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"THIS IS THE TYPE OF JOBS THE MAJORITY OF IMMIGRANTS HAVE TO GET": INCREASING OCCUPATIONAL HEALTH EQUITY THROUGH COMMUNITY ENGAGED RESEARCH

Shannon Guillot-Wright, PhD

Vice Chair of Research & Health Policy and Assistant Professor, Dept of Family Medicine, UTMB

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Advisory Council











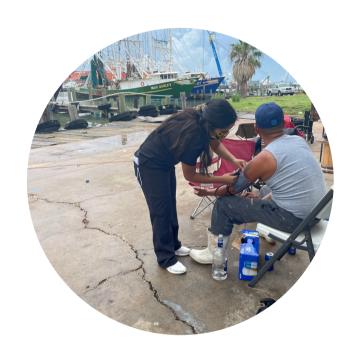




Methodology

CBPR	Qualitative Methods
 A relational model that values the participants as equal partners in research, dissemination, and implementation. Communities are engaged throughout data collection, analysis, interpretation, and moving from research to action. CBPR can mitigate barriers 	 Semi-structured interviews (n=59) Participant Observation (n=53 hours) Focus groups (n=18 participants) Photovoice (n=15; n=4 returned)

Results



Access to healthcare

Little if any access to healthcare in the US. If in RGV, would go to Mexico. In SE TX, neglected primary care almost entirely.

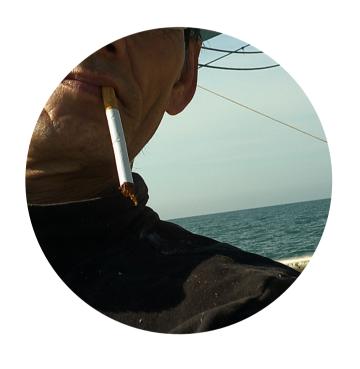
Results



Safety

An understanding of danger, but not taking life-saving precautions.

Results



Mental health

Mental health issues stemming from loneliness, past trauma, limited access to housing or healthcare

Research-to-Practice: Community Health Clinic

Healthcare Access	Prevention
 Provide accessible health and social services for a population who cannot or will not visit traditional health clinics. 	Address socioeconomic needs to prevent future medical conditions and injuries.

Research-to-Practice: Community Health Clinic





BP/HEART RATE
ANTIBIOTICS/MEDICATION
DENTAL
COVID/TETANUS
HIV/STD SCREENING
BLOOD DRAW/GLUCOSE
MEDICAL KIT DRY BAG DISTRIBUTION
SOCIAL WORKER/COMMUNITY RESOURCES
MENTAL HEALTH PROFESSIONALS
ST. VINCENT'S
SEAFARER'S CENTER
OUR DAILY BREAD
GALVESTON FOOD BANK DISTRIBUTION

















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Recommendations

- Focusing on structural and social aspects
- Community-based and community-led
- CBPR methods, when applied to high-risk occupational settings with hard-to-reach populations (e.g., (im)migrant workers), have the ability to improve health and prevent injury.

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A community-led mobile health clinic to improve structural and social determinants of health among (im)migrant workers

Shannon Guillot-Wright^{1*}, N. Miles Farr² and Ellie Cherryhomes¹

Questions?

Twitter: @DrGuillotWright

Instagram: @HealthEquityLab

Email: spguillo@utmb.edu