

Survey of Washington's Local Health Jurisdictions Regarding Occupational Safety and Health

Technical Report Number 80-2-2003

Jena Jones, BA
David Bonauto, MD, MPH

Safety and Health Assessment and Research for Prevention (SHARP) Program
Washington State Department of Labor and Industries
PO Box 44330
Olympia, Washington 98504-4330

Acknowledgements

The authors would like to thank Martha Stanbury and the Michigan Core Occupational Health Surveillance Project at the Michigan Department of Community Health. We are also grateful to Scott McGeary for technical support, Marty Cohen, Christy Curwick and Steve Whittaker of SHARP and Marie Flake and Christie Spice of DOH for their thoughtful reviews and the health officers of the Washington State local health jurisdictions for their participation and informative comments.

This report was supported in part by Cooperative Agreement 5 U01 OH07292-01 from the National Institute for Occupational Safety and Health (NIOSH). The contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH or the Centers for Disease Control and Prevention.

December 2003

Table of Contents

List of Tables	iii
Background.....	1
Methods.....	2
Results.....	2
Issues of Concern.....	2
Inquiries/Complaints Received.....	3
Response or Referrals	4
Proactive Activities.....	5
Data Compilation	5
Wish List.....	5
Discussion.....	7
SHARP's Plan.....	8
Appendix A.....	9

List of Tables

TABLE 1: Occupational Health Issues of Concern for Washington State Local Health Officers (n = 26)	3
TABLE 2: Occupational Health Inquiries or Complaints Received by Washington State Local Health Officers (n = 26).....	4
TABLE 3: Response or Referrals by Local Public Health Officers to Inquiries Regarding Occupational Health Issues (n = 26).....	5
TABLE 4: Wish List of Local Public Health Officers for Occupational Health Issues (n = 26)	6

Background

In Washington State most occupational safety and health activities originate from the Washington State Department of Labor and Industries (L&I). Consultation and enforcement inspections for workplace safety and health issues are performed by Washington Industrial Safety and Health Act (WISHA) Services, a component of L&I. Additional, public health activities for occupational health and safety are conducted both through WISHA and the Washington State Safety and Health Assessment and Research for Prevention (SHARP) program.

The Washington State Department of Health (DOH) traditionally handles a broad range of non-occupational public health activities including, but not limited to, assessment, program planning/implementation, education and policy on issues such as non-occupational infectious disease outbreaks, environmental health, maternal and child health and investigation of cancer clusters. Public health activities are also performed by the 35 Washington State local health jurisdictions (LHJs), which are generally organized geographically by Washington counties. The primary areas of responsibility for LHJs, according to the DOH, are infectious diseases, environmental health and the registration of vital statistics in their jurisdictions.¹

There is little mandate for LHJs to be involved in occupational health conditions.

Although non-infectious diseases/conditions are the leading causes of morbidity and mortality in most communities, health officers generally have limited direct responsibilities in this area. This may relate, in part, to more limited health jurisdiction activities around non-infectious diseases/conditions, limited funding (with likely interruptions of support), and lack of statutory responsibilities for the health officer.¹

Although occupational health and safety is not a primary responsibility of the LHJs, it is still related to public health and therefore the LHJs are likely to receive inquiries/complaints that need to be addressed.

Relatively little is known regarding the occupational health inquiries received by Washington State LHJs and how they respond. In an attempt to define these inquiries and provide better support regarding the education of employers and workers on occupational health issues, the SHARP program surveyed the health officers at Washington's LHJs. The information gathered will be used to develop a resource list for LHJs to assist with occupational health issues.

¹ Washington State Department of Health, Washington State Association of Local Public Health Officials. "What Do Local Health Officers Do? Common Roles and Responsibilities Among Washington State Local Health Officers," 1999 <http://www.doh.wa.gov/pho/HO/documents/LHO_WDLHOD.doc> (December 17, 2003).

Methods

The survey instrument was modified from one developed by the Michigan Core Occupational Health Surveillance Project at the Michigan Department of Community Health (MDCH).² The survey consisted of ten questions asking the health officer about occupational health inquiries received by his/her jurisdiction and what he/she believes are the LHJs needs in responding to occupational health inquiries. A copy of the Washington State survey is in Appendix A.

The survey sampling frame was the 26 health officers located in Washington's 35 local health jurisdictions. Several health officers serve in multiple jurisdictions; therefore, there are 26 different health officers in Washington. The health officers, who must be experienced physicians and licensed to practice medicine in Washington State, have varying degrees of involvement in the LHJ depending upon, among other things, whether their positions are full or part-time. Therefore, the health officers were asked to consult other members of their staff, including their environmental health, nursing and health education staff for input on completing the survey.

The survey was mailed along with a cover letter explaining the purpose of the survey on September 2, 2003. A second letter and copy of the survey was mailed to all non-responders on October 3, 2003. Telephone follow up to all remaining non-responders began in late October and continued through November 24, 2003.

Information was manually entered into an Excel spreadsheet and a descriptive analysis was performed.

Results

A response was received from each of the 26 health officers, their designees or a combination thereof.

Issues of Concern

Table 1 summarizes the responses to the first question, which included a checklist and space for additional comments: "What do you think are important occupational health issues in your community?" Most respondents identified more than one issue.

Other concerns were dermatitis, occupational burns, occupational lead poisoning, occupational infectious disease exposures (bloodborne & respiratory), infectious or contagious diseases and smoking.

² Michigan Core Occupational Health Surveillance Project at the Michigan Department of Community Health (MDCH), (Martha Stanbury <stanburym@michigan.gov>), "results of a survey," April 16, 2003, <SOSC@LISTSERV.CDC.GOV> July 31, 2003.

TABLE 1: Occupational Health Issues of Concern for Washington State Local Health Officers (n = 26)

Issue	Number (%)
Indoor air issues at work, including mold, second-hand smoke and others	22 (84.6%)
Ergonomics	15 (57.7%)
Agricultural safety	14 (53.8%)
Work-related illnesses and injuries	13 (50.0%)
Construction safety	12 (46.2%)
Industrial accidents such as fires, chemical releases, or other events	12 (46.2%)
Pesticide poisoning/exposure at work	12 (46.2%)
Worksite health promotion	12 (46.2%)
Personal protective equipment	9 (34.6%)
Chemical exposures at work	8 (30.8%)
Workplace violence	7 (26.9%)
Work-related asthma	5 (19.2%)
Work-related cancer	5 (19.2%)
Workplace security concerns regarding terrorism	5 (19.2%)
Heat and cold exposure at work	4 (15.4%)

Table 1 only includes responses of 3 (10%) or more.

Inquiries/Complaints Received

Local health officers were asked, “What kinds of occupational health related inquiries/complaints from the public has your agency received in the past five years?” Responses were from a checklist and the respondent was given an opportunity for other comments. Most respondents checked multiple topics. The results are summarized in Table 2.

Other inquiries/complaints included two for heat and cold exposure at work, two for bloodborne pathogens, one each for dermatitis, rodent control regarding potential hantavirus exposure, methamphetamine laboratory impacts on health, blood/body fluid exposures, multiple chemical sensitivity, noise/possible toxic exposures from the airport, infectious or contagious diseases.

TABLE 2: Occupational Health Inquiries or Complaints Received by Washington State Local Health Officers (n = 26)

Topic of Inquiry or Complaint	Number (%)
Indoor air issues at work, including mold, second-hand smoke and others	23 (88.5%)
Personal protective equipment	12 (46.2%)
Work-related illnesses and injuries	10 (38.5%)
Chemical exposures at work	9 (34.6%)
Pesticide poisoning/exposure at work	9 (34.6%)
Work-related cancer	8 (30.8%)
Worksite health promotion	7 (26.9%)
Ergonomics	6 (23.1%)
Industrial accidents such as fires, chemical releases, or other events	6 (23.1%)
Work-related asthma	6 (23.1%)
Agricultural safety	5 (19.2%)
Workplace security concerns regarding terrorism	5 (19.2%)
Workplace violence	3 (11.5%)

Table 2 only includes responses of 3 (10%) or more.

Five (19.2%) of the health officers kept track of all or some of these inquiries. Nineteen (73.1%) do not keep track and two (7.7%) were unsure if their jurisdictions keep records of the inquiries.

Response or Referrals

Question 3 “In general how does your agency respond to inquiries/complaints about occupational health/exposure problems?” was also a multiple response question. The responses are listed in Table 3. Eight (30.8%) local health officers have referred inquiries to agencies other than L&I and DOH including the Departments of Ecology, Employment Security, the Office of the Superintendent of Public Instruction, and federal Occupational Safety and Health Administration (OSHA). Private foundations such as the Northwest Air Pollutions Associations, Washington Toxics Coalition, Occupational Health Clinics and hospitals were also used as referral sources. Seven health officers (26.9%) reported referrals to websites such as the New York City site for mold remediation, the Tacoma - Pierce County Health Department website, (<http://www.tpchd.org>), the Centers for Disease Control and Prevention website, (<http://www.cdc.gov>), a worldwide web search engine, (<http://www.google.com>) and others depending on the need.

TABLE 3: Response or Referrals by Local Public Health Officers to Inquiries Regarding Occupational Health Issues (n = 26)

Response or Referrals	Number (%)
Refer to L&I	18 (69.2%)
Refer to DOH	15 (57.7%)
Provide information via phone	13 (50.0%)
Conduct site visits	9 (34.6%)
Mail Information	9 (34.6%)
Refer to private consultants	8 (30.8%)
Refer to other agencies	8 (30.8%)
Refer to WISHA	7 (26.9%)
Refer to websites	7 (26.9%)

Only three (11.5%) of the local health officers stated that their jurisdictions had written procedures to handle occupational health inquiries. Thirteen (50.0%) local health jurisdictions had written materials available to respond to the occupational health inquiries. A variety of materials were stocked covering the topics of indoor air quality, pesticides, noise hazard, asthma, second-hand smoke, mold, OSHA bloodborne pathogens protocol, materials from the Agency for Toxic Substances and Disease Registry (ATSDR) and other non-specified material. One health officer stated that they customize for specific events.

Proactive Activities

Seven (26.9%) local health officers responded that their LHJ had conducted a proactive/planned occupational health activity, such as a media campaign, an educational program, or a worksite inspection, in the past five years. These activities or programs regarded pesticides, bloodborne pathogens, an air quality program, a tuberculosis program, workplace smoking cessation/prevention, and inspections of buildings for indoor air quality and mold.

Data Compilation

None of the LHJs have compiled data on occupational illness and injury in the past five years.

Wish List

One purpose of this survey was to determine how SHARP could better support the local health jurisdictions in the area of occupational health and safety. Question 8 asks how the health officers believe these needs would best be served “What would you put on your wish-list of items that could ensure that your agency was adequately addressing occupational safety and health issues in your community?” Table 4 summarizes the multiple checklist options.

For those who checked that they'd like access to educational resources and materials, two requested information on indoor air quality, one on agricultural jobs and one on molds and asthma.

TABLE 4: Wish List of Local Public Health Officers for Occupational Health Issues (n = 26)

Wish List Items	Number (%)
Access to expert consultants in occupational medicine, industrial hygiene, toxicology, occupational health law.	16 (61.5%)
Access to data on occupational illness & injury in your community.	13 (50.0%)
Names of worksites in your community that use highly toxic substances.	11 (42.3%)
Names of worksites in your community with high potential for workplace health problems.	10 (38.5%)
Access to educational resources & materials in occupational health.	9 (34.6%)
Names of individuals/organizations in your community who are active in occupational health & safety.	9 (34.6%)

Other wish list items/comments included:

- *Better coordination between agencies.*
- *Software program to track occupational health risks and occurrences.*
- *Information regarding contacts at WISHA & L&I to correctly refer callers.*
- *Clear mandate to perform this work.*
- *Stable, sufficient source of funding.*
- *Expert consultants.*
- *Adequate referral base to refer employees to for evaluation of problems.*
- *Templates or related programs of other local health jurisdictions.*
- *Occupational health is not the responsibility of local public health, that it is an L&I duty.*
- *Adequate funding to allow staff time to adequately address need.*

The last question on the survey was an open-ended request for comments, questions or ideas related to occupational health and safety or the survey. The following comments/suggestions were received:

- *I think L&I should market a statewide software program for local jurisdictions that could be uploaded to state officials having an interest/obligation to record and track occupational health data.*
- *General information brochures that outlined who has jurisdiction for services both statewide and regionally including contact numbers would be useful.*
- *Separate brochures specific to employers and workers that provide information on healthy workplaces, how to keep workers safe, and who to contact for more information.*
- *(Occupational health and safety is) an unmet community need due to lack of resources.*

- *This is an important area affecting the health of our community, but preparation, evaluation, materials, and staff time all incur costs to LHJs that are already struggling, understaffed & under funded.*
- *I am still upset about the increased cost to us resulting from the safety needle issue. The research around the issue did not justify the changes in the law and the costs to us. The potential reduction in available services could be far more problematic than the potential disease avoided (which is not backed up by data anyway.)*

Discussion

Washington's local health jurisdictions may often be the first line of contact for health issues including occupational health and safety because they have developed close relationships to their local citizens. The survey confirms that LHJs have been contacted for information on occupational health and safety issues. Some of the comments suggested confusion as to the actual role of LHJs in regard to occupational health and safety. There is no statutory mandate forcing LHJs to respond to occupational health and safety issues, however since they do handle matters regarding public health and have received inquiries in the past, we may assume that they will continue to receive inquiries regarding occupational health and safety.

Most occupational health activities in Washington State are performed by the Washington State Department of Labor and Industries. WISHA provides workplace safety and health inspections either through regulatory enforcement or consultation activities and has six regional offices throughout Washington State, each with safety and health inspectors. The SHARP program, also of L&I, performs research on occupational health and safety issues and produces educational materials for use by workers, employers and other jurisdictions. Additional expertise in occupational safety and health regarding occupational medicine, toxicology, ergonomics, industrial hygiene and epidemiology is also available through the SHARP program. The results of the survey suggest that increased awareness of L&I programs may be beneficial to the local health jurisdictions.

Several health officers requested additional resources to aid in the response to requests for information on occupational health and safety. The topics that seem to be at the forefront include indoor air quality, ergonomics, agricultural safety, personal protective equipment, work-related illness and injury, bloodborne pathogens (written in on five different surveys) and many others. Currently, the LHJs are using a variety of methods to respond to these requests for information including personally educating/evaluating the issues, referring to outside consultants or agencies or conducting online research. These methods may be effective, however they are time consuming and the tone of the surveys suggests that health officers would appreciate a more standardized approach to providing educational materials to employers and workers regarding occupational health and for the direction of inquiries to the appropriate entity.

There is concern that there is not enough funding to address these issues adequately at the local level. Apprehensions about the costs of implementing additional programs were written in on five different surveys. Any plan of action must either provide adequate funding to implement and maintain the program or come from a funding source outside the LHJs.

The Washington survey yielded similar results to the Michigan survey of LHJs. Many Michigan and Washington local health officers are confronted with inquiries regarding indoor air quality, ergonomics, agricultural safety and work-related illness and injury. Both Michigan and Washington local health officers desired access to expertise in occupational health including occupational medicine, industrial hygiene, and toxicology but are limited due to funding constraints.

The low referral rate to L&I (Only 18/26; 69%) suggests two possibilities: 1) a potential disconnection between LHJs and L&I or 2) that the LHJs are identifying and directing inquiries/complaints to the appropriate agency for occupational health inquiries. One possible outcome of this study would be to inform LHJs that L&I has many avenues to respond to occupational safety and health concerns or educational needs that are outside its regulatory capacity.

SHARP's Plan

After reviewing the various comments and responses, SHARP has developed a plan to better meet the needs of the local health jurisdictions. Pursuant to the concerns regarding lack of resources at the LHJ level to deal with occupational health and safety, the best plan of action seems to be one in which local budgets are not impacted, yet additional information is still relayed to those who may receive these inquiries and wish to address the inquiries directly. This plan includes:

- Development of an informational pamphlet that provides contact phone numbers and web addresses for use by the LHJs when responding to requests for information regarding occupational safety and health. Included in this pamphlet will be information on the specialists within the SHARP program, WISHA, OSHA and other relevant programs. This brochure would provide a general description of L&I and its activities and allow LHJs to forward individuals directly to the appropriate program.
- Follow up on the topics of greatest concern. Some health officers suggested that they would like more information to directly handle inquiries that come into their LHJs. SHARP will forward publications on occupational health and safety to the local health jurisdictions so they are kept up to date on the latest research and educational materials.

Appendix A

Survey of Occupational Health and Safety Program Capacity and Needs of Washington's
Local Health Departments



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

**Safety & Health Assessment & Research for Prevention (SHARP)
PO Box 44330, Olympia, WA 98504-4330 1-888-66-SHARP**

September 2, 2003

«Title» «FirstName» «LastName»
«local_doh_name»
«Address1»
«Address2»
«City», WA «PostalCode»

Dear «Title» «LastName»:

How may we better serve you? We at the Safety & Health Assessment & Research for Prevention (SHARP) program of the Department of Labor & Industries would like to better understand your needs, experiences and concerns regarding occupational health issues at the local level. We have developed a survey to obtain feedback from you regarding occupational health and safety information you may need to better serve your local community. We are very interested in your opinions and the valuable information you may have about your community.

Please complete the enclosed survey and return it by September 20, 2003 (an envelope is enclosed for your convenience.) We would appreciate your efforts to complete all questions regardless of the level of occupational health and safety needs or activities in your agency. You may need to consult others to answer some questions adequately, especially your environmental health, nursing and health education staff. We encourage you to do this whenever necessary.

Your comments will be combined with information from other local health departments to develop a statewide profile of occupational health and safety program needs at the local level and a plan for responding to those needs.

Please contact Jena Jones at 360.902.6406 or joni235@lni.wa.gov if you have questions or concerns about this survey.

Thank you very much for your assistance in making Washington a safer place to live and work.

Sincerely,

David Bonauto, MD, MPH
Associate Medical Director
SHARP Program

Enclosures



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

Safety & Health Assessment & Research for Prevention (SHARP)
PO Box 44330, Olympia, WA 98504-4330 1-888-66-SHARP

October 3, 2003

«Title» «FirstName» «LastName»
«JobTitle»
«local_doh_name»
«Address1»
«Address2»
«City», WA «PostalCode»

Dear «Title» «LastName»:

A short while ago we sent you a survey regarding occupational health and safety issues in your local jurisdiction. We have not received your response so we've enclosed another copy of the survey. We would greatly appreciate if you would take the time to complete the survey. Please feel free to consult with others such as your environmental health, nursing and health education staff to complete it.

Our job here at the SHARP program is to do research on occupational health and safety issues to make Washington a safer place to live and work. As you know, our state has a very diverse workforce, therefore it is difficult to determine the exact needs of each jurisdiction in the state. This is where we need your help. We cannot possibly know the needs of your local jurisdiction as well as you do. Therefore, we hope you'll share your knowledge so we can better support you and serve the citizenry of Washington.

Please take the time to complete this survey. If you serve in multiple jurisdictions, you need only complete one survey. If you'd like more information, please contact Jena Jones at 360.902.6406 or joni235@lni.wa.gov or myself at 360.902.5664. If we work together, hopefully we can do an even better job of keeping our citizens safe and healthy.

Sincerely,

David Bonauto, MD, MPH
Associate Medical Director
SHARP Program

Enclosures

DB:jj

Survey of Occupational Health and Safety Program Capacity and Needs Of Washington's Local Health Departments

Please complete the following information:

NAME & TITLE _____

AGENCY _____

ADDRESS _____

PHONE NUMBER _____ FAX _____

E-MAIL _____

Q-1. What do you think are important occupational health issues in your community?
("Occupational health issues" include any issues affecting the health or safety of people at work, whether directly related to job performance, such as chemical exposures, or indirectly, such as exposure to second-hand smoke or poor indoor air.) (Check all that apply)

- Agricultural safety
- Pesticide poisoning/exposure at work
- Indoor air issues at work, including mold, second-hand smoke and others)
- Chemical exposures at work
- Workplace violence
- Workplace security concerns regarding terrorism
- Industrial accidents such as fires, chemical releases, or other events
- Construction safety
- Work-related cancer
- Occupational lead poisoning
- Ergonomics
- Heat and cold exposure at work
- Personal protective equipment
- Work-related illnesses and injuries
- Worksite health promotion
- Occupational Burns
- Dermatitis
- Work-related asthma
- Others (list) _____
- Insufficient information to respond

Please provide any comments on why you have identified these as the most important issues _____

Q-2a. What kinds of occupational health related inquiries/complaints from the public has your agency received in the past five years? **(Check all that apply)**

- Agricultural safety
- Pesticide poisoning/exposure at work
- Indoor air issues at work, including mold, second-hand smoke, and others
- Chemical exposures at work
- Workplace violence
- Workplace security concerns regarding terrorism
- Industrial accidents such as fires, chemical releases, or other events
- Construction safety
- Work-related cancer
- Occupational lead poisoning
- Ergonomics
- Heat and cold exposure at work
- Personal protective equipment
- Work-related illness and injuries
- Worksite health promotion
- Occupational Burns
- Occupational Dermatitis
- Work-related asthma
- Others (list) _____
- No inquiries/complaints have been received about occupational health
- Unknown

Q-2 b. Does your agency keep track of these inquiries?

- Yes
- No
- Unknown

Q-3. In general how does your agency respond to inquiries/complaints about occupational health/exposure problems? **(Check all that apply)**

- Refer to WISHA
- Refer to Washington State Department of Health
- Refer to Washington State Department of Labor and Industries
- Refer to other agencies

List agencies: _____

- Refer to private consultants
- Provide telephone education consultation
- Refer to web sites or other resources

Which ones? _____

- Visit/evaluate the site
- Mail informational brochures/packets
- Other (list) _____
- Unknown

Q-4. Does your agency have any written procedures for how to handle inquiries/complaints about occupational health issues?

- Yes
- No
- Unknown

Q-5. Does your agency have written materials available to send out in response to such calls?

- Yes
If yes, what materials do you stock? _____

- No
- Unknown

Q-6. Has your agency conducted any proactive/planned occupational health activities, such as media campaigns, educational programs, or worksite inspections, in the past five years?

- Yes, describe: _____

- No
- Unknown

Q-7. Has your agency compiled data on occupational illness and injury for the area under your jurisdiction in the past five years?

- Yes
If yes, when did you do this and what did you use the information for?

- No
- Unknown

Q-8. What would you put on your wish-list of items that could ensure that your agency was adequately addressing occupational safety and health issues in your community? **(Check all that apply)**

- Access to educational resources and materials in occupational health
List particular topics of interest: _____

- Access to expert consultants in occupational medicine, industrial hygiene, toxicology, occupational health law.
- Access to data on occupational illness and injury in your community.
- Names of worksites in your community with high potential for workplace health problems.
- Names of worksites in your community that use highly toxic substances.
- Names of individuals/organizations in your community who are active in occupational health and safety.
- Other items (list): _____

Q-9. Would you like to receive the results of this survey?

- Yes
- No

Q-10. Please let us know if you have further comments, questions or ideas related to occupational health and safety or to this survey.

Thank you for your time!