Improving Worker Safety and Health among American Indians/Alaska Natives:
A Partnership Workshop

Challenges identified by participants – verbatim from the workshop brainstorming session

- Data and surveillance
    - National databases are designed for nationwide data and use/perspective
    - Sources vary by state and Tribe
    - Tribes need to be specific in data requests
    - Databases rely on OHSA reporting and many tribal health issues may not qualify
    - Underreported in at risk populations
    - Identification of injuries is not happening
    - Can't access recent (<3 years) data
    - Companies not policed, no oversight, may fudge numbers
- Leadership
    - Tribal administration turnover limits program advancement
    - Validity – funders may not see Tribe as credible

Potential solutions

- Resources
    - Deal with resource deficiency
    - Construct tribal surveillance systems
    - Train tribal staff to collect surveillance data
    - Have Tribal health clinics collect occupation health data on participants
- Education and training
    - Tribal leaders need to understand and support, education on OSH
    - Make business case for OSH
    - Make OSH a priority for national and area orgs
    - Technical assistance (TA) to health clinics on using OSH billing codes (e.g., Current Procedural Terminology, or CPT Codes)
- Partnership development
    - Engage Tribal Epidemiology Centers in OSH data collection
    - Bring in external experts
    - Link researchers with Tribes, especially technology

Resources identified by participants needed to improve Tribal OSH

- Follow-up communication and products
    - Steering Committee on AI/AN OSH
    - Develop a pocket guide to establish a Tribal OSHA, list staffing, credentials, programming
    - Resource directory for Tribes and Urban Indian Programs
    - Fact sheets
    - Online repository
    - Monthly update email

- o Follow up call
  - o Send e-copy of contact information
  - o Talking points for attendees or a letter for Tribal leaders, summary, include objectives
  - o NIOSH would like to hear about Tribal actions after meeting
  - o Create a list-serv
  - o Need some kind of activity, use NIOSH as a platform for growth
  - o NIOSH would like to hear about Tribal actions after meeting
  - o Site visits
- Training and education
  - o Scholarships – formal education
  - o Funding for training & equipment, e.g., hazmat abatement, containment
  - o Develop relevant online training; OSH 101 (accepted language, accepted credentials), construction safety
  - o Training & recognition in Native-specific ways
  - o How to incorporate traditional values and healing
- Partnership Development
  - o Indian Health Service involvement
  - o OSHA Tribal Liaison – existence or visibility
- Surveillance
  - o Data Analysis for AI/AN
- Miscellaneous
  - o Understanding regulatory authority for Alaska and non-land based tribes
  - o How to address urban AI/AN issues
  - o Guidance on how to reach people at the policy level
  - o Make it formal, have a coordinator

Additional resources

- Navajo Nation OSHA, https://www.facebook.com/officialnnosha

- Shoshone-Bannock TOSHA, http://www.shoshonebannocktribes.com/tero/TOSHA/index.html

- Northwest Portland Area Indian Health Board, IDEA-NW (example of Tribal Org partner with state on surveillance data) http://www.npaihb.org/epicenter/project/improving_data_enhancing_access_northwest_idea_nw

- Dangerous Decibels, http://www.dangerousdecibels.org/

- Funding Opportunity, PAR-14-275, State Occupational Health & Safety Surveillance Program, $130,000/yr for 5 years, Due Sept 14, http://grants.nih.gov/grants/guide/pa-files/PAR-14-275.html

- Mountain & Plains ERC, http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/maperc/training/Pages/aboutmaperc.aspx

- Miner's clinic, http://www.nationaljewish.org/programs/prevention/miners-clinic