


Partnerships

Development of the Healthy Work Collaborative: Findings From an Action Research Study to Inform a Policy, Systems, and Environmental Change Capacity-Building Initiative Addressing Precarious Employment

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Precarious employment (PE) is a complex problem that affects an increasing number of workers across all economic sectors who experience low wages, hazardous conditions, and few benefits, and results in adverse health outcomes. PE is characterized by nontraditional work arrangements, precluding workplace-based interventions. Policy, systems, and environmental initiatives that engage cross-sectoral stakeholders may be an applicable health promotion approach to address PE. The University of Illinois at Chicago Center for Healthy Work's Healthy Communities through Healthy Work (HCHW) is an outreach project of the Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health-funded Center of Excellence for Total Worker Health that conducted a multiphased qualitative action research (AR) study. AR designs may be a novel approach to develop initiatives to address problems like PE. This article reports on HCHW's first AR phase to answer four research questions: (1) What are participants' perceptions of PE? (2) What are participants' perceptions of their roles in addressing PE? (3) What initiatives are under way that

address PE? and (4) How can the findings be used to facilitate opportunities for healthy work? Key informant interviews with health (public health and health care; N = 23) and labor sector organizations (worker centers, worker advocacy organizations, and unions; N = 21) were conducted. Data were thematically analyzed alongside a chart-based content analysis, and shared in

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11 key stakeholder meetings. Findings revealed an opportunity for the labor sector to improve health sector readiness to address PE in the context of health, and were used to develop the Healthy Work Collaborative, a cross-sectoral health promotion capacity building policy, systems, and environmental change initiative to address PE.

Keywords: environmental and systems change; health promotion; social determinants of health; partnerships and coalitions; program planning and evaluation; social policy

Workplace-based health promotion and protection interventions have improved worker health, safety, and well-being (Anger et al., 2015; Schill & Chosewood, 2013; Sorensen et al., 2013). Despite this progress, non-worksite specific interventions to improve worker health are needed to address the rise in precarious employment (PE). While there is no consensus on what constitutes PE, it is generally characterized as nonstandard, contingent, low wage, and insecure (Benach et al., 2016; Centers for Disease Control and Prevention, n.d., Kreshpaj et al., 2020). The political, economic, and social conditions driving PE render traditional worksite-focused interventions insufficient (Howard, 2017).

PE is an important social determinant of health that affects an increasing number of workers across employment sectors, especially workers of color, and may result in adverse worker, family, and community health outcomes (Benach et al., 2014; Tran & Sokas, 2017). Precariously employed workers may have multiple workplaces, nontraditional workplaces (e.g., homes, street vending), or no fixed workplace (e.g., construction, landscaping, or domestic work). These workers often have unstable or uncertain work schedules, have no termination protection or benefits, are disproportionately exposed to workplace hazards, and have difficulties exercising legal rights given to workers (Tran & Sokas, 2017; Weil, 2014). Given these challenges, workplace-based interventions to promote worker health and safety are unlikely to address the complexities of PE, and more research is needed to understand viable pathways to improve worker health in the context of PE.

To meet this need, the University of Illinois at Chicago Center for Healthy Work's Healthy Communities through Healthy Work (HCHW) developed an action research (AR) project in the Centers for Disease Control and Prevention/National Institute for Occupational Safety

and Health-funded Center of Excellence for Total Worker Health. HCHW is collaborating with cross-sectoral partners to understand and develop policy, systems, and environmental (PSE)-focused change initiatives that address the drivers of healthy work.

The socioecological framework and principles of community engagement and collaboration guided the study design and data collection. First, researchers used the socioecological model to inform data collection of PSE-type interventions from two sectors (e.g., health and labor) from three sociological levels (e.g., national, state, and regional; McLeroy et al., 1988). Multilevel health promotion strategies are increasingly recognized as high-impact strategies to address complex problems such as PE (Frieden et al., 2010; Golden et al., 2015). Second, researchers focused on exploring PSE change initiatives, which are increasingly called on to address challenges at multiple systems levels (Golden et al., 2015). Third, researchers employed principles of community collaboration. PSE changes focused on equity are often effective when cross-sectoral stakeholders are involved in intervention development and implementation (Garcia et al., 2018; Townsend et al., 2019; Wolff et al., 2017).

AR is an appropriate design for complex problems such as PE in which evidence-based approaches are unknown and innovation is required (Ivankova, 2014). Generally characterized by multiple rounds of systematic inquiry, AR cycles include phases of *Look*, *Think*, and *Act* (Stringer, 2013). The *Look* phase involves information gathering to define the problem; the *Think* phase involves data analysis and producing recommendations for the *Act* phase, such as further research or initiative development. Using AR in developing health promotion initiatives to address public health problems is not new (Griffen et al., 2020), but opportunity remains to explore its application to design initiatives for complex problems such as PE. HCHW employed a multicycle AR design. This article describes HCHW's first full AR cycle to understand (*Look*), analyze (*Think*), and design (*Act*) a PSE-oriented health promotion initiative titled the Healthy Work Collaborative (HWC) to address PE.

► METHOD

HCHW Action Research Team (hereby referred to as the AR Team) conducted a year-long qualitative study to complete the *Look*, *Think*, and *Act* AR phases. This inquiry explored four research questions:

Research Question 1: What are participants' perceptions of PE and barriers to addressing PE?

Research Question 2: What are participants' perceptions of their roles in and approaches to addressing PE?

Research Question 3: What specific initiatives are under way that address PE?

Research Question 4: How can the findings be used to facilitate opportunities for healthy work?

The multidisciplinary AR team that conducted the data collection and analysis included faculty, staff, and students with both practice and academic experience in community health sciences, health policy and administration, and environmental and occupational health fields. To begin the *Look* phase of the study, the AR team developed, piloted, and revised an interview guide (see Supplemental Appendix) based on concepts and questions from the literature on capacity building (Dombrowski et al., 2013; Kegler et al., 2015), practices and policy change activities (Benach et al., 2014; Leeman et al., 2012), communication (Lyn et al., 2013), and partnership (Freudenberg et al., 2015) initiatives. Participants were identified using a purposeful sampling strategy based on existing AR Team partners who held mid- to senior-level positions in a variety of sectors (Patton, 2014).

In the spring of 2017, 55 interviews were conducted by AR team members with national-, state-, and regionally based participants in-person or via phone. Interviews were recorded and transcribed; interview length was approximately 60 minutes. The project was deemed exempt by the university's institutional review board No. 2017-0213). This article reports study results from a subset of interviews, including interviews with the health sector (public health and health care; $N = 23$) and the labor sector (worker centers, worker advocacy organizations, and unions; $N = 21$). Nine interviews representing nonhealth or labor sectors (e.g., a community foundation) were excluded from analyses after data was collected as the AR team decided to focus on bringing labor and health together.

AR team analyzed and interpreted interview data using two concurrent methods: thematic and chart-based content analysis for the *Think* AR study phase (Gale et al., 2013). The AR Team conducted thematic analysis of interviewees' perceptions, roles, and strategies used in addressing precarious work to answer Research Questions 1 and 2. This "hybrid" thematic analysis combined deductive with inductive (grounded) approaches to coding (Brixey et al., 2007; Fereday & Muir-Cochrane, 2006). A codebook was developed based on the constructs identified from the literature plus emerging themes from the transcripts. Transcripts were categorized as representing the health (public

health and health care) or labor (worker-oriented) sector. Pairs of AR team members hand-coded five similar transcripts for coding agreement and compared applied codes; 80% of the codes were applied similarly. Next, one AR team member entered coded transcripts into Dedoose software (Version 8.0.35; SocioCultural Research Consultants, 2018) for further analysis. The AR team reviewed the coded text and collaboratively identified themes based on the coded segments, co-occurring codes, and similarities and differences between the health and labor sectors.

To address Research Question 3 and identify types of strategies that participants' organizations typically employed to address precarious work, the AR Team employed a deductive version of the Framework Method (Gale et al., 2013) to complete a quantitative content analysis. This method is a systematic approach to organizing qualitative data using chart-based matrix approach to code and make comparisons of the data. A codebook was created to categorize interventions by sector (e.g., public health vs. labor), by type (e.g., program vs. policy), by focus using the Asada et al. (2018) definition of health-directed initiatives (focused on health-specific interventions) versus health-related interventions (focused on improving access to resources and/or building power), and by level (e.g., individual, organizational, or community). Categories were informed by the literature and preliminary reviews of the transcripts. The AR team deductively coded participants' mention of interventions by prescribed categories in Microsoft Excel, calculated the frequency of each category coded (e.g., number of interventions with each sector, type of intervention such as program vs. Policy, etc.), and systematically compared and contrasted differences between health- and labor-generated interventions. Comparisons by the total counts of the coded interventions between the labor and health sector were made based on the socioecological level and type of intervention to help inform levels of readiness for addressing PSE change to address PE.

The AR team reviewed the results of the thematic and chart-based analyses to answer Research Question 4 and developed evidence-based recommendations to facilitate opportunities for healthy work. All health and labor partners were invited to participate in phone or in-person meetings with the AR Team to review findings in a facilitated discussion around two goals: (1) the accuracy of the findings and (2) idea generation for the development of a health promotion initiative. Notes were taken during these meetings and were reviewed by the AR team ($N = 11$ meetings). Based on the data and additional feedback, the AR team completed the AR *Act* cycle by developing a health promotion initiative titled the Healthy Work Collaborative, launched in May 2018.

TABLE 1
Demographic Data

<i>Interviewee's organization type</i>	<i>n (%)</i>
Total	44 (100.0)
Health	23 (52.3)
Health advocacy, research, policy	10 (22.7)
Clinical care	6 (13.6)
Public health department	2 (4.5)
Nonprofit community health-based	2 (4.5)
Other	1 (2.3)
Labor	21 (47.7)
Worker center	9 (20.5)
Advocacy, research, policy	8 (18.2)
Union	2 (4.5)
Educational institutions	2 (4.5)

► FINDINGS

Interviewee demographic information can be found in Table 1. Findings by Research Questions 1 to 4 are summarized in Table 2.

Health and Labor Perceptions of Precarious Employment in the Context of Health

Both Sectors Described Precarious Employment as a Rising Trend to Cut Employer Costs by Hiring Temporary and Contractual Employees. Both sectors described those in PE as follows: lacking access to health insurance or sick days, receiving low wages or experiencing wage theft, having inflexible or unstable work schedules, having temporary work, lacking safety and other training to complete jobs appropriately, and lacking opportunity to be promoted. “There has been a big change in the type of work that people are doing and a big increase in part-time work [and] a lot of jobs without benefits, vacations, sick leave . . .”

Both Sectors Described the Negative Impact of Precarious Employment on the Physical and Emotional Health of Workers. Workers are overworked, without time for self-care or vacations, resulting in increased stress. Stress was frequently mentioned as a result of unpredictable schedules, job insecurity, and exploitation at work: “I think that being in low wage jobs can affect that feeling of hopelessness, or feeling like there’s no other option.”

Labor Participants Described How the Structure and Culture of Work Leave Workers Powerless and Affect

Their Standard of Living. This has led to “the decline in the standard of living, because of the nature of this structure of constantly subcontracting and using temporary agencies so nobody’s responsible. In the end, workers lose.” Furthermore, for “healthy work” to be realized, a structural transformation in today’s employment practices would be needed. “We need to gain back that power by redefining work, and by having policies and structures and laws that make it possible. And until we start doing that, I don’t think we’re going to have healthy work.”

Health Sector Participants Mostly Defined the Impact of Precarious Employment as Health-Related. The health sector participants most frequently mentioned how a lack of health insurance and access to quality care leads to poorer health outcomes for workers in PE and the inability of workers to focus on health-promoting behavior due to the work environment. For example,

We . . . hear that people have high blood pressure, or they have diabetes and they’re on a tremendous amount of medication, if they can afford the medication, having to make decisions between paying a bill, buying food, or getting my prescription filled . . . That’s all work-related, as far as we’re concerned.

Labor Participants Articulated the Impact of Precarious Employment in Detailed and Profound Ways. Labor participants described the severity of the situation on worker livelihood—that PE was not just about health but about survival. At its worst, PE was defined as life-threatening and dangerous:

I think that when you have transitions in work, when you’re making a low wage, you’re just surviving . . . Wellness is not even on your mind, it’s survival . . . And there’s no pathway to wellness in survival, there’s just not . . .

Health and Labor Perceptions of Their Roles and Their Strategies to Address Precarious Employment

The Health Sector’s General Role and Focus Remain on Worksite Health and Wellness. Most health sector participants acknowledged that their current role focuses on worksite health and wellness approaches (e.g., exercise programs) to affect behavioral change at the individual level: “I think most health agencies approach . . . work sites as opportunities for health promotion or disease prevention activities.” Some acknowledged that this was a limited paradigm and that “this notion that we reduce everything to individual risk factors and

TABLE 2
Cross-Walk of Findings With Participant Feedback Used to Develop the HWC Program Elements

<i>Key finding aligned with Research Questions 1–3</i>	<i>Research Question 1: What are partners' perceptions of PE and barriers to addressing it?</i>	<i>Research Question 2: What are partners' perceptions of their roles in and approaches to addressing it?</i>	<i>Research Question 3: What specific initiatives are under way to address PE?</i>	<i>Research Question 4: Action research team and partner feedback based on Research Questions 1–3 findings</i>	<i>Proposed HWC program elements based on the findings and partner feedback</i>
<ul style="list-style-type: none"> • Both sectors described PE is a rising trend to eliminate benefits to cut employer costs. • Both sectors described PE affects your physical and emotional health. • Labor participants described how the structure and culture of work leave workers powerless and affect their standard of living. • Health sector participants mostly defined the impact of PE as health related. • Labor participants noted the impact of PE in detailed, profound ways. 	<p>Research Question 1: What are partners' perceptions of PE and barriers to addressing it?</p> <ul style="list-style-type: none"> • Both sectors described PE is a rising trend to eliminate benefits to cut employer costs. • Both sectors described PE affects your physical and emotional health. • Labor participants described how the structure and culture of work leave workers powerless and affect their standard of living. • Health sector participants mostly defined the impact of PE as health related. • Labor participants noted the impact of PE in detailed, profound ways. 	<p>Research Question 2: What are partners' perceptions of their roles in and approaches to addressing it?</p> <ul style="list-style-type: none"> • The health sector's general role and focus remain on worksite health and wellness. • Health sector participants identified a desire to expand their role. • Labor sector strategies focused on the role of the employer and building worker power. • Both sectors noted interest in diverse partnerships and cross-sectoral approaches to address PE. • Although both health and labor sectors acknowledged the importance of cross-sectoral partnerships, differences in a health versus labor approaches may challenge collaboration. 	<p>Research Question 3: What specific initiatives are under way to address PE?</p> <ul style="list-style-type: none"> • In total, 184 initiatives aimed at addressing PE were mentioned by interview participants. • Nearly twice as many PE-focused initiatives (114, or 62.0% of all initiatives) were mentioned by labor sector participants than were mentioned by health sector participants (70, or 38.0% of initiatives). • Of the initiatives reported by labor sector participants, 83.3% were classified as either "health-related" or both "health-related" and "health-directed," with 78.9% of all initiatives reported by these participants classified as solely "health-related." • Conversely, 53.9% of initiatives reported by health sector participants were classified as either "health-related" or both "health-related" and "health-directed," with only 40.0% of all initiatives reported by these participants classified as solely "health-related." • The majority (61.4%) of initiatives reported by health sector participants were classified as initiatives focused on individual, interpersonal, and/or organizational levels, while only 38.8% were classified as initiatives focused on the community or policy levels. • The majority (63.2%) of initiatives reported by labor sector participants, on the other hand, were classified as initiatives focused on community and policy levels. 	<p>Research Question 4: Action research team and partner feedback based on Research Questions 1–3 findings</p> <ul style="list-style-type: none"> • Health sector partners wanted more information on PE and its relationship to health. • Health sector partners had experience in building policy and systems change and had some expertise in social determinants of health, but not regarding PE. • Worker advocacy organizations understood root causes to precarious work. • Worker advocacy organizations possessed the knowledge, skills, and experience to train health sector representatives to learn approaches for building power. • Worker advocacy organizations were not, by themselves, interested in learning more about PE. However, they were interested in exploring ways to collaborate with the health sector. • Worker advocacy organizations were often resource-thin and in order to participate in an initiative, needed to be paid. • Both the health sector and labor sector acknowledged the time it takes to build relationships and gain competency in any new skill. • The health sector and labor sector wanted to not just learn but also take action to address PE; facilitation and project management are needed to help make this occur. • Worker advocacy organizations had direct access to partners and policy examples that address PE; and workers with lived experiences that might be shared with health sector colleagues. • Health sector colleagues experience focused on individual or worksite wellness approaches to worker health. 	<p>Proposed HWC program elements based on the findings and partner feedback</p> <ul style="list-style-type: none"> • <i>HWC training topics:</i> Create a multisection training with knowledge, skills, and application over a period of time. • <i>HWC training topics:</i> Focus the trainings on topics including but not limited to more detail definition and impacts of PE; skills that focus on systems thinking, power analysis, and power building; and specific strategies that can build worker leadership • <i>HWC training topics:</i> Create sessions to learn about policy and systems changes under way in within the state and nationally. • <i>Cross-sectoral teams:</i> Create communities of learning with health sector and labor representatives to address a shared identified challenge that address PE where health sector participants conduct exercises to understand the lived experience of PE and learn from labor partners. • <i>Technical assistance:</i> Pay labor sector partners to train and provide technical assistance to health sector partners in both the community of learning as well as to provide trainings. • <i>Technical assistance:</i> The action research team was uniquely positioned to help convene the health and labor sector and facilitate action planning. • <i>Action learning:</i> Create an overall initiative that would allow for ongoing collaboration and learning but with a focus for action and impact.

Note. PE = precarious employment; HWC = Healthy Work Collaborative.

individual behaviors is a mistake . . . and we know that they play much less important roles than these broader, structural factors.”

Health Sector Participants Identified a Desire to Expand Their Role. Health sector participants indicated that there is more opportunity to address issues relating to work and health:

I've always thought about how the workplace and people's income and the jobs that they're performing . . . but I hadn't really thought about focusing on that as one of the social determinants of health that a local health department could maybe have some impact on.

There was some identification of public health's role in such activities as policy analysis; others saw a role for surveillance and epidemiology.

Labor Sector Strategies Focused on the Role of the Employer and Building Worker Power. While no health sector participants commented on intervening with employer practices and policies, labor participants noted employer engagement as a primary organizing strategy for addressing PE. As one worker advocacy organization indicated, “Our concern has always been around what's going on inside these plants and how do we get employers to change their behavior, as opposed to getting workers to change their behaviors.” Furthermore, specific labor strategies to improve workers' lives in PE focused on building worker power and leadership:

I think one guiding principle or maybe it is more of a strategy is base building and community organizing . . . and building power that low wage workers can use to gain even more workplace protections[including] supporting workers' leadership and . . . gaining skills as individuals and also gaining power as a group.

Both Sectors Noted Interest in Diverse Partnerships and Cross-Sectoral Approaches to Address Precarious Employment. Health sector participants noted they are “always looking for those opportunities that are gonna start to better address the determinants of health. And the only way to do that is to bring many sectors together.” Labor noted collaboration with health as progress:

There's labor, there's health, and they operate in their own worlds. And when they intersect, the most they

intersect is like occupational health, . . . and I think getting those folks together in groups and convening conversations is a really great place . . . to get those minds together.

Although Both Health and Labor Sectors Acknowledged the Importance of Cross-Sectoral Partnerships, Differences in a Health Versus Labor Approaches May Challenge Collaboration. Health and worker advocacy participants articulated challenges for cross-sector collaboration. For example, one participant noted that public health advocates were pushing for installation of a grocery store to increase food access and “the union has often been in the position of trying to stop a grocery store from coming into a food desert, because it's a nonunion store. And that's just a really bad set of circumstances.” Furthermore, the health sector frequently cited challenges with collaboration given their political and governmental role that often prohibits taking a stand with business:

There are lots of people that are purists and they say, “Public health should just prevent disease . . . [but] is not supposed to be in everybody's life [or] to tell workers how to live. It's not supposed to tell business owners how to run their shops.” So it's like we have a conceptual crisis going on in terms of the role of what public health is about.

Specific Initiatives Are Under Way That Address Precarious Employment

In summary, nearly twice as many PE-focused initiatives were mentioned by participants from the labor sector than were mentioned by participants from the health sector. For example, one labor sector participant outlined a grassroots campaign to organize workers to demand appropriate job reclassifications to ensure that they would be eligible for workers' compensation and have access to legally required workplace protections on the job. Health sector initiatives were more likely to be health-directed, focused on addressing specific health outcomes, while labor sector initiatives were more likely to be health-related, focused on addressing upstream contributors to PE. Compared to the health sector, the labor sector initiatives were more likely to be aimed at community or policy levels. For example, one labor sector participant outlined a process employed by their organization involving power mapping (Racial Equity Tools, n.d.) to develop intersectoral policies around food purchasing, which attended to issues related to wages and working conditions throughout the national food supply chain.

Use of Findings to Facilitate Development of a Health Promotion Initiative to Increase Healthy Work Opportunities Through Partnerships and PSE Change

Eleven meetings were held with health and labor participants to share findings and obtain feedback on the development a health promotion initiative. Table 2 cross-walks AR Teams and participants' observations for next steps based on findings from Research Questions 1 to 4. The cross-walk shows the use of the findings and feedback to develop the curricular elements of the HWC.

► DISCUSSION

During the *Act* phase, the AR team used study findings to develop the HWC. HWC is a multisectoral capacity-building initiative to address health inequities that result from PE. The HWC includes action learning, equity-focused trainings, and technical assistance to help foster cross-sectoral partnerships to address PE using PSE change. The following is a description of the HWC components developed based on the data. Table 3 presents a HWC basic logic model developed before implementation.

Overall, findings showed that the health sector was unprepared to undertake PSE initiatives to address PE and that capacity-building strategies were needed. Capacity building increases participants' ability and skills to implement health promotion initiatives (Aboelata & Navarro, 2010; Crisp et al., 2000; Dombrowski et al., 2013). Action learning is a particular capacity-building process whereby diverse participants such as health and labor sectors can learn by developing a shared definition of the problem, learning new information or skills, and working to identify collective action (Marquardt et al., 2009). Moreover, action learning was proposed for HWC for health and labor to learn together over time.

Study findings support the call for the health sector to develop new approaches to address health inequities (DeSalvo et al., 2017; Plough, 2014). Findings suggested, aligning with other researchers (Asada et al., 2018), that most health sector policy and systems change efforts focused on *health-directed* initiatives (e.g., worksite wellness) versus *health-related* interventions (e.g., paid sick leave policies). Findings also support Freudenberg et al. (2015) noting the health sector lacks transformative skills related to assessing power dynamics and building power to dismantle health inequities. HWC addresses this gap by having the labor sector provide technical assistance and training on content, skills, and examples that address PE (e.g., Racial Equity Tools, n.d.).

Mitigating the challenges identified in collaboration between the health and labor sectors requires collective learning models (e.g., communities of practice; Mabery, 2012; Wenger & Snyder, 2000). Cross-sectoral partnerships can address complex challenges like PE through fostering dialogue and shared learning (Chehimi & Cohen, 2013; Plough, 2014; Resnick, 2018).

Technical assistance is an important approach to providing both process and content expertise to support PSE activities (Asada et al., 2019; Le et al., 2016). The HWC model proposed that labor organizations be paid to serve on the cross-sectoral teams and provide direct training to support action learning toward collective action. The AR team would serve as a neutral convener to facilitate the cross-sectoral teams' learning and project management.

Implications for Policy and Practice

This study suggests that AR may be a useful design to uncover pathways to address complex issues such as PE. Specifically, the study highlighted the use of AR to explore diverse perspective and build evidence to create a novel intervention outside of the workplace. By revealing the health sector's opportunity to obtain more transformative skills and approaches to address health inequities while also identifying labor skills to better help inform health initiatives to address PE, an opportunity for shared learning was discovered.

Limitations

There were limitations to both the sampling technique and the approach taken to design the HWC. First, while the study aimed to report on and synthesize divergent perspectives of multiple stakeholders, a priori constructs and a focus on PSE and cross-sectoral partnerships may have slanted responses toward this content. Furthermore, participants noted that while they were involved, more time and engagement were needed in the development of the HWC to help shape its content and delivery.

Conclusions

This study undertook a unique design approach using AR to explore the current state of PE and opportunities to address it through the diverse insights of health and labor partners. Findings identified the health sector's knowledge and skills gaps; the strength of the labor sector's skills, experiences, and resources for addressing PSE changes regarding PE; and shared interest to collaborate. Results informed key components of the HWC as a capacity-building PSE initiative for the

TABLE 3
HWC Basic Logic Model Before Implementation

<i>Components and inputs</i>	<i>Activities</i>	<i>Outputs</i>	<i>Midterm outcomes</i>	<i>Long-term outcomes</i>
<ul style="list-style-type: none"> Request for applications to participate and identify: Focused project to explore or address precarious work, and creation of health sector teams and at least one other sector Migrants to support training and technical assistance to labor representative Funded migrants to support health sector and labor partners to participate in the HWC process HCHW designs, coordinates, and evaluates HWC 	<p>Action learning</p> <ul style="list-style-type: none"> Phased action plan development <p>Training</p> <ul style="list-style-type: none"> Six 4-hour sessions with content, networking, and work time provided over 8 weeks <p>Cross-sectoral teams</p> <ul style="list-style-type: none"> Health and labor to apply knowledge and skills to address a challenge related to precarious employment. <p>Labor technical assistance</p> <ul style="list-style-type: none"> Labor sector provides training and technical assistance AR technical assistance AR team supports the collaboration process as a neutral convener to facilitate the cross-sectoral teams' shared learning and project management. 	<p>Participants will</p> <ul style="list-style-type: none"> Demonstrate <i>knowledge of what precarious employment</i> is and its root causes. Demonstrate <i>knowledge of change strategies</i> to address precarious work. Demonstrate <i>knowledge of action learning</i> principles and tools. Identify <i>barriers and facilitators</i> to implementing strategies to address precarious employment. Apply <i>strategies (e.g., power mapping) to identify ways to leverage facilitators and overcome barriers</i> to addressing precarious employment. Enhance <i>quality/strength of relationship</i> with their project partners. Increase <i>number of cross-sectors</i>. Enhance <i>strength of relationships</i> with cross-sector partners. 	<ul style="list-style-type: none"> Increase health sector involvement in the promotion of healthy work outside of the workplace Increased constituency for workers and labor organizations to promote healthy work Increased social norms change Increased policy, systems, and environmental changes 	<ul style="list-style-type: none"> All workers will be at the center of a movement and decision making to achieve equitable treatment and opportunities for healthy work.

Note. HWC = Healthy Work Collaborative; AR = action research; HCHW = Healthy Communities through Healthy Work.

health sector to address health equity. The AR process that informed the development of the HWC can be a model for others looking to collaboratively develop complex change initiatives.

► EPILOGUE

The study and resulting development of the HWC described in this article were completed prior to the Covid-19 pandemic. However, Covid-19's impact highlighted key study themes that need immediate emphasis and action. Now more than ever before, public health has an opportunity to integrate equity and health justice into its Covid-19 response and beyond.

Covid-19 illuminated and exacerbated existing health disparities resulting from profound structural racism. Published death rates from Covid-19 illness demonstrated striking differences between Black and White counterparts (Kim & Bostwick, 2020). Causes of these disparities in death are likely due to on-going racial inequities, including but not limited to the number of precariously employed Black and Latino workers (Bibbins-Domingo, 2020).

Study findings described in this article have even more relevance in the context of Covid-19, and three overall themes are particularly relevant and poignant now. Public health must (1) engage with workers to understand the real and severe implications of work on health through their lived experiences; (2) reassess its role and take action to protect worker rights, health, and safety in ways it has authority or influence; and (3) Build collaborative relationships to affect policy and systems change. This Epilogue describes these recommendations more in detail based on study findings, in light of Covid-19.

Many Workers Have No Choice But to Work for Survival

This study aimed to understand perspectives and approaches of labor sector partners to give voice to their lived experiences and possible pathways toward improvement. Labor sector study findings emphasized the grave impact of being precariously employed and the urgency of the need to respond. One study participant indicated that “when you’re making a low wage, you’re just surviving . . . Wellness is not even on your mind, it’s survival.” Covid-19 emphasizes precariously employed workers’ lack of control over their health. Throughout the Covid-19 pandemic, many precariously employed workers have not had a choice whether to report to work—their minimal wages are required for their daily living. Furthermore, precariously employed workers are sometimes threatened by their employer

with dismissal for failure to report to work—regardless of the reasons. Some of these workers could not abide by the many state-based stay-at-home orders issued during Covid-19 to protect the health and wellness of themselves or their families.

Covid19 Highlights the Need and Opportunity for Public Health to Protect Worker Rights, Health, and Safety

While most health sector study participants noted they wanted to focus on structural factors of health, they were unclear of their role and how to do so. Covid-19 provided this opportunity and highlighted key roles and functions for public health departments in at least three ways. First, public health communicable disease laws provide state and local public health with an opportunity to protect workers. During Covid-19, many workers have reported inadequate communicable disease control interventions at workplaces such as failure to socially distance (e.g., at meat processing facilities) and to provide workers appropriate personal protective equipment.

Guidance from the U.S. Department of Labor Occupational Safety and Health Administration (2020) on preparing workplaces for COVID-19 is voluntary, not mandated. This means that enforcement for worker health and safety protections rests with state and public health departments. Some—but not all—health departments are investigating business compliance of Covid-19 communicable disease protections and even, at times, attempting legal action to close down facilities because of disease spread. Now is the time to strengthen public health’s role in educating and enforcing worker protections under communicable disease laws.

Second, public health could develop worker-centered guidance for business openings. Some public health departments have developed a bidirectional, engaged process that acknowledges challenges for workers and business in implementing communicable disease control. Third, public health could advocate for policy change around hazard pay, paid sick leave, and access to the health care. Some health departments took direct actions such as these during the height of the Covid-19, but there is an opportunity to build awareness and capacity for education and enforcement for worker rights, health, and safety going forward.

There Remains an Urgent Need and Opportunity for Collaboration for Policy and Systems Change to Address the Negative Impact of Precarious Employment

Both health and labor sector participants in this study agreed that collaboration could help develop strategies

for addressing PE. Relationship building usually strengthens trust and deepens the ability to conduct shared work. Covid-19 has highlighted the need for more of these types of approaches and initiatives like the HWC to build these relationships and establish a deep, ongoing commitment to structural change.

This study highlights using AR as an important approach to understand and build partnerships to address PE. The health sector should urgently reach out to its labor sector partners to understand their perspectives and seek opportunities for leveraging power to influence policy and systems change. We can and must do better to address structural determinants of health like PE.

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SUPPLEMENTAL MATERIAL

Supplemental material for this article is available online at <https://journals.sagepub.com/home/hpp>.

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