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Understanding Community Infrastructure and Capacity to Engage Community Agencies in Advancing Occupational Health Disparities Research

Background/Objective: Globalization, technological innovation, immigration, and decreased unionization have dramatically altered demographics of the U.S. workforce, nature of work, and responsibilities for assuring workplace health and safety. Immigrant workers are disproportionally represented in low-wage, high health risk jobs. Conventional worksite prevention approaches, intended to improve worker health and safety, are relatively ineffective in reaching low-wage immigrant workers. Alternative occupational health (OH) approaches are critically needed to address disparities in OH. Using Chinese immigrant worker health as an exemplar, we examined innovative approaches to increase immigrant worker OH knowledge and skills, and to maximize diffusion of such by tapping into the existing community infrastructure and resources.

Approach: Study 1: Using network analysis we characterized interagency connections (N=42 organizations from service, faith-based, nonprofit, union, and public sectors) and agency roles and assessed organizational capacity specific to Chinese immigrant worker health. Study 2: We assessed factors that influenced the integration of immigrant-targeted Basic Worker Health Education (WHEb) within and by community agencies and evaluated the integration process for WHEb diffusion and sustainability.

Results: Study 1: Central positions in the networks were held by a few service-oriented agencies; strong interconnectedness occurred predominately across the service, public, and nonprofit sectors. The Chinese and Pan-Asian service sectors showed the strongest interconnectedness and highest capacity for Chinese immigrant worker health. Study 2: Agencies were generally responsive to participation in the pilot WHEb implementation trial; additional effort was required to assist agencies identify feasible dissemination strategies. Intra- and extra-organization factors pertinent to organizational decisions for service/program changes were identified.

Conclusion: Community and public agency assets are underutilized in the promotion of immigrant worker health and elimination of OH disparities. Our research provides new knowledge to guide strategic choices to expand OH efforts and facilitate community-based partnership development and dissemination of comprehensive, sustainable prevention programs for immigrant worker health.



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