POPULATION HEALTH IS IMMIGRANT HEALTH IS WORKER HEALTH

The recent article by Ahonen et al. in *AJPH's* special section on work[1] emphasized the importance of incorporating work as a key concept in population health inequities research. We agree that the use of an ecosocial framework that encompasses work as a key concept to fully grasp health inequities and promote our nation's health is germane and long overdue. We appreciate the authors' acknowledgment of the role of intersectionality of social constructs such as socioeconomic status, race, gender, and immigration on the health of the working population, which echoes others' work.[2]

We further move the discussion to a specific group that remains at the core of population and occupational health disparities: immigrant workers. Immigrant workers constitute a large proportion of our invaluable yet vulnerable workforce,[3] notably in occupations that require low skills, pay low wages, and have job characteristics that increase their exposures to occupational hazards.[4,5] In light of the current climate in which population health, occupational health, and immigration policies are at the forefront of debates, this is the time to pay attention to our working immigrant population—specifically, how their experiences within and outside of work affect their health-promoting behaviors and overall health and well-being.

Different disciplines have documented various ecosocial stressors and protective factors associated with immigrant worker health. Stressors include language and cultural barriers, demands of their transborder relationships (also known as transnationalism,[6,7] whereby individuals maintain active relationships with friends and family in their home countries, including remittances), exposures to occupational hazards, and demands of acculturation. Protective factors include health insurance access, social support, and immigrant institutions and communities. We have yet to understand fully the dynamics of these factors and their short- and long-term effects on immigrant worker health. For instance, immigrants earning the exact or less than the federal minimum wage and send part of their income to care for family in their home country can be burdened. Yet these relationships also can be protective factors because social relationships and support have positive effects on health and well-being.

We have come a long way in terms of occupational health and population health inequities research in line with a culture of health for the nation. The article by Ahonen et al.[1] is proof of this evolution. Now that we know to include "work" in population health inequities research, a better integrated, interdisciplinary approach, especially for immigrant workers, will be vital to advancing the health equity agenda. AJPH

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AHONEN ET AL. RESPOND

We would like to respond to Rosemberg and Tsai's letter titled "Population Health Is Immigrant Health Is Worker Health." In their letter, Rosemberg and Tsai point out that immigrant groups are at the core of the experiences of both occupational and population-level health disparities, as well as at the forefront of the national sociopolitical conversation. This suggests that integrated approaches are needed to advance a health equity agenda. We could not agree more.