

Annual Report of Accomplishments and Outcomes, July 2012 – June 2013

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) has matured in its third year as a fundamental surveillance project, and now faces the challenge of starting to implement changes in occupational health as a result of surveillance activities, despite some setbacks in access to data:

- Of the 20 requested occupational indicators, we were unable to submit data associated with mortality due to occupational lung disease, as well as hospitalization data, due to programmatic issues in both vital statistics and our hospital data steward agreements. We are working to correct these issues, which cut across the entire occupational surveillance program. As previously mentioned, we have determined that the workers' compensation commission has no administrative data management system to permit the analysis of worker's compensation data.
- As noted last year, there has been some effort to engage with Maryland Occupational Safety and Health (MOSH) regarding industrial hygiene capacity, but there have been few developments in the past year in this regard. There has been active engagement on other fronts, most notably prompted by legislative activity. OHSSP staff (Dr. Mitchell) participate in a legislative work group focused on whether the State should require pesticide applicators to report the quantity of pesticides applied to agricultural lands.
- OHSSP staff (Sybil Wojcio) worked with the injury prevention program to look at areas of possible collaboration, including fall prevention. While this did not immediately bear fruit, there is ongoing dialogue between the OHSSP and injury prevention staff about more closely aligning the surveillance of occupational and non-occupational injuries.
- 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.

Outputs

The most tangible outputs of the OHSSP remain the occupational disease statistics, now available electronically on the Maryland Environmental Public Health Tracking web page. A report on the OHSSP's involvement in a contaminated building has not yet been released but is in preparation.

Outcomes/Impacts for the Reporting Period

This year the OHSSP was instrumental in a Departmental real-time response to a building contamination issue. In February, 2013, the Department was contacted because of concerns

about an office building for a large employer in which a number of employees reported symptoms initially suggestive of carbon monoxide. Subsequent testing revealed that the contaminant was in fact nitrates, and the OHSSP staff led a combined city-state and employer response in addressing the issues of how the contamination occurred and how to address it.

In addition to this response, work continued to address a number of themes noted in last year's annual report, including:

1. Occupational health surveillance data availability – There were minor setbacks in data availability on hospitalizations, due to changes in the agency that analyzes discharge data (Maryland Health Care Commission). Although the agency had previously provided discharge data to OHSSP, it has subsequently deferred the provision of data to the Maryland Health Services Cost Review Commission (HSCRC). This has caused a significant delay in obtaining hospitalization data from the agency.
2. The Maryland OHSSP has also worked with NIOSH on urging consideration of inclusion of industry/occupation for meaningful use in electronic health records (EHR), an activity that while not directly related to current surveillance, has significant implications for how Maryland will conduct surveillance activities in the future.
3. Work-related asthma – Maryland is completely re-working its comprehensive state asthma management plan, in view of health care reform. This is the final year of the Department's 5 year asthma cooperative agreement, and the Department is putting a major initiative together to improve asthma outcomes in the population, particularly in children. As part of this initiative, there will be separate consideration of work-related asthma.
4. Injury Prevention – The state's injury epidemiology program is now becoming integrated with the OHSSP injury epidemiology program, to facilitate information-sharing. This will integrate occupational injury epidemiology, injury epidemiology, and the violent death reporting system (as far as personnel are concerned) with the intention of producing community-based and county-based reporting products that cover a broad swath of injury types.
5. Finally, the principal investigator for the OHSSP continued to work integration of OHSSP indicators with the environmental public health tracking project (EPHT). This effort has been successful in at least some states, where occupational indicators are hosted either in or beside the EPHT portal. This has at least helped to cushion the blow caused by the cut in funding for state adult blood lead surveillance (ABLES) programs, although it has not fully made up for these cuts.