Collecting I/O Data in a Community Clinic Setting: A NIOSH Pilot Project in South Los Angeles

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OHS and Community Health

- Community health centers as primary source of healthcare for many low-wage workers and their families
- Many CHCs lack the capacity to diagnose, treat, advise or refer patients with work-related conditions
- Potential roles for CHCs:
 - Clinical care for injuries/illnesses
 - Occupational health surveillance and detection
 - ► Partnerships to identify and combat hazardous workplaces

St. John's Well Child and Family Center

- One of the largest safety-net healthcare providers in Central and South LA
- Network of Federally Qualified Health Centers and school-based clinics
- Over 266,000 patient visits each year
- Commitment to social determinants of health

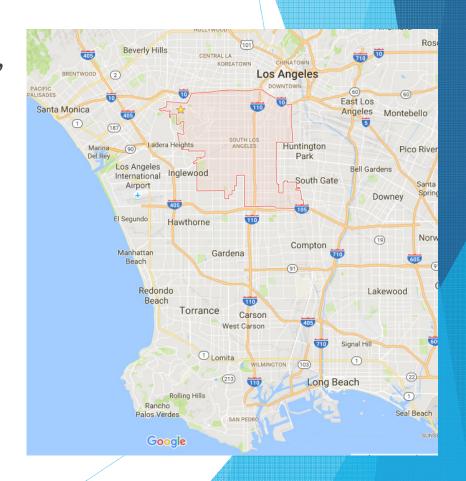




Context: South Los Angeles

- ► Home to a large population of low-wage, immigrant workers and their families
- Many rely on community health centers as primary source of medical care





Work and Health Initiative Partners

- UCLA Labor Occupational Safety and Health Program (UCLA-LOSH)
- CLEAN Carwash Campaign
- Garment Worker Center
- Restaurant Opportunities Center of Los Angeles (ROC LA)
- Instituto de Educación Popular del Sur de California (IDEPSCA)
- Los Angeles Black Worker Center
- Southern California Coalition for Occupational Safety and Health

- Health screenings and preferred treatment for worker center members
- Pilot occupational health clinic
- Collection of industry and occupation data
- Support for workers' compensation access

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Health Screenings and Treatment











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Pilot Occupational Health Clinic

- Total of 34 patients referred over 3 months
- Common industries: garment manufacturing, restaurant/food service, construction, small factories/warehouses
- Common Px concerns: back and joint pain, tingling in legs and arms, skin irritation, work-related stress



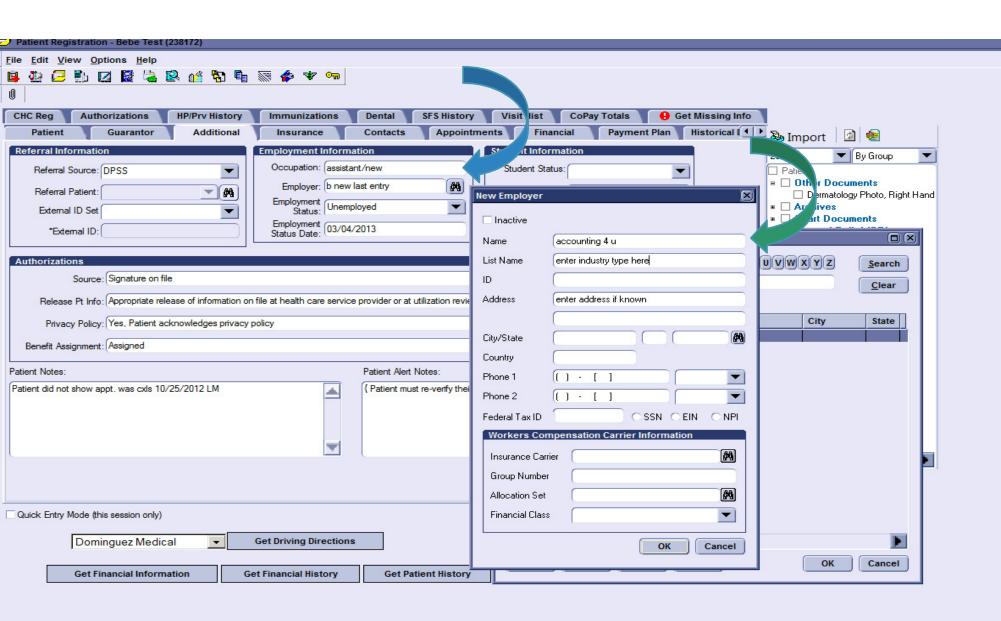
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Collecting Industry and Occupation Data

- Funding through NIOSH NORA mechanism
- Contract with primary healthcare organization to:
 - Oversee EHR modifications and training of relevant staff
 - ► Collect patient I/O data for 8-12 months
 - Evaluate quality of data collected and effect on workflow
- Contract awarded to St. John's in October 2013; project work began Spring 2014
- UCLA-LOSH provided project support and technical assistance

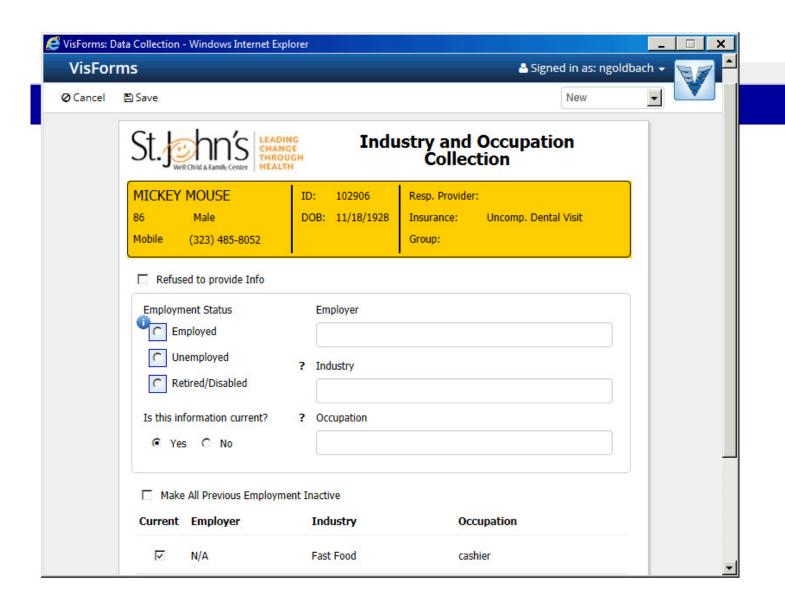
Collecting Industry and Occupation Data

- Scope of work detailed requirements for a modified HER system that would capture minimum of I/O for multiple jobs, archive data over time, and allow work to be visible in the medical module
 - Contractor added capture of current employment status and employer to I/O
- Data to be collected during patient registration by front desk staff or medical assistants



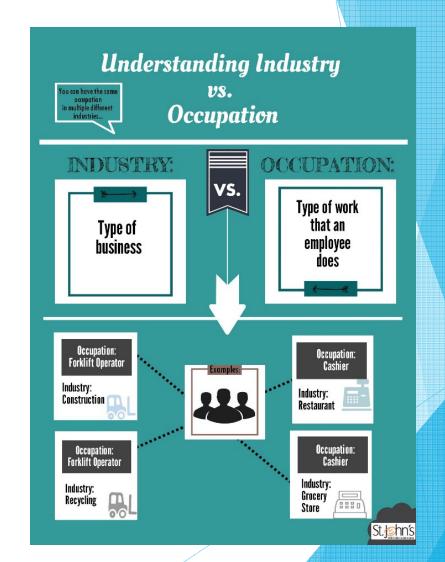
"Pilot-within-a-pilot"

- Capture of I/O pairs for 869 patients
- Valuable lessons learned for project:
 - Occupation completed more often than industry; industry concept evidently less well understood
 - More mini-training/refreshers needed
 - ► EHR 'workaround' entry not ideal for data collection
 - ► Registration staff able to capture codeable data









Results of Data Collection

- ► From September 1, 2015 through April 18, 2016, 26,480 patient visits were recorded; 10,384 unique patients
- > Employment status recorded for 10,359 patients:

Employment Status	N	%
Unemployed	7,043	68.0
Employed	2,968	28.7
Retired	348	3.4

About 23% of records include missing Industry field

Data Sample: Sept-Nov 2015

Industry/Sector	Pct.
Restaurant/food service	10.4%
Domestic work	9.0%
Warehouse	8.3%
Retail/sales	7.6%
Garment manufacturing	6.5%
Construction	4.9%
Manufacturing (non garment)	4.5%
Medical	4.4%
Childcare	3.8%
Transportation	3.7%
Day labor	3.5%

N = 1,643

I/O Data Collection: Some Lessons Learned

- With some training, registration personnel were able to collect basic I/O data
- Industry more difficult concept than occupation for registration personnel
 - Asking employer before I/O seemed to facilitate capture of Industry
- Staff turnover necessitated repeated (short) training
- Small HIT project vastly different from changes potentially made by EHR vendor

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Challenges

► How to bring pieces of initiative together???

- ► CHC staff turnover
- Competing demands of health center providers and staff
- Replacement of St. John's EHR system (June 2016)

Lessons Learned and Future Directions

- Importance of addressing work and health concerns in community-based setting
- Feasibility of collecting I/O data from patients, using data to develop OHS programs
- Role of "cheerleaders" within CHC to promote OHS activities
- Value of collaboration with worker advocates and those with OHS expertise

Thank you

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