

The Burden of Occupational Illnesses: Challenges and Solutions

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The Death Toll

Dying for Work: The Magnitude of US Mortality From Selected Causes of Death Associated with Occupation. Steenland, et al., 2003

- Approximately 49,000 deaths from occupational illnesses annually
- Occupational-related death is 8th leading cause of death in U.S.
- Based off 1997 data collected from a range of surveillance programs

U.S. Economic Burden of Occupational Injury and Illness. Leigh, 2011

- Estimated 43,445 deaths from occupational disease annually
- Approximately 463,000 illnesses from non-fatal occupational diseases annually
- Based off 2007 data collected from AHRQ, CDC, NCCI, BLS and academic journals

A Continuing Problem

Deaths from selected occupational diseases among persons aged 15 and over: U.S. 1980-2013. (CDC/NCHS)								
Cause of Death	1980	1985	1990	2000	2005	2010	2012	2013
Malignant mesothelioma	699	715	874	2531	2704	2744	2874	2686
Coal workers' pneumoconiosis	2576	2615	1990	949	652	486	399	361
Asbestosis	339	534	948	1486	1416	1308	1208	1229
Silicosis	448	334	308	151	160	101	103	111

Limitations of Data

Most occupational diseases not recognized by physicians

Reporting systems not centralized or uniform

BLS injury and illness survey fails to capture most occupational disease

Surveillance and reporting systems are limited and fragmented

Limited research funding to identify problems

The Financial Burden

U.S. Economic Burden of Occupational Injury and Illness: Estimated Number of Disease Deaths, Nonfatal Cases, and Medical Costs (Leigh, 2011)

Fatal Diseases	Respiratory	All Cancers	Mesothelioma	Circulatory	Total fatal	Total fatal and nonfatal
Number of deaths or cases	20,012	20,386	2194	12,304	53,445	516,149
Medical costs (\$billions)	\$6.4	\$4.1	\$1.9	\$6.1	\$18	\$21 Billion

Who pays for occupational injuries and illnesses?

Worker's compensation – 21%

Private health insurance – 13%

Public assistance – 16%

Out of worker's pocket – 50% Leigh and Marcin, 2012.

Limited incentives for employers to act in the absence of regulation

Burden on Society

Using the 1992 Heath and Retirement study, Reville & Schoeni (2004) reports that **36%** of people whose health limits work they can do, aged 51-61, became disabled due to workplace injuries or illness

Number of disabled workers, aged 50 or older, by selected occupational injury or disease: U.S. 2000-2013. (Social Security Disability Insurance Program)

Diseases of	2000	2005	2010	2012	2013
Musculoskeletal	842,904	1,278,067	1,879,039	2,182,469	2,287,009
Mental	697,278	1,080,071	1,472,007	1,558,702	1,612,380
Circulatory	448,636	528,169	608,028	644,741	647,814
Nervous & sense organs	263,502	377,879	501,851	548,641	561,480
Respiratory	139,336	171,290	203,940	220,898	223,751
Other	638,062	784,076	1,477,625	1,143,521	1,129,970
Total	3,029,718	4,219,552	5,690,824	6,298,972	6,462,404

2013 Total Disabled Workers x 36% = more than 2,326,000 workers disabled due to work injuries or illnesses

Previous Efforts

Greater focus and attention to occupational diseases in the 1970's and 1980's

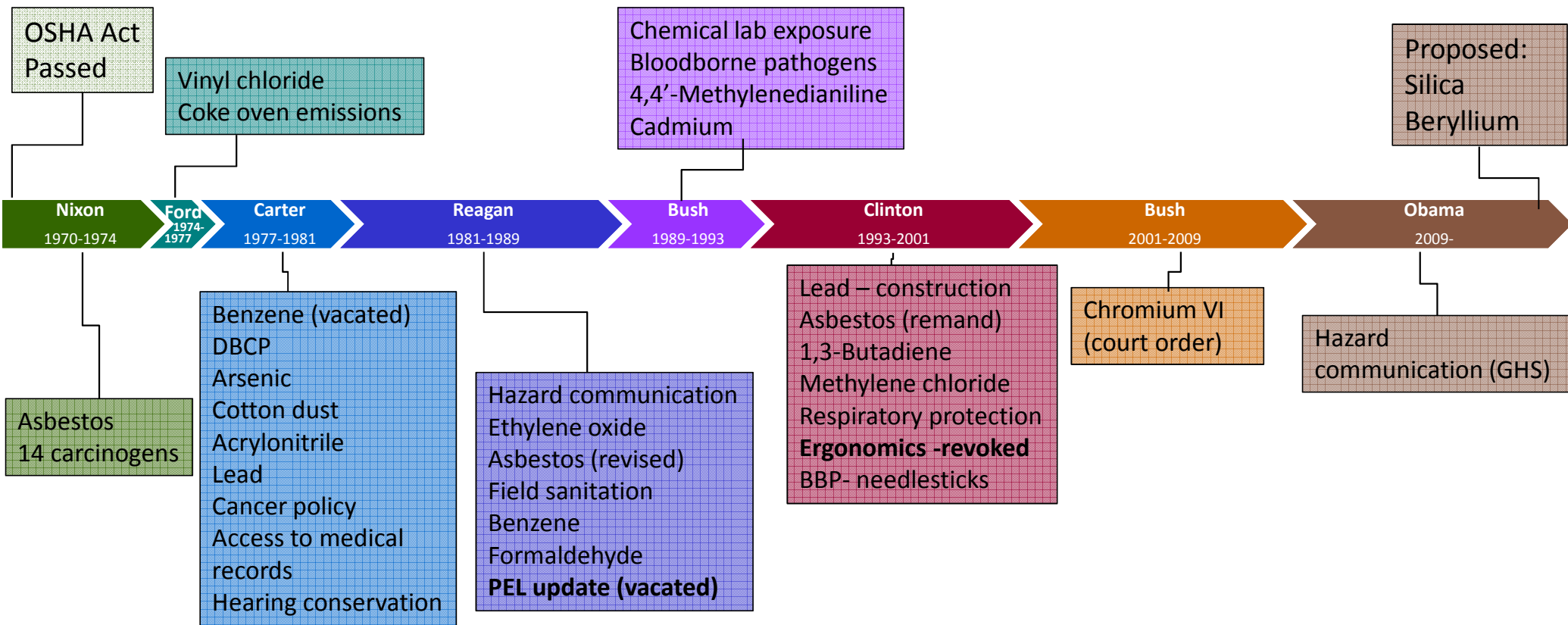
More research and surveillance funding and efforts

Occupational health disasters brought increased media attention

Significant regulatory efforts on known and emerging health hazards

Asbestos, lead, benzene, vinyl chloride, DBCP

OSHA Regulations -- Timeline



Moving Forward – Challenges

Lack of funding for research and surveillance

Little focused attention

Few incentives to address illnesses due to chronic nature

Difficult political environment

Specific Recommendations

Update data to publicize and highlight scope of problem

Continue and expand research and surveillance programs

Joint initiatives with other programs

- ACA electronic medical records (Industry/Occupation)

- REACH

- Potential TSCA reform

Finish key health standards

- Silica

- Beryllium

Move forward on key health standards e.g. infectious diseases

Renew efforts to update PELs

Long Term Solutions

Develop broad strategy to understand and prevent occupational disease

Greater leadership to increase focus & attention to the problem

Create 10 year occupational disease agenda

Identify priorities for specific attention and action plans

Research, surveillance, regulation, enforcement, outreach, intervention

Conduct coordinated campaigns on key occupational diseases and exposure issues

Possible candidates: silica, occupational asthma, workplace cancers

Thank you

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