

Occupational Health Unit

OCCUPATIONAL HEALTH INDICATORS PROJECT

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Background

In 1998, the [Council of State and Territorial Epidemiologists \(CSTE\)](#), in association with the [National Institute for Occupational Safety and Health \(NIOSH\)](#), convened the NIOSH-States Occupational Health Surveillance Work Group to make recommendations to NIOSH concerning State-based surveillance activities for the coming decade. The Work Group members agreed that the surveillance planning process should be outcome driven; e.g., begin with the identification of occupational injuries, illnesses and hazards to be placed under surveillance.

Since that time, public health surveillance “indicators” have been developed in several areas, including chronic disease, injury control and environmental health (CSTE 1999, STIPDA 1999, CDC 2001, CSTE 2002). These indicators are a construct of public health surveillance that define a specific measure of health or risk status (i.e., the occurrence of a health event or of factors associated with that event) among a specified population. Surveillance indicators allow a state to compare its health or risk status with that of other states, to evaluate trends over time within the state, and to guide priorities for prevention and intervention efforts. Occupational Health Indicators provide information about a population’s health status with respect to workplace injuries and illnesses or to factors that can influence health. These indicators can either be measures of health (work-related disease or injury) or factors associated with health, such as workplace exposures, hazards or interventions.

Methods for indicator development

From 2001-2003 the Work Group members developed an approach for indicator selection, and then subsequently drafted and finalized [the set of occupational health indicators](#). The following criteria were considered in selecting the indicators:

- Availability of easily obtainable state-wide data. The access to existing data that would be available in all states was considered to be a critical element in the development of the indicator set. The Work Group recognized that 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. However, this document sets out a “core” or minimum set of occupational health indicators that relies on data that should be available to most states.

- Public health importance of the occupational health effect or exposure to be measured. This criterion was used in identifying health effect and exposure indicators. Factors considered in determining public health importance included 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.

A total of 19 indicators were selected by Work Group consensus:

- 12 Health effect indicators (measures of injury or illness that indicate adverse effects from exposure to known or suspected occupational hazards),
- 1 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),
- 3 Hazard indicators (measures of potential for worker exposure to health and safety hazards in the workplace),
- 2 Intervention indicators (measures of intervention activities or intervention capacity to reduce workplace health and safety hazards), and
- 1 Socioeconomic impact indicator (measure of the economic impact of work-related injuries and illnesses).

In addition, the Work Group determined that a profile of the employment demographics within a state should be developed.

[Connecticut Occupational Health Indicators Report](#)