HEALTH AND WORKPLACES:
Working Conditions and Public Health

August 2022
PREFACE:

The COVID-19 pandemic has brought the importance of workplace safety and worker health into sharp focus. Workplace safety is, of course, an issue of utmost importance at all times. However, the ongoing pandemic has resulted in essential workers being placed in the precarious position of assessing risk while advocating for the safety of themselves and their communities. Some workers are fortunate enough to be able to do this collectively with the support of labor unions, worker centers, and public health or workers' rights organizations. Even with collective action, however, and in areas with strong support for workers' rights, COVID-19 cases and deaths were not equitably experienced across identities, industries, or types of work. A disproportionate amount of essential workers identify as Black, Indigenous, People of Color (BIPOC)1 and/or were employed in low wage positions2, and these groups experienced a disproportionate amount of COVID-19 cases, hospitalizations, and deaths.

Many of the projects included in this report were funded by the Harry Bridges Center for Labor Studies (https://labor.washington.edu) through the Washington State Labor Research Grants (WSLRG) (https://labor.washington.edu/washington-state-labor-research-grant). The WSLRG supports solutions-oriented research on aspects of labor directly relevant to policy makers in Washington State. This report will be the first in a series highlighting research focused on worker safety, health, and working conditions in Washington State. As we continue to experience the impacts of COVID-19, workers' health and the factors influencing workplace safety for Washingtonians are more important than ever for policy makers to prioritize.

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The Harry Bridges Center extends our thanks to all researchers whose work is profiled in this report.

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INTRODUCTION

This report highlights some of the groundbreaking research on the connections between working conditions, worker safety and well-being, and public health that University of Washington (UW) researchers have conducted. The four projects included in this report cover workers across a variety of industries and workplaces including healthcare, hospitality, transportation, and more. In order to more fully capture the current work environment, this report also reflects a range of labor arrangements from unionized full-time work to temporary and “gig” work.

In the first research project highlighted in the report, Jenn Hagedorn, Claudia Alexandra Paras, Howard Greenwich, and Amy Hagopian uncover how labor unions promote positive health outcomes for union members and the broader community, making them important but underutilized partners for public health practitioners and institutions. Higher wages, more affordable and higher quality health and retirement benefits, and agreements acknowledging and reflecting the identities and needs of a workforce affect every aspect of a worker's life. Hagedorn, Paras, Greenwich, and Hagopian build on prior work finding that unions positively influence unionized and non-unionized workers’ social determinants of health.

In the second project, Bianca K. Frogner and Andrea Corage Baden investigate the effectiveness of policy efforts to improve recruitment and retention of long-term care workers. Like most healthcare workers, long-term care workers are essential - though difficult working conditions contribute to high turnover. This project adds to the literature finding there are many factors that influence the likelihood of long-term care workers to leave their position(s) and/or the field - and improving the quality of these jobs must be prioritized.

The next project, conducted by Allyson O'Connor, Trevor Peckham, and Noah Seixas, develops a framework for identifying different work arrangements and the implications of those arrangements for health and safety exposure in the workplace. Policy related to occupational health and safety has mostly focused on “standard employment relationships,” which imply full time work through a single known employer. Understanding the status of a worker through the expected duration of, the type of employment, and the status of and relationship to the employer(s) allows for additional understanding on how these conditions may impact worker safety.

In the fourth project, a research team led by Anjum Hajat and Dan Jacoby conducted multiple studies to better understand how precarious employment or otherwise insecure employment impacts workers' health and well-being throughout their lives. Their review of current labor practices through a lens of social determinants of health finds that poor conditions in the workplace which include but are not limited to long hours, low pay, and insecure employment, affect the physical and mental health of workers. This disproportionately impacts women, especially Black and Latinx women, furthering disparities of racism and sexism.

All four of these projects address how conditions of employment have far-reaching impacts. Addressing and better understanding the connection between worker safety and public health must remain a research priority. There is much more to learn and study relating to worker safety, precarious employment, disparities in professions and amongst workers, in Washington State and beyond.
THE ROLE OF LABOR UNIONS IN CREATING WORKING CONDITIONS THAT PROMOTE PUBLIC HEALTH

This project investigated how labor unions promote public health, beyond their known effects on individual, family, and community well-being. Unions have long been involved in creating healthy and safe workplaces, including pressing for regulations that are monitored and enforced by public health entities such as the Occupational Safety and Health Administration. Despite these historic and current efforts by labor unions to improve conditions for workers, public health practitioners and institutions have not typically viewed unions as partners in promoting public health, nor have they explored contract negotiations as a mechanism for ensuring health protections. The researchers’ findings suggest this is a missed opportunity.

To better understand the relationship between labor union representation and public health outcomes, the research team developed a cross-sectional, mixed methods study. They first analyzed 16 collective bargaining agreements between management and labor for six union locals in the Puget Sound region of Washington State. These union contracts covered workers in the hospitality, transportation, home-care, construction, child-care, office, and grocery-store sectors within the region. Researchers identified contract language associated with determinants of public health related to compensation, benefits, health and safety policies, and individual, family, and community well-being.

Examples of such language include factors like predictable and fair increases in wages, paid time off, workplace safety culture, and job security. They then analyzed the contracts to determine how many of the 34 separate factors they identified were present in each contract. In addition to the textual analysis of union contracts, the research team conducted interviews with six union members (one from each of the six unions covered by a contract included in the textual analysis) and seven union organizers representing those members.

Among other findings, the researchers found union contracts advance many social determinants of health for union members and the broader community, including:

- Establishing higher wages and benefit standards (e.g., providing retirement plans, setting working hours limits, providing health care coverage, ensuring paid time off, offering fair and predictable scheduling, etc.).
- Protecting against workplace hazards and promoting safety awareness and training.

Jenn Hagedorn completed her MPH from the School of Public Health and is currently a Pastor at Spirit of Peace United Church of Christ in Sammamish, WA.

Claudia Alexandra Paras is the former Deputy Director of Puget Sound Sage and is currently the Community Engagement Specialist at the City of Seattle Office of Labor Standards (OLS).

Howard Greenwich is the Research Director at Puget Sound Sage.

Amy Hagopian is Professor of Global Health, Professor of Health Systems and Population Health, and the Director of the Community Oriented Public Health Practice at the School of Public Health.
• Fostering democratic participation within the workplace and the broader community.

Labor union contracts not only reflect rights won at the bargaining table, but often restate existing city, state, and federal laws. For example, contract provisions related to leave of absence without pay match the Washington State Family Leave Act. By restating these laws in contracts, they generate awareness of health-promoting regulations and protections to facilitate their enforcement. The contract works to reinforce workers’ and their representatives’ knowledge and understanding of such laws.

Labor unions and their contracts offer an underutilized opportunity for public health innovation. An example of one such opportunity occurred in February 2020 when The Protecting the Right to Organize (PRO) Act was passed in the U.S. House of Representatives but did not become law because it was blocked in the Senate. Public health arguments might have helped persuade policy makers of the value of advancing the right to form unions, repealing “right to work” laws, and setting penalties for companies that work to bust unions.

Given COVID-19’s impact on workers and the broader economy, this study’s findings are even more relevant. According to a January 2021 Center for Economic and Policy Research analysis, more non-union workers lost jobs at that time of the pandemic than union workers. The heightened precarity faced by non-union workers, compared to union workers, underscores the importance of unions in ensuring workplace and community health. The decline of union density threatens to undermine public health in the United States, making this a critical time for those in the field of public health to actively support labor unions.
EFFECTS OF INCREASING MINIMUM WAGE AND EXPANDING HEALTH INSURANCE COVERAGE ON JOB STABILITY AMONG LONG-TERM CARE WORKERS

Health care jobs have long been in high demand with the COVID-19 pandemic highlighting the essential nature of these jobs. Long-term services and supports (LTSS) including skilled nursing facilities and home health agencies struggled to recruit and retain workers before the pandemic due to low wages, tough work conditions, and competition from other industries providing better career opportunities. The high risk of COVID combined with vaccine mandates, lack of childcare, lack of paid sick leave, and burnout have made these jobs even more challenging, leaving many LTSS without an adequate workforce to provide high quality patient care.

This study aimed to understand to what extent federal, state, and local policy efforts to increase the minimum wage simultaneous with the expansion of public health insurance under the Affordable Care Act influenced LTSS worker decisions to stay or leave their jobs. Researchers invited home care aides currently working or recently employed to participate in a 60-minute interview with a $20 gift card upon completion.

Two key themes emerged:

• Wage increases are appreciated but not enough to keep home care aides in health care.

• Medicaid expansion provided an option to opt out of employer and/ or union coverage.

The study findings support other studies in the literature suggesting that motivations for staying in LTSS jobs include factors like the desire to help others, flexibility in scheduling, and availability of work.

As other jobs become available that have higher pay, more reliability in scheduling, and less physically and emotionally demanding workloads, LTSS may lose these workers. Health insurance, while beneficial to the individual, was not identified as a motivating factor for staying in LTSS jobs.

Key take away points from this study are:

• Health insurance offers individuals job mobility, thus LTSS employers need to identify solutions that support the intrinsic and extrinsic motivations of workers to work in LTSS.

• Higher wages are important, but improving overall job quality should be the priority.

During tough economic times, health care has typically been a place offering work while other industries cut back on jobs. As the economy improves, health care, particularly LTSS, may continue to struggle to keep workers unless job quality, including higher pay but also other benefits, improves. An ongoing challenge for the employer is identifying ways to increase wages, even when mandated, and offer more benefits given the limitations of negotiating higher health insurance reimbursement rates through Medicare and
Medicaid, the primary payers of LTSS. Continued work to understand the non-financial motivators of individuals working in LTSS and how to support those motivations will be important.

The results from this study continue to inform ongoing studies at the UW Center for Health Workforce Studies funded by the Health Resources and Services Administration and future National Institutes of Health grant proposals.
CONSIDERING WORK ARRANGEMENTS AS AN “EXPOSURE” IN OCCUPATIONAL HEALTH RESEARCH AND PRACTICE

This study conceptualized how work arrangements, or the terms and conditions of employment, can impact health and safety exposure in the workplace. Occupational health and safety research, practice, and policy has typically been conducted with the “standard employment relationship” in mind—where the work is permanent, with full-time hours, and under a single employer that has clear responsibilities and obligations to the worker. Increasingly though, employment or contractual relationships are deviating from this model. Various forms of “non-standard” work arrangements—also referred to as non-traditional, alternative, flexible, fissured, precarious, contingent, temporary, atypical, or gig work—represent a growing segment of the workforce in industrialized economies.

The lack of a shared vocabulary or taxonomic system to clearly define work arrangements limits our ability to understand the risks associated with work and to protect workers in non-standard arrangements. Furthermore, these non-standard work arrangements may have overlapping attributes, yet there is ambiguity regarding how they obscure mechanisms that lead to increased health and safety risks for workers.

In this study, the research team developed a framework to identify three key features of work arrangements that need to be considered when distinguishing between forms of work:

• Whether an arrangement is permanent or temporary.
• Whether a worker is a contractor or an employee.
• Whether an arrangement involves more than one firm (i.e. whether the employment relationship is direct or indirect).

Each of these three features ultimately serve to reduce an organization’s obligations to workers conducting labor on their behalf. Importantly, these features are not mutually exclusive and frequently occur simultaneously in work arrangements. The framework, captured in Table 1, simplifies the complexity in non-standard arrangements with the goal...
of clarifying connections between work arrangement and health.

The takeaway for occupational health and safety professions is that work arrangements have implications for worker health and safety by potentially intensifying existing hazards or creating new ones within the workplace. The research suggests five primary mechanisms by which workers in temporary, contractor, and/or indirect work arrangements may experience adverse health outcomes:

- Low levels of social support and provision of resources.
- Lack of familiarity with hazards and equipment.
- High hazard job placement.
- Reluctance to refuse dangerous work.
- Shifting of responsibility for health and safety from the employer to the worker or client organization.

The character of work arrangements is an important and understudied determinant of worker health and safety experience on the job. This study offers a common language to improve research and occupational assessments and develop programs to protect workers in non-standard work arrangements.

In addition, the researchers highlight some policy measures that can improve working conditions by empowering workers through:

- Enhanced retaliation laws and encouraging collective organization
- Ensuring host employers are financially and legally liable for worker health and safety in indirect arrangements and preventing the misclassification of independent contractors.

From a practice and policy perspective, occupational health professionals can use this work to identify and support workers in non-standard work arrangements.

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Table 1: Application of the key features to classify several common work arrangements (O'Connor, Peckham, and Seixas 2020)
Early health studies both shaped and responded to policies such as worker’s compensation, disability insurance, and occupational health and safety by exploring industrial accidents and physical or chemical exposures. In this multi-study project, the research team combined research on contemporary labor practices with analyses of the social determinants of health involving race, ethnicity, gender, and income. In doing so, the research envisages how workers respond to the changing labor market, but more importantly, how different configurations of employment conditions work to promote or degrade their well-being.

As the now old “New Deal” policies sought to make well-paid, full-time, and permanent work standard, today we see instead the rise of contingent, unstable, and low paying employment. Still these new trends are complicated. Researchers have come to appreciate that temporary and part-time employment become most problematic when accompanied by low wages and limited benefits. Even so, to date researchers have not fully parsed when variations in employment relations and contracts make work dissatisfying or stressful.

The team's research used advanced techniques to uncover nuanced labor market patterns associated with health outcomes. Team members built multivariable indices based on dimensions understood to be the cornerstones of employment quality. These include both relational and contractual factors such as livable wages, benefits, control over one's time, collective organization, opportunities for advancement, and participation in critical decision making.

One objective of the research was to better understand precarious employment over the life course. Two studies that examined populations at different points in the life course, one at early-to-mid career and the other in transition to retirement, sought to describe trajectories of precarious employment and understand how they are related to health. Looking at patterns separately by gender revealed that overall men have better employment quality than women, where few women if any had the best employment quality trajectories. Similarly, the study that examined older adults revealed that women of color were severely constrained in the employment quality trajectories that were available to them, whereas white men enjoyed better employment quality and multiple pathways to a comfortable retirement.

These findings were reinforced in a third study examining precarious employment at the intersection of gender, race/ethnicity, and educational attainment. Here the research team found education to be highly predictive of precarious employment, where women and specifically Latinx and Black women had worse employment quality than their highly educated male counterparts. In all our studies worse physical and mental health was associated with precarious employment.
Looking beyond traditional metrics of wages and employment to better understand worker health and well-being will ultimately benefit both workers and employers. Policy makers considering ways to improve the working lives of millions of Americans should find this research relevant and timely.
Notes:

1 University of Illinois Chicago School of Public Health. (2021, February 2). Health disparities are rooted in social determinants of health, including overrepresentation in essential jobs. https://publichealth.uic.edu/news-stories/black-hispanic-americans-are-overrepresented-in-essential-jobs/


**Additional Resources:**


Jopson, AD, Frogner, BK. *An Examination of Health Care Workers in Nonstandard Work Arrangements and Self-Employment*. Center for Health Workforce Studies, University of Washington.


ABOUT THE UNIVERSITY OF WASHINGTON
HARRY BRIDGES CENTER FOR LABOR STUDIES

The Harry Bridges Center for Labor Studies supports students and faculty at the University of Washington in the study of labor in all of its facets. Through education and research, our mission is to develop labor studies - broadly conceived to include working people everywhere - as a central concern in higher education. We cultivate connections with labor communities locally and around the world, and inform policymakers about issues confronting workers.

Labor Studies is interdisciplinary. Understanding how and why work is performed, organized and divided in societies necessitates multiple scholarly perspectives. It demands recognition that labor occurs everywhere under many conditions - at home, in the workplace, waged and unwaged, organized and unorganized. Conceiving labor studies broadly also demands that we conceive labor movements broadly - to encompass struggles against oppression and hierarchy based on race, gender, sexuality, citizenship status, nationality, ability and more, in their particularities and their many intersections.

The Center is led by the Harry Bridges Endowed Chair in Labor Studies, a faculty position that rotates every two to four years. Joining the Chair are three staff, an Associate Director, a Research Coordinator, and an Assistant Director of Student and Community Engagement. The Center is located jointly in the departments of Political Science and History at the University of Washington Seattle, but works with students and faculty in departments and schools across all three University of Washington campuses.

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