

1315

## Health and Occupation for Latino Immigrants in Kentucky

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### Introduction

The Latino population of Fayette county grew 235% (compared to an overall population increase of 16% in the United States) between 1990 and 2000, in response to the need for labor in the tobacco and horse industries. The labor market insertion of the immigrants is now past the initial, transient, seasonal stage with many workers and working families employed in low wage service jobs, especially in the hospitality industry, construction industry or in factories. The majority of the primarily Mexican immigrants are living with family and relatives, including children. Health access and resources are a primary concern for Latino migrant farm workers in Kentucky and the United States. The Latino migrants in Fayette County experience the same problems as Latino immigrants throughout the United States, such as availability of culturally, linguistically, and financially appropriate and accessible health care services.

### Objectives:

#### Participants will:

1. Learn about culturally appropriate occupation-based interventions
2. Appreciate community partnerships in service of immigrant populations

### Discussion/Results

This paper will discuss an ongoing partnership developed between occupational therapy and the Bluegrass Community Health Center, an agency formed to respond to the health needs of Latinos, particularly the migrants and immigrants in the area. This collaboration has resulted in a number of projects designed to support the health and well being of latinos in Fayette county. Bilingual, occupationally oriented fotonovelas were created by occupational science students to address areas prioritized by the staff and the literature: pesticide safety, safe body mechanics for working in the tobacco fields and dental hygiene. They are distributed at the Center, in the migrant community, and are used as in-house educational materials by Center staff. Students in the occupational therapy program have created and conducted health needs assessments with homeless and marginally housed horse industry workers and designed occupation-based health classes for the center.

### Conclusion

We offer this collaboration and the resulting projects as ideas and models for other agencies and occupational therapists working with rapidly expanding immigrant communities.