Work as a Social Determinant of Health: The Role of Public Health in Creating Healthy Work Opportunities for our Communities

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How do we build the public health system to address complex issues (e.g. inequities) in an *enduring* way with fewer resources to make the greatest impact?
Welcome and Learning Objectives

1. What is the problem? How is work a social determinant of health?

2. What is precarious work?

3. How might we begin to address precarious work and work as a social determinant of health?

4. How do you think public health might address work to improve health? How can we work collectively to create change?

We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there "is" such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action.

- Martin Luther King, Jr.
What is the ‘new’ problem? The Fissured Workplace

- Big lead businesses dominate the private sector and play a critical role in shaping market competition
- Lead businesses use lower-level business units to handle employment
  - Lower-level businesses compete to serve the lead business
  - More competition = pressure to lower costs

What is the most sizeable and easily controlled cost?

Labor

(Weil, 2011)
Fissured Workplace Example

• A maid works in a well known, internationally-branded hotel named Happy Stay Hotels

• The property where she works is owned by a Real Estate Investment Trust—a legally established investment entity—who is her employer of record

• Her work is supervised on a daily basis, her performance is evaluated, and the job’s hours and payroll are managed by staff of a national, third-party hotel management company, The Hospitality Folks

• At the same time, her daily work routines regarding cleaning, room set-up, and other work routines are set by standards established and monitored by the hotel chain, Happy Stay Hotels

**Where does ‘employment’ reside in this situation?**

(Adapted from Weill, 2011)
Defining Precarious Work

• Precarious workers are those who fill permanent job needs but are denied permanent employee rights (International Labor Rights Forum).
• In the past decade, the U.S. has seen significant growth in temporary and contractual work.

Infographic by Tracy Loeffelholz Dunn / The Nation

Traditional jobs have declined, 2005–15: 0.3%

“Alternative work arrangements” have grown:
- 10.1% in 2005
- 15.8% in 2015
Defining Precarious Work

- Precarious jobs are often characterized as:
  - Insecure, unstable, and uncertain
  - Lacking flexibility
  - No control over hours; schedules
  - Limited social benefits (health insurance, retirement benefits)
  - Little opportunity for advancement
  - Low wages; economic uncertainty
  - Exposure to dangerous and hazardous conditions
  - Little protection against accidents and illness at work
Defining Precarious Work

• Many workers with precarious jobs can't:
  • Take care of family
  • Pay off debts
  • Pay for education
  • Save for retirement
  • Buy health insurance
  • Pay medical costs

• Workers with precarious jobs are more likely to:
  • Keep working while sick or injured
  • Be injured on the job

• To survive most workers rely on 1 or more social safety net programs
The UIC Center for Healthy Work will contribute to changes in local, state and national programs, policies and laws that promote jobs with healthier working conditions and that provide more people with fair employment and decent work.

Turning unhealthy work into healthy work.
What do we do?

• Build knowledge and evidence

• Build capacity in and across communities to take action at the local, regional and national level

• Raise awareness

• Foster new partnerships

• Establish networks and partnerships
Two related initiatives:

• **Greater Lawndale Healthy Work Project**
  • Explore community-level approaches for improving residents' health at work
  • Build community capacity for recognizing worker health as community health
  • Develop community-based interventions that expand residents' access to healthy jobs

• **Healthy Communities through Healthy Work**
  • Conduct an assessment to identify policies and practices to promote healthy work
  • Identify perceptions of precarious work across sectors and levels
  • Build upon and support existing and new strategies for changing unhealthy work to healthy work
Potential Intervention Opportunities

Individual Behavioral Change

Addition of a “healthy vending machine”
- Tobacco Cessation programs
- Lowered insurance costs for healthy habits
- On-site fitness/nutrition programs

Modifying Workplace Environment and Policies

On-site health clinics
- Addressing dangerous work conditions
- Providing safety training/protective gear
- Increasing promotion pathways

Changing External Policies and Systems

Inviting labor to collaborate/partner
- Work with local colleges and universities to provide job training
- Provide data and policy briefs to advocate for policy change
- Co-Production of Enforcement
Potential intervention opportunities

“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

~Institute of Medicine
Individual Behavioral Change: Worksite Healthy Vending Machines

What if the worker can’t afford the food in the healthy vending machine?

What if the worker doesn’t have health insurance?

What about all the other meals the worker eats?

Introduction of Healthy Vending Machine

Increased fruit and vegetable consumption

Reduced risk for diabetes and obesity

What if they don’t have a break to eat?

What about the worker’s family?

What if the machine breaks?

What if they don’t like what’s offered?

What if the worker isn’t clinically managing their diabetes?

What about workers in other offices?

What if the worker loses their job?

What if the worker doesn’t have health insurance?
Social and Political Context

Δ in Minimum Wage

Opportunities for Health

Δ in public benefits
Δ in employment benefits
Δ in # jobs worked or hours worked
Δ in income
Δ in educational and training opportunities
Δ in access to healthcare
Δ in housing quality
Δ in leisure time
Δ in stress and anxiety
Δ in health food access

Health-related outcomes

Δ in asthma
Δ in low birth weight
Δ in child health outcomes
Δ in obesity
Δ in hypertension

Adapted from Boston Public Health Commission’s Health and Income report (Conley et al., 2017)
A $15 minimum wage would give an immediate raise to nearly 1 in 4 Illinois workers.

24% of working families in Illinois live in or near poverty.

In Illinois, 50% of children live in families that make less than $15/hour.

73% of minimum wage workers in Illinois are between 40-70 years old.

What is the Minimum Wage?

No business which depends for existence on paying less than living wages to its workers has any right to continue in this country.

- President Franklin Delano Roosevelt
40% of Illinoisians make less than $15/hr

With current min wage, to cover basic expenses, a single parent has to work ~90 hrs/week

By 2020, a single worker in Rock Island with 2 children will need $18.97/hr to afford basic expenses

Time/Resources for:
- Eating healthy
- Exercising
- Preventative Care

Access to:
- Good jobs with benefits
- Safe and affordable housing
- Education/opportunities for advancement

(National Employment Law Project, 2017)
Individuals with jobs that do not pay a living wage have higher rates of:

- Stress and anxiety
- Obesity
- Diabetes
- Asthma
- Low birth weight
- Fatigue/exhaustion
- Fair/poor self-reported health
- Hypertension
- Heart disease
- Preventable injuries
- Hospitalizations
- Premature death
- Social service/welfare dependency

(Boston Public Health Commission, 2017)
(Benach et al., 2014)
(NCCDOH, 2013)
Correlation between health and wealth

(Healthy Illinois 2021, 2016)
Calumet City

- 22% of residents in Calumet City live below the poverty line (17.4% national average)
- Collaborative for Health Equity Cook County (CHECC) partnered with local organizers, providing data of how wage increase reduce poverty and improve health outcomes
- Advisory measure on April 4 was passed by 80%

(DataUSA, 2014)
Wage Theft

• Not paying minimum wage, not paying for overtime hours
• In the 10 most populous states, 2.4 million workers lose $8 billion annually ($3,300 per year for a full-time worker)
• Affects 17% of low-wage workforce
• The poverty rate among workers paid less than the minimum wage is over 21%—3X the poverty rate for minimum-wage-eligible workers overall.

(Economic Policy Institute, 2017)
Leadership = Inquiry

1 + 1 < 2
1 + 1 = 2
1 + 1 > 2
1 + 1 = 4+

"The light bulb wasn’t invented by continuously improving the candle."
Let’s discuss: What do you think?

Consider this scenario:

• You are an employee at a local health department. Many workers in your area are low-wage workers employed in the service sector.

• You are hearing from your clients and at community health planning meetings that wage theft is leading to lower wages and longer hours for these workers, leaving them less time and resources to make healthy decisions.

• What do you do? What are you doing now or could you do? Why should you be involved or not? What are your barriers and opportunities?
Let’s discuss: What do you think?

Begin by introducing yourself and your current role in your organization to each other. Then spend 20 minutes answering these questions. We will spend 10 min as a large group debriefing.

1. In general, if you think about working conditions and employment issues that are unjust what comes to mind? How are these conditions present in your community now?

2. Based on the scenario, what are the public health issues associated with wage theft?

3. What is your role? Why or why not?
   1. What do you think you -in your current role- you could do to address these public health or other issues associated with possible wage theft? What are the barriers to for you to address it? What are your opportunities?
   2. What do you think your organization can do to address these issues? What are the barriers for your organization to address it? What are your opportunities? Who are your partners?
   3. What do you think your community as a whole and/or the state can do to address these issues? How would IPHA address these issues?
Co-Production of Enforcement

• When non-traditional partners work with and are accountable to the government to enforce labor standards, and health and safety laws.
  • Health departments, unions, worker centers, legal and community-based nonprofit organizations, and high-road firms

• San Francisco Department of Health works with community based organizations and the Office of Labor Standards Enforcement (OLSE) to identify uncooperative business owners, and use its permitting authority to revoke health permits for wage theft violations

(Fine, 2015)
Debrief

What is one word that describes what you have learned today?
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