## INTEGRATING WORKER HEALTH EDUCATION IN COMMUNITY AGENCIES TO ADDRESS IMMIGRANT WORKER HEALTH

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Statement of the Problem. Ethnic minorities, including both native- and foreign-born, are disproportionally represented in low-paying and often inherently high-risk jobs. For foreign-born, ethnic minority immigrant workers, the likelihood of experiencing occupational health disparities is exacerbated by language, accent and cultural difference; discrimination associated with race/ethnicity, immigration or citizenship; fear of deportation; low levels of occupational health literacy, and inequalities in access to health care (1). Although worksite prevention approaches are intended to improve worker health and safety, such conventional approaches are relatively ineffective in reaching low-wage immigrant workers. Innovative intervention approaches and dissemination of research to practice are needed to reduce and eliminate the pressing occupational health disparities experienced by the growing immigrant populations in the United States. Community agencies, especially immigrant community institutions (2-4), serving as resources, cultural/linguistic brokers and advocates for immigrants are alternative venues (compared to workplace venues) to reach immigrant workers and cultivate community norms for promoting worker health. Asian immigrants, counting for 6% of the U.S. population, are steadily growing and projected to become the largest immigrant group in the United States by 2055 (5). Chinese is the largest subgroup of the Asian American immigrant population. In this presentation, we discuss effective engagement approaches derived from an implementation science project for community-based prevention for Chinese American immigrant workers.

**Procedures.** Using a qualitative study design, we used key informant interviews in multiple community agencies representing the Chinese service sector, Chinese faith-based sector, Pan-Asian service sector, and panethnic nonprofit sector, all of which have existing programs relevant to Chinese American immigrant workers. Agency directors were approached by an invitation letter and follow-up telephone contacts to obtain agency agreement and recommendations for middle or upper level administrators who are knowledgeable about the agency operation for the interview. One recommended administrator in each agency was then contacted and consented for the interview. Trained Chinese-English bilingual staff conducted semi-structured interviews focusing on agency decision-making processes and intra- and extra-organizational factors that influence agency openness to adopt innovative approaches for basic worker health education (WHE<sub>B</sub>) as part of routine community service. Contact logs were used to document recruitment experiences as well as monitor recruitment and data collection processes.

**Analyses.** Domain and taxonomy analyses were employed to examine the semi-structure interview data and contact logs. Descriptive statistics were used to assess the characteristics of the participating agencies.

**Results.** Four Chinese community agencies, 12 Chinese faith-based organizations, 3 Pan-Asian community agencies, and 7 pan-ethnic nonprofits participated in the study. Process evaluation revealed that agency internal changes, service demands, unfamiliarity with research, and inability to apprehend agency fit with the study goals were common challenges to participate. Agencies were generally open to being contacted for our pilot implementation trial of the WHE<sub>B</sub> program; however, low degrees of reservation were observed. Concerns about the demands on agency staff, activity format match with organizational mission, and timing fit of the pilot trial within agency schedule were commonly cited reasons. Intra-organizational factors (e.g., organizational mission, staffing, organizational structure) and extra-organizational factors (e.g., funding, funder's expectations, community needs, and services available at other agencies) pertinent to organizational decisions for service or program changes offered contextual explanations for these findings. Persistence, broad data collection windows, and ongoing support to assist research staff in developing effective strategies facilitated recruitment. Tailored communication strategies were needed to increase agency understanding about the research and our approaches to work *within* their organizational context to minimize the demands on the agency.

**Practical implications/Conclusion.** Occupational Health and Safety researchers have generated ample workplace interventions to prevent or reduce occupational illnesses and injuries and promote healthy workforce. However, immigrant workers do not always benefit from these research findings. Community agencies and organizations can serve as assets for implementing worker health interventions and promoting changes in community norms to collectively reinforce prevention for worker health and safety. Effective community-based collaborative approaches are needed to reduce health disparities among immigrant workers, yet innovation in practice involves complex, iterative processes. This research reveals knowledge and strategies required for successfully engaging an array of community agencies in this endeavor.

## THURSDAY, JUNE 8 (continued)

- Paper 2 The Association Between Work-Related Rumination and Heart Rate Variability
  - Mark Cropley, PhD, University of Surrey, Guildford, Surrey, England, UK; Stefan Sütterlin, PhD; Davide Morelli, PhD; Ilke Inceoglu, PhD; Geoff Thomas, PhD; Chris Chu, PhD
- Paper 3 Subclinical Cardiovascular Risk Among Police: A
  Longitudinal Study of Cortisol Awakening Response
  (CAR) and Change in Brachial Artery Reactivity Over
  Time—The BCOPS Study
  - John M. Violanti, PhD, University at Buffalo-SUNY, Buffalo, NY; Desta Fekedulegn, PhD; Michael E.
     Andrew, PhD; Tara A. Hartley, PhD; Luenda E. Charles, PhD; Diane B. Miller, PhD; Cecil M. Burchfiel, PhD
- Paper 4 Is Work Making Us Fat? Work and Nonwork Factors
  Associated With BMI for Each U.S. Labor Force
  Generation
  - Jessica M. Streit, MS, NIOSH, Cincinnati, OH; Amy L. Bernard, PhD, MCHES
- Paper 5 Prevalence and Characteristics of Work Stress and Prediabetes in Workers in the Computer Industry
  - Raquel Y. Reynolds, PhD, Texas A&M Health Sciences Center, College of Nursing, Round Rock, TX



Conrad A

Chair: Marie-Anne S. Rosemberg, PhD, University of Michigan, School or Nursing, Ann Arbor, MI

- Paper 1 Successes and Challenges in Accessing Hotel Housekeepers for Research Studies
  - Marie-Anne S. Rosemberg, PhD, University of Michigan, School or Nursing, Ann Arbor, MI
- Paper 2 Assessment and Removal of Participation Barriers for Policy Work Within Churches
  - Doris Boutain, PhD, University of Washington, School of Nursing, Seattle, WA
- Paper 3 Integrating Worker Health Education in Community
  Agencies to Address Immigrant Worker Health
  - Jenny Hsin-Chun Tsai, PhD, University of Washington, School of Nursing, Seattle, WA; Jerald R. Herting, PhD

## Work Organization, Health, and Productivity (Paper Panel Session)

Conrad B

Chair: Peter Kelly, MSc, Health and Safety Executive, United Kingdom

- Paper 1 Integrating Work Environment Considerations Into Lean and Value Stream Mapping
  - Kasper Edwards, PhD, Technical University of Denmark, Lyngby, Denmark
- Paper 2 Safety Management and Safety Culture in the U.S. Construction Industry
  - Xiuwen Sue Dong, DrPH, CPWR, The Center for Construction Research and Training, Silver Spring, MD; Xuanwen Wang, PhD; Rebecca Katz, MPH
- Paper 3 The Productivity Paradox—A Distracted Working Hypothesis
  - Thomas J. Smith, PhD, University of Minnesota, Minneapolis, MN
- Paper 4 Boundary Management Tactics Using Smart, Mobile Technology
  - Carrie A Bulger, PhD, Quinnipiac University, Hamden, CT; Mark E. Hoffman, PhD; Sara J. McKersie, MA; Larissa K Barber, PhD; Jade Jenkins, PhD; Joe Ammar, BA

4:30-4:45 p.m. Break

4:45-6:15 p.m.

Film Screening of *A Day's Work*, including Q&A with Executive Producer David DeSario

Marquette IX

**6:15 p.m. Dinner** (on your own)



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