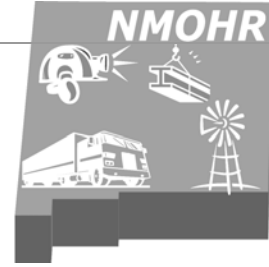


## New Mexico Occupational Health Registry

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# New Mexico Tribal Occupational Health Needs Assessment: A Report to Native American Communities



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# Executive Summary

**At 9.3% of New Mexico's population,** Native Americans are a vital part of the state's workforce [US Census Bureau, 2005]. In recent years there has been a boom of industry on New Mexico's reservations, especially in the gaming industry. The establishment of new industries on reservations is important in alleviating economic disparities experienced by tribal members who live on reservations. The Bureau of Indian Affairs reports that 22% of New Mexico's employed Native Americans who live on or near reservations earn below federal level poverty guidelines [US Bureau of Indian Affairs, 2001].

While new industry on tribal lands brings employment for tribal members and other New Mexicans, it is important to provide those workers a safe and healthy environment. The New Mexico Occupational Health and Safety Bureau (NMOHSB) has jurisdiction over occupational health and safety regulations for the state of New Mexico but it has no authority on tribal lands (tribes with gaming compacts do agree to meet the federal Occupational Safety and Health act of 1970 [New Mexico Gaming Control Board, 2005]). There is a potential gap in the oversight of health and safety for people employed on tribal lands. Moreover, because NMOHSB supplies the Bureau of Labor Statistics with New Mexico's occupational illness and injury data there may be an undercount of such events occurring on New Mexico's Native American reservations and among Native American workers. This report describes an occupational health needs assessment of Native American communities in New Mexico conducted by the New Mexico Occupational Health Registry. The report includes an assessment of the industries where New Mexico's Native Americans are employed and the results of a survey of health, administrative, and environmental professionals who work for or with Native American tribes in New Mexico.

# Introduction

In 2002, the Office of Epidemiology in the New Mexico Department of Health, in partnership with the University of New Mexico Health Sciences Center's Program in Occupational and Environmental Health, received a grant from the National Institute for Occupational Safety and Health (NIOSH) to establish an occupational injury and illnesses surveillance system for New Mexico. As part of the surveillance system, the New Mexico Occupational Health Registry (NMOHR) was established and instituted a system to combine existing data from state and federal public health and labor agencies, public and private healthcare providers, and academic institutions into a single repository to provide valid, reliable and useful occupational health surveillance information. The occupational health surveillance system would help to identify high injury or illness rates among sectors of New Mexican workers or in specific industries and would help to guide prevention strategies to reduce occupational injury and illness in New Mexico.

In August 2003, the New Mexico Department of Health held hearings to include occupational illnesses and injuries to the list of reportable diseases. The adopted regulations (NMAC 7.4.3.11) specifically mention the occupational lung diseases: silicosis, asbestosis, coal worker's pneumoconiosis, hypersensitivity pneumonitis, occupational asthma, and mesothelioma. It also addresses heavy metal poisoning, noise induced hearing loss, and other illnesses related to occupational exposure. Under the new regulations NMOHR is the official repository for all cases of occupational injury or illness and health care providers, facilities and other persons are required by law to report all suspected cases of occupational disease to the New Mexico Occupational Health Registry.

By 2004 NMOHR had reviewed data on silicosis, work-related pesticide and lead poisoning, and mortality from occupational injury for the state of New Mexico. It became clear that a missing piece in the data was from the 25 Native American tribes in New Mexico. In order to extend the work of NMOHR to all New Mexico's workers a project was proposed to conduct a needs assessment of Native American communities for whom data may not be captured by the traditional occupational health surveillance system datasets.

The New Mexico Native American Occupational Health Needs Assessment was conducted in the spring of 2005 with the following goals:

- To establish ties and contacts with sovereign tribal entities that will strengthen occupational health surveillance in New Mexico;
- determine the specific occupational health needs and concerns of Native American communities;
- identify possible barriers to conducting occupational health surveillance adequately in Native American populations in New Mexico and;
- identify avenues for occupational health interventions in Native American populations.

## Methods

The assessment was conducted in two parts. The first task was to acquire and analyze employment data for Native Americans in New Mexico. These data were obtained from publicly available sources including the US 2000 Census, the US Department of the Interior Bureau of Indian Affairs, and the U.S. Economic Development Administration.

The second task was to survey public and environmental health professionals, health board members, and others who serve tribal interests regarding occupational health and safety. Participants were primarily identified with the assistance of the staff at the Environmental Health Services Office within the Albuquerque Area Indian Health Services. Other participants were identified by directly contacting tribal governments by telephone and requesting contact information for the person in the tribe who would have the most knowledge of occupational health and safety issues for the tribe.

Surveys were sent to the selected participants by mail with an explanation of the NMOHR surveillance project. Attempts were made to contact identified participants by telephone if surveys were not returned and potential participants were given the option to complete the survey over the telephone or fax a response.

Data analysis results from both employment data and the survey instrument were compiled and presented in aggregate form at the 3rd Annual Maine Occupational Safety & Health Research Symposium in May 2005, then at the National Council of State and Territorial Epidemiologists Annual Conference held in Albuquerque in June 2005. The written report of the data analysis is presented in this report and mailed to all survey participants, tribal governments and the State of New Mexico Department of Health, Epidemiology Bureau.

# Employment data results

Using data from the Census 2000 American Indian and Alaska Native Summary File (AIANSF) Sample Dataset [US Census Bureau, 2005], the employment percentage for Native Americans was calculated by tribal affiliation and industry. The top five industry sectors that employ Native Americans in New Mexico are the Education, Health and Social Services sector employing 26.2%, followed by the Arts, Entertainment, and Recreation sector employing 12.1%, Public Administration at 10.7%, Retail Trade at 10.4% and the Construction industry with 9.2% (Table 1).

*Table 1. Top five industries for Native American employment, New Mexico 2000*

<b>Industry Sector</b>	<b>Percent Native Americans Employed in Industry</b>	<b>Percent Non-Native Americans Employed in Industry</b>	<b>Total Number in Industry</b>
Educational, health, and social services	26.2%	21.7%	165,897
Arts, entertainment, recreation, accommodation and food services	12.1%	9.8%	74,789
Public administration	10.7%	8.0%	61,382
Retail trade	10.4%	12.2%	92,766
Construction	9.2%	7.9%	60,602

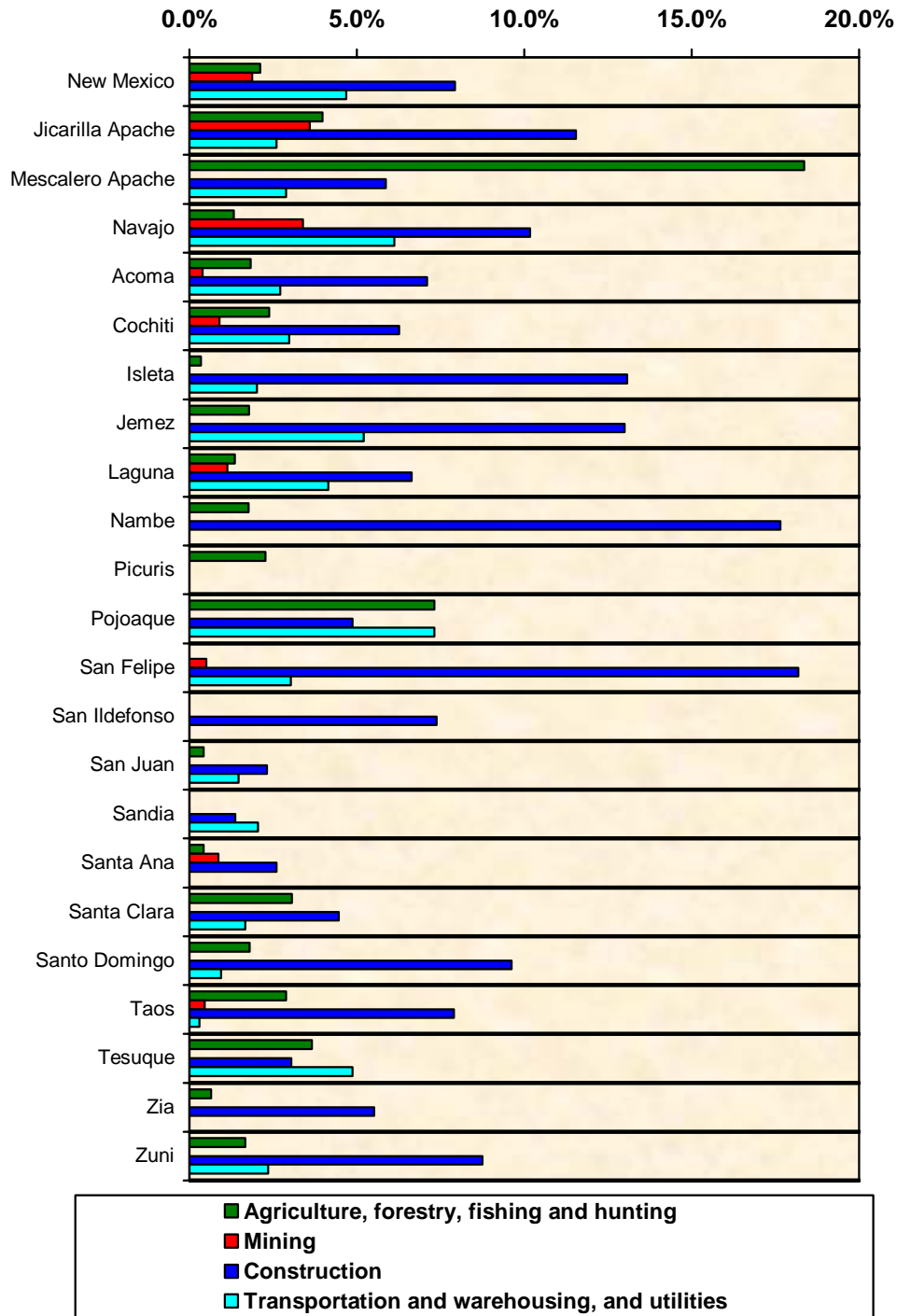
## **Employment in industries at high risk for occupational fatality**

The industries in New Mexico with the highest fatality rate are mining (31 fatalities per 100,000 workers annually), transportation/communication/public utilities (29 per 100,000 workers) agriculture (24 per 100,000 workers) and construction (18 per 100,000 workers). Prevention measures are needed to reach workers and employers in these industries to reduce fatalities and it is important to determine how many Native Americans fall into this category. The employment percentage for Native Americans in these high risk industries out of all employed Native Americans claiming similar enrolled tribal membership, was calculated.

Employment percentages vary greatly by tribe for these four industries as shown in Figure 1. The Mescalero Apache tribe has the highest percentage of workers in the agricultural, forestry, fishing, and hunting industry at about 18.5 % in comparison to about 2% of all New Mexico workers. New Mexico has 8% of its total workforce employed in the construction industry while there are 8 tribes that exceed that percentage; the Jicarilla Apache (11.5%), the Navajo (10.2%), Isleta Pueblo (13.1%), Jemez Pueblo (13%), Nambe Pueblo (17.6%), San Felipe Pueblo (18.2%), Santo Domingo Pueblo (9.6%), and Zuni Pueblo (8.8%). The mining industry employs 1.9% of New Mexicans, but 3.6% of Jicarilla Apache workers are employed in mining as are 3.4% Navajo workers living in New Mexico.

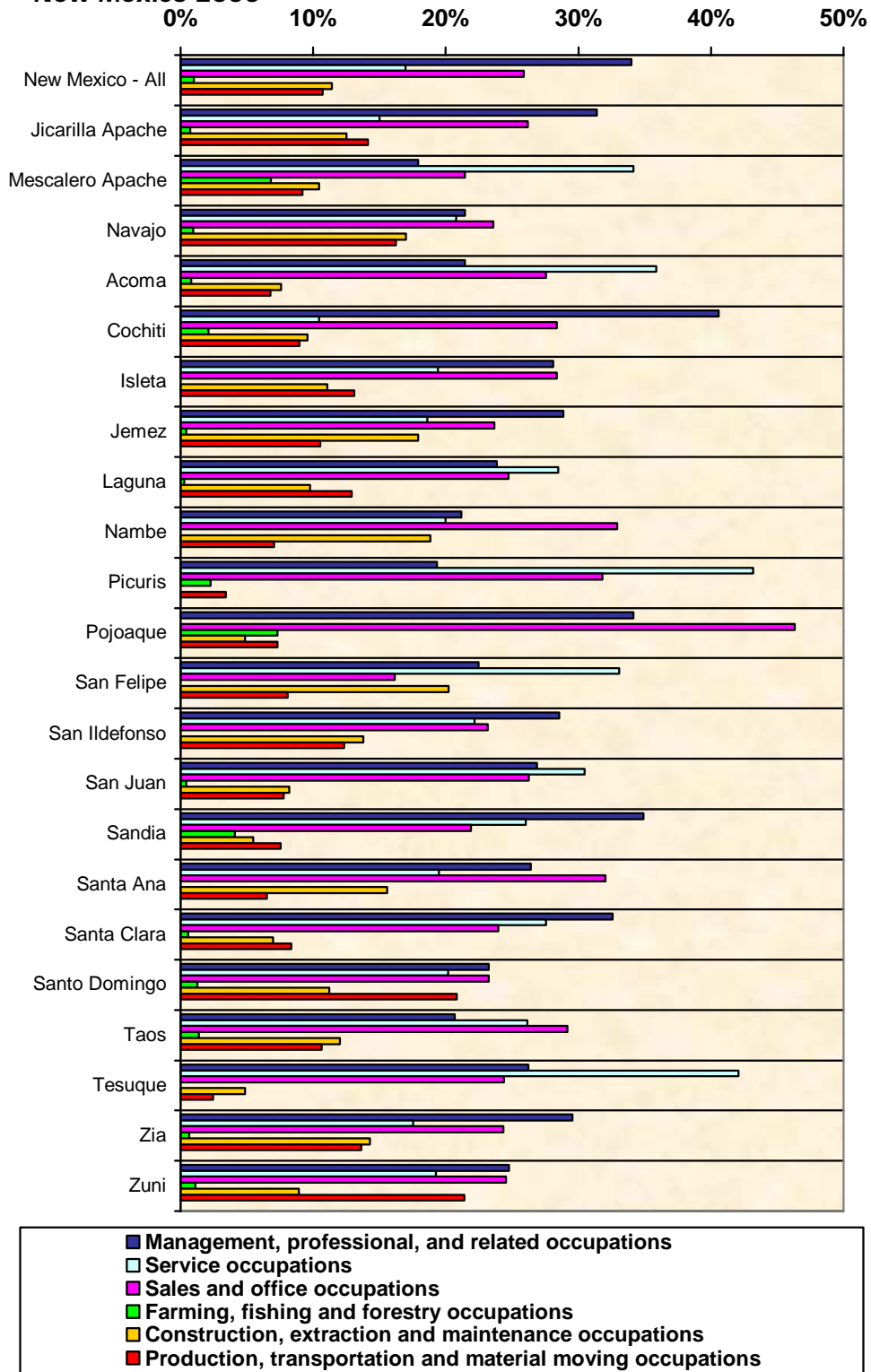
**Figure 1. Percentage of Native Americans employed in industries at high risk for occupational fatality by enrolled tribal membership, New Mexico 2000**

*Percent of enrolled tribal members in high risk industry out of all employed members*



\*Note: Tribes not included in Figure 1, Ysleta del Sur, Ute Mountain Ute, and Southern Ute, did not meet the population threshold in New Mexico for the Census 2000 AIANSF Sample Data.

**Figure 2. Percentage of Employed Native Americans by Occupation and Enrolled Tribal Membership, New Mexico 2000**



\*Note: Tribes not included in Figure 2, Ysleta del Sur, Ute Mountain Ute, and Southern Ute, did not meet the population threshold in New Mexico for the Census 2000 AIANSF Sample Data.



## **Employment by occupation among Native American tribes in New Mexico**

Occupation differs from industry data because it describes the type of job that is held by an individual, whereas industry describes the business where the individual works. Unfortunately it is difficult to summarize occupation data by sector as there are many different occupational descriptions; each sector has occupational subsets that are at greater risk for illness and injury than all occupations as a whole. For example, the "Management, professional and related occupations" category includes occupational titles such as "lawyers", "art and design workers", and "accountants" who may or may not work in industries at high risk for occupational illness and injury, but it also includes "farmers (farm owners) and farm managers", who typically work in the high risk agriculture industry. "Service occupations" include health care aides, fire fighters and police officers, food prep workers and servers, and building maintenance workers. Sales and office occupations include job titles such as cashiers, bookkeepers, and customer service representatives. The "construction, extraction and maintenance occupations" include jobs such as carpenters, pipe layers, and mining machine operators. The "production, transportation and material moving occupations" category is very broad with titles such as "assemblers and fabricators", "plant and system operators", "rail and water transportation workers", and "material moving laborers".

Figure 2 shows the percentage employment by tribal affiliation and occupational sector for Native Americans in New Mexico. Management, professional, and related occupations have the highest percentage of employees among the Cochiti Pueblo ( 41%), followed by the Sandia Pueblo (35%), Pojoaque Pueblo (34 %), Santa Clara Pueblo (33%), Jicarilla Apache (31%), and Zia Pueblo (30%). Statewide, 34% of all New Mexicans work in management, professional and related occupations. Seventeen percent of New Mexicans work in service occupations but the percentage of workers is twice that among the Picuris Pueblo (43%), Tesuque Pueblo (42%), Acoma (36%), and Mescalero Apache (34%). Sales and office occupations are the highest at Pojoaque Pueblo (46%) followed by Nambe Pueblo (33%), and the pueblos of Santa Ana and Picuris (32%). While only 1% of all New Mexicans work in farming, fishing and forestry occupations, 7% of enrolled Mescalero Apache and Pojoaque tribal members work in this occupational sector, as do 4% of Sandia Pueblo members.

Eleven percent of all New Mexicans work in the construction, extraction and maintenance occupational sector. This percentage is surpassed by several tribes including San Felipe Pueblo (20%), Nambe Pueblo (19%), Jemez Pueblo (18%), Navajo (17%), Santa Ana Pueblo (16%), San Ildefonso Pueblo (14%), Zia Pueblo (14%), Jicarilla Apache (13%), and Taos Pueblo (12%). Production, transportation, and material moving occupations account for 11% of employment for New Mexicans overall, but account for 21% of Santo Domingo and Zuni, 16% of Navajo, 14% of Zia and Jicarilla, 13% of Isleta and Laguna and 12% of San Ildefonso employment by enrolled tribal members.

## Summary of Data from United States Economic Development Administration

Indian gaming has had a major impact on New Mexico's economy for over a decade. Currently, slightly over half the tribes (52%) in New Mexico have gaming [New Mexico Gaming Commission, 2005]. In addition to gaming, many tribes have other services and facilities associated with the casinos such as hotels, RV parks, and other recreational activities such as big game hunting, skiing, golfing, motor speedways and bowling. Approximately half the tribes that own casinos also operate golf courses.

The agricultural industry sector, which includes forestry, fishing, and hunting, is an important part of life for tribal members, although it doesn't play the significant economic role that it once did. Ninety-two percent of tribes still engage in some sort of agriculture. The involvement can range from a handful of family farms to significant cattle ranching and large cash crop operations. Forestry operations take place on approximately one third of reservations, although the yields vary greatly from reservation to reservation.

The mining industry is active on many reservations or has been in the past. The largest number of active mines is sand and gravel operations, but oil, gas and coal are also extracted. Historically, the Navajo and Laguna Pueblo have yielded uranium ore.

*Table 2. Number and percentage of tribes with selected industries*

	Number of tribes	Percent of tribes
Agricultural activities*	22	88
Forestry*	8	32
Gaming (casinos) †	13	52
Mining*	12	48
Golf courses †	7	28
Crafts and Arts*	21	84

\*Velarde Tiller, 1995

†Tribal casino websites

Although the 1995 EDA report mentioned only 21 tribes in New Mexico as having tribal members employed in the arts and crafts industry this number may not reflect those members that are casually or intermittently employed in this industry. Traditional arts and crafts such as jewelry, pottery, weaving, drum making, and painting by Native Americans contribute significantly to New Mexico's economy and help shape its cultural identity.

Aside from economic activities on tribal lands, large numbers of enrolled tribal members are employed off the reservations. For instance, many members of San Ildefonso and Santa Clara pueblos hold positions at nearby Los Alamos National Laboratories. Members of Sandia, Santa Ana, and other middle Rio Grande pueblos are often employed in nearby Santa Fe, Rio Rancho and Albuquerque and hold a wide variety of positions in both white and blue collar industries.

# Occupational Health Needs Assessment Survey Results

A total of 50 surveys (see Appendix A for a sample survey) were mailed, faxed or e-mailed to professionals within tribes, or agencies and organizations that work with tribes in New Mexico. The survey was sent to 18 pueblos, the Jicarilla and Mescalero Apache tribes, the Alamo and ToHa'jiilee Navajo bands, the Navajo Nation OSHA and the Navajo workers' compensation, as well as representatives of Indian Health Service and the Albuquerque Area Indian Health Board. The initial contact list was provided by Environmental Health Specialists with Albuquerque Area Indian Health Service who have occupational health components to their employment positions. Four of the 50 surveys were sent to other identified persons after it was determined that the initial contact was either no longer working in that position or the initial contact redirected the survey to a more suitable respondent within the organization. A total of 29 completed surveys were returned for a response rate of 63%.

## *Survey respondents*

Section one of the survey asked questions about the person who was responding to the survey in order to determine who may be working in an occupational health capacity with the tribes and what were the characteristics of their professional backgrounds. Slightly over half of the survey respondents (15) stated that they were enrolled members of the tribe that they worked for or with, 12 responded they were not enrolled members and there was no response to the question by two respondents. One half (14) of the respondents worked for the federal government while another 14 were employed directly by tribes and one respondent worked for an organization that was neither federal nor tribal. To determine the type of jobs respondents held, a descriptive list of employment positions was provided in the survey. Respondents were free to choose as many positions as they felt were necessary to describe their particular job duties. The single most common occupation among respondents was "community health representative" (CHR). The CHRs work within the tribes in health care and are funded through IHS. The second most common responses were "environmental health engineer/specialist" and "administrator" with six responses each. Three of the 29 respondents described themselves as working as "occupational health specialists". Fourteen of the respondents described themselves as holding other job titles, such as director of risk management, claims adjuster, finance officer and utilities director.

## *Occupational Health Issues*

Of the 29 respondents, 86% (25) stated that occupational health was an important issue for the tribe(s) that they work for or with. A list of 15 occupational illness and injury factors was provided and respondents were allowed to select as many as they thought were important issues for their tribe(s). Chemical exposures was the issue most frequently listed as being important (18 out of 29 listed this as an issue for the tribe), followed by personal protective equipment/other prevention strategies, and construction safety with 16 each (Table 3). Three other issues were indicated as being important by

more than half (15) of the respondents; worksite health promotion, ergonomics, and indoor air issues. Occupational lead poisoning was the issue that received the least number of responses (6). Occupational health issues described in the "other" category were unexploded ordinance in an abandoned bombing range on tribal land, asbestos in buildings, potential exposure to hantavirus among maintenance workers, and exposure to chemicals that may worsen the effects of diabetes.

*Table 3. Comparison of the ranking of occupational health issues by the number of responses from (1.) professionals and (2.) public inquiries*

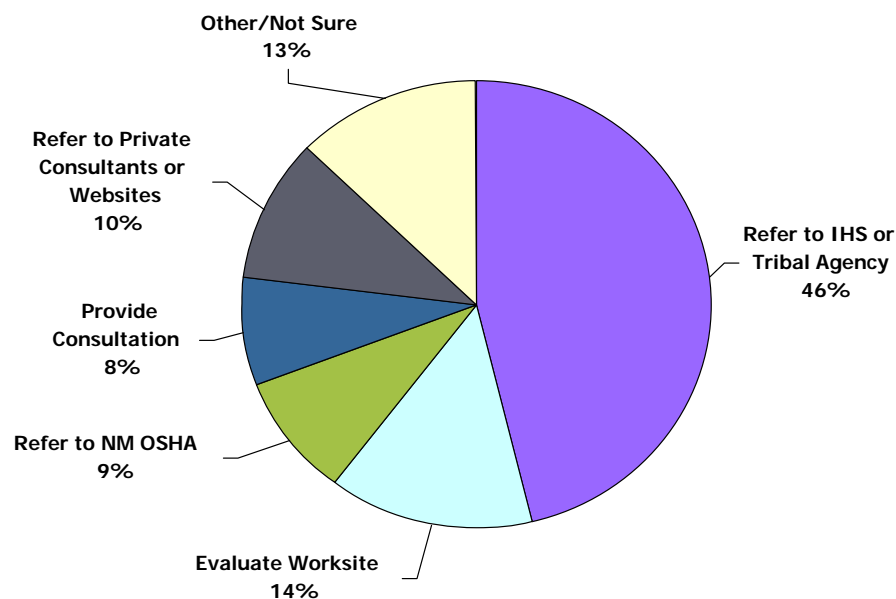
	1. Rank of issues important to tribes as indicated by respondents	2. Rank of issue for number of questions from the public
Chemical exposures	1st	3rd
Construction safety	2nd	5th
PPE/other prevention strategies	2nd	3rd
Ergonomics	3rd	2nd
Indoor air issues	3rd	2nd
Worksite health promotion	3rd	3rd
Work related injuries	4th	4th
Agricultural safety	5th	7th
Cancer related to work	6th	1st
Heat and cold exposure	7th	6th
Violence in the workplace	7th	9th
Work related illnesses	8th	6th
Pesticide poisoning/exposure	9th	8th
Workplace security regarding terrorism	9th	10th
Lead poisoning	10th	8th
Other issues	11th	3rd
Not sure	12th	8th

Respondents were also asked what occupational health-related questions or complaints were received from the public. The same list of 15 occupational illness and injury factors was provided to the respondents. The number one concern heard from the public was cancer related to a workplace exposure (Table 3), followed by ergonomics and indoor air issues. Construction safety, an issue indicated by many of the respondents to be important, was mentioned by the public only 6% of the time.

Some of the other occupationally-related health concerns that respondents had heard from the public included noise levels in the casinos, chemical exposures from Los Alamos National Laboratories, the rise in the use of illegal drugs on tribal lands, and zoonotic exposures such as tularemia.

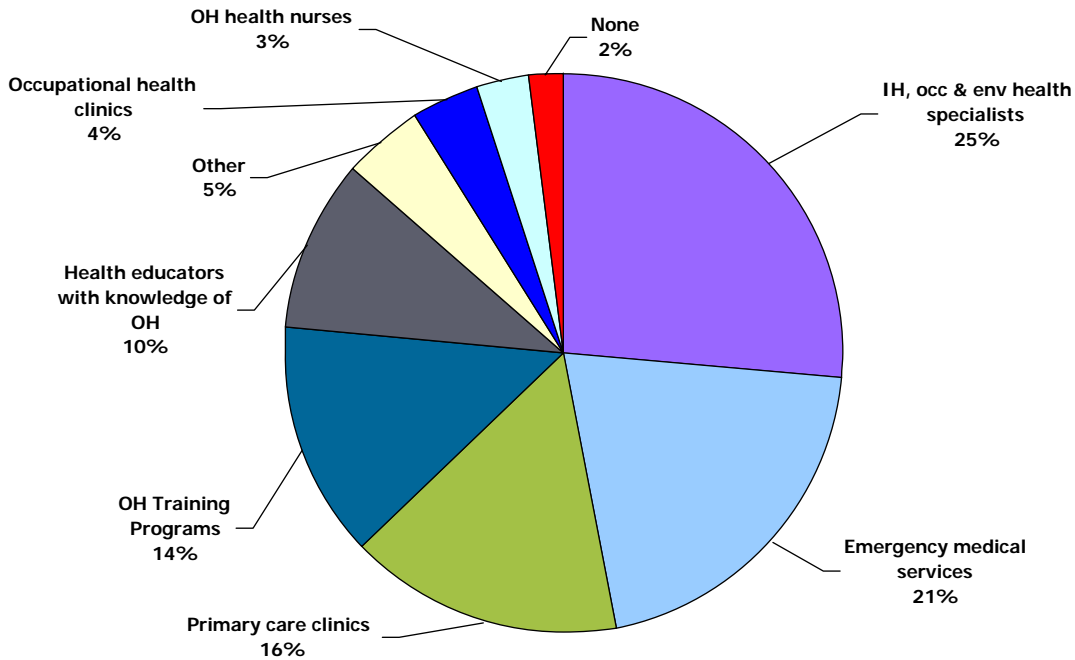
Respondents were asked how their agency or tribal business responds to occupational health concerns/complaints from tribal members. The most common response was referral to IHS or other tribal administrative office with a response rate of 46%. Fourteen percent of respondents replied that they performed a worksite evaluation, 13% said they weren't sure or took some other action, and 10% said that they referred callers to websites or private consultants. Only 9% said that they made referrals to the New Mexico Occupational Health and Safety Bureau (NMOHSB, the State's OSHA), while 8% said that they provided consultation over the telephone. State OSHA activities are limited on tribal lands. Only 10% of respondents said that they were aware of businesses on tribal land having any consultation from NMOHSB, while 69% said that the tribe or its businesses had not had an OSHA consultation and 21% were not sure if OSHA activities had taken place on tribal land.

**Figure 3. How Do You Respond to Inquiries about Occupational Health Issues?**



Respondents were asked to indicate what resources were available to tribes in the field of occupational health. Twenty-five percent of respondents said that there were environmental health, occupational health or industrial hygiene specialists available to tribes and 21% said that there were emergency medical services available to tribes to cover occupational health issues.

**Figure 4. What occupational health services are available on tribal land?**



Sixteen percent of respondents indicated that there were primary care clinics available to see occupational health cases and 14% had occupational health training programs available. Blood borne pathogen training was the most commonly cited type of training. Ten percent said that health educators with knowledge of occupational health issues served tribal members. Two percent of respondents said that there were no health services available to respond to occupational health issues.

Survey respondents were asked about the existence of written procedures for handling occupational health complaints or questions, the availability of written materials for responding to questions and if occupational health activities had been conducted by the respondent's organization within the past 5 years. Almost half of respondents were not sure if written procedures existed, while 24% said that they did not exist and the remaining 28% said that there were written procedures. Only six of the respondents described where or what the procedures were and most were uncertain about where procedures were housed. Forty-one percent of respondents were not sure if written materials on occupational health issues were available while 34% said that there were and 24% said materials were not available. The written materials that were available appeared to be specific to issues that respondents had encountered, such as tularemia, noise-induced hearing loss, and radon exposure. Blood-borne pathogen materials were cited as being a common request. At least one respondent said that a poster equivalent to OSHA form 101 was posted. Half of the respondents said that some sort of occupational health activity had been undertaken in the past five years, while one quarter said that such activities had not been conducted and the remaining quarter were not sure.

Activities ranged from environmental health assessments of the workplace, to onsite safety inspections and trainings, to hearing health screenings of employees.

#### *Data collection*

To better characterize occupational illness and injury among Native Americans the NMOHR is interested in determining the existence of tribal occupational health-related data. Forty-one percent of respondents said that data on occupational illness and injury had been compiled, while 34% stated that data had not been compiled and the remaining 24% were not sure. Most of the reasons cited for data collection were for control measures, such as risk management, workers' compensation purposes, and for quality assurance. Some cited the use of data to address specific occupational health problems. Only two respondents indicated that the existing data could be incorporated into the NMOHR, while the remaining respondents indicated that they did not know of any existing datasets that should be incorporated in NMOHR.

#### *Occupational health capacity needs*

Respondents were asked what resources they desired to ensure adequate occupational safety and health response for their tribe. Ranking of desired resources are shown in Table 4.

Occupational safety was cited as the expertise most desired for staff, followed by better education and/or risk management expertise, knowledge of occupational epidemiology, and industrial hygiene. Improved access to occupational health educational materials was the 6th most desired item. The only item specifically requested in this category was OSHA requirements. Other "wish list" items mentioned by respondents include funding to address occupational health issues, information about known or probable dangers in the workplace, and OSHA training to help tribes decide what is needed. The internet topped the list of ways by which respondents preferred to receive health-related information, followed by newsletters, listserv (e-mail), and fax.

The final question in the survey asked respondents how they thought that a worker health surveillance program in New Mexico might be able to assist tribes with addressing occupational health issues. Responses fell into five major categories:

1. Funding
2. Provide information, education, training on occupational health and safety
3. Communication to tribes, provide more information about the NMOHR to tribes
4. Consultation/guidance and or technical assistance on OH issues
5. Data – occupational health surveillance

*Table 4. Rank and percent of "wish list" items for addressing occupational health*

	Rank	Response
Better staffing with expertise in occupational health	<b>#1</b>	<b>79%</b>
Culturally appropriate occupational health education programs	<b>#2</b>	<b>59%</b>
High risk worksites in community identified	<b>#2</b>	<b>59%</b>
Access to tribe specific data on occupational illness and injury	<b>#3</b>	<b>52%</b>
Worksites in community using toxic substances identified	<b>#4</b>	<b>48%</b>
Occupational health and safety activist contacts	<b>#4</b>	<b>48%</b>
Access to occupational health consultant experts	<b>#5</b>	<b>45%</b>
Access to occupational health educational materials	<b>#6</b>	<b>38%</b>

## Conclusion

There are several important factors that emerged from the occupational health needs assessment among New Mexico Native American communities. The first is that the great majority of professionals interviewed felt that the issue of occupational safety and health was important for tribes. However, resources were often cited as not being sufficient for the job that the respondents thought was necessary to ensure workplace health and safety. Inadequate funding was a theme that was repeated through many of the comments provided on the survey.

The second most important factor is that there are a substantial number of Native Americans employed in industries at high risk for occupational injury and fatality such as construction and mining. Many are employed in industries outside tribal lands where health and safety regulatory matters are covered by OSHA or the Mine Safety and Health Administration (MSHA). However, for those working in high risk industries on tribal lands, the issues of surveillance, education and training on occupational health and safety was thought to be a needed resource.

The third factor is noted as a need for training, educational materials, and technical support for tribes across the state. Many respondents indicated that culturally appropriate educational materials in the field of occupational health and safety were not available. The Indian Health Service (IHS) indicated that training on issues such as construction safety is available. IHS has conducted trainings for some tribes and the services are available to all tribes in the region. The contact for occupational safety and health training at IHS is Mike Lewis at [mlewis@ihs.gov](mailto:mlewis@ihs.gov).

Other resources for occupational health and safety educational materials can be found on the websites for the National Institute for Occupational Safety and Health



(<http://www.cdc.gov/niosh/homepage.html>), Occupational Safety and Health Administration (<http://www.osha.gov/>), and Mine Safety and Health Administration (<http://www.msha.gov/>). Each of these websites has pamphlets, posters and brochures that can be downloaded to distribute to workers that describe health risks and prevention measures. There are pamphlets and posters for all sectors of the labor force such as construction workers, teen workers, and miners, and cover a variety of issues such as ergonomics, farm safety, confined spaces, log out/tag out, heat stress, silica exposure, and many chemical exposure hazards. In addition, NMOHR will work with individual tribes to develop appropriate educational materials that are important to the individual tribes.

NMOHR and the New Mexico Department of Health Bureau of Environmental Epidemiology received a grant from NIOSH in 2002 to develop an occupational health surveillance system for the state of New Mexico. The University of New Mexico School of Medicine, where the NMOHR is housed, and the NMDOH were recently granted funding to continue surveillance activities for another three years. As part of the grant activities NMOHR has compiled a lending library with materials in print, on CD-ROM and video that are available to all people in the state of New Mexico. This resource can be used by tribes to address workplace hazards. In addition, NMOHR and the physicians from UNM/HSC Program in Occupational and Environmental Health have conducted training in the past for the physicians and other health care providers with IHS on the issues of diagnosing and treating occupational injury and illness and will continue to provide that service to IHS.

Fourthly, the development of new industries on tribal lands, such as gaming and golf courses, present unique problems in the field of occupational health and safety. Some problems, such as noise in casinos, are being addressed while other issues, such as second-hand smoke, may be more difficult to address and risks may not be adequately assessed. The idea that surveillance of occupational illness and injury within tribes could help to call attention to emerging issues, especially if problems can be demonstrated as being an issue for different tribes was noted.

Finally, the lack of funding to address occupational health issues on tribal lands remains a hurdle that may be difficult to surmount. The best way to increase or secure funding is by demonstrating need. Reporting occupational illnesses and injuries (NMOHR Reporting Form Appendix 2) to the NMOHR can help bring attention to problems for tribes and for the state. Clinicians who work with tribes should be encouraged to report work-related illnesses and injuries to the NMOHR. In addition NMOHR plans to contact each tribal government to begin a dialogue on how to incorporate occupational injury and illness data into the NMOHR. Tribal occupational injury and illnesses data that can be summarized and reported to state and federal officials may improve the ability of tribal governments and NMOHR to secure funding to expand surveillance and prevention activities.

The New Mexico Occupational Health Registry wishes to thank the following individuals for their help in the survey development and distribution: Joyce Naseyowma-Chalan, UNM Center for Native American Health, Dawn McCusker, NMDOH Tribal Liaison, and Fan Robinson, Director of Environmental Health Services, Albuquerque Area Indian Health Service.

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