

Occupational Health

GOAL

Promote the health and safety of people at work through prevention and early intervention.

Overview

Occupational health and safety is a major public health issue in Maine for many reasons, including that:

- Maine's occupational injury and illness rates consistently exceed national rates – each month, more than 1,000 Maine people miss work due to workplace injuries or illnesses;
- these health issues impact not only the affected worker and co-workers, but the worker's entire family; and
- most of these illnesses and injuries are very preventable.



The majority of workplace injuries – 60% – come from routine activities such as sitting, standing, reaching, walking, or lifting. And, about one-third of workplace injuries happen the first year a worker is on the job.

There is good news. Maine's work-related illness and injury rates have both declined significantly over the past decade. There are many possible reasons for this decline. It may be in part due to a dramatic change in Maine's industry mix over the past 50 years – from largely goods-producing industries (manufacturing and construction) to mostly service-related industries (trade, health, education). This decline could also be due to changes in the workers'

compensation system, more return-to-work programs, or improved safety programs.

In Maine, as well as across the country, there is a great need for improved data and research on occupational health and safety issues, especially that which is focused on finding out which prevention strategies effectively protect workers. Although a number of data sets of reportable injuries and illnesses exist, these are neither comprehensive nor coordinated with one another. As we move forward, we need to improve our ability to monitor emerging hazards in existing industries, as well as emerging industries with different hazards.



PRIMARY

SECONDARY

TERTIARY

Strategies

- Data and Research:**
 Improved data and research on occupational health issues can result in improved prevention of occupational injuries and diseases.
- Worksite Initiatives:**
 Training, consultation, and other interventions to help create healthy and safe workplaces for all workers, with an emphasis on those places and workers at risk.
- Initiatives Focused on Injured or Ill Workers:** Investigations of sites with histories of a fatality, injuries, or illnesses by the Maine Department of Labor or the Federal Occupational Safety and Health Administration help implement interventions that will prevent further incidents. Interventions that help the health care community to recognize and treat occupational illnesses and injuries early, such as educational seminars and incorporating occupational questions into routine forms, can result in decreased disease burdens due to workplace issues.

SOME CURRENT STATEWIDE INITIATIVES:

SafetyWorks is an initiative of the Maine Department of the Labor that offers free consultation, training classes, and other resources for Maine employers to assist them in creating safer workplaces. For more information: www.state.me/labor/blsmain.htm or toll-free 1-877-SAFE-345.

The **Maine Safety and Health Conference** is an annual gathering of employers, employees, and safety and health professionals for the purpose of education and networking. The largest workplace safety and health conference in the State, it is sponsored by the Maine Safety Council, which also offers training programs throughout the year. For more information: www.Mainesafety.org or 207-854-8441.

Maine Institute for Occupational Health Education is a non-profit organization that offers educational seminars on occupational health topics for health care providers and others concerned about the health risks to Maine's working people.

Safeteen is an initiative of the Maine Department of Labor that offers training materials to help employers make worksites safe for teen workers. For more information: www.safeteen.org or toll-free 1-877-SAFE-345.

Maine Occupational Research Agenda (MORA) is an initiative to identify occupational health and safety data, and research needs. Members include representatives from the public and private sectors, occupational health and safety professionals, medical professionals, and insurance providers. MORA is modeled after the National Occupational Research Agenda (NORA). Maine is one of only three states to have such an initiative. For more information: <http://www.state.me.us/labor/bls/MORA.htm> or 207-624-6400.

Top Five Workplace Illnesses in Maine – 1999:

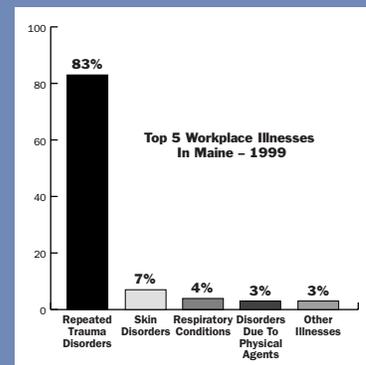
Repeated Trauma Disorders (noise-induced hearing loss, tendonitis, carpal tunnel syndrome, bursitis, etc.)

Skin Disorders (contact dermatitis, eczema, chemical burns or inflammation, etc.)

Respiratory Conditions due to toxic agents (pneumonitis or congestion due to chemicals, dusts, gases, or fumes, farmer's lung, etc.)

Disorders due to physical agents other than toxic materials (heatstroke, sunstroke, freezing, frostbite, effects of radiation, etc.)

Other illnesses such as poisoning, silicosis, asbestosis, infectious hepatitis, cancers, etc.



Health Disparities

(Populations at risk for possible occupational health risks, based on national data in *Healthy People 2010*)

- **Young workers**
- **Older workers**
- **Workers in the agricultural, fishing, and forestry industries**
- **Migrant and seasonal workers**
- **Refugee and immigrant workers**
- **Contract workers and self-employed**
- **Workers new to their jobs**

Little is known about factors such as gender, genetic susceptibility, culture, and literacy that may affect a worker's health and safety.

Objectives

Objective numbers are *Healthy People 2010* objective numbers.

- **(Developmental) Increase the reporting rate under State occupational disease reporting law.**

Although since 1993 State law has required reporting of certain occupational diseases to the Bureau of Health, reporting appears low; especially since staffing and funding for outreach, collecting, and analyzing data was lost in 2000. Occupational diseases that are reportable include: exposures to heavy metals such as lead and mercury, asbestosis, mesothelioma, and silicosis. After the Occupational Health Program was de-funded, reporting functions were moved to the State Toxicologist in the Environmental Health Unit in the Bureau of Health. Some limited funds have been obtained from NIOSH (National Institute of Occupational Safety and Health) to assist in collecting and analyzing occupational lead exposure. It is hoped that capacity for improving reporting of these diseases will increase so that Maine will have credible data on such diseases and, therefore, be able to effectively reduce workers' chances of contracting them.





• **20-2 Reduce work-related injuries.**

Healthy Maine 2010 Baseline: 7.8

Healthy Maine 2010 Target: 4.3

The rates shown are the private sector industry injury rates which include OSHA reportable cases.

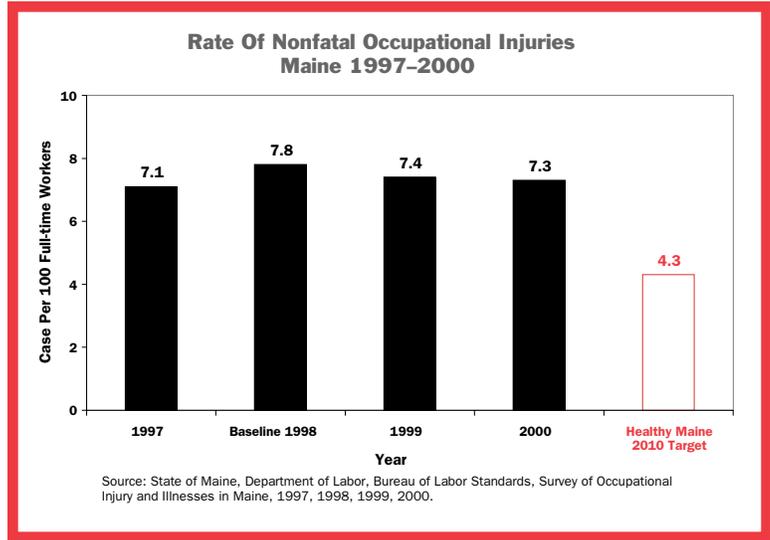
Incidence rates are not available by age group. Frequency of cases is available by age only for injuries involving at least one day away from work.

Age (young and old) is a common risk factor for work-related injury. In 1999, of the 7,316 injury cases in Maine involving days away

from work, an estimated 269 or 3.7% involved workers age 15 through 19. An estimated 2,090 or 45% of these cases involved workers 45 years old or older.

All age groups share sprains, strains, and tears as the most common injury type. However, the risk factors for teenage workers – inexperience, lack of training – cause them to be at high risk for work-related injuries. Interventions for teenage workers not only protect them as teens, but give them skills that can help keep them safe throughout their working lives. Risks and effective interventions for older workers need to be researched.

Many other risk factors and effective interventions to address them also need research. Examples include type of industry (such as agriculture, fishing, and forestry), migrant or seasonal worker status, workers new to their jobs, and contract employment status.



THREE MAJOR SOURCES OF OCCUPATIONAL HEALTH DATA IN MAINE:

Workers' Compensation Claims – shows number of injuries and illnesses that result in a workers' compensation claim; is not comparable state to state since reporting requirements vary across the nation; <http://www.state.me.us/wcb>.

Annual Survey of Occupational Injuries and Illnesses – shows rates of injuries and illnesses; comparable state to state since it is part of a nationwide survey from US Bureau of Labor Statistics; <http://www.bls.gov/data/>.

Census of Fatal Occupational Injuries – is part of a cooperative Federal/State program, and, therefore, is comparable state to state; <http://www.state.me.us.labor/blsmain.htm>.

• **20-3 Reduce work-related injuries due to overexertion or repetitive motion.**

Overexertion

Healthy Maine 2010 Baseline: 101.5
Healthy Maine 2010 Target: 34

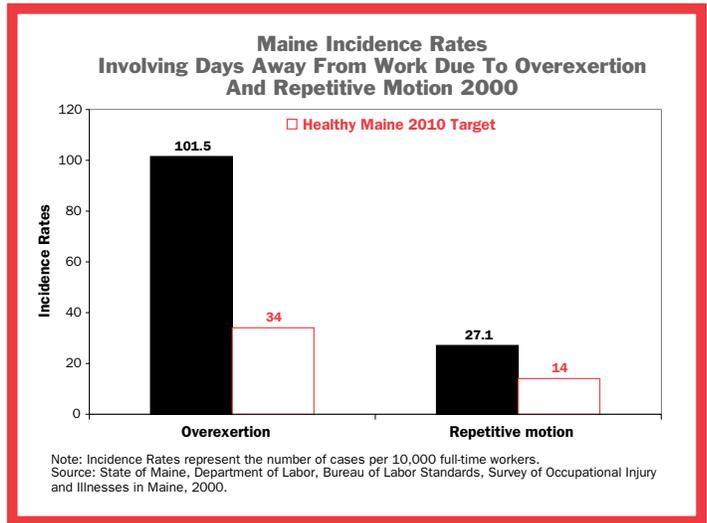
Repetitive motion

Healthy Maine 2010 Baseline: 27.1
Healthy Maine 2010 Target: 14

Maine has a particularly high rate of repeated trauma disorders such as carpal tunnel syndrome, tendonitis, ganglionitis, bursitis, and noise-induced hearing loss.

Maine has a much higher total rate of these reportable work-related injuries than the nation with a rate of 158 compared to about 30 nationally, per 10,000 full-time workers.

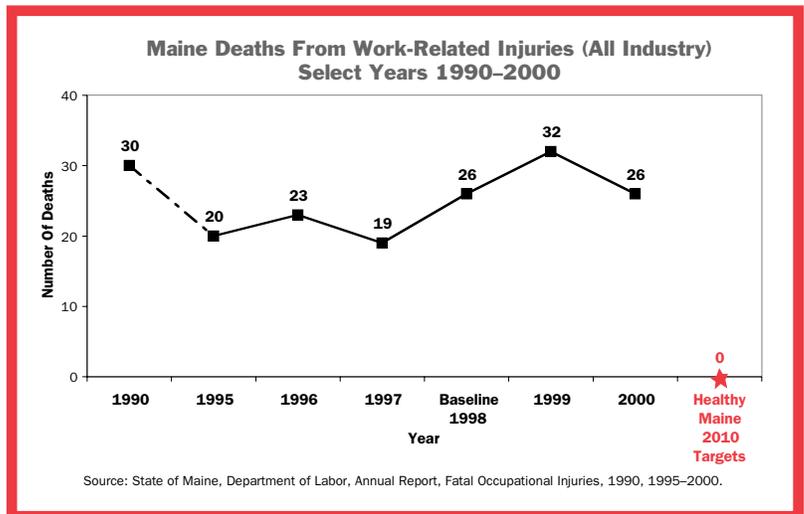
This rate has also increased in Maine over the past decade, from a rate of 91 in 1990. In 2000, approximately 5,900 Maine workers were reported to have repeated trauma disorders. These disorders accounted for about 83% of all private sector work-related illnesses in Maine in 1999 and 73% of all public sector work-related illnesses. The *Healthy Maine 2010* objective is measured using rates of cases involving days away from work.



• **20-1 Reduce deaths from work-related injuries.**

Healthy Maine 2010 Baseline: 26
Healthy Maine 2010 Target: 0

Fishermen have the highest rate of work-related fatal injuries in Maine. In 2001, five fishermen died while on the job. For all occupations, transportation accidents (including land, air, and water vehicles) account for more workplace fatalities than any other event. Fatal injuries are more likely to occur among self-employed workers.



OSHA: Occupational Safety and Health Administration, part of the US Department of Labor: the Federal agency that enforces worksite safety issues within the private sector.

Maine Department of Labor: the State agency that enforces workforce safety issues within the public sector. Also provides voluntary non-enforcement assistance in public and private sector workplaces.



WORK GROUP LEADERS

*** Lynne Lamstein, MS**

Director, Outreach and Education

Bureau of Labor Standards, Maine Department of Education

WORK GROUP MEMBERS

First Name	Last Name	Organization Name
Donna	Allen	Maine DHS, Bureau of Health
* Diane	Arbour	Maine DHS, Bureau of Health
Mike	Belliveau	Natural Resources Council of Maine
Susan	Berry	Maine Department of Education
Ronald	Blum	MAFP
Wendy	Chaston	Town of Appleton Selectman
Laurel	Coleman	Maine General Medical Center
Sharon	Crowe	Workplace Health
Cheryl	DiCara	Maine DHS, Bureau of Health
Peter	Doran	American Lung Association of Maine
Phil	Duperry	Maine School Management Association
Joni	Foster Garbe	Maine Department of Education
* Barbara	Ginley	Maine Migrant Health Program
DeEtte	Hall	Maine Department of Education
Teresa	Hubley	University of Southern Maine, Institute for Public Sector Innovation
James	Jacobsen	Maine DHS, Bureau of Health
Jeffrey	Jacques	Town of Bingham
Cindy	Look	Maine DHS, Bureau of Health
Lisa	Miller	The Bingham Program
Michelle	Mosher	Maine DHS, Bureau of Health
Ellie	Mulcahy	Maine DHS, Bureau of Health
Kathy	Murray	Maine Department of Agriculture, Food & Rural Resources
Karen	O'Rourke	Maine Center for Public Health
Dean	Paterson	Health Care Solutions
Sally-Lou	Patterson	Maine DHS, Bureau of Health
Juan	Perez-Febles	Maine Department of Labor
Kristine	Perkins	Bureau of Health, Oral Health Program
Bill	Primmerman	Maine Department of Education
Roger	Richards	Maine Department of Education
Tammy	Rolfe	Maine DHS, Bureau of Health
Roanne	Seeley	Maine Department of Education
* William	Shook	Town of Glenburn
Andrew	Smith	Maine DHS, Bureau of Health
Maureen	Summers	Maine General Medical Center, Workplace Health
Stephanie	Swan	Maine Department of Education
Andrea	Thompson	Portland Public Health Division
Anthony	Tomassoni	Maine Medical Center
Clough	Toppan	Maine DHS, Bureau of Health
Debra	Wigand	Maine DHS, Bureau of Health
Katherine	Wilbur	Maine Department of Education
Bob	Woods	Maine DHS, Bureau of Health
Elihu	York	Maine Medical Association

** Members who attended Healthy Maine 2010 Mental Health Priority Area Work Group Meeting.*