

**COLORADO
OCCUPATIONAL HEALTH AND SAFETY**

STRATEGIC PLANNING DOCUMENTATION
(FOR PUBLIC ACCESS)

MARCH, 2010 - JULY 2010
DENVER, COLORADO

INTRODUCING PARTICIPATORY PLANNING METHODS

The participatory methods used to facilitate the planning sessions for developing the Colorado Occupational Health Surveillance program are called ToP Methods (Technology of Participation) and are copyrighted by the Institute of Cultural Affairs West. The foundational values that are built into these ToP Methods are quite straightforward and are as follows:

Participation ...recognizing that each individual holds a piece of the puzzle and creating an environment of honor and trust, which elicits participation.

Teamwork... creating opportunities to work together in different configurations of small teams and to broaden dialogues, understanding and decisions.

Consensus...developing decisions through a process sharing all perspectives and discerning options which respect the diversity of individual views while honoring the whole.

Creativity...giving permission for the dialogue between rational knowledge and intuitive insights to occasion a synthesis of new approaches.

Action...honoring the investment of time by all participants by moving from consensus to action through accountability based planning.

TOP WORKSHOP METHOD

First, individually and then in small groups, everyone participates in intuitive brainstorming. Second, the facilitator works with the group to weave their ideas together into clusters with an eye to new relationships. Third, the group names the clusters in an attempt to articulate their profound insights on each. Finally, the facilitator leads the group in reflection on what has been accomplished; the new resolve and decisions that have been made.

PARTICIPATORY STRATEGIC PLANNING

Participatory Strategic Planning for developing the Colorado Occupational Health Surveillance program included five steps. Each session is done in the basic workshop format described above. Below is a table of contents for the session data:

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Organizational Introductions

Because of the widespread interest and work in the area of occupational health and surveillance the planning team is made up of many different organizations. In order for everyone to have a better understanding of these diverse organizations, the group reviewed the work that these partner organizations do and how they interact with each other. This included sharing of missions, guiding principles, services, customers/stakeholders, accomplishments, and challenges. Participating organizations and their mission statements are provided below. The missions presented here may be specific to efforts in occupational safety and health, rather than the overreaching mission of the entire organization.

Organization: Mountain and Plains Education and Research Center (MAPERC)

Mission: To improve worker health through education, research, continuing education, and community partnership.

Organization: Occupational Safety and Health Administration (OSHA)

Mission: Assure every man and woman a safe and healthful workplace.

Organization: National Jewish Health, Division of Environmental and Occupational Health Sciences

Mission:

- Clinical care, research, teaching
- Surveillance, diagnosis, treatment of occupational lung diseases
- Occupational and environmental medicine (OEM) residency

Organization: Mine Safety and Health Administration (MSHA)

Mission:

- Administer the provisions of the Mine Act, as amended by the Miner Act
- Enforce compliance with mandatory safety and health standards as a means to eliminate fatal accidents; to reduce the frequency and severity of nonfatal accidents; to minimize health hazards; and to promote improved safety and health conditions in the nation's mines.

Organization: Colorado Department of Public Health and Environment (CDPHE) Occupational Health Surveillance Staff

Mission: Protect and improve the health of Colorado's people and the quality of its environment.

Organization: Colorado School of Public Health Environmental and Occupational Health (CSPH – EOH)

Mission:

- Protecting and promoting the health of populations

- To provide education and service to Colorado
- To prevent environmental and occupational disease and injuries

Organization: Division of Workers' Compensation -Department of Labor and Employment

Mission: Enforce Workers' Compensation Act cheaper, faster, and better to provide for injured workers at reasonable cost to employers.

Organization: Colorado Injury Control Research Center

Mission: Research, education and service to prevent injuries.

Organization: Denver Health: Rocky Mountain Poison and Drug Center, Center for Occupational Safety and Health, Denver Public Health, Trauma Center

Mission:

- Denver Health - Level 1 care for all
- Rocky Mountain Poison and Drug Center - Saving lives with answers
- Center for Occupational Safety and Health -(1) state of the art occupational and environmental clinical services and consultations; (2) a research agenda dedicated to the promotion of safe and healthy working conditions; and (3) an educational program designed to increase the core knowledge of occupational and environmental health

Organization: Pinnacol Assurance

Mission: Be the best workers compensation company in the nation

Organization: National Institute for Occupational Safety and Health-Western States Office (NIOSH-WSO)

Mission:

- Address high-priority occupational safety and health issues in the west
- Serve as local resource representing NIOSH
- Foster and promote state-based surveillance

Organization: Tri County Health Department (TCHD)/ Denver Environmental Health (DEH)

Mission: Protect the health and environment of residents in Adams, Arapahoe, Douglas, and Denver counties.

Organization: Greg K. Marsh and Assoc. LLC

Mission: Environmental optimization of built environments, litigation support, and control of industrial processes.

Organization: CDPHE- Heath Statistics Section

Mission:

- The Health Statistics Section promotes understanding and utilization of health status information through the collection, analysis, and dissemination of vital event and health survey data.
- The Section provides accurate, timely, and valuable information in a format that will serve the needs of its customers.

Organization: Salud Family Health Center

Mission: Salud Family Health Center is dedicated to providing quality comprehensive primary health services with attention to the low-income and vulnerable populations in a defined catchment area.

Organization: Garfield County Environmental Health Program

Mission: To prevent disease and promote healthy behavior.

Organization: Colorado Environmental Public Health Tracking Program (COEPHT)

Mission: To provide information from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities

Organization: The High Plains Intermountain Center for Agricultural Health and Safety (HICAHS)

Mission: The mission of HICAHS is to reduce illness, injury, and fatalities in the occupational sector of agriculture/forestry and fishing. HICAHS is funded as a cooperative agreement with the National Institute for Occupational Safety and Health and serves the six states of Public Health Region VIII including Colorado, Montana, North Dakota, South Dakota, Wyoming and Utah.

Organization: Emergency Medical and Trauma Services Section (EMTS) Data Program

Mission: To use data systems to monitor and improve the delivery of patient care by the state emergency medical and trauma services system.

PRACTICAL VISION WORKSHOP

The practical vision workshop brings together a shared picture for the future of a program. The vision of an organization is held in part by all of its members. The Practical Vision Workshop is the response statement of hope within the given environment.

The Practical Vision Workshop for the Colorado Occupational Health and Safety Network asked the question:

What do we want to see in place in five years and what are our hopes and dreams for the future?

Stakeholders who participated in the occupational health and safety practical visioning workshop articulated a vision for a broader network of occupational health and safety professionals who have a vested interest in occupational safety and health in Colorado. This includes all the partners who participated in the environmental scan exercise of this strategic planning document, as well as other professionals who were unable to participate in this process.

The draft vision is described in the following outline and table. Your comments on this vision are welcomed. At our next meeting, representatives from occupational health programs in New Mexico, Oregon, and Wyoming will present on their programs, and we will finalize the vision.

The global vision identified in the strategic planning meetings by participants is to:

***Improve Worker Safety and Health in Colorado
(Global Vision)***

The overall vision identified by strategic planning participants is to move Colorado:

***Towards A Culture of Occupational Health and Safety
(Overall Vision)***

The three components that support the vision are to move Colorado:

- I. Towards Enhanced Occupational Health and Safety Promotion***
This can be accomplished in Colorado by:
 - a. Making occupational safety and health a priority, and
 - b. Promoting occupational safety and health

- II. Towards A Colorado Occupational Health and Safety Network***
This can be accomplished in Colorado by:
 - a. Building a sustainable network
 - b. Establishing the infrastructure of the program, and
 - c. Incorporating ongoing program planning and evaluation into the program,

- III. Towards Quality Data Driven Actions***
This can be accomplished in Colorado by:
 - a. Using data to guide actions, and

b. Collecting, analyzing and sharing quality data

It is anticipated during the implementation phase that a group of stakeholders will be responsible for refining the *global, program and overarching visions* and developing a clear vision statement that the network can use as a guiding vision over the next five years.

On the following page is a chart which includes the above consensus with the brainstorm data under each element of the vision.

OCCUPATIONAL HEALTH AND SAFETY IN COLORADO VISION WORKSHOP

GLOBAL VISION- Improve Worker Safety and Health

PROGRAM VISION- Towards A Culture of Occupational Health and Safety

OVERARCHING VISIONS

Towards Enhanced Occupational Health and Safety Promotion

Towards A Colorado Occupational Health and Safety Network

Towards Quality Data Driven Actions

Occupational Safety and Health as A Priority	Occupational Safety and Health Promotion	Ongoing Program Planning and Evaluation	Establish the Infrastructure of the Program	Build A Sustainable Network	Use Data to Guide Actions	Collect, Analyze and Share Quality Data
Brainstorm Vision Data						
<ul style="list-style-type: none"> • Program that is viewed as a benefit and resource • Culture for health, safety and environment • All occupational illnesses and injuries are reportable • Share the goal of improving worker health • Reach every worker including state employees • Daily awareness of occupational health and safety 	<ul style="list-style-type: none"> • Promoting training in public health • Properly trained administrators no collusion • Identify past successes • One well publicized success • Synergy – one voice 	<ul style="list-style-type: none"> • Evaluation of surveillance best practices • Rank order programs • Timeframe for goals • Submit an enhanced grant 	<ul style="list-style-type: none"> • Program is a funded sustainable component of a public health system • Building capacity • Program is a premier model state program • MOU's among state agencies data sharing • Streamline communication and efforts to improve worker health • Program is a central information source website / person 	<ul style="list-style-type: none"> • Standing advisory committee • Local health department network • Agreement to grant researchers access to data • Partner with Colorado employers • A program which over time acquires support from all needed partners and collaborators • Engage occupational health providers (two way communication) 	<ul style="list-style-type: none"> • Reduce exposures • Act on the data and measure outcomes • Data guiding prevention and education efforts • Use data (policies, education, regulations, research, evaluation) • Demonstrable success in preventing injury and illness • Sharing data • Centers of excellence (risk assessments and tools) 	<ul style="list-style-type: none"> • Reliable useful data • Establish a centralized database • A viable and sustainable surveillance system providing actionable data • Reporting adult-onset asthma • Centralized repository of data • Basic methodology for data collection • Transparency, availability and standardization of data



**Meeting Minutes Occupational Health Strategic Planning Meeting
Best Practices from Other States
May 26, 2010**

Date: 5/26/2010 from 8:00-12:30

Location: University of Colorado Health Sciences Center

Attendees:

- Amy Warner, CDPHE/Disease Control and Environmental Epidemiology Division
- Barb Stone, CDPHE/Disease Control and Environmental Epidemiology Division
- Cecile Rose, National Jewish Health
- Corey Campbell, CDPHE/Disease Control and Environmental Epidemiology Division
- Elizabeth Dalsey, CDC/National Institute for Occupational Safety and Health-Western States Office
- Gene Hook, Denver Department of Environmental Health
- Greg Marsh, Greg K. Marsh and Assoc. LLC
- Holly Hedegaard, CDPHE/Health Facilities & Emergency Medical Services Division
- Jim McMillen, Pinnacol Assurance
- Joan Sowinski, Colorado Board of Health
- Karen Mulloy, Denver Health Center for Occupational Safety and Health
- Kaylan Stinson, Mountain and Plains Education Research Center
- Ken Scott, Mountain and Plains Education and Research Center
- Lisa Miller, CDPHE/Disease Control and Environmental Epidemiology Division
- Lorann Stallones, Colorado State University
- Marty McReynolds, Department of Labor and Employment Workers Compensation
- Michael Kosnett, University of Colorado
- Nancy Williams, Tri-County Health Department
- Paul R. Reaser, Garfield County Environmental Health
- Raj Goyal, CDPHE/Disease Control and Environmental Epidemiology Division
- Roxana Witter, University of Colorado
- Dr. Shuping Ren
- Tsering Dorjee, CDPHE/Planning and Partnerships Office
- Teran Williams, University of Colorado Health Sciences Center
- Yvonne Boudreau, CDC/National Institute for Occupational Safety and Health-Western States Office

Phone Attendees:

- Judy Jordan, Garfield County Oil and Gas Department
- Steve Reynolds, Colorado State University and High Plains Intermountain Center for Agricultural Health and Safety

Purpose

- The purpose of this meeting is:
 - To develop an understanding of how Wyoming, Oregon and New Mexico have developed, implemented and managed their Occupational Health Public Health Programs; and
 - To learn about health disparities in Colorado and how the planning group can incorporate health disparities into the strategic planning process.

Introductions and Background

- Corey Campbell gave a brief overview of Occupational Health at the CDPHE and the need for creating a sustainable program.

Health Disparities in Colorado

- John A Romero Campbell, from the Office of Health Disparities at the Colorado Department of Public Health and Environment presented data on health disparities in Colorado. Mr. Romero suggested that the social determinants of health, such as a person's social environment, physical environment, work environment, behaviors, biology, access to quality health care and education all play a role in every individual's health. If you are interested in viewing his slides or learning more. Please send Corey Campbell an e-mail at corey.campbell@state.co.us

Best Practices from Other States:

Speaker 1

- Judge Gary Hartman, a Senior Advisor to Governor Freudenthal in Wyoming, discussed his experiences with successfully raising awareness of occupational fatalities in Wyoming and developing a need for a State Occupational Epidemiologist housed in the Wyoming Governor's Office.
 - Over the past two years, Judge Hartman has been able to raise awareness at the Governor's level about Wyoming's high occupational related fatality rates. He has also been able to develop recognition of the need to conduct surveillance to identify the root cause of occupational related fatalities.
 - Judge Hartman created a task force to reduce workplace fatalities in Wyoming. This task force was made of a variety of different state governmental leaders, as well as leaders from some of the major industries in Wyoming.
 - He has successfully recruited many businesses and leaders from throughout Wyoming to form an OSHA Alliance to look specifically into reducing working related injuries and illnesses. One of the things this Alliance is trying to do is to ensure that smaller companies have safety and health procedures and protocols, and ensure that the small business's managers and employees follow the procedures and protocols.
 - At this point Wyoming is specifically focusing on occupational fatalities due to the high fatality rate in Wyoming and the high profile/media attention created by work related-fatalities.
 - Judge Hartman has been working with the University of Wyoming and NIOSH to create a surveillance system that filters occupational data into a central repository to better conduct surveillance on occupational fatalities in Wyoming.
 - Wyoming has identified State funding to support a State Occupational Epidemiologist who will be champion of safety in Wyoming. This person should

be hired in July and will be determining the leading causes of fatal work related events that influence work-related fatality rates in Wyoming. This person will also make recommendations for policy decisions to reduce work-related fatalities in Wyoming.

- Judge Hartman is encouraging Wyoming and the west to move away from the ‘Cowboy Attitude’ and create an overall cultural change that effectively promotes and encourages a safety and health work culture.
- Some suggestion he had for the state of Colorado were:
 - To find a champion for Occupational Safety and Health, and
 - Target marketing and outreach efforts to effectively identify and educate the influential people in the state.

Speaker 2

- Jae Douglas PhD is the Principal Investigator for Oregon’s Occupational Public Health Program <http://www.oregon.gov/DHS/ph/ophp/index.shtml>
 - Dr. Douglas is the Principle Investigator for the Oregon Occupational Public Health Program (OPHP).
 - Dr. Douglas has 1.6 FTE staff who work with her in the OPHP in Oregon.
 - Oregon’s OPHP is a NIOSH funded State Based Surveillance state, but is looking into other funding sources to support the program.
 - Oregon’s Occupational Public Health Program has a strong partnership with their University and even contracts some of the occupational public health surveillance and investigation activities to the University.
 - Dr. Douglas discussed how we all know what occupational health and safety research is and we all know what occupational health and safety policy/regulations are, but do we really know what occupational public health is?
 - She mentioned how occupational health is pushed into the other ‘non-epi’ ‘non-communicable diseases’ category, and is generally considered a small program in a large public health environment. She pointed out, however, occupational health and safety is very large, it encompasses almost every aspect of public health and we as public health professions need to make ourselves bigger and become more involved.
 - Dr. Douglas expressed the need to get policy makers interested and vested in occupational safety and health.
 - The Oregon Occupational Public Health Program strives to ensure healthy and safe work conditions for all workers in Oregon. To achieve this goal, OPHP completes the following activities:
 - Collects, analyzes and monitors data from a variety of sources to assess the scope of workplace health concerns in Oregon;
 - Provides recommendations to promote health at work;
 - Develops education and intervention strategies; and
 - Creates partnerships with state and local agencies, community organizations, employers, industries, academic institutions, health care, and others to enable statewide occupational public health outreach and action.
 - Oregon focuses on
 1. Occupational Health Indicators
 2. Fatal Work-Related Injuries
 3. Work-Related Asthma
 4. Work-Related Burns

5. Work-Related Pesticide Poisonings
 6. Latex Allergy
 7. Young Workers
- Oregon's program is built on:
 1. Professional Development for their staff
 - a. Encourage professional development for all staff
 2. Organizational development
 - a. Determine where occupational health fits within public health
 - b. Ensuring the advisory board not only includes people who are interested in occupational public health, but also those people who should/need to be interested in it. The director of Oregon OSHA and her OPHP's administrator chair the advisory board.
 3. Collaborative Partnerships
 4. Policy Development
 5. Emerging Occupational Issues
 6. Data
 7. Outreach and Education
 - Oregon partners with:
 - Oregon Health Science University for their Fatality Assessment and Control Evaluation (**FACE**) Program
http://www.ohsu.edu/xd/research/centers_institutes/croet/outreach/or-face/
 - The Pesticide Analytic and Response Agency (PARC). The PARC is mandated to perform a variety of activities with regard to pesticide-related incidents in Oregon that have suspected health or environmental effects
<http://www.oregon.gov/ODA/PEST/parc.shtml>
 - Dr. Douglas suggested that Colorado:
 - Take advantage of every opportunity to move the occupational health program forward,
 - Work in coalitions because coalitions are generally stronger than one program,
 - Be creative with our funding sources and look to find external funding to support the program outside of NIOSH, and
 - Ensure the advisory board not only includes people who are interested in occupational public health but also those people we want to be interested in it.

Speakers 3 and 4

- Karen Mulloy, DO, MCSH, Former Co-Principal Investigator for New Mexico's Occupational Health Program
- Stephanie Moraga-McHaley, MS, Current Surveillance Coordinator for New Mexico's Occupational Health Program
 - The New Mexico Department of Health, in partnership with the University Of New Mexico School Of Medicine, established the New Mexico Occupational Health Program in 2003.
 - New Mexico is a NIOSH funded State Based Surveillance state but is looking into other funding sources to support the program.
 - The aim of surveillance program is the ongoing collection of work-related health data to track occupational health issues in New Mexico.
 - At the core of this program is the New Mexico Occupational Health Registry (NMOHR) which is a repository for occupational

health data and physician reports. These data are used to target high-risk work places for prevention by education of workers, employers, and health-care providers.

- Dr. Mulloy was the PI on the Occupational Health Program when it was housed at the University of New Mexico and Ms. Moraga-McHaley is the current Surveillance Coordinator/Epidemiologist for the program at the New Mexico Department of Health.
- In 2003, the State of New Mexico approved a revision to the list of Notifiable Diseases and Conditions incorporating occupational illness and injury reporting to the list. The New Mexico Occupational Health Registry is authorized to access all records of physicians and surgeons, hospitals, outpatient clinics, nursing homes, and all other facilities, individuals, or agencies providing such services to patients that would identify or establish the characteristics or outcome of occupationally related. (i.e. all occupational injuries/illnesses are reportable conditions in New Mexico)
- New Mexico partners with Texas on worker safety and health issues that cross the state and US borders.
- New Mexico is a unique state due to the diverse population and New Mexico has been able to tailor their program to meet the unique needs of New Mexico's workers.
- Both speakers expressed Colorado's need to:
 - Take advantage of opportunities that come along to enhance the program. Even though funding may not be available to work on certain projects, Colorado should take advantage of the opportunity to promote worker safety and health,
 - Obtain MOU's with all data administrators/ users to adequately access and share data,
 - To have adequate IT personnel on staff to address the IT issues that are inherent when developing a surveillance system, and to
- To find a champion for Occupational Safety and Health.

Closing Discussion

- To close the discussion, Bill Taylor, our facilitator, asked if there was anything that the four speakers talked about that was not included or discussed in the visioning process
 - The following are some of the suggestions from this discussion:
 - Ensure that labor is represented in the planning process
 - Find a champion for occupational safety and health in Colorado
 - Broaden the data used for surveillance purposes. For example, rather than just focusing on CFOI data for fatalities, incorporate other data sources (newspaper article surveillance).
 - Create health education and communication materials to have on hand that discuss occupational safety and health priority areas in Colorado and 'tell the story' behind the data.
 - Incorporate mandatory reporting requirements for all occupational injuries and illnesses in Colorado
 - Develop sustainable relationships with the Universities. This will be mutually beneficial to both the Universities and CDPHE
 - CDPHE can host/mentor students
 - University is able to access data and conduct research

- Creates built-in sustainability of occupational safety and health surveillance if the state loses NIOSH funding

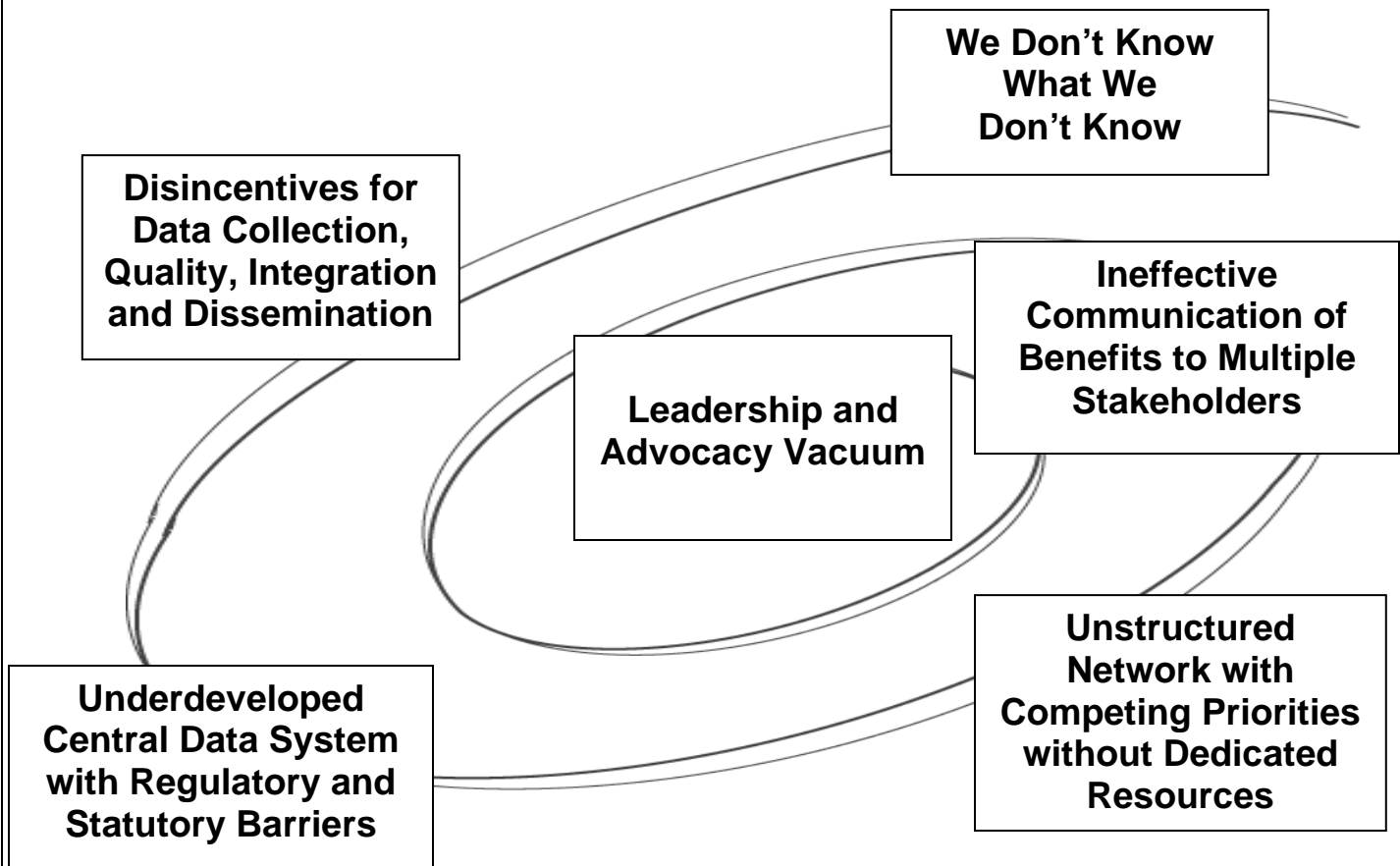
If you are interested in contacting any of the speakers, please send an e-mail to meredith.towle@state.co.us for their contact information.

UNDERLYING CONTRADICTIONS WORKSHOP

The real issues facing an organization manifest when placed under the light of a practical vision. Without a vision, problems and anxieties are relegated to "lists of things to do" or are explained as personal conflicts. As a group considers the entire range of its issues together, root causes are often times uncovered and objectified for consideration.

The purpose of this workshop is to identify *the issues and obstacles that block our progress towards our shared vision?*

Stakeholders who participated in the occupational health and safety underlying contradiction workshop identified five key obstacles that block progress towards the shared vision that should be addressed in the planning session. The obstacles are shown below in the boxes on the swirl. The obstacles towards the center of the swirl represent the underlying contradictions that cause the most frustration and are more difficult to address. The supporting rationale for each obstacle is discussed further on the following pages.



Obstacle # 1: Leadership and Advocacy Vacuum

- We need a champion in a high position who is an advocate for Occupational Safety and Health.
- The business community can be resistant towards occupational safety and health.

- We have insufficient political leadership in the occupational safety and health field.

Obstacle # 2: Ineffective Communication of Occupational Safety and Health Benefits to Stakeholders

- There is a need for branding of occupational health and safety in Colorado.
- There appears to be inconsistent communication of the purpose of this occupational safety and health network.
- We need to incorporate business value into occupational safety and health.
- There is a need for getting the right messages to the right people.
- The cultural acceptance of occupational safety and health is limited.
- There is a need for inclusion of workers, politicians, union, and employer voices.

Obstacle # 3: Unstructured Network with Competing Priorities without Dedicated Resources

- The funding to support these efforts is fragile and the network itself is fragmented.
- There are competing priorities between stakeholders.
- Stakeholders are busy.
- The turnover of personnel makes maintenance of network tenuous.

Obstacle # 4: Undeveloped Central Data System with Regulatory and Statutory Barriers

- Barriers exist for the sharing of data and information.
- It will be difficult to integrate data and systems.
- Data is difficult to access.

Obstacle # 5: Disincentives for Data Collection, Quality, Integration and Dissemination

- There are under-reporting and inaccuracy reporting issues.
- It is difficult to include data on undocumented workforce. Undocumented workers should be on our radar screen.
- Worker fear and lack of knowledge for reporting workplace injuries and illnesses exists.
- Data quality and quantity is poor (no reporting requirement).
- Weak drivers for reporting occupational injury and illness date. There are currently no state requirements for data reporting outside of lead and mercury.

Obstacle # 6: We Don't Know What We Don't Know

- We may be overlooking key missing points/ emerging needs in worker health.
- There can be employer/employee ignorance of regulations and resources.

STRATEGIC DIRECTIONS WORKSHOP

In this workshop stakeholders are asked to focus on action strategies. If stakeholders plan only in relation to its vision, without taking into consideration the real situation and the underlying contradictions, they run the risk of begin overly idealistic and unrealistic. By planning strategically, that is, in relation to the real situation and the underlying contradictions, then stakeholders are more likely realize and move towards their vision.

Stakeholders who participated in the strategic directions workshop were asked:

What are the actions which could be taken in the next two years that will:

- *Address the underlying contradictions and begin, and*
- *Launch the more immediate parts of our vision?*

Stakeholders who participated in the strategic directions workshop created seven strategies identified in the boxes below. The bulleted data that follows the boxes is the brainstorm data used to create the points of consensus which are shown in bold.

Strategy # 1: Implement Legal, Regulatory and Funding Agenda

- *Brainstorm Data:*
 - Review and define regulatory and statutory needs,
 - Mandatory reporting of injuries to CDPHE,
 - Allocate workers' compensation premiums to Colorado surveillance program,
 - Identify occupational health indicators for public health improvement plan,
 - Identify and defeat corruption,
 - Assure Public Health Improvement Plan includes occupational health indicators,
 - Hold ourselves and our partners accountable (sustainability),
 - Re-visit reportable conditions (lead/mercury),
 - Identify priority health conditions for surveillance,
 - Define and implement reportable conditions,
 - Make all occupational illnesses/injuries/fatalities reportable, and
 - Identify program funding sources.

Strategy # 2: Develop and Market Our Messages

- *Brainstorm Data:*
 - Conduct outreach to businesses and unions,
 - Conduct a teach-in /workshop for political leadership,
 - Brief political leaders on occupational safety and health issues and surveillance in Colorado,
 - Develop communication, marketing, and outreach plans,
 - Organize media workshop,
 - Work-on public relations and media alerts,
 - Update and make prominent website,
 - Conduct outreach to policy makers,
 - Create talking points,
 - Identify surveillance benefits,
 - Develop effective messages (branding),
 - Identify network/coalition benefits,
 - Publish success stories,

- Use existing occupational health indicators to set priorities, and
- Chat it up.

Strategy # 3: Create a Network of Allies

- *Brainstorm Data:*
 - Identify and Recruit Additional Stakeholders
 - Find Advocates At Local Public Health Level
 - Incorporate Occupational Health Into Natural Dialogue
 - Identify other Occupational Health and Safety Solutions That Have Been Used (E.G. Other States)
 - Encourage Communication Of Public Health Community with the Occupational Safety and Health Administration
 - Identify and Recruit Allies In Medical/Nursing Community
 - Identify and Recruit Allies in Public Health Community
 - Community Partnership Networking

Strategy # 4: Develop Integrated Data Network

- *Brainstorm Data:*
 - Create interagency agreements to allow data sharing,
 - Initiate data sharing agreements,
 - Develop data network
 - Create an inventory sharing agreements with a queryable data base,
 - Construct central occupational safety and health surveillance data system,
 - Identify data, source, knowledge gaps,
 - Conduct a gap analysis,
 - Develop Memorandums of Understanding (MOUs) for data set holders,
 - Integrate occupational safety and health with environmental health tracking (EPHT), and
 - Recruit students for data analysis and projects.

Strategy # 5: Create a Formal Infrastructural For Occupational Safety and Health Network/Coalition

- *Brainstorm Data:*
 - Bring more worker and employer representatives to the table,
 - Formalize this coalition/network,
 - Hire a occupational safety and health program manager at CDPHE to coordinate this process,
 - Establish an implementation plan,
 - Create an infrastructure for the coalition/network,
 - Establish active advisory panel,
 - Create leadership team for coalition/network, and
 - Establish evaluation plan.

Strategy # 6: Identify and Recruit Champions

- *Brainstorm Data:*
 - Identify and recruit occupational safety and health champions,
 - Identify leaders in legislature and government offices who are sympathetic,
 - Identify and involve leaders,
 - Establish high profiled advisory/stakeholders group, and
 - Establish liaisons with all stakeholders.

Strategy #7: Develop, Support and Share Technical Resources

- *Brainstorm Data:*
 - Develop a workplace assessment tool,
 - Mobilize trainers and training opportunities,
 - Develop occupational safety and health speakers bureau,
 - Develop a Listserv for Colorado occupational safety and health (which includes other relevant public health and environmental health issues),
 - Develop a confidential hotline for safety and health questions and concerns,
 - Develop a and directory of occupational safety and health resources, and
 - Connect local health departments to available resources.

Upcoming Meeting Agenda

1) Planning Committee Meeting

August –TBD- 2 hours

Participants: Planning Committee

Purpose:

- This meeting will be conducted with the Planning Committee. The purpose of this meeting is to outline how to effectively coordinate, implement, and evaluate the strategic planning efforts over the next two years.
- The second component of this meeting is to identify additional training or presentations that the entire coalition/network might be interested in for the next meeting in October.

2) Team Champion Meeting

September – 2 hours

Participants: Team Champions (Team leaders from each of the six strategy groups identified above)

Purpose:

- This meeting will be conducted with the six Team Champions for each team identified above. The purpose of this meeting is to discuss the coordination and implementation process for each of the six strategies identified above. Team Champions will also provide updates about their Team's progress towards implementing the strategies.
- Bill Taylor will also share some of his professional tools for tracking implementation

3) Quarter II Meeting

October- 4 hours

Participants: All Network/Coalition team members.

Purpose

- By this meeting CDPHE's new Occupational Safety and Health Program Manager and Network/Coalition Coordinator will be hired and will have the opportunity to meet the team members at this meeting.
- Team Champions will provide updates about their team's progress towards implementing the strategies and the group will brainstorm and give feedback about the each Team's process.
- The team members will identify advisory board criteria and potential members.
- The team members will work with the data team to share different data needs and availability.
- The team members will brainstorm with the outreach team to identify contacts to expand the network