

“Partnership for Safety:” A Participatory Research Project with Homecare Workers and Consumers

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“Partnership for Safety:” A Participatory Research Project Project Partners

- Public Authority for In-Home Supportive Services (IHSS) in Alameda County, CA



- Service Employees International Union (SEIU Long-term Care)



- Labor Occupational Health Program (LOHP) at University of California, Berkeley



- National Institute for Occupational Safety and Health (NIOSH)



Goals, Approaches, and Phases

- National Institute for Occupational Safety and Health (NIOSH) and its partners initiated a 5-year intervention project
- Goals
 - Develop and evaluate interventions to improve the safety and health of HCWs in Alameda County, CA
- Approaches
 - Community-based participatory research methods (CBPR)
- Three Phases
 - Phase I: (Current Phase): Research and develop intervention (checklist and resource guide)
 - Phase II: Field test the intervention
 - Phase III: Evaluate the intervention

Phase I (Year 1) Objectives

- Increase the ability of HCWs and consumers to identify the range of hazards that HCWs are exposed to at work and steps they can take to reduce hazards.
- Identify communication and other issues that may increase the effectiveness and usability of the checklist
- Obtain feedback on the content areas and format of the checklist
- Identify institutional-level strategies that can promote health and safety among HCWs and consumers

Phase I (Year 1) Methods

- 10 Focus Groups using participatory techniques (total N = 99)
 - 6 HCWs groups, 4 consumer groups
 - 4 in English, 3 in Spanish, 3 in Cantonese
 - Analyzed in NVivo 7.2
- Stakeholder Meeting
- 10 Follow-up Key Informant Interviews with Stakeholders
- Research on Checklist and Resource Guide
- Key informant interview with homecare workers to cognitively test evaluation questions

Why Use Participatory Techniques versus Q&A in Focus Groups?

- Multilingual, multiethnic, multicultural populations
- A range of literacy from low to high
- Desire to elicit emotional responses to understand complex emotional issues (e.g., relationships between HCWs and consumers, barriers to behaviors, etc.)
- Desire to stimulate participation and engagement of HCWs and consumers

Associative Imagery Activity – Description

- Picked one photo from a set that best represents how one feels when he/she is interacting with consumers/homecare workers



Associative Imagery Activity – Description (2)

- Purpose
 - Icebreaker
 - Create trusting environment
 - Elicit emotional response regarding the complex personal interactions between consumers and workers.
- Methods
 - “Associative imagery” – “metaphorical technique”
 - Symbolic, colorful, dynamic and abstract rather than direct, literal images were selected

Associative Imagery Activity – Example

Photo Image: Orange



- Consumers, positive attitudes:
 - “Okay, this is very sunny and very bright and it sure looks like my kitchen when my girl was here. There was plenty of food...these...are all wonderful, warm, edible oranges.” (English, consumer)
- HCWs, negative/mixed attitudes:
 - “It was noble, but like any job, there are times when it is sweet and other times when it is bitter. There are times like these oranges here; one is sweet and another sour...” (Spanish, HCW)

Associative Imagery Activity – Example



Photo Image: Geyser

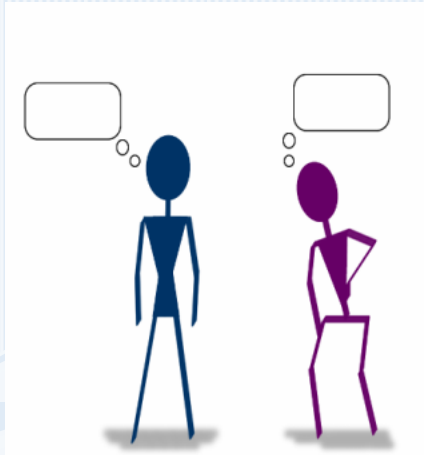
- English HCWs, exploding, impatient attitudes to consumers
 - “It reminds me of how I feel. I want to explode but I have to learn and keep patience. And when it is time for my client to take their medicine or take a bath, I have to learn patience.”
- Chinese HCWs, submissive attitudes to consumers
 - “Now, after seeing this picture, I put the elders as priorities. My own position is below theirs. He is the geyser, above the ground...If I obey everything you say and put you at the top, like the geyser always above me, there’s nothing left for us to argue.”

Associative Imagery Activity – Results

- Worked well as an icebreaker
- Elicited deep, rich and strong emotions and sometimes vivid descriptions of the complex relationships between HCWs and consumers
- Consumers in general expressed more positive feelings whereas HCWs more mixed (or negative feelings)
- There were differences among various language/cultural groups

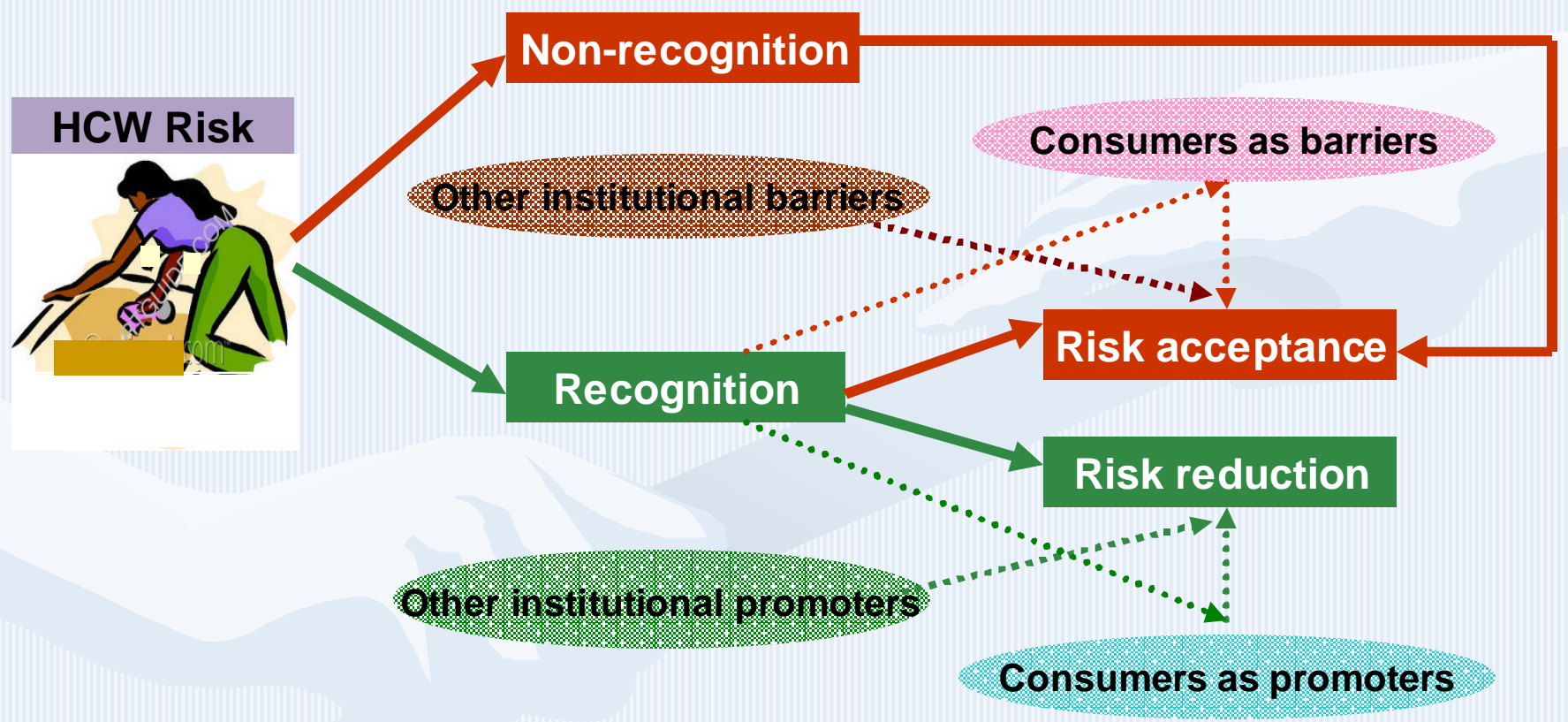
Bubble Figure Activity – Description

- **Scenario:** A worker is approaching the consumer due to back pain and to request a mop or some equipment
- **Questions:**
 - “What are the worker and the consumer thinking?”
 - “What might the worker/consumer be worried about?”
- **Objectives:**
 - Identify communication barriers
 - Understand risk perceptions/risk acceptance



Bubble Figure Activity – Conceptualization

- This simple activity generated rich data that can identify communication barriers and describe the complex processes of risk perception and risk acceptance/ reduction



Bubble Figure Activity – Findings

- Consumers act as perceived or real barriers

e.g., “I endured a lot of bad time, I never said anything because (if) she was not happy with me, she is going to fire me, and I tolerated it...” (Spanish, HCW)

e.g., “I had a client before. We got along well, but I found that he had rashes all over his body when I took showers for him. I asked if he would mind my wearing gloves while taking showers for him...His wife was concerned and thought that I didn't respect her husband. She fired me later.” (Chinese, HCW)

- Consumers act as promoters

e.g., “My client is nice. If you want something, she'll buy it for you.” (Chinese, HCW)

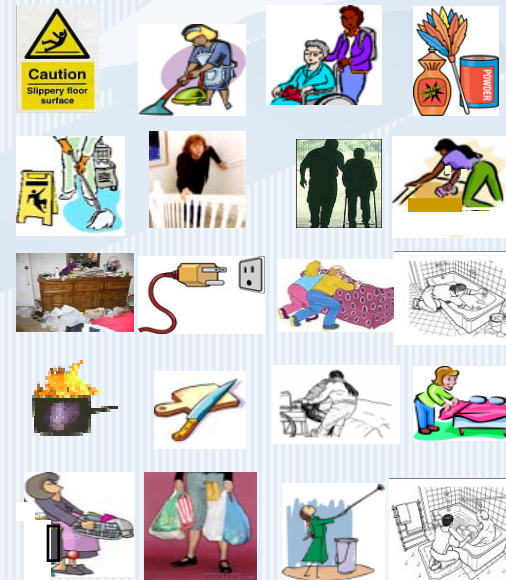
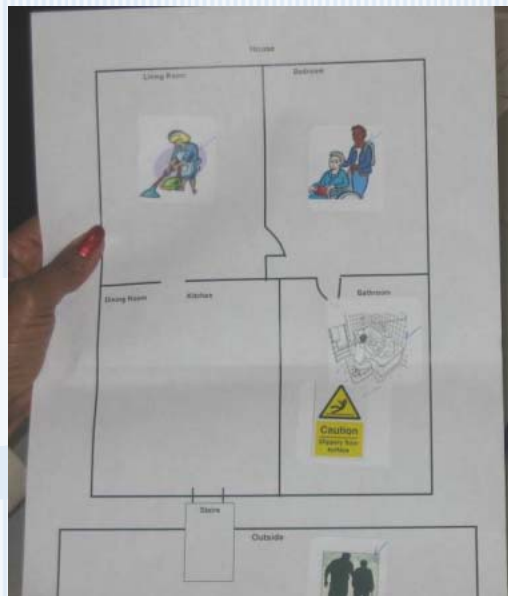
e.g., “But I think how can I help my provider?... I understand what is going on in your body.” (English, consumer)

Bubble Figure Activity – Conclusions

- Generated discussions on communication barriers between HCWs and consumers
- Generated many useful vignettes about their own experiences in handling specific problems and addressing risks
- Produced rich data that illustrated the complex processes of risk perception
 - Most workers recognize risks but some do not approach to consumers
 - Consumers can be barriers or facilitators to reducing risks
 - Information, training, language, and institutional support can be other sources of barriers/facilitators to risk reduction

Risk Mapping Activity - Description

- Objective: Identify content areas to be addressed in the checklist by prioritizing hazards and rooms
- Chose 5 hazards from a set of 20 stickers and post them onto various locations of a house blueprint



Risk Mapping Activity - Findings

Table. Frequency Distribution of Rooms and Hazards

	Homecare Workers		Consumers	
Top 3 Rooms with Most Hazards	Bathroom	21%	Bathroom	23%
	Bedroom	18%	Kitchen	21%
	Kitchen	17%	Living Room	12%
	Other Rooms	44%	Other Rooms	44%
Top 5 Hazards	Fire	9%	Mopping	10%
	Bathing	8%	Fire	9%
	Transferring from bed	8%	Sharp Knife	9%
	Cleaning Bathtub	8%	Cleaning Bathtub	8%
	Moving Furniture	7%	Moving Furniture	7%
	Other Hazards	59%	Other Hazards	56%

Main findings: Homecare workers identified patient-handling activities as hazards more frequently than consumers

Strengths and Limitations of Using Participatory Technique in Focus Groups

- Strengths
 - Focus group activities using participatory techniques worked well across diverse groups in general
 - Participants were engaged and the activities were interactive
 - Elicited strong emotions that described the complex relationships between HCWs and consumers
 - Generated rich data that described the complex processes of risk perceptions, etc.
- Limitations
 - Some participants had difficulties fully understanding the activities
 - Can be difficult to facilitate
 - Requires more time

Main Findings from Focus Groups

- Revealed complex relationships between HCWs and consumers
- Illustrated complex processes of risk perception and risk acceptance/reduction
- Pointed to the need to explore alternative means of delivering information, rather than just using written materials
- Identified several institutional barriers (e.g., lack of resources)

Challenges

- Developing the intervention materials
 - How to balance the need for quantity of information and need for simplicity
 - How to meet the needs of such a diverse population
- Promoting use of the materials by the target population
 - HCWs don't always identify as workers with a corresponding right to a safe workplace
 - Consumers don't always identify as employers and may lack resources/ability to assume that role.
 - HCWs may not believe they have the ability to make changes
 - Health and safety is not recognized as important by many consumers and HCWs
- Addressing institutional barriers identified from the focus groups, e.g.:
 - Lack of resources (no training, no time to address safety, etc.)
 - Lack of easily accessible referral services

Next Steps

- Form worker and consumer leadership groups to establish peer mentor programs to assist in developing and field testing intervention materials
- Explore alternatives to traditional written materials (videos, digital storytelling, photonovelas, posters, etc.)
- Direct some resources toward developing social marketing strategies to promote use of materials
- Work with stakeholders to develop strategies to address institutional barriers



Thank You

Questions?

Supplementary Slides





Study Background

- Homecare is one of the fastest growing industries
 - 1.5 million homecare workers by 2010
 - 70% more likely to get injured compared to general working population
- Challenges facing health and safety research with homecare workers (HCWs):
 - Multicultural, multilingual, and low-status nature of HCWs
 - Unique work settings and nature of work
 - Consumer-driven program in California
 - Homecare workers are directly employed by the consumer
- National Institute for Occupational Safety and Health (NIOSH) and its partners initiated a 5-year project:
 - Improving health and safety of homecare workers

Associative Imagery Activity – Results

- Language/Cultural Group Differences:
 - HCWs
 - English groups: mixed feelings toward consumers
 - Spanish groups: mixed responses associated with consumers who experience a lot of ups and downs with their mental states, reflecting HCWs' sympathy with their situation.
 - Chinese groups: feelings of submissive attitudes to consumers and evolution of attitudes (i.e., gradually adapting themselves to consumers)
 - Consumers
 - English groups: mostly positive impressions of HCWs as being helpful, caring, friendly, etc.
 - Spanish groups: positive relationships were characterized as being nurturing, indulgent, and protective, as well as having a positive effect on their emotional well-being and being easy to get along with.
 - Chinese groups: feelings of co-dependency

Checklist Activity – Description

- Focused on the format of the checklist
 - Illustrations demonstrating correct versus incorrect work practices
 - Single versus both pictures
 - Wording of the checklist: Check versus tip format
 - Illustrations versus photographs
- Used cleaning the bathtub as one example
- Asked a series of questions (traditional Q&A's) on using the checklist and community resource guide
 - Who/When/How to use and disseminate
 - Multimedia attitudes

Checklist Activity – Description

Correct work practice



Incorrect work practice



Check Format

When I clean the bathtub I (or my homecare worker):

- Use a long handled scrub brush Yes No
- Kneel on a soft bath mat Yes No
- Avoid reaching Yes No

Tip Format

When cleaning the bathtub I (or my homecare worker) take steps to prevent aches and pains. Yes No

Tips to avoid aches and pains

- ✓ Use a long handled scrub brush
- ✓ Kneel on a soft bath mat
- ✓ Avoid reaching

Checklist Activity – Findings

- Correct versus incorrect picture:
 - Mixed responses
 - More preferred the picture showing the correct position (because it makes people think less and sets up good examples)
- Single versus both pictures:
 - Both pictures to show comparisons
- Wording – Check format versus tip format:
 - Mixed responses
 - More preferred tips (because tips are more direct).
- Illustrations versus photographs:
 - Responses were mixed and group specific.