

UNIVERSITY OF ILLINOIS CHICAGO  
CENTER FOR HEALTHY WORK  
**ANNUAL REPORT**



**2022-2023**

ANNUAL REPORT

## DIRECTOR'S NOTE

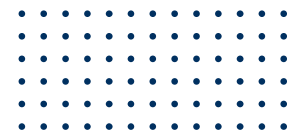
The landscape of work in Chicago – and in particular, precarious work – has shifted dramatically in the last year with the arrival of over 14,000 migrants to our city. These individuals have largely been barred from entering the workforce legally, and are therefore forced to engage in non-standard, unsafe, and unhealthy work, leaving thousands vulnerable to exploitation on the job. The Center for Healthy Work applauds recent measures that grant work permits to some of these migrants, but these measures do not afford work protections for the majority of them and does little to help those who have been working without legal status in the US for years. We know that worker health is public health, and as such, we need community-based solutions, organizational leadership, policy, and systems-change approaches to support healthy work for these workers. We at the Center for Healthy Work are proud to elevate the policy, community, and employer-based work we have done that demonstrates our commitment to improving access to healthy work in Chicago, Illinois, and the nation.

-Kirsten Staggs Almborg, PhD



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# BACKGROUND

In the last year, we have seen a surge of support for workers. As they organize across workplaces, calls for health and safety remain central to their fight. Achieving healthy and safe work for all workers is complex and the University of Illinois Chicago (UIC) Center for Healthy Work is at the forefront of this effort.

Worker advocates, like us, have continued to focus on shifts in the way we work due to globalization, automation, a decline in unionization, and an increase in nonstandard work. When coupled with the US' legacy of racial and economic inequities, the struggles of workers in precarious jobs are paramount.

Accordingly, the Center for Healthy Work recognizes that the inequities and disparities seen in worker health and safety stem from our nation's legacy of slavery and discrimination. Through research and community engagement, we support pathways to jobs that pay a livable wage, are free from workplace hazards, encourage active participation in the workplace, offer opportunities for advancement, are free from discrimination, and include benefits such as healthcare, paid sick leave, paid vacation, and retirement savings.

Through our efforts, we integrate workplace safety and health with a strong focus on work's risk factors that affect health outside of the job, family, and community health. Our approach to *Total Worker Health*® builds community capacity and worker power through participatory and collaborative engagement. We do this by identifying and promoting best practices for policy change at local, state, and national levels and collaborating with diverse stakeholders such as worker centers, labor unions, social justice groups, government agencies, social service providers, and employers to better equip communities to advocate for healthier working conditions.

The Center for Healthy Work actualizes our vision through applied, action-oriented, racial justice-centered research, constituency, and capacity building for systems change, accessible research translation, and consciousness-raising.

**Our vision is a future of work that promotes**

- **Inclusive and equitable opportunities for healthy work**
- **Healthy work as a recognized social and structural determinant of health and a human right**
- **A pathway to advancing systemic change and racial justice**
- **A significant contributor to workforce well-being**

Our Center is home to two research projects and a robust outreach program. The Greater Lawndale Healthy Work project conducts research on how work impacts community health and to identify community solutions to promote worker health through a partnership with the Greater Lawndale community. The Workforce Health and Well-being for All as a Sustainable Business Strategy research project aims to develop and implement a data-driven workforce health and well-being decision-making framework that identifies and addresses social determinants of health, diversity, equity, and inclusion factors. Dissemination of research project findings and best practices for Total Worker Health are central to our outreach program.

Without the support of our partners and collaborators, we could not do our work. We are grateful for your commitment to worker health and safety. In this year's Annual Report, you will learn more about our Center's two research projects, our outreach, and what we have been doing internally to evaluate our work. In each section of the report, you will learn where we've been, where we are now, and where we are going.



**WHERE  
WE'VE BEEN**

**WHERE WE  
ARE NOW**

**WHERE WE  
ARE GOING**

# GREATER LAWNSDALE HEALTHY WORK PROJECT

The goal of the Greater Lawndale Healthy Work (GLHW) project's participatory research is to explore mechanisms through which occupational safety and health can be promoted at the neighborhood level. We are a community-based participatory research (CBPR) team that invests in building power, equity, and community capacity in Chicago's Greater Lawndale neighborhoods. North Lawndale and Little Village are in the Greater Lawndale (GL) area that are racially/ethnically diverse and historically segregated. These two neighborhoods have many individuals who are engaged in non-standard work arrangements associated with lack of benefits, low wages, and unstable employment with little to no safety regulation. Which results in a worker population that are largely unprotected by standard labor laws and employee rights.

## WHERE WE'VE BEEN

Our project builds on over 10 years of community-academic collaborations. Using a CBPR approach, we have completed the following data collection activities.

- A process known as concept mapping was used, wherein community residents were engaged over five months to document their perceptions of precarious work and to determine the pathways and barriers to healthy work. Concept mapping gives weight to every participant's voice to help generate ideas and explore the relationship between these ideas.
- A community survey was deployed to comprehensively assess GL residents' work characteristics: experiences seeking and maintaining employment, frequency of exposure to occupational and social hazards, select health behaviors and outcomes. In addition, researchers tracked survey respondents' job type and sociodemographic characteristics to ensure an adequate representation of the GL working population (which is predominately Black and Hispanic/Latine) in the final sample.
- Twelve focus groups were conducted about work characteristics with a total of 77 community residents of GL who were day laborers, street vendors, residents participating in English as a Second Language and General Education programs, community health workers, church members, and members of a young adult group.

- An employment, work profile and occupational risk characterization for these neighborhoods, along with a descriptive demographic profile, were developed using data from the American Community Survey of the US Census, the City of Chicago, the Survey of Occupational Injuries and Illnesses, and Census of Fatal Occupational Injuries data.
- An inventory of businesses in GL was collected wherein names of businesses, business types, addresses, and the number employed in each business.



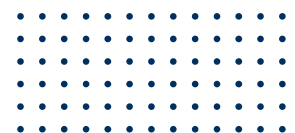
**The GLHW project has used**

- Interviews
- Focus Groups
- Concept Mapping
- A Community Health Survey & more to characterize the experience of residents involved in precarious work.

Community researchers in the GLHW Community Council collaborated on planning, execution, and interpretation of results. Findings of the study revealed that GL residents:

- Describe being systematically left out of opportunities for healthy work.
- Experience hostile work environments with little to no control at work in terms of safety, access to food and drink, and use of the bathroom.
- Encounter discrimination on the job based on their sex, race, language, and documentation status.
- May be influenced to stay in precarious work situations due to devotion to family and social norms of unfair work.
- Often work in businesses with less than 10 employees, with only four GL businesses with over 250 employees. Notably, GL is home to six temporary work agencies.
- Feel high amounts of stress, which was widespread and described as an exposure, outcome, and a cause of unhealthy work, demonstrating its pervasiveness in the community’s perception of work in GL.

Survey responses from 479 residents who self-identified as “currently or recently employed in a job situation that they perceived to be precarious” were included in analyses. Nearly two-thirds of respondents worked in the most precarious jobs, at high risk of occupational exposures. These findings suggest that respondents work in high-hazard industries, which increases their risk of occupational injury and illness.



With the input of over 1,000 residents, our GLHW team has developed a plan to address the core problems experienced by GL workers and create real change for the better. GLHW developed a project roadmap to find better routes to healthy work. In doing so, GHW created subcommittees (SC) to brainstorm, develop, implement, and evaluate worker health interventions in GL.

**This was the first study to comprehensively measure employment precarity and its association with a worker's self-reported risk of exposure to recognized occupational hazards. For all occupational hazards, the more precariously employed a person was, the more likely they were to report exposure to a hazard(s).**

## WHERE WE ARE NOW

In the last year, GLHW has successfully implemented an SC protocol to prepare for the intervention development phase. Each SC is tasked with a project, with project activities described below.

### SC 1 EMPLOYER CERTIFICATION PROGRAM

**GOAL:** To shift the ecology of largely precarious, local jobs to a landscape of healthy jobs by increasing the number of businesses that apply healthy work principles.

**OBJECTIVES:**

- Update the inventory of businesses in GL
- Establish an employer advisory committee
- Agree on healthy work principles GL employers should have
- Develop a community owned review process for employer certification

### SC 2 WORKER COOPERATIVES

**GOAL:** To increase community ownership and wealth through increasing opportunities for GLHW cooperatives.

**OBJECTIVES:**

- Conduct a neighborhood-wide feasibility and readiness study for the expansion of worker cooperatives in GL.
- Develop community-informed metrics for cooperatives that balance financial profitability with social outcomes

## SC 3 INFORMAL WORKER PHOTOVOICE

**GOAL:** Explore the experiences of informal workers – street vendors, in-home candy store owners, in-home hair stylists – through photovoice to promote collective healing and identify policy issues in GL.

**OBJECTIVES:**

- Recruit GL informal workers to be co-researchers
- Use photos and discussion to identify policy issues
- Engage policy makers to discuss solutions

The SC protocol consisted of developing the following documents, which were created by four master’s level student partners:

**Literature Review** – Each SC developed literature reviews to understand what knowledge and ideas have been established about their topic, determine strengths, weaknesses and knowledge gaps to guide our interventions.

- SC 1 Employer Certification Program conducted two literature reviews on healthy work principles and business certification programs.
- SC 2 Worker Cooperatives conducted two literature reviews on co-op feasibility studies and social-community evaluation metrics.
- SC 3 Photovoice Project with Informal Workers conducted two literature reviews on photovoice with workers and trauma-informed and healing-centered interventions.

**Logic Model** – SC members learned the following: how to differentiate between goals and objectives, and how to write both; what logic models are, their importance, and how to create one for their SC.

**Budget** – Using the City of Chicago Participatory Budget Framework as an example in which individuals get a direct vote on how funds are spent, each SC created a budget by identifying values that drive the GLHW Project. After values were identified, a general budget list was generated, and expenses were considered by using the following guiding questions: Does this expense align with our values? What values does it align with? Is there a substitute that might better align with our values?

**Gantt Chart** – SC project work plans were developed to assist with planning activities, such as identifying tasks and milestone events.



## WHERE WE ARE NOW

All protocol documents have been reviewed by SC members, ensuring that we are staying true to our principles of CBPR. The protocol documents are updated by student partners as needed to mark progress for each SC.

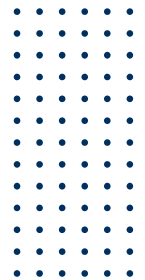
GLHW continues to engage in reflexive circle practices to engage in CBPR with integrity and accountability as it relates to shared leadership and authentic collaboration. A series of five circles were co-designed with GLHW staff, students, and community leaders. These processes of designing topics for the circles as well as the circles themselves, all serve as experiential training and professional development related to authentic community engagement. The goal of the reflexive circles is to deepen our relationships, engage in brave conversations about white supremacist-embedded power dynamics present in our work, and establish a shared vision for our research.

Our GLHW team successfully organized the Greater Lawndale Loteria (GLL) launch in May 2023 to celebrate and disseminate the game. Over 50 attendees participated in the launch, including community partners and the wider University of Illinois Chicago community. At the launch, we disseminated copies of the game, GLL post cards, and posters, featuring art created by a GL artist, Ronica Hicks. At the GLL launch, each SC provided an update about their work at interactive stations for attendees.

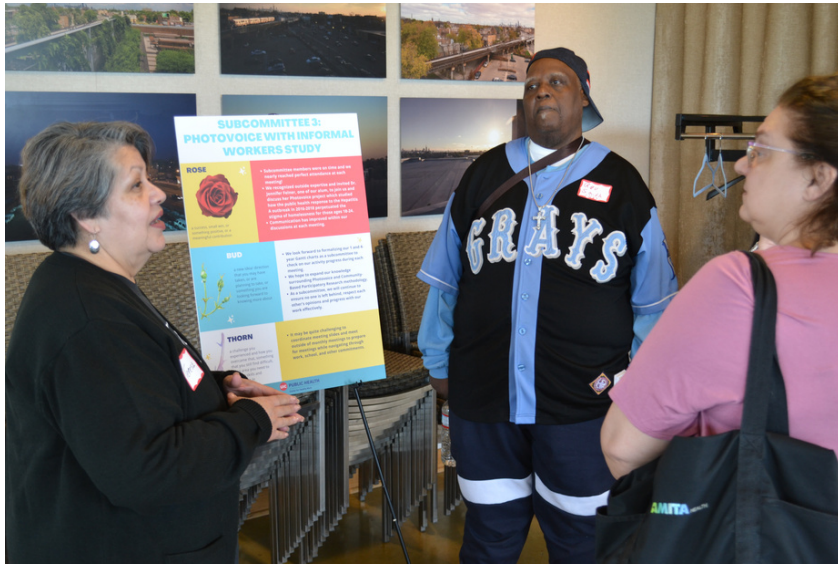
**Over 200 physical copies of GLL were printed and one third of the copies were distributed to community partners engaged in community work that is adjacent to the GLHW project mission during the launch.**



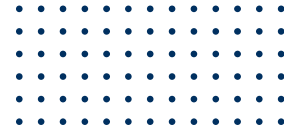
Team members of the Greater Lawndale Healthy Work project.



A request form for the CHW website is being developed to distribute copies of GLL, with preference to GL community organizations and residents. An evaluation survey will also accompany the request form to assess the utility of the game and to measure shifts in knowledge, attitudes, and beliefs regarding the relationship between work and health. The GLL game will also be distributed to five legislators who expressed interest in obtaining a copy of the game and a meeting will be requested with each legislator and/or their staff team to provide them updates about CHW work in an effort to strengthen our relationships with legislators and deepen our impact at the policy level.



Teresa Berumen describes the work of SC 3 to event attendees.



We filled the room at the Lawndale Christian Conference Center Skyline Room!

# GREATER LAWNDALE LOTERÍA LAUNCH

## WHERE WE ARE GOING

### SC 1 EMPLOYER CERTIFICATION PROGRAM

In the next year, we will update the Where Workers Work Database, an inventory of employers from Greater Lawndale, created in 2019 by public health graduate students, via participatory surveillance, such as community walk-throughs and utilizing programs such as Dun and Bradstreet's Hoovers, and Google Maps. The updated database will help us to understand how COVID-19 has impacted the employer landscape in GL.

Using a systematic approach informed by GLHW findings and support from Raise the Floor alliance, a coalition of Chicago worker centers, and Chicago Workers' Collaborative, a Chicagoland worker center, we will identify an employer type(s) for the focus of the program. We will synthesize healthy work principles from the literature to inform the certification program criteria for participation.

### SC 2 WORKER COOPERATIVES

The GLHW team plans to conduct a landscape scan by using interviews and observations with owners and members of cooperatives in GL to learn about how cooperatives are characterized in the community areas. We will recruit participants known to our SC members and those identified through public information available on the internet. Our study will generate information that describes worker cooperatives in the community area. Data from this study will be used to inform a future cooperative feasibility study and the creation of community success metrics for cooperatives.

### SC 3 INFORMAL WORKER PHOTOVOICE

To conduct photovoice sessions in GL, our community researchers, all of whom have completed human research subjects training, will create recruitment materials, protocols, and trainings for participants. We aim to have 20 participants from GL engaged in the photovoice and analytic process by December 2023. Participants will provide input on the development of a research question, photo taking, and data analysis, as well as an exhibit of the photos. Given that there may be both English and Spanish speakers, all participants will join together in community building activities with time for translation, and then will participate in facilitated discussions to finalize plans for the photovoice project.

# WORKFORCE HEALTH AND WELL-BEING FOR ALL AS A SUSTAINABLE BUSINESS STRATEGY PROJECT

The Workforce Health and Well-being for All as a Sustainable Business Strategy (4ALL) project aims to develop and implement a data-driven workforce health and well-being decision-making framework that identifies and addresses social determinants of health, diversity, equity, and inclusion (DEI) factors. With this approach, a culture of health linked to business performance measures, including Total Worker Health for all employees can be more meaningfully realized. Accordingly, the project addresses benefits design, wage structure, and culturally appropriate and accessible well-being programs that can significantly mitigate health inequities – and measurably enhance business performance.

## WHERE WE'VE BEEN

**The 4ALL project team is collaborating with a large healthcare system for this study. The healthcare system employs 13,000 individuals.**

In the first year of the 4ALL project, our team conducted a scoping review to assess what organizations have done to advance a culture of health and to encourage workplace health promotion activities for all employees. This literature review informed the research questions for leadership interviews and informed the development of workshops. In addition, 4ALL graduate student research assistant, Rukshana Gupta, and co-investigator, Bruce Sherman, are conducting a systematic review of health and well-being interventions for low-wage populations.



The 4ALL team also worked with the healthcare system to combine existing organizational datasets into a data warehouse that can be used to track employees' individual well-being, individual performance, and organizational performance. As we work with the healthcare system to implement new culture of health initiatives, the data warehouse lets us to track their potential impact on employees and to examine the business case for developing a culture of health.

Results from the two aforementioned project components have been disseminated in publications and conferences. The 4ALL team has begun building connections with other stakeholders in the health and well-being space, gaining project recognition.



## WHERE WE ARE NOW

We began conducting interviews with healthcare system leadership in December 2022. Interviews were conducted with 19 mid-level managers, directors, and C-suite leaders. Departments included human resources, nursing, facilities management, safety, operations, and employee wellness. Leaders in the healthcare system were

asked to share their perception of culture of health and wellbeing and equity in the organization, and to identify the unmet social and health equity needs in their organization. Additionally, we conducted 11 focus groups with staff across three shifts at three hospital sites. Site-specific Employee Advisory Groups and DEI team members played a significant role in recruiting employees for the focus groups. Participants included staff from low-income bracket occupations such as environmental services, nutritional services, transportation, lab techs, certified nursing assistants, nursing techs and security. Employees were asked to describe their perception of culture of health, wellbeing, and equity in the organization, what programs they engage in, what is working or not working, facilitators and barriers to participation, and areas for improvement.

**Interviews and focus groups were recorded and transcribed using an online software. Data were analyzed using Dedoose software. Three researchers participated in coding and thematic analysis. We developed a codebook with a priori codes, given our theoretical design and research questions and adapted the codebook to account for emergent themes.**

“*They're so stressed out, burnt out from their jobs because we're experiencing staffing shortages in our nursing and clinical areas. So, they're not necessarily probably worried about checking their emails and reading our newsletter for the month, to be honest.*”

- A leader, about communication

## WHERE WE ARE NOW

Data analysis is still underway but early findings suggest that there is a disconnect in how leaders and employees described culture of health. Organizational leaders were very proud of their organization's culture and were pleased with the progress they had made in offering benefits and programs with a focus on the social determinants

of health to support the employee holistically. They had clear awareness of the multiple facets of health and acknowledged the role of leadership and infrastructure in driving culture. They also shared that the pandemic has made employee health and well-being a priority. However, less than half the employees could understand the term "culture of health" or articulate what it meant. The large signs across the facilities talking about the values and mission of the organization meant nothing to most workers in the system.

Overall, leaders and employees struggled to describe what "health equity" meant to them, with many leaders describing equity as "all employees getting equal access to all benefits". Only a handful of employees could describe what equity meant to them. Additionally, several examples of health equity described by leaders focused on efforts for patients, or in the communities they serve (external to the healthcare system). However, leaders described being aware of programs that are often used by employees in low-wage job categories. About half the leaders expressed their concern about frontline employees not having the flexibility in their schedules to participate in health and well-being events or having access to computers which provide communication about said events. Further, employees described a lack of connection with broader organizational values and often described not "feeling valued".

“I think the people that think of these ideas and benefits are comfortable in life and so the **benefits and stuff that they come up with is comfortable for them**. Unless you've never walked in someone's shoes like myself, you don't know if it is not comfortable. I mean, it's hard, it's stressful, figuring out how you're gonna feed your kids, how you're gonna pay your rent. Do I have gas to get to work every day? ... And to be somewhere 19 years and invest half your life and feel that every day.”

- An employee, about benefits design

“It says we get childcare and eldercare but truth is, **that childcare center is one of the most expensive ones in [the city].** And whether you make \$35.00 an hour or \$19.00 an hour, it costs the same for the child to go to childcare. I mean, whether you're a doctor or you're a CNA and your child goes there. It's no different. I don't think it's beneficial when it's not affordable. I mean it's right here, close to you at work, but that's about the only benefit.”

- An employee, about inequitable access to benefits

“We talk about it, and then **one person will do it, and then they start showing each other.** Yeah, they start showing each other, 'This is how you go in and do it. Yeah, you can save some money.' So they started, we're in our huddles, we let them know, 'These are some things you can do. These are some benefits.'”

- A leader, about increasing access to benefits

**“Not belonging” was a term used by some employees. They also shared that a lack of tiered benefits made it unaffordable to access on-site childcare or the modern gym at the facility, thereby exacerbating inequities.**

We are currently working on round two of qualitative data analysis to conduct a deep dive of barriers and facilitators to program participation.

**To date, three main facilitators for health and well-being emerged across the interviews and focus groups:**

1. A commitment of leadership to employee health and wellbeing
2. A diverse set of programs addressing physical health, mental health, safety, financial well-being made available to all employees
3. Immediate supervisors and peers had the biggest influence in boosting participation in health and well-being programs offered by the healthcare system, especially among those in low-income jobs.

## WHERE WE ARE GOING

In conducting interviews and focus groups, several barriers to participation in health and well-being programs were discussed. The 4ALL team plans to address these barriers in the next stage of qualitative analysis. Barriers include:

- **Communication:** Reliance on email and web-based advertising often misses key sub-populations of workers. Several employees do not have access to email at work or home, or the time to read multiple communications.
- **Silos between departments:** Although the HR, Wellness/Well-being, and Safety leaders often need to work together to solve employee health or safety problems, there are no proactive efforts to streamline these approaches.
- **Lack of timely data:** Leaders are unable to understand uptake of programs and who's served when evaluation data is not collected or is delayed.
- **Lack of supportive managers:** Employees often reported lack of supportive managers as a significant barrier across several focus groups.

**Employees in lower income occupations have competing financial and family needs that make it challenging to participate in the health and well-being programs that are offered, for example they often feel the burden of expectations for earning incentives.**

To further explore these barriers, our team will spend the next year completing qualitative data analysis of the interviews and focus groups, quantitative analysis of the data warehouse, and will triangulate findings from both. Subsequently, the 4ALL team will share the findings with healthcare system leaders and employee groups to develop a culture of health roadmap for the system.



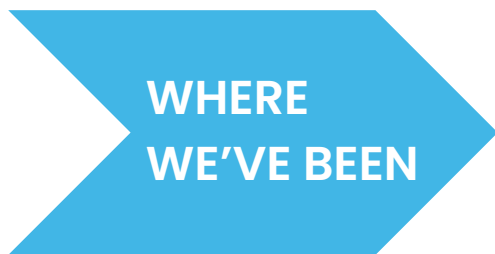
Investigators Bruce Sherman, Emily Stiehl, and Preethi Pratap (L-R).



# COMMUNICATION & OUTREACH

The Center for Healthy Work has a robust outreach program referred to as the Communication and Outreach Group (COG). The COG supports the Center for Healthy Work by disseminating findings from the research projects, building strong networks with stakeholders, and implementing novel strategies for knowledge translation.

The COG's previous work has centered around the development of briefs, social media channels, and center branding. However, three significant initiatives have emerged that demonstrate the COG's commitment to partnerships, education, and awareness building.

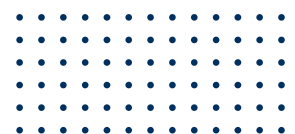


The Healthy Work Collaborative was a training series developed in 2018 to build networks across public health, healthcare, and labor in order to develop a shared understanding of precarious work; identify pathways to healthier work; and explore how policy, systems, and environmental (PSE) changes can improve health in the context of precarious employment.

Participants in the training series noted enhanced relationships, an improved understanding of precarious work, and the tools, skills, and relationships needed to address it.

In a Year's Work™ is an educational game developed by the COG that demonstrates how employees of the same organization with different work arrangements experience the social determinants of health. The last year focused on continued refinement of the online game and increased dissemination to partners.

The COG also developed the UIC Center for Healthy Work Research Network which aims to connect academic, organizational, and industry researchers in Chicago who are conducting research on the future of work and the connection between work and health, particularly low-wage or precarious work. This network was expanded to include additional academic and research institutes focused on healthy work or addressing policy and systems change in the labor sector.



## WHERE WE ARE NOW

Integral to the COG is the development and dissemination of briefs. The research and policy briefs convert peer-reviewed publications into accessible and simplified information for use by worker advocates and communities. The COG published three new briefs this year:

- [Community Resident Perceptions of and Experiences with Precarious Work at the Neighborhood Level: The Greater Lawndale Healthy Work Project](#)
- [Employment Precarity and Increased Risk of Hazardous Occupational Exposures Among Residents of High Socioeconomic Hardship Neighborhoods](#)
- [Workplace Violence: A Policy Brief and Case Study](#)

Workplace Violence: A Policy Brief and Case Study aims to explicate the ways in which workplace violence is defined, trends in workplace violence, and industry-specific risk. The case study details how the University of Illinois Health and Hospital System prevents workplace violence through strategic workplace policy. In order to reach partners at various levels, the brief posted on our website was also shared through the Illinois Public Health Association to be disseminated to local public health agencies throughout Illinois. The Health Resources and Services Administration-funded Region V Public Health Training Center website dedicated a blog post to the brief to promote the importance of workplace policies in violence prevention.

Further, all of the COG's briefs have been promoted through the Center for Healthy Work social media platforms. This year, with the support of our talented new staff member, Rocio Bautista, we have increased our social media presence on Instagram and Facebook. Creative posts have increased our reach with community members and community-based organizations at the local level.



**Across social media platforms, the Center for Healthy Work has just over 500 followers, with new faces joining our community every day!**

**Search for the UIC Center for Healthy Work on Facebook, Instagram, and Twitter!**

## WHERE WE ARE NOW

Center for Healthy Work collaborators, Chicago Jobs with Justice, and the Chicago Workers Collaborative spearheaded efforts to rebuild a local council for occupational safety and health (COSH) group in Illinois. The National COSH is a network of organizations that come together to demand jobs that are safe and free of exploitation and abuse by building the power of workers and their organizations.

In 1972, Chicago became the birthplace of the nation's first COSH. The group disbanded in the 2000's. As conversations about rebuilding our local COSH began, the COG worked with partners to best identify the role of academics. In summer of 2023, the Illinois COSH (ILCOSH) was created, to include workers in Central and Southern Illinois. The COG has collaborated with ILCOSH partners to identify the council's guiding principles and strategic priorities, which will be released on Worker' Memorial Day 2024.

In 1990, Chicago Area COSH members created the first edition of the 1990 Illinois Workers' Compensation Guide. As efforts to rebuild our local COSH began, the COG partnered with former Chicago Area COSH leadership, to update the guide, with a focus on undocumented workers and workers in precarious jobs. . The purpose of the updated online version is to help workers, and their allies, navigate the Illinois workers' compensation system when they are injured or become ill on the job. To reach wider audiences, the COG created business cards with a QR code linked to the online Illinois Workers' Compensation Guide, available in multiple languages.

**The Illinois Workers' Compensation Guide business cards have been shared with workers at Chicago's Mexican Consulate, and health and safety fairs throughout Illinois.**



The COG aims to increase awareness about the impact of precarious work on health through training and capacity-building. The COG's primary training effort is the educational game, In A Year's Work™. The game was showcased at the 3rd International Symposium for Total Worker Health and the Illinois Public Health Association's annual event. Through focus groups and post presentation discussions the COG continues to try to better understand how players perceive the game and knowledge that was gained through game play.

A pre- and post-test along with a short curriculum was used as part of In a Year's Work™ trainings this year.

The goal with the pre- and post-tests were to measure knowledge gains around work arrangements, the social determinants of health, and worker well-being. We learned that many players had a fundamental understanding of these concepts. However, the outcomes that were most compelling we around:

- Emotions: Players acknowledged feeling empathetic, worried, concerned, apathetic, angry, sad, or happy when playing.
- Efficacy/empowerment: Players questioned their ability to raise issues or make an impact depending on their work arrangement/character.
- Process/behavior: Players had ideas for how to make changes in a workplace.
- Information seeking/sharing: Players expressed interest in talking with others about this game or information learned in this game.

Accordingly, the COG continues to refine the curriculum and evaluation for In a Year's Work™ to better document the game's impact.

**We continue to work with two Chicago area worker centers to develop health and safety trainings for domestic workers. We also provided health and safety trainings to food service workers this summer and have plans for more!**

Continued successes from the Healthy Work Collaborative prompted the COG to enhance and highlight components of the original series in six training videos posted online in July 2023. The Healthy Work Collaborative Step-by-Step Videos promote collaborative approaches to advancing worker health by helping organizations:

- Develop a shared understanding of precarious work and pathways to healthier work
- Explore how policy, systems, and environmental changes can improve health in the context of precarious work

The Healthy Work Collaborative Step-by-Step Videos feature content experts describing case studies and tools like power mapping and rich picture diagrams. We hope to help other multisectoral coalitions in addressing precarious work, by providing technical assistance on the tools in the videos. Recently, we connected with partners in Champaign-Urbana who are interested in seeing how they can bring a team together to address worker health in their community.

The COG continues to bring together partners to build networks of academic and industry leaders. The UIC Center for Healthy Work Research Network has welcomed new members from Roosevelt University, Carle Illinois College of Medicine, and Merck's Public Policy Center.

UIC's School of Public Health is home to three centers funded by the National Institute for Occupational Safety and Health (NIOSH). In addition to the Center for Healthy Work, the Great Lakes Center for Occupational Health and Safety and Great Lakes Center for Farmworker Health and Well-being hope to better align our outreach activities and leverage shared resources. This year to ensure better coordination and collaboration between UIC's three NIOSH-funded centers, we have created the Tri-OSH group. The Tri-OSH group will continue to meet on a regular basis to share relevant information as they relate to outreach and research. As coordination progresses, we hope to find additional points of impact to leverage.

## WHERE WE ARE GOING

The COG continues to maintain our strong voice in Chicago's worker health and safety landscape. We continue to build our social media following and are planning several campaigns in the new year, including a focus on heat safety for Summer 2024. Our goal is to use social media to draw attention to and increase utilization of resources created by the Center for Healthy Work. As a commitment to language justice and accessibility, we plan to translate all briefs into Spanish in the coming year, as a commitment to language justice and accessibility.

As a member of the ILCOSH, we will continue to strengthen networks of worker health and safety leaders in the region. We also plan to reconvene the Total Worker Health affiliates in 2024. A continued goal of the Research Network is to expand our group to include industry leaders from the Total Worker Health affiliate program.

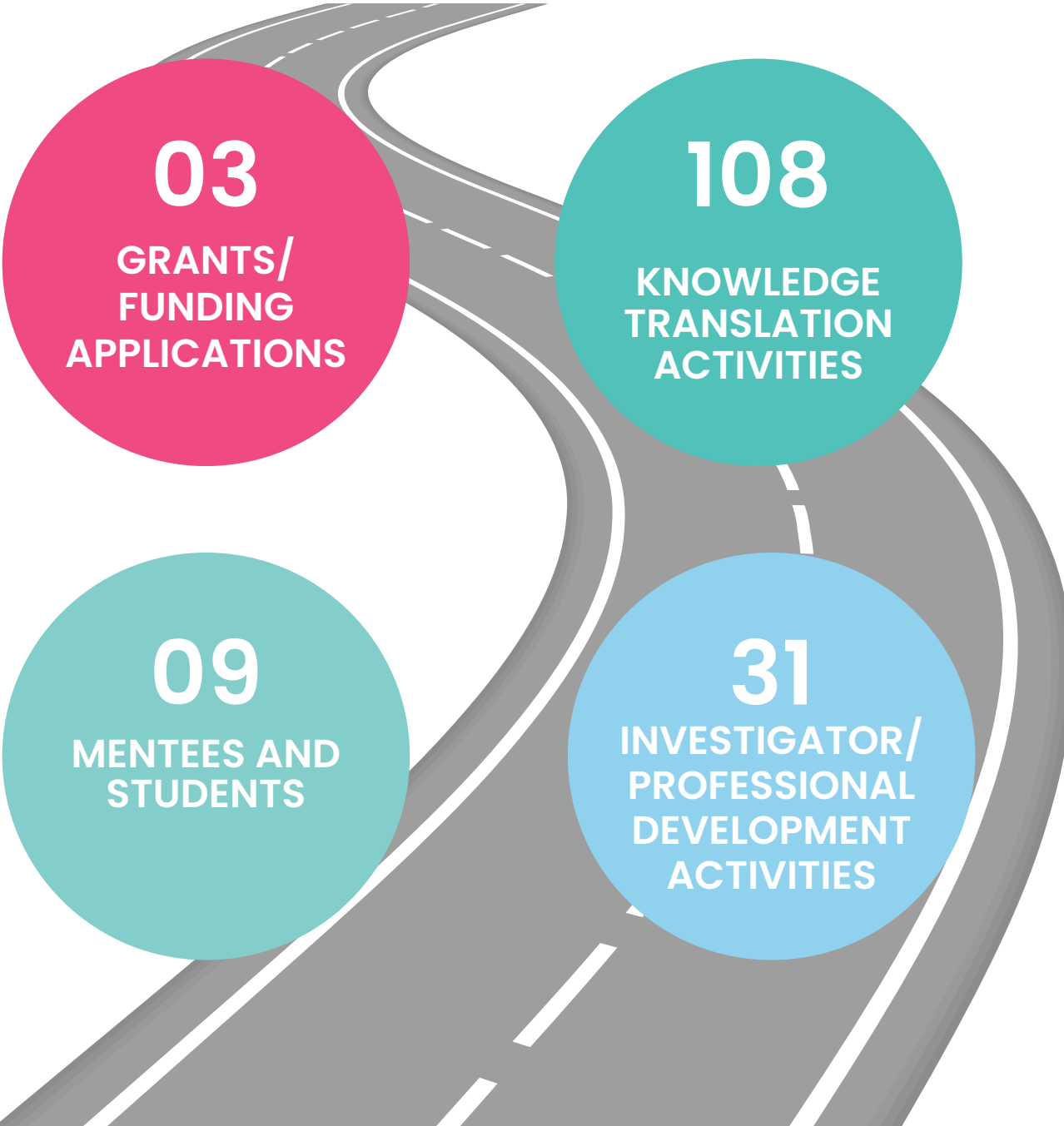
In our commitment to training and professional development, we will finalize curriculum and the evaluation for In a Year's Work™. We will publish results of the evaluation within the next grant year. The COG will also support new partners in implementing Healthy Work Collaborative tools. The Healthy Work Collaborative Step-by-Step videos will also be highlighted by The Health Resources and Services Administration-funded Region V Public Health Training Center. We will continue to identify opportunities to share our research and promote best practices in Total Worker Health.


**In the coming weeks, we will present at the Work, Stress, and Health conference, the American Public Health Association Annual Meeting, COSHCON and more! We are also excited to once again be a sponsors of UIC'S 2024 Minority Health Conference.**



# PLANNING & EVALUATION

Through previous strategic planning discussions, the Center for Healthy Work has identified found key evaluation themes: **Building Knowledge, Building Awareness, Building Evidence and Building Networks and Partnerships**. An Annual Metrics Tool was created to log center-wide annual data by outcome. Findings from the last year indicate the center’s commitment to our mission.





Upon receiving valuable feedback from our external advisory committee, the Center for Healthy Work has prioritized an update to our evaluation plan to better demonstrate our processes and the impact of our work. We hope to translate our theory of change into an actionable evaluation design. The goals of the evaluation update include:

- Maximizing efficiency of evaluation design across center while adding depth and increasing authenticity
- Identifying unique contributions-both existing and potential, particularly in terms of process, impacts, and potential best practices
- Assessing internal praxis of the Center Healthy Work
- Articulating a cohesive identity for the center as a whole



## WHERE WE ARE NOW

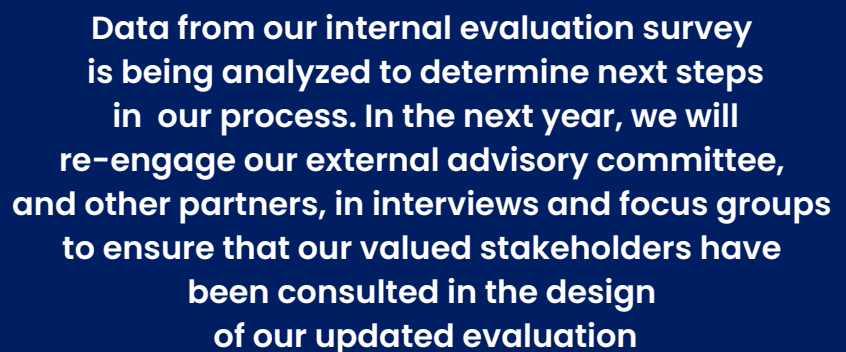
The evaluation update is a multi-phase process that will engage our stakeholders in reflection. As part of the first phase of this endeavor, the Center for Healthy Work collaborated with a consultant, Alison Goldstein, to review all previous center evaluation tools and reports.

All center faculty, staff, and students also participated in a retreat and completed a survey to inform the evaluation update. Findings to date indicate facilitators and barriers for the Center for Healthy Work, as well as potential evaluation metrics to consider:

- **Facilitators:** Our relationships with community partners and our multidisciplinary approach, which challenges traditional power dynamics, have been unique contributors to our successes.
- **Barriers:** Barriers that have limited our work include siloes between projects, hierarchies within academic institutions that challenge our research orientation, language barriers, and limited time/capacity.
- **Potential Evaluation Metrics:** In the future, the Center for Healthy Work may consider adding evaluation metrics around hierarchies and the distribution of power, equity in decision-making, transdisciplinary integration, and bidirectionality of partnerships.



## WHERE WE ARE GOING



Data from our internal evaluation survey is being analyzed to determine next steps in our process. In the next year, we will re-engage our external advisory committee, and other partners, in interviews and focus groups to ensure that our valued stakeholders have been consulted in the design of our updated evaluation

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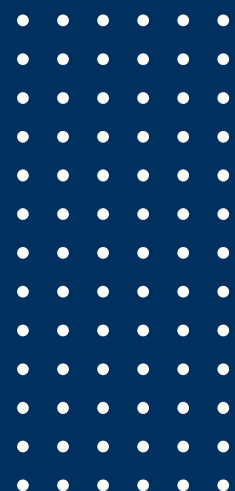
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Funding for this work was through the University of Illinois Chicago Center for Healthy Work, a National Institute for Occupational Safety and Health Center of Excellence for Total Worker Health (Grant: U19OH011232). The views expressed in written materials 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.