

Georgia Occupational Health Surveillance Executive Summary 2006-2009



Executive Summary

Over four million people aged 16 years and older make up Georgia's workforce. Almost half of a worker's lifetime is spent at work or commuting, which makes the workplace an important determinant of a person's health.¹ Social factors, workplace procedures and design, chemical exposures, and chronic wear and tear are all facets of the workplace that may negatively impact workers' health.^{1,2,3} Some workers are employed in occupations or industries that may put them at higher risk of work related injuries or illnesses or being exposed to harmful substances. These injuries, illnesses, and exposures on the job can affect workers' health for the rest of their lives. Thus, the workplace provides unique opportunities for public health interventions.¹

Work-related injuries and illnesses can be prevented, especially by controlling of occupational hazards and exposures. Resource allocation for prevention can be prioritized by focusing on industries and occupations that are at high risk for injury and illness.⁴ The Council of State and Territorial Epidemiologists (CSTE), in association with the National Institute of Occupational Safety and Health (NIOSH), has recommended that states conduct surveillance for a set of 20 occupational health indicators. These indicators serve as baseline measures of the occupational health status of a state's workforce and will allow states to track trends and guide prevention and intervention efforts.⁴ Each indicator falls under one of the five categories below:

- Health Effect Indicators (13)--measures of injury or illness that indicate adverse effects from exposure to known or suspected occupational hazards
- Exposure Indicator (1)--measures of markers in human tissue or fluid that identify the presence of a potentially harmful substance resulting from exposure in the workplace
- Hazard Indicators (3)--measures of potential for worker exposure to health and safety hazards in the workplace
- Intervention Indicators (2)--measures of intervention activities or intervention capacity to reduce workplace health and safety hazards
- Socioeconomic Impact Indicator (1)--measure of the economic impact of work-related injuries and illnesses⁴

Georgia has also elected to conduct surveillance for three state-specific occupational health indicators. These include work-related asthma, arthritis among workers, and workplace secondhand smoke exposure. A variety of sources were used to collect data for the 2006-2009 occupational health indicators. Due to limitations of the sources, most of the data provided are believed to be underestimates. The exact methods by which the indicators were calculated can be found in CSTE's guidance document entitled, *Occupational Health Indicators: A Guide for Tracking Occupational Health Conditions and Their Determinants* (at www.cste.org).

While decreases were noted for most of the injuries and illnesses reported during 2006-2009, it is uncertain whether these decreases are due to the declines in employment observed in the state. The percent of unemployment increased from 4.6% in 2006 to 10.7% in 2010.^{5,6} Nevertheless, the data provided in this report estimates the burden of work-related injuries and illnesses and gives baseline measures of occupational health in Georgia during 2006-2009. At the time of this report, 2009 was the most current year of data available for many of the data sources used. The information in this report can be used to identify contributory factors and develop improved or new prevention strategies and regulations to protect the health of Georgia's workers.

Below are highlights of the findings in this report:

- In 2009, private sector employers reported that an estimated 87,400 work-related injuries and illnesses occurred among workers in Georgia.
- The 2009 incidence rate of total work-related injuries and illnesses involving days away from work was 800 per 100,000 full-time workers.
- A total of 110 fatal work-related injuries were reported in Georgia during 2009.
- The five most frequent causes of fatal work-related injuries in Georgia were highway accidents, homicides, falls, being struck by an object, and having contact with electric current.
- In 2009, there were 149 hospitalizations for burns reported in Georgia among workers aged 16 years and older in which workers' compensation was the primary payer.
- The most frequent work-related musculoskeletal disorder in Georgia involves disorders of the back.
- The rate of work-related pesticide poisonings in Georgia during 2009 was 2.2 per 100,000 employed persons, slightly higher than the national rate.
- About 72% of pneumoconiosis hospitalizations in Georgia were from asbestosis.
- In Georgia, the number of new cases of mesothelioma increased from 46 in 2006 to 61 in 2009.
- In 2009, Georgia had 147 prevalent cases of elevated blood lead levels of 25 µg/dL or greater among those aged 16 years and older.
- Over 500,000 Georgia workers were employed in occupations at high risk for occupational morbidities in 2009.
- Workers' compensation benefits paid to Georgia workers with occupational injuries or illnesses increased from approximately \$1.2 billion in 2006 to \$1.5 billion in 2009.
- The rate of occupational medicine physicians in Georgia is 0.02 per 1,000 employees, much lower than the recommended rate of 1 per 1,000 employees.
- Among currently employed adults with work-related asthma, 36.4% say that their asthma is made worse by their current job, and 18.4% say that their asthma is caused by their current job.

