

Health Disparities (& Health Equity) in the US Workforce

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National Institute for Occupational Safety and Health

Improving Worker Safety and Health among American Indians/Alaska Natives:
A Partnership Workshop

Aurora, Colorado

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Health Disparities

Health disparities are large differences in health among different groups of people defined by social, demographic, environmental, and geographic attributes

Worker group A
15% heart disease
Mean age 75

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Worker group B
0.1% heart disease
Mean age 25

Health Inequity

Health Inequities are a subset of health disparities that are “modifiable, associated with social disadvantage, and considered ethically unfair.”
2011 CDC Health Disparities and Inequalities Report

Worker group C

320 injuries per 10,000 FTE

Temporary workers with no
safety training

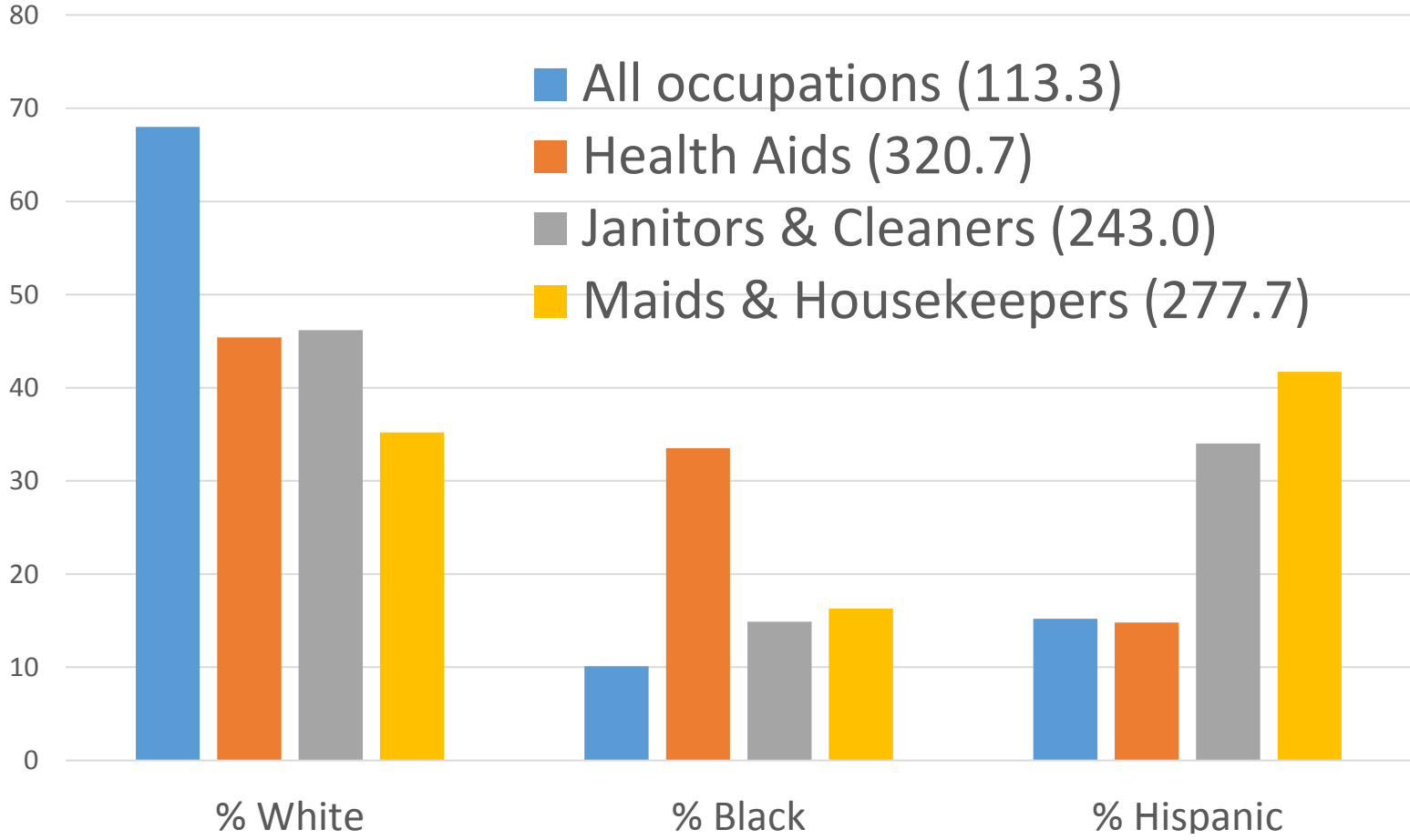
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Worker group D

113 injuries per 10,000 FTE

Full-time workers who
received safety training

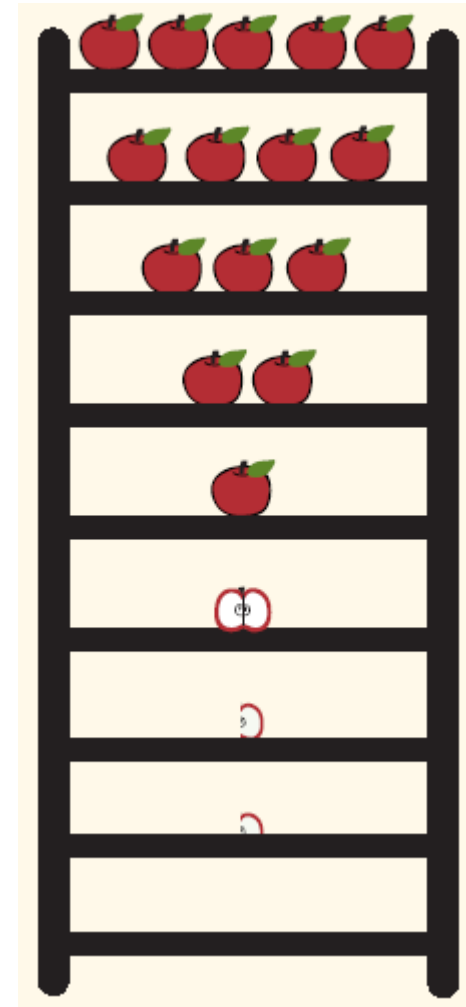
Disproportionate Employment in High Risk Occupations (>twice the average Injury/Illness rate)



Baron, et al 2013. Nonfatal Work-related Injuries and Illnesses—United States, 2010. MMWR 2013; 62(Suppl 3):35-40.

Socioeconomic Status

- *People standing on the top rungs are the best educated, have the most respected jobs, ample savings, and comfortable housing.*
- *On the bottom rungs are people who are poorly educated, experience long bouts of unemployment or low wage jobs, have nothing to fall back on in the way of savings, and live in substandard homes.*



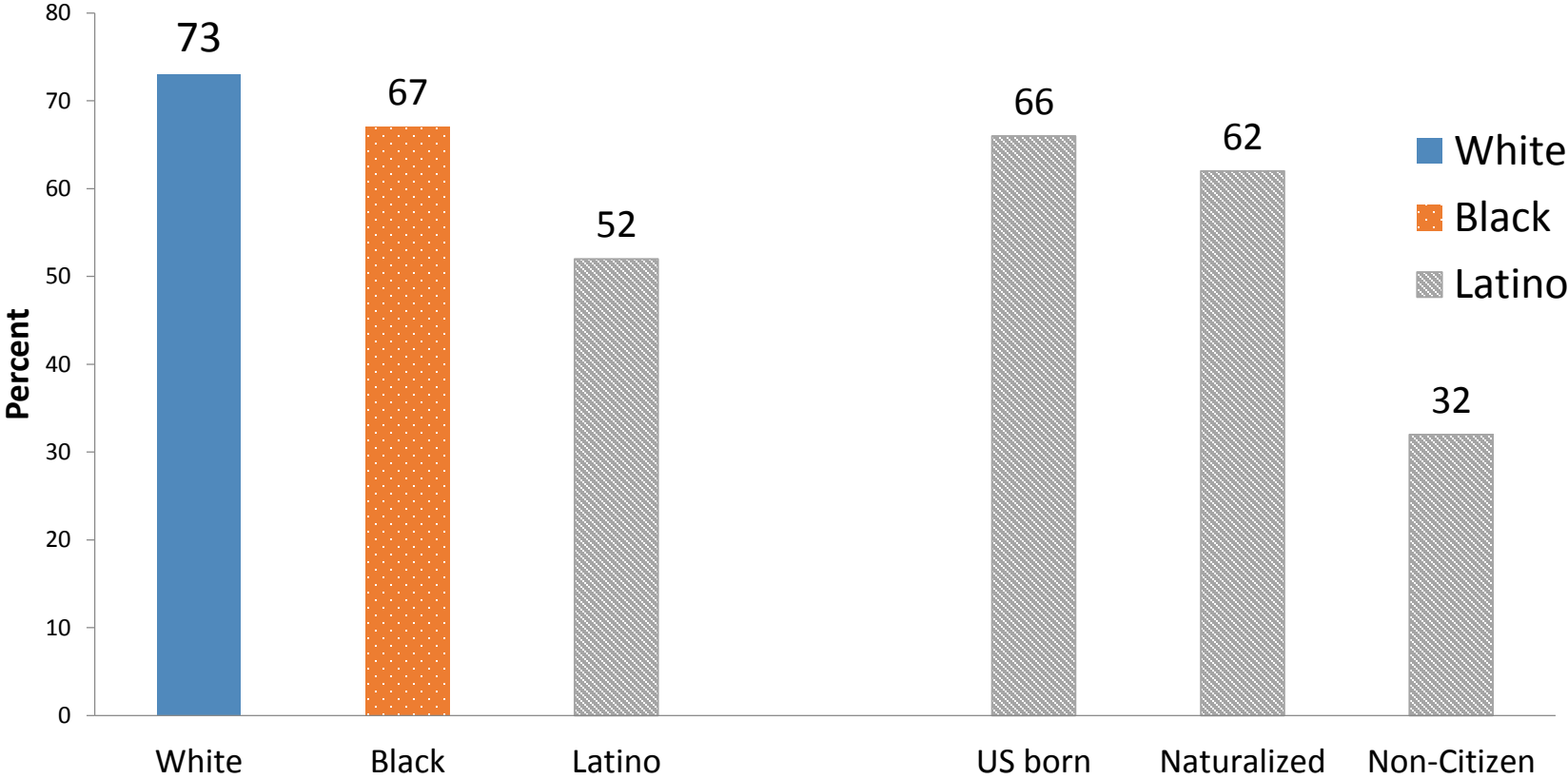
http://www.macses.ucsf.edu/downloads/Reaching_for_a_Healthier_Life.pdf

How Work contributes to SES



- Pay
- Social Standing /Prestige
- Fewer Hazards
- More job control
- More flexible schedules
- Health insurance
- Paid vacation leave
- Paid sick leave
- Retirement benefits

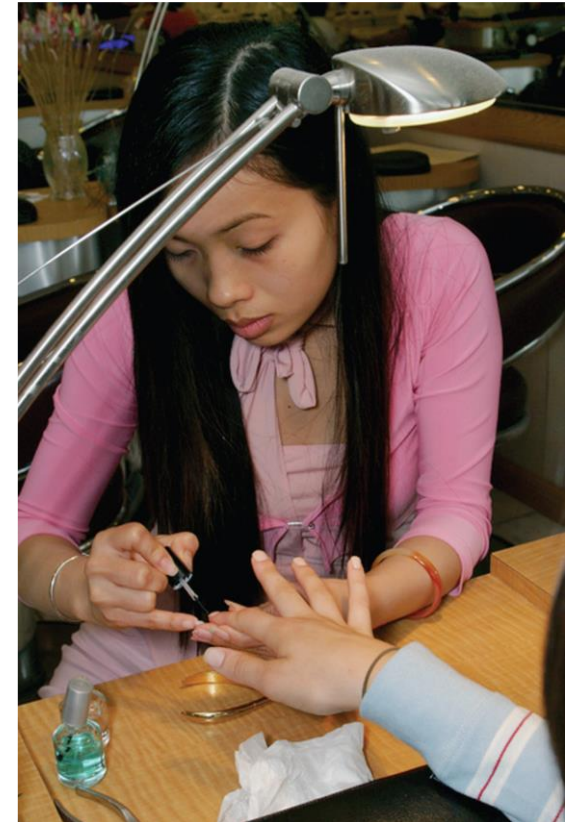
Work Benefits: Proportion of workers with employer-sponsored health insurance



Source: NCLR calculation using US Bureau of the Census, “Current Population Survey Table Creator.” Housing and Household Economics Statistics Division. Washington DC, 2008. [Census Bureau link to create tables from data collected in the Current Population Survey](#)

Eliminating Health & Safety Disparities at Work

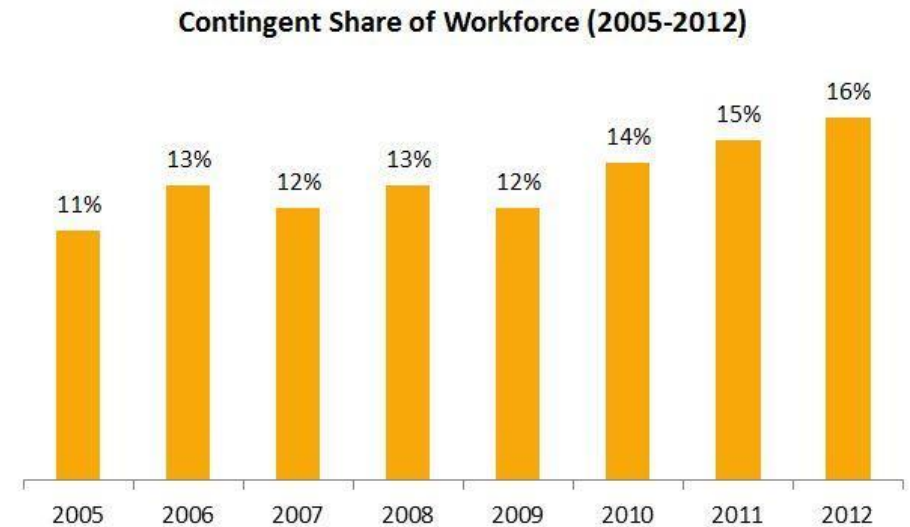
- Work Organization and Job Insecurity
- Discrimination, Harassment, Bullying
- Social, Economic & Labor Policies
- Education & Training
- Integrated Approaches to Reducing Health Inequities among Low Income Workers



Photos courtesy of Earl Dotter.

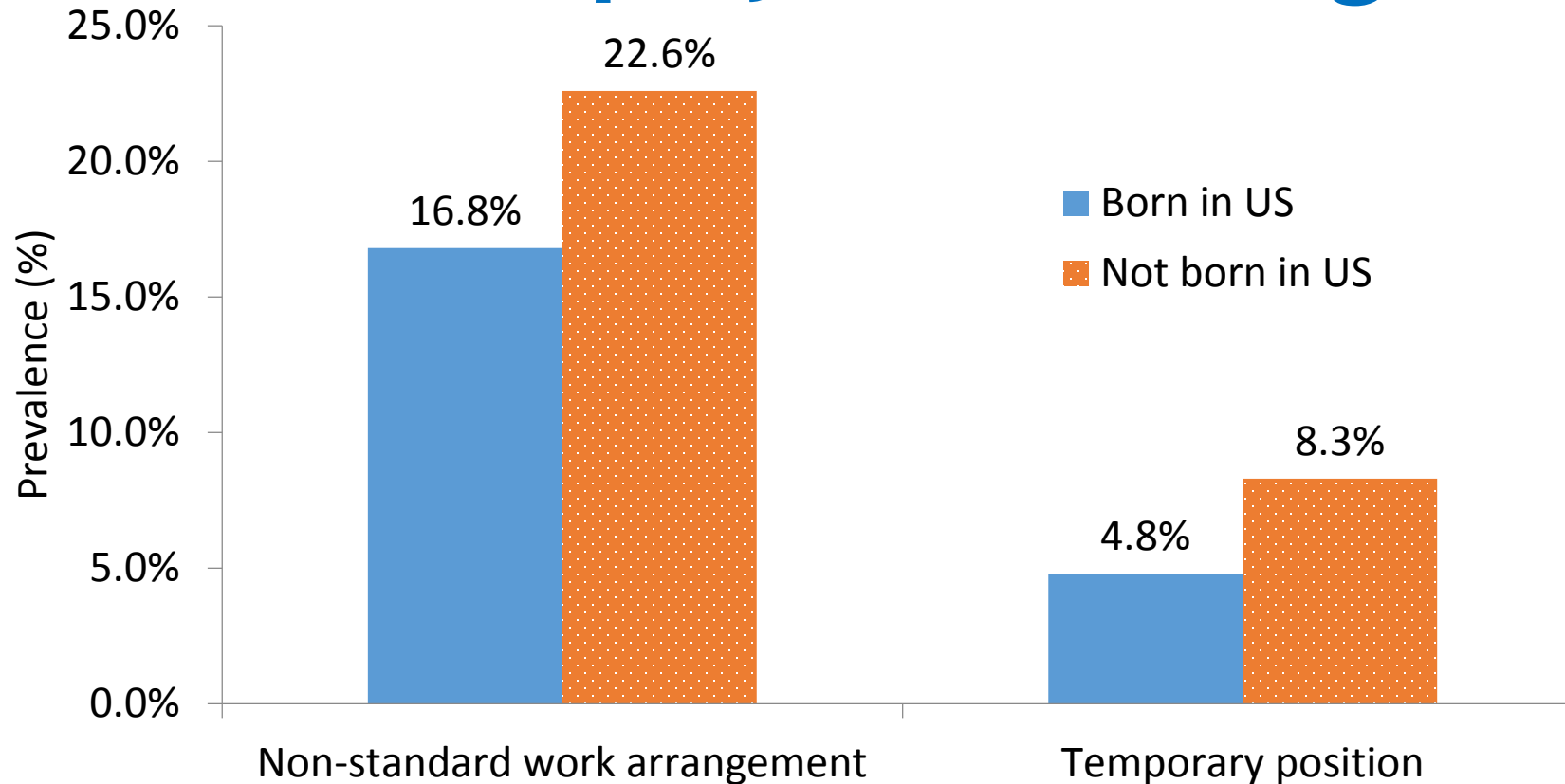
Work Organization & Job Insecurity

- “Flexible” employment arrangements
- Precarious, Contingent, Temporary workers
- Part-time workers
- Shift work
- Independent contractors



<http://www.smallbizlabs.com/2012/07/contingent-workforce-expands-by-millions-over-past-7-years.html>

Foreign-born workers more likely to have precarious employment arrangements



- Weighted estimates based on 2010 National Health Interview Survey Occupational Health Supplement, currently employed sample adults.
- Non-standard work arrangement = independent contractor, independent consultant, or freelance worker; on-call, and work only when called to work; paid by a temporary agency; work for a contractor who provides workers and services to others under contract; other (not regular, permanent employee)

Discrimination, Harassment, Abuse & Bullying

- 19% of Blacks but only 2% of Whites responded felt “in any way” discriminated against on their job due to race or ethnic origin.
- Stress engendered by racial discrimination in general is associated with
 - high blood pressure,
 - mental health problems, and
 - alcohol consumption.

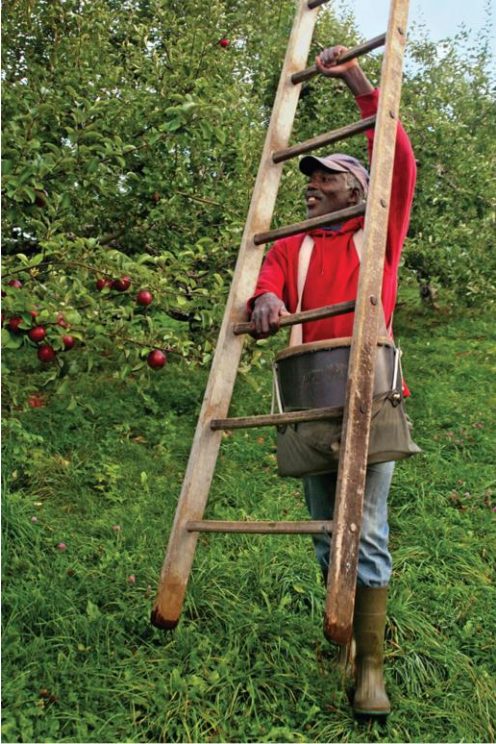


Photos courtesy of Earl Dotter.

Okuchukwu et al. 2014 AJIM

Roberts RK, Swanson NS, Murphy LR [2004]. Discrimination and occupational mental health. Journal of mental health, 13(2):129-142.

Discrimination, Harassment, Abuse & Bullying



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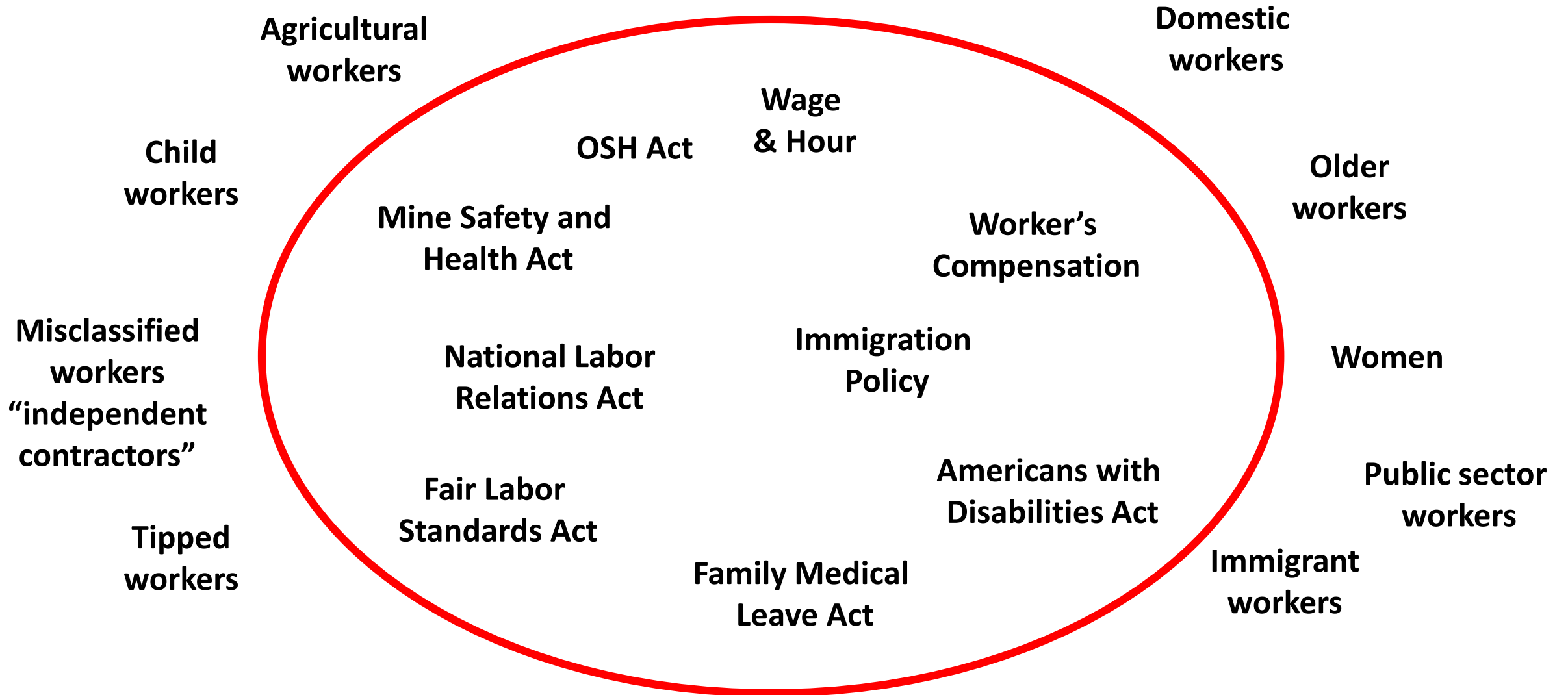
Job stressors related to race and/or ethnicity (i.e., ethnocultural stressors)

- racial/ethnic discrimination,
- stress from trying to assimilate and acculturate,
- discrimination because a worker speaks a different language, has a foreign accent,
- perception of receiving preferential treatment because of affirmative action policies or the need for token representation of different racial and ethnic groups.

Okuchukwu et al. 2014 AJIM

Roberts RK, Swanson NS, Murphy LR [2004]. Discrimination and occupational mental health. Journal of mental health, 13(2):129-142.

Social, Economic & Labor Policy



OS&H Education & Training

- Community-based Education and Training programs
- Need to address social and cultural factors:
 - Literacy
 - Language
 - Cultural appropriateness
 - Respect skills and experiences of workers
 - Worker priorities



Integrated Approaches to Reducing Health Inequities among Low Income Workers

- Worksite health promotion programs that address work organization factors and traditional hazards as well as health promotion (diet, exercise, quitting smoking) and should be available to all workers.
- Local government and health departments can integrate OS&H into their other programming such as providing public service announcements about hazards or rights of workers.
- More training and collaboration between occupational health specialists and community health centers which serve uninsured low-wage workers.
- Community-based participatory programs for research and community advocacy.



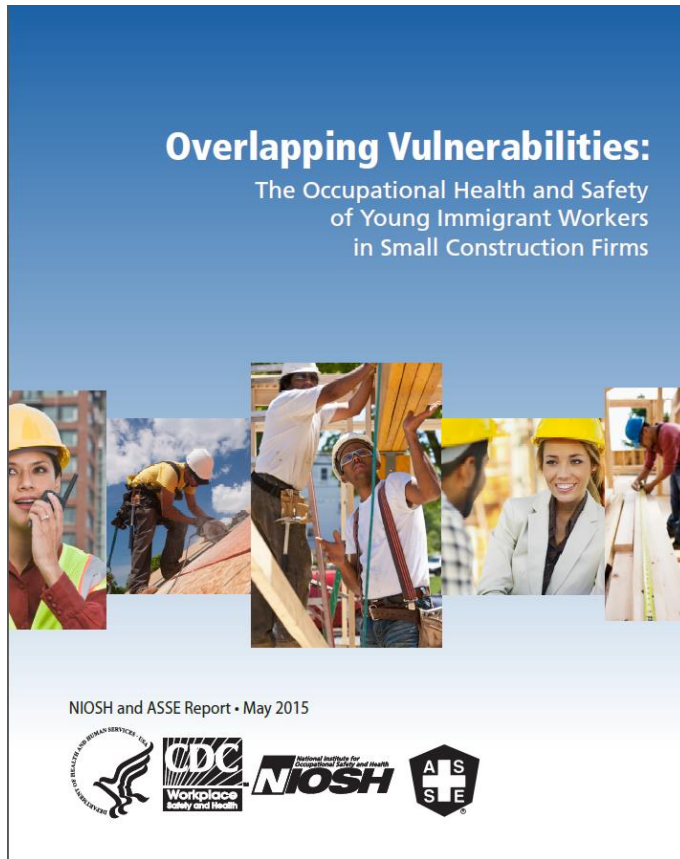
Photos courtesy of Earl Dotter.

Overlapping Vulnerabilities

Often there multiple characteristics that may compound to place workers at even greater risk.

Construction currently is recognized as one such intersection:

- Young
- Immigrant
- Small business



Do some of these same issues apply to workers on reservations?

- What type of data are available for surveillance (do records include occupation and industry)?
- What research is needed? Can what we know about occupational health and safety in the general population be applied to reservations? What more do we need to know?
- What cultural and structural considerations need to be taken when conducting education and training?

Resources

Conference Website: Eliminating Health and Safety Disparities at Work

<http://www.aocedata.org/conferences/healthdisparities/>

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First national conference on
Eliminating Health and Safety Disparities at Work September 14-15, 2011



Home | **Eliminating Health and Safety Disparities at Work**

Conference Agenda
Photos and Videos
White Papers
Research Project Abstracts
Conference Recommendations
Environmental Justice Workshop

Sponsored by
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Conference Goal
To bring together representatives from multiple disciplines and perspectives to understand the social, cultural, and economic factors that create and perpetuate occupational health and safety disparities by:
• Examining the major research accomplishments and gaps related to the identification of social, cultural, and economic factors that create occupational health disparities, and
• Identifying and sharing promising practices for eliminating disparities through innovative intervention programs.

Who Should Participate?
Researchers and practitioners with interest in health disparities and disparities' relationship to work.
Representatives from community organizations, labor organizations, state and local health and labor agencies and employers concerned about health disparities at work.

Conference Organization
This two-day conference will feature a mix of plenary speakers, poster presentations, and breakout discussions. ([Viewing Agenda](#))
Five white papers on the following topics will be presented and discussed ([White paper descriptions](#)):
• Work Organization
• Workplace Injustice
• Approaches to Education and Training
• Health of the Low-Income Workforce
• Effects of Social, Economic, and Labor Policies

For more information: SBaron@cdc.gov, ASteege@cdc.gov.

Additional Conference Co-sponsors
The conference is also sponsored by the following professional organizations:
• Association of Occupational and Environmental Clinics (AOEC)
• Institute of Medicine of Chicago (IOMC)
• American College of Occupational and Environmental Medicine (ACOEM)
• Council of State and Territorial Epidemiologists (CSTE)
• American Society of Safety Engineers (ASSE)
• American Public Health Association (APHA)

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