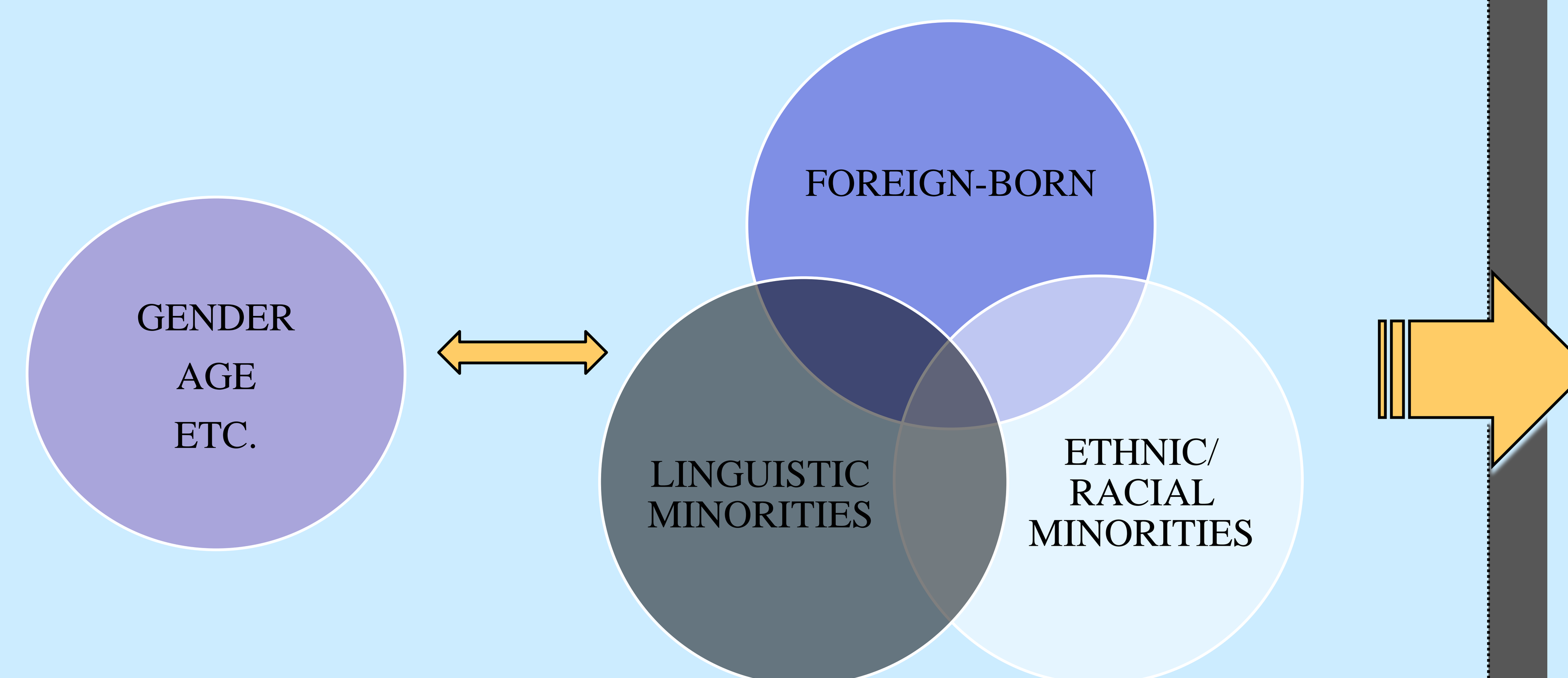
A CONCEPTUAL MODEL OF RACIALIZED INEQUALITIES IN OCCUPATIONAL HEALTH

Dr. Stephanie Premji
School of Labour Studies & Department of Health, Aging and Society
McMaster University, Hamilton, Ontario – Canada

CONTEXT

- Since the mid 1990's, an increasing number of epidemiological studies have examined racialized status in relation to occupational health and safety (OHS) in developed countries.
- Many studies have shown that, compared to their counterparts, racialized workers have higher rates of fatal and non-fatal work-related injuries and illnesses.
- Racialized inequalities often persist after controlling for occupation; inequalities have also been found in specific occupational groups.
- There is a need to develop models that address the ways in which racialization influences work-related health, including within jobs and tasks.

RACIALIZED GROUPS OF INTEREST FOR OHS



WHAT IS RACIALIZATION?

The social process whereby certain groups come to be designated as different from the majority on the basis of characteristics such as physical traits, culture, language or place of birth, resulting in their inferior access to social, economic and political resources
(Galabuzi, 2006)

DEVELOPMENT OF CONCEPTUAL MODEL

- The model is based on an extensive review of the literature on differences by racialized status in jobs, tasks and within tasks that can influence exposure to risks.
- It includes differences in health care and workers' compensation since these can mediate the effects of risk exposure.
- It highlights the role of structural processes and of multiple social dimensions in the generation of inequalities.
- It recognizes the importance of the employment relationship for health but focuses on the task aspect of work.

OVER-REPRESENTATION IN HIGH RISK JOBS AND TASKS

Racialized workers are disproportionately found in work that is dangerous and that lacks protections (e.g. non-unionized, precarious).

LANGUAGE BARRIERS

Some racialized workers face barriers due to language, literacy or accent which can influence their ability to understand and communicate OHS information.

CULTURE

Culture is sometimes thought to influence attitudes and behaviors toward risks although these could reflect differences in socioeconomic status. Culture can influence treatment choices and the communication of OHS information.

DISCRIMINATION

The experience of discrimination on the basis of racialized status or other characteristics can affect physical and psychological health directly. It can also result in some groups being assigned a heavier workload than others or being targeted for disincentives and punishment for reporting.

LEGALITY

Legality issues can lead to exploitation and to a loss of bargaining power, often resulting in a heavier workload, riskier tasks, longer hours, and lower pay. Immigrants in the process of obtaining residency, temporary migrants and undocumented workers are particularly vulnerable.

ECONOMIC VULNERABILITY

Compared to their counterparts, racialized workers have a lower average income and often face a heavier financial burden because of resettlement and remittances costs. This can affect their decision to accept or take risks, to work overtime, have multiple jobs, or to continue to work despite a health problem.

EXPERIENCE

Foreign-born workers who are new to the host country can lack experience with the OHS system. The many who are deskilled often end up in jobs for which they lack the knowledge needed to work safely.

CUMULATIVE EFFECTS OR INTERACTIONS

Racialized workers face disproportionate exposures at work, at home and in the community. These exposures may combine with racialized and gender differences in health-related behaviors to affect health.

HEALTH CARE AND WORKERS' COMPENSATION

Racialized workers face various barriers to access and although results are not unequivocal they have been shown to experience less favorable outcomes.

A NUMBER OF STRUCTURAL FACTORS CAN AMPLIFY THE DIFFICULTIES EXPERIENCED BY RACIALIZED WORKERS…

GOVERNMENT ACTIONS

- Incomplete labor protections (labor standards, OHS, unionization and collective bargaining, anti-retaliation);
- Lack of appropriate prevention, surveillance, inspections and enforcement;
- Gaps in public programs and income transfers (employment insurance, social assistance, workers' compensation, health care, pension plans, child care, education and training);
- Immigration and migration policies that create insecurity, dependence and illegality;
- Poor integration of newly arrived foreign-born workers;
- Failure to address inequalities in zoning, housing, transportation, etc.

EMPLOYER PRACTICES

- Exploitation, discrimination;
- Lack of systematic provision of good quality information, training, and equipment;
- Lack of proactive programs to evaluate health and safety risks;
- Failure to provide health insurance and other benefits;
- Unsupportive practices such as discouraging workers from seeking care or claiming compensation.

EXPOSURES → **PHYSICAL AND PSYCHOLOGICAL HEALTH PROBLEMS**

CONCLUSIONS

Pathways differ according to racialized category and other socio-demographic and contextual characteristics. However, racialized individuals share commonalities in their designation as "the other" and in their disproportionate exposure to risks at work, at home and in the community. Mechanisms underlying these phenomena need to be explored since populations may be stigmatized and possibly victimized by implying that they are at risk because of intrinsic factors (genetics, skills). As well, the identification of mechanisms can help identify avenues to address inequalities.