be reached when there is significant disagreement among the Workgroup about proceeding with the indicator change. The developer should be given guidance on how to proceed.



Further Development. This action follows a similar process as pilot testing in PROCEDURE I (above), where the developer and the indicator lead coordinate an effort to further investigate/develop the change proposal and provide updates to the Workgroup. **At the successful completion of incorporating the proposed change and development of the revised How-to Guide, the revised indicator moves to Step 3.**



Final Step 3: The revised indicator, How-to Guide instructions are presented to the CSTE Occupational Health Leadership Committee for a vote. If the leadership committee considers the revision major then the revision will be presented to the full CSTE Occupational Health Subcommittee for a vote. **Voting outcome options are: Accept, Accept after additional revisions, Refer Back to 2b for further development, or Dismiss.**

FREQUENTLY ASKED QUESTIONS

1. **What are the primary roles of the CSTE Occupational Health Subcommittee and the CSTE Occupational Health Indicator Workgroup for approving a new indicator?**

The OHI Workgroup does not provide the final approval/disproval of new indicators, but rather helps to bring the proposal to the Occupational Health Subcommittee for voting. The OHI Workgroup's role is to approve the How-to Guidance and ensure the technical merit of the new indicator has been vetted.

2. **What happens if a new indicator proposal is not widely supported by the Subcommittee or technical issues don't check out?**

The OHI Workgroup will continue to work with the indicator developer/submitter regarding technical issues until there is resolution, returning to previous steps in the process as needed.

3. **What are the primary roles of the CSTE Occupational Health Subcommittee and the CSTE Occupational Health Indicator Workgroup for approving changes to existing indicators?**

The OHI Workgroup provides the final approval/disproval of changes to the methodology for collection and calculation of indicators. The OHI Workgroup Co-chairs are responsible for widely disseminating information about the change and regularly updating the Occupational Health Subcommittee on change discussions.

4. **Why do the OHI data need to be “readily and consistently available to a majority of states”?**

The Occupational Health Indicators are intended to be a core or minimum set of measures a state can use to describe population health status with respect to workplace injuries, illnesses, and other factors that may influence health. State-level accessibility of data must be considered to ensure the indicator can be feasibly adopted by most states for core occupational health surveillance.

5. **Why do both new and experienced states need to be involved with pilot testing a new indicator?**

Experience and capacity in occupational health surveillance vary greatly from state to state, as do data access and expertise in interpretation. Having a mix of state representatives who are both new to and experienced in working with the proposed data source or indicator will lead to a broader understanding and more thorough resolution of any technical issues that may arise during pilot testing.

6. **How are votes of the full CSTE Occupational Health Subcommittee counted?**

At the time of voting on OHI proposals, each state represented in the CSTE Occupational Health Subcommittee meeting receives one vote (one vote per state).

OCCUPATIONAL HEALTH INDICATOR (OHI) PROPOSAL FORM

Use this form for proposing additions or substantive changes to the OHIs. Substantive changes include additions, deletions, regroupings, or changes to the data collection and calculation methods. See also the OHI Proposal Process flow chart.

NOTE: This is a living document, meant to provide updates and progress on new indicator development.

- I. Specify the date this document was last updated (mm/dd/yy): _____
- II. Complete the following information about the proposed occupational health indicator (OHI). Please refer to examples in the OHI How-to Guide. If this is a substantive change to an existing OHI, please complete existing information from the How-to Guide and highlight proposed changes:

Topic (choose one): ☐ Health effect indicator (measures of injury or illness that indicate adverse effects from exposure to known or suspected occupational hazards), ☐ Exposure indicator (measures of markers in human tissue or fluid that identify the presence of a potentially harmful substance resulting from exposure in the workplace), ☐ Hazard indicator (measures of potential for worker exposure to health and safety hazards in the workplace), ☐ Intervention indicators (measures of intervention activities or intervention capacity to reduce workplace health and safety hazards), or ☐ Socioeconomic impact indicator (measure of the economic impact of work-related injuries and illnesses).	
INDICATOR TITLE: _____	
Demographic Group:	
Numerator:	
Denominator:	
Measures of Frequency:	
Time Period:	
Significance and Background:	
References to Significance/Background:	
Rationale:	
Limitations of Indicator:	
Data Resources:	
Limitations of Data Resources:	
HP2020 Objectives:	

CSTE Positions:	
Other Available Data:	
Recommendations:	

III. The initial set of CSTE/NIOSH defined Occupational Health Indicators (OHI) was selected based on the following criteria:

- *Availability of easily obtainable state-wide data.* Access to existing data was considered a critical element in the development of the indicator set. Some states might have access to other sources of data for occupational health surveillance, and that additional indicators may be developed, as these data will allow. Occupational health indicators rely on data that should be available to most states.
- *Public health importance of the occupational health effect or exposure to be measured.* (Applicable to health effect and exposure indicators.) Factors considered in determining public health importance include the magnitude or extent of the effect or exposure, severity of the health effect, economic impact, emergent status of the condition, and degree of public concern.
- *Potential for workplace intervention activities.* The indicator should inform program and policy development at the state level to protect worker safety and health.

Relating to the above criteria, please provide any additional information not covered in the table/summary above. Please also describe any issues, concerns or key questions (i.e. data accessibility) that you would like OHI Workgroup members/states to provide feedback or information about. If needed, a survey may be attached to collect specific responses from states.

IV. Briefly describe proposed next steps and timeline:
