

14-OH-01

**Committee:** Occupational Health

**Title:** Access to Census of Fatal Occupational Injuries Case-Level Data for Public Health Purposes

**I. Statement of the Problem:**

The Bureau of Labor Statistics (BLS) has managed the Census of Fatal Occupational Injuries (CFOI) program in order to track occupational injury fatalities in the United States since the program's inception in 1992. This program was established because employer reporting of traumatic fatalities administered by BLS was shown to miss 50% of the work-related traumatic fatalities (NRC, 1987). Through the implementation and management of the CFOI program, the BLS has done a commendable job in establishing consistency in tracking work-related injury fatalities in the U.S. and providing annual numbers by industry for each state.

The BLS, however, does not routinely make case-level data available to state public health or occupational health epidemiologists for timely public health prevention activities. The BLS CFOI system is a statistical count of workplace injury fatalities by industry and is not administered as a public health tool to identify specific hazards/problems in the workplace and needed interventions to remedy these hazards/problems (e.g., improved roadway design and marking, workplace policies). The system, unlike most health monitoring systems in the U.S., is a federal program and states are contracted by BLS to collect data for this system. The CFOI system does not include cases that do not have a traumatic injury component. Thus, although state CFOI programs may identify occupational illness fatalities (e.g., on-the-job heart attacks, cancers due to occupational exposure), these cases are not included in CFOI datasets. BLS's confidentiality requirements and resultant restrictions have limited the usefulness of the CFOI system. Those state CFOI Programs that collect the data for BLS are also not permitted to share case-level data with other state partners. BLS determines the data that can be released, the format, and prescribes a pre-determined data release schedule that the states must follow. This limited access of data by state partners is enforced by BLS even though most of the state-level data comes from state programs including public health vital statistics, state transportation department police crash reports, county or state coroner or medical investigator reports, and other public sources such as newspaper clippings.

Federal and state OSHA programs investigate approximately one third of workplace fatalities that are reported as part of the scope of the CFOI program. Many of the other two thirds of states' occupationally-related fatalities are not investigated. For example, homicides and fatalities among the self-employed are not investigated from an occupational health and safety prevention perspective. The Coast Guard does investigate boat related fatalities and the National Transportation Safety Board investigates airplane and train fatalities. Highway fatalities are investigated by law enforcement, but not from a public health or occupational health prevention perspective. Although BLS CFOI identifies and counts traumatic injury cases that have not been investigated, their inability to share the data related to these deaths means that no agency conducts a health and safety investigation of many of these deaths. A major opportunity for public health intervention is lost because of the lack of access to BLS data. In addition, federal OSHA has an agreement with BLS to review CFOI data, but is not permitted to use the data for enforcement purposes.

The 1987 National Research Council (NRC) report made the following recommendation regarding workplace fatalities:

**“Occupational Fatalities**

Given the vast differences in the estimates of the number of occupational fatalities in a year, this panel recommends that the National Institute for Occupational Safety and Health and the National Center for Health Statistics collaborate on improving the use of the national mortality system based on all deaths occurring in the

United States to arrive at an ongoing approach to obtaining annual estimates of the number of occupational fatalities.”

The above 1987 recommendation was never implemented.

State government agencies (health departments, workforce agencies, and transportation agencies) are in a better position than federal authorities to use the fatality data to make improvements in worker safety. They have the ability to use their public health powers and authorities along with other key partners (state OSHA programs and authorities, state departments of labor and transportation, union partners, and industry partnerships, etc.) to make meaningful changes in workplace safety. These efforts are greatly enhanced by access to case-level data on workplace fatalities. In some states, multiple occupational fatality surveillance systems have been established in order to make more meaningful data available to workplace safety initiatives. These duplicate systems invariably report different summary numbers of fatalities since there is no comparison of case-level data permitted by BLS.

With the current BLS system, state agencies are only able to review or use the CFOI data for prevention purposes in a broad industry fashion as specific case-level data are not made available. There is also a significant delay (one to two years) from the time the CFOI cases are identified by the state programs to the time the BLS releases fatality statistics. The CFOI is a statistical system not intended for case specific intervention. It would be analogous to states collecting surveillance information on syphilis and not taking any public health action on tracking case contacts, providing prophylaxis, or patient education and not publishing these statistics until two or more years after detection. The current system raises serious ethical and constitutional concerns regarding federal and state government's use of public health data to improve and protect the health of the working public. The goal of this proposal is to allow CFOI to function as both a statistical tracking system and an injury and illness prevention system.

## **II. Statement of the desired action(s) to be taken:**

- United States Departments of Labor and Health and Human Services should convene a series of meetings to resolve and document data access issues for state-based epidemiologists and occupational health staff

The U.S. Departments of Labor and Health and Human Services should convene a series of meetings with appropriate stakeholders (state health and labor departments) to resolve and document the confidentiality issue that BLS cites as restricting it from sharing data on individual deaths with state agencies.

- United States Departments of Labor should establish provisions for state BLS agents to share CFOI data with public health authorities in a manner for timely public health case follow-up

Data collected under the CFOI system, including confidential data, should be available to public health authorities for case based follow-up. A major goal of these meetings should be state's rights to access BLS source documents.

## **III. Public health Impact:**

States have a statutory responsibility for public health in their jurisdictions as outlined in the U.S. Constitution. States and local governments have a primary interest in workplace safety and in systems to track workplace safety and health issues in their jurisdictions. Tracking of workplace deaths is clearly a health surveillance responsibility of states. Having access to individual work-related traumatic fatalities will allow state entities the opportunity to perform follow-up public health activity on the two thirds of the acute traumatic fatalities currently not being investigated by OSHA programs and will be an important improvement in the prevention of future fatalities.



#### IV. References

National Research Council: *Counting Injuries and Illnesses in the Workplace: Proposals for a Better System*. Washington, DC: National Academy Press; 1987.

#### V. Coordination

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