Occupational Health in Louisiana:
Review of Indicator Data

Louisiana Department of Health & Hospitals (LDHH)/Office of Public Health (OPH)
Section of Environmental Epidemiology & Toxicology (SEET)
Louisiana Occupational Health & Injury Surveillance Program (LOHIS)

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For more detailed analyses of these indicators and other occupational health issues, visit OPH/SEET's website: www.seet.dhh.louisiana.gov. If you have an occupational issue to report or want more information about the program, send an email to oph.seetweb@la.gov.

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

List of Acronyms

AAOHN	American Association of Occupational Health Nurses
ACOEM	American College of Occupational and Environmental Medicine
ASSE	American Society of Safety Engineers
BLL	Blood lead levels
BLS	Bureau of Labor Statistics (Division of United States Department of Labor)
BRFSS/ACBS	Behavioral Risk Factor Surveillance Survey/Asthma Callback Survey (CDC)
CDC	Centers for Disease Control and Prevention
CFOI	Census of Fatal Occupational Injuries (Bureau of Labor Statistics)
CPS	Current Population Survey (Bureau of Labor Statistics)
CSTE	Council of State and Territorial Epidemiologists
EPA	Environmental Protection Agency (United States)
LAHIDD	Louisiana Hospital Inpatient Discharge Database
LDHH	Louisiana Department of Health and Hospitals
LOHIS	Louisiana Occupational Health and Injury Surveillance
NAACCR	North American Association of Central Cancer Registries
NASI	National Academy of Social Insurance
NCHS	National Center for Health Statistics (CDC)
NHDS	National Hospital Discharge Survey (CDC)
NIOSH	National Institute for Occupational Safety and Health (CDC)
OPH	Office of Public Health
OSHA	Occupational Safety and Health Administration
PCC	Poison Control Center (American Association)
SEET	Section of Environmental Epidemiology and Toxicology
SOII	Survey of Occupational Injuries and Illnesses (Bureau of Labor Statistics)

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Behavioral Risk Factor Surveillance System (BRFSS) Asthma Callback Survey (ACBS)

The Behavioral Risk Factor Surveillance System (BRFSS), which began in 1984, is a cross-sectional telephone survey developed by the Centers for Disease Control (CDC) and conducted monthly by participating states. BRFSS summarizes behavioral risk factor data which may lead to premature chronic health conditions through lifestyle activities in adults and/or children, depending on which data the state opts to collect. The Asthma Callback Survey (ACBS), funded by the Air Pollution and Respiratory Health Branch (APRHB) within the National Center for Environmental Health (NCEH), is a series of asthma-related questions given to adult respondents ages 18 years and older who have self-reported asthma diagnoses.[1] Participants in the ACBS are called two weeks after completion of the primary BRFSS survey.
Limitations: Not all states participate in BRFSS every year, and there are variations in data collection quality and control. U.S. data for 2011 forward are not comparable with prior years' data, due to a new weighting method (which includes cell phone usage) called raking. Although Louisiana began participating in cellphone data collection in 2011 for BRFSS, ACBS data was still collected through landline use only in 2011 and 2012. Louisiana's data collected for 2013 forward will not be comparable to prior years' data.

Bureau of Labor Statistics (BLS): Workforce Demographics

Statistics on Louisiana's workforce distribution by demographic and employment characteristics were obtained from the Bureau of Labor Statistics' (BLS) Current Population Survey (CPS) and Geographic Profile of Employment and Unemployment.

Current Population Survey

The CPS is a monthly probability sample of about 60,000 households designed to represent the civilian non-institutional population of the U.S. It is conducted by the U.S. Census Bureau for the Bureau of Labor Statistics (BLS). The CPS collects information on demographics, employment status, weekly hours worked, and industry and occupation of each household member 15 years of age and older.
Limitations: Excluded from the survey are active-duty members of the military and inmates in institutions. The CPS undercounts certain racial or ethnic workers who do not have a permanent address or are migratory in nature. Because CPS estimates are based on a random sampling of the population rather than a complete census, they are subject to sampling error. There is a lag time of approximately 30-45 days between data collection and the release of basic data for public use. Supplemental data files may not be available for 6 to 18 months after data collection.

Geographic Profile of Employment and Unemployment

Each year, the BLS produces annual average employment information for census regions, states, and metropolitan areas in its "Geographic Profile of Employment and Unemployment" series. The profiles contain information on the employed and unemployed by select demographic and economic characteristics based on data from the CPS.
Limitations: The profiles exclude workers less than 16 years of age, active duty members of the military and inmates in institutions.

Bureau of Labor Statistics (BLS): Census of Fatal Occupational Injuries (CFOI)

The ***Census of Fatal Occupational Injuries (CFOI)***, a Federal/State cooperative program administered by BLS, is charged with annually collecting detailed information on all work-related fatalities occurring in the U.S. The CFOI uses diverse State and Federal data sources to identify, verify, and profile fatal work-related injuries. Information about each workplace fatality (e.g., circumstance of the event, industry,

occupation, type of machinery or equipment involved, and other worker characteristics) is obtained by cross-referencing source documents, such as death certificates, workers' compensation records, medical examiner reports, and police reports as well as news and other non-governmental reports. The year of death may not be the same as the year in which the fatal injury occurred.

Bureau of Labor Statistics (BLS): Survey of Occupational Injuries and Illnesses (SOII)

The Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (SOII) provides information on the number and rate of injuries and illnesses affecting the United States' private industry workforce, excluding self-employed, private households and small farms.
Limitations: There are two major data limitations. Injuries and illnesses are underreported, and it is difficult to determine causation of most diseases and relatedness to occupational conditions.[2]

Centers for Disease Control (CDC)

National statistics for hospitalization and mortality data were obtained from the CDC's National Center for Health Statistics, National Hospital Discharge Survey and Work-Related Lung Disease Surveillance System (eWORLD).

National Center for Health Statistics (NCHS)

NCHS is the principal health statistics agency for the U.S., providing data to assist in identifying and addressing health issues and guiding public policy decisions. Health and healthcare disparities are identified; health indicators, e.g. chronic disease, hospitalization, mortality, are provided using birth and death certificates, patient medical records, household surveys, physical examinations, lab tests and hospital & clinic information.
Limitations: Most data produced are for national-level trends. State data are available only if the sample size is deemed to be sufficiently large. Biases potentially associated with self-reported survey data may be applicable, although NCHS uses multiple data sources for verification purposes.

National Hospital Discharge Survey (NHDS)

NHDS was a national probability survey conducted by the CDC annually from 1965-2010; the goal of the survey was to characterize inpatients discharged from nonfederal, short-stay hospitals in the U.S. From 2011 to present, data are collected by the National Hospital Ambulatory Medical Care Survey (NHAMCS) in a combined survey called the National Hospital Care Survey (NHCS).
Limitations: Approximately 45% of the respondent hospitals provide data for the NHCS annually through an automated system; the remaining 55% of the data are manually entered by hospital or U.S. Census Bureau staff into a database, which may entail some operator coding issues. Additionally, hospital determination of admission diagnosis, ICD-9 coding and completeness of demographic information may vary.

Louisiana Hospital Inpatient Discharge Database

The Louisiana Hospital Inpatient Discharge Database, or LaHIDD, serves as the state registry containing inpatient discharge data from Louisiana hospitals. LaHIDD contains detailed information on all hospital admissions: patient demographics, age, admission and discharge date, diagnosis (ICD-9 codes), cost of hospitalization, and payer information. The designation of workers' compensation payment as primary payer on hospital discharge records is a good proxy for the work-relatedness of hospitalized injuries.[3]
Limitations: Hospital discharge records are only available for non-federal, acute care hospitals. Selecting work-related hospitalizations based on payer source is not a complete measure of work-related illness as the majority of individuals with work-related illnesses and many others with injuries do not file for workers' compensation. Additionally, self-employed individuals such as farmers and independent contractors, federal employees, and railroad, longshore and maritime workers are not covered by state workers'

compensation systems. Louisiana residents who were hospitalized out-of-state are not factored in the numbers reported. The data represent the number of hospitalizations and not the number of residents hospitalized, due to the potential for multiple hospitalizations in a year for an individual.

Louisiana Tumor Registry

The Louisiana Tumor Registry, operated by the Louisiana State University Health Sciences Center, is a population-based Surveillance, Epidemiology, and End Results (SEER) cancer registry covering the entire state of Louisiana. The registry has been in operation in the New Orleans metropolitan area since 1974, in South Louisiana since 1983 and in the rest of the state since 1988. By law, every health care provider is required to report newly diagnosed cancers to the Tumor Registry. The Tumor Registry database contains information about cancer cases including patient demographics, primary site of cancer, histology codes, and location at date of diagnosis.

Louisiana Vital Records

The Louisiana Department of Health and Hospitals' Center for Records and Statistics maintains the Vital Records Registry (VRR) and the State Center for Health Statistics (SCHS). The Board of Health for Orleans Parish was initially established to provide annual reports on local health in 1847, in response to the Yellow Fever outbreak. Files are maintained for Louisiana births, deaths, fetal deaths and Orleans Parish marriages, copies of which are vital for conducting daily business, e.g. showing proof of citizenship or receiving government benefits. Reporting of vital records data allows researchers to conduct public health surveillance and tailor outreach and public policy decisions to at-risk populations.
Limitations: Mortality data for Louisiana are obtained from death certificate data maintained by the LDHH/Center of State Registrar & Vital Records. U.S. mortality data are retained by the National Center for Health Statistics. Records included in the indicator data have the specific condition as either the underlying or contributing cause of death. Deaths related to particular chronic diseases, e.g., pneumoconioses, are undercounted on death certificates; due to the long time between exposure and the appearance of symptoms, physicians may not recognize the cause as pneumoconiosis.

National Academy of Social Insurance (NASI)

NASI is a not-for-profit, nonpartisan social insurance agency that increases public awareness of social insurance and its' contribution to economic stability. Social insurance includes other systems designed to help workers avoid income loss due to death, disability or retirement and ensure access to health care.

Occupational Safety & Health Administration (OSHA): Office of Statistics

The Occupational Safety and Health Administration (OSHA), which is part of the U.S. Department of Labor, is a federal regulatory agency that sets and enforces standards and regulations to protect worker safety and health. The agency ensures that employers in private industry create and maintain a workplace that is safe from recognized hazards that may cause injury or death to the workforce. Worksites may be inspected and citations may be issued if an OSHA Compliance Officer finds violations at the workplace. There are 10 regional OSHA offices and 90 local area offices, with about 2,200 inspectors for more than 8 million worksites.

Toxic Exposure Surveillance System

Poison Control Centers (PCC) are an important data source for case reports of exposure to toxic substances, including pesticides. PCCs receive calls from health care providers and the general public. The majority of calls involve an acute exposure to a toxic substance and the PCCs' primary function is to provide the caller with toxicological and treatment information. Information collected by the PCC includes demographic, circumstance and site of exposure (e.g., workplace), route of exposure, medical care

received, substance(s), severity, number of individuals involved, clinical effects, and medical outcome. If medical care is received, health care facility information is also collected. Every 5 minutes, information on all calls made to a PCC are uploaded to a central repository at the American Association of Poison Control Centers (AAPCC). The AAPCC uses this data to produce an aggregated dataset, which is called the *Toxic Exposure Surveillance System (TESS).* The Bureau of Labor Statistics does not provide data for pesticide poisonings on a national level; therefore, U.S. data for annual pesticide poisonings are obtained from the AAPCC. Reports of acute pesticide poisoning are captured from calls made to the Louisiana Poison Center.

Limitations: PPC cases only represent reported cases. To report a case, the exposed individual or healthcare provider must know about the PCC and how to contact them. Also, healthcare providers with more experience in diagnosing and treating pesticide cases are less likely to contact the PCC for assistance. Because of these factors, PCC data likely underestimate the true extent of work-related pesticide exposure. PCC data are estimated to reflect only 10% of all work-related pesticide poisoning cases in the United States.[4]

Background for Louisiana's Occ. Health Report

Almost two million individuals work in Louisiana. Every year, thousands of these workers are injured on the job or become ill as a result of exposure to health and safety hazards at work. These work-related health conditions have high human and economic costs not only for workers and employers but also for society at large.[5] Workers' compensation claims alone in Louisiana cost approximately $870 million in 2011.[6] Work-related injuries and illnesses can be prevented. Successful approaches to making the workplace safer begin with having the data necessary to understand the problems.[7]

The Louisiana Office of Public Health/Section of Environmental Epidemiology and Toxicology's Occupational Health & Injury Surveillance Program (OPH/SEET) conducts ***surveillance of injuries, illnesses, deaths, and hazards among Louisiana workers***. This project began in 2006 through funding from the Center for Disease Control and Prevention/National Institute of Occupational Safety and Health (CDC/NIOSH). To help state health departments with their surveillance activities, a set of occupational health indicators was developed by a State-Federal Workgroup composed of representatives from state occupational health programs, the Council of State and Territorial Epidemiologists (CSTE), and CDC/NIOSH. An ***occupational health indicator*** is a specific measure of a work-related disease or injury, or a factor associated with occupational health, such as workplace exposures, hazards, or interventions, in a specified population. Indicators allow a state to compare its health or risk status to that of other states, to evaluate trends over time within the state, and to guide priorities for prevention and intervention efforts. These indicators are collected and compiled annually.

This document briefly summarizes some of Louisiana's occupational indicator data. When available, national data are presented for comparison purposes. The reporting period may vary by indicator due to differences in the number of years of data available from the various data sources. Because no single data source adequately characterizes the occupational health issues for Louisiana, multiple data sources were used. Technical notes and a description of the data sources are included at the beginning of the document. Please note that Louisiana data are not currently available for 2 indicators: 1) State workers' compensation claims for amputations with lost work-time and 2) State workers' compensation claims for carpal tunnel syndrome with lost work-time.

Louisiana's Civilian Employment Demographics

From 2003 through 2012, Louisiana's average annual workforce included 1,926,000 individuals. About 52% of the workforce is male, and 48% female. While the percent of Louisiana workers age 16-17 and 18-64 decreased over the 10-year time period, the percent of workers age 65 years and older increased by 67%. On average, 71% percent of the workforce in Louisiana is white, and 27% is black; the average percentage in the United States workforce from 2003-2011 was 82% white and 11% black. About 3% of the Louisiana workforce is of Hispanic ethnicity, compared to 14% of the United States workforce. About 25% of Louisianans work more than 40 hours per week.

Louisiana Civilian Employment Demographics, Ages 16 and Older, 2003-2012 Average Annual Percentages

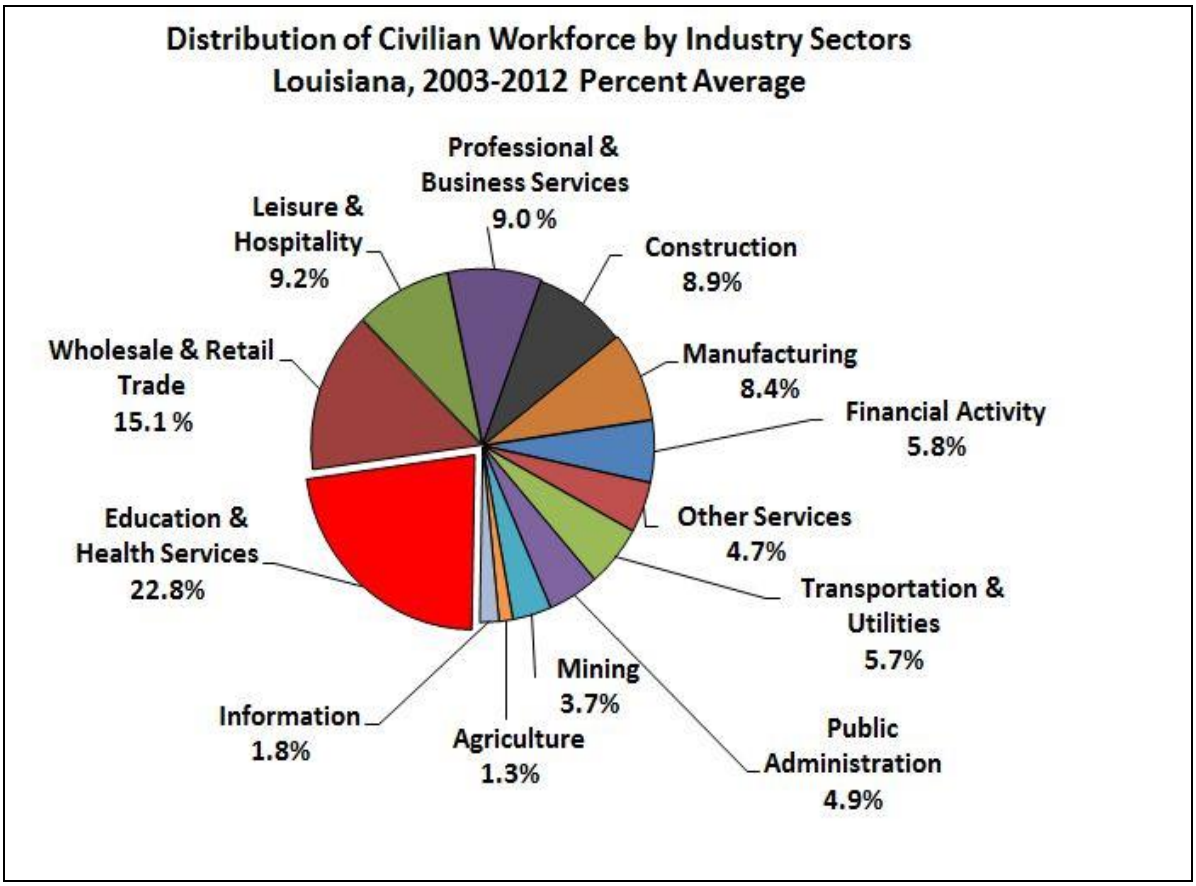
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number Employed (in thousands)										
	1,904	1,934	1,973	1,870	1,917	1,981	1,929	1,928	1,893	1,930
	%	%	%	%	%	%	%	%	%	%
Male	51.8	52.1	50.8	53.2	52.2	52.4	52.2	51.9	53.7	53.2
Female	48.1	47.9	49.2	46.8	47.8	47.6	47.8	48.1	46.3	46.8
Age (in years)										
16 - 17	1.3	0.9	1.4	1.8	1.4	1.1	1.2	1	1	0.9
18 - 64	95.4	96.0	95.0	93.7	94.1	94.5	93.4	94.6	93.7	93.6
>/= 65	3.3	3.1	3.6	4.5	4.5	3.7	4.3	4.4	5.3	5.5
Race/ethnicity										
White	69.6	70.9	71.2	71.3	72.9	71.1	70	70.5	70.4	69.5
Black	28.5	27.6	26.3	26.2	25.5	26.8	27	26.7	27.2	27.4
Other	1.9	1.5	2.5	2.5	1.6	2.1	3	2.8	2.4	3.1
Hispanic*	3.3	2.4	-	2.7	3.5	3.2	3.6	3.5	3.8	4.7
Unemployed	6.6	6.0	6.0	4.6	4.3	5	7.1	7.8	7.8	7.1
Self-employed	8.0	7.9	6.3	6.7	7.7	6	6.4	6.9	5.7	6.4
Employed part-time**	15.1	15.2	15.2	14.8	14.1	13.4	13.8	17.2	17.0	17.0
Work hours/ week										
<40 hrs	30.7	33.4	33.4	29.1	30.4	29	30.6	32.4	33.7	30.7
40 hrs	43.0	39.6	40.4	42.2	43.3	45.8	46.1	44.4	42.7	47.6
>40 hrs	26.4	27.1	26.2	28.8	26.2	25.2	23.2	23.2	23.7	21.7

Note: Percentages may not add up to 100, due to rounding.
**Persons identified as Hispanic may be of any race.*
***"Employed part-time" are individuals who work 1 to 34 hours per week*

Data Sources: Bureau of Labor Statistics' Geographic Profile of Employment and Unemployment and Current Population Survey (age distribution only).

Louisiana's Workforce by Industry

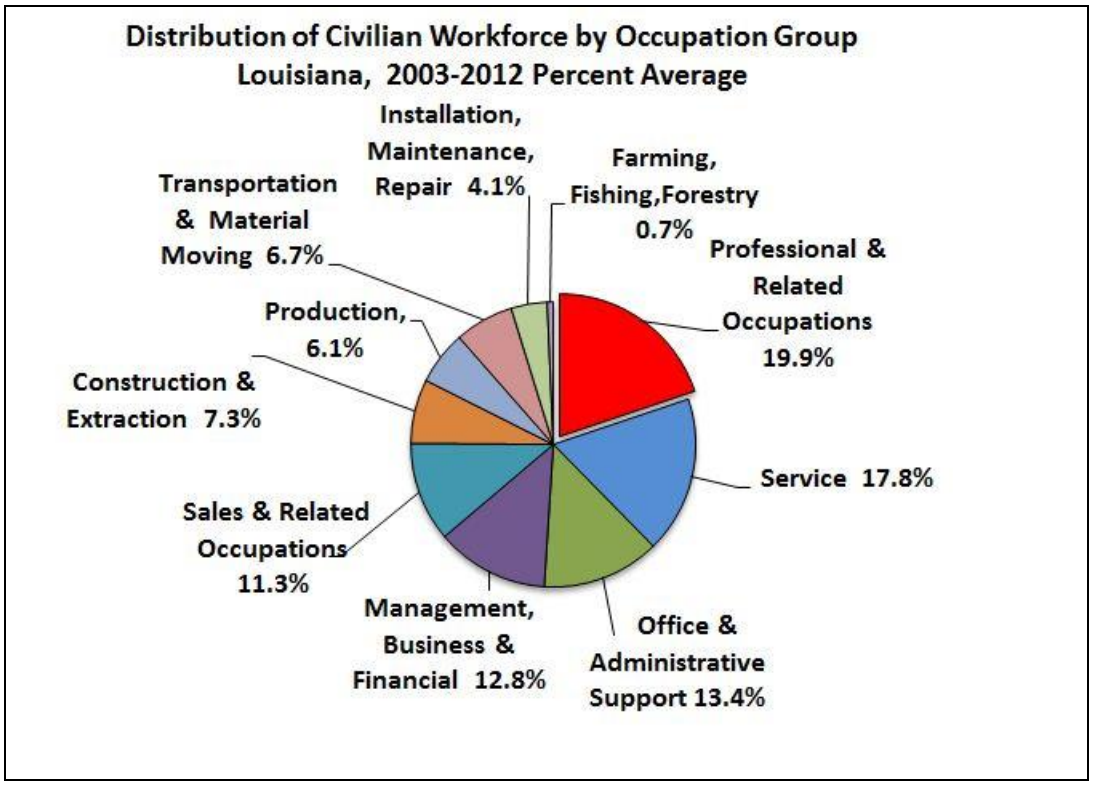
The industries in which Louisianans worked from 2003 through 2012 were evaluated using Census Industry Codes. Education and Health Services is the largest industry sector (22.8%), followed by wholesale and retail trade (15.1%) and leisure and hospitality (9.2%).



Data Source: Bureau of Labor Statistics' Geographic Profile of Employment and Unemployment
Note: Percentages may not add up to 100, due to rounding.

Louisiana's Workforce by Occupation

Workers' occupational group was evaluated using Census Occupation codes. The largest occupational groups are Professional and Related Occupations (19.9%), followed by Service (17.8%), and Office and Administrative Support (13.4%).



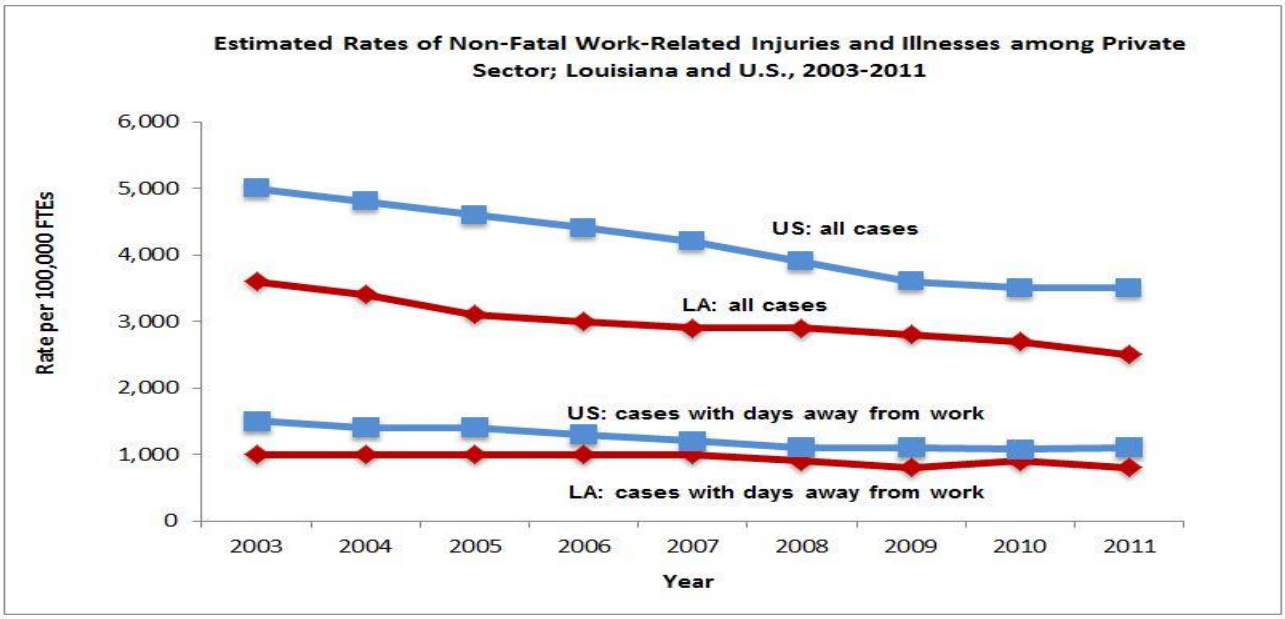
Data Source: Bureau of Labor Statistics' Geographic Profile of Employment and Unemployment
Note: Percentages may not add up to 100, due to rounding.

Indicator 1: Non-fatal work-related injuries and illnesses reported by Louisiana employers

The average annual work-related injury and illness incidence rate per 100,000 full-time workers from 2003 to 2011 was estimated at 2,989 for Louisiana and 4,167 for the U.S. The average annual incidence rate for cases involving days away from work per 100,000 full-time workers was estimated at 933 for Louisiana and 1,242 for the U.S.

Estimated Number of Non-Fatal Work-Related Injuries and Illnesses Reported by Private Industry Employers, Louisiana and U.S., 2003-2011

Year	All Cases		Cases with Days Away from Work		Cases with >10 Days Away from Work	
	LA	US	LA	US	LA	US
2003	47,200	4,365,000	13,600	1,316,000	7,180	581,900
2004	45,300	4,257,000	13,100	1,259,000	6,230	543,700
2005	40,300	4,214,000	13,200	1,235,000	6,030	522,180
2006	38,000	4,085,000	12,300	1,184,000	6,340	504,590
2007	38,800	4,002,000	12,800	1,159,000	5,680	500,810
2008	38,300	3,696,000	12,900	1,100,000	5,620	479,260
2009	37,700	3,277,000	11,300	964,000	5,360	429,820
2010	34,800	3,063,400	11,400	933,200	5,550	420,840
2011	32,500	2,986,500	11,000	908,300	5,770	414,800



*Full-time work is calculated as the total number of hours worked, divided by the maximum number of compensable hours (e.g., where the work week equals 40 hours, two workers at 20 hours per week are equal to one FTE).

Data Source: Bureau of Labor Statistics' Annual Survey of Occupational Injuries and Illnesses

Note: Differences in industry concentration and sample size prohibit state-level data from being directly compared to other states or with national estimates.

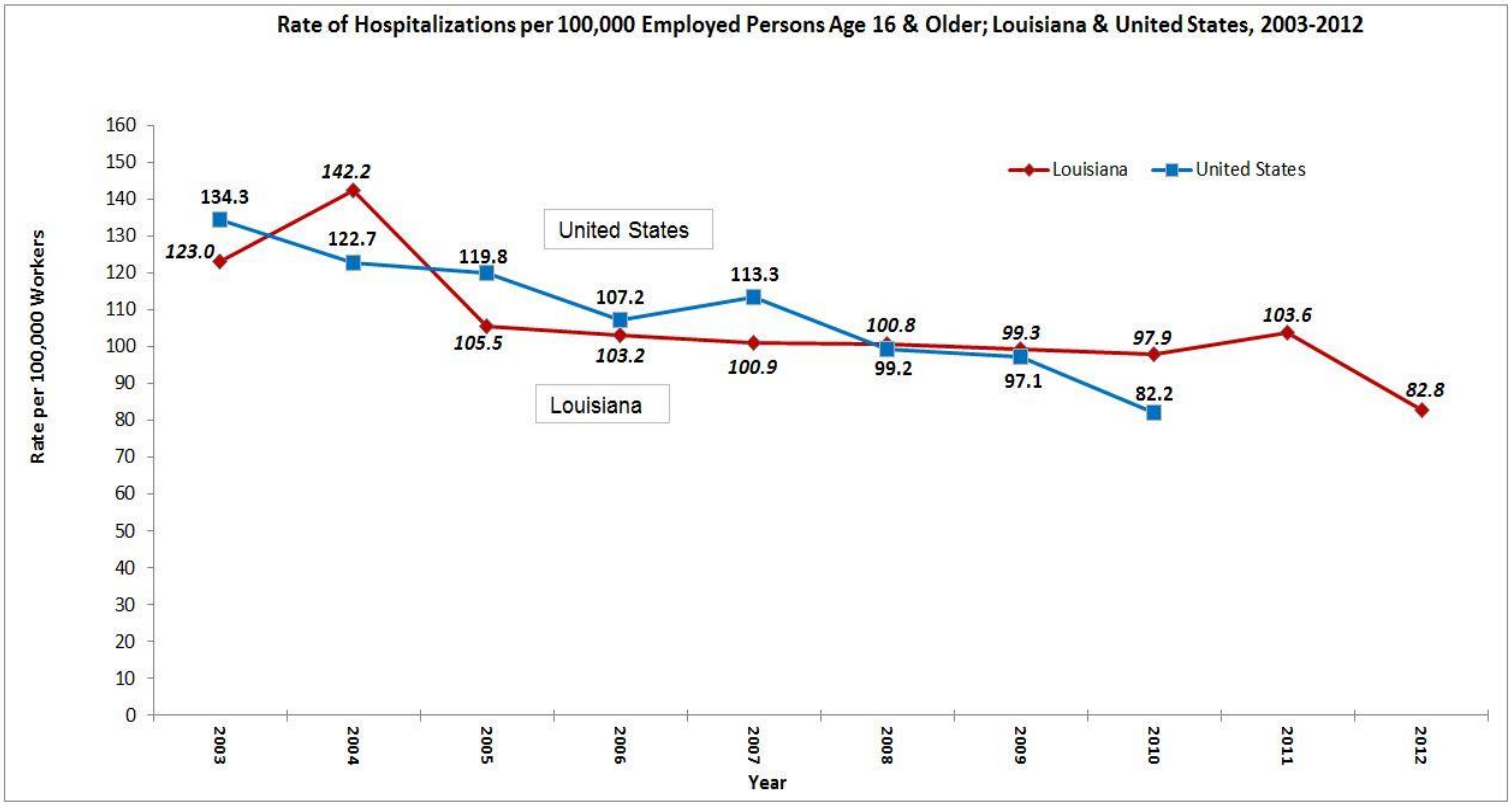
Indicator 2: Louisiana's Work-related hospitalizations

During the ten-year period from 2003 to 2012, there was an average of 2,200 hospitalizations in Louisiana per year for which workers' compensation was the primary payer. The number of work-related hospitalizations in Louisiana ranged from 1,598 to 2,751 during the time period.

Annual Number of Work-Related Hospitalizations for Persons Age 16 and Older; Louisiana and United States, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Louisiana	2,341	2,751	2,082	1,930	1,936	1,997	1,915	1,887	1,961	1,598
United States	184,986	170,796	169,814	154,877	165,441	144,184	135,825	114,242	N/A	N/A

Note: U.S. data for hospitalizations are not available yet for 2011 and 2012.



Data Source: Louisiana Hospital Inpatient Discharge Database; U.S. data: National Hospital Discharge Survey; rates calculated using Bureau of Labor Statistics' Current Population Survey

Note: Workers' compensation eligibility criteria and availability of data from workers' compensation programs varies among states, prohibiting state-level data from being directly compared to other states or with national estimates.

Indicator 3: Louisiana's Fatal work-related injuries

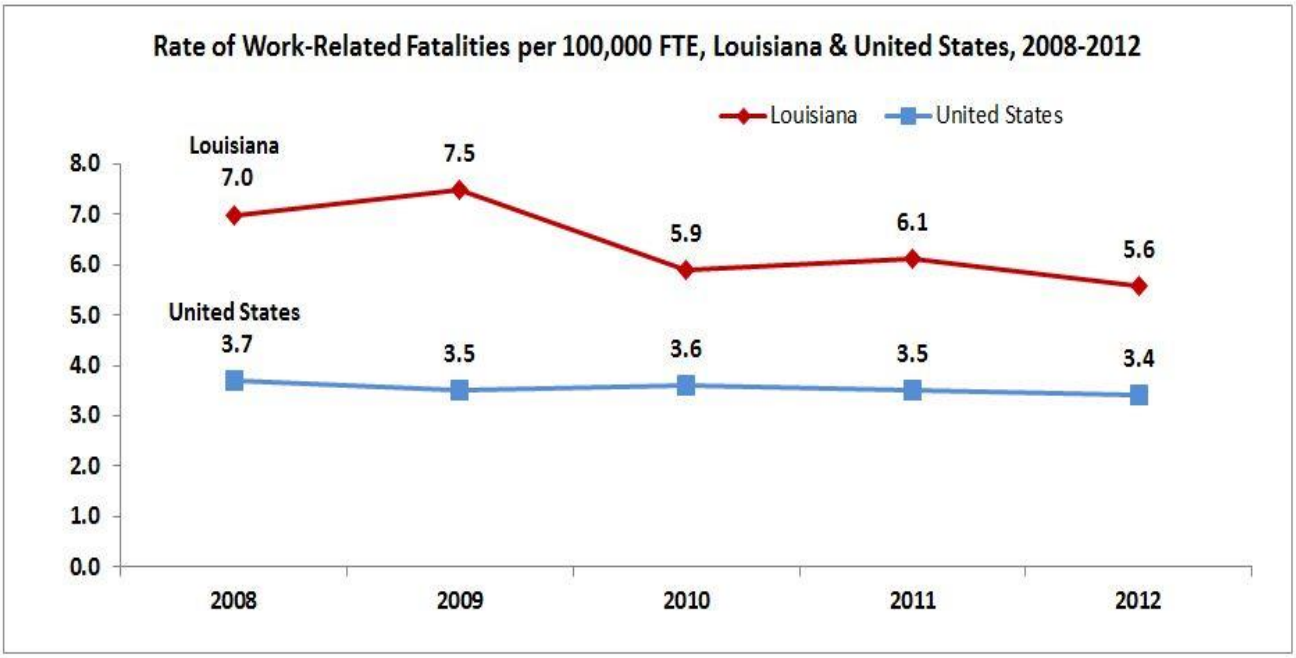
A fatal work-related injury is an injury occurring at work that results in death. This includes fatalities from non-intentional injuries such as falls, electrocutions, and acute poisonings as well as fatal injuries from motor vehicle crashes that occurred during travel for work. Intentional injuries (i.e., homicides and suicides) that occurred at work are also included. There was an average annual count of 121 fatal work-related injuries in Louisiana and 4,697 in the U.S. from 2008 through 2013. The number of work-related fatalities in Louisiana ranged from 111 to 140 during the 6-year period.

Number of work-related fatalities in Louisiana and United States, 2008-2013

Year of Fatal Event

	2008	2009	2010	2011	2012	2013*
Louisiana	135	140	111	111	116	114
United States	5,214	4,551	4,690	4,693	4,628	4,405

*BLS 2013 data are preliminary.



Data Sources: Bureau of Labor Statistics' Census of Fatal Occupational Injuries and Geographic Profile of Employment and Unemployment; rates calculated using Bureau of Labor Statistics' Current Population Survey

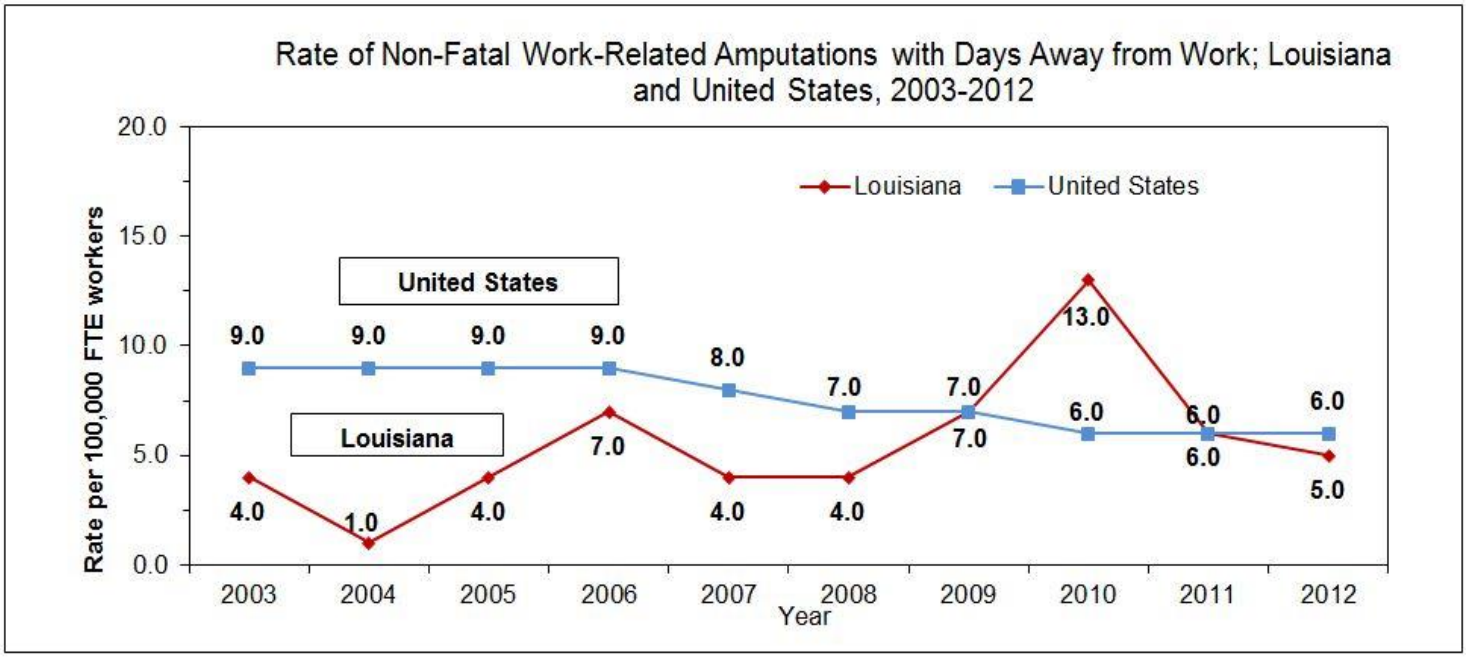
Indicator 4: Louisiana's Work-related amputations with days away from work reported by employers

An amputation is the partial or full removal of an exterior body part, e.g. a finger, toe, arm, hand or leg. Amputations may reduce a worker's quality of life or prohibit the worker from adequately performing some previous job duties.

The average number of amputations each year from 2003 to 2012 was 74 in Louisiana and 6,759 in the United States, respectively. The number of non-fatal work-related amputations with days away from work in Louisiana ranged from 20 to 170.

Number of non-fatal work-related Amputations with days away from work: Louisiana and United States, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
LA	50	20	50	100	60	50	90	170	80	70
US	8,150	8,160	8,450	7,990	7,320	6,230	5,930	5,260	5,000	5,100



Data Source: Bureau of Labor Statistics' Annual Survey of Occupational Injuries and Illnesses

Note: Differences in industry concentration and sample size prohibit state-level data from being directly compared to other states or with national estimates.

Indicator 5: Louisiana's State Workers' Compensation Claims for Amputations with Lost Work-Time

Data for this indicator are currently not available.

Indicator 6: Louisiana's Hospitalizations for work-related burns

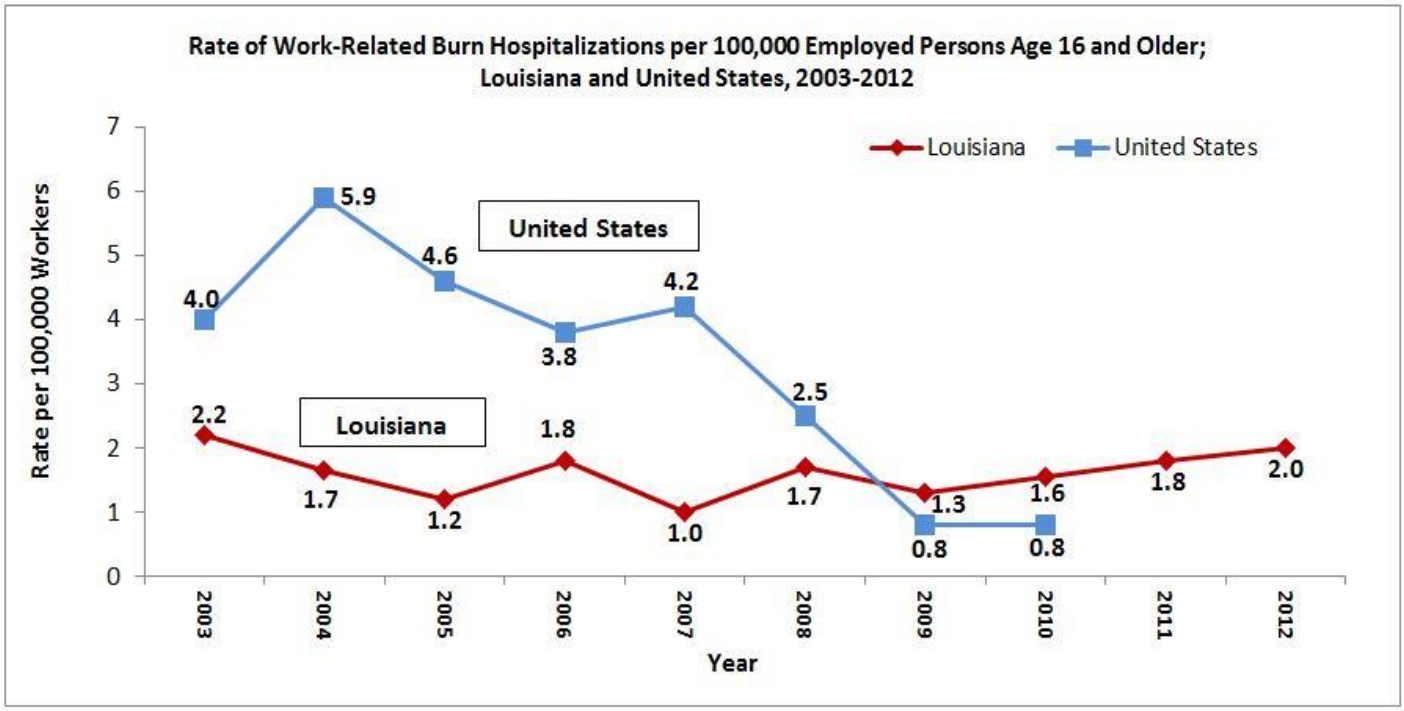
Burns are injuries to skin or other tissues caused by contact with a heat source, e.g. dry heat (fire), moist heat (steam), chemicals, electricity, friction or radiation. Burn injuries are very expensive to treat and may result in partial or permanent disability, along with a potentially impaired quality of life. The most common types of burns are either thermal or chemical in nature. Burns are the most common cause of injury among young workers and workers employed in the food service industry. Nationally, an estimated 150,000 people with work-related burns are treated in emergency rooms annually, and approximately 30% to 40% of hospitalizations for burns among adults are work-related.[7]

On average, there were 31 work-related burn hospitalizations in Louisiana from 2003-2012 and 4,718 in the United States from 2003-2010. The number of work-related burn hospitalizations in Louisiana for persons age 16 and older ranged from 20 to 42.

Annual Number of Work-Related Burn Hospitalizations for Persons Age 16 and Older; Louisiana and United States, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Louisiana	42	32	23	33	20	33	25	30	34	38
United States	5,441	8,251	6,463	5,483	6,158	3,657	1,111	1,176	N/A	N/A

Note: U.S. burn hospitalization data are not available yet for 2011 and 2012.



Data Sources: Louisiana Hospital Inpatient Discharge Database; U.S. data: National Hospital Discharge Survey; rates calculated using Bureau of Labor Statistics' Current Population Survey

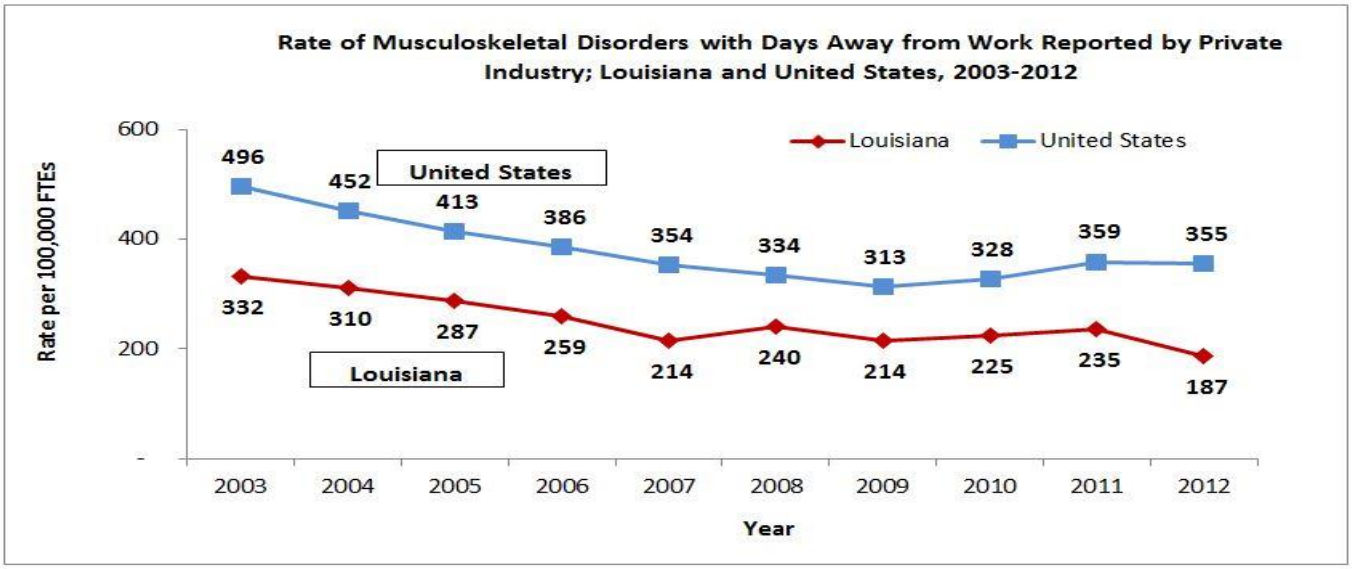
Note: Workers' compensation eligibility criteria and availability of data from workers' compensation programs varies among states, prohibiting state-level data from being directly compared to other states or with national estimates.

Indicator 7: Louisiana's Work-related musculoskeletal disorders reported by employers

Musculoskeletal disorders (MSDs) are among the most common and expensive work-related health issues. Occupational MSDs are caused by repetitively performing work-related tasks that engage the same muscles constantly without adequate rest, and they include injuries to the joints, muscles, tendons, ligaments, nerves or spine. Other causes of MSDs may include maintaining awkward postures that strain the body, using vibratory equipment or lifting heavy/bulky loads. These disorders can greatly impact job performance and quality of life. BLS SOII data includes sprains, strains, pain, backaches, carpal tunnel syndrome, and hernias that develop over time from repetitive motion tasks or overexertion. The data excludes slips, falls, motor vehicle accidents and any other single event that caused the MSD. The number of MSDs with days away from work in Louisiana ranged from 2,530 to 4,390.

Number of Musculoskeletal Disorders with Days Away from Work Reported by Private Industry, Louisiana and United States, 2003-2012

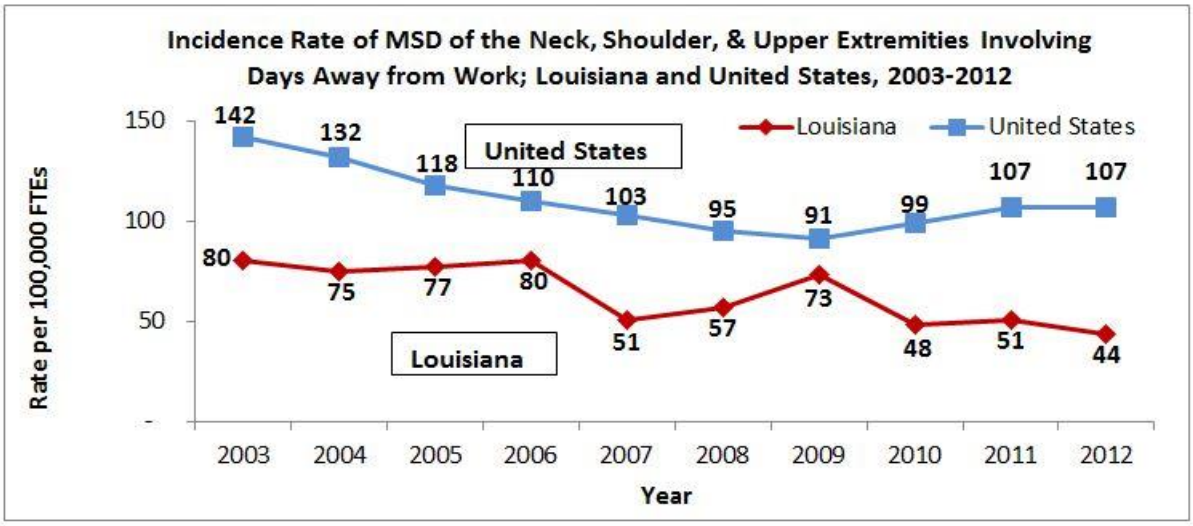
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Louisiana	4,390	4,070	3,740	3,320	2,870	3,320	2,870	2,910	3,100	2,530
United States	435,180	402,700	375,540	357,160	335,390	317,440	283,800	284,340	309,940	314,470

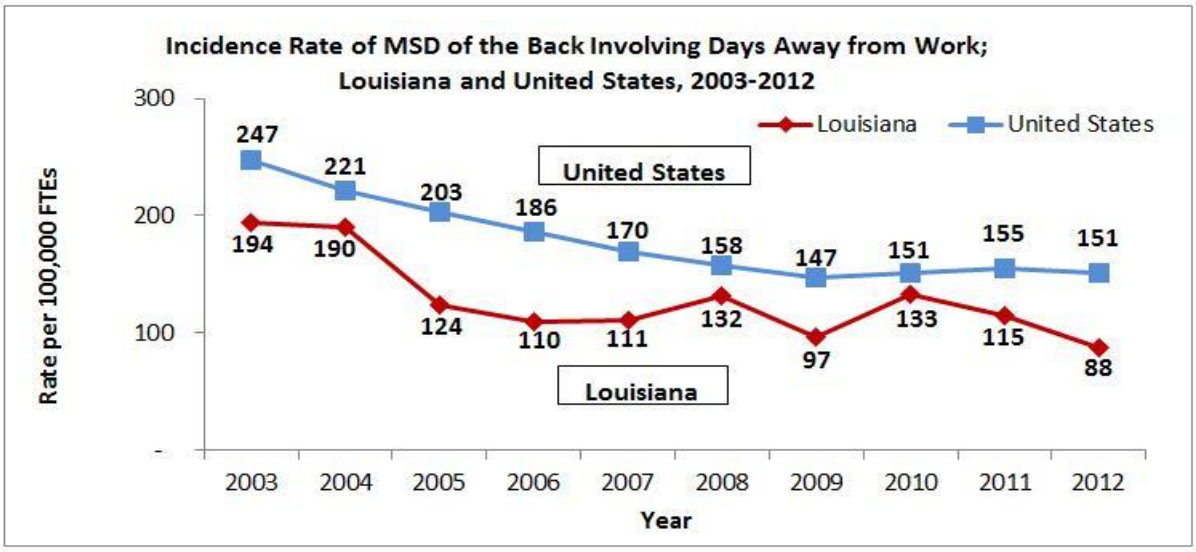


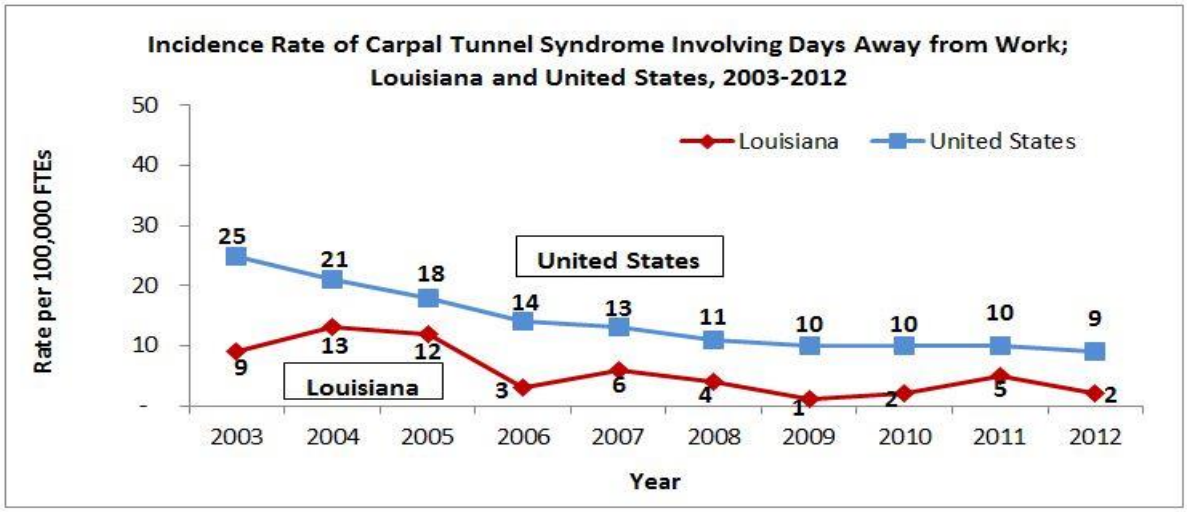
*Rates are per 100,000 FTE. A Full-Time Equivalent (FTE) is calculated as the total number of hours worked, divided by the maximum number of compensable hours (e.g., where the work week equals 40 hours, two workers at 20 hours per week are equal to one FTE).

Number of Musculoskeletal Disorders (MSDs) by Nature or Body Part with Days Away from Work Reported by Private Industry, Louisiana and United States, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Louisiana MSDs										
Neck, Shoulder & Upper Extremities	1,050	990	1,010	1,020	690	780	970	620	680	590
Back	2,570	2,500	1,620	1,410	1,490	1,820	1,300	1,720	1,520	1,180
Carpal Tunnel Syndrome	120	170	150	40	80	60	20	30	70	30
United States MSDs										
MSD-Neck, Shoulder & Upper Extremities	125,050	117,270	107,800	102,150	97,690	90,600	82,640	85,790	92,120	94,380
Back	212,380	196,640	184,440	172,400	160,880	150,310	133,470	130,730	133,670	133,230
Carpal Tunnel Syndrome	22,110	18,670	16,440	12,990	11,920	10,060	9,140	8,490	8,290	7,540







Data Source: Bureau of Labor Statistics' Annual Survey of Occupational Injuries and Illnesses

Note: Differences in industry concentration and sample size prohibit state-level data from being directly compared to other states or with national estimates.

Indicator 8: Louisiana's State Workers' Compensation Claims for Carpal Tunnel Syndrome with Lost Work-Time

Data for this indicator are currently not available.

Indicator 9: Louisiana's Pneumoconiosis Hospitalizations

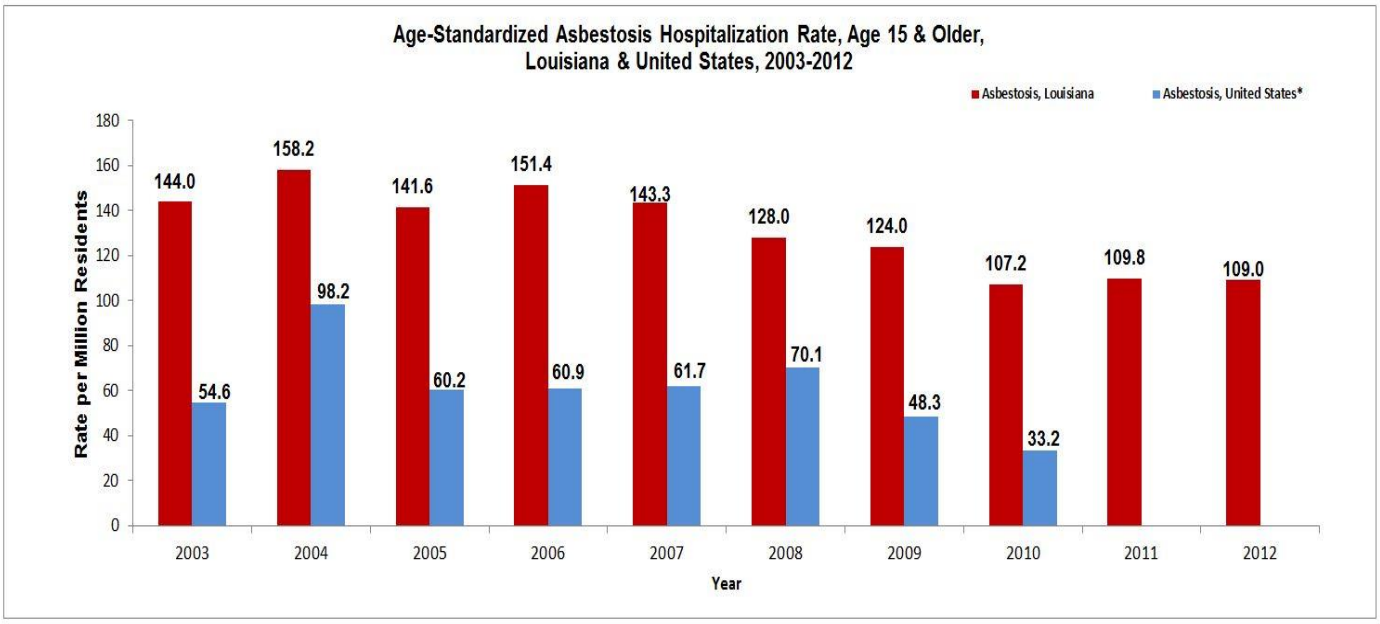
Pneumoconiosis is a term for lung diseases caused by the inhalation of mineral dust, primarily in work-related settings. Cases of pneumoconiosis usually develop after many years of continuous exposure, which results in diagnoses occurring in older individuals often long past the initial exposure. This group of diseases is incurable and typically leads to death. Smoking may exacerbate the condition by weakening the lungs, and access to health care may influence the management of symptoms. Types of pneumoconiosis includes: silicosis, asbestosis, coal workers' pneumoconiosis (CWP), and less frequently, pneumoconiosis from other mineral dusts, e.g. talc, aluminum, bauxite and graphite.
Most hospitalizations in Louisiana for pneumoconiosis involve individuals at least 45 years old.

Annual Number of Pneumoconiosis and Asbestosis Hospitalizations for Persons Age 15 and Older; Louisiana and United States, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Pneumoconiosis, Louisiana	535	587	531	538	528	471	477	410	431	426
Asbestosis, Louisiana	483	534	482	501	491	440	440	373	396	396
Total Pneumoconiosis, United States	19,667	27,146	26,188	20,799	19,037	19,097	16,481	10,262	N/A	N/A
Asbestosis, United States	11,862	21,312	14,570	14,416	14,841	16,876	11,810	8,123	N/A	N/A

Note: U.S. data are not available yet for 2011 and 2012.

On average, 92% of pneumoconiosis hospitalizations in Louisiana from 2003 to 2012 were for asbestosis-related complications. The number of asbestosis-related hospitalizations in Louisiana ranged from 373 to 534.



Data Sources: Louisiana Hospital Inpatient Discharge Database; U.S. data: National Hospital Discharge Survey; rates calculated using U.S. Census Bureau

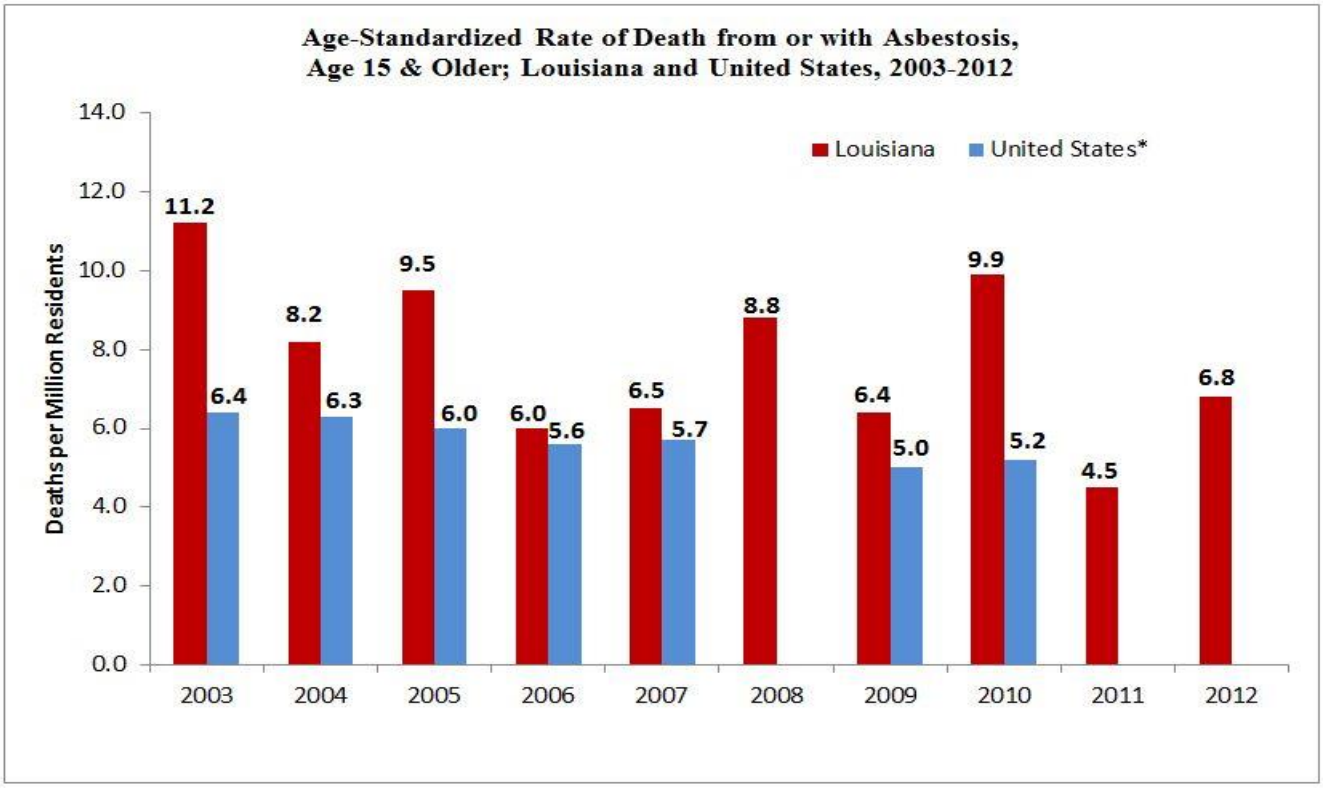
Indicator 10: Louisiana's Pneumoconiosis Mortality

Pneumoconiosis is a term for lung diseases caused by the inhalation of mineral dust, primarily in work-related settings. Cases of pneumoconiosis usually develop after many years of continuous exposure, which results in diagnoses occurring in older individuals often long past the initial exposure. This group of diseases is incurable and typically leads to death. Types of pneumoconiosis includes: silicosis, asbestosis, coal workers' pneumoconiosis (CWP), and less frequently, pneumoconiosis from other mineral dusts, e.g. talc, aluminum, bauxite and graphite. Most deaths in Louisiana due to pneumoconiosis involve individuals at least 65 years old. The number of deaths due to pneumoconioses for persons age 15 and older in Louisiana range from 18 to 45.

Annual Number of Pneumoconiosis Deaths for Persons Age 15 and Older; Louisiana and United States, 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Pneumoconiosis, Louisiana	45	31	40	23	28	35	28	38	18	24
Asbestosis, Louisiana	37	27	32	19	22	31	22	33	16	24
Total Pneumoconiosis, United States*	2,639	2,531	2,430	2,312	2,194	N/A	1,998	2,037	N/A	N/A
Asbestosis, United States	1,471	1,470	1,423	1,344	1,401	N/A	1,262	1,318	N/A	N/A

*U.S. pneumoconiosis data are not available for 2008 and are not available yet for 2011 or 2012.



Data Sources: LDHH/Center of State Registrar & Vital Records; U.S. data: National Center for Health Statistics

Indicator 11: Louisiana's Acute Work-related Pesticide Poisonings reported to Poison Control Center

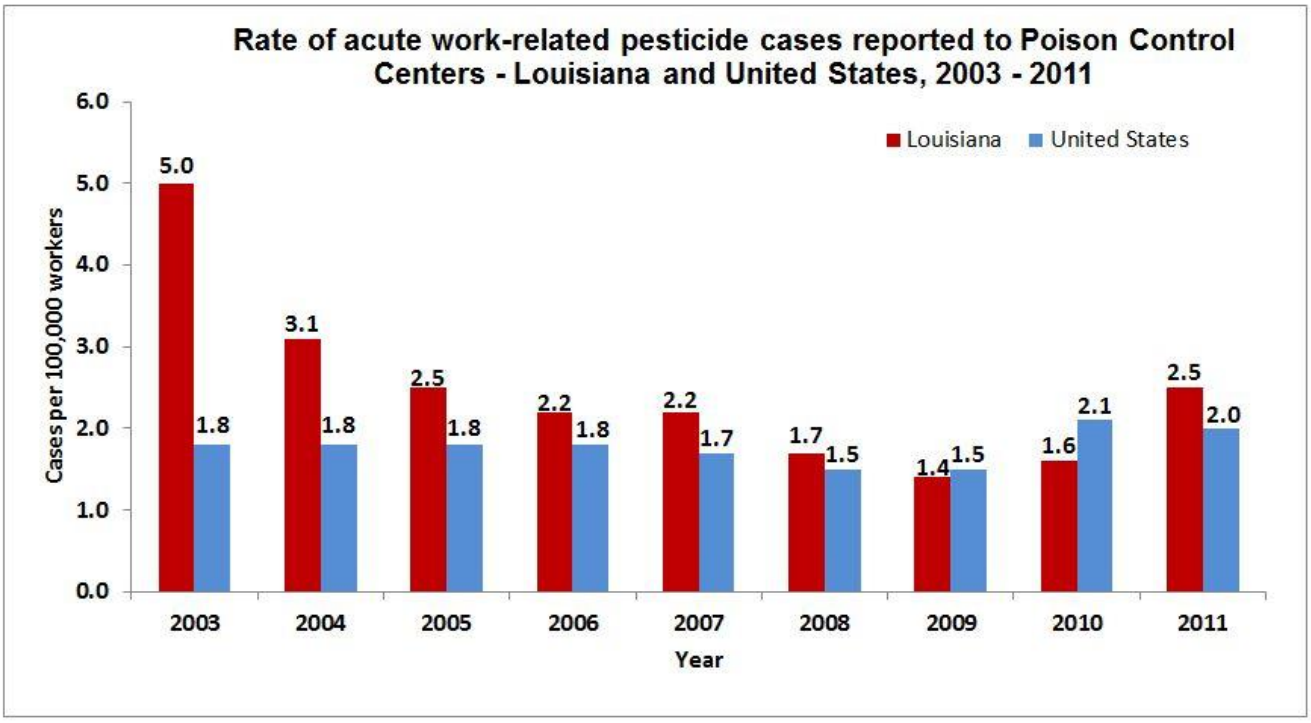
A pesticide is a chemical that is used to get rid of nuisance plants, animals, insects or fungi. In the U.S., approximately one billion pounds of pesticides are used annually, contained in more than 16,000 pesticide products.[4] There are 20,000 to 40,000 work-related poisonings each year, according to the U.S. Environmental Protection Agency (EPA). Adverse health effects from exposure vary depending on the amount and route of exposure and the type of chemical used. The most at-risk occupations for severe pesticide poisonings are agricultural workers and pesticide applicators.

During the 9-year period, there was an average of 47 work-related pesticide poisonings reported per year in Louisiana and 2,501 pesticide poisonings reported per year in the United States from 2003-2011. The number of reported work-related pesticide poisoning cases in Louisiana ranged from 27 to 95.

Annual Number of Reported Work-Related Pesticide Poisoning Cases; Louisiana and United States, 2003-2011

	2003*	2004	2005	2006	2007	2008	2009	2010	2011
Louisiana	95	59	49	43	43	34	27	30	45
United States	2,503	2,476	2,593	2,560	2,458	2,171	2,040	2,871	2,833

Note: In 2003, the number of pesticide-related incidents in Louisiana was unusually high due to several incidents involving many cases.



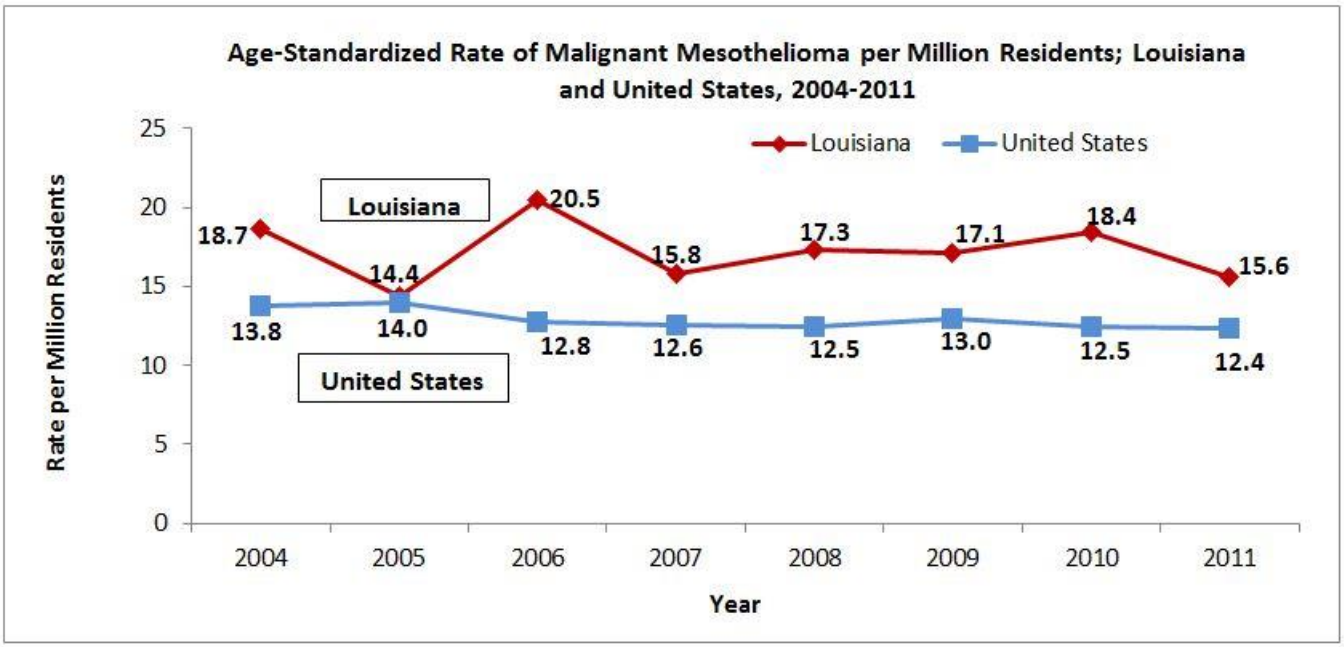
Data Sources: Louisiana Poison Control Center; U.S. data: American Association of Poison Control Centers (PCC); rates calculated using Bureau of Labor Statistics' Current Population Survey

Indicator 12: Louisiana's Incidence of Malignant Mesothelioma

Malignant mesothelioma is a rare but highly fatal cancer that usually occurs in the thin membranes surrounding the chest cavity or abdominal cavity. The only well-established risk factor for mesothelioma is exposure to asbestos fibers; 62 to 85% of all malignant mesothelioma cases reported having prior exposure to asbestos.[3] Mesothelioma is a disease of long latency, typically with 20-40 years between exposure and onset of disease.[8] Data are for persons 15 years and older who have been newly diagnosed with malignant mesothelioma. There are approximately 61 newly diagnosed malignant mesothelioma cases per year in Louisiana and 2,855 in the United States. The number of malignant mesothelioma cases in person age 15 and older in Louisiana ranged from 51 to 70.

Annual Number of Malignant Mesothelioma Cases, Age 15 years and older; Louisiana and United States, 2004-2011

	2004	2005	2006	2007	2008	2009	2010	2011
Louisiana	64	51	70	55	61	62	66	59
United States	2,759	2,691	2,637	2,872	3,003	2,921	2,850	3,108



Data Sources: Louisiana State University (LSU)'s Louisiana Tumor Registry; U.S. data: the North American Association of Central Cancer Registries (NAACCR); rates are calculated using 2010 U.S. Census Bureau data

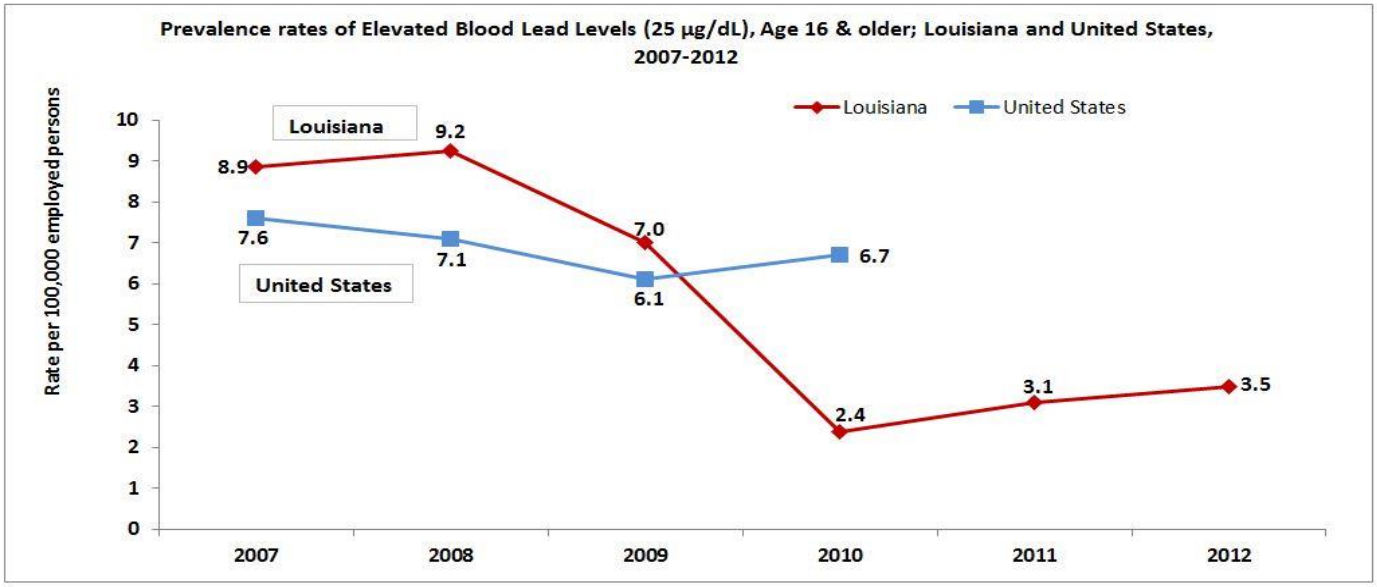
Indicator 13: Louisiana's Elevated blood lead levels among adults

Blood lead level (BLL) is a measure of recent exposure to lead. Over 90% of adults with elevated blood lead levels are exposed in the workplace and the majority of these through the inhalation of lead-containing dust and fumes. Occupations at greatest risk of exposure include battery manufacturing, soldering (electrical components and automobile radiators), refinery workers, lead smelters, sandblasters, and bridge and construction workers.[9] Lead dust can be taken home on the worker's clothing, shoes and personal protective equipment, which may pose significant health risks to young children and pregnant or nursing women in the home.

Louisiana law requires healthcare providers, laboratories and physicians to report the results of all blood lead tests, regardless of level, to the Louisiana Department of Health & Hospitals. Cases with blood lead levels (BLLs) ≥ 25 µg/dL for males or ≥10 µg/dL for females are investigated to determine the source of exposure. More than 80% of all elevated adult BLLs received by SEET are males, and more than 85% of the BLLs 25 µg/dL or greater are work-related exposures. In 2010, at least 2 battery manufacturers/recyclers which significantly contributed to the number of reported lead tests closed; this resulted in a sharp decline in the number of elevated lead tests between 2009 and 2010. However, an increase in the number of construction projects and subsequent blood lead testing may account for the uptick in lead reports from 2011 and beyond. The number of reported adult residents in Louisiana with elevated BLL (≥10 µg/dL) ranged from 287 to 425.

Number of Reported Adult Residents with Elevated BLL, Louisiana, 2007-2012

	2007	2008	2009	2010	2011	2012
10 µg/dL	398	425	381	287	309	382
25 µg/dL	170	153	135	46	59	67
40 µg/dL	45	55	21	9	16	10



Note: U.S. blood lead data are not available yet for 2011 or 2012.

Data Sources: Louisiana Occupational Health & Injury Surveillance (LOHIS) Program; U.S. data: Adult Blood Lead Epidemiology & Surveillance System (ABLES); rates are calculated using Bureau of Labor Statistics' Current Population Survey

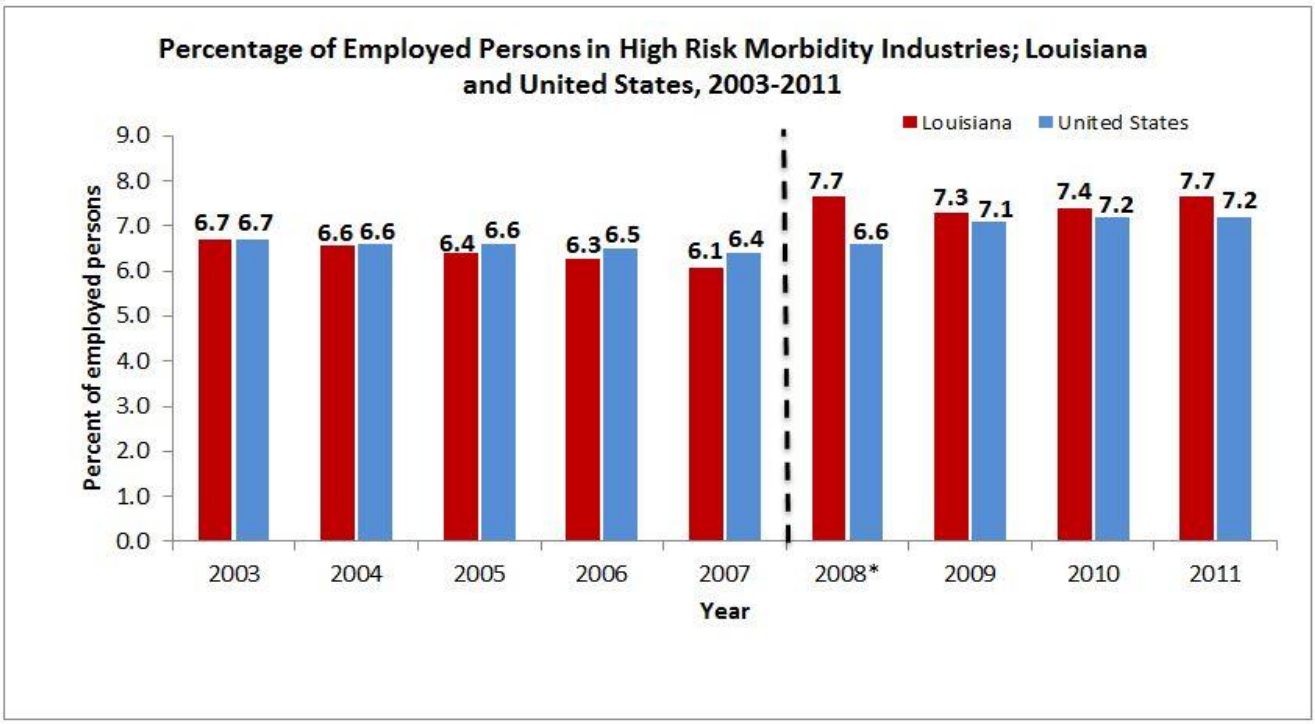
Indicator 14: Louisiana's Workers employed in industries at high risk for occupational morbidity

Workers in certain industries sustain non-fatal injuries and illnesses at much higher rates than the overall workforce. The proportion of the workforce that is employed in these high-risk industries varies by state. This variation can help explain differences in injury and illness rates among states.

In 1999, the Bureau of Labor Statistics (BLS) estimated that nationally there were 5.7 million injury and illness cases within the private sector, which was equivalent to 6.3 cases per 100 full-time workers.[10] Twenty-five industries had occupational injury and illness rates more than double the national rate. Workers in these industries made up 6% of the national private sector workforce, but 17% of the Occupational Safety and Health Administration (OSHA)-reportable injuries and illnesses. These 25 industries comprised the "high-risk" industries for this occupational health indicator.

Average Percentage of Employed Persons in High Risk Morbidity Industries; Louisiana and United States, 2003-2011

Combined Years	**Louisiana**	**United States**
(2003-2007)	6.4	6.6
(2008-2011)	7.5	7.0



*The composition of industries that make up 'high-risk' industries in this indicator changed in 2008.

Data Sources: U.S. Census Bureau County Business Patterns

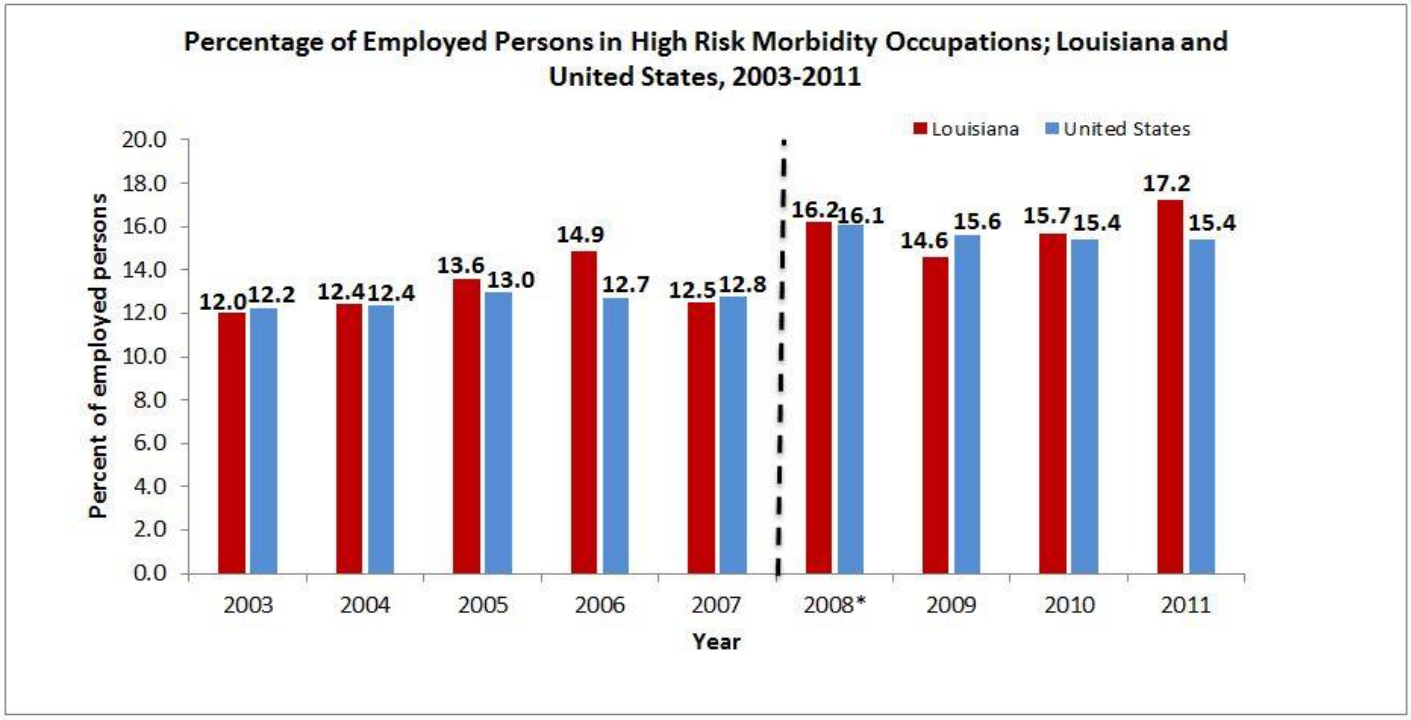
Indicator 15: Louisiana's workers employed in occupations at high risk for occupational morbidity

Workers in certain occupations sustain non-fatal injuries and illnesses at much higher rates than the overall workforce. The proportion of the workforce that is employed in these high-risk occupations varies by state. This variation can help explain differences in injury and illness rates among states.

In 1999, the Bureau of Labor Statistics (BLS) estimated that nationally there were 1.7 million injury and illness cases within the private sector that resulted in days away from work.[10] This was equivalent to 1.9 cases per 100 full-time workers. Twenty-three occupations had injury and illness rates of more than 5 per 100 full-time workers - more than two-and-a-half times the overall rate. While workers in these occupations made up only 6% of the national private sector workforce, they accounted for 27% of cases with one or more days away from work. These 23 occupations comprised the "high-risk" occupations for this occupational health indicator.

Average Percentage of Employed Persons in High Risk Morbidity Occupations; Louisiana and United States, 2003-2011

Combined Years	**Louisiana**	**United States**
(2003-2007)	13.1	12.6
(2008-2011)	15.9	15.6



*The composition of occupations that make up 'high-risk' occupations in this indicator changed in 2008.

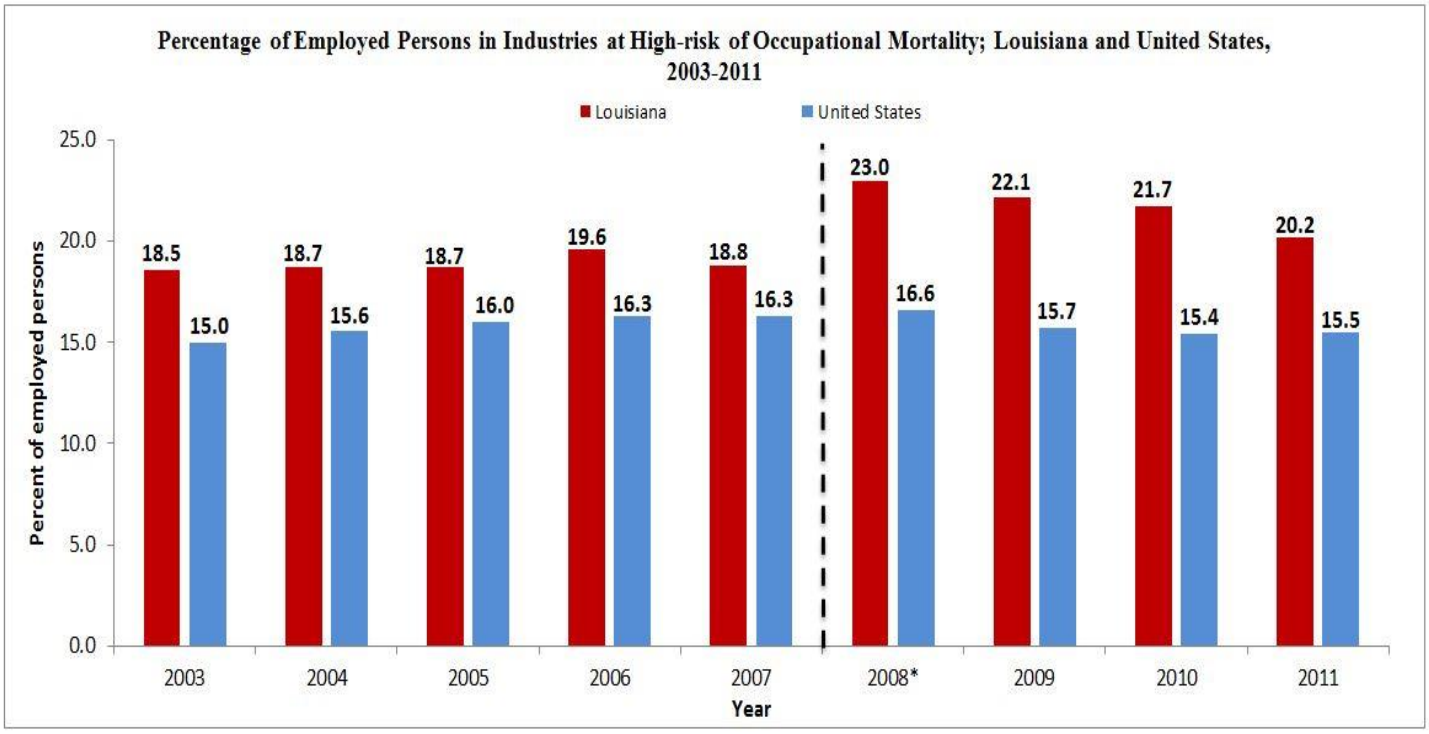
Data Sources: U.S. Census Bureau County Business Patterns

Indicator 16: Louisiana's Industries & Occupations at High Risk of Occupational Mortality

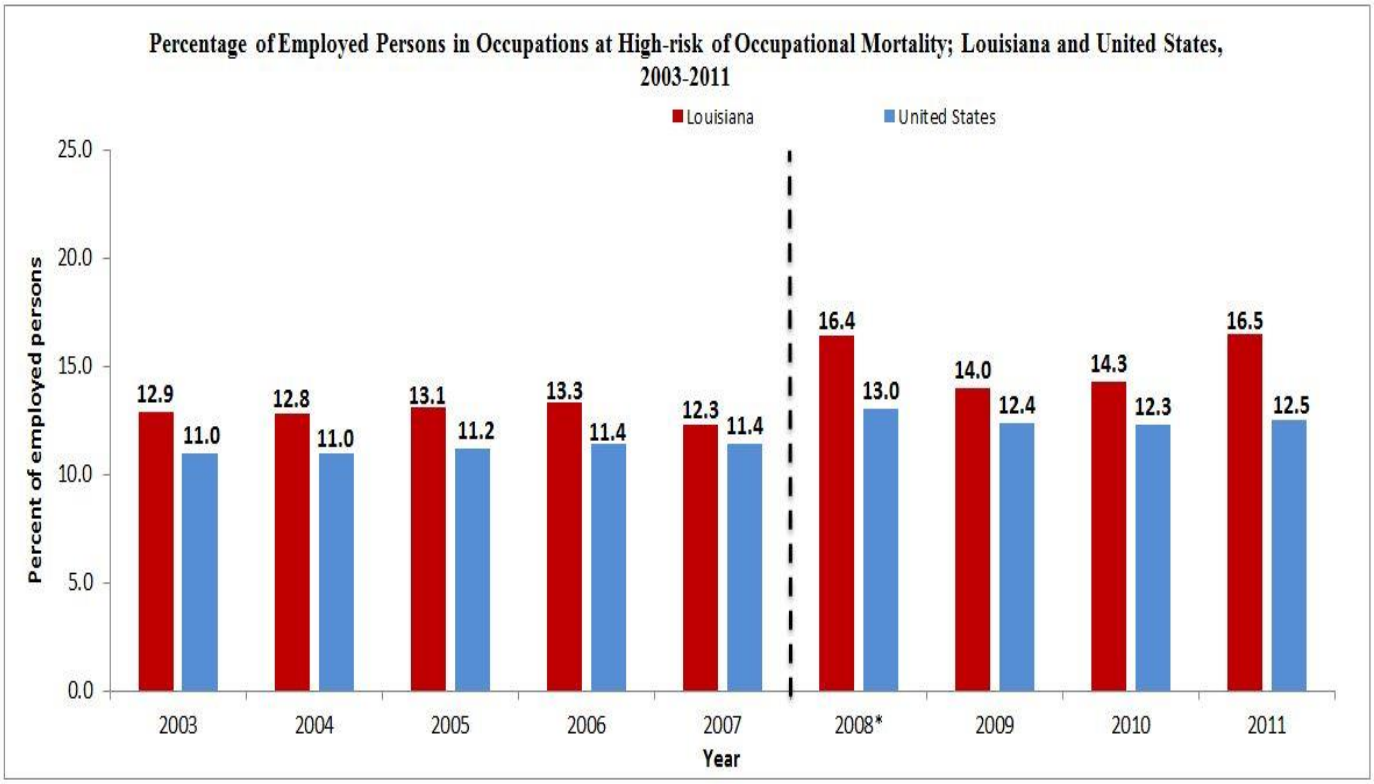
Workers in certain industries and occupations sustain fatal injuries at much higher rates than the overall workforce. The proportion of the workforce that is employed in these high-risk industries and occupations varies by state. This variation can help explain differences in injury mortality rates among states. In 1998, there were 6,055 work-related injury deaths in the United States, according to the Census of Fatal Occupational Injuries (CFOI), which is administered by the Bureau of Labor Statistics (BLS).[10] This was equivalent to 4.5 deaths per 100,000 workers.

Twenty-seven industries had injury fatality rates greater than 10 deaths per 100,000 workers in 1998. Workers in these industries comprised 14% of the private sector workforce, but sustained 58% of the fatal work-related injuries that year. Twenty-four occupations had fatality rates greater than 20 per 100,000. Workers in these occupations made up 6% of the private sector workforce, but sustained 45% of the fatalities. These 27 industries and 24 occupations comprised the "high-risk" groups for this occupational health indicator.

Average Percentage of Employed Persons in Industries and Occupations of High Risk Mortality Occupations; Louisiana and United States, 2003-2011				
Combined Years	Industries		Occupations	
	Louisiana	**United States**	**Louisiana**	**United States**
(2003-2007)	18.9	15.8	12.9	11.2
(2008-2011)	21.7	15.8	15.3	12.6



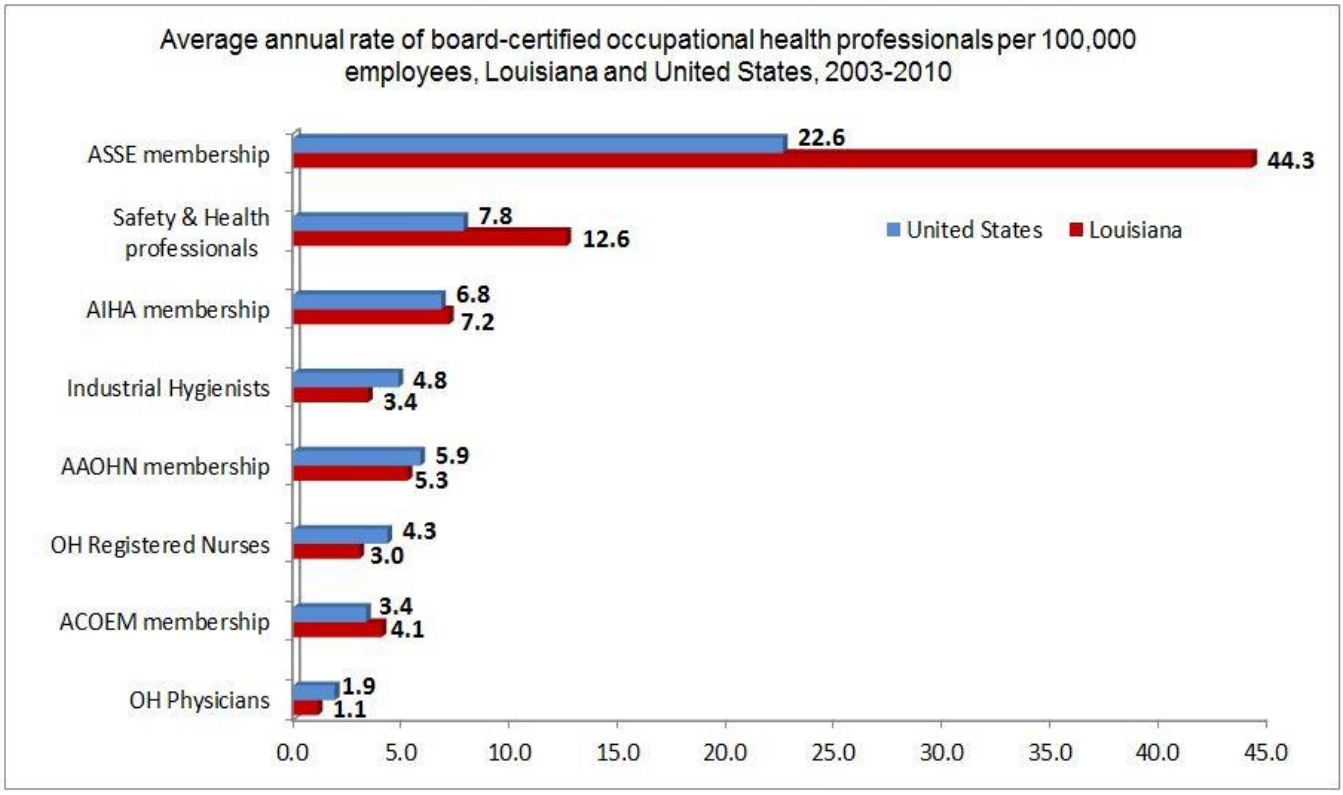
* The increase in 2008 was due to changes in the designation of high risk industries and occupations.



Data Source: Bureau of Labor's Current Population Survey

Indicator 17: Louisiana's Occupational Safety and Health Professionals

Occupational safety and health professionals share the common goal of identifying workplace hazards and preventing or reducing workers' risks to these hazardous conditions or processes. According to the Institute of Medicine, an estimated 75,000 to 125,000 occupational safety and health professionals actively participate or are eligible to participate in professional societies, e.g., industrial hygiene, occupational safety, occupational health nursing, occupational medicine.[11] This indicator includes numbers and rates of occupational safety and health professionals who are board-certified occupational medicine physicians, members of the American College of Occupational and Environmental Medicine (ACOEM), board-certified occupational health nurses, members of the American Association of Occupational Health Nurses (AAOHN), board-certified industrial hygienists, members of the American Industrial Hygiene Association (AIHA), board-certified safety professionals, and members of the American Society of Safety Engineers (ASSE). The following specialties are not included in this indicator: fire prevention, occupational health psychologists, health physicists, employee-assistance professionals, ergonomists and health educators.



*AAOHN membership data are not available for 2010.

Data Sources: Current member rosters of listed health and safety professional memberships; rates are calculated using Bureau of Labor Statistics' Current Population Survey

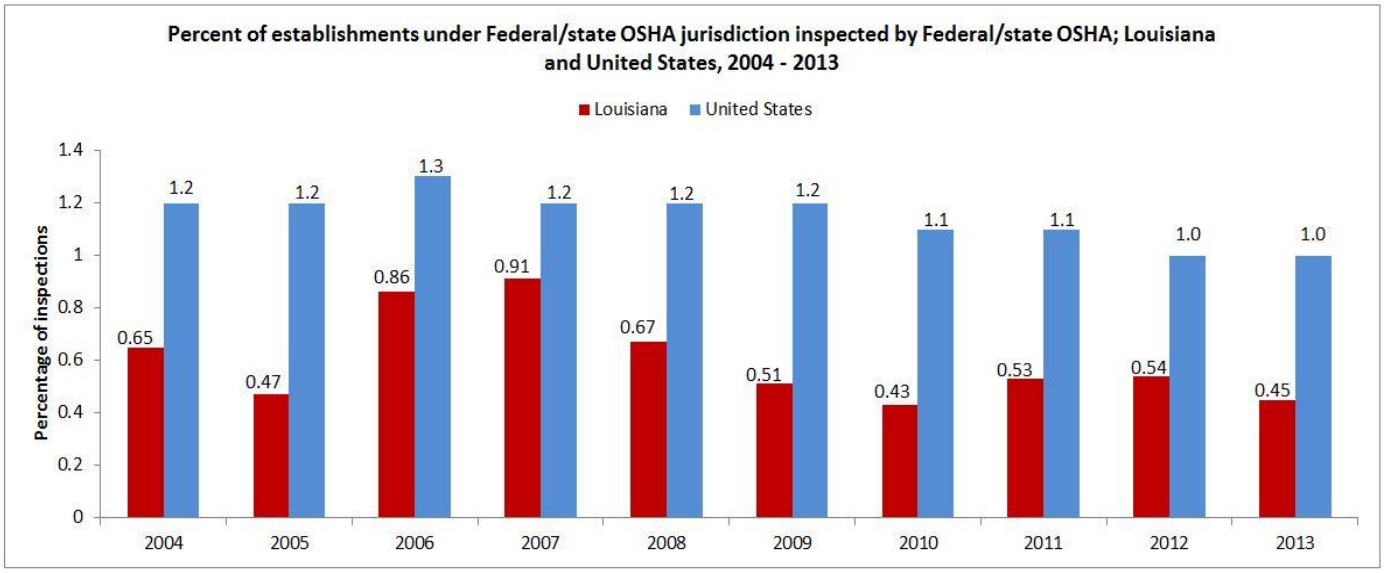
Indicator 18: Louisiana's Occupational Safety and Health Administration (OSHA) Enforcement Activities

The Occupational Safety and Health Administration (OSHA), which is part of the U.S. Department of Labor, is a federal regulatory agency that sets and enforces standards to protect worker safety and health. Employers are required to provide a workplace that is safe from recognized hazards, according to the OSH Act.[12] OSHA's federal and state plan jurisdictions includes private sector employers and excludes the mining industry, self-employed, farm and government workers, with some exceptions. There are almost 8 million worksites that fall under OSHA jurisdiction nationwide. Worksite inspections can occur without prior notification to employers, either on-site or by telephone/fax; inspections may be triggered by worker complaints, sites involving imminent danger, other agency referrals, high injury/illness reports, a worker fatality or observation of hazardous work conditions by an OSHA Compliance Officer.

Annual OSHA worksite inspections in Louisiana are conducted by the OSHA-Baton Rouge Area Office. The average annual percentage of OSHA-covered establishments eligible for inspection that were inspected by Federal/State OSHA from 2004-2013 was 0.62% (707) out of an average of 118,768 eligible establishments for Louisiana and 1.2% (97,730) out of an average of 8,576,485 eligible establishments in the United States.

Annual number of establishments eligible for and inspected by Federal/state OSHA; Louisiana and United States, 2004 - 2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Louisiana										
Total Number of establishments eligible for OSHA inspection	109,561	119,406	115,100	113,708	117,453	118,475	122,088	123,043	124,119	124,726
Annual number of establishments inspected	709	533	989	1,033	797	601	521	649	674	564
United States										
Total Number of establishments eligible for OSHA inspection	8,364,795	8,211,286	8,421,089	8,595,768	8,702,901	8,621,891	8,607,674	8,686,344	8,734,543	8,818,558
Annual number of establishments inspected	96,838	96,238	107,610	104,010	100,548	100,245	98,788	93,231	91,550	88,239

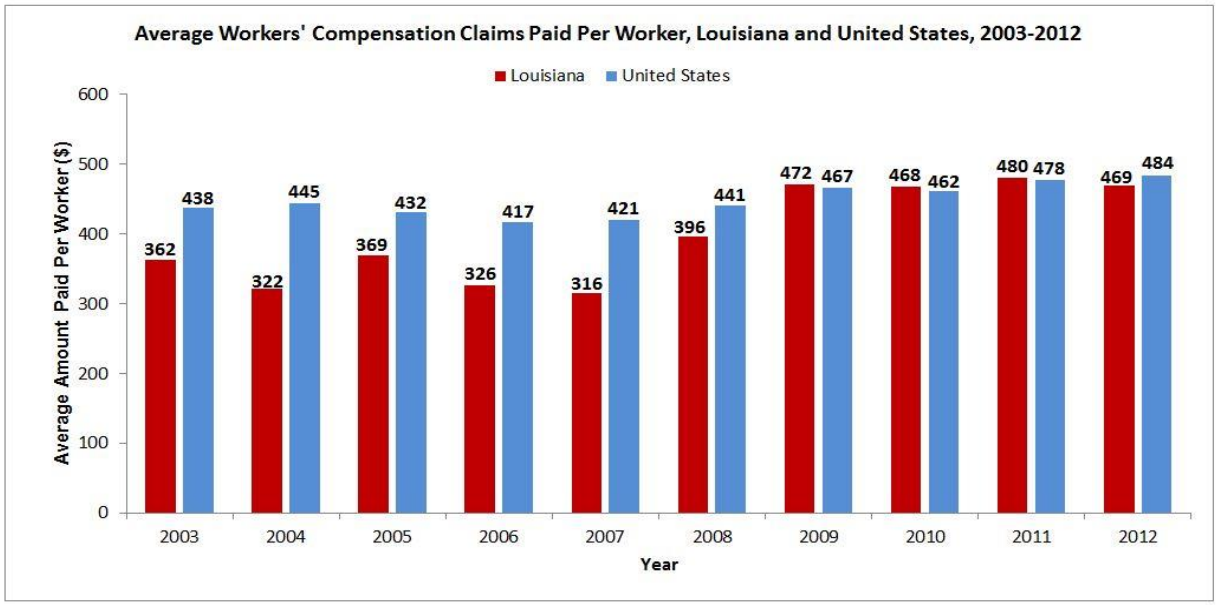


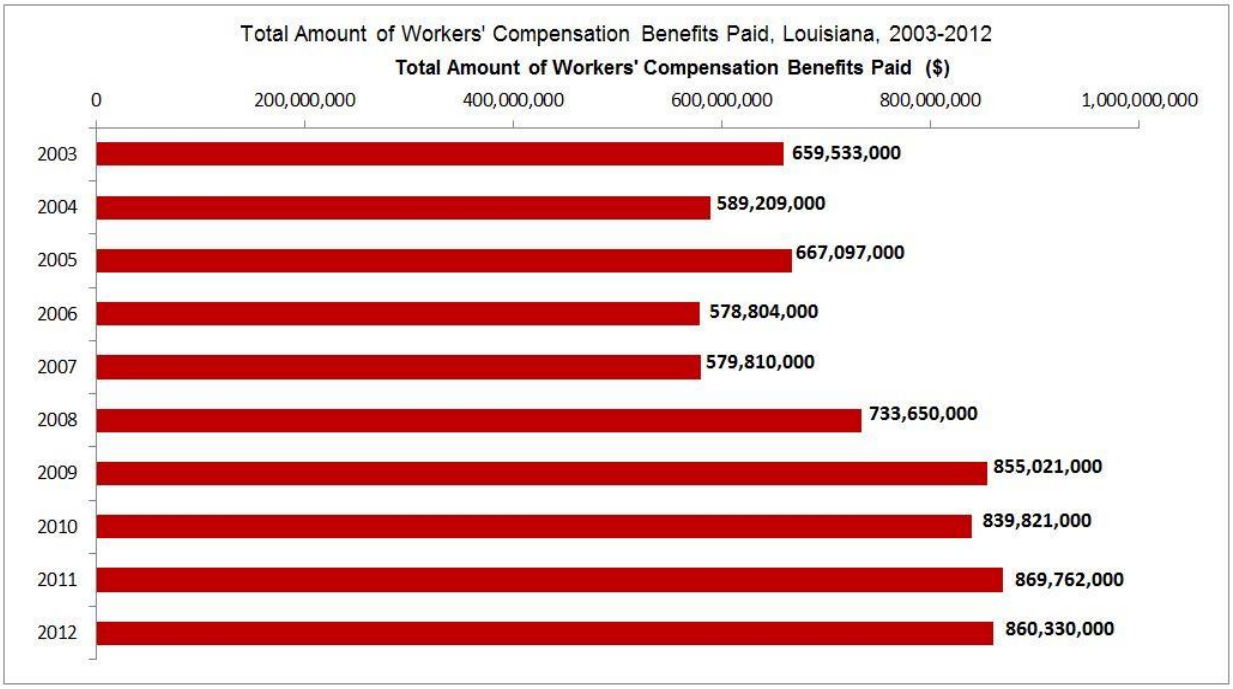
Data Sources: OSHA's Office of Statistics; Bureau of Labor Statistics' Covered Employers and Wages (ES 202)

Indicator 19: Louisiana's Workers' Compensation Awards

Workers' compensation, introduced in the U.S. in 1911, is a state-based social insurance program that guarantees financial compensation for workers who become injured or ill on the job and limits employers' liability.[6] The amount of benefits paid is directly related to the financial costs of work-related injuries and illnesses, yet it does not reflect the true burden. Indirect costs, both to the employer and employee, are not factored into the compensation, and some workers who are otherwise eligible for workers' compensation benefits do not file claims. Additionally, some workers are excluded from workers' compensation including maritime, railroad, federal and agricultural workers, and self-employed.

Workers' compensation claims in Louisiana cost an average of $723 million per year between 2003-2012.





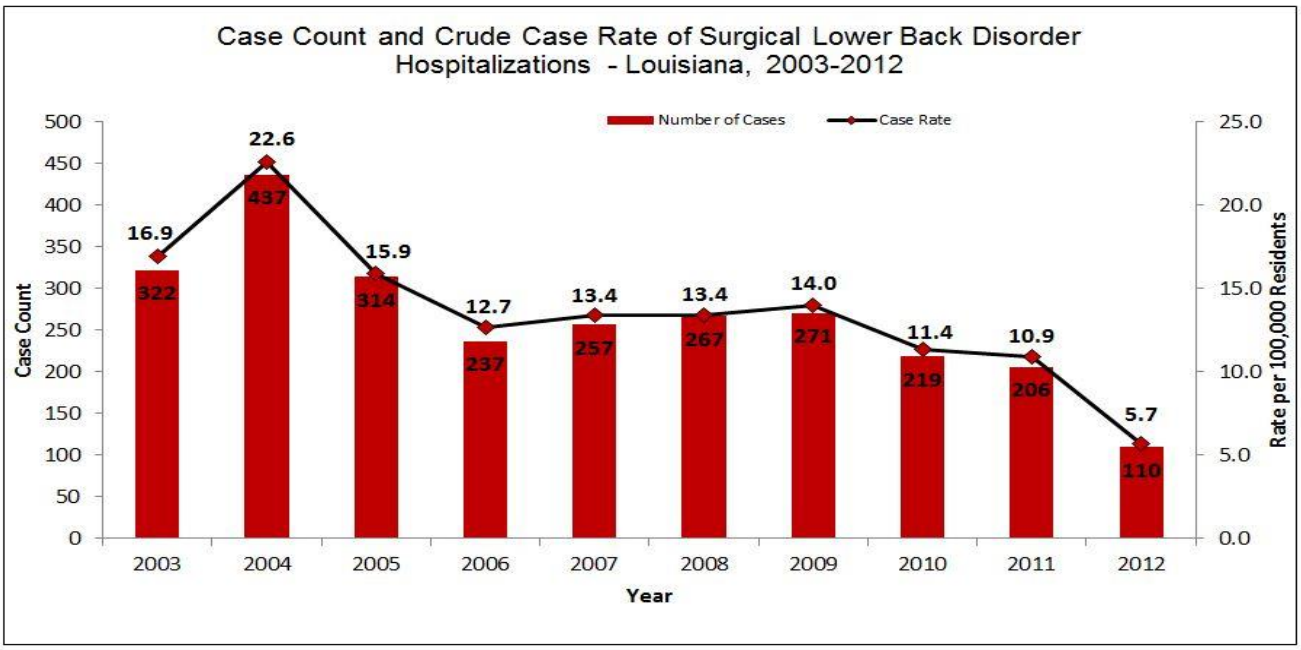
Data Sources: National Academy of Social Insurance (NASI)

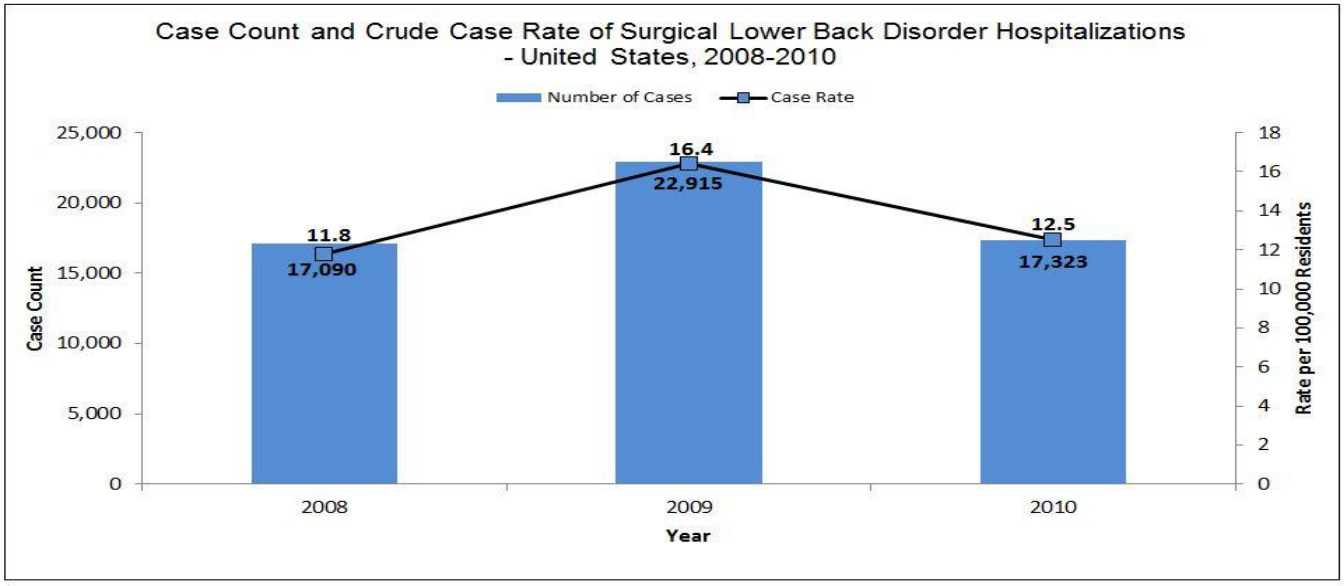
Note: Workers' compensation eligibility criteria and availability of data from workers' compensation programs varies among states, prohibiting state-level data from being directly compared to other states or with national estimates.

Indicator 20: Louisiana's Work-Related Low Back Disorder Hospitalizations

Low back pain is reported by 15%-20% of Americans annually, resulting in more than 100 million lost workdays and more than 10 million physician visits.[13] Almost two-thirds of all low back pain cases may be attributed to work-related factors, according to National Health Interview survey data. Back pain accounts for roughly 20% of all workers' compensation claims, but comprises about 40% of workers' compensation costs. More than $19.8 billion was spent in 2003 in total costs from loss of productivity due to back pain. Hospitalizations due to back pain are costly in terms of reduced job performance and productivity, expensive medical treatment payments, physical impairment and disability and time spent away from work. Some moderate-to-severe cases of lower back pain may require surgery in order to correct the underlying issues.

Data shown include hospitalizations for surgical lower back disorders for adults age 16 years and older. U.S. surgical low back pain disorder hospitalization data prior to 2008 are not available, and 2011-2012 data are not yet available.





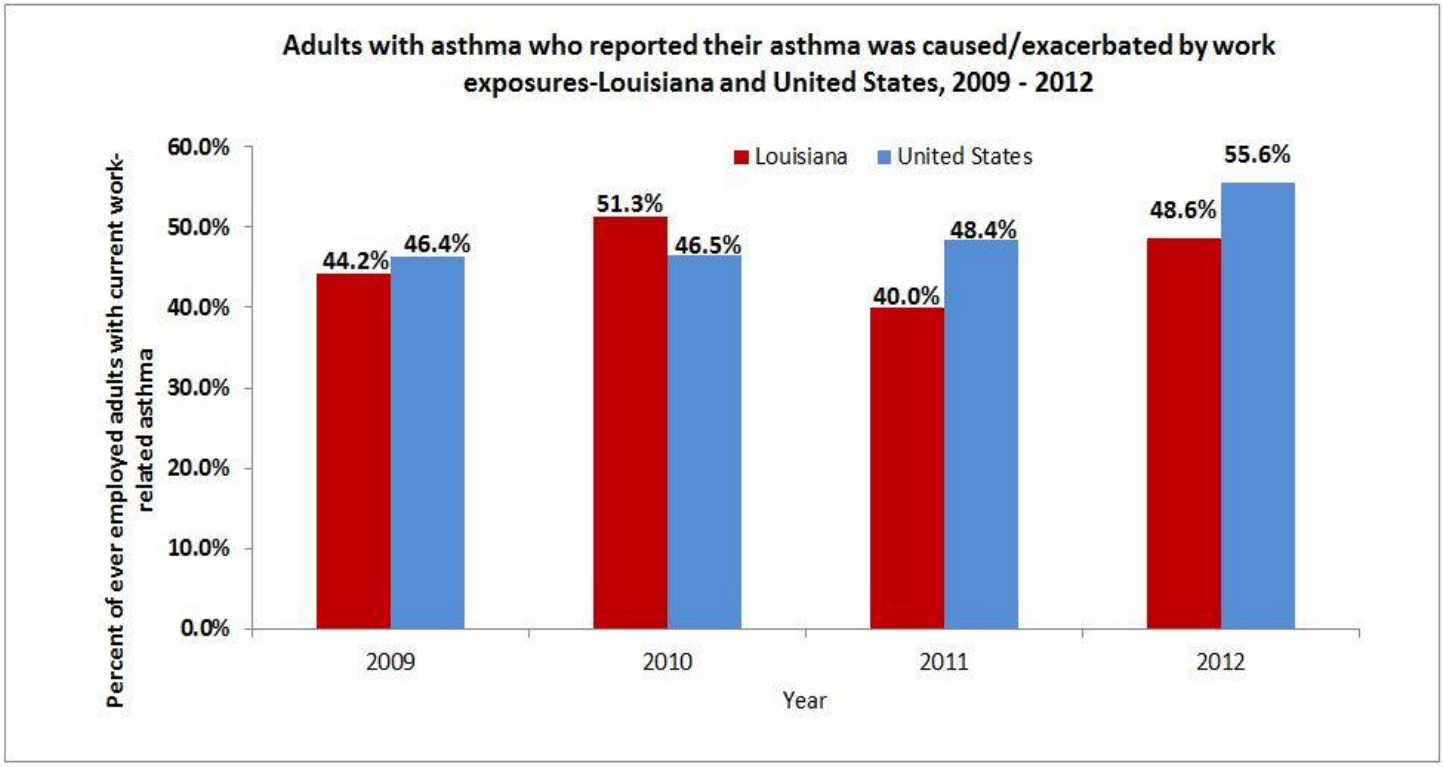
Data Sources: Louisiana Hospital Inpatient Discharge data; U.S. data: National Hospital Discharge Survey; rates were calculated using Bureau of Labor Statistics' Current Population Survey data

Note: Workers' compensation eligibility criteria and availability of data from workers' compensation programs varies among states, prohibiting state-level data from being directly compared to other states or with national estimates.

Indicator 21: Louisiana's Work-Related Asthma

Asthma is characterized by chronic inflammation of the lungs, wheezing, shortness of breath, chest tightness and persistent coughing. More than 18 million U.S. adults have asthma, and one in ten adults in Louisiana suffers from asthma in his or her lifetime.[1,14] Work-related asthma (WRA) is diagnosed when asthma symptoms may be aggravated or caused by the work environment and temporal association is probable. If detected early and further exposures are reduced, work-related asthma may be reversible. Approximately 36-58% of adult asthma cases in the U.S. may be work-related; however, work-related asthma continues to be underdiagnosed. Common asthma triggers are: mold, cockroach parts, animal dander, pollen, grass, dust mites, environmental tobacco smoke, fires, cleaning products, exercise, respiratory infections and occupational exposures (e.g., isocyanates).

Louisiana's Centers for Disease Control's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) Asthma Callback Survey (ACBS) results show, on average from 2009 to 2012, 61,134 (46% of respondents) ever-employed adults with current asthma in Louisiana reported that their asthma was caused or exacerbated by work exposures.



*U.S. data uses the median annual percentage of ever-employed adults with current asthma caused or exacerbated by work for the following number of states: 36 in 2009, 39 in 2010, 40 in 2011 and 42 in 2012. U.S. data for 2011 forward are not comparable due to changes in weighting methods.

Data Source: Louisiana's Behavioral Risk Factor Surveillance Survey's (BRFSS) Asthma Call-back survey (ACBS); U.S. data: CDC's BRFSS/ACBS

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