

Focus Groups

- 6 in each Community Area – TOTAL 12
- Focus Group Training for CR
- CRs redeveloped FG questions
- 90 minutes
- 6-10 community residents
- \$25 gift certificate

FG Guide v. 3 102213
Taller de José, Centro de Salud Esperanza, Latinos Progresando, Erie Neighborhood House, Telpochcalli Community Education Project, Hope Response Coalition, Marshall Square Resource Network
University of Illinois at Chicago School of Public Health MidAmerica Center for Public Health Practice, Division of Community Health Sciences [Type the document title]

La Villita Evaluación de la Salud Comunitaria
Guía para Grupo de Enfoque

UIC SPH

Fecha de la Sesión del Grupo de Enfoque:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sitio del Grupo de Enfoque:	
Nombre del Moderador del Grupo de Enfoque:	
Nombre del(a) Asistente del(a) Moderador(a):	
Organización Comunitaria Coparticie: Idioma en que se realiza la sesión del Grupo de Enfoque:	<input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Ambos
Número de participantes:	
Hora de la sesión del grupo de enfoque:	Comienzo _____ Fin _____
Apuntes de Grupo de Enfoque:	

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Focus Groups Description

LITTLE VILLAGE					
Focus Group ID	Community area	Who led focus group	Who participated in focus group	Number of participants	Length of focus group
FG041517AM	Little Village	Adriana and Dolores	Residents engaged in varied job types	6	60 minutes
FG050317PP	Little Village	Patricia and Trini	English as a Second Language	12	46 minutes
FG040717TB	Little Village	Tere and Adriana	Community Health Workers	8	107 minutes
FG0400917DC	Little Village	Dolores and Adriana	Street Vendors	5	120 minutes
FG041217DC	Little Village	Dolores	Day Laborers	5	74 minutes
FG041217PP	Little Village	Patricia, Dolores, Yvette, Adriana	LV Community Researchers	5	88 minutes

NORTH LAWNDALE						
Focus Group ID	Community area	Who led focus group	Who participated in focus group	Number of participants	Length of focus group	
FG042017AH	North Lawndale	Addy and Fatima	SUHI Staff	5	38 minutes	
FG042417FP	North Lawndale	Fatima and Addy	Community Health Workers	7	50 minutes	
FG042517SZ	North Lawndale	Suzanne and Richard	Learning Center participants	6	80 minutes	
FG041217JF	North Lawndale	Jenn	NL Community Researchers	5	75 minutes	
FG050817SZ	North Lawndale	Suzanne	Young people seeking services	6	65 minutes	
FG052817SZ	North Lawndale	Suzanne and Richard	Church members	10	62 minutes	

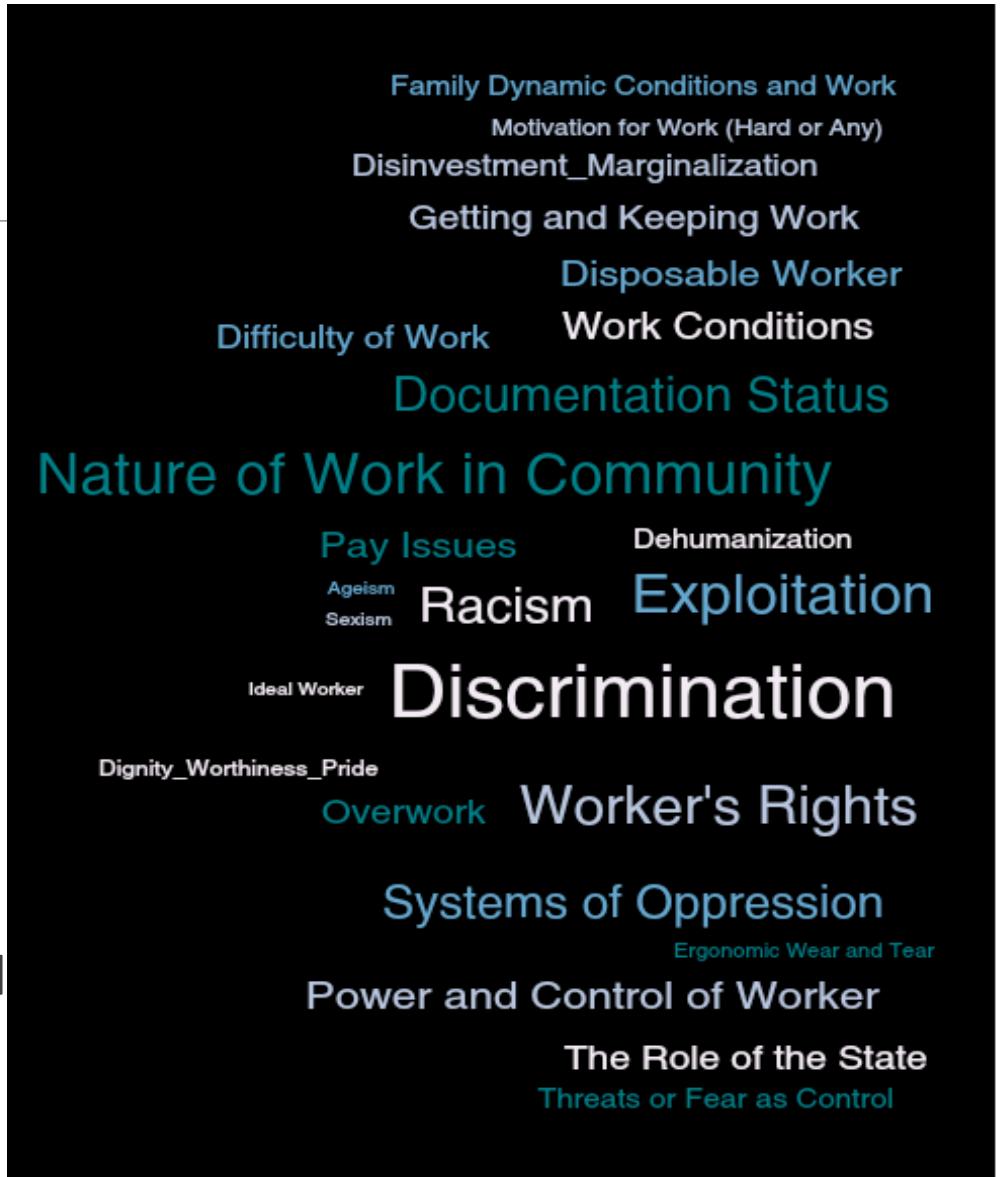
Developing Codebook for Analysis: *Focus Group Participatory Qualitative Data Analysis Think Tanks*

- 1) Selected Audio Identified
- 2) Think Tank members meet by Community Area/Language
- 3) Listen and debrief the meaning of the audio clip
- 4) Build a codebook by identifying codes from the debriefing discussion
- 5) Apply codebook to data
- 6) Adapt/Adjust codebook/ check reliability of coders

The purpose of the GLHW FG QDA is to engage in participatory data analysis that results in a comprehensive, community-driven codebook and engage in thematic analysis. This codebook is used to code the audio file.

Steps to the Analysis

- 1) Apply codes to the data
- 2) Select analytic codes to examine
- 3) Examine code patterns and relationships
 - **Code Frequency**
 - Table
 - Word Cloud
 - **Code Co-Occurrence**
 - Spreadsheet
 - Focus Group Type by Count
- 4) Share with CRT; Revisit Data
 - focus on relationships/ how experiences are embodied



Emergent Themes- Focus Groups

Strained Social Resources: Consequence of Inequities

Systematic Marginalization from Healthy Work: Fractured, Insufficient Pathways

Walter filed a lawsuit with the EEOC after being discriminated against at work because of his race. When he went to apply for another job, he was denied the position even though he was qualified. A receptionist told him “off the record” that it was because they had on record that he filed a lawsuit with the EEOC and was therefore not considered a favorable applicant.

Contextual, Structural Hostility to Maintain Healthy Work

Leticia, a street vendor, has a hard time selling her food on the street when it's raining or cold. Additionally, she is continually harassed by the police officers and asked for her street vendor permit.

Rights, Agency and Autonomy

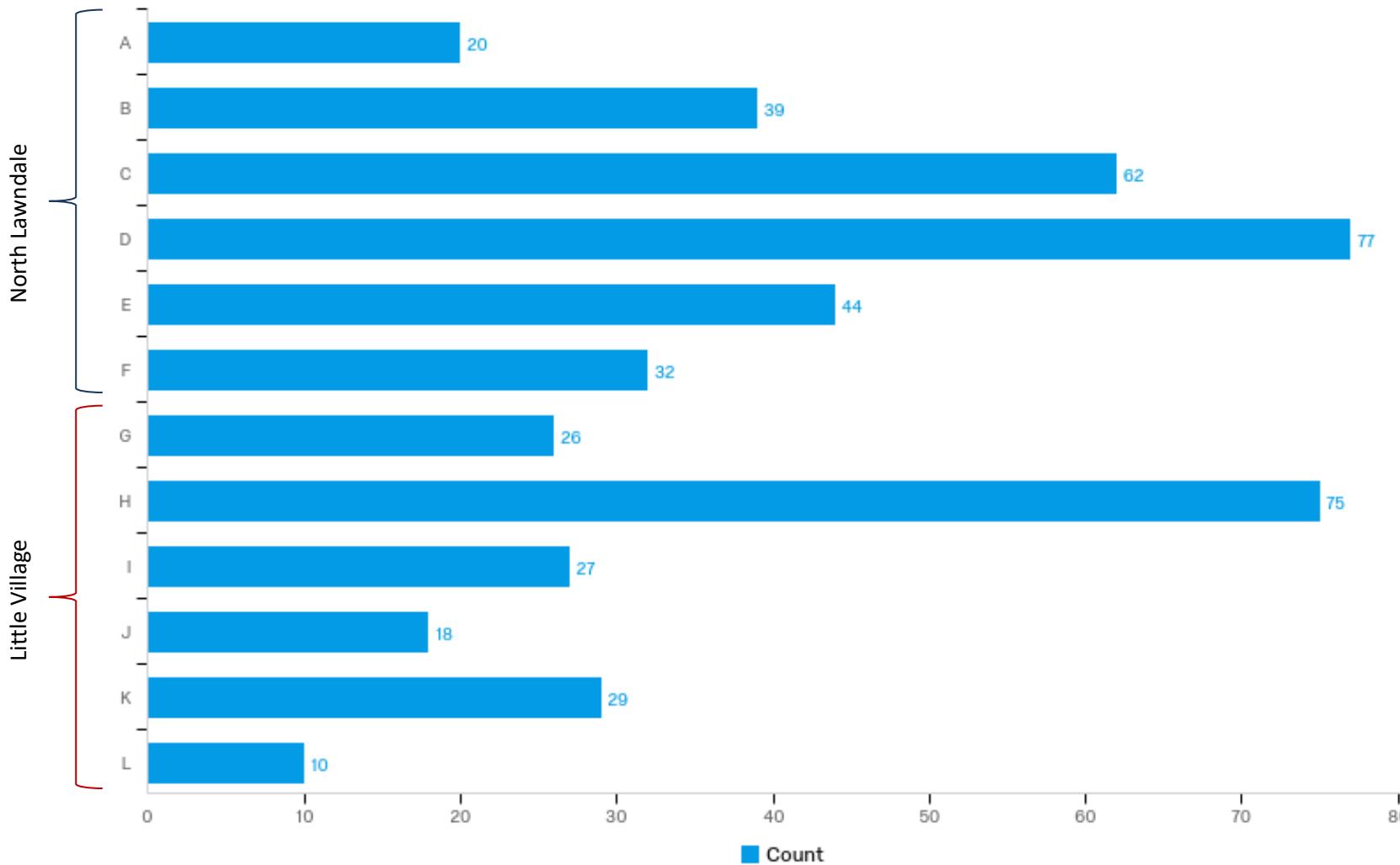
Manuel worked at a grocery store for over 15 years from 5am-8pm, 6 days a week. One day he got very sick and was admitted to the hospital. Manuel asked the owner of the grocery store for time off. Instead the owner denied Manuel time off and fired him.



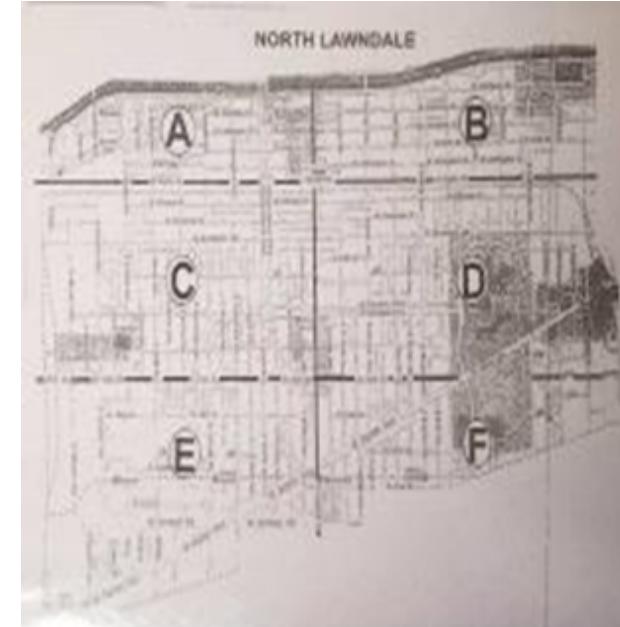


Community Health Survey on Work

Number of participants by community area



- 488 completed (98% of our goal of 500)
- 245 in Little Village
- 243 in North Lawndale



Kathleen M. Rospenda^a, Jeni Hebert-Birne^a, Lorraine Conroy^a, Dolores Castañeda^a, Sylvia Gonzalez^a, Teresa Berumen^b, Linda Forst^a, & The Greater Lawndale Healthy Work Project Research Team; ^aUniversity of Illinois at Chicago School of Public Health; ^bRush Hospital | Chicago, Illinois

Background

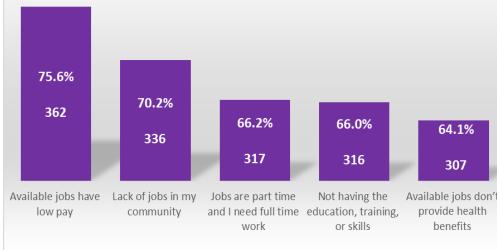
The Greater Lawndale Healthy Work (GLHW) Project is a community-based participatory research study affiliated with University of Illinois at Chicago's Center for Healthy Work, a Center of Excellence in Total Worker Health®. Results presented are from the GLHW Survey, characterizing the nature of work and health for two neighborhoods in Chicago experiencing high socio-economic hardship: Little Village and North Lawndale (i.e., Greater Lawndale). Data characterize 1) the nature of work, 2) the most prevalent barriers and pathways to work, and 3) the association of employment precarity with health-related outcomes in Greater Lawndale.

Methods

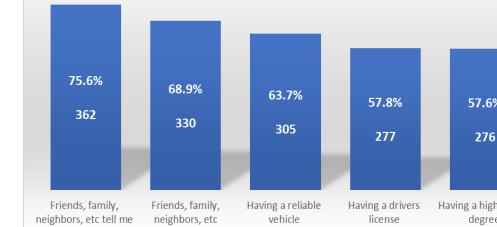
- Community Researchers recruited/surveyed Greater Lawndale residents (LV n=246; NL n=233) age 18+ engaged in precarious work in past 2 years (\$25 incentive), Aug 2018-Aug 2019.
- 46% women; 52% Latinx; 40% Black; mean age 38; modal residency 20 yrs; 75% currently employed
- 33.3% conducted in Spanish

Results

Top 5 Biggest Problems or Barriers When Looking for Work (n=479)



Top 5 Biggest Facilitators in Helping to Get or Keep Work (n=479)



28% on-call, day labor, temp work



33% get at least $\frac{1}{2}$ work hours from temp agencies



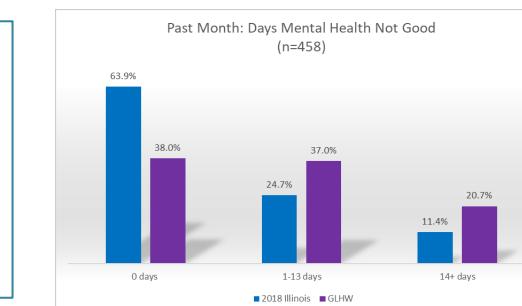
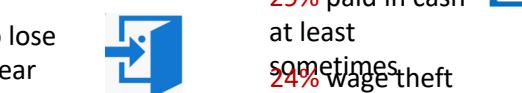
56% no say over work schedule



14+ days of poor mental or physical health in the past month was associated with...



- Frequent changes to work schedule
- Perceived likelihood of job loss
- Experienced wage theft



Conclusion

- Greater Lawndale (GL) residents face issues finding full-time jobs that offer decent wages and benefits, and that are in the community.
- Social connections, transportation, and education were the biggest facilitators of finding and keeping work.
- Work was precarious for GL residents in terms of issues of income, job security and stability, and lack of benefits.
- Employment precarity was associated with poorer mental & physical health of residents.
- Combined with results from other qualitative data collection methods, the GLHW Survey results are informing development of community-based interventions to promote healthy work and support community health in Greater Lawndale.

Acknowledgements

This work was supported by CDC/NIOSH under grant number U19 OH11232. Views expressed in this poster or by the authors do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Total Worker Health® is a registered trademark of the U.S. Department of Health and Human Services (HHS). Participation by the UIC Center for Healthy Work does not imply endorsement by HHS, the Centers for Disease Control and Prevention, or the National Institute for Occupational Safety and Health.

Maximizing use of Interviews to Identify Intervention Points



Community

"You put this out, how many people come? Out of those, how many apply? Out of those, how many land a job? Out of those who land a job, how long do they stay at work? And sometimes, there's no such data to support anything like that. [...] To me, that means nothing unless you kept concrete numbers."

"I just think there's a lot of assets in the community, but there's this challenge of community engagement and outreach [...] I think getting those services to flow at the community level and people to realize and recognize and be able to utilize those services..."

"Well, if you're living in a vibrant community, how do you de-stress? [In another neighborhood,] I can go to the neighborhood park and my neighbor becomes my therapist in the sense that I get to share that experience without having bullets flying and things like that. And so, I think in that sense, there...the future of North Lawndale should be such where people can experience lived joy, be able to share with their neighbors, connect, build."

Employers

"[...] I think we can educate employers that there is a qualified work force here in Lawndale and that we need to put them on a career path."

"We need workplaces that are supportive and understand the complexities of [...] the people the come from our neighborhoods."

"Healthcare has some guidelines that you cannot hire people with a conviction, but what we're trying to do is say "how do we stretch our policy in areas where people with convictions can come in our organization?" So, we've open up the doors in that way."

Society-Structural

"Instead of arresting all the people in line for heroin, they took them to rehab or they gave them the choice of rehab. And a lot of them took it. We need more – because we've lost a lot of the mental healthcare."

Multilevel-Structural

"We have so many abandoned building around here, so many abandoned properties that could be clean. So, this was our idea. If you want to get that – food stamps or checks, we could take a grid, like from Kedzie to Ogden, Cermak to Central Park. And every person that's in this area that's getting subsidize rent or whatever, do so many hours a week to keep this clean. That, to me, will be honest, healthy work."

Social and Policy (17)

Community (46)

Employer (19)

Interpersonal (11)

Individual
(51)

Utility

Comparing and contrasting to existing data

Action Mapping (process of developing a shared understanding of an issue that leads to a shared vision of change)

Implementation

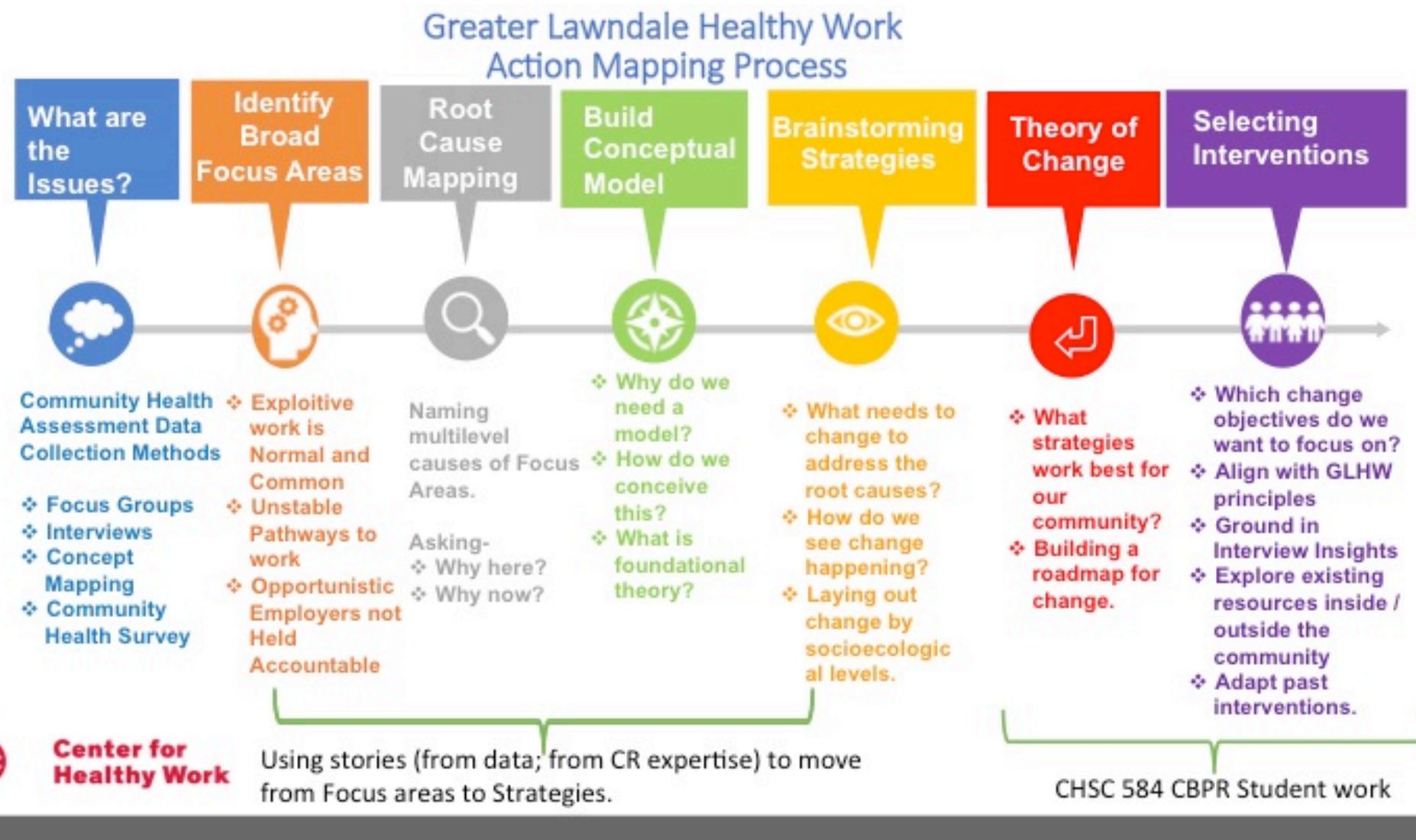
- Sites
- Acceptability
- Feasibility
- Sustainability

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- Visit our website and subscribe to our newsletter at <http://publichealth.uic.edu/healthywork>
- Send us an email at: healthywork@uic.edu
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Building a Roadmap for Action



Next Steps- Greater Lawndale Healthy Work Council

- Phases 1 & 2: Partnership Development & Co-learning

- Participants will be expected to attend meetings with organizations and community members to expand the GLHW council's partnerships and its community presence.
 - Participants will be asked to share their expertise at council meetings to facilitate an environment of co-learning.

- Phase 3: Intervention Design

- Participants will play an active role in facilitating the intervention design process.
 - Participants will be asked to reflect on the strategies outlined in the GLHW roadmap to aide in the design of interventions.

- Phase 4: Launch of Interventions

- Participants will ensure that the interventions that are launched adhere to the needs of the community.
 - Participants will provide feedback at all stages of implementation and evaluation of these interventions.

GL is a community where people have stable and safe jobs that provide financial security, the ability to meet basic needs, and improve the health and well-being of residents and their community.

The diagram features a large blue cloud-like shape containing the central text. Three blue lines extend from the bottom of this shape to a horizontal line at the bottom of the image. The left line leads to the text "Community norms of HW exist in GL". The middle line leads to the text "Strong community infrastructure to support HW exist in GL". The right line leads to the text "Equitable healthy work opportunities exist in GL".

Community norms
of HW exist in GL

Strong community
infrastructure to
support HW exist
in GL

Equitable healthy
work opportunities
exist in GL

Internal Context

- Incarceration policies/practices
- Police brutality
- Immigration policies
- Poverty
- Gentrification
- Crime

External Context

- Investment in GL
- Economic Development policies/ initiatives
- Partnerships and connections with external programs/entities

Fostering cross-sector collaborations to build networks and partnerships

STRATEGIES

Communicating and messaging on health work to make healthy work a shared value

Advocacy, policy, and enforcement

BUILDING POWER

To shift knowledge, perceptions and behaviors related to work and health in GL.

Employers

Have empathy and concern for workers
Recognize the value of stable and healthy workforce
Knowledge of HW principles and best practices for supporting healthy work.
Aware of health and business impacts of precarious employment in GL.

CBOs*

Have a shared understanding of gaps in service & resources needed to support HW in GL
Have a shared understanding of strengths and assets in GL to support HW.
Knowledge of skills & resources needed to support HW in GL
Aware of HW principles opportunities for residents in GL and outside of GL

Local Governance/ Community Leaders

Commitment to improve HW opportunities for all GL residents
Commitment to include HW in all development agendas
Knowledge of HW principles & how to include HW in development agendas
Recognize historical injustices in basic community resources for healthy work.
Aware of landscape of jobs in GL & impacts of precarious employment on workers, families, and community.

Community Members

Have new shared expectations for safe and healthy work in GL
Maintains a dense social network to support and promote HW in GL
Values workers in their community
Increased awareness of impacts of precarious employment on health of GL
Knowledge of rights and actions to support HW in GL
Awareness of principles & impacts of precarious employment
Increased awareness of impacts of precarious employment on health of GL

*Worker centers, advocacy groups, faith-based orgs. legal-aid groups, job training/placement agencies, and others

To Enhance the Ability of Systems in GL to Collaborate, Act & Grow to Support Healthy Work

BUILDING CAPACITY

Employers

More employers adopt & implement HW principles in business practices

Increased oversight of employers in GL to ensure adoption of HW principles in business practices

CBOs and Other Assets

Stronger implementation of new and existing laws, policies, and standards to support HW in GL

Increased cross-sector collaboration among CBOs and other assets to improve network of services to support workers and families in GL

Increased leveraging of internal and external resources among CBOs and other assets to improve quality and types of services to support HW in GL

Local Governance/Community Leaders

Ensure inclusion of HW principles in community development/program plans

Have ability to work with locals CBO's and other assets to address historical injustices in access to basic community resources through inclusive community programming.

Have ability to connect GL assets with external assets for economic development initiatives in GL

Community Members

Have wider access to and use of resources to support HW (including for local employers)

Have skills to organize and engage in advocacy to promote & support HW in GL

To Assure Healthy Work for all community members in GL

Workers in GL

More opportunities for workers to find and sustain HW in GL

Workers better prepared/trained to find HW inside and outside GL

Good Governance

Increase accountability for local leaders to advocate for more healthy jobs

New community leaders/representatives represent community needs around healthy work

Community Collaborative/Table

Coalition of community leaders, CBOs, institutions developing and implementing initiatives to connect and support healthy work systems and policies in GL.

Employment Culture in GL

Increased employer accountability to follow best practices.

More employers providing HW in GL

Health

Improved experience of physical, mental, and emotional health related to employment conditions in GL.

Equity & Human Rights

Equity and inclusion in all community programming

Community members participate in community- decision making processes

Income & Wealth Generation

New healthy jobs in GL

Community members are engaged in HW

More locally owned businesses / co-ops

Resources to Support Healthy Work

Improved access to transportation, affordable childcare, mental health services, job training and educational opportunities for all community members.

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