

Health Care in not a Privilege is a Human Right for All!

Introduction

The **Workers Health Project** was officially launched on January, 2004. 4 years later the project has continue to address the health needs of mostly day laborers and household workers, as well as expand its reach to other worker populations, street vendors, adult students, youth, parents and children. In the first years we have built the foundation of a unique project which focused on developing a health curriculum, providing health workshops, and creating innovative materials that will benefit immigrant communities.

Our main population is day laborers and household workers whom face incredible challenges in the workplace. The lack of legal residence, technical, and language skills force many of them to accept any job they are offered, regardless of how dangerous it may be. The typical jobs they are hired to perform include construction, demolition, landscaping, moving, painting, housekeeping, and child care. Many negligent employers do not offer workers the most basic forms of protection, such as gloves, masks, or eye protection. As a result, workers must work with their bare hands, breathe dangerous fumes, and risk exposure to damaging agents such as lead and asbestos.

Since most employers hire these temporary workers outside the confines of payroll, the workers are not protected under worker's compensation or disability insurance. Many who are injured at work refuse to see a doctor because they lack health insurance and are not aware of low-cost medical resources available to them. Others believe they have no rights because they lack legal residence or do not demand their workplace rights for fear of reprisal. A large number of them continue to work despite their injuries because they cannot afford to take time off.

IDEPSCA's practice of organizing and educating has effectively increase worker awareness of workplace safety, and many other health issues. Our main purpose is to contribute in developing healthier environments among day laborer and household worker populations. Overall, to accomplish this goal we will continue serving six job centers mostly: Hollywood, Downtown, West L. A., Cypress Park, Harbor City and Pasadena. But we have included, which were acquired by IDEPSCA on June/July of 2005. We have also continued working within seven corners; five in Canoga Park (San Fernando Valley), and three in Chesterfield Square (Western/Slauson in South Central).

Scope of Work

The served population is mostly immigrant workers, known as Day Laborers and Household Workers. Our constituents are barely recognized in the regular workforce, mostly known as day workers, casual workers or categorized as a "phenomenon of the informal economy." And it does not matter how odd or dangerous a job or service might be, workers will perform any job or task, and are present in most industries; some are handymen, and many helpers. These workers are part of a mobile and fast growing workforce. They have become the permanent bottom of our society, and the poor of the poorest.

"Day laborers experience a high incidence of workplace injury. One in five day laborers has suffered an injury while on the job."¹ In addition, "Among day laborers who have been injured

¹ Abel Valenzuela Jr., Nik Theodore, Edwin Melendez, Ana Luz Gonzalez. On the Corner: Day Laborer in the United States. 2006. p. 12

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on the job in the past year, more than half (54 percent) did not receive the medical care they needed for the injury, mainly because the worker could not afford health care or the employer refused to cover the worker under the company's workers' compensation insurance."²

Workers who are desperate to make ends meet offer their valuable labor for poor wages. If they can barely make enough cash for rent and to send home to their families, they can much less afford health care. Moreover, the actual economical recession is increasing unemployment in almost 6%, every day many people, even documented workers, are being forced to become casual workers, and they will flood the workforce informal market. As a collateral result, the job opportunities will diminish in almost all industries. The negative impact amongst low-income workers could be of catastrophic proportions.

Furthermore, most employers do not offer health benefits, or even worker's compensation. Moreover low-income families are most likely to be uninsured; the workers often struggle to find affordable and cultural competent health care services. Even though "The county [Los Angeles] operates the second-largest publicly funded healthcare system in the nation, with an annual budget exceeding \$3.3 billion, three general hospitals and a network of clinics that together treat about 700,000 patients a year, most of them uninsured."³ Obviously there are services for the community and the "uninsured" people, but there are not enough; and recently many public services continue shutting down. The fact is that those without documents in the country do not have access to state or government of sponsored health services and can only be treated at free or low-cost clinics, which are already strapped resources. The situation has worsened because of the actual federal and states economic stress, which ends up shutting down schools, affordable housing, health care services and other social programs used by the low-income families.

The Worker Health Project was created to respond to the specific health needs of immigrant workers. The goal of the project is to promote healthier lifestyles and prevent risky behavior that can lead to poor health conditions among day laborers, household workers, and other at-risk populations. To date, we have successfully outreached to over 3,000 workers at the community job centers and corners where they congregate. The staff and volunteers of this project continue to provide tailored workshops that cover health rights, available resources, safety techniques, and alternative medicine. They have also established relationships with health agencies throughout the region to which they can refer workers to.

Part of the project's success lies in our ability to understand the true needs of our constituents. We have come to understand health and safety within the context of the realities they experience. The social, environmental, and economic inequalities that workers face can be damaging to their mental and physical health. This issue can be properly addressed if approached in a more holistic manner. The major accomplishment within our Workers Health Project has been our approach of organize workers in a health advisory committee and the broader involvement of the community through health promoters. Even though we are still two staff members, but we also have incorporated 5 volunteers that have increased our ability to reach more people.

The Workers Health Project overall will continue awareness, health preventive education, promoting personal and community health practices. The project will continue through health workshops, a comprehensive set of health materials its leadership development. In addition, we

² Idem. P. 13

³ Garrett Therolf, Mary Engel and Jean-Paul Renaud. [L.A. County health services director quits](#). Los Angeles Times Staff Writers April 11, 2008

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will support the organizing of workers health committees, as well as networking to expand our ability to refer workers to access health care, which will directly benefit our constituents, and indirectly, their families, and their communities. Despite the workers mobility from one job site to the other, from one street corner to the other, we are certain that 25% of the core-workers will be positively impacted by our workers health project.

With your support, we will hire two more Health Community Organizers to update our health curriculum, consolidate the health committees, expand our health networks, and conduct over 100 workshops/presentations a year. Our goal is to reach at least 25% of those 545 men and 25 women participate on a daily basis in our 6 job centers, and over 120 in eight street corners at Chesterfield Square, Canoga Park and La Jolla/Beverly. They are typically concentrated in low-income communities where resources are scarce, and often live in crowded and unsafe conditions.

Based on last reports and annual evaluations, the following are other relevant project-performed activities:

* The Workers Health Project has increased worker awareness of workplace safety, chronic diseases (diabetes, hypertension and cholesterol) and with more than 40 presentations performed this year (2008), we were able to reach over 750 workers. We are also developing other campaigns in heat stress, alcohol abuse, sexual harassment, and toxics.

* In the process of developing our health and safety curriculum, using popular education methodology, we still have a challenge; we do not have a full time staff to focus in developing the curriculum. What we have through public and private websites is reduce to work injuries, workers rights, and workers compensation. Most of those not include day laborers, household workers and other vulnerable populations. Their curriculum and materials are pretty technical, not culturally sensitive neither culturally competent, which make it hard for us in two ways: (1) Those are good quality materials such as OSHA, Cal-OSHA, Universities, etc. but have to invest in our own materials; and (2) There are no studies among hazards and most frequent work accidents within day laborers and household workers.

Nevertheless we have had a lot of progress in achieving this goal for the following:

- As we stated last year we stick to our operational plan and we did focus to: 1) Continue health education awareness, 2) Continue networking, and 3) launch our Advisory Health Committee.
- We started the leadership process with three big health gatherings to identify potential leaders, and over ten workers who were interested in health issues. Recently, they end up doing a newspaper, which is bilingual and incorporates contents related to the workers hazards and Know your rights among others.
- We have strengthened our partnerships with UCLA Labor Occupational Safety and Health (UCLA-LOSH), WORKSAFE, Southern California Coalition for Occupational Safety & Health (SoCalCOSH), and Legal Aid Foundation (LAFLA). We focused on heat stress awareness workshops. Our project is still part of the Board of Directors and/or coordination of: The Southern California Coalition for Occupational Safety & Health (SoCalCOSH), The National Coalition for Occupational Safety & Health (NCOSH), Vision y Compromiso: Promotoras / Community Health Workers State Network; and locally we are part of the San Fernando Valley and Westside promoters networks.
- We have started a general assessment focused in the six job centers which will be focused on detecting major hazards faced by day laborers and household workers. The study is combining

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focus groups and an interview which will produce a report, the curriculum topics and the path to update and redevelop a more comprehensive health and safety curriculum.

- Additionally, through our various educational activities and Day Laborer Latina/o Health Fairs on June at Cypress Park and on August at Hollywood we managed to secure and rebuild our network of up to 32 clinics and non-profits; all of which have been serving and educating the workers.

Through this progress, we have learned to view health in a different context and as a problem that is related to environmental, social, and economic inequalities. Based on our experience, we are interested in increasing and expanding our work to address workers tremendous health needs. For example, not being able to find affordable housing, many workers become homeless and depressed, which can affect a person's mental health and self-esteem. Even though there are several resources in the community and from some governmental local and regional agencies, we need to strengthen our network by create more relationships with other organizations, coalitions and health service providers, as well as rationalize our resources. We also need to update our referral system and continue following up with workers who have the greatest health needs on a case-by-case basis. In addition, we want to continue building a relationship with the SoCalCOSH, which we are a member of, as well as get involved with the Vision y Compromiso health promoters network. Our participation will allow us to increase day laborers and household workers presence in future public policy and other decision making spaces, just to make sure that the workers are not counted.

Our main Goal: To promote healthier lifestyles and prevent risky behavior that can lead to poor health conditions among day laborers and household workers, reaching 25% of participants every month.

Objectives

- ❖ Increase awareness of the workers health rights, health access, health and safety, advocacy, and alternative medicine, conducting 100 yearly health education workshops/presentations, with at least 10% of workers participating.
- ❖ Increase our ability to reach more Health Community Organizers to redevelop the curriculum, consolidate the Health Committees and reach at least 700 unduplicated workers in a year.
- ❖ Reinforce our referral system established with at least 2 clinics for job site to provide workers with referrals to resolve their health necessities.

Progress

Since 2005 we have been conducting participatory processes, we had an average of 70 workshops/presentations, where we combined education and organizing through the referral system. We have consistently stick to our process, weather it was a job center or a corner we manage to get in tune with the workers, which proved that our qualitative assessments and reassessments really responded to their own health needs and challenges: lack of access, working without health insurance and having one of the highest rates of work injuries (25%).

The curriculum is finished. It includes 10 topics of general health: diabetes, cholesterol, blood pressure, mental health, arthritis, flu, health access, work injures, sexual harrasment and LGTBIQ content.

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We also implemented the first and second phases of a more qualitative and descriptive Health and Safety study in the six job centers. The preliminary result showed that the workers do not report work accidents for fear of retaliation from the employer of losing their work and fear to be deported for lack of documents. They believe they don't have any rights. They know a little of workers compensation. Most of the interviewed people work in construction, painting, moving, gardening and restaurants washing dishes.

The curriculum has to be reorganized and new visual aids build in topics such as falls, breathing dust and other hazardous substances such as electrical equipment, exposure to chemicals, vapors and back injuries. Our curriculum focuses on know your rights, heat stress, dangers in construction, and gardening.

Challenges

IDEPSCA evaluates constantly almost all activities and actions that perform. Our Workers Health Project is no exception, especially when its volume of work increased from 3 to 6 job centers plus 4 corners. Needed to say again, the workers constant mobility does not let us measure any type of progress on a long-term basis. For instance, after a presentation is delivered, out of 30 participants, 20 or 25 do not return for a follow up presentation. However, in response to that challenge, we still to base our evaluations on an annual work plan and its proposed objectives and activities. Another challenge is to keep the flow and increase funding. We expect that the Strategic planning Process will allow us to secure.

Strategic Planning

We have engaged in the process of Strategic Planning, but we have the health and safety study going on, and we are also reviewing and building the Health Alternative component, and we expect to have a final document by the third quarter of 2009.

Current Status

It essential to continue to develop and expand a health curriculum that focuses on: workplace safety, alcohol and drug abuse, hygiene, and toxics. The project will be provided through health workshops, a comprehensive set of worker health materials, leadership development through organizing a workers health coordinating committees, as well as networking to expand our ability to refer workers to access health care, which will directly benefit our constituents, the low-wage immigrant workers, and their families and communities.

Recently we have approached the corners, and we are not sure all their needs are similar to the ones in the job centers. This means that we have to reconstruct the picture of our Workers Health Project through assessment and/or reassessment of Worker Health Basic needs among job centers and household workers associations. As a result our findings indicated that we have to reshape our health curriculum, materials and organizing among health issues for the workers and their families.

Our actual health program components are: Health Education Awareness; Network; Health and Safety; and Alternative Health. The work is being implemented through education (workshops, presentations and action), Visibility (active participation in local, regional and local networks), Health Fairs; and developing funding strategies.

