Health Disparities (& Health Equity) in the US Workforce

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

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CDC Workplace Safety and Health

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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		Worker group B
15% heart disease	≠	0.1% heart disease
Mean age 75		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		Worker group D
320 injuries per 10,000 FTE	$\neq$	113 injuries per 10,000 FTE
Temporary workers with no safety training		Full-time workers who received safety training

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

Legend:
- All occupations (113.3)
- Health Aids (320.7)
- Janitors & Cleaners (243.0)
- Maids & Housekeepers (277.7)

X-axis categories: % White, % Black, % Hispanic
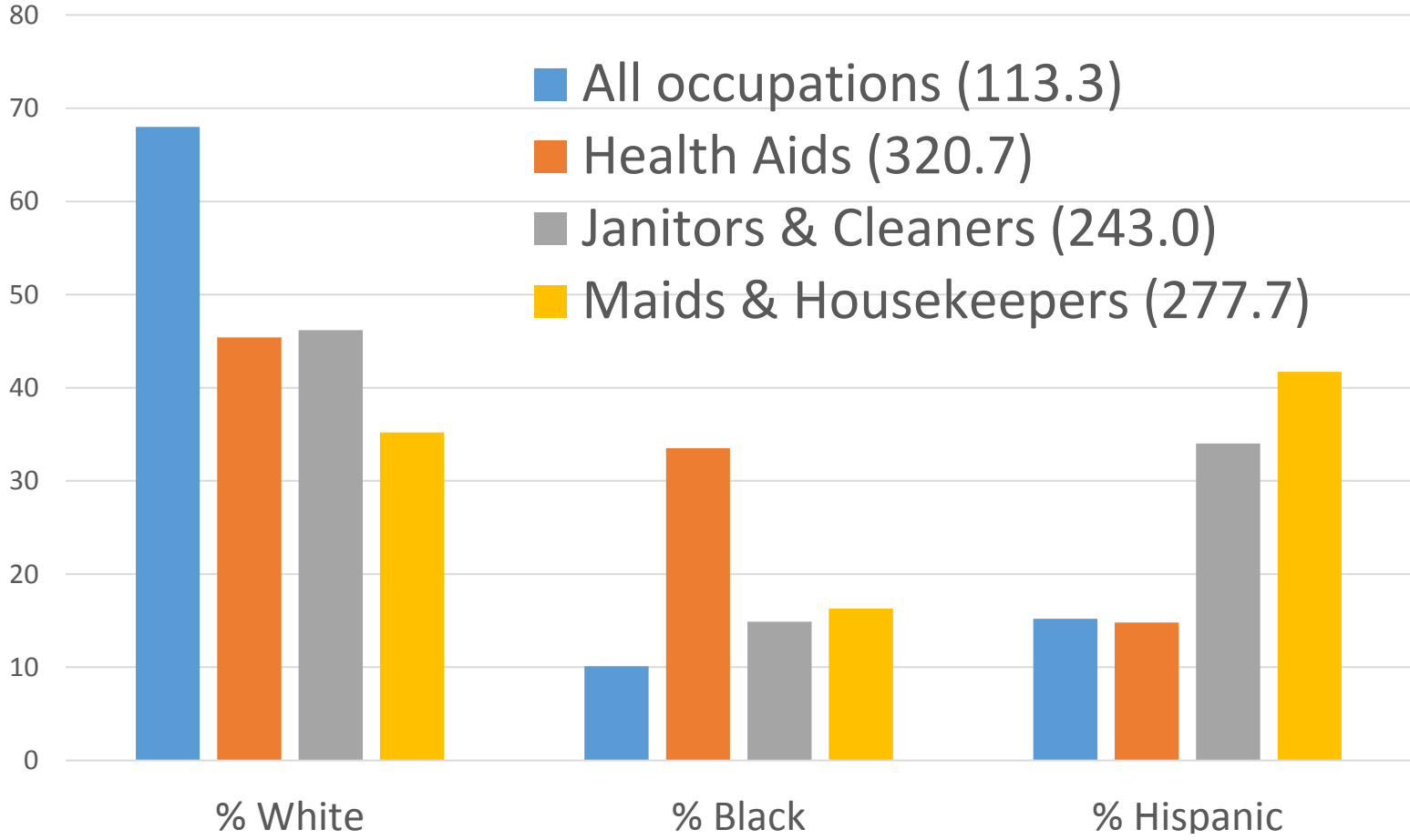
Baron, et al 2013. Nonfatal Work-related Injuries and Illnesses—United States, 2010. MMWR 2013; 62(Suppl 3):35-40.

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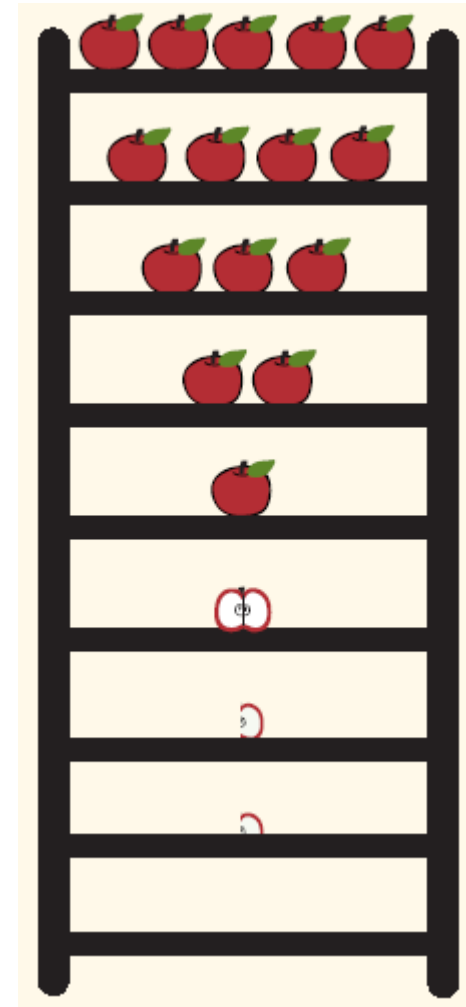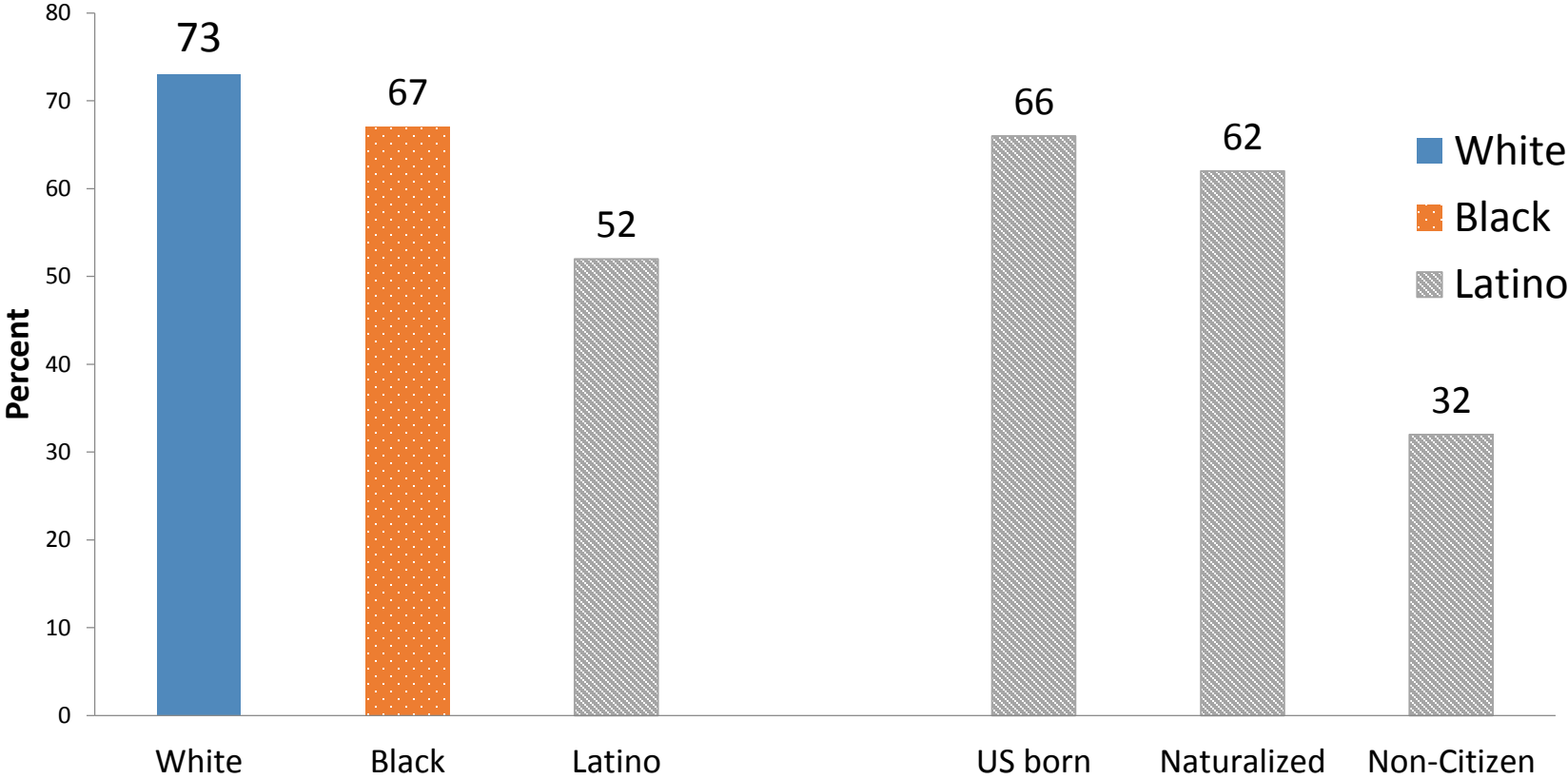
http://www.macses.ucsf.edu/downloads/Reaching_for_a_Healthier_Life.pdf

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

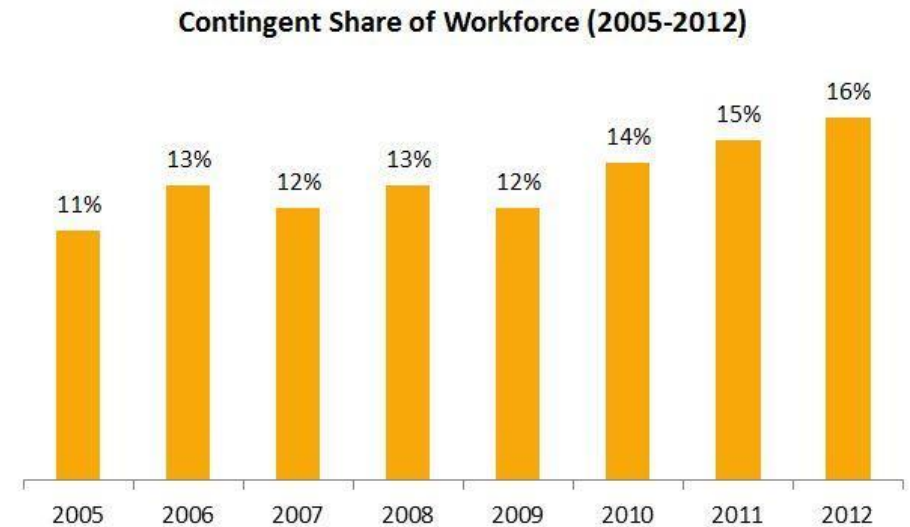# Eliminating Health & Safety Disparities at Work

- Work Organization and Job Insecurity

- Discrimination, Harassment, Bullying

- Social, Economic & Labor Policies

- Education & Training

- Integrated Approaches to Reducing Health Inequities among Low Income Workers
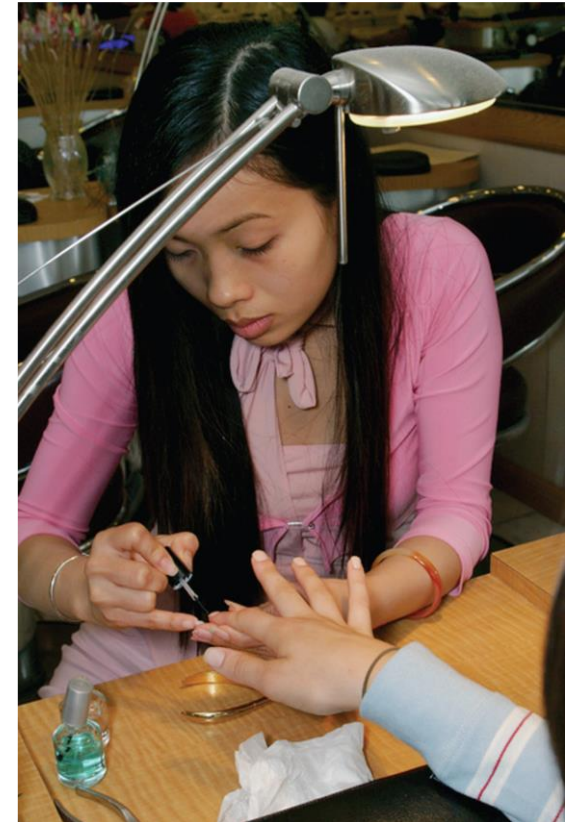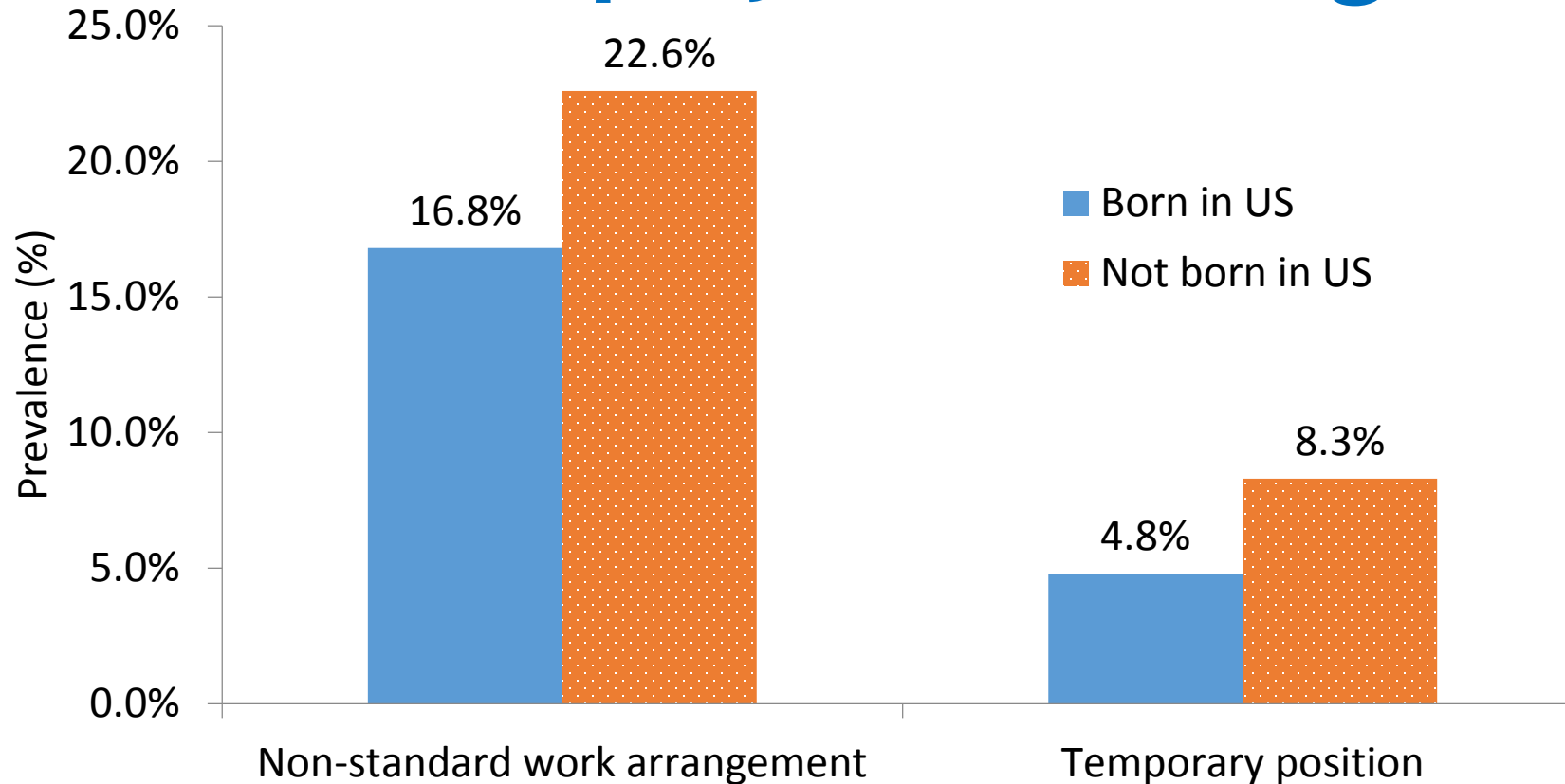

Photos courtesy of Earl Dotter.

Work Organization & Job Insecurity

- "Flexible" employment arrangements

- Precarious, Contingent, Temporary workers

- Part-time workers

- Shift work

- Independent contractors

Contingent Share of Workforce (2005-2012)

11%	13%	12%	13%	12%	14%	15%	16%
2005	2006	2007	2008	2009	2010	2011	2012

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

Bar chart showing Prevalence (%) for Born in US and Not born in US across two categories:

- Non-standard work arrangement: Born in US 16.8%, Not born in US 22.6%
- Temporary position: Born in US 4.8%, Not born in US 8.3%

- 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
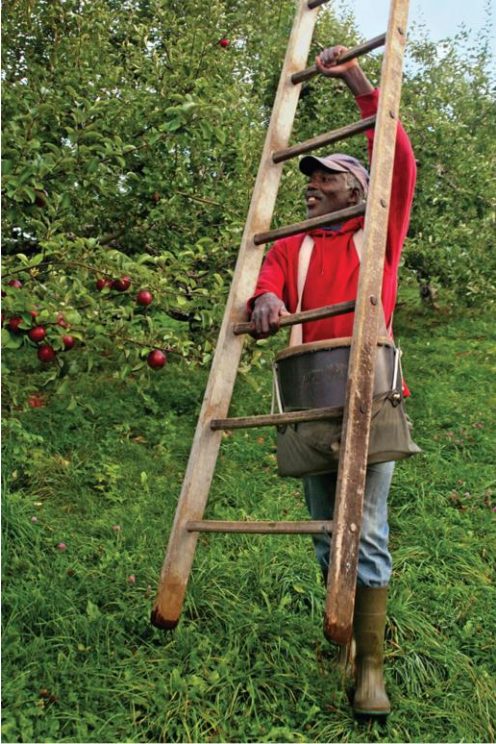
  - alcohol consumption.

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.

Photos courtesy of Earl Dotter.

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Discrimination, Harassment, Abuse & Bullying

Photos courtesy of Earl Dotter.

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.

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Social, Economic & Labor Policy

Agricultural workers

Domestic workers

Child workers

OSH Act

Wage & Hour

Older workers

Mine Safety and Health Act

Worker's Compensation

Misclassified workers "independent contractors"

National Labor Relations Act

Immigration Policy

Women

Americans with Disabilities Act

Public sector workers

Fair Labor Standards Act

Tipped workers

Family Medical Leave Act

Immigrant workers

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.

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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

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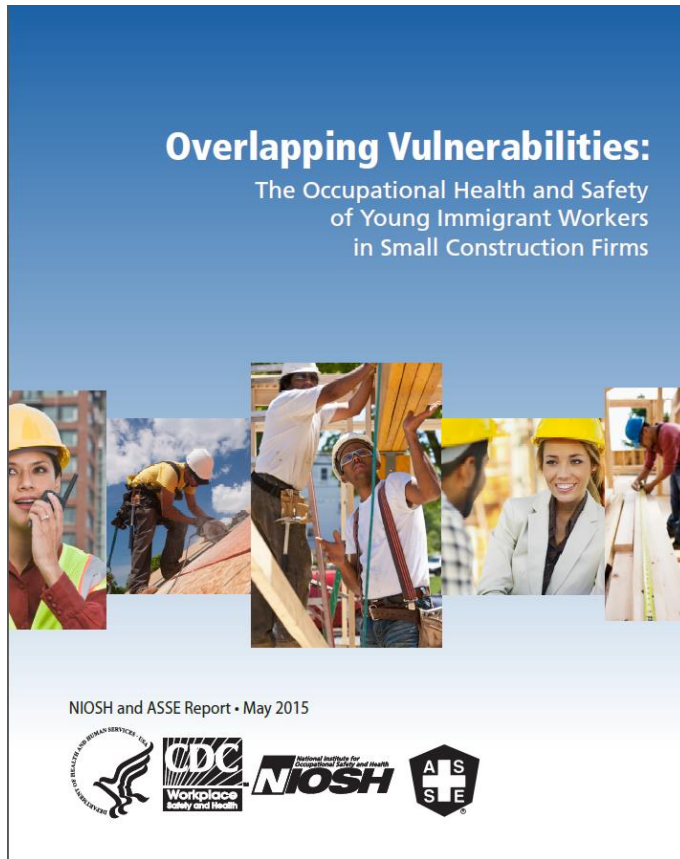
Do some of these same issues apply to workers on reservations?

- 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?

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Resources

Conference Website: Eliminating Health and Safety Disparities at Work

http://www.aoecdata.org/conferences/healthdisparities/

American Journal of Industrial Medicine special issue: Achieving Health Equity in the Workplace Vol. 57 Issue 5 May 2014

http://onlinelibrary.wiley.com/doi/10.1002/ajim.v57.5/issuetoc

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