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February 24, 2021

**The U.S. Department of Health and Human Services: The
National Institute for Occupational Safety and Health
(NIOSH) within the Centers for Disease Control and
Prevention (CDC)**

**RE: Input on a draft document entitled, "American Indian
and Alaska Native (AI/AN) Worker Safety and Health
Strategic Plan, 2022-2031**

Sent via email to: niocindocket@cdc.gov

Dear Ladies/Gentlemen;

Please accept this cover letter and the attached written
comments regarding feedback and recommendations on a draft
document entitled, "American Indian and Alaska Native
(AI/AN) Worker Safety and Health Strategic Plan, 2022-2031"
submitted on behalf of the Sault Ste. Marie Tribe of Chippewa
Indians.

Respectfully,

A handwritten signature in blue ink that reads "Aaron A. Payment".

Aaron A. Payment, Chairperson

**Dr. Aaron Payment,
Chairperson
Sault Ste. Marie Tribe of Chippewa Indians**

Testimony

**For
Consultation Between
The Tribal Nations
And
U.S. Department of Health and Human Services**

Regarding

**Input on draft document entitled, “American Indian and Alaska Native (AI/AN) Worker
Safety and Health Strategic Plan, 2022-2031”**

Aaron Payment, n'dizhnikaaz. Kina Baawaa'ting Anishinaabek Omaa go nda Onji-kida. My name is Aaron Payment. As the elected Chairperson of the Sault Ste. Marie Tribe of Chippewa Indians (“the Tribe”), I am submitting testimony on behalf of the Tribe. This Testimony is in response to the National Institute for Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC) request for comment regarding feedback and recommendations on a draft document entitled, “American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan, 2022-2031.”

1. Does the plan address the most pressing occupational safety and health concerns for the AI/AN workforce? If not, what would you suggest be included or removed, and why?

Reviewing the Document I believe it does address most of the pressing issues, but Tribes need to put together an internal safety training plan that assures that all Supervisors and Managers are attending the OSHA/OSH/NIOSH Training Class. Also, Tribes and Managers should take an OSHA Safety Course for 10 or 30 Hours to truly understand the importance of Safety in the work place.

Suggest to be included:

- We need to spend time with Tribal Councils and explain the importance of Safety. By explaining how Safety is here to protect not only their employees, but themselves as well. Also their Tribes from injury or even worse such as someone losing their life.
- Needs to include and emphasize the importance of Upper Management Involvement and Commitment to the Safety Process (training, policies and procedures).
- Other suggestion would be to explain what Leading and Lagging Indicators are and how most Safety Programs use Lagging Indicators.

- How we should change to Safety Systems/Process and use Leading Indicators.
- How does safety leadership assure improvement?
- Can safety leadership be defined in behavioral terms?
- Are there best practices in senior safety leadership?
- Is leadership behavior subject to the same principles as front-line employee or supervisory behavior?
- Do we address Best Practices for leadership in areas of: Vision, Credibility, Action Oriented, Open Communication, Accountability, Feedback, and Recognition?
- **Vision is important because:** Helps others question and rethink their assumptions about safety, Demonstrates willingness to consider and accept new ideas, Challenges and inspires people around the safety vision and values, and Describes a compelling picture of what the future could be.
- **Credibility is important because:** Admits mistakes to self and others, Gives honest information about safety performance even if it is not well received, Acts consistently in setting and applying safety standards, Demonstrates personal concern for employee well-being, and Treats others with dignity and respect.
- **Action Oriented is important because:** Is proactive rather than reactive in addressing safety issues, Gives a timely, considered response to safety concerns, Performance driven – delivers results with speed and excellence, Focuses safety efforts on the most important priorities, and Seizes safety improvement opportunities when they arise.
- **Open Communication is important because:** Keeps people informed about the “big pictures” in safety, Encourages people to give honest and complete information about safety even if the information is unfavorable, Actively communicates and discusses safety information with direct reports and Makes sure that others feel comfortable and safe in raising issues and concerns.
- **Accountability is important because:** Gives people a fair appraisal of their efforts and results in safety, Clearly communicates people’s roles in safety, Fosters a sense that people are responsible for the level of safety in their organizational unit, Sets clear responsibilities in safety for direct reports, Holds people accountable for meeting their commitments, and Regularly reviews with direct reports indicators of their safety performance.
- **Feedback and Recognition is important because:** Publicly recognizes the contributions of others, Readily recognizes people for safety work well done, Praises safety efforts more often than criticizes them, Gives positive feedback and recognition for good performance, and Finds ways to celebrate accomplishments in safety.

For more changes please see attached Draft-NIOSH-AIAN-Strategic Plan Nov2021, edits in red.

2. **What recommendations do you have for NIOSH for partnering with tribal nations to conduct the activities described in this plan?**

I recommend working with the Tribal Councils in each tribe, explaining the importance of Safety and how this plan is a start to having a place of employment free of recognized hazards. I would even offer to have some of those that are on Tribal Council take an OSHA 10 Hour class or accompany someone on an Audit of their Facility/ Property to understand the full value of Safety. Review the Accident Numbers (that are referenced in the document) to make it close and personal to them.

Also, NIOSH's success is dependent upon their ability to honor tribes' sovereignty. Government to government relations is a priority for tribal nations and the federally required consultation process is expected by tribes of all federal agencies and departments. Secondary, to respecting and honoring tribe's inherent right to self-government is honoring each tribe's traditional practices and customs. Gatherings of the Nations is customarily done with feasts, prayers, gifts- especially for "new beginnings".

Draft Improvements:

1. Include a Broad Strategic Goal to encapsulate the objectives.
2. Provide target deadlines for each objective.

3. **What other organizations may have an interest in collaborating with NIOSH to improve occupational safety and health for AI/AN workers?**

Some of the Tribes are Self-Insured and have Safety and Loss Prevention Risk Manager Professional that they are already working with and who they already trust. My suggestion would be to ask these groups to help assist in this process. Some of these groups already have strong relationships. For those that are not Self Insured I would find out if there is a Group or Safety Consultants they may already be using and trust.

List of organizations that may have interest in collaborating:

- Bureau of Indian Affairs (BIA)
- Department of Labor (DOL)
- Federal Emergency Management Agency (FEMA)
- Food and Drug Administration (FDA)
- Occupational Safety and Health Administration (OSHA)
- Society for Human Resource Management (SHRM)
- State Employment Agencies (Michigan Works!- employment related data that could be utilized in cross functional research studies)

4. **How might NIOSH improve communication with tribal nations regarding worker safety and health issues?**

NIOSH can improve communication with Incident Data and Cost, these things always seem to catch everyone's attention. Show how Safety can improve the Bottom Line or how Safety can destroy your bottom line. Also, explain how important it is to have a Strong Safety program with Supported Policies and Safety Procedures. The question is are all Tribes exempt for Law Suits if not explain how this can happen and the results if they are taken to court and held account for their members Safety while on the job.

Please see comments in document under Communication Goal for more improvements on communication.

5. What support may be needed to address occupational safety and health concerns for the AI/AN workforce?

This needs to be driven from the Top Down, if the employees see that the Tribal Councils, Managers and Supervisors are behind the Safety Classes, Safety Training, Safety Inspections, Safety PPE use then the employees and Tribal Members are going to look up to their elders with respect and follow their lead. You need to have Tribal Councils, Managers and Supervisors take the lead and tell their Members this is how it is going to be Safety First from Top Down. Also, if Tribal Councils made it Mandatory that all Supervisors are going to be held accountable for Safety and then make them set Goals for them to reach.

Support Staff needed: all should be involved at some level and supportive of the entire safety process.

- Safety Professionals
- Risk Managers
- Human Resources
- Management
- Trainers and Educators
- Supervisors
- Tribal Councils
- Employees

These numbers should be getting someone's attention, why wait for this to happen on your property it has already been happening elsewhere, they can stop this now by making changes internally so these number do not grow and that here forward all Tribal Properties are protected along with their employees.

According to the Bureau of Labor Statistics, 336 AI/AN workers were killed on-the-job during 2007 – 2016 – an average of 34 fatalities each year. For most of those fatalities occurred among male workers (308, 92%). The industries with the most fatalities were

construction (78), agriculture/forestry/fishing (49), and transportation and warehousing (33).

On another note change the definition of fully COVID-19 vaccinated employee to three doses of mRNA vaccine. The goals and objectives outline in the Draft Plan indicate supports needed to help with NIOSH projects.

Conclusion:

In conclusion, thank you for giving my Tribe the opportunity to comment. If you have any questions or need additional information, please do not hesitate to contact me or the Sault Ste. Marie Tribe of Chippewa Indians Legislative Director, Mike McCoy at MMcCoy@saulttribe.net. As always, my Tribe looks forward to working in partnership with the federal government.

American Indian and Alaska Native Worker Safety and Health Strategic Plan _ DRAFT

Executive Summary

This strategic plan defines and prioritizes occupational safety and health (OSH) research related to American Indian and Alaska Native (AI/AN) workers for 2022–2031. This strategic plan focuses on conducting priority research and outreach activities to prevent injuries, illnesses, and fatalities to AI/AN workers. The objectives are organized by four areas of focus: (1) research, (2) practice, (3) policy, and (4) capacity building, (5) Communication Strategy, and (6) Public Health Emerging Threats & Worker Safety. The ~~four~~ six focus areas were developed based upon input received at the Improving Worker Safety and Health Among American Indians and Alaska Natives: Partnership Workshop in 2015 and the Building Bridges to Enhance the Well-Being of American Indian and Alaska Native Workshop in 2019 in Denver, CO, a review of relevant strategic plans and feedback received in 2022 from tribes.

Abbreviations

- Agriculture Centers (AgCenters)
- American Indian and Alaska Native (AI/AN)
- Bureau of Indian Affairs (BIA)
- Centers for Disease Control and Prevention (CDC)
- Center for Health, Work and Environment (CHWE)
- Center for State, Tribal, Local and Territorial Support (CSTLTS)
- Department of Labor (DOL)
- Education and Research Centers (ERCs)
- Indian Health Service (IHS)
- Minority Serving Institution (MSI)
- National Institute for Occupational Safety and Health (NIOSH)
- National Indian Health Board (NIHB)
- Occupational Safety and Health (OSH)
- Occupational Safety and Health Administration (OSHA)
- Total Worker Health® (TWH)
- Tribal Employment Rights Office (TERO)
- Tribal Epidemiology Center (TEC)
- United States Forestry Service (USFS)

32 **Introduction**

33 The National Institute for Occupational Safety and Health (NIOSH) is the U.S. federal agency that conducts
34 research and makes recommendations to prevent worker injury and illness. NIOSH was established under the
35 Occupational Safety and Health Act of 1970. It is part of the Centers for Disease Control and Prevention (CDC)
36 located within the U.S. Department of Health and Human Services. In 2013, NIOSH launched an initiative to
37 partner with AI/AN communities, tribal-serving organizations, and others to improve occupational safety and
38 health (OSH) for AI/AN workers. The initiative's main goal is to build and strengthen capacity to assure that
39 AI/AN workers return home safely to their families and communities. All activities are coordinated with CDC's
40 Center for State, Tribal, Local and Territorial Support (CSTLTS).

41 NIOSH guided the development of this strategic plan and hopes the strategic plan will serve as a blueprint to
42 enhance the health, safety, and well-being of AI/AN workers across the United States. This strategic plan can
43 serve as a springboard for agencies and organizations developing partnerships and collaborations, guiding grant
44 writing and development efforts, establishing research priorities, examining and enhancing internal capacities,
45 and developing and implementing local worker safety and health activities.

46 **Background and Context**

47 **Improving Worker Safety and Health Among American Indian and Alaska Natives: A Partnership Workshop**

48 To enhance worker safety and health in tribal communities and develop partnerships, NIOSH and the Center for
49 Health, Work and Environment (CHWE), a Center within the Colorado School of Public Health, convened a
50 partnership workshop on OSH issues of AI/AN workers in August 2015 in Denver, CO. Thirty-two attendees from
51 tribes, tribal-serving organizations, academia, and state and federal government agencies came together to
52 advance worker safety and health in tribal communities. ***How many were tribes, and or tribal government**
53 **representatives?** This was the first such AI/AN-specific gathering of this nature, and proved successful in
54 providing information, sharing resources, establishing new relationships, and strengthen existing ones among
55 the participants. Additionally, an AI/AN OSH network was created to nurture relationships and build capacity.

56 **Building Bridges to Enhance the Well-Being of American Indian and Alaska Native Workshop**

57 To further advance worker safety and health in tribal communities, NIOSH, in partnership with the CHWE and
58 the National Indian Health Board (NIHB), organized a second workshop in July 2019 in Denver, CO. This
59 workshop focused on worker safety and health activities in tribal communities with over fifty participants
60 including tribal, academic and government partners. Discussions included a variety of OSH topics ranging from

61 data sharing to tribal OSH codes. Participants also helped guide the development of this strategic plan by
62 providing specific input on areas of focus, helping to identify needs, and discussing elements, such as the
63 appropriate audience, and obtaining support and buy-in for a national strategic plan.

64 **Tribal Sovereignty**

65 AI/AN tribes are sovereign nations that maintain a government-to-government relationship with the U.S. federal
66 government.⁶ There are currently 574 federally recognized tribes throughout the contiguous U.S. and Alaska.⁷ In
67 addition to exercising political sovereignty, tribes exercise cultural sovereignty through traditions and religious
68 practices unique to each tribe's history and culture.⁸ Cultural sovereignty "encompasses the spiritual, emotional,
69 mental, and physical aspects" of Native people's lives and is a foundation to the tribal exercise of political
70 sovereignty.⁸

71 **Tribal Workforce Data**

72 Little is known about OSH among AI/AN workers, although they account for 2.7 million or 1.8% of the total U.S.
73 workforce.³ These workers are employed in a wide variety of occupations, with the highest numbers in office
74 and administrative support, sales and related occupations, management, transportation and material moving,
75 and food preparation and serving.³ Many AI/AN workers are also employed through tribal enterprises such as
76 medical care, housing, manufactured products, food production, livestock, and tourism. Tribes are often the
77 largest employer on tribal lands **and support local and state economies.**

78 According to the Bureau of Labor Statistics, 336 AI/AN workers were killed on-the-job during 2007 – 2016 – an
79 average of 34 fatalities each year.⁴ Most of those fatalities occurred among male workers (308, 92%). The
80 industries with the most fatalities were construction (78), agriculture/forestry/fishing (49), and transportation
81 and warehousing (33). The proportion of AI/AN workers living on tribal land is unknown; therefore, the number
82 of worker deaths are likely underrepresented.

83 AI/AN workers are 42 percent more likely to be employed in a high-risk occupation (defined as an occupation
84 where the injury and illness rate is more than twice the national average) as compared with non-Hispanic
85 Whites.⁵ National data on occupational injuries, illnesses, and fatalities among AI/AN workers are scarce, and
86 there is limited research on worker safety, health, and well-being in tribal communities. Given the lack of data,
87 the true numbers of workers injuries, illnesses, and fatalities are likely much higher.

88 **Focus Areas for American Indian and Alaska Native Workers**

89 The American Indian and Alaska Native Worker Safety and Health Strategic Plan is intended to identify the
90 research, information, and actions that can help prevent occupational injuries, illnesses, and fatalities among
91 AI/AN workers. This plan provides a vehicle for partners to describe the most relevant issues, gaps, and safety
92 and health needs in tribal communities. OSH initiatives are best implemented and most effective when
93 incorporating or wholly utilizing the cultural practices of the relevant community. **Given each tribal community
94 will have its own distinct cultural practices, ongoing regular communications with tribes individually and as a
95 larger group will be necessary in meeting the needs of AI/AN workers and policy makers.**

96 Because the strategic plan is intended to inform national occupational safety and health efforts for AI/AN
97 workers through a strategic focus on four topic areas, it cannot at the same time be an inventory of all OSH
98 issues worthy of attention. Those who contributed to the development of this agenda believed that the number
99 of priority topics should be limited in scope so that resources could be focused on a manageable set of
100 objectives, thereby increasing the likelihood of substantial impact in the workplace. These objectives are
101 organized into ~~four~~ **six** areas of focus: (1) research, (2) practice, (3) policy, (4) capacity building, (5)
102 **Communication Strategy, and (6) Public Health Emerging Threats & Worker Safety. Goals 1-4 were established**
103 **based on input from both the 2015 and 2019 workshops and a review of other relevant strategic plans. Goals 5-6**
104 **were added in 2022 after additional input was sought to update existing NIOSH AIAN Strategic Plan.**

105 These objectives are listed in no specific order, and no prioritization is placed upon any item; rather, they
106 capture the array of opportunities ~~that are available to engage in the~~ **collaborate with AI/AN Tribes to increase**
107 **AI/AN Occupational Health and Safety of AI/AN Workers. The work outlined in this strategic plan.** It is
108 acknowledged that tribes are approaching these issues with varying capacities and resources, and their own
109 internal priorities established by their community and ~~their~~ governments. NIOSH encourages tribes and ~~their~~ **its**
110 partners to examine the list of objectives to determine what is feasible to achieve locally and constitutes the
111 best path forward.

112 **Who are the intended audiences?**

113 ~~This plan~~ **American Indian and Alaska Native Worker Safety and Health Strategic Plan _ DRAFT** was developed to
114 provide relevant objectives for tribes, tribal OSH professionals, tribal-serving organizations, tribal
115 epidemiologists, government agencies, state and local health departments, academia, and physicians. Some
116 focus areas, and certainly some of the objectives, will appeal to specific audiences and consequently create a
117 path for bringing together many of the potential and intended partners.

118 **How was the strategic plan developed?**

119 The strategic plan was developed in collaboration with tribes, tribal-serving organizations, NIOSH researchers,
120 academia, state and local health departments and government agencies conducting research and doing work in
121 tribal communities and high-risk sectors of employment. Based on input and discussions at the 2015 and 2019
122 tribal worker safety and health workshops, in combination with a review of relevant strategic plans, the four
123 focus areas were established. Partners and collaborators also had the opportunity to review the plan, and their
124 comments were incorporated.

125 **The Four Focus Areas**

126 Because OSH resources are limited, this agenda focuses on priority OSH operations, workers, and issues based
127 on what is currently known about safety and health risks in industries within tribal communities. Previous
128 discussions on leading causes of fatalities, injuries, and hazardous exposures—along with partner experience
129 and expertise—were all considered when selecting objectives contained within these four focus areas. This plan
130 **must** be flexible to account for diversity and uniqueness of each tribe. The plan is a collaborative model that
131 includes tribal partners and other collaborators. The concept of collaboration was inspired by input from
132 workshop participants who stressed that traditional indigenous models, such as the medicine wheel, are built
133 around ideas of coming together and finding similarity and linkages.

134 **1. Research**

135 Research related to AI/AN worker safety, health, and well-being is vital. As we consider the safety and health of
136 all workers, there is a lack of information and data on injury, illness, fatality data related to AI/AN workers. We
137 **must** identify objectives to frame how the work in this area should move forward. More basic, surveillance, and
138 translation research will provide needed information to better determine how best to serve AI/AN workers.
139 Basic research builds a foundation of scientific knowledge to base future interventions. Most laboratory
140 research falls into this category, as well as exposure assessment. Surveillance research develops new
141 surveillance methods, tools, and analytical techniques. Translational research
142 engages in the development, testing, or evaluation of a solution to an occupational safety and health problem or
143 the improvement of an existing intervention. Data are critical, driving both decisions and policy. We also use
144 data for evaluating the impact of programs, quantifying progress towards objectives, and identifying barriers to
145 issues related to AI/AN worker, safety, health and well-being. Given that scientific research involving unethical
146 treatment has occurred in Indian Country, **tribes must be engaged** *Rephrase anything that is a **must**. **Must** is
147 **authoritative and not collaborative. Tribes are sovereign nations and must be treated with the respect and**

148 **dignity sovereignty implies.*** in the early phases of research development, and ultimately research **must** be
149 directed and managed by tribes.

150

151 **Research (RE) Objectives**

152 RE1. Identify and evaluate data sources that can be used or enhanced to describe OSH risk factors among
153 AI/AN workers.

154 RE2. Conduct basic research to identify OSH risks among AI/AN workers and how they can be mitigated.

155 RE3. Conduct research to characterize the AI/AN workforce.

156 RE4. Identify factors (i.e., social, legal, economic, and environmental) that contribute to occupational injuries,
157 illnesses, and fatalities among AI/AN workers.

158 RE5. Conduct translational research to identify barriers and aids to implementing OSH interventions and
159 programs in tribal communities.

160 RE6. Build OSH research capacity in tribes, tribal-serving organizations, and academic institutions.

161 RE7. Incorporate participatory and traditional indigenous approaches (e.g. ancestral wisdom) when
162 designing, implementing, and evaluating safety, health, and well-being initiatives.

163 **2. Practice**

164 This focus area centers on adopting and adapting knowledge, interventions, and technologies within the
165 workplace to improve the safety, health, and well-being of AI/AN workers, and to strengthen workplace safety
166 and health practices. **As tribes enter the field of worker safety and health*re-word, implies tribes don't know**
167 **what they are doing; implies tribes have just entered the field of working, etc.***, they will present with different
168 resources, infrastructure, capacity, and experience. As previously mentioned, tribes **must** determine the most
169 beneficial and feasible practices to undertake.

170 **Practice (PR) Objectives**

171 PR1. Complete a preliminary assessment to create a priority list of OSH topics to guide materials and
172 partnership development.

173 PR2. Share existing information about OSH and benefits of OSH programs among AI/AN workers, employers,
174 professional associations and others.

175 PR3. Collaborate with partners ***identify the partners (federal agencies, state departments, tribes, etc. ?)** on
176 adopting and using health and safety workplace practices, interventions, and technologies that are
177 tailored for AI/AN workers.

178 PR4. **Collaborate with Department of Labor (DOL)** ~~Scan for existing~~ **to provide** materials that could be
179 adapted, and develop toolkits, guidelines, assessments, and other resources that address worker
180 safety, health, and well-being for practitioners in tribal communities.

181 PR5. Create a clearinghouse of tribal OSH materials, **data, and processes** that can be adapted and used by
182 ~~other~~ **all tribes across the United States.**

183 PR6. Implement effective and culturally appropriate strategies to integrate worker safety and health
184 protection with activities that advance the overall well-being of AI/AN workers.

185 PR7. Evaluate and demonstrate **with the assistance of tribal governance representatives**, the impact of health
186 and safety initiatives on improving worker safety, health, and well-being.

187 PR8. Provide feedback to AI/AN workers and other partners who may use resources.

188 3. Policy

189 As sovereign nations, tribes have inherent authority to protect the public health and welfare of their citizens and
190 “to make their own laws and be ruled by them.”⁵ Thus, in the context of OSH, tribes have the authority and
191 insight into how to promote OSH using methods most appropriate for their communities.⁶ Tribes have exercised
192 this authority by passing laws, codes, and policies related to OSH and by providing OSH services through tribal
193 agencies and programs.⁷ This focus area refers to all aspects of implementing policy on OSH not only at the tribal
194 level, but also at the local, state, and federal levels. This includes, but is not limited to, policy research,
195 development, implementation, and evaluation.

196 Policy (PO) Objectives

197 **PO1. Establish Memorandums of Understanding with federally recognized tribes as they partner with NIOSH**
198 **to develop and implement policies to protect AI/An Workers on and off tribal reservations.**

199 PO1. Identify and assess the prevalence and effectiveness of existing OSH laws, codes, or policies in tribal
200 communities.

201 PO2. Share evidence and explain how it can be used to inform policy development. Monitor and evaluate
202 OSH laws, codes, or policies that address worker safety, health, and well-being of AI/AN workers.

203 PO3. Facilitate information sharing between tribal leaders, workers, communities, and other internal and
204 external partners on effective OSH laws, codes, or policies.

205 PO4. At the direction of tribal leadership, incorporate participatory and traditional Indigenous approaches
206 when developing policy change to positively impact the safety, health, and well-being of AI/AN
207 workers.

208 PO5. Encourage and facilitate meaningful tribal consultation regarding OSH laws, codes, or policies among
209 external partners.

210 PO6. Integrate a work agenda into economic development policy and projects on tribal land.

211 **PO7. Quarterly Communication Newsletters, Memos with objective attainment progress, upcoming**
212 **meetings, trainings, etc.**

213 **PO8. Annual consultation, process, feedback loop, proposed a) policy changes related to NIOSH AI/AN**
214 **workers, b) Strategic Plan Evaluation.**

215 **4. Capacity Building**

216 This focus area refers to a broad range of objectives that will raise the collective or individual ability of tribes to
217 promote and practice OSH in their communities. This can take the shape of training, technology transfer, or even
218 financial support—and it can span raising the capacity across the three previously discussed focus areas. OSH
219 training is a key way to reduce the risk of occupational illness, injury, and death. Furthermore, AI/AN people are
220 underrepresented in the public health and OSH workforce. Addressing the needs of AI/AN populations in
221 fellowships, internships, trainings, and volunteer opportunities for students and professionals could increase the
222 pipeline of AI/AN workers in OSH.

223 **Capacity (CA) Building Objectives:**

- 224 CA1. Increase professional development opportunities related to OSH for AI/AN workers.
- 225 CA2. Use incentive programs to encourage developing or implementing OSH practices at the tribal level.
- 226 CA3. Collaborate with the relevant state and federal agencies to conduct outreach with tribes for applicable
227 training and certification opportunities in OSH.
- 228 CA4. Create a tribal “train the trainer” program for key OSH topical areas.
- 229 CA5. Increase the number of AI/AN enrolled in OSH training programs.
- 230 CA6. Conduct symposia on local worker safety, health, and well-being in tribal communities.
- 231 CA7. Engage with industry partners to formulate complementary and/or best practices for OSH.
- 232 CA8. Provide technical assistance to inform development/drafting of OSH law/code/policy/guidance
233 documents when requested. Evaluate Progress

234 **5. Communication Strategy**

235 **Continuous communication is paramount in relationship building between governments and agencies. NIOSH**
236 **will honor the inherent sovereignty of tribes by focusing on key communication objectives with tribes.**

237

238 **Communication Strategy (CS) Objectives:**

239 **CS1. Annual Reports will be derived from PR.5 and shared with tribes individually and through National Congress**
240 **of American Indians.**

241 **CS2. Annual NIOSH Goals, Objectives will be reported on to tribes and the National Congress of American**
242 **Indians.**

243 CS3. An annual Consultation session will be scheduled, at least 6 months in advance, with each federally
244 recognized Indian Tribe and Alaskan Native Tribe.

245 CS4. Annual sharing and updating of the data sharing agreement for PR5: Create a clearinghouse of tribal OSH
246 materials that can be adapted and used by other tribes.

247

248 6. Public Health Emerging Threats & Worker Safety

249 PH1. Establish communication protocols between agencies (FEMA, CDC, DOL) to provide monthly
250 communications and updates on worker safety during public health threats and crisis.

251 PH2. Assist and provide strategies to help with training, capacity building, emergency on call staffing, policy
252 development for times of crisis to protect workers.

253 As mentioned previously, this strategic plan can serve as a resource to tribes, tribal-serving organizations,
254 government agencies, academic institutions, and others who wish to improve safety and health for the AI/AN
255 workforce.

256 NIOSH will evaluate and report on progress towards achieving the objectives identified in this plan at both the
257 midpoint of the plan (2026) and at the end (2031). The midpoint evaluation will be an opportunity for NIOSH to
258 ask tribal partners and others to share any new safety and health priorities that may have emerged since the
259 plan was first published and where adjustments and additions to the plan need to be made.

260 The primary purpose of the midpoint and final evaluation will be to assess the influence of this strategic plan on
261 stimulating activities that improve the safety and health of the AI/AN workforce. To determine the impact of the
262 strategic plan, NIOSH will track any type of activity (e.g., new partnerships, new OSH tribal laws, trainings,
263 research projects, communication campaigns) whose aim is to improve worker safety and health in tribal
264 communities. Activities may be deemed relevant even if they are beyond the scope of traditional worker safety
265 and health to reflect the more holistic approach to AI/AN worker health as described previously.

266 NIOSH will continue to closely communicate and collaborate with partners to be made aware of activities and to
267 determine if this plan played an influential role in these identified activities. NIOSH will also periodically bring
268 partners from across the nation together to share successes and challenges being encountered and discuss the
269 nation's progress towards meeting plan objectives.

270 A midpoint and final evaluation report will be published by NIOSH outlining identified activities and specific
271 success stories that met plan objectives. The two reports will also include a path forward for the second half of
272 the time period and the next decade beyond the time frame of this plan.

273 **References**

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