

The Health of the Low-Income Workforce: Integrating Occupational Health and other Public Health Approaches

Contributors:

Sherry Baron, NIOSH

Sharon Beard, NIEHS

Letitia Davis, Massachusetts Department of Public Health

Linda Delp, University of California Los Angeles,

Linda Forst, University of Illinois Chicago

Amy K. Liebman, Migrant Clinicians Network

Laura Linnan, University of North Carolina

Laura Punnett, University of Massachusetts Lowell

Laura S. Welch, Center for Construction Research and Training

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Virginia Ruiz, Farmworker Justice

Andrea Kidd-Taylor, Morgan State University



Slide for disclosure statement

Sherry Baron

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

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There are about 39 million low income workers (31% of all workers)



Low income workers are more likely to be female, African-American or Hispanic, foreign-born and not have a high school diploma



Health disparities arise from disproportionate exposures at work and in the community



Our Challenge-Achieving Health Equity

- Systematic health disparities are a violation of fundamental human rights
- How do we create integrated program that acknowledge the combined and interacting factors:
 - At work
 - At home
 - In the community

Acknowledging Complexity



**Health
Departments**

**Community-Based
Programs**



**Community
Health Centers**

Worksite

The Worksite

- Traditional worksite health programs are effective but limited
 - Focus on changing health behaviors and building social support
 - Examples: weight watchers, smoking cessation
 - Newer programs make institutional changes
 - Example: healthy foods in vending machines, exercise facilities
- Not available in most workplaces
- Do not address the underlying organization of work that contributes to health

Participatory Workplace Programs

- Empower workers to create their own programs and make decisions in the workplace
- Participation in the program can transform the work environment by increasing decision authority and decreasing job stress
- Case study in nursing home- Workers decide how to create safe lifting program *and* how to provide healthier food in the cafeteria

Community Health Centers

- Many barriers to health care services for low income workers
- Community & migrant health centers provide care to working poor
- There are many model programs that are creating information systems to improve communication
- Community health workers create links between communities, workers and clinician

Public Health Departments

- Health Equity is central to their mission
- Health tracking (surveillance) programs are key for documenting the magnitude of disparities
- Disseminate information to underserved workers
 - Example: through school health programs, restaurant inspectors, refugee health programs
- Can prevent shared work & community exposures
- Collaborate to create comprehensive prevention programs
 - Example : youth violence prevention includes work issues

Community-Based Participatory Research and Training

- Involve the community in identifying problems and creating intervention programs
 - Build local capacity, look for institutional and policy solutions, address intimidation at work
- Environmental Justice Research Programs
 - Example Partnerships for Communication
- Minority Worker Training Program
 - Invest in economic development while building capacity around environmental health

Recommendations

- Improve data collection- If it is not counted it does not exist!
- Increase education and training
 - For workers, professionals, policy makers
 - Improve exchange of information
- Increase worker and community participation in all facets of programs
- Support greater research to evaluate and support approaches that increase integration