

OCCUPATIONAL DATA FOR HEALTH (ODH)

Why it is needed.
How to collect it.
How to use it.

The world has learned, through the experience with COVID-19, why some categories of workers are called “essential.” Essential workers are the key to our ability to obtain fresh food, health care, and public transport in a crisis. Many health center patients are essential workers. NACHC wonders: have they experienced more health burdens during the pandemic than others? Without collecting Occupational Data for Health (ODH), health centers cannot find essential workers and address their needs.

WHAT IS OCCUPATIONAL DATA FOR HEALTH (ODH)?

Occupation is among the most important social determinants of health (SDOH). It tells us:

- whether and how someone is exposed to pollutants, toxins, or disease
- about someone’s socio-economic status and income level, which provides information about their social needs and financial security
- whether someone has access to employer-provided health insurance

Occupational data are often missing in the EHR. It is currently not standard practice to capture this information or match it to health trends for care planning.

WHY IS IT IMPORTANT TO COLLECT ODH?

Using ODH, health centers can actively identify at-risk populations based on their job and exposure risk.

- For example, a person who renovates old homes may be at risk for asbestos exposure and therefore asbestos-related lung disease. Or, when health centers match COVID-19 data with occupational data, care teams can identify vaccination status, COVID-19 risks, exposure risks, and assess health care needs for populations whose jobs put them at risk for certain illnesses.

HOW CAN HEALTH CENTERS COLLECT ODH SUCCESSFULLY?

It is not always easy to get answers to questions like:

- Are you currently working?
- What is your profession and current job role?
- What industry do you work in?

Some patients are hesitant to answer. They do not know how the data will be used, or who will see it. To establish trust, patients should be told, ideally through conversations but also in writing, that the data is ONLY used to help care teams understand health-risks and provide appropriate care.

TIPS

- Help patients and staff understand how occupational data are used and how workers benefit
- When possible, let patients enter the data directly into the EHR with a tablet. Some health centers create short-cuts to help, but make sure that these link to standardized codes!
- Enrollment Specialists can help put patients at ease in their own language and enter data in the EHR. To expedite data entry, a search interface, or a searchable Excel spread sheet with the full list of occupations from U.S. Census Bureau’s North American Industry Classification System (NAICS) can make it easier to find job/industry categories.

To learn more, contact Informatics@nachc.com

IDENTIFYING ESSENTIAL WORKERS (IEWS) AT HEALTH CHOICE NETWORK (HCN)

IMPACT ON DAIRY FARMERS

NACHC worked with Health Choice Network (HCN) to collect Occupational Data for Health (ODH). HCN enlisted La Casa Family Health Center to collect ODH in their EHR.

63 patients provided employer data that identifies them as

Employees of Dairy or Cattle Farms



31 of the 63 had a diagnosis of

respiratory track issues and/or asthma

—a tremendously high rate compared with other patients

- an on site COVID-19 vaccine clinic was conducted for employees
- vaccines were offered between work shifts
- family members were invited to the clinic for vaccines

A-ha! Moment

HCN and La Casa found ODH data could guide preventive care decisions.

In the Spring of 2022, Health Choice Network (HCN), headquartered in Florida, worked with NACHC to collect Occupational Data for Health (ODH) to learn what it is like to collect this data and discover how patients could benefit if HCN knew more about their daily work. They worked with the staff of La Casa Family Health Center in New Mexico to collect in the EHR:

- Occupational status
- Occupational role (Census code)
- Organization/Industry (NAICS code)

17% of La Casa Family Health Center patients work as Dairy Farmers

One of the first things Dr. Katherine Chung-Bridges, Director of Research at HCN, noticed from the ODH data collected was the large number of patients who work as outdoor Dairy Farmers. Sixty-three (63) out of 380 patients (17%) provided employer data that identifies them as “Employees of Dairy or Cattle Farms.” Ninety-two (92%) are Latino/a or Hispanic; 74% are men; and most (25%) were aged 40-49.

1 out of 2 Dairy Farmers have respiratory issues or asthma

Dairy Farmers are often exposed to air particulates from dried cow feces that become moldy and airborne, leading to respiratory problems. Among that group of 63 patients, 31 (49.2%) had a diagnosis of respiratory track issues and/or asthma; a tremendously high rate compared with other patients.

Why is this information valuable?

They took steps to protect the health of these workers

Dr. Giddel Thom, Chief Medical Director of La Casa Family Health Center, prior to the effort to collect ODH, conducted a COVID-19 vaccine clinic specifically for dairy farm workers at their place of work. Spanish-speaking providers came to the farm between work shifts to offer vaccines to workers and their families. Using knowledge of the known risk of COVID to people with respiratory issues, La Casa provided critical preventive care that benefited the dairy farmers, their families, the extended community, and the employer. HCN is looking at ways to collect and use ODH data to address other conditions by identifying occupation and industry of its patients to continue to improve their health.

Working out the kinks

HCN and La Casa found ODH data could guide preventive care decisions. But, to reduce the hesitation of people who didn't want to report their job status, HCN and La Casa found they could build trust by engaging an Enrollment Specialist. That staff member could have one-on-one conversations in preferred languages and collect the data rather than ask patients to complete questionnaires. Once La Casa and HCN had better data on occupations, they could build a strategy to identify and improve prevention for workers at greater risk for COVID-19-related respiratory difficulties.