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Utilization of the New Hampshire Behavioral Risk Factor Surveillance System (BRFSS) Work-Related Injury Data to Better Understand Under-Reporting to the Workers' Compensation System

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BACKGROUND: While workplace safety has improved and injury and illness rates have generally decreased over the past 10 years, work related injuries and illnesses are chronically under-reported, as noted by the Government Accounting Office in a 2008 report. It is well established that there are important barriers to reporting work related injuries and illnesses, including, confusion over what is reportable; employees preferring paid sick time over WC/Lost Work Time; fear of job loss; language barriers; and misdiagnosis.

METHODS: To explore this issue in New Hampshire, we conducted a study using 2012-2013 Behavioral Risk Factor Surveillance System (BRFSS) state added injury questions to estimate the number of work-related injuries serious enough to require medical advice or treatment during the previous 12 months with associated payer for that injury. In addition, we analyzed these data points by employment status and work arrangement.

RESULTS: Our analysis indicates that 4.72% (24,585 weighted frequency) of both employed for wages and self-employed workers suffered a work related injury serious enough to seek medical attention. Of those, 52% responded that workers' compensation paid for all costs associated with the injury, 19% paid with their personal health insurance, 8.8% paid out of pocket, and 4% were paid by the employer but without a workers' compensation claim. Permanent employees represented nearly 80% of our total injured population (19,323 weighted frequency). Of that 80%, nearly 53% reported workers' compensation paid for all or some of their injury. Approximately 18% reported that their injury was paid for by personal health insurance or out of pocket. Independent contractors represented 8% of our total injured population (1,990 weighted frequency). Of that 8%, 6.8% reported that their injury was paid for by personal health insurance or out of pocket.

CONCLUSIONS: Utilizing the BRFSS as a mechanism to collect work related injury data is an important enhancement to any state occupational health surveillance program. Our analysis reveals an issue with shifting payment of a work related injury among workers' compensation and other payment sources, including personal health insurance and out of pocket payment. It is important to understand these dynamics when targeting efforts and resources toward prevention of work related injuries. This information can also inform state policy efforts to evaluate costs associated with workers' compensation claims.

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