

How well is Maryland protecting different types of frontline workers from COVID-19?

The answer is:

“We just don’t know because Maryland is not collecting data in a way that helps us answer this question.”

How many poultry plant workers in Maryland got COVID? How many bus drivers? How many supermarket workers? Which groups of workers are at the greatest risk? We don’t know the answers to these questions because the state is not collecting and reporting data about COVID infections by industry and occupation categories, consistent with usable labor best statistical practices used by other government agencies.

The categories used in data collection by the Maryland Department of Health (MDH), which is responsible for surveillance of COVID-19, are incompatible with datasets used by government or industry. This limits the usefulness of the data, especially for tracking industry-specific outbreaks and data, and assessing whether current public health interventions are effective at controlling the spread of COVID.

Some of these categories are overly detailed, but many of them aggregate too broadly to be useful. The current categories obscure exposures of worker groups that face and hold unique vulnerabilities to infectious disease.

For instance among known hotspots nationally, agricultural workers are currently classified as “Other Non-Public Facing” and poultry workers would be classified as “Commercial Construction and Manufacturing” – categories so broad and non-specific they dilute and make data collection to inform public health decisions nearly useless under these large categories. Without relevant information, interventions targeted at reducing the impact of the epidemic are impossible.

Maryland should collect and report infectious disease data using standardized North American Industry Classification System (NAICS) and Standard Occupational Classification (SOC) codes that properly define industry and occupation. This data can be collected easily by recording “narrative” answers to questions posed to interviewees, which computers can now classify into standardized codes, as done by other states such as Massachusetts.

Collecting industry and occupation data would allow us to characterize risk across different groups and target interventions that could better protect the public.

Why is this important for public health? Because frontline workers are members of our communities and have sustained the state even before the pandemic. The pandemic has further revealed the great vulnerabilities faced by many frontline workers, who are disproportionately workers of color in low-wage industries. Current data collection, for example, masks infections in the meat and poultry processing industry, which nationally was a COVID-19 hotspot.



Currently, MDH reports data on the employment of those infected in **ONLY** the following categories:

- Barber/Salon/Spa Services
- Childcare/Education
- Commercial Construction and Manufacturing
- Healthcare
- Hotel/Hospitality/Janitorial
- Police/Fire/Military
- Restaurant/Food
- Retail – Essential Workers
- Transportation
- Other Non-Public Facing
- Other Public Facing

We Need Better Public Health Policy

A change to using standardized NAICS industry and SOC occupational codes will result in data that will assist the public health community to identify spikes and outbreaks in workplaces and to better evaluate the risks among various groups of workers. Using standardized data codes allows data to be compared across industries and states for future public health efforts.

For further information contact

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