medicine, industrial hygiene, and health education? What kinds of occupational diseases and injuries are seen most often? A survey of 50 occupational health clinics in Massachusetts was recently conducted to discover the answers to these and other questions. The prevalence of these clinics raises important policy issues concerning whether state health departments should have a role in accrediting these clinics and whether compliance with regulations requiring mandatory reporting of occupational diseases should be a criterion for accreditation. In addition, ethical and legal issues regarding patient confidentiality, return to work services, and whether the clinics see themselves as ultimately responsible to the patient or the employer are important points for consideration. Finally, the role occupational medicine physicians play in evaluating workplace hazards and educating patients and their employers will be explored.

State Occupational Mortality Data: Uses, Users, and Opportunities

Gwendolyn Doebbert, K. Riedmiller, California Department of Health Services, Sacramento, CA

Demand for information about workers' health has markedly increased in California, coinciding with growing public health concerns regarding health care cost containment and health risks associated with work site exposures. The occupational and industry (O/I) items from death records serve as an invaluable data resource. Data from the California Occupational Mortality Study (COMS) have been used to verify risks, and to allocate scarce resources for research, prevention, and intervention activities. Further, this study has provided information for public policy formation, and has been used to generate hypotheses regarding work-associated morbidity and mortality. This paper will present an overview of who needs state-level O/I data, and will review case examples of how these data are being used.

California's experience indicates that it is critical that state O/I data be integrated into the national vital records system. Emerging technologies, which offer new opportunities for cost effective implementation, will be reviewed.

Update on OSHA Ergonomics Activities

Raymond Donnelly, R. Stephens, OSHA, Washington, DC

Ergonomic concerns continue to increase and impact many state-based OSHA programs. The goal of this presentation is to provide the latest information regarding CTD's, back injuries, VDT's, meat packing programs, and other areas of concern. Compliance initiatives, guideline generation and rule making activity will also be addressed.

An Overview of the NIOSH State-Based Fatal Accident Circumstances and Epidemiology Project

John M. Dower, T. J. Pizatella, CDC, NIOSH, Morgantown, WV

In October 1989, NIOSH, through its Division of Safety Research (DSR), sponsored cooperative

agreements for conducting selected fatality investigations at the state level using the Fatal Accident Circumstances and Epidemiology (FACE) research methodology. Three states--Colorado, New Jersey, and Massachusetts--were provided funds to conduct FACE-type fatality investigations through state departments of Health and/or Labor. All state programs, although structured differently, have a surveillance component for identifying electrocution, fall and confined space-related fatalities, and an investigation component for conducting on-site investigations. The state-based FACE activities complement the in-house NIOSH FACE program, and share the goal of identifying factors that may increase the risk of work-related fatal injury. State-based FACE investigations provide states with the ability to target specific research and prevention efforts within their state. State intervention strategies should enable more effective fatality countermeasures to be developed and implemented by employers, employees, and state and federal regulatory agencies. State-based FACE program activities in fiscal year 1990 were committed to developing notification systems, recruiting and training personnel, evaluating intervention strategies, and conducting 38 FACE-type investigations. NIOSH DSR support activities, project start-up lessons and future program directions will be discussed. The ultimate goal of this project is to conduct FACE investigations of all work-related deaths at the state level.

Grassroots Worker Protection: The Case for State Occupational Safety and Health Programs

Douglas Earle, Michigan Department of Labor, Lansing, MI; N. Burkheimer, Department of Licensing and Regulation, Baltimore, MD

They conduct almost 70 percent of the Occupational Safety and Health Act enforcement inspections in the United States. They cite more violations, order more hazards abated, and they do it all with fewer personnel and for about half the tax dollars spent by their federal brothers and sisters at the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA).

"They" are the 25 states and territories which operate their own OSHA programs as provided for under Section 18 of the Occupational Safety and Health Act of 1970.

In the enforcement area, state programs conducted 113,582 inspections during the period of October 1, 1988 to September 30, 1989, compared to 54,557 by federal OSHA. Sixteen thousand of these inspections occurred at sites operated by state, county and city government employers. "State-plan" states cited employers for 386,723 violations of occupational safety and health regulations while federal OSHA identified fewer than half that number, citing only 184,620 violations. Of key importance is the fact that the USDOL program covers almost twice as many establishments as the state enforcement programs.

Occupational Health Service Planning and Delivery at a Large HMO

Adrianne Feldstein, Northwest Kaiser Permanente, Portland, OR

Northwest Kaiser Permanente serves 370,000 members in Northwest Oregon and Southwest

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