

An Examination of Trends in Occupational Medicine Practices and Worker Access to Health Care

David H. Pedersen, CDC, NIOSH, Cincinnati, OH

NIOSH national surveys of the workplace conducted in 1972 and 1981 indicate considerable change in both the manner in which occupational medicine services are delivered to the workforce and in the traditional role of the occupational health physician. Trend analysis indicates that, as a whole, the workforce in the manufacturing sector is being provided with increasing access to medical care as a consequence of employment. There is a parallel trend to provide these services off-site, primarily through contractual sources. There also appears to be a tendency to eliminate the traditional on-site occupational medicine physician in favor of contractual sources of care. Since the NIOSH data indicates that on-site provision of physician services in both small and large industrial facilities appears to be more comprehensive and to be provided more frequently, there is some concern about the ultimate effect on the health of the workforce.

Lead-Based Paint Abatement: A State's Attempt at Regulatory Control

Lewis D. Pepper, Massachusetts Department of Public Health, Cambridge, MA; R. Rabin, Massachusetts Department of Labor and Industries, West Newton, MA

Lead-based paint, a major source of environmental lead, is a cause of childhood and adult occupational lead poisoning. The Massachusetts Department of Public Health Childhood Poisoning Prevention Law was modified to give the Department of Labor and Industries (DLI) authority to ensure the health and safety of deleaders. Approximately 60% of Massachusetts residences contain lead-based paint in the interior or exterior. Deleaders are not protected by the OSHA Lead Standard or Massachusetts regulations regarding lead exposure. The presentation will include a summary of the Massachusetts Lead Law and Deleading Regulations. Included will be a description of the DLI's unique enforcement program which requires both medical surveillance and training for deleaders. Common deleading techniques and required exposure controls will be presented. Typical exposure problem areas associated with deleading will be discussed. The program's medical surveillance component, which includes periodic blood lead testing, will be described and the results for the first year will be given.

Key Points for State Legislation for Occupational Disease Surveillance and Control

Dennis M. Perrotta, Texas Department of Health, Austin, TX

State governments interested in determining the impact and severity of occupational diseases in their jurisdictions may require specific enabling legislation to collect needed incidence data. State occupational health efforts must examine local issues of case recognition, reporting, collation and analyses, and make provisions for follow-up. Therefore, an overall approach, of which surveillance is but one part, should address issues of confidentiality, right-of-access to medical records, future changes to the list of reportable conditions, mandatory reporting, acting



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