

LABOR SAFETY AND HEALTH INSTITUTE

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*"To assure safe and
healthful working conditions
for working men and women..."*

Guide #4

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Health Systems Agencies:

Planning for OSHA

Federal Law (PL93-641) has mandated that every geographic region in the United States plan for health care in order to improve the health of its residents.

Specifically the law is meant to:

"...increase accessibility, acceptability, continuity and quality of health services; to restrain increases in the cost of providing health services and to prevent unnecessary duplication of health resources..."

The failure of the current health care system to provide these fundamental health care goals through the Comprehensive Health Planning Agencies and the Regional Medical Programs has resulted in this new attempt: Health Systems Agencies (HSA).

Consumers and to some extent providers of health care services are providing the impetus in making sure that this new attempt at planning health care delivery benefits the patients.

The Bureau of Health Planning and Resource Development of the Dept. of Health Education and Welfare is in charge of HSA and is supposed to monitor these regional HSAs to insure some national system of health standards planning takes place rather than hundreds of different approaches.

Occupational and Environmental Health

Federal guidelines make provisions for the incorporation of environmental health planning as a basic program item to be included in each regional planning system:

"(8) The promotion of activities for the prevention of disease, including studies of nutritional and environmental factors affecting health and the provision of preventive health care services."

This is #8 on a priority list of ten as listed in the HSA law.

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This provision was minimally provided for under previous planning attempts (CHPA, RMP, etc.) In more advanced environmental planning programs, the issue of occupational health and safety was incorporated to some extent. These environmentalist planners understood that incorporating for OSHA was a "first line of defense" against environmental pollution. Stop the hazard at the workplace and it won't reach the outside environment.

30% of Workers' Illnesses Are Job-Related

HSA regional planning programs have the prevention of illness and disease as a prime agenda item. Planning which combines the above objectives should result in a population which is healthier and requires less medical and hospital care.

A recent report stated that at least 30% of workers' illnesses are caused by the workplace (See Guide #2). Thus cleaning up the workplace will prevent many of those illnesses and in the long run make the environment safer and healthier for everyone.

Consequently many medical and public health professionals supported the passage of the Occupational Safety and Health Act of 1970 precisely because they envisioned the enforcement of federal safety and health standards set by OSHA as preventing illnesses and the spread of disease. The recent revelations that over 75% of cancers are job-related has highly dramatized that need.

Labor's Stake in Health Planning

Workers and their unions stand to gain the most with HSA involvement in OSHA activities. Labor has extensive experience in providing health benefits to its membership, their families and in lobbying for health legislation which benefits the whole community.

In New York City alone over 4 million people receive their health care paid for by their union's health and welfare fund. Generally union negotiated health benefits exceed the standard commercial (private, for-profit insurance companies) and Blue Cross/Blue Shield, Group Health Inc. coverages. Additional benefits as dental, optical and mental health coverage are enjoyed by union members and their families because of the skill and expertise of union collective bargaining.

Labor's stake in the planning of health care delivery in New York City and elsewhere requires its leadership to make sure that union negotiated benefits are delivered in quality institutions accountable to the public.

The general public will also benefit by labor's involvement in HSAs because labor's demands for greater accountability and a more rational health care planning system will benefit everyone.

The forceful presence of labor in the HSA can ensure that OSHA planning and monitoring will be fully implemented. Unless trade union leadership speaks up on OSHA, this important legislation will not be considered a priority; adequate staff and funds will not be set aside for OSHA programs.

HSA Guidelines and OSHA Staffing Commitments

While the need for planning for occupational safety and health is clear, labor and medical/scientific professionals must present their case for the incorporation of safety and health into the HSA agenda. If staff is to be provided for environmental and occupational health planning, then the mandate must be clear in the HSA's preamble and program development.

Every HSA sets its own By-laws and program initiatives. Therefore, prior to any decentralized planning, regional HSAs must state OSHA planning programs in their guidelines for planning.

Planning Guidelines: 3 Initial Functions

Basic planning takes place on the local, grass roots level. These three basic functions are required for a sound OSHA program:

- 1) The first function would be the inventory of all health facilities including hospitals, neighborhood health centers, mental health centers, free standing clinics, etc. The main purpose would be to determine the extent to which, if at all, occupational health services are offered, data on job-related illnesses collected and the existence of other OSHA programs. (See Guide #2 for an explanation of each of these OSHA health related functions.)
- 2) The second function of this local planning board must be an inventory of all factories in the service area. This is in line with HSA legal guidelines as stated in the law:

"(F) the environmental and occupational exposure factors affecting immediate and long-term health conditions" must be determined.

Thus the HSA must list each factory by type of business conducted; materials produced; safety and health hazards present; number of workers (with demographic characteristics, e.g., race, age, and sex, all essential for epidemiological analysis.)

- 3) The third function would be to inventory all medical and health-related schools and educational programs to see if occupational safety and health is included in the curriculum available to students.

This series of inventories would then be pulled together on a regional (borough) basis to begin to establish patterns of job-related illnesses, available health facilities which provide occupational health services and OSHA educational opportunities.

The City-wide HSA can then utilize these regional inventories to compile a city-wide profile of these three areas of OSHA planning.

Implementation of Planning Results

Through these efforts there can be an early recognition of job-related diseases followed by the creation of a comprehensive plan for prevention.

Providers of health care can be mobilized to head off these job-related health and safety problems well before they become major public health hazards. This is fully in line with HSA legislation:

"Section 1602. (E) to project for medical facilities which, alone or in conjunction with other facilities, will provide comprehensive health care, including outpatient and preventive care as well as hospitalization;"

This inventory program can also be used by medical, public health, allied health science schools and trade union education programs to develop curriculum which augments the existing community and preventive medicine programs.

The U.S. Labor Department's Occupational Safety and Health Administration's regional offices would find this information invaluable in helping in their enforcement programs. In addition, the National Institute for Occupational Safety and Health (NIOSH) is entrusted under OSHA legislation to research job-related health hazards, can use this information as it continues to develop "criteria documents" which are designed to establish safe and healthful limits on industrial and industrial-type exposures to workers.

Annual Asbestos Screening for Workers Now Mandatory

A key example of OSHA planning is the federal requirement that workers exposure to asbestos must receive annual medical examinations. According to the U.S. Labor Department:

"The Review Commission (OSHA's highest judicial body) has held that employers must provide annual medical examinations to employees exposed to any concentration of asbestos, no matter how small the amount." (emphasis added)

The enforcement of this federal law will require immediate action by HSAs to insure that medical facilities are available for these worker screening programs. In addition educational institutions should be encouraged to inform health professionals and all health related workers of this responsibility. The local inventory of factory exposures will uncover plants where workers are exposed to asbestos.

This new law now only covers asbestos, but this is just the beginning as workers, their unions and medical/scientific professionals press for the protection of workers against job-related hazards.

HSA Recommendation and Comment Powers

The implementation of inventory findings, OSHA regulations like the one concerning workers annual medical examinations cited above and the matching of job-related hazards stemming from factories in the HSA area with local medical and hospital services can take place within the HSA powers of recommendation and comment.

These review and comment responsibilities cover both new and old facilities.

HSA boards review all requests for expansion, modernization and the construction of new services and equipment.

For existing facilities there is a "appropriateness" review. Within the first 3 years after the establishment of the HSA there is a 3-Year Review of all existing health and hospital facilities. After this initial review there is a further review every five years thereafter. Both of these reports are sent to the State Health Department and made available to the public. The recommendations from these 3 and 5 year reviews become part of the overall State Planning Program. Third-party carriers, i.e., Blue Cross/Blue Shield, Group Health Inc. (GHI), must abide by these health plans.

In both of these reviews, old and new facilities, occupational health services, collection of job-related demographic health data and other occupational health information can be fully incorporated.

Direction for OSHA Planning

Each health planning board (local, regional, national) must have advocates of occupational safety and health interests represented on these boards. These may be medical, public health and scientific and management representatives, but there must be worker and trade union representatives on each board who fully understand the importance of occupationally related illnesses and their prevention.

These HSA board representatives will closely monitor the HSA staff as they inventory and plan for OSHA. In addition, these board members will insure the establishment of planning board OSHA committees which will help HSA staff in conducting the inventory.

HSA staff may have difficulty in obtaining the release of information from the factory manager on job-related health and safety hazards faced by workers. These corporate personnel may need reminding that federal HSA needs their cooperation and requires the furnishing of epidemiological in order to assess the planning needs of the community. Release of individual worker medical information requires worker permission to guard confidentiality.

The support which planning board members can give staff would be invaluable and may be the difference between a closed or open door. The study which found that 30% of workers' illnesses were work related required help from NIOSH and OSHA to open factory doors and corporate data information. OSHA law requires corporate cooperation, however the provisions are sometimes difficult to enforce.

Is There Still Time?

Regional offices of the Department of Health, Education and Welfare are still considering HSA sponsor applicants. These HSAs are not automatically established by the City or State government, although each have considerable influence on which sponsor will become the designee in their area.