

Culture Change

A New Channel for Health Promotion: Building Trade Unions

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Abstract

Purpose. Labor unions are a largely unevaluated channel for health promotion interventions for working class populations, who are at increased risk for smoking and poor diet. We conducted qualitative and quantitative research to understand the meaning and function of union membership in workers' lives and applied this information to health promotion intervention design.

Methods. Cross-sectional data included a survey conducted with a nationally representative sample of unionized construction workers ($n = 1109$; 44% response rate), and 16 focus groups ($n = 88$) conducted in multiple regions around the country.

Results. The vast majority of survey respondents held strongly positive views of their union. Focus group findings revealed the meaning of the union in members' daily lives, how members view information from the union, and their perceptions of the union's limitations.

Conclusions. The findings provide a compelling rationale for considering unions as a channel for health promotion interventions. (*Am J Health Promot* 2005;19[4]:297–303.)

Key Words: Prevention Research, Intervention Design, Qualitative Survey, Labor Union, Smoking Control, Diet, Behavior Change, Cancer Prevention, Health Disparities

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This manuscript was submitted February 16, 2004; revisions were requested June 1 and 22, 2004; the manuscript was accepted for publication July 2, 2004.

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0890-1171/05/\$5.00 + 0

INTRODUCTION

Effective health promotion intervention strategies among working class populations are needed to address class-based disparities in health behaviors and outcomes. Community health centers, schools, workplaces,

churches, and other social network structures have been investigated as channels for health promotion interventions.¹ Trade unions are a potentially important and unevaluated channel for reaching working class populations.

Health promotion interventions

with unions offer advantages. First, their members are likely to be employed in working class occupations, and thus at greater risk for smoking and poor diet. In 2000, the prevalence of smoking among workers engaged in semiroutine or routine jobs was 32.4% compared with 17.8% among managerial/professional workers.² Smokers employed in "blue-collar" occupations smoke more heavily³ and are less successful in quitting, despite a similar rate of quit attempts, compared with other workers.³ With respect to dietary behaviors, consumption of fruits and vegetables is lower among individuals with lower incomes and less education.^{4,5}

Second, unions have communications infrastructures (e.g., member mailing lists and phone numbers) that facilitate research and programs in this setting. Third, unions provide a strong sense of personal and community identity⁶ and are in a unique position to convey respect toward their members—by valuing the work that members do and protecting their rights of self-determination and good working conditions. Communicating respect is a key principle in adult learning⁷; therefore, by working with unions, health promotion practitioners can align with an organization that confers respect to its members. Finding ways to resonate with essential elements of union culture might enhance the relevance of health promotion interventions to the participants, similar to interventions for African-Americans through Black churches.^{8,9}

The Laborers' United for a

Healthy Future project is a collaboration between an academic research institution and the Laborers' Health and Safety Fund of North America on behalf of the Laborers' International Union of North America (LIUNA), which represents approximately 400,000 construction workers in the United States and Canada. A laborer's role on construction sites is to assist other trades and to perform some specialized tasks, such as digging tunnels or demolishing buildings. The study aims to test the effectiveness of a tailored print- and telephone-based intervention in reducing smoking and increasing fruit and vegetable consumption. At the outset, we conducted formative qualitative and quantitative research to deepen our understanding of the meaning and function of union membership in workers' lives. We report here selected findings of this formative research and describe how we used these findings to guide intervention development.

METHODS

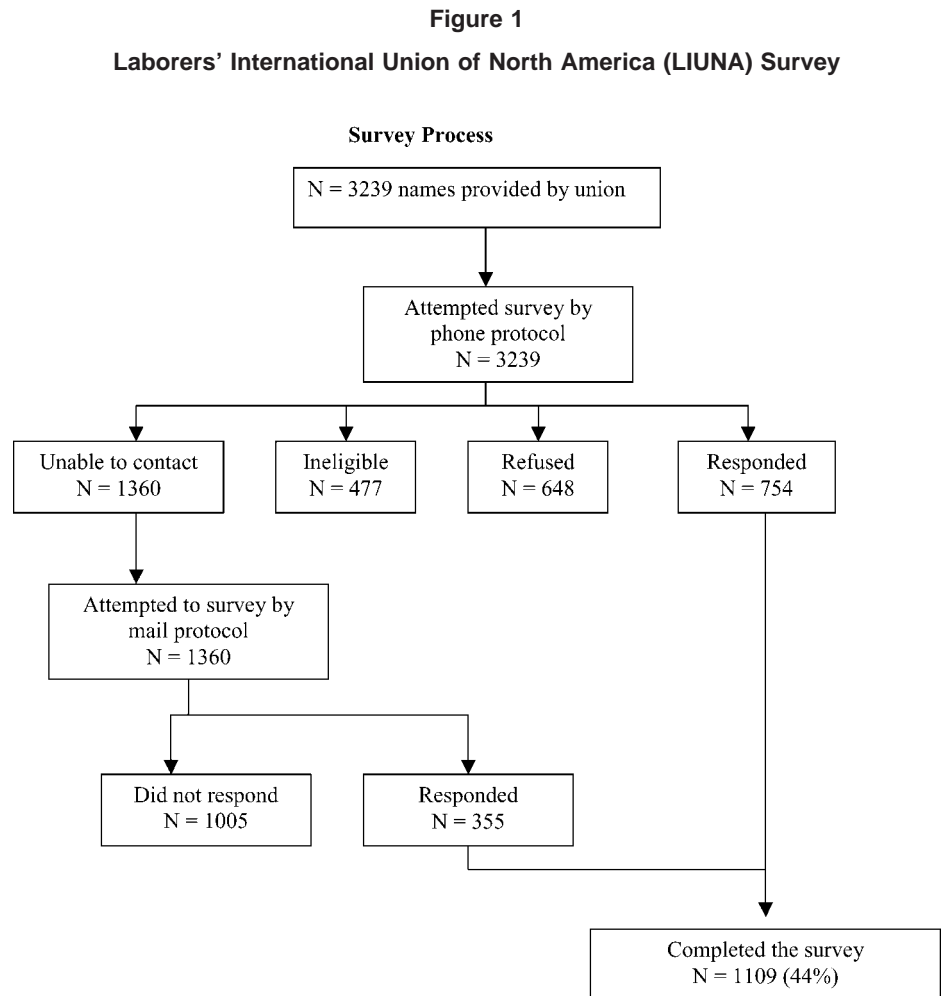
Design

The Laborers' United for a Healthy Future project is a randomized controlled trial. A formative research phase included a survey and 16 focus groups, described separately below.

Survey Methods

Survey Sample. Eligibility criteria for the survey included (1) current LIUNA membership, (2) not retired or on permanent disability, (3) working in construction, and (4) ability to complete the survey in English or Spanish. Figure 1 illustrates the survey recruitment process. A total of 1109 members responded to the survey (44% response rate).

Survey Measures. We assessed attitudes about the union with several measures: (1) affective organizational commitment¹⁰ ("I'm proud to tell others that I am a LIUNA member" and "I feel that problems faced by LIUNA are also my problems"), (2) work-related social support ("People I work with give me help and sup-



LIUNA provided the names, addresses, and telephone numbers for 3239 of their members. We attempted to contact all members by telephone. Our telephone protocol included making at least 20 call attempts at different times of the day and different days of the week. We were unable to reach 1360 (42%) of the members by this method because of incorrect or disconnected telephone numbers or no answer. We mailed a self-administered survey to these 1360 members to provide an alternative means of responding to the survey. Using both methods combined, we attempted to survey 2234 (69%) of the names provided. Of those we attempted to reach by phone, 477 (21%) were ineligible. We assumed that 21% of those to whom we mailed the survey were also ineligible ($n = 215$), leaving a total of 2547 eligible members. Of these eligible members, 648 (25%) refused to take the survey. A total of 1109 members responded to the survey (754 by phone, 355 by mail) for a response rate among eligible members of 44%.

port" and "People I work with are willing to listen to my work-related problems"), (3) union's concern about health and safety of members,¹¹ and (4) union as a reliable source of information about health.

Respondents were considered to be "never smokers" if they said that they had not smoked at least 100 cigarettes in their lives. "Former smokers" were those who had smoked at least 100 cigarettes but who had not smoked in the last month. "Current

smokers" were those who reported smoking at all in the last 7 days or who had quit within the last month.

Servings of fruits and vegetables per day were computed from responses to a set of questions that asked about usual consumption of seven categories of fruits and vegetables.¹² For each food or set of foods, the respondents were asked how often over the last month they usually ate the food. Responses for frequency ranged from never to five or more

times per day. For each food, we converted the frequency to equivalent servings per day. The total number of servings of fruit and vegetables per day was then calculated by adding the servings per day of each food. Respondents were then categorized as eating five or more servings per day or fewer than five servings per day.

Survey Analysis. We computed descriptive statistics with the personal computer version of SAS statistical software.

Focus Group Methods

Focus Group Sample. We applied a purposive stratified sampling strategy¹³⁻¹⁶ to recruit a national sample of LIUNA members, including variation by smoking status, gender, race/ethnicity, and geographic region. We trained staff in LIUNA's training centers to recruit members to the focus groups, aiming for six to eight participants per group. The final sample included 88 members who participated in 1 of 16 focus groups.

Focus Group Topic Guides. We created two semistructured topic guides. One explored members' perceptions of the union's role in their lives, their thoughts about being a laborer, relationships on the job, and health-related concerns. As we developed prototype intervention materials, we created a second topic guide that additionally elicited participants' reactions to these draft materials. The focus groups were audiotaped and professionally transcribed.

Focus Group Analysis. Data analysis began with a team approach to reading and discussing the interview transcripts in their entirety.¹⁷ Data codes were applied to the transcripts in QSR NVivo (v1.2) with the use of a two-stage coding process: structural coding followed by thematic coding. For structural coding, a codebook was developed from the semistructured interview guide, with each question assigned a code. Thematic coding was derived from specific concepts, domains, or themes that arose during discussions of the data.

Table 1
Sociodemographic Characteristics and Health Behaviors of Survey Respondents

Characteristics/Behavior	N	%
Sex		
Men	1013	93.6
Women	69	6.4
Race/ethnicity		
Hispanic	200	18.3
White, non-Hispanic	711	65.1
Black, non-Hispanic	114	10.4
Other	68	6.2
Education		
Did not complete high school	251	23.0
High school diploma or GED	493	45.1
Some post-high school training	306	28.0
Baccalaureate or more	43	3.9
Smoking status		
Never smoker	423	38.5
Former smoker	226	20.6
Current smoker	449	40.9
Consume at least five servings of fruits and vegetables per day		
No	906	85.9
Yes	149	14.1
		Mean (SD)
Age	1103	40.1 (10.3)

RESULTS

Survey Results

As shown in Table 1, 41% of survey respondents were current smokers, and the majority (86%) did not consume at least five servings of fruits and vegetables per day. As shown in Table 2, the vast majority of survey respondents held strongly positive views toward their union.

Focus Group Findings

Table 3 describes the demographic characteristics of focus group participants. Analysis yielded the following thematic domains: meaning of union membership, union as a trusted source of information, and perceptions of the union's limitations.

Meaning of Union Membership. Material benefits, employment opportunities, workplace protections, and a sense of belonging were important themes related to the meaning of union membership. Most focus group participants believed they

receive better treatment as workers in the construction industry because of their union membership, as manifested in higher wages, overtime pay and raises, and better health insurance and pension plans. As one laborer noted:

You've got backing with the union. You've got the whole union behind you, supposedly. It's different than working the same job with a non-union company. Then you'd see the difference. You don't get treated as bad because [you've got a] contract.

Focus group participants expressed a strong work ethic, noting the importance of finding work, being able-bodied to do the work and providing for their families, and the role of their union in finding them jobs. LIUNA coordinates members' job assignments in collaboration with its signatory construction employers.

Many laborers also perceived the union as critical to insuring safe and healthy working conditions—an im-

portant benefit of union membership. They viewed the union as a “protector” and believed that the union would shut down a job if it was unsafe. One man, who had worked as a laborer for 30 years and had joined the union in the past year, described a theme expressed by many:

Unions have a very significant role to play, because they make these companies aware of the dangers, but some of them would probably try to cut corners. The [unions] insist that safety be the #1 priority for all workers, not just laborers but all workers.

In addition to material benefits and job protections, for many of the interviewed laborers the union offered solidarity, or as one put it “a sense of belonging.” One older laborer, who held the position of union steward, articulated sentiments shared by many other focus groups when he described his morning greeting this way:

When I see my laborers on all my job sites, I don’t even say, “Good morning, Chris,” or “How’s it going, Joe?” I’ll say, “Good morning, brother. How are you this morning?” And the smiles that I get from these guys. They look at me; they know that they are a brother. So I want you guys to know that you belong to someone, I’m there to represent you, as a group or each one, if there’s any problems that come up.

Union as Trusted Source of Information.

Across many focus groups, the union was perceived as a trusted source of general and health-specific information. Print materials carrying the union logo held more credibility than materials that did not. Some stated that they felt an obligation to read information that carries the union logo, because doing so is part of belonging to the union and because “people associate the union with being in our interest.” Laborers regarded their union magazines and newsletters as reliable sources of information. They reported getting health information from union-sponsored health programs and fairs, where they had also received flu

Table 2
Measures of Organizational Commitment Among a Nationally Representative Sample of Laborers’ International Union of North America (LIUNA) Construction Laborers

Survey Item	Response	n (%) N = 1108
My union is a reliable source of information about health.	Agree	782 (71.5)
	Disagree	177 (16.2)
	No opinion	135 (12.3)
I am proud to tell others that I am a LIUNA member.	Agree	972 (89.4)
	Disagree	39 (3.6)
	No opinion	76 (7.0)
LIUNA is concerned about health and safety.	Agree	927 (85.1)
	Disagree	58 (5.3)
	No opinion	104 (9.5)
I feel that problems faced by LIUNA are also my problems.	Agree	894 (82.2)
	Disagree	91 (8.4)
	No opinion	103 (9.5)
People I work with give me help and support.	Agree	865 (89.8)
	Disagree	65 (6.7)
	No opinion	44 (4.5)
People I work with are willing to listen to my work-related problems.	Agree	891 (82.2)
	Disagree	136 (12.5)
	No opinion	57 (5.3)

Table 3
Sociodemographic Characteristics and Smoking Status of Focus Group Participants

Characteristic/Behavior	% (n = 88)
Sex	
Men	84
Women	16
Race/ethnicity	
Hispanic	7
White, non-Hispanic	64
Black, non-Hispanic	15
Other	11
Education	
Did not complete high school	17
High school diploma or GED	54
Some post-high school training	25
Baccalaureate or more	2
Current smoker	78
	Mean (Range)
Age	41 (20–63)
Years in union	10 (1–39)
Years in construction	13 (1–47)

shots, physicals, and other health screenings. Many indicated that they mistrust anyone who calls by telephone, except if the person identifies

him/herself as being from the union. The view of the union as a trusted source of information contrasted with some participants’ expressed

mistrust of the government, tobacco industry, and companies for which they work.

Perceptions of the Union's Limitations.

Overall, focus group participants' impressions of the union were very positive, but some described limitations to the union's ability to serve all their needs, many of which are global limitations of the labor movement in general, rather than of members' particular union locals or LIUNA. Some felt the union was not proactive enough in addressing health and safety on the job and less able to attend to safety problems outside of urban areas. Some lamented the union's lack of power to protect against job insecurity. Another viewed having to pay union dues during layoffs to be a negative aspect of membership, and another expressed anger about the union making charitable donations at times when members had few job options. One laborer suggested that negative perceptions of the union might stem in part from members' lack of active participation in union affairs.

Application of Results to Intervention Design

We applied these findings to the development of our intervention methods and materials. The intervention included one-to-one telephone-based counseling with the use of motivational interviewing, supplemented by a set of written materials. We first mailed to each participant's home a personalized tailored feedback report based on responses to a baseline survey of health behaviors, stage of change, and other measures. This report was followed by a series of counseling calls and mailed written materials.

In the tailored report, we incorporated the sense of laborers' strong work ethic, their desire to be able-bodied to stay employed and provide for their households, and respect for their union and its leaders by including the following quote from the union president:

Being a laborer is a demanding job. You face hazards every day, and being healthy and fit enough to meet challenges is important Being

healthy means you've got the strength you need to get the job done—and take care of other responsibilities too.

The survey results, along with focus group findings, indicated that laborers were proud to be part of and felt respected by their union, which we attempted to reflect in this quote:

Being a Laborer means a lot of good things. You're a hard worker. You're a part of one of this country's most powerful and important unions. You . . . use your skills and strength to create and build things.

Building on the material benefits that workers associate with their union, written material noted:

. . . LIUNA takes pride in offering one of the best pension programs in North America. We want you to live a long and healthy life, so you can enjoy it.

The important role of the union in protecting workers on the job, both in the general sense of the union "looking out for you" and in the literal sense of the union actively championing workplace health and safety, was acknowledged in the following text from the tailored report:

. . . [O]ne thing you can do is make good decisions about your health. Sometimes that means talking to your steward if you're worried about on-the-job exposures or hazards. Other times, it means taking control of your personal health and doing what you can to make your body stronger and healthier. This is where [the name of the project telephone counselor] can help.

A sense of "belonging" to something larger than themselves—a community of workers—was associated with the union. For a laborer, smoking can mean instant membership in a group of smoking coworkers; accordingly, quitting can mean exile from one's friends on breaks, traveling to the job site, and relaxing after work. To counter this expectation and allay potential fears, we presented in the tailored feedback report the potential of "joining" a new peer group. For example, in the case of an individual whose responses on the baseline survey indicated his readiness to quit smoking:

Your answers to the [scripted to align with individual's responses on baseline survey] suggest that you're getting ready to quit using tobacco soon. Congratulations! You're in good company—half of the Laborers we spoke to said they are ready to kick the habit, too.

In addition to the words, we carefully considered the illustrations for our written materials. The union shared with us photographs of laborers at work in a variety of settings and on break, socializing. We used a union print shop for our nontailored materials, which was evident to workers because union print shops put a union logo, referred to as a "union bug," on their products.

On the basis of the finding from the focus groups that workers pay attention to information that comes from their union, we carefully scripted the first telephone counseling call to emphasize our collaboration with the union. Building on the sense of respect associated with the union and the tenets of motivational interviewing,¹⁸ the telephone counselors were trained to communicate respect to participants by (1) de-emphasizing labeling and giving participants responsibility for deciding whether a health behavior is problematic, (2) helping participants to perceive the target behavior as discrepant with his or her desires, and (3) setting goals as a means of initiating the change process.

DISCUSSION

Summary

Our findings provide a compelling rationale for considering unions as a channel for health promotion interventions for several reasons. First, unions provide a much needed channel for interventions with an at-risk population. In this study, 68% of survey respondents had no more than a high school diploma or its equivalent, 41% were current smokers, and 86% consumed fewer than five servings of fruits and vegetables per day. Second, the union is an important source of health information for its members; 72% of survey respondents considered the union a reliable source of health information. These

results were substantiated by the focus group findings that “people associate the union with being in our interest” and pay attention to and trust union materials about health. Third, study findings indicate that the union plays an important role on a daily basis in the lives of union members in terms of finding jobs, earning good wages and benefits, protecting against health and safety hazards, and creating a sense of belonging and camaraderie with fellow union members. The vast majority of survey respondents felt strong organizational commitment to their union.

Limitations

A survey response rate of 44% raises concerns about the generalizability of these findings. It could be that laborers who feel positively toward their union were more likely to respond to the survey, which would have inflated the percentage of respondents reporting positive attitudes about the union.

Implications

Our formative research helped us to optimize on the union channel and its culture and thereby potentially increase the relevance of the intervention for these workers. Others have acknowledged the importance of communicating health information in culturally relevant ways to enhance its persuasiveness.^{19,20} Krueter et al.¹⁹ have noted that people who are motivated to process information will do so actively and thoughtfully and that a key determinant of motivation is relevance of the message to the individual. Resnicow et al.²⁰ have put forth a model for understanding and engineering cultural sensitivity that delineates “surface structures” and “deep structures.” Surface structures refer to normal cues and symbols familiar to the group’s culture. We applied these surface structures through union-based cues and symbols, such as the LIUNA logo, the union print shop “bug,” and photographs of union leaders and rank-and-file workers. Accessing deep structures involves creating materials that resonate with dominant beliefs and values of a culture,²⁰ which we attempted to do by applying themes

from the qualitative findings to the intervention materials and messages.

There have been recent calls for increased collaborations between public health practitioners and labor unions on health promotion issues²¹⁻²⁴ and evidence that some unions are responding to this call.²⁵⁻²⁷ To our knowledge, this is the first report in the public health literature to present empirical evidence as to why and how labor unions can be partners in health promotion intervention research and, ultimately, health promotion practice. We have provided a model for conducting formative research among unionized workers

SO WHAT? Implications for Health Promotion Practitioners and Researchers

Results from this study provide a compelling rationale for considering unions as a channel for health promotion interventions. Unions provide a way to reach individuals at high risk for smoking and poor diet through a social institution that is richly meaningful in members’ daily lives. Survey results indicated that the vast majority of members surveyed held strongly positive views of their union. Focus group findings elucidated the underlying meaning of those positive views. We describe in detail how we applied these findings to refine health promotion intervention methods, messages, and materials so as to take full advantage of the benefits afforded by having the union be a channel for and partner in health intervention.

so as to enhance the relevance of health promotion interventions in the day-to-day lives of workers. The extent to which we were successful in developing an intervention that will lead to behavior change will be answered by the forthcoming results of the trial.

Acknowledgments

The authors thank the members and leaders of the Laborers’ International Union and Laborers’ Health and Safety Fund of North America for their participation in this study. We thank Ann Smith for helpful comments on this manuscript and Richard Martins for administrative assistance. This study is funded by the National

Cancer Institute grant 5 RO1 CA84387-04, with additional support provided by the Liberty Mutual Insurance Agency and the American Legacy Foundation.

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