Essential immigrant workers and the COVID-19 pandemic: Moving from emergency response to sustainable partnerships

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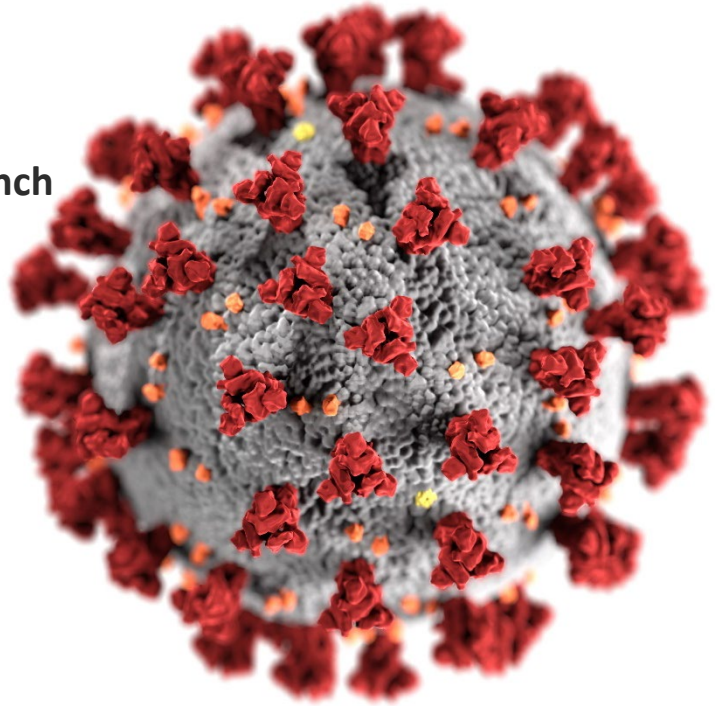

Worker Training Program Capacity Building Webinar

National Institute of Environmental Health Sciences

August 31, 2022

cdc.gov/coronavirus

Immigrant Workers and the Critical Infrastructure

- Overrepresented in critical industries/occupations
  - Manufacturing
  - Healthcare
  - Food supply chain
- High risk for COVID-19
  - Working and living conditions
  - Multiple countries of origin and languages
  - Limited capacity of public health institutions
  - Economic centrality, social marginality
- Impacts
  - Health of workers and their families
  - Disruption of critical infrastructure

Securing Health Equity through Partnerships

- Key Challenge: Public health organizations have evolved to better meet the needs of some groups more than others

- "Hard to reach" vs Hardly reached
  - Turn analytical lens back on ourselves

- NIOSH's Occupational Health Equity program is leveraging its innovative partnership model to address COVID-19 inequities for underserved, immigrant workers

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Commentary

Health Equity and a Paradigm Shift in Occupational Safety and Health

Michael A. Flynn *, Pietra Check, Andrea L. Steege, Jacqueline M. Sivén and Laura N. Syron

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Taylor & Francis

Reaching "hard to reach" workers: Evaluating approaches to disseminate worker safety information via the Mexican consular network

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ABSTRACT

Mexican immigrants suffer a disproportionately large number of work-related injuries and deaths given their share of the workforce. Barriers of language, culture, and mistrust are often cited as factors that complicate efforts to reach these workers with occupational safety and health (OSH) interventions. By partnering with the Mexican government and its consulate network in the United States, researchers from the National Institute for Occupational Safety and Health were able to assess the impact of four different information dissemination approaches (posters, passively distributed brochures, actively distributed brochures, and video kiosks) in Spanish in a five-phase study. Exit interviews conducted with Mexicans seeking consular services indicated that while nearly all respondents considered OSH to be of importance, significant differences in impact measures, such as noticing the materials and liking of content, were found when comparing the different approaches. Despite these differences, even the least effective approaches were noticed by large numbers of individuals and significantly increased their stated behavioral intentions regarding OSH. Considering all materials together, significantly more participants reported liking the materials ($p < 0.001$) than did not, learning something new ($p < 0.01$), trusting the information ($p < 0.05$), intending to seek out additional OSH information ($p < 0.01$), and intending to speak to their bosses about OSH ($p < 0.05$). These findings contribute to building an evidence base for moving research knowledge into practice, which is an essential, but often overlooked, element of occupational safety and health research, particularly among workers from underserved communities.

KEYWORDS

Health equity; intervention effectiveness; Mexican immigrants; occupational safety and health; Spanish-language occupational safety and health education

Introduction

In 2015, foreign-born workers—more than a quarter of whom are Mexicans—comprised 17% of the U.S. labor force (Lopez and Radford 2017). Mexican immigrants have one of the highest rates of fatal workplace injuries (Bureau of Labor Statistics 2017). From 2011–2016, two-thirds of the 3,244 work-related deaths among Latinos were among immigrants, and 70% of those immigrants were Mexican (Bureau of Labor Statistics 2017). Immigrants are at higher risk for non-fatal injuries as well (Orrenius and Zavodny 2013). Given the limited capacity of current occupational safety and health surveillance systems to collect data on nativity and the tendency of immigrant workers to underreport workplace injuries, it is likely that published figures of nonfatal occupational injuries are an underestimate (Souza et al. 2016; National Academies of Sciences et al. 2018). Additionally, greater length of stay in the United States contributes to elevated rates of chronic and mental illness among Latino immigrants (Hovey and King 1997; Chakraborty et al. 2003; Cho et al. 2004; Flynn et al. 2014; López and Golden 2014). It has been suggested these declines are linked to lifestyle changes associated with low-wage employment in the United States, such as adoption of less healthy diets (Escobar Latapí et al. 2013).

These occupational health inequities highlight the importance of providing Mexican immigrant workers with information and resources to support their safety at work. Factors such as language, cultural differences, mistrust of government institutions, and low literacy among populations of interest are often cited as complicating the ability of occupational health organizations to involve vulnerable workers such as Mexican immigrants in research and prevention programs. As

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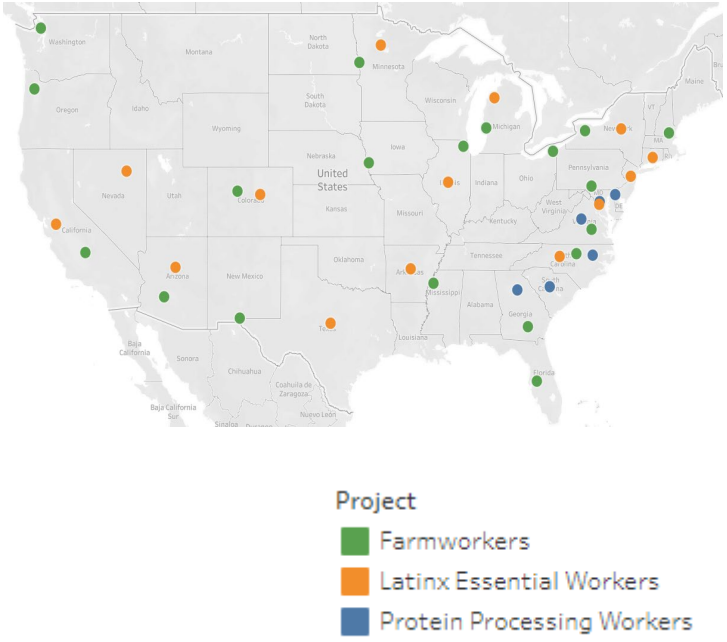
COVID-19 Cooperative Agreements (CoAgs)

1) ***Centro de los Derechos del Migrante*** **(CDM)** developed a network to reach limited-English proficient protein processing workers on the Eastern seaboard (blue dots)

2) **National Center for Farmworker Health** establishing a national network of community-based organization to reach farmworkers (green dots)

3) ***Alianza Americas***, **Latino Commission on AIDS** and the **Mexican Consulates** leveraged their existing national networks to promote vaccine confidence and access among essential workers from the Latino immigrant community (orange dots)

States where the 3 CoAgs operate



Identify Drives & Enhance Capacity to Address Inequities

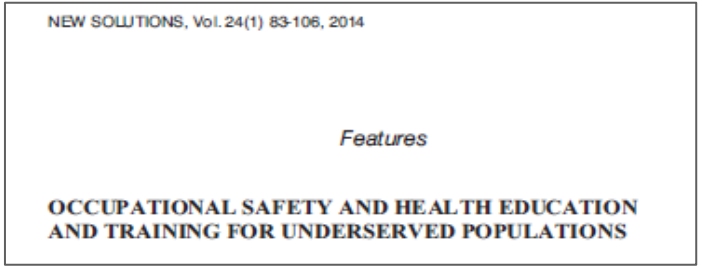
Integrating national community-based organization networks into the CDC response:

1. Tailor messages and interventions (blog)
   - Diverse communities, multiple language
   - Appropriate formats

2. Engage with communities and workers
   - Leverage existing relationships to turn community feedback into action
   - Institutional support for workers

3. Collect data
   - Address current limitations of data collection

4. Improve guidance, strategies, and activities
   - Inform public health policy
   - Two-way interaction


NEW SOLUTIONS, Vol. 24(1) 83-106, 2014

Features

OCCUPATIONAL SAFETY AND HEALTH EDUCATION AND TRAINING FOR UNDERSERVED POPULATIONS

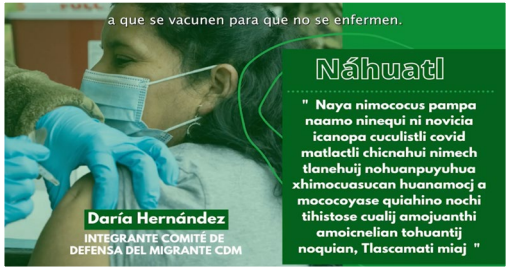
Examples from the Field

- CDC Stories from the Field

- Developed mobile One-Stop-Shops resulting in 4,600 vaccinations in Maryland's Lower Shore

- Collaborated with state officials in Delaware and Maryland to host vaccination events for frontline workers

- Partner organization's national office negotiated 20 hours sick leave for vaccinated workers resulting in 30,000 workers being vaccinated in first month



System-Level Approach to Sustainable Partnership

- Build Relationship
  - Often collaboration begins and ends with project
  - More than series of discrete projects
- Integrate OSH into existing infrastructure
  - Reduce burden on partner
  - Increase return on investment
  - Sustainability
  - Ownership
- Involve partners from beginning
  - Planning
  - Budget

Moving Forward & Next Steps

- Develop the capacity of public health institutions to address future emergencies and endemic health inequities
  - Integrate best practices from COVID-19 pandemic
- Identify opportunities to convert emergency collaborations into long-term, sustainable partnerships
  - Data
  - Outreach
  - Expertise
- Develop relationships with public health institutions

Check for updates

Case Study/Practice

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SAGE

An Innovative United States–Mexico Community Outreach Initiative for Hispanic and Latino People in the United States: A Collaborative Public Health Network

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Abstract

Collaborative partnerships are a useful approach to improve health conditions of disadvantaged populations. The *Ventanillas de Salud* (VDS) ("Health Windows") and Mobile Health Units (MHUs) are a collaborative initiative of the Mexican government and US public health organizations that use mechanisms such as health fairs and mobile clinics to provide health information, screenings, preventive measures (eg, vaccines), and health services to Mexican people, other Hispanic people, and underserved populations (eg, American Indian/Alaska Native people, geographically isolated people, uninsured people) across the United States. From 2013 through 2019, the VDS served 10.5 million people (an average of 1.5 million people per year) at Mexican consulates in the United States, and MHUs served 115 461 people from 2016 through 2019. We describe 3 community outreach projects and their impact on improving the health of Hispanic people in the United States. The first project is an ongoing collaboration between VDS and the Centers for Disease Control and Prevention (CDC) to address occupational health inequities among Hispanic people. The second project was a collaboration between VDS and CDC to provide Hispanic people with information about Zika virus infection and health education. The third project is a collaboration between MHUs and the University of Arizona to provide basic health services to Hispanic communities in Pima and Maricopa counties, Arizona. The VDS/MHU model uses a collaborative approach that should be further assessed to better understand its impact on both the US-born and non–US-born Hispanic population and the public at large in locations where it is implemented.

Keywords

culturally tailored partnerships, Hispanic, health inequities, institutional capacity building

An estimated 56.5 million Hispanic or Latino people (hereinafter, Hispanic people) live in the United States.[1] As of 2017, Hispanic people composed 17.6% of the US population, which is expected to increase to 25.5% of the US population by 2060.[2,3] Substantial social inequities exist between non-Hispanic White people and Hispanic people living in the United States, including higher levels of poverty and lower levels of educational attainment.[4-8] Hispanic people also have substantial health inequities, such as less access to health care and disease prevention services and lower rates of adult vaccination coverage, than the general US population.[4,9,10] Non–US-born Hispanic people generally

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Thank you

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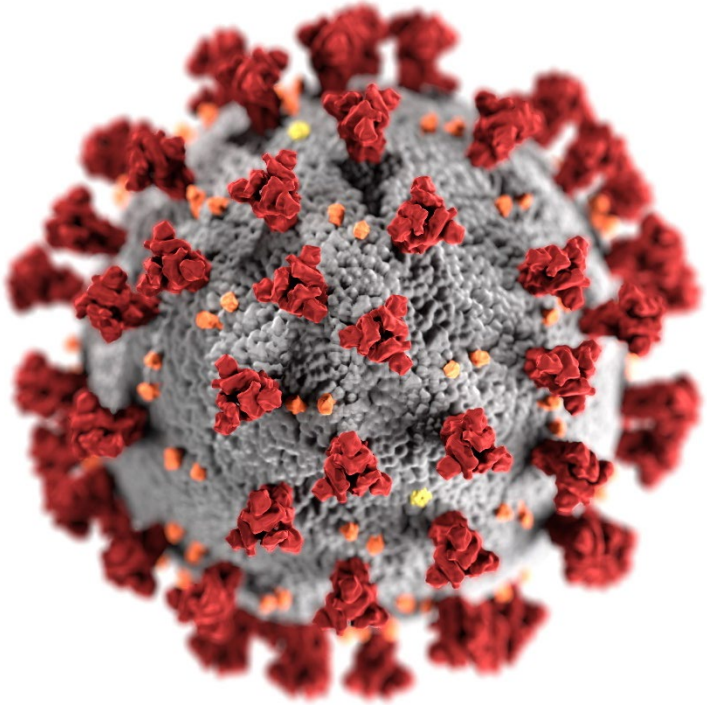

For more information, contact CDC
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.