

8. Occupational Safety and Health

Goal

Promote worker health and safety through prevention and early intervention.

Overview

Currently, Kentucky's occupational fatality rate is 7.0 deaths per 100,000 workers (Kentucky Fatality Assessment and Control Evaluation (FACE) program data, 2004), 72.5 percent above the national rate of 4 per 100,000 workers. The nonfatal worker injury rate is also greater in Kentucky at 6.4 injuries and illnesses per 100 workers compared to a total worker injury rate of 5.0 injuries and illnesses per 100 workers nationwide (Bureau of Labor Statistics [BLS], 2004). FACE data indicate that a total of 2,248 years of potential life were lost (YPLL) in 2003 due to work-related injuries. Lost future productivity attributable to these injuries is an estimated \$65.2 million dollars.

From 1994 through 2004, 1,445 Kentucky workers were killed on the job, averaging 131 per year (Kentucky FACE data). Kentucky's occupational fatality rates are in the range of twice as high as national rates in agriculture, forestry, fishing, transportation, and mining.

Summary of Progress

While interventions have been developed for the workplace, targeted prevention interventions are needed in the transportation and construction sectors. Kentucky's construction worker fatal injury rate has not improved since 1998.

Strides have been made in the agriculture, forestry, and fishing industry sectors for the prevention of occupational injuries. Tractor rollover protection structures (ROPS) continue to be promoted by disseminating prevention materials, FACE tractor report text analysis results, and a CD developed by the Community Partners for Healthy Farming project. These materials focus on reducing tractor fatalities by retrofitting tractors with a ROPS and encouraging safe tractor operation through public service announcements, exercises, simulations, motor vehicle crash prevention materials, and other similar materials. This information is designed to be used by local health educators and injury prevention coordinators.

Statewide nonfatal occupational injury and illness surveillance will begin in 2005 for a number of injuries and illnesses, including pneumoconiosis hospitalizations and mortality, occupational poisonings, blood lead levels, amputations, work-related burns, malignant mesothelioma incidence, and carpal tunnel syndrome, among others. This program will bring a consistent approach to the analysis of existing data sets through

the use of uniform methods, results, and interpretation of findings within Kentucky and among states.

Progress toward Achieving Each HK 2010 Objective

8.1. Reduce deaths from work-related injuries to no more than 5.5 per 100,000 full time workers. (See Revision)

8.1R. (REVISION) Reduce deaths from work-related injuries to no more than 3.6 per 100,000 full-time workers.

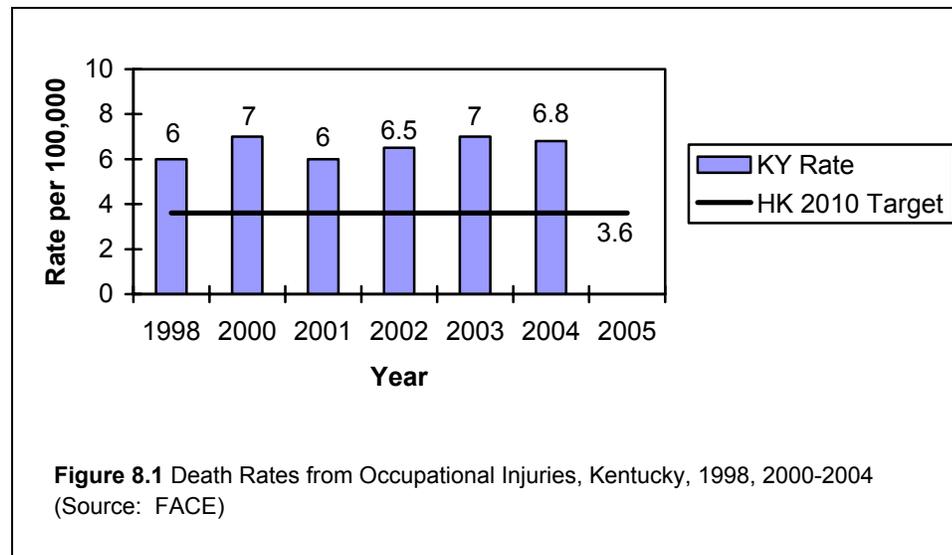
Reason for Revision: The baseline was not correct for 1998. The occupational fatality rate for 1998 was 6.0 per 100,000 not 11 per 100,000.

Data Source: Fatality Assessment and Control Evaluation (FACE) data, Kentucky Injury Prevention and Research Center

Baseline: 6 per 100,000 in 1998

HK 2010 Target: 3.6 per 100,000

Mid-Decade Status: 6.8 per 100,000 in 2004



Strategies to Achieve Objective:

- Support programs to accomplish statewide injury surveillance in order to develop the data sets that identify occupational injury risk factors

- Quantify and prioritize risk factors through analytic injury research projects
- Identify existing strategies and develop new strategies to prevent occupational injuries (prevention and control)
- Implement the most effective injury control measures by communication, dissemination, and technology transfer
- Monitor the results of intervention efforts (evaluation)

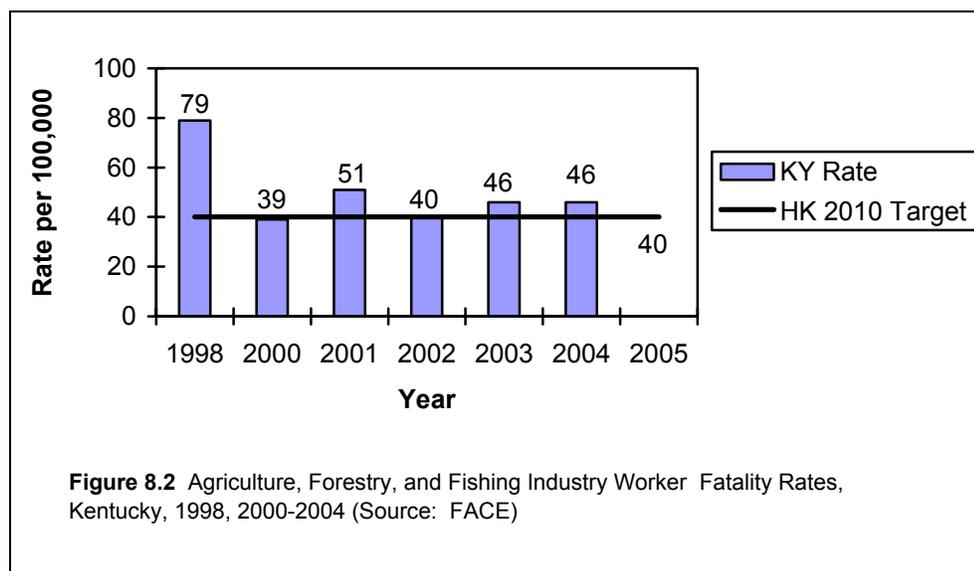
8.2. Reduce deaths from work-related injuries among agriculture and forestry occupations to no more than 40 per 100,000 full time agricultural, forestry, and fishing workers.

Data Source: FACE data, Kentucky Injury Prevention and Research Center

Baseline: 79 per 100,000 in 1998

HK 2010 Target: 40 per 100,000

Mid-Decade Status: 46 per 100,000 in 2004



Strategies to Achieve Objective:

- Support programs to accomplish statewide injury surveillance in order to develop the data sets that can identify occupational injury risk factors
- Quantify and prioritize risk factors through analytic injury research projects

- Identify existing strategies and develop new strategies to prevent occupational injuries (prevention and control)
- Implement the most effective injury control measures by communication, dissemination, and translation
- Monitor the results of intervention efforts (evaluation)

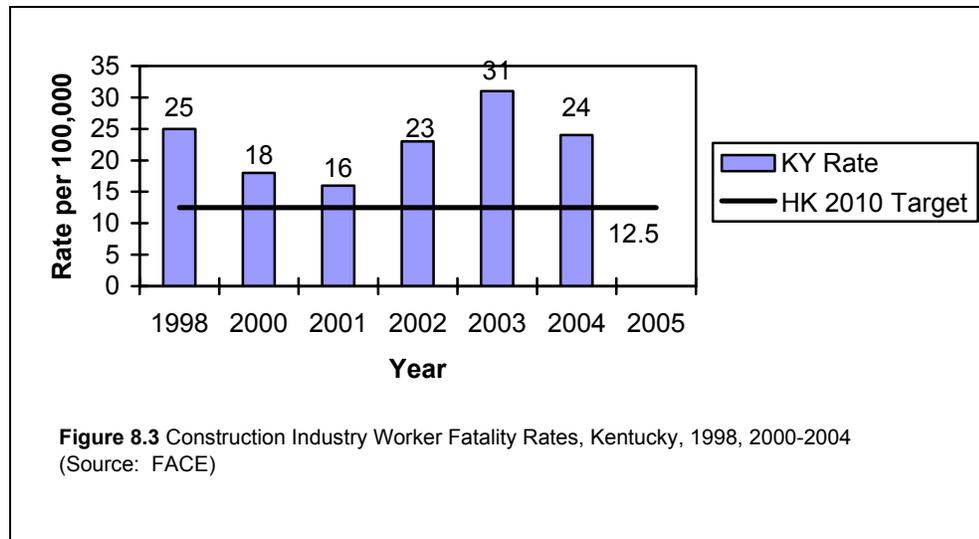
8.3. Reduce deaths from work-related injuries among construction occupations to no more than 12.5 per 100,000 fulltime construction workers.

Data Source: FACE data, Kentucky Injury Prevention and Research Center

Baseline: 25 per 100,000 in 1998

HK 2010 Target: 12.5 per 100,000

Mid-Decade Status: 24 per 100,000 in 2004



Strategies to Achieve Objective:

- Same as for Objective 8.2

8.4. (Developmental) Reduce the number of work-related disorders by 10 percent. (See Revision)

8.4R. (REVISION) Reduce the number of pneumoconiosis deaths by 10 percent.

Reason for Revision: The original objective was too broad. Since Kentucky has the 2nd highest pneumoconiosis incidence rate in the nation, a reduction in pneumoconiosis deaths by 10 percent, a current national Healthy People 2010 objective, is an appropriate Kentucky objective.

Data Sources: Kentucky Vital Statistics Surveillance System, death certificate files will be utilized.

Baseline: Not yet determined

HK2010 Target: 10 percent improvement over baseline

Mid-Decade Status: Not yet determined

Strategies to Achieve Objective:

- This data will soon be collected by the Kentucky Injury Prevention and Research Center and the Kentucky Department for Public Health. Appropriate strategies will be developed following analysis of the data.

References

- Bureau of Labor Statistics. (2004). *Incidence rates of nonfatal occupational injuries and illnesses by industry and case type, 2003*. US Department of Labor, Washington, DC:
- Bureau of Labor Statistics. (2004). *Census of Fatal Occupational Injuries, 2003*. Washington, DC:, United States Department of Labor.

Contributors

- Terry Bunn, PhD, Manager, Occupational Injury and Illness Prevention Program Kentucky Injury Prevention and Research Center, University of Kentucky, Chapter Coordinator
- Deborah Wingate, Director, Information and Research, Kentucky Office of Workers' Claims
- Julia Costich, PhD, Director, Kentucky Injury Prevention and Research Center, University of Kentucky

8. Occupational Safety and Health – Summary Table

Summary of Objectives for Occupational Safety and Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
8.1R. Reduce deaths from work-related injuries to no more than 3.6 per 100,000 full time workers.	6/ 100,000 (1998)	≤3.6/ 100,000	6.8 / 100,000 (2004)	No	FACE
8.2. Reduce deaths from work-related injuries among agriculture and forestry occupations to no more than 40 per 100,000 full time agriculture, forestry, and fishing workers.	79/ 100,000 (1998)	≤40/ 100,000	46/ 100,000 (2004)	Yes	FACE
8.3. Reduce deaths from work-related injuries among construction occupations to no more than 12.5 per 100,000 full-time construction workers.	25/ 100,000 (1998)	≤12.5/ 100,000	24/100,000 (2004)	Yes	FACE
8.4R. Reduce the number of pneumoconiosis deaths by 10 percent.	Data not yet available	Reduce by 10%	Data not yet available	TBD	

R = Revised objective

TBD = To be determined. No reliable data currently exist.