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

Aurora, Colorado
August 17&18, 2015
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)

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)

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.

Okuchukwu et al. 2014 AJIM

Photos courtesy of Earl Dotter.
Discrimination, Harassment, Abuse & Bullying

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
Social, Economic & Labor Policy

OSH Act

Wage & Hour

Worker’s Compensation

Mine Safety and Health Act

National Labor Relations Act

Fair Labor Standards Act

Family Medical Leave Act

Immigration Policy

Americans with Disabilities Act

Agricultural workers

Domestic workers

Older workers

Women

Public sector workers

Immigrant workers

Misclassified workers “independent contractors”

Child workers

Tipped workers

Agricultural workers

Child workers

ミスクラスワーカー “独立契約者”

貼金労働者

農業労働者

オールド労働者

女性

社会、経済、労働政策
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.
Overlapping Vulnerabilities

Often there are 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.aoecdata.org/conferences/healthdisparities/

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