

State-Specific Occupational Health

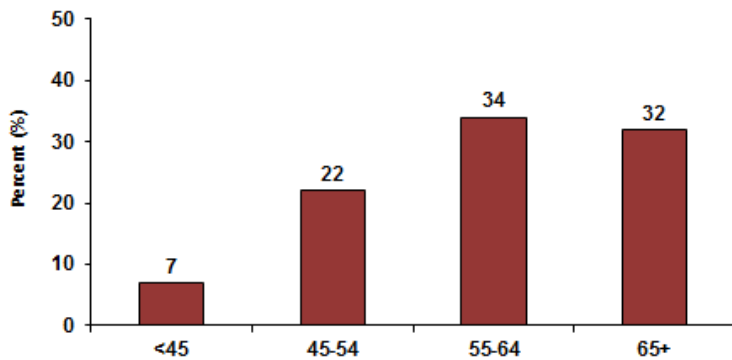
Indicators: Arthritis and Secondhand Smoke

In addition to the 22 occupational health indicators recommended by The Council of State and Territorial Epidemiologists (CSTE) and the National Institute of Occupational Safety and Health (NIOSH), Georgia conducts additional state-specific surveillance for arthritis and secondhand smoke exposure in the workplace.

The most recent detailed data available for arthritis and secondhand smoke in Georgia are reported below using data from the Georgia Behavioral Risk Factor Surveillance System (BRFSS) and the Georgia Adult Tobacco Survey (ATS). Demographic information as well as basic information for all recommended indicators for Georgia are available in Part 1 of this data summary series, while more detailed analyses of selected indicators are available in Part 2 of this data summary series.

Arthritis Among Employees

Figure 1. Percentage of adult employees who have arthritis by age group, Georgia, 2013

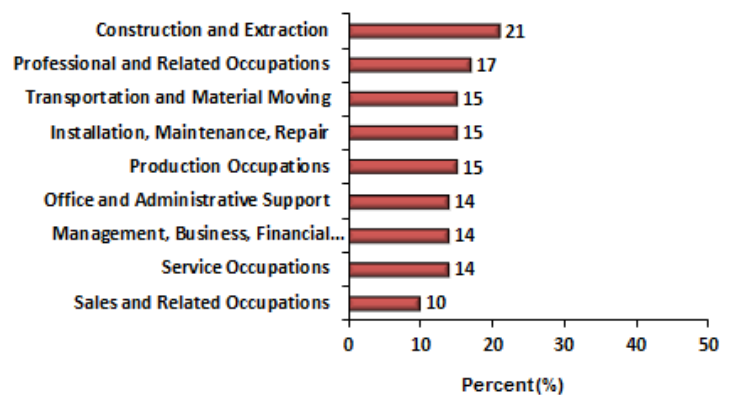


Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

- Arthritis is the most common cause of disability, affecting nearly 50 million adults in the United States and is known to cause work limitations.¹
- As the workforce ages, it is becoming increasingly important to have workplace interventions for workers suffering from arthritis.²
- An estimated 15 percent (680,000) of employees in Georgia had doctor-diagnosed arthritis in 2013, a slight increase from the prevalence observed in 2011 (13 percent) and 2012 (14 percent).³
- Female employees (17 percent; 350,000) were more likely to have arthritis compared to male employees (14 percent; 330,000).³

- The prevalence of arthritis increases with age, with the majority of cases being among employees ages 55 years and older (Figure 1).³
- Arthritis was significantly higher among non-Hispanic white employees (17 percent), than non-Hispanic black (13 percent) and Hispanic (6 percent) employees in Georgia during 2013.³
- About 29 percent (169,000) of Georgia employees said that arthritis or joint symptoms affect whether they work, the type of work they do or the amount of work they do.³
- Arthritis was highest among employees who work in construction and extraction occupations (21 percent) (Figure 2).³

Figure 2. Prevalence of arthritis among employees by occupation, Georgia, 2012-2013



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)



Workplace Secondhand Smoke Exposure

- Secondhand smoke is a known major contributor to indoor air pollution and is known to cause lung cancer and diseases of the respiratory and cardiovascular systems.⁴
- There is no safe level of secondhand smoke exposure.⁴
- During 2014, about 782,000 employees in Georgia who did not smoke were exposed to the dangers of secondhand smoke on the job.⁵
- About 12 percent of non-smoking employees in Georgia were exposed to secondhand smoke at work during 2014⁵
- Exposure to secondhand smoke at work was higher among employees who were female, non-Hispanic black, were between ages 18-34 years, or who earned annual incomes less than \$70,000 (Table 1).⁵

Table 1. Prevalence (%) of non-smoking employees exposed to secondhand smoke at work, Georgia, 2014

Overall	12% (9% - 15%)
Sex	
Male	11% (8%-15%)
Female	13% (9%-18%)
Race/Ethnicity	
White, non-Hispanic	12% (9%-17%)
Black, non-Hispanic	11% (7%-19%)
Hispanic	15% (8%-27%)
Age Group (years)	
18-44	15% (10%-22%)
45-54	12% (7%-21%)
55-64	8% (6%-12%)
65+	9% (5%-15%)
Income (annual)	
≤\$29,999	14% (8%-22%)
\$30,000-\$49,999	18% (11%-28%)
\$50,000-\$69,999	15% (7%-28%)
\$70,000+	7% (5%-10%)

About Public Health’s Role in Occupational Health Surveillance:

State health agencies, such as the Georgia Department of Public Health, are vested with the legal authority to require disease reporting and collect health data that play a central role in public health surveillance. National statistics on occupational injuries and illnesses have been collected largely outside of the public health infrastructure and rely almost entirely on data reported by employers. However, state health agencies that have access to a wide variety of public health data systems have an important role in the surveillance of occupational diseases, injuries and hazards⁶. With additional data sources, such as the Georgia Behavioral Risk Factor Surveillance System (BRFSS) and the Georgia Adult Tobacco Survey (ATS), the Department of Public Health is able to link surveillance findings with intervention efforts both at statewide and local levels.

To access the full Georgia Occupational Health Indicators Surveillance Report visit:

<http://dph.georgia.gov/georgia-occupational-health-and-safety-surveillance-program>

References:

1. Centers for Disease Control and Prevention. State-Specific Prevalence of Arthritis Attributable Work Limitations—United States, 2003. *MMWR* 2007; 56 (40), 1045-1049.
2. Caban-Martinez, A.J., et al. (September 2011). Arthritis, Occupational Class and the Aging U.S. Workforce. *American Journal of Public Health*: 101 (9), 1729-1734.
3. Georgia Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013.
4. U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, 2006.
5. Georgia Adult Tobacco Survey (ATS), 2014.
6. Council of State and Territorial Epidemiologists. Occupational Health Indicators: A Guide for Tracking Occupational Health Conditions and Their Determinants. June 2015.

