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11352: Evaluating the Occupational Health Indicator Surveillance System in Oregon Based on CDC Updated Guidelines

Tuesday, June 4, 2019

05:00 PM - 05:30 PM

📍 *Raleigh Convention Center - 303*

BACKGROUND: The Centers for Disease Control and Prevention (CDC) fund the Oregon Occupational Public Health Program (OOPHP) as a state-level occupational health and safety surveillance program. Occupational Health Indicators (OHI) are included as a fundamental surveillance function. In 2018 OOPHP conducted a surveillance evaluation to understand the performance of Oregon's OHI system and to identify gaps for future improvement.

METHODS: Following the CDC updated guidelines for evaluating public health surveillance systems (CDC, 2001), the OOPHP evaluation team developed measurable constructs for ten surveillance attributes and designed an overall evaluation plan, including methods for engaging stakeholders and collecting data. Credible evidence was collected regarding system performance on all attributes. Mixed methods were used for data analyses.

RESULTS: A total of 20 stakeholders participated via semi-structured interviews, a focus group, and online surveys, with an average participation rate of 55%. Evaluation results showed that the Oregon OHI surveillance system was very simple and highly accepted by its stakeholders. The system has flexibility to accommodate changes related to OHI surveillance. Long-term funding security presents challenges for stability of the system and the OOPHP. The system is not considered timely due to a long lag time of indicators, limiting the system's usefulness. The system lacks usefulness given the limited use of OHIs at a local level and the program's lack of capacity for active, versus passive data dissemination. A review of key data sources for the system showed good data quality and predictive value positive (PVP), but relatively poor sensitivity and representativeness. Among the three local data sources, Oregon Workers' Compensation claims data and Adult Blood Lead Epidemiology Surveillance data had relatively better overall performance than hospital discharge data.

CONCLUSIONS: OOPHP faced challenges using CDC guidelines for evaluation as the attributes and examples included in the guidelines are not specific to occupational health surveillance. However, we were able to develop evaluation strategies and collect relevant feedback. It is imperative to enhance the usefulness of the Oregon OHI surveillance system at the state and local level by exploring the use of existing and new data sources to gain actionable information, describing how indicator data reflects local occupational health burdens and disparities and promoting active data dissemination.

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