

# A community-based participatory approach to prevent falls among Latino construction workers

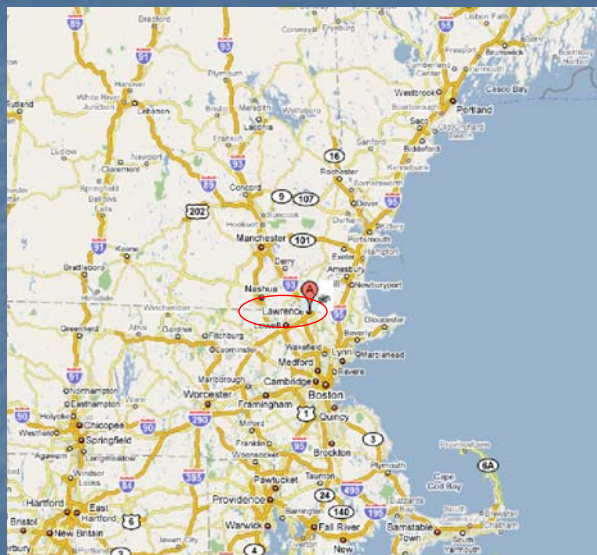
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National Occupational Injury Research Symposium (NOIRS) 2008

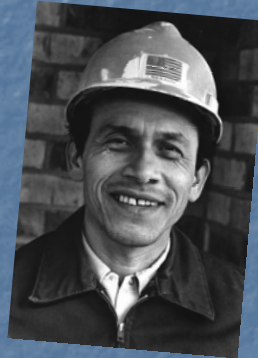
## Lawrence, MA



A city with a large population of immigrant Hispanic construction workers with strong community networks and active organizations

## Hispanics in Construction

1990 → 704,606  
2005 → 2.6 million



About 75% born outside the United States

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## Deaths on the Job in 2006 (U.S.)

- 1,226 construction workers died, more than in any other industry
- 21% of workers who died from falls were Latino



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## Community-Based Participatory Research (CPBR) Background

Participatory techniques have been demonstrated to facilitate the identification of hazards and health problems in lower socio-economic communities or in communities with limited English or literacy:

Baltimore: Cardiovascular disease prevention

Detroit: Maternal and Child Health

Boston: Healthy Start Initiative

New York: Immunization and primary health care

North Central New Mexico: Prevention of substance abuse

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## Community-Based Participatory Research

CBPR in public health is a collaborative approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and the social and cultural dynamics of the community, and integrate the knowledge gained with action to improve the health and well-being of community members

(Israel et al., 1998)

## Key Principles of Community-Based Participatory Research

1. Recognizes community as a unit of identity.
2. Begins with and builds on strengths and resources within the community.
3. Facilitates collaborative, equitable partnership
4. Promotes co-learning and capacity building
5. Emphasis on local relevance of public health problems and ecological approaches

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## Specific Aims

- A.1. Develop and maintain a **community-based partnership** committed to improving construction safety and health in Lawrence.
- A.2. Apply a community-based participatory approach to **adapt organizational and technical interventions** for fall prevention and silica exposure prevention to the study setting.
- A.3. Implement the interventions developed and **evaluate their effectiveness** at reducing silica exposure and fall hazards.

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## Specific Aims (cont.)

- A.4. **Diffuse** effective interventions for Hispanic construction worker health **through the Lawrence area.**
- A.5. **Institutionalize a community-university-employer-labor** partnership that combines the skills and resources of all members to protect the health of vulnerable workers over the long term.
- A.6. **Evaluate** the community-based participatory process.

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## Partners for the Lawrence Project

- City of Lawrence (MA)  
Mayor's Health Task Force
- Laborers' Local 175
- UMass Lowell
- JSI Center for  
Environmental Health  
Studies: Promotoras



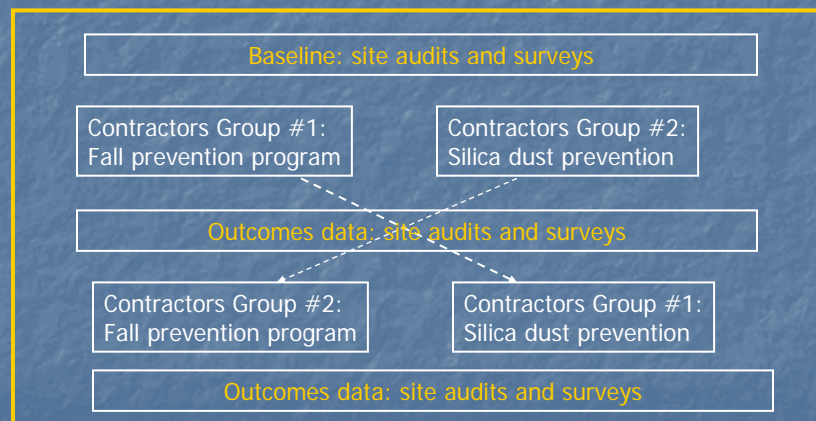
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## Study Design

Crossover worksite intervention embedded  
in community-based participatory research  
(5 years: 2007-2012)

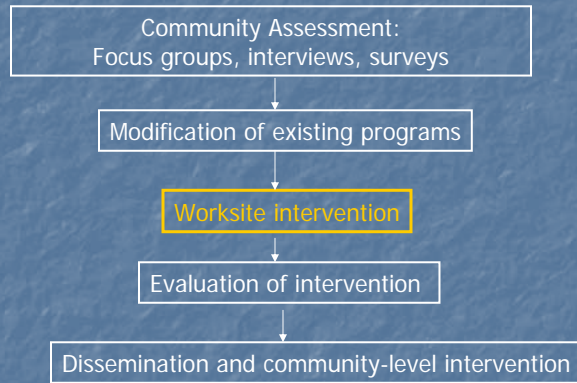
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## Worksite Intervention



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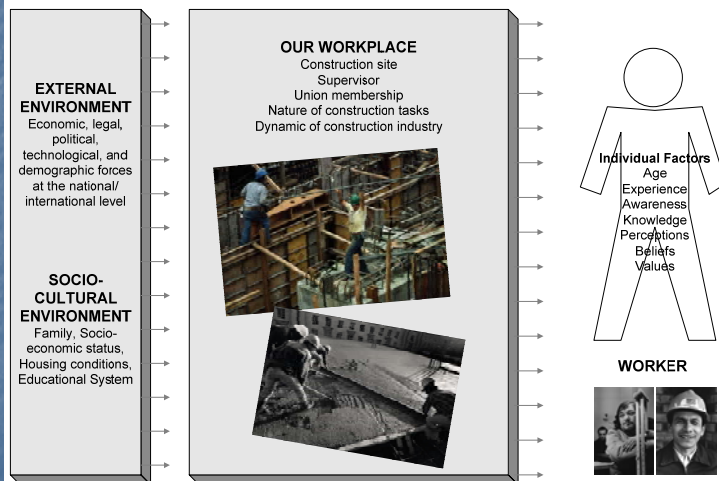
# Embedded in CBPR



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## Adopting the Social Ecological Theory Perspective

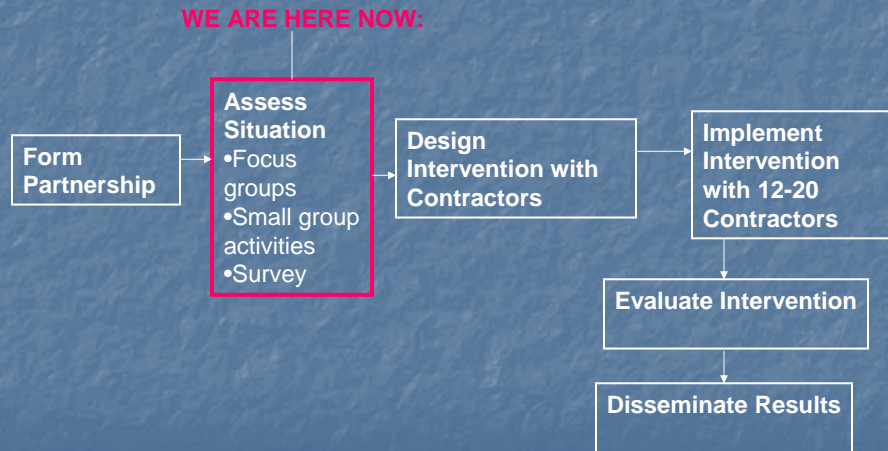
### Understanding the different dimensions of Work in Construction



Proteccion en Construccion - Assessment Phase: Focus Group Activity  
MJB/January 31<sup>st</sup> 2008

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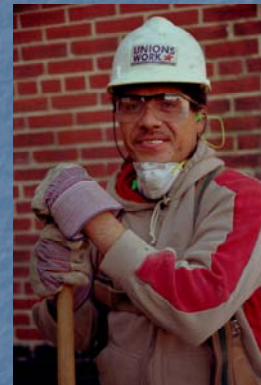
# Our Path



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## Phase I: Assessment

- Focus Groups:
  - Workers (union & non-union)
  - Contractors
- Interviews (contractors)
- Small Worker Group Activities
  - Risk mapping
  - Forum theater (popular education)
- Survey



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## Risk Mapping



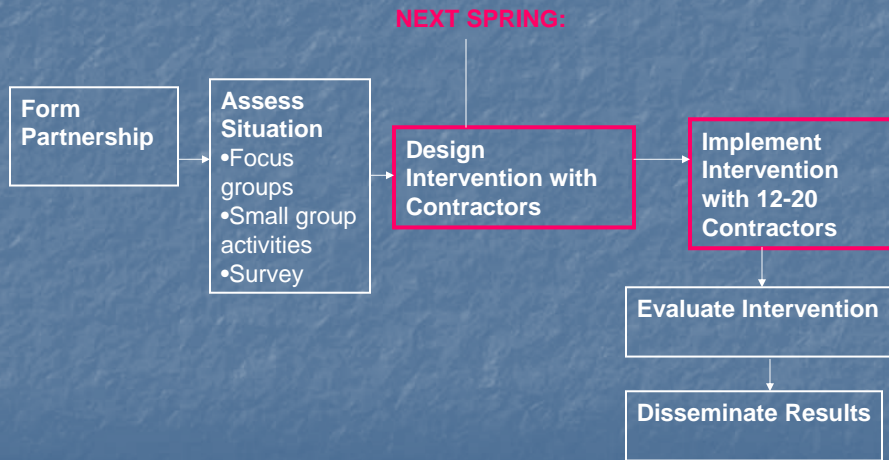
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## Next Steps: Fall08/Winter09

- Complete focus groups:
  - Supervisors
  - Community members
- Contractors interviews
- Qualitative data analysis & triangulation
- Worker & Contractor Survey

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# Next Steps



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# Main Accomplishments to Date



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## Main Accomplishments to Date

- Rich data collected from focus groups with union workers, non-union workers, small contractors
- Coding scheme designed
- Active, committed partnership; name & logo!
- Communication improving with skilled evaluator, Backpack website
- Capacity building with outreach workers
- Worker activities planned with MassCOSH
- Focus groups scheduled with health care, local government agencies

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## Challenges to Date

- Lack of access to large contractors
- Different cultures, expectations among partners
- Deep-rooted conflict among partners
- Ongoing mis-communication

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## Preliminary Evaluation Results: Partnership Strengths

- Partners have shared goals, which they are committed to
- All partners are able to identify the strengths and assets the all parties bring to the table
- Despite political and ideological differences partners remain committed to project goals and are able to work beyond differing opinions

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## Preliminary Evaluation Results: Challenges to Partnership

- Miscommunication → Mistrust
- Role Confusion → Perceived Disrespect
- Historical Conflict → Mistrust

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## Conclusions so far

### Key Points

1. Emerging issues from qualitative data
2. Research methodology
3. Socio-cultural context of targeted participants

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## **Acknowledgements**

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