

2014-2015 MPHA "Public Health Matters" Policy Forum Series



October 24, 2014... where we work

Policy Forum Notes

Moderator: Lindsey Fabian, MPH

Introduce panelists:

- 1. Adrienne Landsteiner, PhD, Epidemiologist, Center for Occupational Health and Safety, MN Dept. of Health
- 2. Karen Monahan, Sierra Club
- 3. Libby Starling from the Met Council and the Thrive 2040 planning project

Adrienne: Mission of MDH center for Occupational Health and Safety. The majority of the work is supported under cooperative agreement with NIOSH. Have 21 indicators relevant to health and safety in MN. Use those to create measures throughout the state. All data posted on our website. Looking at youth, new employees in the workplace balancing school and work. Developed a curriculum for rural youth. Also have work related asthma, #1 respiratory disease related to work. Utilizing data sets with injuries in specific populations. Farming population is one of the first populations analyzed. Farmers not captured in OSHA or workers comp. Farm injury data not easily available. Its hard to find appropriate data sources. People don't ask about work and related exposures or risks. Zip code data tends to only focus on home, not work. These are unique challenges for occupational safety. Workers comp system is incomplete. Dept. of Labor survey of workplace injuries, worked with them on health and retail workforce.

Karen: Environmental justice work – which communities have the dirtiest polluters like garbage incinerator? Asthma is the leading cause of missed school. Link that to drop out rates and social service use, or even crime and incarceration. Issues around race, class, health, jobs, wages, incarceration. I work around the state, but primarily in North Mpls. MDH put out great asthma map. 55411 zip code has one of the highest rates of asthma in the state, and the highest unemployment disparities in the country. One of the highest educational achievement gaps in the country. All issues are linked. The hidden costs of pollution is a key issue we work on. The first ever federal carbon rule – working with the MPCA to implement the rule and assure MN has one of the strongest rules in the country. Also the taconite, harbor, and clay boswell coal burning power plants with expired permits. Want the MPCA to require them to follow clean air act.

Libby: I'm a data person. How many people walked here? How many biked here? Took transit? Going to work all this week – who walked, biked, took transit? 91% -30%. I'm from the Met Council we're responsible for regional parks, wastewater treatment and transportation and land use over the future. I'm not a public health person, but the work we do intersects the work of MPHA and public health. Land use is what types of use is allowed or encouraged? Industrial, residential, commercial – where is it used? Also intersects with the transportation access and jobs. U of M study shows in our region 91% of people drive to work (includes carpool), 5% bike, 2% walk. The amount of hours spent in the car increase obesity by 6%. Transit users take 30% more steps per day than drivers. The choice is driven by design. How do we plan so walking isn't recreational but regular part of our lives? 50-60 years ago our neighborhoods are designed that way. How do we go back to that?

Lindsey: Panelists, please give examples of in your work, where groups have come together to work on health equity?

Libby: In government there are conversations about aligning met council and MDH leaders and depts. And their work on health equity. Room to grow but it's happening. In the legislature more funding for transit to have access to high quality transit. There is emerging work in leveraging community design to encourage use of transit. East Metro Strong is working with 3 counties on transit oriented communities.

Karen: MPCA and community members in North Mpls, there is a HERC garbage incinerators and auto recycling in that area. 25 different social justice, faith based, school board, MN Nurses Assoc. to request Cmr. John Stine, MDH and EJ communities to have quarterly meetings. Asked for a budget to high EJ intern of color, and an oversight committee to ensure rules are implemented and monitored. Also something like the EPA's 2014 community plan. Those are some ways gov. agencies and communities are working together.

Adrienne: We are working with MNOSHA to work on elevated lead. But want to get to work related asthma and started discussions on that. Getting reports to us so we can do interventions. We want to promote the work we do with our regulatory partners and collaborate on targeted inspections. And promote available resources at the federal level. If OSHA can't go into a worksite, but can make a request through NIOSH, so help people work through that system.

Lindsey: With elections coming up, what are the issues you are looking to in the next session?

Libby: Transportation funding, and what role transit plays inside it. That's the biggest initiative in the legislative context. Everything else is secondary to that.

Karen: Bill with Karen Clark on EJ, passed to protect South Mpls area. Want to expand to whole state of MN.

Adrienne: very little state money comes to us, we are a federal funded.

LF: Can touch on a great success or progress you've made with workplace issues?

AL: Our indicators, have 2000-2011, only have state level because often numbers aren't big enough to break out by counties. But can monitor over time. Lead is starting to come down. But adult lead has plateaued. Want to see those levels come down. Need to update the OSHA standard last done in 1970. The best help would be if you could ask about work, record that information. Please collect the data – that's our mantra!

KM: Hennepin Co recovery Center – the incinerator by Target Field. Elections do matter. Henn Co and Covanta wanted to expand burning 20%. It spews dioxin out, and other pollutants. The coalition I mentioned before, did educational campaign during the elections. One mayoral candidate in primary was related to the HERC. Used that to get media attention on the expansion issue. Henn Co hearing I testified. Henn Co knew they didn't have city council votes so pulled the permit. And have had great interest from leaders on increasing recycling and composting.

LS: Monitoring progress: we are looking at the structure – how many light rail miles, bike trails, bus stops in region? Also usage. Monitor on a regular basis. Victory, ThriveMSP2040. This is the 30 year strategic plan. Met Council includes Equity and Livability in our strategic plan. In the livability outcome is active communities and lifestyle/health choices. Probably as a result of your work or your colleagues.

LF: If you could engage one person to move health equity and workplace issues, who would it be?

KM: MPHA! Truly. We can be strong allies to support each other's work. Can help with the health information. You'd be a great coalition partner.

LS: Breaking down partnerships at county level to get beyond the public works people who like to build things to expand to those that are using those things.

AL: People who can take our data and turn it into an intervention – want to work with someone who can take it to the next step.

LF: That's translational science, right! Thanks for saying that. Now for table discussions.

Audience Questions:

How can MN balance health equity in rural/urban areas and what are some areas where you see disparities in occupational health?

AL: A lot of the work we are doing is on statewide level so can't do a lot of urban vs rural comparision. Mesothelioma work comes to mind as it exists mostly in the Iron Range thanks to cancer surveillance at MDH. I can't break it down, that's one of our biggest gaps.

Audience member: Do you collect data on the slaughterhouses in rural areas? By industry? Where we see a lot of immigrants working.

AL: Survey done by BLS does get rates of injury and illness and can break down somewhat by industry. We utilize these secondary data sets, MN hospital discharge, this survey, census for fatal occ. Industries. This means we have a lot of limitations due to that, no control over what data we get. We are a huge ag state, 5th in the nation. \$21B in 2013. Hospital data codes used somewhat for this, but can't distinguish between farm and poultry industry.

LS: We do have data on where different types of industry exist in the region. We can see patterns of industry and geographic locations.

KM: The river by North Mpls, but the people that work there don't get the jobs. It's a false dichotomy to say it's your health or job. We have clean energy solutions.

What is community design and how has it changed?

LS: The biggest indicator is where the sidewalks are and where do they end? The newest parts in the region have wide streets and few sidewalks unless they are explicitly designed to encourage walking. We want to see design with walking in mind. With people in mind, not just cars.

LF: Using science based approaches, have their been effective interventions for encouraging health in the workplace?

KM: Green cleaning, using healthier products. Recycling, composting.

LS: Bike storage, transit passes, making stairs accessible.

AL: Total worker health campaign, worksite wellness program. To encourage worksite wellness programs. Bringing together our traditional worker health programs with access to places to exercise and affordable health care.

LF: How has urban farming impacted workplace?

KM: Urban farming is great! We have some happening now in urban areas. Just need to be sure the soil is safe.

LF: Susan Haig has said she thought a Public Health professional should be on the Met Council board, has that happened yet?

LS: Not yet that I know of. Just two days ago Susan H said she heard a dr in California talking about public health and transit. It's a hugely important issue, don't know when and how but will get better at this.

LF: Adrienne, how would you envision using the workplace data? Collecting immigrant population data?

AL: NIOSH has campaign to get workplace in EMR standards. At least where people work. Ideally we'd have occupational history. And asking can you describe what you do? There are different exposures depending on site. We can then glean out those occupations and sites where we see additional morbidity and mortality so we can be on the forefront instead of trying to catch up.

Immigrant status isn't collected well either. 2 data sources the BLS data doesn't have immigration status. Mn hospital discharge data doesn't have immigration status either. Xxx data does have it, looking at those higher risk industries, and looking to see if undocumented immigrants and racial minorities are more frequesntly employed in those higher risk occupations.

LF: Karen you mentioned South Mpls legislation, can you talk more about that?

KM: Karen Clark passed bill on cumulative effects of different industry, one reason the HERC incinerator was not located there. Wood burning sites were also not located there due to the law. Wanted to expand to North Mpls but couldn't get that passed. Rep Mullery trying to get it for North Mpls.

LF: Wraps up the Q&A panel discussion.

Kristen Godfrey Walters, MPHA President: Thanks to the policy forum for organizing. We have a rich network of public health professionals throughout the state.

MDH bio-surveillance person: Data available by asthma, COPD, by zip code. Want to use this data to drive action.

Up next: ...where we play-- Friday, January 23rd, 2015

Notes taken by Annie Halland