

Illinois Occupational Surveillance Program—Annual Report, Year 2
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1. Report the CSTE Occupational Health Indicators annually.

- The Illinois Occupational Surveillance Program reported 18 of 20 Occupational Health Indicators for 2009 to NIOSH. We are awaiting 2 more indicators from Illinois Department of Public Health—in progress.
- Data library of several State databases has been established for further work; we add data yearly to these databases.
- We identified a different source for obtaining Hospital Discharge data and can now assemble the data for those indicators more easily.
- Have finalized a report of longitudinal indicator data from 2000 to 2008.

2. Establish a dynamic advisory board from government, business, academics, unions, non-profits, and worker groups; engage in priority setting activities with the Advisory Board based on surveillance results, literature reviews, and input from other state programs

The Advisory Board met in the Fall of 2011. We presented results of the Indicators and two research projects: one on amputations in Illinois and one on workers compensation claims among automobile manufacturing workers. A member of the Advisory Board from Interfaith Worker Justice set up a meeting with the Illinois Department of Labor to present the amputations data to them; the investigation showed that the worst and repeated injuries were most common among temporary employment agencies and the State of Illinois. These entities are covered by IDOL (as opposed to other workplaces, which are covered by Federal OSHA). We drafted an interagency agreement between UIC and IDOL to collaborate on data sharing and intervention.

3. Utilize trauma registry and ambulance databases as primary data sources;

- We renewed our Interagency Agreement with IDPH and continue to obtain updated data (now through 2009).
- We completed a report on trauma utilization (for both work-related and non-work-related injuries) in Southern Cook County. This was issues to the Cook County Department of Public health.
- A student completed a research project on **traumatic injuries among bicycle messengers** as part of the requirement for the MPH and the Occupational Medicine residency.

4. Link records across databases to conduct more informative, complex data analyses

We have cleaned and linked cases across databases—now updated for later data. See publications, below.

5. Disseminate findings through a website, list of stakeholders, and courses;

- Our website is established and live, though we are still populating it.
- We attended CSTE/SBS-OH meetings in Omaha and Orlando. Students are presenting at APHA and AIHA.
- We are finalizing the report of longitudinal data—now approved by State agencies to add their logos.

6. Evaluate our activities by establishing benchmarks, assessing the quality and quantity of work products and the number and characteristics of who we reach.

Benchmarks:

Classification Key for results being used to benchmark the program

- 1) potential outcomes findings, results, or recommendations that could impact workplace risk if used
- 2) intermediate outcomes - how findings, results, or recommendations have been used by others to influence practices, legislation, product design, safety program, training
- 3) end outcomes - how findings, results, or recommendations have contributed to documented reductions in work-related morbidity, mortality, and/or exposure.

1. Submission of OH Indicators to NIOSH—completed (Short term outcome; Benchmark: 1)
2. Dissemination of OH Indicators in Illinois
 - a. Multi-year report at printer (Short term outcome; Benchmark: 1)
3. Student Training Activities (short term outcomes--Benchmark: 1)
 - a. PhD Assistantship: Peter Ruestow, PhD candidate, was mentored in the conduct of data linkage of medical record data with the Illinois Workers' Compensation database. He co-authored a manuscript that is now accepted for publication; he had an abstract accepted to APHA. He will continue in the capacity of doing research projects utilizing these datasets.
 - b. MPH Capstone and OM Residency research requirement: Traumatic Injuries in Bicycle Messengers.
 - c. PhD Dissertation: Injuries in Law Enforcement (Freda Holloway-Beth, PhD candidate). This comprehensive project will be looking at injuries caused to civilians during altercations with law enforcement, as well as injuries suffered by law enforcement personnel and the level of disability resulting from on the job injuries.
 - d. PhD Dissertation: Shirley Sheppard is currently being trained to begin research on home health care workers and the safety issues they face. Her work will be used for her dissertation.

- e. Surveillance lectures utilizing IOSP garnered data for matriculated public health students graduate students: delivered in EOHS 400 Principles of Env and Occ Health; EOHS 551 Occupational Diseases; EOHS 571 Injury Epidemiology and Control; Ergonomics

4. Manuscripts/publications

- Friedman L, Krupczak C, **Forst L**. Workplace Amputations in Illinois. *Injury*. 2012 Feb 23. [Epub ahead of print]

Accepted for publication:

- Friedman LS, Ruestow P, Forst L. Analysis of Ethnic Disparities in Workers' Compensation Claims Using Data Linkage. *J Occup Environ Med*

5. Grants and contracts leveraged by IOSP (Intermediate Outcomes—benchmark 2)

- a. Trauma System Utilization. Cook County Department of Public Health. Funded, completed.
- b. OSHA Amputation Policy Review: grant submitted to Robert Wood Johnson Foundation. Submitted, but not funded
- c. Proposal to BLS submitted to determine employer barriers to reporting to the Survey of Occupational Illnesses and Injuries. Pending.

6. Continuing Education/Outreach/Intervention activities

- a. Met with Illinois Department of Labor to discuss amputation injuries under IDOL's purview (Intermediate Outcome--Benchmark: 2)
- b. Interagency agreement in progress between UIC and IDOL
- c. Participating in effort to develop umbrella interagency agreement to share data between the State Health Department and UIC School of Public Health. The IOSP grant has leveraged funding from IDPH to support a 50% time position for one year to determine barriers to collaboration between the two entities and to establish a more dynamic partnership for prevention in the State.