Health Priority: Environmental and Occupational Health Hazards
Objective 3: Occupational Injury, Illness, and Death (Template)

Long-term (2010) Subcommittee Outcome Objective:

By December 31, 2010, the incidence of occupational injury, illness, and death will be reduced by 30 percent.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
For all industries, state and local government included, age-Adjusted* incidence rate** of occupational death was 25 per million in 2000.	Wisconsin Census of Fatal Occupational Injuries, 2000 From Workers Compensation, Department of Workforce Development (DWD)
For all industries, state and local government included, the incidence rate** of occupational injuries was 8.3 per 100 full-time workers in 2000.	Table 6, Incident rate of nonfatal occupational injuries and illnesses by industry and selected case types for 2000, Occupational Injuries and Illnesses, collected from employers' Occupational Safety and Health Administration (OSHA) records by workers comp research and statistics unit. From Workers Compensation, DWD
For all industries, state and local government included, the incidence rate** of occupational illness was 0.7 per100 full-time workers in 2000.	Table 6, Incident rate of non fatal occupational injuries and illnesses by industry and selected case types for 2000, Occupational Injuries and Illnesses, collected from employers' OSHA records by workers comp research and statistics unit. From Workers Compensation, DWD
For all industries, state and local government included, the incidence rate** of occupational injuries and illness was 9.0 per100 full-time workers in 2000.	Table 6, Incident rate of non fatal occupational injuries and illnesses by industry and selected case types for 2000, Occupational Injuries and Illnesses, collected from employers' OSHA records by workers comp research and statistics unit. From Workers Compensation, DWD

* Standardization to year 2000 US population
** Incidence rate = (N/EH) X 200,000 where
N = number of injuries or illness cases
EH = total hours worked by all employees during the calendar year
200,000 = base for 100 equivalent full-time workers working 40 hours per week, 50 weeks per year.

Note: Division of Workforce Development (DWD) is the sole data source for evaluating occupational objective-3. Due the potential elimination of workers compensation research unit and the federal bureau of labor statistics annual survey in Wisconsin, we may have difficulty in the future in the evaluation of this objective.

Federal/National Baseline	Federal/National Sources and Year
See Appendix A - Reduction in Deaths From Work-Related Injuries baseline and target data.	*Healthy People 2010*, November 2000, United States Department of Health and Human Services cites the following sources for this baseline data: Census of Fatal Occupational Injuries (CFOI), U.S. Department of Labor, Bureau of Labor Statistics
See Appendix A - Reduction in Work-Related Injuries Resulting in Medical Treatment, Lost Time From Work, or Restricted Activity baseline and target data.	*Healthy People 2010*, November 2000, United States Department of Health and Human Services cites the following sources for this baseline data: Annual Survey of Occupational Injuries and Illnesses, U.S. Department of Labor, Bureau of Labor Statistics; National Electronic Injury Surveillance System, Consumer Product and Safety Commission
See Appendix A - Reduce deaths from work-related homicide baseline and target data.	*Healthy People 2010*, November 2000, United States Department of Health and Human Services cites the following sources for this baseline data: Census of Fatal Occupational Injuries, U.S. Department of Labor, Bureau of Labor Statistics.
See Appendix A - Reduce work-related assaults baseline and target data.	*Healthy People 2010*, November 2000, United States Department of Health and Human Services cites the following sources for this baseline data: National Crime Victimization Survey, U.S. Department of Justice, Bureau of Justice Statistics.
See Appendix A - Reduce the number of persons who have elevated blood lead concentrations from work exposure baseline and target data.	*Healthy People 2010*, November 2000, United States Department of Health and Human Services cites the following sources for this baseline data: Adult Blood Lead Epidemiology and Surveillance Program, Centers for Disease Control and Prevention, National Institute of Occupational Safety and Health
See Appendix A - Reduce occupational skin diseases or disorders among full-time workers baseline and target data.	*Healthy People 2010*, November 2000, United States Department of Health and Human Services cites the following sources for this baseline data: Annual Survey of Occupational Injuries and Illnesses, U.S. Department of Labor, Bureau of Labor Statistics.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
20 – Occupational Safety and Health	Promote the health and safety of people at work through prevention and early intervention.	20-1	Reduce deaths from work-related injuries.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
		20-2	Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity.
		20-3	Reduce the rate of injury and illness cases involving days away from work due to overexertion or repetitive motion.
		20-4	Reduce pneumoconiosis deaths.
		20-5	Reduce deaths from work-related homicides.
		20-6	Reduce work-related assaults.
		20-7	Reduce the number of persons who have elevated blood lead concentrations from work exposures.
		20-8	Reduce occupational skin diseases or disorders among full-time workers.
20 – Occupational Safety and Health (continued)		20-9	Increase the proportion of worksites employing 50 or more persons that provide programs to prevent or reduce employee stress.
		20-10	Reduce occupational needlestick injuries among healthcare workers.
		20-11	(Developmental) Reduce new cases of work-related noise-induced hearing loss.

Term	Definition*
All other occupational illnesses	Example: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, and coccidioidomycosis.
Disorders associated with repeated trauma	Example: Conditions due to repeated motion, vibration, or pressure, such as carpal tunnel syndrome; noise-induced hearing loss; synovitis, tenosynovitis, and bursitis, and Raynaud's phenomena.

Term	Definition*
Disorders due to physical agents (other than toxic materials)	Example: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat; freezing, frostbite, and effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn).
Dust diseases of the lungs	Example: Silicosis, asbestosis and other asbestos-related diseases, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconiosis.
Event or exposure	Event or exposure signifies the manner in which the injury or illness was produced or inflicted, for example, overexertion while lifting or fall from ladder.
Lost workday cases	Lost workday cases are cases, which involve days away from work or days of restricted work activity, or both.
Lost workday cases involving days away from work	Lost workday cases involving days away from work are those cases which result in days away from work, or a combination of days away from work and days of restricted work activity.
Lost workday cases involving restricted work activity	Lost workday cases involving restricted work activity are those cases, which result in restricted work activity only.
Median days away from work	Median days away from work are the measure used to summarize the varying lengths of absences from work among the cases with days away from work. Half the cases involved more days, and half involved less days than a specified median.
Nature of injury or illness	Nature of injury or illness names the principal physical characteristic of a disabling condition, such as sprain/strain, cut/laceration, or carpal tunnel syndrome.
Occupational illness	Occupational illness is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to factors associated with employment. It includes acute and chronic illnesses or disease, which may be caused by inhalation, absorption, ingestion, or direct contact.
Occupational injury	Occupational injury is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work-related event or from a single instantaneous exposure in the work environment.
Occupational skin diseases or disorders	Example: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns; or inflammations.
Part of body affected	Part of body affected is directly linked to the nature of injury or illness cited, for example, backs sprain, finger cut, or wrist and carpal tunnel syndrome.

Term	Definition*
Poisoning (systemic effects of toxic materials)	Example: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion and lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins.
Respiratory condition due to toxic agents	Example: Pneumonitis, pharyngitis, rhinitis, or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung.
Respiratory diseases – pneumoconiosis	Respiratory condition characterized by tissue fibrosis caused by permanent deposition of inorganic particulate matter in the lungs; this condition is most frequently encountered among persons occupationally exposed to dust containing asbestos, coal and/or silica.
Source of injury or illness	Source of injury or illness is the object, substance, exposure, or bodily motion that directly produced or inflicted the disabling condition cited. Examples are a heavy box, a toxic substance, fire/flame, and bodily motion of injured/ill worker.
* All definitions are according to the U.S. Bureau of Labor Statistics.	

Rationale:

Occupational injury, illness, and death are preventable events with enormous costs in financial, social, and personal terms. The impact of an occupational condition affects both the individual, as well as their family, employer, and community. Reducing the incidence of cases of work-related injury, illness, and death directly benefits Wisconsin communities, citizens, and businesses.

Outcomes:

Short-term Outcome Objectives (2002-2004)

- Create ongoing training programs regarding occupational health issues for local public health departments as a part of a comprehensive safety and health program.
- Increase worker knowledge through community-based occupational health and safety training for Wisconsin residents with a special emphasis on youth and other "at risk" populations.
- Provide safety training will in all secondary schools.
- Develop an active surveillance system for identifying and reporting occupational health injury, illness, and death.
- Increase occupational health and safety training provided in health professional curriculums (e.g., MD, RN, EMTs, other health professionals).
- Increase awareness among heath care providers to include a complete occupational health history during medical evaluations.
- Increase worker knowledge regarding occupational health and safety issues.

- Increase worker knowledge regarding appropriate agencies and methods in which to report incidents of possible workplace hazards, "near misses", injury, illness or death.
- Develop occupational health and safety materials and make available to employers and employees.
- Increase education, outreach and consultation for agricultural worksites employers.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Unions
- Employees
- Employers
- Trade/industry groups
- State legislature and local units of government
- K-12/technical/college education leaders
- Health/safety educators
- Community based organizations
- Public health scientists
- Occupational health/primary care providers
- Workers' compensation and business liability insurance carriers
- Local law enforcement
- State and federal occupational law enforcement
- State and local health departments
- Tribes
- State regulation and licensure agencies
- Technology
- Leadership (local, state, and federal)
- Funding (local, state, and federal)
- Sound public policy (local, state, and federal)
- Healthcare resources
- Media
- State and local public health staff
- Time

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – Community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities:

- Development of a training program for local public health departments regarding occupational health and safety issues in order to facilitate access to resources and referrals for workers and employers within their communities.
- Increased community access to local public health department occupational safety and health programs.
- Creation of an occupational safety and health education program for all secondary schools based upon Department of Public Inststuction guidelines.

- Incorporation of occupational health and safety curriculums into all post-secondary healthcare education programs.
- Development of an active occupational safety and health surveillance program.
- Development of healthcare guidelines for occupational health histories.
- Increased occupational risk reduction counseling and safety education for all Wisconsin workers.
- Increased employee reporting of potential or actual "near misses," hazards, injury, illness, or death to employers and regulatory agencies.
- Increased access to occupational safety and health education, outreach and consultation for agricultural worksites/employers.

Participation/Reach:

- Coroners/medical examiners
- Employees working in high risk jobs
- Racial/ethnic minority groups
- Tribes
- Young workers, older workers, farmers
- Special populations at risk
- General public
- Labor unions
- Public sector workers
- Health and safety educators
- Workers' compensation and business liability insurance carriers
- Healthcare providers
- Policymakers
- Employers
- Schools (primary and secondary)

Medium-term Outcome Objectives (2005-2007)

- Facilitate the development of multilingual written and verbal occupational health and safety education services.
- Address literacy and language barriers that can affect safety and health at work.
- Promote the use of incentives such as decreases in liability and workers' compensation premiums for voluntary health and safety inspections/evaluations of work sites.
- Promote activities which would lead to greater public awareness of workplace safety practices in Wisconsin.
- Establish a comprehensive non-regulatory based repository of occupational safety information and resources for employers and employees.
- Utilize the surveillance system for occupational health injury, illness, and death to develop comprehensive safety and health management programs.
- Promote activities which would lead to increased public support for enforcement activities for the prevention of occupational injuries, illness, and death in Wisconsin.
- Promote worker input and involvement on health/safety issues within their workplace.
- Occupational health histories will be incorporated into medical evaluations.

- Use of the media to educate citizens in work-related injury, illness, or deaths.
- Promote increased use of safety equipment/devices (e.g., rollover protection devices, guarding, personal protective equipment) by agricultural work sites/employers.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Unions
- Employees
- Employers
- Trade/industry groups
- State legislature and local units of government
- K-12/technical/college education leaders
- Health/safety educators
- Community-based organizations
- Public health scientists
- Occupational health/primary care providers
- Workers' compensation and business liability insurance carriers
- Local law enforcement
- State and federal occupational law enforcement
- State and local health departments
- Tribes
- State regulation and licensure agencies
- Technology
- Leadership (local, state, and federal)
- Funding (local, state, and federal)
- Sound public policy (local, state, and federal)
- Healthcare resources
- Media
- State and local public health staff
- Time

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

<u>Activities</u>:

- Development of multilingual occupational health and safety information will be available for employers.
- Availability of educational programs/materials for employees who cannot read or who have difficulty reading, by employers, so that job-related health and safety information can be provided to these employees.
- Implementation of voluntary health and safety worksite inspections/evaluations by employers in order to reduce occupational injuries/illnesses.

- Increased public awareness of occupational safety and health practices for the prevention of occupational injuries, illness, and death.
- Create a resource center for information and assistance on occupational health issues.
- Increased public awareness for the need of occupational safety and health enforcement activities for the prevention of occupational injuries, illness and death.
- Increased worker input and involvement into workplace occupational safety and health programs.
- Increased use of the media to provide occupational safety and health information to the general public.
- Encourage the use and promotion of agricultural workplace safety equipment.

Participation/Reach:

- Coroners/medical examiners
- Employees working in high risk jobs
- Racial/ethnic minority groups
- Tribes
- Young workers, older workers, farmers
- Special populations at risk
- General public
- Labor unions
- Public sector workers
- Health and safety educators
- Workers' compensation and business liability insurance carriers
- Healthcare providers
- Policymakers
- Employers
- Schools (primary and secondary)

Long-term Outcome Objectives (2008-2010)

- Provide information to employees and employers related to workplace violence.
- Provide information to employees and employers regarding working conditions or practices.
- Increased knowledge by employees regarding workers' compensation benefits and how to file for benefits if injured on the job.
- Increased utilization of regulatory resources and referrals by employees and employers in order to reduce workplace hazards.
- Increased number of employees reporting non-workers' compensation situations and near-miss situations to employers.
- Increased numbers of referrals made to appropriate occupational health medical providers.
- Increased use of hazard analysis data for disease prevention activities and recognition of emerging occupational hazards and risk groups.
- Improved interagency coordination and integration of data resources so occupational issues affecting multiple programs can be dealt with in a coordinated effort.

- Integrating the National Institute for Occupational Safety and Health core variables recommended for all state occupational surveillance programs.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*
- Unions
- Employees
- Employers
- Trade/industry groups
- State legislature and local units of government
- K-12/technical/college education leaders
- Health/safety educators
- Community-based organizations
- Public health scientists
- Occupational health/primary care providers
- Workers' compensation and business liability insurance carriers
- Local law enforcement
- State and federal occupational law enforcement
- State and local health departments
- Tribes
- State regulation and licensure agencies
- Technology
- Leadership (local, state, and federal)
- Funding (local, state, and federal)
- Sound public policy (local, state, and federal)
- Healthcare resources
- Media
- State and local public health staff
- Time

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities:
- Creation of workplace remedies to provide improved work behaviors and physical surroundings. Some examples could be: decreases or elimination of mandatory overtime; best practices regarding shift work and shift rotation; following mandatory rest period laws for employees such as truck drivers and flight attendants; and providing employees with a safe, nonhazardous work environment that is ergonomically sound.
- Increased reporting of occupational injuries and illnesses (including eligible workers' compensation illness/injury/death cases) by employees to their employers.
- Increased utilization of regulatory resources to provide for an overall reduction of hazards encountered by employees in the workplace.

- Increased numbers of employees reporting noncompensatable workers' compensation situations, hazards, and near-miss situations (when an accident almost occurred) to employers.
- Increased prompt treatment for occupationally related injury or illness from appropriate healthcare medical providers.
- Utilization of hazard analysis information for disease prevention activities and for hazard recognition and identification of worker groups at risk in order to reduce work-related injury, illness, and death.
- Increase interagency coordination and integration of data resources so that accurate assessments of problem areas and most effective interventions will take place.
- Integrate the National Institute for Occupational Safety and Health core variables into the Wisconsin occupational health surveillance program.

Participation/Reach:

- Coroners/medical examiners
- Employees working in high risk jobs
- Racial/ethnic minority groups
- Tribes
- Young workers, older workers, farmers
- Special populations at risk
- General public
- Labor unions
- Public sector workers
- Health and safety educators
- Workers' compensation and business liability insurance carriers
- Healthcare providers
- Policymakers
- Employers
- Schools (primary and secondary)

Evaluation and Measurement:

Progress toward this objective will be measured by monitoring State Workers' Compensation data, hospital discharge data, clinic visit data, emergency room visit data, death certificate data, and hazard analysis data from the Wisconsin OSHA Consultation program. Development of new systems to track data regarding occupational health and worker exposure to hazards will be required in order to assure that progress toward achieving this objective is occurring.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Intentional and Unintentional Injuries and Violence: The toll of workplace unintentional injuries and workplace violence is significant. The impact of occupational injuries and violence can be felt not only with the individual employees and their families, but also by employers and their communities.

Social and Economic Factors that Influence Health: Certain populations of workers are more likely to experience increased risks of diseases and injuries in the workplace as a result of biologic, social, and/or economic characteristics such as age, race, genetic susceptibility, disability, language, literacy, culture, and low income.

Integrated Electronic Data and Information Systems: Developing data and reporting systems will be critical to establish baseline information about occupational morbidity and mortality in order to measure intervention efforts to reduce hazards in the workplace.

Sufficient, Competent Workforce: As the United States workforce grows to approximately 147 million by the year 2005, it will become older and more racially diverse. By the year 2005, minorities will represent 28 percent of the workforce and women will constitute approximately 48 percent. These changes will present new challenges to protecting worker safety and health. Workplace safety is vital in order to maintain a healthy and productive workforce in Wisconsin.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Occupational health and safety issues need to be identified, investigated, controlled, and prevented in order to maintain a healthy and productive workforce in Wisconsin. Injuries and illnesses affect not only the individual workers and their families, but also have a direct financial impact on their employers and the communities where they live.

Enforce laws and regulations that protect health and insure safety: Occupational health and safety laws need to be enforced so those employees remain healthy and productive throughout their lives.

Conduct research to seek new insights and innovative solutions to health problems: The economic shift from manufacturing to services along with changes in new processes, materials, equipment and chemicals creates new challenges regarding employee health and safety. Research studies provide important new information regarding our changing workplace environment and effective health and safety interventions.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: Occupational injury and illness can have a major impact for workers and employers (National Occupational Research Agenda, 1996). Each day in the United States, an average of 137 people die from work-related diseases, and an additional 16 die from injuries on the job (National Occupational Research Agenda, 1996). Every 5 seconds a worker is injured and every 10 seconds a worker is temporarily or permanently disabled (National Occupational Research Agenda, 1996). In 1994, occupational injuries alone cost $121 billion in lost wages and productivity; administrative expenses; healthcare; and other costs (National Occupational Research Agenda, 1996). In Wisconsin, motor vehicle crashes killed 29 people while they worked in 1998 and another 19 died from machinery or other objects (Department of Workforce Development, 1999). Almost 20,000 cases of back injuries are attributed annually to Wisconsin workplace activities (Department of Workforce Development, 1999). The total economic burden to Wisconsin has not been calculated, but in 1997, over $186 million was paid

to workers who suffered non-fatal injuries in addition to the cost of medical services to treat their injuries (Department of Workforce Development, January 1999).

Eliminate health disparities: Occupational hazards are known to be distributed differently and workers with specific biologic, social, and/or economic characteristics are more likely to have increased risks of work-related diseases and injuries. The relative proportions of these special populations (such as older workers, women, minorities, and youth) in the workforce is increasing, and it is important to focus on these populations because they have been largely underserved in the past. Surveillance and research to determine the nature and magnitude of risks experienced and to develop appropriate intervention and communication strategies will be necessary in order to eliminate these disparities.

Transform Wisconsin's public health system: Developing new comprehensive occupational health surveillance programs will provide valuable information regarding the type of occupational health conditions suffered by Wisconsin workers. Partnering with private, state, and federal agencies and organizations will also be necessary to decrease the incidence of occupational illness and injury for Wisconsin employees.

Key Interventions and/or Strategies Planned:

A reduction in occupational injury, illness, and death will occur through a variety of interventions. A state occupational surveillance program will be developed in order to improve the collection, analysis, and dissemination of occupational health data. A comprehensive and integrated state occupational injury, disease, and fatality prevention program will also be developed. Working with partners throughout the State; training and technical assistance programs, and educational materials will be created. These programs/materials will be made available to employees, employers, educators, healthcare providers, and the general public regarding ways to prevent occupational injury and disease. Resources will also be provided to those who may have questions or concerns regarding occupational issues.

References:

Centers for Disease Control and Prevention. (January, 2002). *State Injury Indicators Report*

Committee on the Health and Safety Implications of Child Labor, Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education, National Research Council, and the Institute of Medicine. (1998). *Protecting Youth at Work: Health, Safety, and Development of Working Children and Adolescents in the United States.* National Academy Press, Washington, D.C.

Knight, E.B., Castillo, D.N., & Layne, L.A. (1995). A detained analysis of work-related injury among youth treated in emergency departments. *Am J Public Health* 84(4):657-660.

National Institute for Occupational Safety and Health Alert. (May 1995). *Preventing Deaths and Injuries of Adolescent Workers.*

National Institute for Occupational Safety and Health. (August, 1997).*Child Labor Research Needs*.

National Occupational Research Agenda. National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, April 1996.

National Institute for Occupational Safety and Health. (December, 1999). *Work-related Lung Disease Surveillance Report*.

National Institute for Occupational Safety and Health. (September, 2000). *Worker Health Chartbook*

National Research Council. (1998). *Protecting Youth at Work*. Washington, D.C.: National Academy Press.

NIOSH Special Hazard Review: Child Labor Research Needs: Recommendations from the NIOSH Child Labor Working Team, August 1997.

U.S. Department of Health and Human Services. (2000). *Healthy People 2010.* 2nd ed. With Understanding and Improving Health and Objectives for Improving Health 2 vols. Chapter 2: HIV Infection and AIDS. Washington, DC: U.S. Government Printing Office.

Wisconsin Division of Public Health. Data from the Wisconsin Fatality Assessment and Control Evaluation (FACE) Program.

APPENDIX A

Healthy People 2010, November 2000, USDHHS cites the following baseline and target data:

Reduction in Deaths From Work-Related Injuries	1998 Baseline (Deaths per 100,000 Workers Aged 16 Years and Older)	2010 Target (Deaths per 100,000 Workers Aged 16 Years and Older)
(20-1a) All industry	4.5	3.2
(20-1b) Mining	23.6	16.5
(20-1c) Construction	14.6	10.2
(20-1d) Transportation	11.8	8.3
(20-1e) Agriculture, forestry, and fishing	24.1	16.9

Healthy People 2010, November 2000, USDHHS cites the following baseline and target data:

Reduction in Work-Related Injuries Resulting in Medical Treatment, Lost Time From Work, or Restricted Activity	1998 Baseline (Injuries per 100 Full-Time Workers Aged 16 Years and Older)	2010 Target (Injuries per 100 Full-Time Workers Aged 16 Years and Older)
(20-2a) All industry	6.2	4.3
(20-2b) Construction	8.7	6.1
(20-2c) Health Services	7.9 (1997)	5.5
(20-2d) Agriculture, forestry, and fishing	7.6	5.3
(20-2e) Transportation	7.9 (1997)	5.5
(20-2f) Mining	4.7	3.3
(20-2g) Manufacturing	8.5	6.0
(20-2h) Adolescent workers	4.8 (1997)	3.4

Healthy People 2010, November 2000, United States Department of Health and Human Services cites the following baseline and target data:

Reduce Pneumoconiosis deaths.
Target: 1,900 deaths
Baseline: 2,928 pneumoconiosis deaths among persons aged 15 years and older in 1997.
Target setting method: 10 percent less than the number of pneumoconiosis deaths projected for 2010 based on a 15-year trend (1982-1997).

Reduce deaths from work-related homicides.
Target: 0.4 deaths per 100,000 workers.
Baseline: 0.5 deaths per 100,000 workers aged 16 years and older were from work-related homicides in 1998.
Target setting method: 20 percent improvement (Better than the best will be used when data are available)

Reduce work-related assault.
Target: 0.60 assaults per 100 workers
Baseline: 0.85 assaults per 100 workers aged 16 years and older were work-related during 1987-1992.
Target setting method: 29 percent improvement (Better than the best will be used when data are available)
Reduce the number of persons who have elevated blood lead concentrations from work exposures.
Target: 0 per 1 million
Baseline: 93 million persons aged 16 to 64 years (25 states) had blood lead concentrations of 25 µg/dL or greater in 1998.
Target setting method: Total elimination.