

THE LOW-WAGE WORKERS' HEALTH PROJECT

OVERCOMING BARRIERS TO HEALTHY WORK IN UPSTATE NEW YORK

*Conversations with working people in
SYRACUSE, ITHACA, BINGHAMTON AND ALBANY*



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THE LOW-WAGE WORKERS' HEALTH PROJECT

The ***Low-Wage Workers' Health Project*** is a collaboration based at the Occupational Health Clinical Center (OHCC), a specialty clinic serving the occupational health needs of 26 counties in New York State. OHCC is affiliated with SUNY Upstate Medical University and funded by a grant administered through the New York State Department of Health. The OHCC website can be accessed at <http://ohcupstate.org>. This phase of the project received funding from the New York State Department of Health Workers' Health and Safety grant (Contract # DOL01-CC1670GG-35550000) administered by the Research Foundation for the State University of New York. The Project also receives funding from the Workforce Development Institute.

The New York State Occupational Health Clinic Network (OHCN) is the nation's only state-based occupational health clinic network. The primary focus of the OHCN is to provide high quality occupational medicine services, specializing in the diagnosis, treatment and prevention of occupational diseases. With oversight provided by the NYS Department of Health, network clinics link with health care providers in their community to integrate and coordinate occupational medicine health care and to contribute to the public health of workers in New York State. The Occupational Health Clinical Center (OHCC) has been a member of the OHCN since its inception in 1987.

Occupational health, at its core, encompasses prevention and elimination of workplace exposures that cause disease and injury. Endeavoring to understand the relationship between work and health in a changing occupational landscape, OHCC remains responsive to the working population in our region.

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EXECUTIVE SUMMARY

Low-wage workers are frequently at risk of injury and illness from poorly controlled workplace hazards and low-wage work occupies a growing proportion of the workforce in Central New York. To address this concern, the Occupational Health Clinical Center initiated the Low-Wage Workers' Health Project, a long term project to address the occupational health needs of these vulnerable workers.

The project seeks to characterize workplace conditions of local low-wage jobs through interaction with people who live and work in Syracuse. Since occupational illness is highly preventable, workers' experiences and ideas are critical in developing new ways of defining and protecting health when at work. Additionally the project seeks to inform and educate low-wage workers about occupational health hazards and ways to prevent occupational injury, disease, and death.

Funded in part by the New York State Department of and the Workforce Development Institute, the Low-Wage Workers' Health Project has engaged with a total of 871 low-wage workers in 4 phases since 2013. More than 45 organizations have partnered with this project. Nearly 50 sessions were held - with low-wage workers' views at the heart of the project. Results have been shared in a variety of academic and community settings.

The project aims to bring attention to the often hidden world of low-wage work, identify important ways work contributes to poor health, and explore ideas to pursue healthy work and healthy workers. They work hard, but are not seen. They are doing crucial work that allows businesses to flourish, health care to be delivered, and facilities to be clean. Yet, often there are inadequate opportunities to reduce social marginalization, economic disadvantage and the resulting lack of respect so frequently engendered in the low-wage workspaces.

Methods

By training new project teams to replicate the innovative methods, occupational health promoters in Syracuse, Ithaca, Binghamton and Albany/Troy engaged low-wage workers developed through community partnerships. Workers created innovative body mapping and created visual displays envisioning healthy work. Then, workers engaged in dialogue about these visual representations to produce rich discussion about their experiences on the job. These conversations were recorded and analyzed to create a clearer picture of low-wage work in these regions, with a new focus on barriers to the envisioned healthy workplace.

Results

During Phase IV, Low-wage worker group members (n=312) participated in 22 educational sessions that were held in 16 community based organizations in 6 Upstate New York cities. Of those, most completed a survey (n=243). Results demonstrate that workers held a wide variety of jobs and 23% of those participating were between jobs; however, all had worked within the previous year. Union members comprised 10% of the participants. We engaged a diverse group composed of foreign-born/non-whites (37%), and African-American/Blacks (27%) than with European American/Whites (36%). Retail/sales (18%), health care workers (15%), food service/restaurant workers (11%), and maintenance/cleaners (8%) were the most common occupational groups.

Body Maps, Hazards, and Barriers to Healthy Workplaces. Low-wage workers identified bodily symptoms linked with work conditions or tasks. Discussions about work-related hazards provided further information about common health and safety problems across industries. As in other years, workers reported: poor air quality, improper use of cleaning chemicals, static postures when working at computers, poorly maintained machinery, and hazards that could potentially lead to slips, trips and falls. Workers who work in retail, customer service, and restaurant work have common psychosocial strain related to serving the public. All occupations reported inadequate training about managing not only physical hazards, but also the problems of high work demand, low work control, lack of managerial support, bullying, and workplace violence.

Conversations. Participants worked together as a group to construct a vision of healthy work and provided information about barriers to healthy work from their collective work experiences. Discussions emphasized how stepping forward to address problematic work-related health conditions is difficult. Workers told vivid stories of physical pain they believe is the direct result from their work and how difficult it is to recover from this pain before the next work day. Workers discussed erratic schedules and emphasized the exhaustion they experience in attempting to meet the demands of family and work. Additionally, most workers who were union members believed their union had fallen short with very few attempts to improve unsafe work conditions.

Barriers identified by workers included: lack of workplace support due to poorly maintained equipment, lack of leadership, lack of specific knowledge related to hazardous chemicals, appropriate guidelines, worker inexperience, sexual harassment, work-related stress and problems allowed to progress without timely intervention. Some workers reported they are routinely fired at some point after they are injured. Others reported that pathways back to work after a work-related injury or illness were made difficult.

Discussion

Identifying the prevalence of occupational disease is an important part of comprehensively describing health and safety in low-wage work. Overcoming barriers workers encounter when they attempt to improve work conditions requires more than worker awareness, making relationship-building between occupational health professionals and low-wage workers a key task.

Conclusion

Strengthening the existing community based resources in New York State that provide comprehensive occupational health and safety services to low-wage workers is a crucial step for ending worker exploitation and improving occupational health. In addition to regulatory and legal remedies, recommendations include a comprehensive prevention agenda.

BACKGROUND

Because low-wage workers are frequently at risk of injury and illness from poorly controlled workplace hazards, and low-wage jobs are a growing proportion of the workforce, the OHCC in Syracuse initiated the Low-Wage Workers Health Project (LWWHP) in 2013. Moving within the tradition of public health practice, the LWWHP has accomplished multiple interconnected goals through participatory education and data collection methods, engaging 871 low-wage workers in four years.¹⁻³

Responding to occupational health hazards that low-wage workers have characterized in our previous experience, the Low-Wage Workers' Health Project engaged workers with occupational health educational content, recruiting them from new and existing community-based partners. Funding from the New York State Department of enabled the project to continue in the Central New York Region and to expand to the Southern Tier and Capital District in New York State. In addition to this geographic expansion, new project activities included workshops on “healthy work” for select organizations. These workshops aimed to build internal capacity and enhance community awareness about occupational health through the professionals who directly interact with low-wage workers in the course of their service provision and teaching.

Low-wage jobs and worker health

The existence of low paying, precarious, temporary or unstable work arrangements creates an exploited workforce due to the lack of a living wage, insecure work arrangements, potential for wage theft, poor health and safety conditions, lack of union representation and discrimination.⁴⁻⁹

“Precarious work” comprises the majority of low-wage work.¹⁰⁻¹¹ This means workers can be hired and fired at will and replaced with relative ease. Full time work with a predictable schedule is increasingly rare. Workers expect to regularly change jobs throughout their working careers. Many of these jobs require unskilled work and don't involve union membership. Precarious work is insecure work.

Low-wage workers are often stereotyped as young people getting their first work experiences underway, or retirees just looking to make some extra fun money, but in New York State, most low wage workers are between 25 and 55, work full time, and have at least some post high school educational experience.¹² There is evidence that older low-wage workers choose to work out of necessity.¹³

Low-wage jobs carry more occupational health and safety risks for workers than higher paying jobs.¹⁴ Low-wage jobs may have more hazards because measures to control exposures are more frequently absent. Employers in these environments often cut costs and maximize profits by cutting corners when it comes to health and safety and there is low awareness about existing regulations to protect workers and poor enforcement of the well-established rules. Fear of retaliation and job loss prohibits low-wage workers from bringing issues forward. As a result low-wage workers remain unprotected by laws and regulations.⁶⁻⁸

The resulting fatalities, injuries and illnesses force burdens on workers and their families. Increasing the proportion of low-wage jobs contributes directly to higher rates of chronic disease and disabling pain in the working population.¹⁵⁻¹⁷ This is especially frustrating because occupational injuries, illnesses, and diseases are preventable. Costs to society for work-related injury and illness (fatal and non-fatal) are steep.¹⁸⁻¹⁹

Apart from these basic hazards, the simple fact that a worker is making low wages is causally linked to reduced health. When researchers isolate wages, premature death is more clearly associated with earning low-wages, with a proportion of those deaths resulting from the development and advancement of chronic diseases at an earlier age. Low socioeconomic status is associated with higher work disability for workers with diabetes and low wages are linked to hypertension, especially in women and middle aged adults. Lower wages are associated with depression, smoking, poor nutrition, lack of physical activity and obesity. Also, lower incomes are associated with reduced health care access, hampering the appropriate management of acute and chronic diseases. Conservative estimates demonstrate that well over 5,000 people would not “die young” in NYC alone, if wages were raised to a \$15 per hour.²⁰

Over the last few decades income inequality has increased dramatically even as the U.S. has experienced increases in productivity, gross domestic product per capita, and numbers of jobs.^{21,22} These are only a few of the basic economic indicators demonstrating that profits are not distributed back into the hands of workers, so the “rich get richer, while the poor get poorer.”²³ In the last decade, growth of the GDP was sluggish and the recovery from the Great Recession produced fewer mid-wage jobs while low-wage jobs proliferated.²⁴ Gender and race gaps in pay rates persist, resulting in overlapping categories of disadvantage leading to accumulating health inequality for women and minorities.²⁵

Regulatory remedies for unsafe work conditions and legal remedies for unfair work arrangements fall short for all workers, but can be even less effective for low-wage workers. Workplaces are characterized by employers acting mainly to advance their own interests, broken agreements and degraded work that leave workers’ health at the bottom of the list of concerns that can be addressed on a practical level.

Connecting work conditions with potential health impacts

Low-wage workers need information relevant to their work conditions. Occupational health information connects workplace hazards to the potential health impacts. Improving low-wage workers’ ability to connect their specific work conditions to their health is important because this knowledge can inspire meaningful modifications in the way workers think about creating healthy workplaces through action. When low-wage workers improve recognition of occupational hazards, they may more meaningfully participate in workplace level decisions to avoid exposure in the future. The Low-Wage Workers’ Health Project seeks to equip workers to understand their right to healthy and safe workplaces. Participants complete activities designed to help them identify hazards, determine if they are receiving appropriate training, know how to generate complaints without fear of retaliation, and possessing up-to-date information about the types of prevention and controls required of employers.

The Living Wage

For the purposes of this project, low-wage workers are defined by the Massachusetts Institute for Technology (MIT) Living Wage Calculator.^{26, 27} All participants made less money than the living wage calculator indicates for their household configuration. Most of the time, these wages were less than \$15 per hour.

The economists who developed the MIT living wage calculator define “the living wage” as a figure that allows the worker to make ends meet without the help of a government program to subsidize their basic household expenses. Since this figure varies by community, it is generally calculated with local figures for the cost of basic goods and services.

The MIT living wage calculator calculates the living wage for Onondaga County according to household composition and takes into account typical expenses for food, child care, medical bills, housing, transportation, taxes, and miscellaneous expenses in the county. These calculations fully chart 12 unique household arrangements and makes adjustments upward for single parent earners as childcare expenses are higher for them than for dual parent households where one parent is not working. See Appendix B for details.

Public costs due to low wages are significant because the government must cover health care and nutritional assistance for an estimated 50% of low-wage earners. Many believe that the opportunity to make decent wages is a basic human right and see low wage work as a social injustice to be countered with a multi-pronged approach to social change.²⁸⁻³²

Uneven Job Growth in Central New York, Capital District, Southern Tier, and North Country Regions

The NYS Comptroller, Thomas DiNapoli, issued a report in August 2015 demonstrating an uneven distribution in job growth for some upstate New York regions, especially compared to downstate figures. While New York City has an 11.3% job growth, during the same period four regions had job losses: Central New York (0.1%), the North Country (1.5%), the Southern Tier (2.2%) and the Mohawk Valley (2.2%). The report demonstrated the ongoing variation in state wide economic activity and slow or absent recovery due to flat wages for the Southern Tier and in the North Country counties. Their average wage growth was 11% and 9% respectively, barely keeping up with inflation (10.3%).³³ The Capital District has not been hit as hard, but there were significant losses in government jobs. Overall, the proliferation of low-wage jobs has hit most upstate New York cities creating higher proportions of marginally attached workers.

Upstate New York poverty rates have garnered national attention, especially when focused on the impact of low-wage rates^{34, 35} and the concentrations of poverty found in predominantly African American or Latino neighborhoods.^{35, 36}

Union Density in Syracuse and Albany

Unions are important for their continued protective impact on worker health and safety and are generally stronger in the Northeast than in most other parts of the U.S., with New York State leading the nation for union density. In 2016, union members accounted for 23.6% of wage and salary workers in New York State. Union membership rates in the U.S. have been falling for over fifty years, currently 10.7% overall.³⁸

Including both public and private sectors, union members make up 25.9% of the New York State's workforce. In 2016, in the Syracuse Metropolitan Statistical Area, 21.4% of employees were union members (down from 24.2% in 2014), with 7.3% in the private sector and 72.3% in the public sector unionized. In Albany-Schenectady-Troy Metropolitan Statistical Area, 34.5% of employees are union members, with 21.8% in the private sector and 71.6% of the public sector unionized.³⁸ The higher unionization rate in Albany is due to higher numbers of New York State government workers employed in the Capital Region.

Low-Wage Occupations in Three Upstate Regions

Using figures from 2016, the following tables indicates the total participation in the force including public and private sector workers (Central New York = 345,300, Capital Region = 513,820, Southern Tier – 262,070).^{39, 40} The 25 largest low-paying occupations in these area are listed with their pay rates. Annual wages at \$15 per hour for a full time job equal \$31,200, before taxes. These jobs tend to require entry-level skill sets and are vital to basic operations in retail, restaurant, health care, education, manufacturing, and government sectors.

**Bureau of Labor Statistics
Occupational Employment Statistics
March 2016
25 Largest Low-Wage Occupations
Central New York Region**

Standard Occupational Classification Code	Title	Employment Count	Median Hourly Rate	Median Annual Salary	Entry Level*	Experienced**
41-2031	Retail Salespersons	12,690	\$10.26	\$21,340	\$19,120	\$29,630
41-2011	Cashiers	8,830	\$9.34	\$19,430	\$19,110	\$21,800
35-3021	Combined Food Preparation and Serving Workers, Including Fast Food	7,900	\$9.37	\$19,490	\$19,240	\$21,090
37-2011	Janitors and Cleaners, Except Maids and Housekeeping Cleaners	7,420	\$11.26	\$23,420	\$19,310	\$31,550
43-9061	Office Clerks, General	6,680	\$13.43	\$27,940	\$20,440	\$35,290
35-3031	Waiters and Waitresses	5,460	\$9.47	\$19,700	\$19,290	\$24,670
25-9041	Teacher Assistants	5,330	\$12.37	\$25,730	\$20,210	\$30,610
43-5081	Stock Clerks and Order Fillers	5,020	\$11.11	\$23,110	\$19,400	\$29,490
39-9021	Personal Care Aides	4,720	\$11.22	\$23,330	\$20,570	\$27,940
31-1014	Nursing Assistants	3,880	\$12.79	\$26,600	\$21,880	\$30,810
43-4171	Receptionists and Information Clerks	2,940	\$13.54	\$28,170	\$21,480	\$32,530
25-3098	Substitute teachers	2,690	\$13.02	\$27,090	\$22,390	\$31,710
35-2014	Cooks, Restaurant	2,610	\$11.25	\$23,410	\$20,880	\$27,130
37-3011	Landscaping and Groundskeeping Workers	2,590	\$12.35	\$25,680	\$20,040	\$32,740
35-2021	Food Preparation Workers	2,460	\$9.72	\$20,220	\$19,250	\$24,820
37-2012	Maids and Housekeeping Cleaners	2,230	\$9.62	\$20,000	\$19,270	\$22,770
51-2092	Team Assemblers	2,150	\$13.77	\$28,640	\$21,230	\$34,590
53-3033	Light Truck or Delivery Services Drivers	2,120	\$14.08	\$29,280	\$21,100	\$35,970
35-3022	Counter Attendants, Cafeteria, Food Concession, and Coffee Shop	2,100	\$10.04	\$20,890	\$19,310	\$23,170
31-1011	Home Health Aides	2,040	\$11.35	\$23,610	\$22,030	\$28,230
35-1012	First-Line Supervisors of Food Preparation and Serving Workers	1,980	\$13.83	\$28,760	\$21,920	\$35,350
35-3011	Bartenders	1,810	\$9.46	\$19,670	\$19,330	\$23,090
35-9021	Dishwashers	1,720	\$9.35	\$19,450	\$19,290	\$20,150
21-1093	Social and Human Service Assistants	1,570	\$13.73	\$28,550	\$22,350	\$34,320
35-9011	Dining Room and Cafeteria Attendants and Bartender Helpers	1,410	\$9.40	\$19,550	\$19,290	\$20,840
	Total Largest 25 Low-Wage Occupations	100,350	\$11.13	-	-	-
	Total All Occupations	345,300	\$17.58	\$36,570	\$21,760	\$60,030

Source: Occupational Employment Statistics Survey

(accessed through the Department of Labor at <https://labor.ny.gov/stats/lswage2.asp>)

Central New York Region is based on Labor Market Regions and includes: Cayuga, Cortland, Madison, Onondaga and Oswego Counties

Entry wage: The mean (average) of the bottom third of wages in an occupation.

Experienced wage: The mean (average) of the top two-thirds of wages in an occupation.

*Employees in these occupations do not typically work a 40 hour work week. Wages for these occupations are reported as hourly rates only.

**Bureau of Labor Statistics
Occupational Employment Statistics
March 2016
25 Largest Low-Wage Occupations
Capital Region**

Standard Occupational Classification Code	Title	Employment Count	Median Hourly Rate	Median Annual Salary	Entry Level*	Experienced**
41-2031	Retail Salespersons	17,590	\$11.39	\$23,700	\$19,750	\$31,280
41-2011	Cashiers	12,910	\$9.58	\$19,920	\$19,120	\$22,860
37-2011	Janitors and Cleaners, Except Maids and Housekeeping Cleaners	9,750	\$11.96	\$24,870	\$20,400	\$31,070
35-3021	Combined Food Preparation and Serving Workers, Including Fast Food	9,720	\$9.41	\$19,580	\$19,220	\$21,910
35-3031	Waiters and Waitresses	8,240	\$11.01	\$22,900	\$19,320	\$29,930
31-1014	Nursing Assistants	6,750	\$13.31	\$27,680	\$22,290	\$31,090
39-9021	Personal Care Aides	6,660	\$11.89	\$24,730	\$22,040	\$29,420
25-9041	Teacher Assistants	6,560	\$11.73	\$24,390	\$20,160	\$30,550
53-7062	Laborers and Freight, Stock, and Material Movers, Hand	6,380	\$13.44	\$27,950	\$20,980	\$35,460
43-5081	Stock Clerks and Order Fillers	6,220	\$11.70	\$24,330	\$20,620	\$29,840
25-3098	Substitute teachers	4,680	\$14.43	\$30,020	\$23,940	\$34,140
51-2092	Team Assemblers	4,150	\$14.02	\$29,170	\$22,230	\$34,490
35-2021	Food Preparation Workers	3,790	\$9.66	\$20,100	\$19,310	\$24,350
37-3011	Landscaping and Grounds keeping Workers	3,770	\$13.66	\$28,410	\$21,700	\$34,100
35-2014	Cooks, Restaurant	3,390	\$12.14	\$25,260	\$21,600	\$29,210
37-2012	Maids and Housekeeping Cleaners	3,270	\$10.25	\$21,320	\$19,350	\$24,150
35-3011	Bartenders	2,530	\$9.59	\$19,950	\$19,300	\$25,770
39-9011	Childcare Workers	2,490	\$10.46	\$21,750	\$19,220	\$27,390
35-9021	Dishwashers	2,320	\$9.59	\$19,940	\$19,270	\$21,760
35-3022	Counter Attendants, Cafeteria, Food Concession, and Coffee Shop	1,970	\$9.48	\$19,710	\$19,290	\$22,730
25-2011	Preschool Teachers, Except Special Education	1,880	\$11.92	\$24,800	\$20,960	\$33,040
43-3071	Tellers	1,760	\$12.83	\$26,680	\$22,650	\$29,480
39-9032	Recreation Workers	1,460	\$11.70	\$24,330	\$19,600	\$31,440
35-9011	Dining Room and Cafeteria Attendants and Bartender Helpers	1,360	\$9.74	\$20,250	\$19,230	\$25,560
35-9031	Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop	1,260	\$9.80	\$20,380	\$19,240	\$24,240
	Total Low-Wage Occupations	130,860	\$11.42	-	-	-
	Total All Occupations	513,820	\$19.13	\$39,780	\$23,300	\$64,230

Source: Occupational Employment Statistics Survey

(accessed through the Department of Labor at <https://labor.ny.gov/stats/lswage2.asp>)

Capital Region is based on Labor Market Regions and includes: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Washington, and Warren Counties

Entry wage: The mean (average) of the bottom third of wages in an occupation.

Experienced wage: The mean (average) of the top two-thirds of wages in an occupation.

*Employees in these occupations do not typically work a 40 hour work week. Wages for these occupations are reported as hourly rates only.

Bureau of Labor Statistics
Occupational Employment Statistics
March 2016
25 Largest Low-Wage Occupations
Southern Tier

Standard Occupational Classification Code	Title	Employment Count	Median Hourly Rate	Median Annual Salary	Entry Level*	Experienced**
41-2031	Retail Salespersons	8,470	\$10.36	\$21,540	\$19,110	\$29,690
41-2011	Cashiers	7,130	\$9.34	\$19,420	\$19,100	\$21,660
37-2011	Janitors and Cleaners, Except Maids and Housekeeping Cleaners	6,270	\$11.52	\$23,960	\$19,510	\$29,430
35-3021	Combined Food Preparation and Serving Workers, Including Fast Food	5,090	\$9.36	\$19,460	\$19,230	\$21,260
43-9061	Office Clerks, General	4,720	\$13.12	\$27,280	\$20,630	\$34,200
25-9041	Teacher Assistants	4,400	\$10.07	\$20,940	\$19,160	\$26,580
43-5081	Stock Clerks and Order Fillers	4,150	\$10.61	\$22,060	\$19,430	\$27,620
43-4051	Customer Service Representatives	4,130	\$13.42	\$27,920	\$20,860	\$36,430
35-3031	Waiters and Waitresses	3,970	\$9.40	\$19,550	\$19,220	\$24,270
39-9021	Personal Care Aides	3,930	\$11.44	\$23,800	\$20,490	\$29,900
53-7062	Laborers and Freight, Stock, and Material Movers, Hand	3,670	\$11.85	\$24,650	\$20,420	\$30,850
31-1014	Nursing Assistants	2,960	\$13.28	\$27,620	\$22,380	\$31,830
25-3098	Substitute teachers	2,840	\$14.71	\$30,590	\$23,360	\$36,040
35-2021	Food Preparation Workers	2,420	\$9.61	\$19,990	\$19,290	\$25,200
43-4171	Receptionists and Information Clerks	2,320	\$13.15	\$27,360	\$21,500	\$31,650
35-3011	Bartenders	1,710	\$9.38	\$19,510	\$19,230	\$22,010
31-1011	Home Health Aides	1,690	\$11.28	\$23,460	\$21,270	\$27,360
35-2014	Cooks, Restaurant	1,540	\$11.08	\$23,050	\$19,390	\$27,300
37-3011	Landscaping and Grounds keeping Workers	1,540	\$12.55	\$26,100	\$20,160	\$33,040
39-9011	Childcare Workers	1,480	\$9.85	\$20,490	\$19,270	\$24,270
35-9021	Dishwashers	1,450	\$9.38	\$19,510	\$19,260	\$21,490
37-2012	Maids and Housekeeping Cleaners	1,430	\$9.64	\$20,050	\$19,230	\$24,460
35-1012	First-Line Supervisors of Food Preparation and Serving Workers	1,370	\$13.48	\$28,040	\$21,750	\$35,100
51-2022	Electrical and Electronic Equipment Assemblers	1,220	\$11.94	\$24,830	\$21,090	\$33,130
35-3022	Counter Attendants, Cafeteria, Food Concession, and Coffee Shop	970	\$9.41	\$19,580	\$19,330	\$21,630
	Total Largest 25 Low-Wage Occupations	80,870	\$11.08	-	-	-
	Total All Occupations	262,070	\$17.55	\$36,500	\$21,600	\$59,310

Source: Occupational Employment Statistics Survey

(accessed through the Department of Labor at <https://labor.ny.gov/stats/lswage2.asp>)

Southern Tier Region is based on Labor Market Regions and includes: Broome, Chenango, Chemung, Delaware, Schuyler, Steuben, Tompkins, Tioga

Entry wage: The mean (average) of the bottom third of wages in an occupation.

Experienced wage: The mean (average) of the top two-thirds of wages in an occupation.

*Employees in these occupations do not typically work a 40 hour work week. Wages for these occupations are reported as hourly rates only.

Healthy Work and Power Imbalance

According to the World Health Organization definition developed with the International Labor Organization in 1950, occupational health is

*the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs.*⁴¹

This definition represents the highest ideals and the vast majority of low-wage jobs depart significantly from this ideal. Often, occupational health is not even on workers' minds as a goal.

Hazards are identifiable. The measures to eliminate or reduce hazards are generally known, but these means are not routinely implemented to create healthier work. Healthy work depends upon workers obtaining knowledge about the hazards they face and how they can be controlled. The ability of workers to resist the imposition of poor and unhealthy working conditions is crucial to changing those conditions.

Since occupational illness is highly preventable, new frameworks are necessary for discovering and addressing occupational health disparity.⁴²⁻⁴⁴ Workers' experience and ideas are critical in developing those frameworks. Workers must find the time and space to learn about and develop strategies for collective action. When workers find their voice, they begin reversing the sense of powerlessness and begin eliminating health damaging conditions and replacing them with healthy work.

LOW-WAGE WORKERS' HEALTH PROJECT SUMMARY

Phase I (2013)

As a first step toward identifying precarious and hazardous working conditions, the Project surveyed 275 low-wage workers in eighteen organizational settings. Low-wage workers answered 100 questions about their wages, their occupations, their work arrangements, tenure on the job, health and safety conditions, experiences with workers compensation, and accessing occupational health services.

Phase II (2014)

The Project continued to work with existing and new community partners to form conversational groups to further explore the issues raised in the original survey. Using effective popular education methods, including body mapping and workplace hazard mapping, workers shared the details of their working lives. Two spin off reports were developed to address specific problems raised by workers in the restaurant and in the transportation industries. Eight organizations participated.

Phase III (2015 - 2016)

Repeating what worked well, new conversations generated different themes. Entering our third year of partnering with five organizations, our relationships with agency leaders created practical connections with low-wage workers while at the same time our team gained clarity about each agency mission in the community. These organizational leaders also gained more appreciation for our goals. Returning to five organizations, we created ties with five new organizations. During the third phase, organizations connected us with 138 low-wage workers for a total of 14 group conversations.

Phase IV (2016-2017)

Expanding project activity geographically into the Southern Tier and the Capital District was made possible through grant funding from the New York State Department of Labor. Grant funding was also provided by the Workforce Development Institute. With this support, workers in Central New York engaged in a uniform set of educational activities with workers in the other regions, detailing not only their symptoms and hazards but also contrasting these conditions with their vision of what characterizes healthy work. Workers further considered how knowing and using workers' rights might overcome barriers to healthy work. Working with a team of session facilitators in 3 additional urban areas, 312 low-wage workers were engaged through partnership with 17 community-based organizations with 22 sessions taking place between January and March of 2017.

As a consequence of longstanding partnerships, three organizations participated in additional capacity building educational training workshops for their staff (n=86), resulting in early-stage plans to build occupational health content and activity into existing organizational frames.

Results from New York State Department of Workers' Health and Safety Grant #1

Low-Wage Workers' Health Project Phase IV				
November 2016 - June 2017				
Engagement with Low-Wage Workers				
Locations of Community-Based Organizations	Number of Community-Based Organizations	Training Sessions	OHCC /Partner	Participants
SYRACUSE	5	10	OHCC CNY	133
SYRACUSE	3	3	WCCNY	30
BINGHAMTON	4	5	TCWC + OHCC ST	75
ALBANY and TROY	4	4	NENYCOSH	74
TOTAL	16	22		312
Capacity Building				
SYRACUSE	3	5	OHCC CNY	86
TOTAL	3	5		86
TOTAL	16	27		398

OHCC CNY = Occupational Health Clinical Center, Central New York (Syracuse)

OHCC ST = Occupational Health Clinical Center, Southern Tier (Binghamton)

WCCNY = Workers' Center of Central New York (Syracuse)

TCWC = Tompkins County Workers' Center (Ithaca)

NENYCOSH = North East New York Coalition for Occupational Safety and Health (Albany)

Sustaining efforts to understand the conditions low-wage workers experience while also providing education about how to remain safe and healthy on the job, the Low-Wage Workers' Health Project has consistently met with groups of workers in Upstate New York communities since 2012.

Low-Wage Workers' Health Project 2012-2017					
	Phase I	Phase II	Phase III	Phase IV	Total
Low-wage workers	275	146	138	312	871
Conversational groups	-	11	14	22	47
Participating organizations	17	8	10	17	45*

*(7 returning organizational partners over four years)

PROJECT ACTIVITIES PHASE IV

Phase IV activity incorporated new knowledge about specific barriers to workplace health and safety that the workers shared in the community-based dialogues. Worker conversations were systematically evaluated in order to remain responsive to local and regional work conditions.

Using community-based approach with existing and new partnerships, the project engaged working adults in empowering, two-way conversations. Because we have deepened our grasp on low-wage workers' occupational health problems, project activities we concentrated on fostering plans for taking action to create healthier workplaces. We assessed the unique occupational health hazards low-wage workers face, emphasized workers' rights in the context of low-wage work, and created knowledge about specific barriers to work-related health promotion.

New community-based connections were sought again in the Central New York Region through the Occupational Health Clinical Center's partnership with the Workers' Center of Central New York (Syracuse). In addition, the expansion also included new organizational connections in the Southern Tier region through collaboration with the Tompkins County Workers' Center (Ithaca) and in the Capital District through collaboration with Northeast New York Coalition on Occupational Safety and Health (Albany).

OHCC provided advanced workshops designed to galvanize the community leaders and increase their ability to sustain worker health educational activity with internal programming. These workshops sought to provide vision, knowledge and practical advice for the leaders so that they would begin to prioritize occupational health as an integrated core component of their programming each year. Participants explored the social determinants of occupational health and engaged in a facilitated planning exercise designed to foster the development of occupational health activity within their organizational operation.

Project methods are conceptually rooted in traditions that value worker input throughout all phases of discovery. New knowledge is formed by engaging workers directly. In this approach, dialogues are characterized by strong "give and take." Methods encourage critical thinking in an atmosphere of acceptance of new ideas and unique perspectives.^{45, 46}

Each organization recruited and arranged groups to assemble at a convenient time. Participants were given a gift card worth \$20 for each 2-3 hour session. Funds for the gift cards were provided by the Workforce Development Institute). Discussions took place in the community, usually on-site at the organizations' facilities. Some groups were smaller with six to eight members. Other groups were larger, with over 25 participants. As in Phases 2 and 3, groups participated in body mapping exercises to begin.

The **body mapping** experience was used as a springboard to discussion about the physical and mental impacts of their work on their health. Workers approached a single large map mounted on the wall with red dots to indicate where they experience pain, green dots to indicate where their body registers the effects of stressors and blue dots to indicate sensory experiences that did not involve pain (such as cold air, vibration or noise). Group members took turns adding their personal bodily experiences to the map and discussion followed about the symptoms. Generally, there was a variety of low-wage occupations represented in the room. Group members spoke about how the symptoms arise, how often they experience them, and how severe the impact of these symptoms was on their bodies. Many times workers in similar occupations took the opportunity to compare experiences and offer potential solutions. Overall, the exercise gave the

opportunity for participants to think about their bodies in relation to their work and to appreciate what types of health problems have arisen in their own and in others' work places.⁴⁷⁻⁵²

Continuing with participatory methods, participants had the opportunity to:

- compare and contrast healthy and unhealthy work environments
- use tools to identify specific work-related hazards and connect these with health effects
- apply principles of prevention / control of hazards to specific examples from their experience
- express their conception of a healthy workplace
- discuss barriers to achieving effective solutions
- review legal rights and responsibilities related to the health and safety of working conditions
- demonstrate how to take action to use those rights and responsibilities, in light of the barriers, to create workplace level change
- identify a variety of occupational health resources– including the New York State Occupational Health Clinical Network, online sources of information, and community support

Phase IV Community Partners	Location
Service Employees International Union (SEIU) 1199 at the Loretto Learning Center	Syracuse
Northeast Community Center	Syracuse
JobsPlus!	Syracuse
Westside Learning Center	Syracuse
State University of New York Educational Opportunities Center (SUNY EOC)	Syracuse
Onondaga Cortland Madison Boards of Cooperative Educational Services (OCM BOCES)	Syracuse
Workers' Center of Central New York	Syracuse
Women's Opportunity Center	Syracuse
Visions for Change	Syracuse
Tompkins County Workers' Center	Ithaca
Federally Assisted Housing Organization	Ithaca
Community Center (serving formerly incarcerated persons)	Ithaca
Church (serving Binghamton/Johnson City area)	Johnson City
US Committee for Refugees and Immigrants	Albany
Maria College	Albany
Capital South Campus Center	Albany
YWCA	Troy

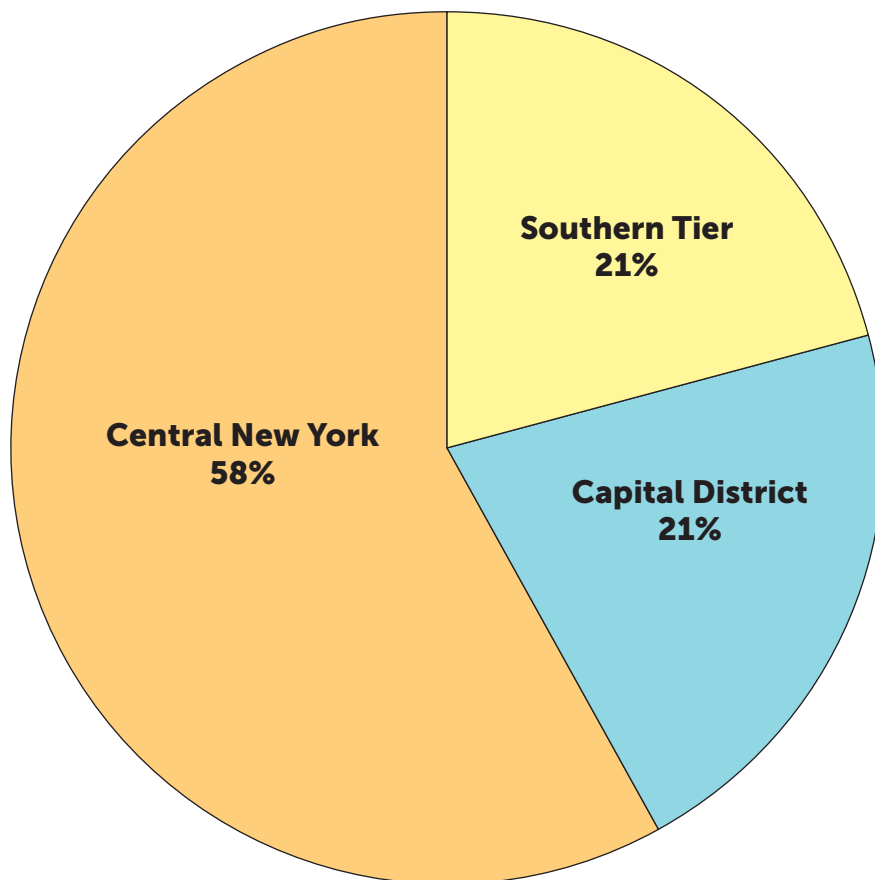
Results

Participants were asked to complete a short survey while also being instructed to answer only questions they were willing to answer and to decide for themselves if some questions were too invasive or didn't apply. Some participants intentionally left questions blank and facilitators were trained to respect those choices and move to the more engaging activities with discussions.

With 312 people participating overall, we were able to collect and analyze demographic and health information for most of the low-wage workers (n=243). Surveys were excluded if wages were slightly higher than \$15 per hour and when people did not complete them due to low literacy, low levels of English or Spanish proficiency, or if they were particularly disinclined to share personal information via paper and pencil.

The Low-Wage Workers' Health Project expanded to include not only the city of Syracuse, but also urban areas in the Southern Tier (Ithaca, Binghamton and Johnson City) and the Capital District (Albany-Troy).

Geographic Coverage (n=243)

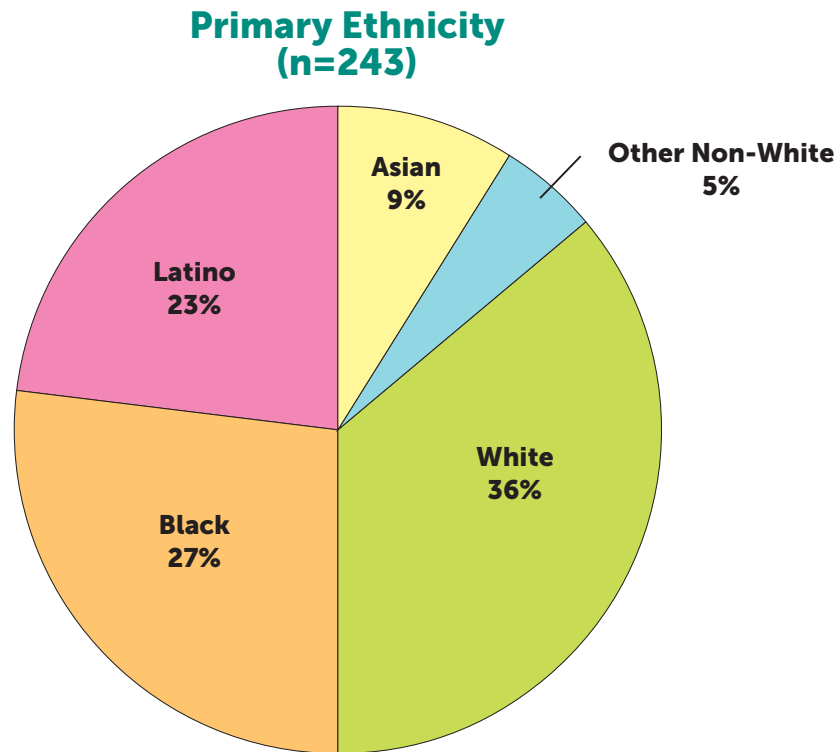


Demographics

The average age of group members was 38 years, but the group ranged in age from 18 to 79. Most were in their 20's or 30's. More women (64%) than men (35%) participated.

More than 85 people of foreign birth engaged in the project activities, comprising 35% of the participants. Immigrants from Latin American countries comprised the largest group with 13% coming from Cuba, Columbia, Guatemala, and Mexico. The majority (22%) came from other parts of the world, reporting that they had emigrated from Afghanistan, Albania, Bhutan, Bosnia, Burma, Burundi, Cameroon, China, Congo, India, Iraq, Ivory Coast, Jamaica, Jamaican West Indies, Kazakhstan, Korea, Kosovo, Liberia, Malaysia, Myanmar, Nepal, Nigeria, Pakistan, Russia, Rwanda, Somalia, South Korea, Sudan, Thailand, Turkey, Yemen, and some unnamed countries.

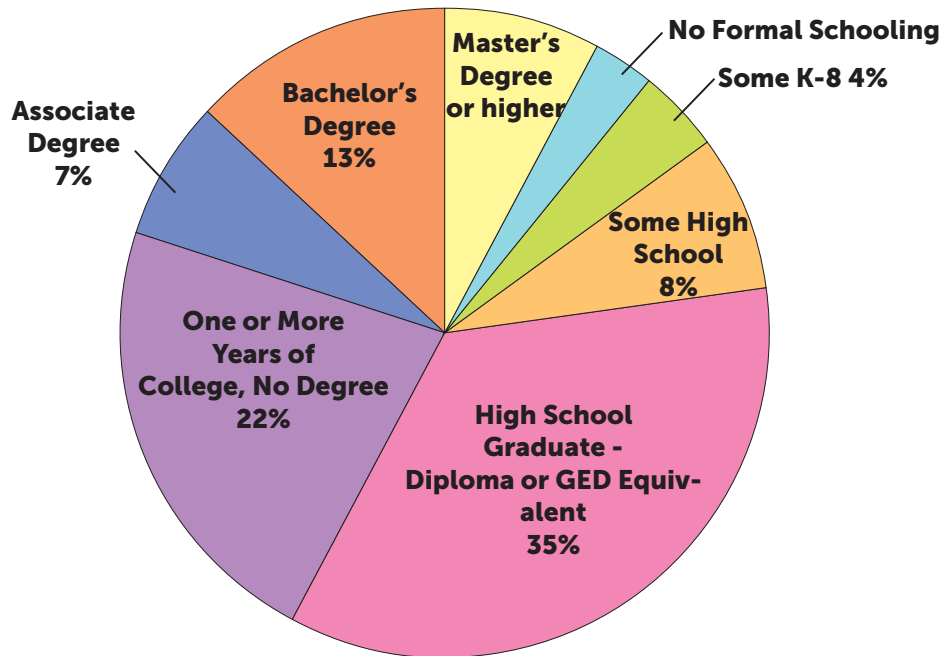
Because Upstate New York cities are increasingly diverse, details about ethnicity are complex. Among those reporting their ethnicity, 16.3% say that are multi-ethnic. Primary ethnicities were reported: White (36%), Black (27%), Latino (23%), Asian (9%), Other non-white (5%).



Low-wage workers were more educated than in other years of the project with 30% who completed high school or the equivalent and another 19% reporting that they had one or more years of college or training but didn't complete a degree program. Nearly one-fourth had completed a college degree (associates, bachelors, masters, or higher). Most said they could speak English "very well," but 41% indicated some lack of English language proficiency.

Most were not married or living with a partner. About half of the participants had children under 18 years old. Most households had between 1 and 4 children, but 11% had larger families with 5,6, or 7 children. Even more low-wage workers, 65%, reported that they have children and other people who depend on them for income.

Higher Level of Education (Completed in the U.S. of Abroad)



A wide range of industry sectors and occupations were represented in the groups. Even within sectors, group members held a wide variety of jobs and 24% of those participating were between jobs; however, all had worked within the previous year.

Half of the low-wage workers had worked at their current type of work for less than four years and about 10% had worked this same type work for over 25 years. About one-third of the workers we spoke with believe their work was not steady and even more workers (40%) believed their current job would not last more than six months.

Only 10% of the workers belonged to unions and 4% reported that they weren't sure if they were members of a union. About 45% were able to get health insurance through their employers and, among them; about 57% indicated they participate in the employer health plan.

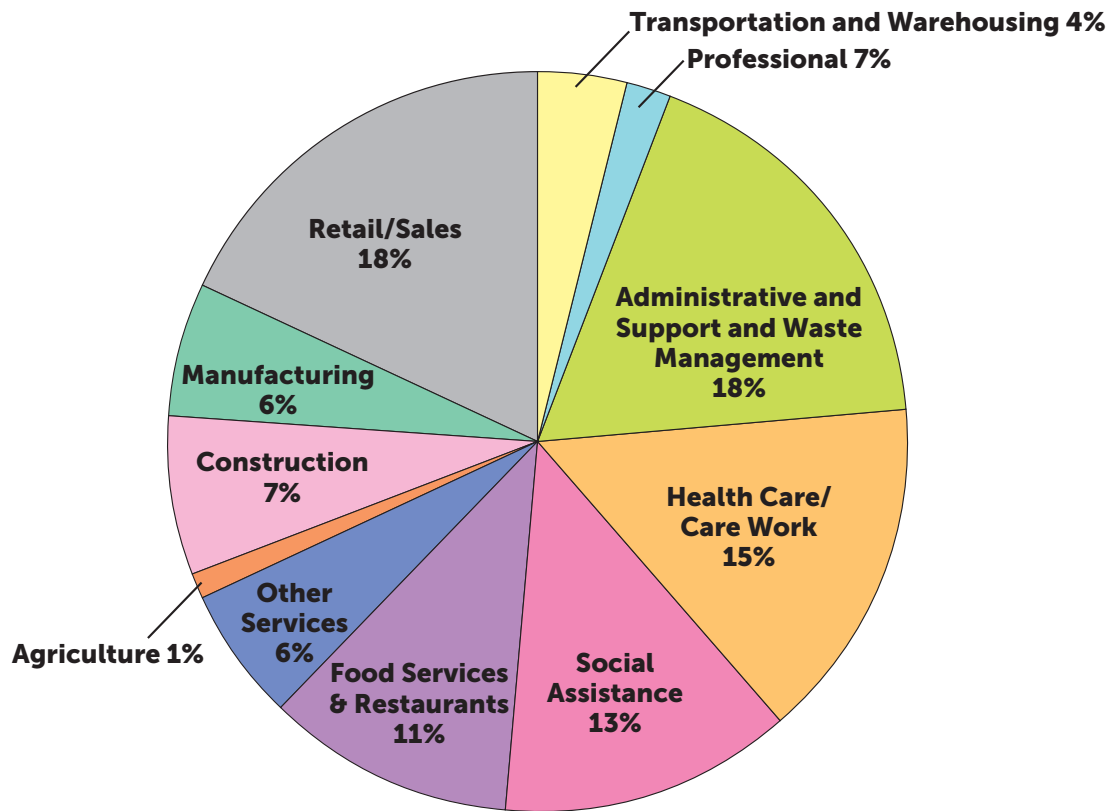
About half (54%) work the day shift, while just 5% work the night shift. Some of the remaining workers work mid-shift (15%) but more often (26%) they worked varying shifts. About half drive their own car to work, while 32% rely on public transportation and 16% walk. Less than 1% rely on friends, taxi or their boss to drive them to work.

The most frequent low-wage occupations reported by those surveyed were retail cashier/customer service, cleaners/housekeepers, construction/demolition laborers, or those doing care work (home health aides, certified nursing assistants and personal care assistants).

Removing those who didn't share their specific occupation (i.e. because they were currently unemployed), the occupations of the participants (n=186) are presented in the following table:

Industry	Occupations (<i>n</i> = 186)	Count	Percent
Agriculture			1%
	Farming	1	
Construction			7%
	Landscaping	1	
	Laborer/construction/demolition/electrical/plumbing	12	
Manufacturing			6%
	Light industrial or assembly / machine shop / furniture making	12	
Retail/Sales			18%
	Greeter/Event	2	
	Sales - door to door or mall vendor	2	
	Retail cashier, customer service	23	
	Retail - Grocery	2	
	Call center associate	4	
Transportation and Warehousing			4%
	Warehouse worker, shipping	8	
Professional			2%
	Shop owner, scientist, social services manager, teaching	3	
Administrative and Support and Waste Management			18%
	Cleaner/ housekeeping	15	
	Administrative (including office, clerical, reception)	15	
	Maintenance	3	
Health Care / Care Work			15%
	Personal Care Aide (PCA) or Home Health Aide (HHA)	9	
	Certified Nursing Assistant (CNA)	4	
	Childcare / Eldercare / Care of Persons w/ disabilities	7	
	LPN, nursing	4	
	Medical, other	1	
	Medical Office Assistant	2	
Social Assistance			13%
	Outreach/Educator	3	
	Human service agency case manager, not for profit work,	21	
Food Services and Restaurants			11%
	Dishwasher	2	
	Food preparation/ chef	11	
	Restaurant worker (including waitress, hostess, carver)	2	
	Fast food worker	5	
Other Services			6%
	Game dealer	1	
	Television production	1	
	Mechanic	2	
	Hair and nail technician	1	
	Bus Monitor	2	
	Security	2	
	Driver	3	

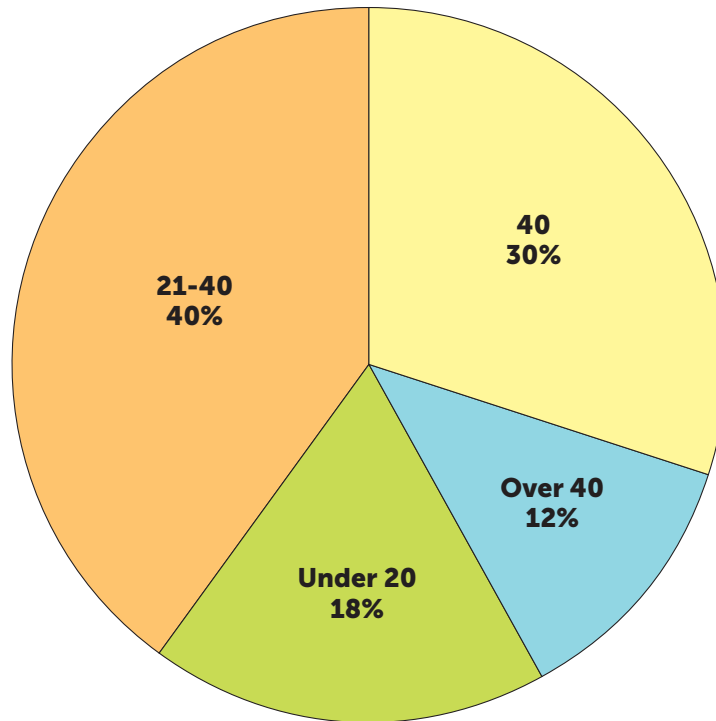
Industries of Low-Wage Workers Surveyed Syracuse, Ithaca, Binghamton, Albany/Troy



Wages and Hours

Only 30% of people surveyed worked a 40 hour work week with 58% reporting part time work and 12% reporting that they regularly work over 40 hours. Of those, not all are working more than 40 hours at one job, so they are not earning “time and a half” for those overtime hours.

Hours Usually Worked Per Week



Generally, the majority of workers (64%) made between \$9.70 and \$15 per hour.

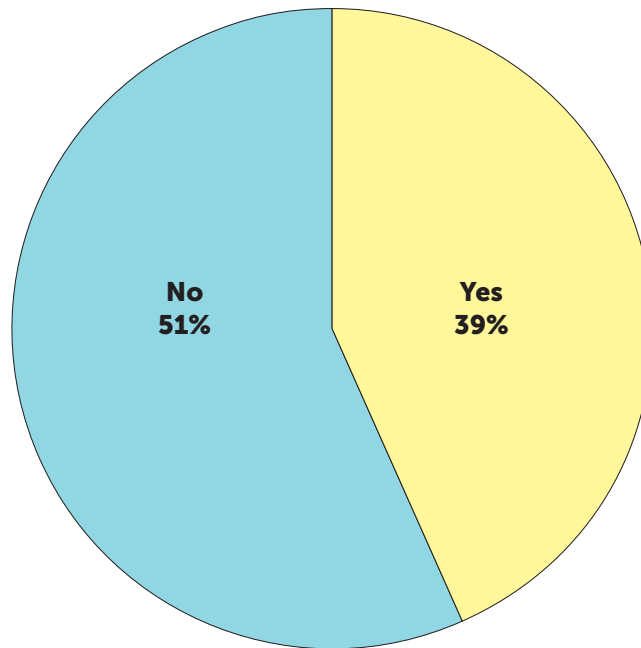
Wage rates are considered personal information and about one third of survey takers skipped this question. However, among these workers who were willing to share wage information the average wage was \$12.01 per hour and the median wage was \$10.50 and the most frequently reported wage was \$10 per hour.

The lowest paid workers (15%) made less than \$9.70 per hour. These were working in either informal arrangements or for employers who are violating the New York State minimum wage laws. Childcare workers, cleaners, and construction workers were the most likely to report making less than minimum wage “under the table.” Some workers (19%) were making over \$16 per hour, but either the work was seasonal or these workers were bearing the additional expenses for dependent children or frail elders such that their income was not considered a living wage. It should be noted that often those making a few dollars more per hour had often been working ten to twenty years to reach that higher wage rate, but still fell under the living wage.

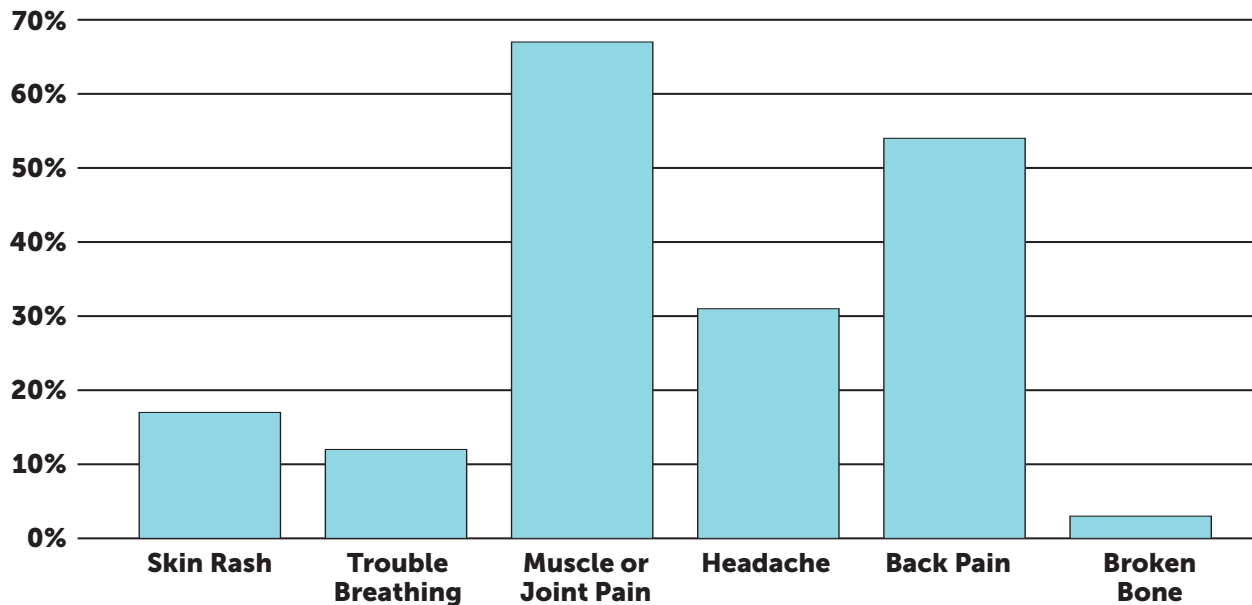
Symptoms

The survey confirmed that across a broad range of ethnically diverse low-wage occupations representing all major industries, 39% experience injuries or symptoms they connect to their work. Of these, some 65% report muscle or joint pain with others reporting headaches (31%), skin rashes (17%), and difficulties breathing (12%). Often workers have multiple symptoms.

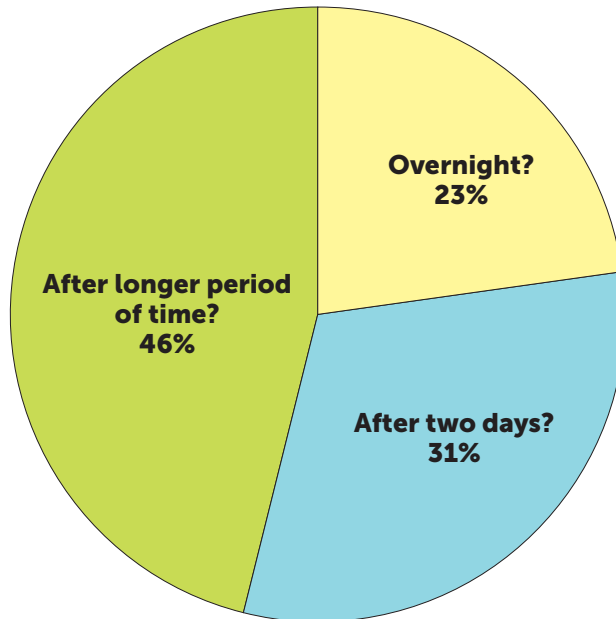
Have you had an injury or experienced symptoms you think are from your job?



If so, what kind of injury or symptoms? (check all that apply)

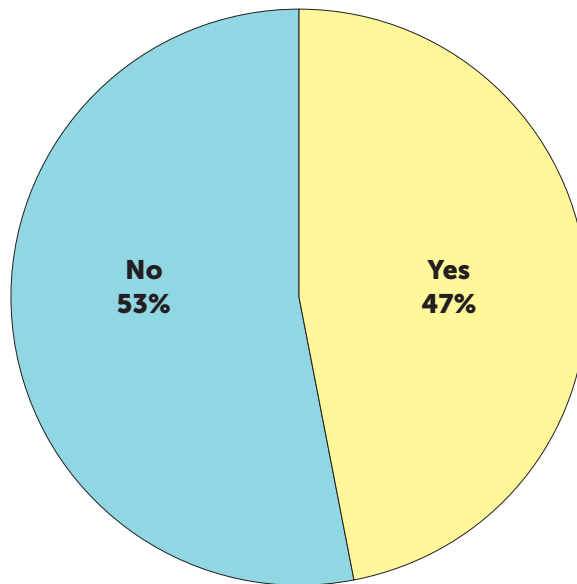


If you have symptoms, do they get better when you are away from work?



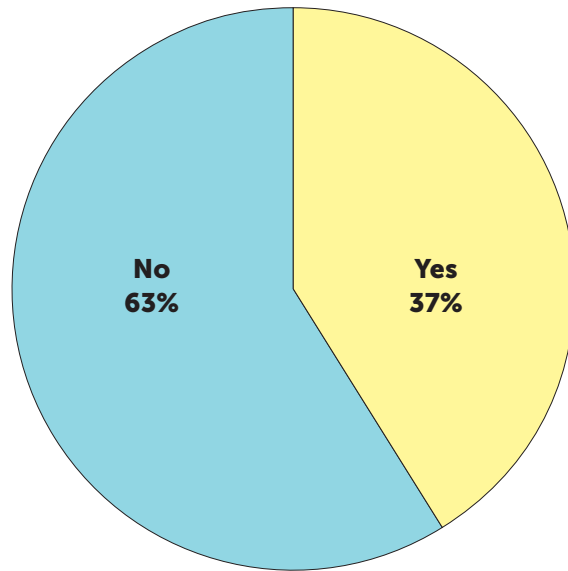
Of those experiencing symptoms, 46% reported that these only get better after more than two days away from work. About the same amount (47%) report that others in the workplace have similar symptoms/injuries.

Are there other workers with similar symptoms/injuries?

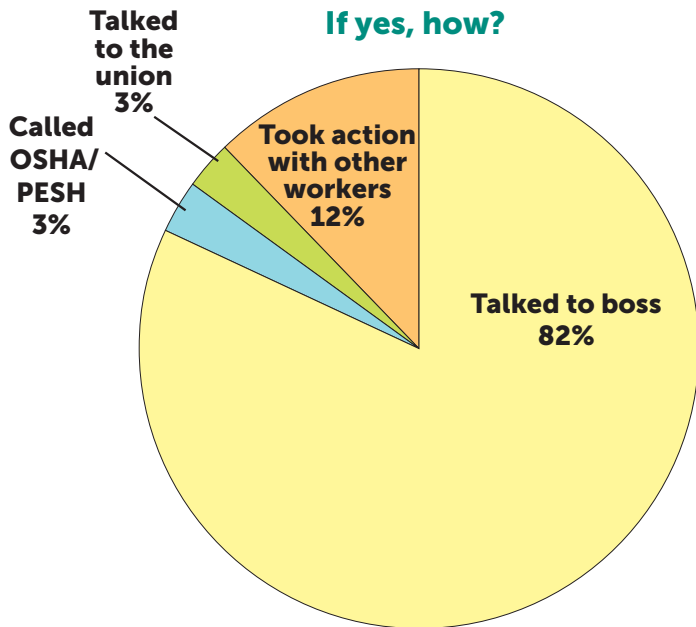


About two-thirds of those who report having a health problem at work have tried to get it corrected. Low-wage workers report that they do not try to change the workplace because they don't know how (51%), they are worried about what the boss might do (25%), their co-workers wouldn't help (17%) and they simply didn't have the time (7%).

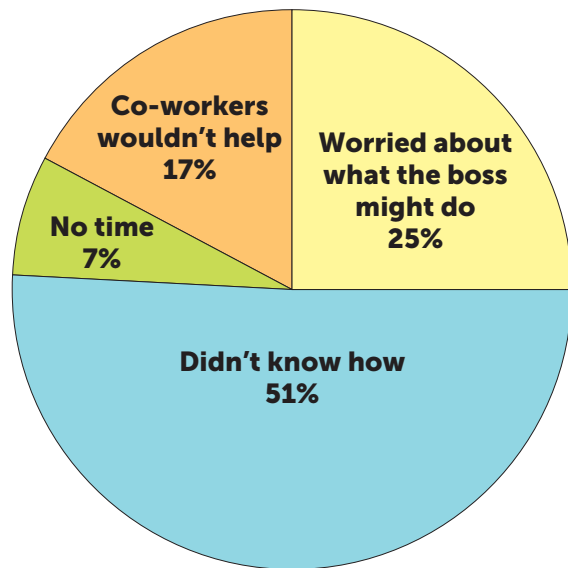
Have you ever tried to get a health or safety problem corrected at work?



If yes, how?



If no, why not?



Body Mapping Results

Low-wage workers completed body mapping exercises, connecting the activities and conditions of the workplace to specific symptoms they were experiencing. Body mapping activities generated focused discussions about the way work impacts the body and produces specific physical symptoms. Musculoskeletal pain was by far the most frequent symptom, but participants also reported breathing problems, allergy symptoms, headaches, exhaustion and mental strain

Workers' Voices

Sometimes participants describe workplaces that suggest unusually hazardous work environments. These require immediate strategies to improve conditions with wage and hour violations, civil rights violations and multiple violations of the OSHA general duty clause. These descriptions included a variety of workplace settings: restaurant, garage housing large trucks, an insurance company, a mall, a call center, a health care facility, retail operation, grocery store, construction sites, beauty establishment, and a daycare facility. Workers reported work-related symptoms that were connected directly to unsafe conditions. Lack of training about hazards was a constant theme. Some workplaces were so understaffed that they were chaotic, and totally out of control. Workers in these places had been hurt or made sick before and it was likely that they would be again.

During Phase IV, our group facilitators not only asked workers to describe difficulties, but also asked workers to envision healthy work. After that, they collected information from workers about the barriers they face in an attempt to find and maintain a healthy work environment. Seeking the workers' voices firsthand is a central feature of the Low-Wage Workers' Health Project.^{45, 53}

ENVISIONING HEALTHY WORK

Individuals were asked to work together in a group to develop a vision for healthy work. In this exercise, participants were encouraged to imagine a perfect world and that work had all the elements needed to support good health. During these activities, participants contributed to the discussions and came forward to share from their experiences about times when work was good for them and why. During these activities 143 individual statements were generated and when taken together, they propose a set of conditions that engender physical and mental health at work.

Most often low-wage workers have very basic hopes for their jobs that center on two themes they talk about together. Good pay and respect. They speak about these first and these are foremost on their minds. When discussing respect they may elaborate more by speaking about how the upper management should show basic decency toward them and how co-workers should work as a team. They want living wages and fair pay structures so that there is “higher pay for harder jobs” and the “wages should fit the work you do over time. Low-wage worker mention benefits in the discussion of wages to include: their need for benefits even if only working part time; day care support; good health coverage; paid vacation; assistance with transportation, and a retirement package.

Workers envision having the types of hours and schedules that work to both provide income but also allow for a balance between their working and non-working lives. For some that mean more flexible hours, a better guarantee of full time hours, more consistent schedules, more opportunities to engage in overtime for the higher overtime pay rate. Some expressed that their schedules were fine, but that they would benefit from more breaks, with one person mentioning that they really wanted and needed to stretch their body but that their work prohibited that possibility. So they felt cramped and uncomfortable all day long.

Workers related the importance to them of a clean work environment and that there should be water available. Some working outside thought that good protection from the elements was important, in the event of bad weather. In order to feel comfortable physically and mentally, people reported that the air should be free of odors and that this often depended on how co-workers maintained their personal hygiene. One person voiced her opinion that she believed that a workplace should engage in practices that don't impact the environment in a negative way and should work toward being “eco-friendly at some level.”

With regard to co-workers, a “good crew” was quite important. The quality of the people around them and their teamwork matters. People wanted co-workers who contribute well to the team, are skilled at what they do and enjoy working together in a friendly environment. With those basics established low-wage workers went on to define more carefully what makes a healthy workplace. They speak passionately about characteristics of the work itself as a driving factor. They want the work to be fast paced enough to keep from being bored while at the same time they envision “doable work.” They want to “know what they are walking into each day,” and they want the work to be able to be accomplished within the time frame given. They often speak with disdain about short-staffing and wish there would simply be “enough people so that others don't have to stay late so often.”

Group members contributing to this activity expressed a desire to have the kind of work that was complex enough so that they learning new things on the job. This was different than being offered formal training or opportunities for “in services.” These types of opportunities for professional growth were also important, but many workers were not interested in “more school.” They simply want do more interesting work.

A health workplace, people said, would be characterized by good communication and good management. Frequently these themes were coupled together. People wanted frequent communication delivered to all workers at the same time. They wanted interpersonal communication to be characterized by strong listening as well as sharing. Some believed there should be more opportunities for co-workers to discuss things that happen on the job. Good management meant that the “management actually cares” and that the “managers are able to relate to the people who work for them.” Workers believed a healthy workplace required a meaningful demonstration of appreciation to workers, the “ability to present problems to the appropriate people,” and that bosses or managers “keep everything according to the law.”

Low-Wage workers did mention that a healthy workplace, by definition, meant that there would be an emphasis on safety and that being safe would have real rewards. Both training on the job by competent and experienced workers and training accomplished in dedicated “in-services” was recognized in the discussions as essential.

SELECTED PARTICIPANT COMMENTS

My vision might seem like common sense. One idea is that when there are issues, problems brought up, that management addresses them and there should be a solution. And they should be held accountable for that responsibility. Another idea is also basic or obvious but managers should be respecting the right to take breaks. Respecting that the worker works in an environment where things are not in disrepair, and when things are broken that they are fixed in a timely manner. That attention is paid to a workday that has minimal stress involved to prevent injuries. Maybe that means that workers are given what is a fair and honest workload. They should be trained on the length of time that you have to work to complete that job and the steps involved.

Work Culture of Civility

Having established that good pay and respect were key components of healthy work, participants went on to share ideas that were more transcendent in nature. They envisioned workplaces free from discrimination, characterized by inclusion and diversity, and where “everyone is treated equally.” Their picture of healthy work depicted a calm, friendly work culture in which honesty was a core value, peace between people was the order of the day, and that co-workers had time to share with each other in order that they would be able to completely understand each other and fully trust each other. The healthy work environment would have a “free spirit” where drama is kept to a minimum and people leave their personal lives at home. Work should be a place where people show regard for one another and a good work/life balance is fostered.

BARRIERS TO HEALTHY WORK

Lack of Attention to Workers' Health and Safety = Lack of Respect for Workers

Working people expect to work hard for the money they earn and in return they desire basic respect be afforded them by management, co-workers and clients. When workers encounter a lack of concern for their health and safety on the job over time, they come to understand that they are being systematically disrespected by their employer. Workers participating in our groups reported a number of conditions that are unlawful, unsafe and can lead directly to occupational illness, injury or even death. When employers are willing to forego appropriate health and safety conditions, workers understand they are not valued as human beings, but only for the work they can do that will produce profit for the employer.

Examples we encountered were:

HEALTH AND SAFETY VIOLATIONS

HEALTH AND SAFETY VIOLATIONS

Facilities in disrepair

We have a parking lot that is in such disrepair that people are getting hurt. There are 100 employees that need a safe environment. There are many comp claims going in just due to the parking lot being unsafe and yet it could easily be fixed by paving and lighting.

Inadequate provision of protective equipment by the employer

I work with kids and sometimes they take off their seatbelts which is not good and if they keep doing it, they are supposed to wear a harness. But trying to get the boss to give you a harness is almost impossible. He expects you to have eight arms or something.

My biggest thing was that there were puddles of water everywhere. Trying to get my manager to listen to get extension cords on retractable wheels to keep the cords out of the water was very hard.

Inadequate safety guidelines

We work there every day, but we aren't given practices that make sense to us or even the basic knowledge about how to manage our risks.

Lack of enforcement for health and safety rules that are legally required.

The safety codes are never enforced. A clean, dry floor should be normal.

There are no signs up indicating wages or giving us health and safety information.

Old habits are hard to change, lack of support

We end up just doing things the wrong way, even when we know it's the wrong way because it seems easier and we can't remember the right way when we are rushed. We are often rushed and in that moment we lean on old habits instead of the new training.

Health and safety training can be bogus, especially for immigrants with low English proficiency.

You first come in, they are training you, and they ask you to sign some paper. But, my English is not good enough to read a whole bunch of things. They give you a whole bunch of things to finish in a few hours, so you just sign everything, and you already signed it. You have no source.

Workers often realize they have need of certain types of training, but their concerns are not addressed or not addressed in a timely way.

In our workplace, we need de-escalation training so that we can avoid crises with the clients we serve, but we are not getting it.

Whistleblower Protection vs. Retaliation

Whistleblower Protection is one of the most important aspects of the laws protecting workers in the U.S. There are more than 21 provisions in place to ensure that employers cannot create an “adverse reaction” for workers who voice concerns about potentially unsafe conditions on the job. Workers’ have a right to file a complaint with OSHA, participate in an inspection of the workplace, access exposure and injury records, report an injury and/or raise safety concerns. This is an important provision designed to encourage compliance with health and safety laws and empower workers to report their complaints to OSHA whose mission is to protect workers.⁵⁴

Fear of losing their job is a strong reality for most all of the participants in our groups. They fear being fired or being assigned unworkable shifts if they discuss anything negative openly, including and especially health and safety issues. Among their friends and family they cite numerous examples of people who have lost their jobs after getting injured or becoming ill on the job.

SELECTED PARTICIPANT COMMENTS

Well I didn't faint or anything, but I got sick from the conditions on the job. And just from my sickness I was out for close to a week. But I came back, they let me come back, but then they fired me and said I was a liability.

Keeping a job is a difficult prospect among socio-economically vulnerable workers. They generally work “at will” and their employment can be terminated for just about any reason. They are reticent to give the boss any reason to fire them.

Workplace hazards

Each year of the Low-Wage Workers’ Health Project we take note of the most frequent occupational hazards faced by the workers we engage.

- Poorly designed ergonomics
- Exposure to cleaning products
- Low indoor air quality
- Unsafe patient handling
- Stress on the job
- Workplace bullying
- Workplace violence
- Exposure to hair salon products

Each workplace hazard poses unique challenges in low-wage work settings because of the lack of training and workers' reluctance to voice occupational health concerns for fear of losing their job. Workers also reported a lack of adequate training, especially about emerging and complex problems related to workplace bullying or the potential for other forms of workplace violence.

Customized training would be required fill these types of gaps with up-to-date training materials, linking information and possibilities for action. In order to maximize effective reach, materials should be not only printed, but also web-based and translatable to smartphone platforms.

Precarity by Design

The fear of not having work at all also drives workers to accept work arrangements that are less than desirable. Many workers are not happy with their part-time hours, the nature of how their part time hours are assigned and the lack of health benefits and vacation time when working under part-time arrangements. Workers recognize that they are kept working 25-35 hours per week at the convenience of the employer who wants a flexible workforce and to avoid paying for health benefits for employees as is required by law. Some workers also suspect that employers encourage turnover to avoid paying for incremental raises.

SELECTED PARTICIPANT COMMENTS

I think a lot of companies, especially like say fast-food restaurants - McDonald's is a good example, Walmart is another - ; I think they hire people to be supervisors that irritate the worker to a point where they quit because they know they are going to get a turnover. See, they want you to work for like 90 days, and then quit. Then they get the next one to come in, so this way, they don't have to give you a raise, and they don't have to give you benefits. I truly believe that that is so.

Workers in these part-time jobs report feeling particularly disrespected and disempowered because they cannot schedule time off for important events in their lives or even miss work for family emergencies. The jobs don't have "vacation" and workers are expected to be available to work, even outside of originally agreed upon hours. If they miss work due to illness in their immediate family, or a one in a lifetime event such as a wedding, they are routinely fired.

SELECTED PARTICIPANT COMMENTS

His wife had a baby, but the employer won't let him take three days off to take care of her at home. They fired him.

My son was in the hospital for a week with a very badly infected rash and I was fired when I came back. I notified them and everything, but they said if I didn't come back on the fifth day, I was fired. So they let me go.

I don't have the power. Why can I not have the day off? Sometimes I ask because I am only at 40 percent. So I ask, "can I have the day off?" They said, "No. You have no day off." I said before another supervisor allowed me to have a day off. He said, "I am the new boss. I am the new supervisor. You are just 40 percent, so you don't need a day off. You have no day off. That's it."

It was for a family emergency that I had taken off when they needed me to work overtime. When I said I couldn't, they said they would let me go.

Management Practices, Policies and Decisions Create Workplace Culture

Workers participating in the groups frequently encounter difficulties with management practices and policies that are directly problematic, and they also contribute to the creation of workplace cultures that don't support worker health.

ATTITUDES AND BEHAVIORS

Low-wage work rarely involves any consideration of workers' opinions or ideas about how the work should be done. Generally, there is the overall impression that there are systems in place and duties are routine. Yet, workers report frequent and upsetting disruptions and frustrations in their working lives due to supervisors' attitudes and behavior toward them. Three main ways that "bad bosses" make workers aggravated came up.

MANAGEMENT

SELECTED PARTICIPANT COMMENTS

The basic management style is "controlling."

I quit that job because it was so bad. Like I would go to the manager about something and every time I'd just be opening a can of worms. It was just so bad that I quit.

Management has a "double standard."

The management does not abide by their own rules. They have no boundaries. The managers felt like they had higher authority, like they could do whatever they wanted and treat people however they wanted. There was favoritism and all that stuff. They think they can control you because they are the manager.

Management changes frequently.

Management frequently changes and introduces different expectations, and then, doesn't stand up for employee. So the work changes, depending on the manager. One manager says one thing, another manager says another.

I asked for the day off. They said, "No. You have no day off." I said, "Before another supervisor said I can have a day off." He said, "I am the new boss. I am the new supervisor. You don't have a day off. That's it." They just want to run the schedule.

Managers lack awareness and insight about the work, lack management skill

The whole question is... Do they understand what you're doing? Were they ever in your spot? And do they actually understand still even though they're not in your spot anymore? Do they know what you're doing? Do they respect what you're doing? And usually the answer is no.

I can't stand a boss coming in telling me that I did this wrong when I wasn't even at the place at the time because somebody else was there before me.

They need to really come down and look at what we're doing, what we're going through and then re-evaluate. They need to check out the attitudes, the atmosphere in the offices and then go back to the gaming board. They need to look at the fact that we're working very, very underpaid. And we're working jobs that one person is carrying the load for two and three people. This needs to start higher up.

Managers “pretend” to listen but don’t actually make changes

When communication is not put into practice and not only communicating but actually putting action to the communication. We can sit here and talk about things all day long but if nothing is being done, it means nothing. We have these round table discussions all the time in my job. We talk about things that should be done and we should change this and change that, but nothing gets changed and we’re still in the same place that we were.

DECISIONS

Management style contributes to stress on the job, which is connected to long-term health impacts like hypertension or reduced immune function. However, the style, approach, or skill level of the management is connected to the decisions that are made. And these decisions often lead to poor communication, clear cut and immediate health and safety hazards, and illegal practices.

SELECTED PARTICIPANT COMMENTS

It is more difficult to work safely when management brings in younger managers who don’t know the way things are done.

Management expectations are unrealistic. There is too much pressure to produce on a tight timeline or with the team. You are supposed to do things that are illogical. There are poor ergonomics and lousy flow of the workspace.

Managers cannot be spoken to about anything. They are either unavailable or the supervisor is on vacation, so no communication is possible.

I am unclear about what I am supposed to be doing. It is hard is to work in the family business where you have like many bosses. You are doing maybe your job and the other one’s job, until someone came and told you to do another thing. It is impossible.

Workers are asked to do things they were not hired to do, not trained to do and this forces workers to work in ways that are unsafe for them and for the clients they serve.

SELECTED PARTICIPANT COMMENTS

They wanted him to be a bouncer but he was just getting paid to stock and store everything. He wasn’t being paid for security.

I was only trained to take care of older children. So when taking care of a baby, the baby fell. The boss told me to lie to the parents. But the cameras are everywhere so I refused to lie. Then I refused to work with people who will lie.

Short staffing was of central concern to most of the groups of workers. While workers were sympathetic and understanding about how these circumstances arose, they believed that poor planning was leading directly to unhealthy work. Workers reported being under pressure to work when sick because there were no other staff cross-trained to do the work.

SELECTED PARTICIPANT COMMENTS

At my workplace, one of my co-workers was exposed to sharps. She had to be out during testing of both her and the patient. They had to take the resident and test her for everything, and this co-worker couldn't even work with anybody until all those tests were back. It took her like a month.

In my building, we have a staff shortage because our staff does not get appreciated or first like I said, we have a lot of issues that don't get resolved so it pushes people out of the door, it don't keep them in, so we have big staffing issues and we have a lot of the agency come in and that causes chaos because they don't know what they're doing and then we're stuck to train them, the people who are primary care and it is just not good.

They were having trouble staffing evening and I work up at the big building up here so what they did, evenings already was getting a shift differential but they increased it to I think it went from \$1.50 to \$4.00 to try and pull in staff for that shift, but now everybody is trying to work that shift and nobody wants to work the other shifts and we're always short. So, I don't know, that's my issue right now and I like working days but now I don't because I'm always floating, always short, always stressed out, yeah, nobody wants to work.

Workplace/Culture

A workplace culture develops as a collection of a variety of factors that includes individual behaviors, practices and standards that when taken together, under leadership, creates a work environment. This work environment can be characterized at the workplace level. For example, workplaces might be characterized by good as in when the workplace is friendly, open, and has strong workplace engagement and a genuine workplace “citizenship.” Alternately, workplaces might be characterized by tension, looming deadlines, co-worker incivility, heavy handed managers, or sometimes extreme worker isolation. Workers’ insights about the workplace culture they experienced in low-wage jobs adds to our understanding of current job strains.

Disrespect is a central theme of low-wage workers’ discussion. Employees’ cultural or religious values are demeaned or disregarded. Personal agendas of both supervisors and co-workers are pursued at others’ expense. Workers endure insults and inappropriate communication delivery (i.e. screaming, yelling, and condescension) along with a lack of appreciation. Management behaviors and attitudes that might be isolated incidents in some places become commonplace in workplace cultures “gone bad.” The context of these workers comments occurred in ways that we understood were ongoing and pervasive in their work settings.

SELECTED PARTICIPANT COMMENTS

I work in a restaurant and sometimes I feel like I do much more than I should have done. I don't usually mind that, but when you do much more than you were supposed to do and you get screamed or insulted because of other peoples' mistakes and, at the same time, the bosses believe you are good and you are not going to complain -- you feel bad or depressed at work. They don't appreciate what you are doing.

They walk up to you and say, “Just do this!” and throw it on your desk.

I was helping my supervisor always (over and above expectations) and then I didn't get respect from him because his girlfriend wanted my position.

BOREDOM

Many low-wage jobs are boring. Work is repetitive and doesn't change from hour to hour or from day to day. It is especially demoralizing under conditions of low-pay or disrespect, so workers do gravitate away from this type of work whenever possible. This is a feature of work that leads to increased precarity of the low-wage worker.

SELECTED PARTICIPANT COMMENT

Well if there's no ladder I'm not going to be there long. I don't know for me I get bored easy. So if I don't find a job that I love going to that I'm kind of passionate about, that I really like doing, I'm not going to be there. Especially if it's not paying me well or you know like you said no growth opportunity and I'm like at the bottom, there's no leverage, no I'm not going to be there long.

CO-WORKER DRAMA

First on many workers' minds was the draining nature of what people called "the drama." This "drama" could be related to people's personal or professional lives and generally referred to the tensions that build up unnecessarily in the work place. Many workers found the "office politics" or "personality clashes" or "problem people" to be a very negative experience at work. They expressed high frustration with those situations because "they just want to do their jobs" without layers of issues that were only indirectly related or completely unrelated to work. The idea that people should leave their personal lives at home was strongly upheld.

SELECTED PARTICIPANT COMMENTS

People who bring in their own personal problems to work, they're already. You know what I mean? As soon as they walk in the door, again today, they are filled with problems. You know what I mean? On top of it there is bad staffing. So everything is downhill from there right from the start of the shift. So, there's nowhere else to go.

Well, I don't like drama. And I don't like argument so I just keep to myself because I feel like there's a time to speak and there's a time not to speak. So, that's what I learned.

There are some people that had worked there for like thirty years and they're so stuck in their ways! If you come to them trying to get something done, it doesn't matter how you approach them, they're so stuck in their ways! They just look at you like, "You're not going to tell me how to do my job" or "You are not going to tell me what to do."

I don't like to work with people that don't want to work. That will only get bad. In the restaurant work, you get a lot of people with no experience, but they get into the kitchen thinking like it's oh this dream job because they find out the company gives them food. They want the food but they don't want to do the work.

WORKPLACE HARASSMENT

Workplace harassment (including sexual harassment, racial harassment and other specific types of harassment) is different from more common co-worker tension or conflicts. Harassment takes it up a notch because it involves negative actions toward a worker that lead to a hostile workplace.⁵⁵ Workplace bullying is related to workplace harassment, but involves actions that offend or socially exclude a worker or group of workers, actions that have a negative effect on the person or group's work tasks and occur repeatedly over time.⁵⁶ These conditions impact health due to the psychological stress leading to a multitude of negative health conditions.⁵⁷

Low-wage workers vividly describe various circumstances and report that workplace harassment and bullying are commonplace. Even though these difficult conditions often include those in power bearing down on subordinates, workers often simply leave and find work in a more peaceful setting, if they can line up another job quickly. Word of mouth can travel fast in some communities and workers do end up tipping off other workers so they can avoid being trapped in a low-paying job with deep rooted hassles beyond the usual disrespect that characterizes their working life. Having to make these kinds of work transitions more frequently than others in higher paying jobs is an important barrier to healthy work that workers notice and must navigate.

SELECTED PARTICIPANT COMMENTS

We've got some of the RNs that make it very hard for the staff to work there because we've got one that likes to go after some people. This is a new one down on the terrace. She picks one certain person, goes after them, she gets them fired.

They just use their power like a, I don't want to say names, but where I work if you say something wrong or to the wrong person, they'll flip and then they go after you or you know, things like that. It's just certain things I don't like.

So the barrier for my lack of sleep and for my stress is not being, not feeling safe at work it's this guy that is a bully. A bully. So how do? You know, that's what we said before, the vision. How does it look? I need to get rid of this guy, but I need to change somehow, make him change his behavior because I don't want to be treated this way by him.

Good opportunities for women are sometimes ruined by sexual harassment. They have to just walk away.

DISCRIMINATION - BASED ON RACE/ETHNICITY

Discrimination in hiring and in the way work is assigned or conducted is illegal. Yet, the experiences of low-wage workers who are not white are replete with both single instances and with ongoing racial discrimination and harassment. Workers frequently tolerate injustice in order to ensure continued employment, but some either get fired or leave their jobs when lack of dignity is particularly harsh. In most circumstances, it's the word of the employer against the word of the employee and the employee loses out. Since this is known, workers remain unwilling to seek redress. Sometimes, racially motivated bias results in life long disadvantage that accumulates over time.

SELECTED PARTICIPANT COMMENTS

I always think I was trying to move up. When I came out of the Army after Viet Nam, I was told employers, "I did missiles when I was in the Army, anti-tank, anti-aircraft missiles." But nobody would give me a job. They said, "You're not smart enough to be an electrician." So, I could get no job in electronics or anything like that. So I couldn't get any job here in Syracuse. I was very discriminated against.

In a nutshell, if people would put their egos aside and say, "Okay we're all equal. Not one is better than the other," then, we'd be fine. But if ego is the issue and it's across the board and people say, "You are Latino. You are white. You are black. You are from Europe," then no. We are humans. We only have one name. We are the same. We are all humans. We are all equals. It is so simple.

Workers need self-respect because there's a lot of racism. I dealt with a lot of racism at work. This is the way it should be: Every culture should not to look at the person, their color, but look at who they are.

Racism could be a core actor. Ignorance could be a factor and incompetence because you have a lot of people who are in a position of authority that are incompetent to be there. So they would never recognize your skill set. The wages stay low and there is no possibility of advancement. You basically get set pay and if you don't like it, get out. So it is based on ignorance and greed. I believe that if you want somebody to work for you, then you would supply them with benefits. There are a lot of jobs with no benefits. If they do give you benefits, there is no dental. There are just a lot of what I would consider obstacles in between where we want to be and where we are.

Discrimination on the job is particularly evident when the workers was formerly incarcerated. Employers know that getting and keeping a job is particularly difficult for those who have been incarcerated, so, longer hours, tasks with harsher work conditions, and situations where a higher level of disrespect is tolerated either from supervisor to employee or from co-workers

SELECTED PARTICIPANT COMMENTS

If they know you have a felony they discriminate. You have a felony and if they give you a job they know you've got the felony you are attacked and abused because of that. I think the barrier is the discrimination against the felony. That's what they focus on instead of the skills that a person will have.

DISCRIMINATION - BASED ON IMMIGRANT STATUS AND RACE/ETHNICITY

Immigrants, particularly those more recently arrived and/or those who are not white have a more difficult time finding and keeping work that doesn't threaten their health. Like those who have been incarcerated, they are often hired only into jobs with lower pay and harsher conditions than their white/non-immigrant counterparts. It is very hard for immigrants with language barriers to find information about how to make violation complaints or report unsafe work conditions.

When employers tolerate co-worker incivility toward immigrants, the work environment can become even more stressful, especially given that many immigrants are refugees who didn't choose the United States, but were assigned the location as a part of their resettlement process.

SELECTED PARTICIPANT COMMENTS

In Africa there are good things. Africa is beautiful and I love it. I didn't want to come to America but I came here because there was a war in my country and I was forced to leave my country to come here.

I thought it was going to be easy for me to be able to teach my culture. And in New York, I couldn't do it because I can't express myself to make a student understand. And so I have a beauty license, so I decided to open a shop from 2000 to 2015, but I am a dreamer. So, I just want to know more about the country that I love, but because the language and I was just scared for a few stuff, like a look me down, which can crush my life. I can't make eye contact because I can't keep up the conversation. I had a professional career in the arts before coming. Now I am working in a department store.

I work in a restaurant and sometimes I feel like I do much more than I should have done, but I don't mind because it is okay, but when you do much more than you were supposed to do, and you get screamed or insulted because other people is doing mistakes, but they feel like you are good and you are not going to complain or nothing, so you feel bad or depressed at work. They don't appreciate what you are doing.

We all need respect. I hate it when people, like me, come from another country to work, but don't get respect. They think we have nothing and we don't need respect. They treat us like we are garbage and they hurt our feelings. So many times.

My husband and I emigrated from our home country because of the war there. My husband got a job doing maintenance for a community college. His supervisor took advantage of him. All the workers had the same agreement and the same benefits. But, that supervisor gives him a hard time. He makes it much harder on him. While the others are resting on a break, my husband has to do more work and the hardest work. He spoke up about it and now there is even more work in retaliation. They give him even harder work and all the co-workers gang up on him and tell him to shut up and they go on cursing him. My husband has very bad English because he was brain damaged in the war. A bullet went through his brain. So, he's suffering so much he comes from work crying. He doesn't know what to do. He wants to work but they give him such a hard time. For example, the normal shift for everybody is from 6 pm to 1:30 am, but my husband, only, was working from 7 am to 3 am. That's what is bad. That's an extra shift. They also give him work that is harder to do. They make the shift just for him and not for others.

So one of my co-workers on the construction site was saying, "You know what? All you guys who come from another country -- you guys stealing our jobs!"

We have no source of information about government regulations, rule or rights. We are not given an understanding of employment and how it is different here in U.S. vs. Europe, for example.

Solutions or Remedies?

Low-wage workers, most of the time, are unaware of potential solutions for health and safety issues especially because the resources they may have are not discussed with them in their health and safety training, nor are they the focus on any ongoing occupational health and safety training efforts employers may make. For example, workers come to understand that the local OSHA office is not able to enforce the existing government regulations without worker involvement, but workers doubt they can generate effective complaints without compromising their present and future employment.

UNIONS

Their basic impressions about unions overall is fairly low. Most of the time, the workers are not involved in a union. They haven't imagined any benefits they may achieve from creating one. They know that just having the government regulations in place is not enough to ensure healthy work conditions, but pathways to collective action are few. Relatively few low-wage workers characterize a role for unions in improving health and safety on the job. More often, the idea that unions collectively worked on important issues and won rights for workers over the decades is lost on low-wage workers. They don't see unions as a part of the solution. What workers come to know about unions is generally negative. Some of their information comes from traditionally anti-union sources. For example, some larger low-wage employers actively discourage workers from associating with union activity at hiring and in other trainings.

SELECTED PARTICIPANT COMMENTS

A union is a body that should represent staff member and go head to head with bosses. The union heads should let the staff know whether they are right about situations, what they are entitled to, etc. and also give the bosses a list of things that workers would like to be involved in or included in everyday work activities. So the union heads can go and take on the bosses in regards to those things. So they are basically there to represent you as a worker.

I think that unions should be involved a lot. Some unions have signed up just so that their name can be on the paper, but they need to be involved. There should be regular staff meetings to hear the voice of your staff and not only managers include. The bosses should be there sometimes, so they see first and hear first what is going on. To hear the voice of the staff members.

My mom was in a large union and she was saying at first she was going to join. But when she found out more about it, she said, "This is kind of screwed up. Everything that they're doing. So, I don't really want to be a part of it." The premise of it is good per se, but the actual outcome may not be.

I wouldn't even know how to start a union. We don't ever... we never even hear about that anymore. Like I remember I was going to apply for a job at a local retailer. We went to the little thing they hold about it and I remembered them saying, "We do not have unions here because of how good we are" and dadadadada. And they basically scared us about it during the application process. They talked about unions specifically. So I understood... "Okay! I won't sign up for a union, I guess or whatever."

EMPLOYMENT PROGRAMS

Low-Wage workers we encounter in this project are also sometimes frustrated by the government programs they participate with to gain skills or opportunities for better employment. They say that the programs offer some help and do inspire participants to seek better employment, but what follows is often another lousy job.

SELECTED PARTICIPANT COMMENTS

I'm glad I went when I did and we had a very good instructor for cooking/culinary arts. We had so much fun in that class. Everybody that was in that class, about twenty people, - we all got to know each other well. We would visit with each other on the weekend, have little cookouts and stuff like that, to see who could cook the best. When we were in the classroom, we were having competitions of who made the best. That's all what happened in the school, but the real job didn't work out that way.

I got a job working shortly after I graduated from that program in a suburban area. And God, they'd slave me like I was crazy and you know I mean, there wouldn't be nobody else in the back to help me besides the head cook. You're cooking meals for 100 or more people in that place.

And then late at night, I missed one bus and I had to walk. Nobody would give my black butt a ride into town. So I had to walk all the way from Camillus. I was living on the north side off Lodi on Green Street. My feet were hurting so bad, I was like, I was dying on the way, and my feet were bleeding. When you missed that bus that was like torture. I've never been tortured so bad. I was so tired from working, putting in eight hours plus I had to walk all the way home from way out there to the north side. I didn't have the money for a cab.

So I finally found a different job in a café in the city. I wasn't really cooking in that job. I became a welder later, but I did enjoy cooking and never had the opportunity to get a good job doing that work.

WORKERS COMPENSATION

When low-wage workers have been hurt or sick from their work, they are most likely to have sought medical treatment outside of the Workers' Compensation system with their family physician (who ignores the work-relatedness of their symptoms/complaints) or in the emergency room. Workers we meet generally avoid workers compensation as much as possible due to their common understanding that if they generate a compensation claim, they may be stigmatized by their own community, their co-workers, and reduce their potential for future employment because "word will get around that I am a complainer."

SELECTED PARTICIPANT COMMENTS

Workers Compensation is hell. My sister had a herniated disk in her back and it took her five years to get it all resolved. She finally had an operation. She went through hell with Workers' Comp.

LACK OF ETHICS IMPACTS WORKERS' HEALTH

Low-wage workers possess views on the larger social problems facing workers. They point to the “unprincipled upper heads” who are “lacking in ethics” and don’t value working people’s lives and well-being.

SELECTED PARTICIPANT COMMENTS

People at the top should work to understand the worker and understand the situation that their worker is under. They need to know the conditions that we’re working under, and then recognize and acknowledge that we do need new modern up-to-date technology.

Workers in the Low-Wage Workers’ Health Project understand they are impacted by a systemic problem that needs strong attention at all levels of the organizations.

SELECTED PARTICIPANT COMMENTS

My supervisor is always harping on us. And she kind of looks like the bad guy, but then you find out that her supervisor is doing that to her and then there’s even corruption even higher up. So where does it end? How can you solve that problem? You know she’s talking to us crazy because she’s getting talked to crazy and then the boss is getting talked to crazy by the people at the top of the organization. So it’s like you know, if you don’t have an organization that’s founded on like principles, I think it’s going to be hard to you know give everybody what they need at the bottom.



EVALUATION

The Occupational Health Clinical Center has been striving to prevent occupational death, injury and disease through outreach and education of at-risk, vulnerable workers in upstate New York for over 25 years. Outreach and education staffing is active in the 26 counties served by the clinics, working with many local, state and national organizations representing and assisting low-wage workers.

Critical evaluation of all activities included comparative analysis of content and processes among team members. Drawing upon “critical realist review” principles in frequent debriefing sessions, team members aimed to pragmatically assess what is working, for whom, and under what circumstances in a comprehensive and reflective way.⁵⁸ More specifically, to maximize project effectiveness, participants were asked to evaluate their learning experience on several levels. Agency leaders also were asked to gauge their likelihood of future action. Project staff systematically recorded and analyzed these discussions.

The Subcontractors

When a project expands, it is particularly important to retain some uniformity and some method for evaluating quality when less directly involved. Evaluation questions were distributed to all subcontractors and completed by OHCC staff as well. These questions were based on critical realist theory which suggests that an effective review and evaluation would include qualitative review by all involved with the project to include the low-wage workers, session facilitators, and community-based organization leaders. Questions were aimed to elicit an assessment of strengths and weaknesses of both the session content and also potential for ongoing connection.

Facilitators and project leaders were asked to complete answers to questions in a quick group debriefing to take place immediately after the sessions. In addition, specific follow up connection to the community-based organization leaders was requested to obtain fresh impressions and attentive follow up. Workers’ perspectives were summarized by facilitators who conducted sessions, but in addition, recordings were obtained when workers were asked, very specifically, to evaluate their experience in the sessions. Workers were asked, “What have we discovered? Among what we have discovered, what matters most to you and why?” and “What might we realistically consider doing?” These questions were meant to be somewhat vague and open-ended so that workers would emphasize their own lines of thinking over what they believe we might hope or expect them to say. Results from an analysis of the content of those recordings is an important component of this evaluative process.

Facilitators’ perspectives

Most groups were formed through direct outreach to the organizational leaders in order to access participating workers through existing networks and/or programming. However, a few groups were formed through outreach in the community directly, especially as a part of the subcontractors’ general approach to outreach in their community. In that sense, the subcontractor acts as a community-based organization for the project since they are already in the process of gathering workers.

Groups are generally held in comfortable conditions provided by the community-based organization facilities. No two sessions were conducted exactly alike, but varied according to group dynamics, specific

interests or questions posed by the group discussion, and/or facilitators' mastery of time management and their ability to keep the groups focused on the materials (i.e. rather than going off topic) so that all of the elements of the sessions can be presented. In one case, group participants didn't have accurate information about the type of workshop being offered and that group ended well after a bumpy start.

Groups differ in their levels of engagement, however, most engagement with the material is high and only a few groups need prodding or extra encouragement to share ideas. In one case, the group was the most engaged group the facilitators had ever encountered. The framework of the activity lent itself well to group engagement and the goals for the sessions were met by all groups assembled. Participants were very clear on their understanding of the relationship of their symptoms to hazards present in the workplace. Participants were provided with information about their rights to a healthy workplace in both oral and written communication, in English and in Spanish.

Workers' Perspectives

Frequent comments from workers include a profound appreciation that we have brought the "Know-Your-Rights" information and information about potential hazards. Workers also express relief that they have been made aware of OHCC so that if they should become ill or injured, they would "know where to go to get treatment" and to "get help knowing how to file workers' compensation." Often workers remark that they have never been informed of basic KYRs information and find it relevant and immediately useful. Some groups were at a loss for how to overcome common barriers, but most groups enthusiastically embraced concrete plans to generate change toward a healthier workplace going forward. Some of these changes were centered on raising awareness among co-workers, but other groups developed more specific plans to address specific hazards raised during the sessions. Interactions between low-wage workers were especially encouraging when discussing racial discrimination or coping with work-related stressors. In general, workplace conditions become readily apparent due to the planned activities especially because the groups maximize opportunities for discussion. Overall, the participants express appreciation for the opportunity to share their work experiences and also learn about occupational health hazards and workers' rights. They often say they are glad to know about occupational health resources available to them locally.

Fostering Connection to Community-Based Organizations

All new organizations approached for this Low-Wage Workers' Health Project expansion were carefully chosen, especially in light of a strong potential for ongoing partnership. The Low-Wage Workers' Health Project is particularly effective as an introductory set of activities that can lead to meaningful follow up activity. OHCC and subcontractor plan to pursue all organizations involved with Phase IV with additional activity either to provide more specific or more advanced occupational health and safety training or to work on building capacity to provide training within their organizations through more interaction with the organization's staff development meetings/workshops.

The need for improvement in communication was noted by one contractor and when connections failed to develop as hoped, intensified communication was effective in developing partnerships in a few cases. In other cases, connection to new partners were not successful, mainly due to the inability to find common ground when an organization requested that we alter or filter our central message related to workers' rights or access to occupational health care via workers' compensation.

Immediate follow up plans and longer term plans were developed for nearly every community-based connection. The fruit of initial contact is especially useful so that the Low-Wage Workers' Health Project is not viewed as a "one-off for a grant and we are done" but rather community leaders see that we want to create sustained partnerships for longer term effectiveness.

Organizational leaders were, in most cases, very quick to engage in follow-up planning by meeting and setting dates for ongoing activity with specific activities and timetables for this activity. This willingness to continue is an important indicator that our sessions meet an educational need for those organizations and that the community-based organizations have confidence in the Low-Wage Worker Health Project's activities to fulfill those needs and connect to more advanced training through OHCC and subcontractors on the project.

Critical realist review requires a 360 degree examination at all levels of the project.⁵⁸ Voices of all involved are sought to answer the basic question: In what way was the project effective in meeting its rather lofty goals to educate and empower low-wage workers? And if so, for whom? and under what conditions? We also ask: In what way was the project ineffective and for whom and under what conditions? We can conclude through qualitative analysis that the Low-Wage Workers' Health Project operates with an effective process and framework as described by facilitators, community-based organizational leaders, and as discussed openly by the workers' themselves. Feedback has been collected along the way and incorporated into session plans. Final evaluation can mirror the complexity of the project and efficiently emphasize project strengths and weaknesses.

NEXT STEPS

1. Continue to work with Partnering Organizations

Workers' stories and experiences will continue to connect the project with real world information from the workers currently or very recently working these precarious, low-paying jobs.

In order to continue to engage low-wage workers in new regions, cities and towns in upstate New York, we believe we must generate more interconnectedness through partnerships between and among:

- Unions
- COSH groups
- Workers' Centers
- Occupational Health Clinics

The leaders and group facilitators in each of these partnering organizations are prepared to continue conversations with workers and create more opportunities for workers' to not only voice their concerns, but to act upon them by working together with others in the community to improve working conditions within an occupational group or industrial sector, but also across occupational and industry settings.

These partnering organizations provide consistent community based health and safety resources that provide comprehensive occupational health and safety services to low-wage workers. Strengthening their efforts is imperative, especially because they have been collectively accumulating extensive experience and expertise, and they have earned the trust of workers in their communities.

2. Continue to work with Community-Based Organizations

Continue to engage low wage workers directly in the community by connecting with organizations that server them. In order to advance this goal, existing organization must have increasingly customized materials and approaches. In additions, finding or creating the community-based leadership required to continue to connect with low-wage workers in meaningful information exchanges is planned.

3. Create New Materials

Education and Training in the Changing Landscape - create new materials and new methods of communicating with working people, based on knowledge we've gained and in new platforms, in addition to but expanding beyond print media.

4. Follow Up with Specific Groups of Low-Wage Workers

- Nail salon workers
- Home health aides

5. Develop Community Based Occupational Health Promoters

Efforts to improve working conditions, eliminate safety and health hazards, and facilitate access to medical resources and benefits for injured workers, require facilitating the capacities of workers themselves to change these conditions. We plan to initiate a pilot program to train emerging, entry- level health care workers to engage in occupational health basic outreach and education activity.

CONCLUSION

The conversations with low-wage workers in phase four of this project continued to be a rich source of information about low-wage working conditions in the Syracuse area. Additionally, the expansion to the Southern Tier and the Capital Region further strengthened our grasp on the condition of low-wage work in New York State.

Workers envisioned healthy work in the project activities, but these visions provided a stark contrast to their day to day experiences on the job. Some of the most difficult work conditions involved racial discrimination, lack of enough equipment/machinery to accomplish the required work, inadequate safety guidelines/knowledge, incompetent management at supervisory, mid-level and top levels leading to unrealistic expectations and general disconnect from workers' concerns. There is a lack of leadership related to occupational health and safety and a weakened role of unions over time. Health issues are handled poorly and almost always in a reactive way, instead of anticipating and proactively preventing injury, illness and death on the job.

Low-wage workers lack of resources, people, or locations to go to for help when work-related safety and health issues arise. Work related stress is a central theme, but employers tend to universally dismiss "stress" as a vague unimportant condition of work to be tolerated, ignoring clear long term health impacts. Low-wage workers universally report lack of respect that equates to not being taken seriously when work-related health issues arise. Workers are routinely fired at some point after they are injured. Pathways to return to work are made difficult.

Basic recommendations include strengthening the existing and extensive community based resources in New York State that provide comprehensive occupational health and safety services to low-wage workers. In addition to regulatory and legal remedies, recommendations include a comprehensive prevention agenda including:

- occupational health and safety training tightly aligned with low-wage job conditions
- basic and advanced "Know Your Rights" training
- health and safety training for refugees and immigrants in their own language
- improved access to medical care and Workers' Compensation benefits
- elevated vision among local community leaders leading to increased occupational health programming within their organizations
- up-to-date occupational health and safety educational materials using print, computer and cell-phone technologies

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We thank the community leaders who caught our vision for the Project, recognizing the negative impact of low-wage work on community health and championing our work within their own organizations. (Appendix A).

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PREVIOUS REPORTS

Low-Wage Work in Syracuse
Worker Health in the New Economy

Jeanette Zoeckler
Michael Lax
George Gonos
Mary Ellen Mangino
Greg Hart
David Goodness

Healthy Work in Syracuse?
Conversations with Low-Wage Workers

Jeanette Zoeckler
Michael Lax
Joseph Zanolini

THE LOW-WAGE WORKERS' HEALTH PROJECT

Mapping the Landscape of Low-Wage Work and Health in Syracuse

...Continuing the Conversations

Jeanette Zoeckler
Michael Lax
Joseph Zanolini

http://ohccupstate.org/projects_internships.cfm

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Appendix A

MIT Living Wage Calculator (2017)

Hourly Wages	Living Wage			
	Onondaga County	Tompkins County	Broome County	Albany County
1 Adult	\$10.59	\$12.38	\$10.30	\$11.51
1 Adult 1 Child	\$24.61	\$26.41	\$24.08	\$25.89
1 Adult 2 Children	\$32.49	\$34.29	\$31.96	\$33.77
1 Adult 3 Children	\$41.86	\$44.13	\$41.38	\$43.08
2 Adults (One Working)	\$17.36	\$19.33	\$16.95	\$18.58
2 Adults (One Working) 1 Child	\$21.95	\$23.75	\$21.42	\$23.23
2 Adults (One Working) 2 Children	\$24.48	\$26.28	\$23.95	\$25.77
2 Adults (One Working) 3 Children	\$27.19	\$29.46	\$26.71	\$28.42
2 Adults (1 Working Part Time) 1 Child	\$13.85	\$14.76	\$13.59	\$14.50
2 Adults	\$8.68	\$9.66	\$8.48	\$9.29
2 Adults 1 Child	\$13.85	\$14.76	\$13.59	\$14.50
2 Adults 2 Children	\$17.58	\$18.48	\$17.32	\$18.22
2 Adults 3 Children	\$21.39	\$22.53	\$21.15	\$22.01

Appendix B

MIT Living Wage Calculator: Typical Expenses / Onondaga County (2017)

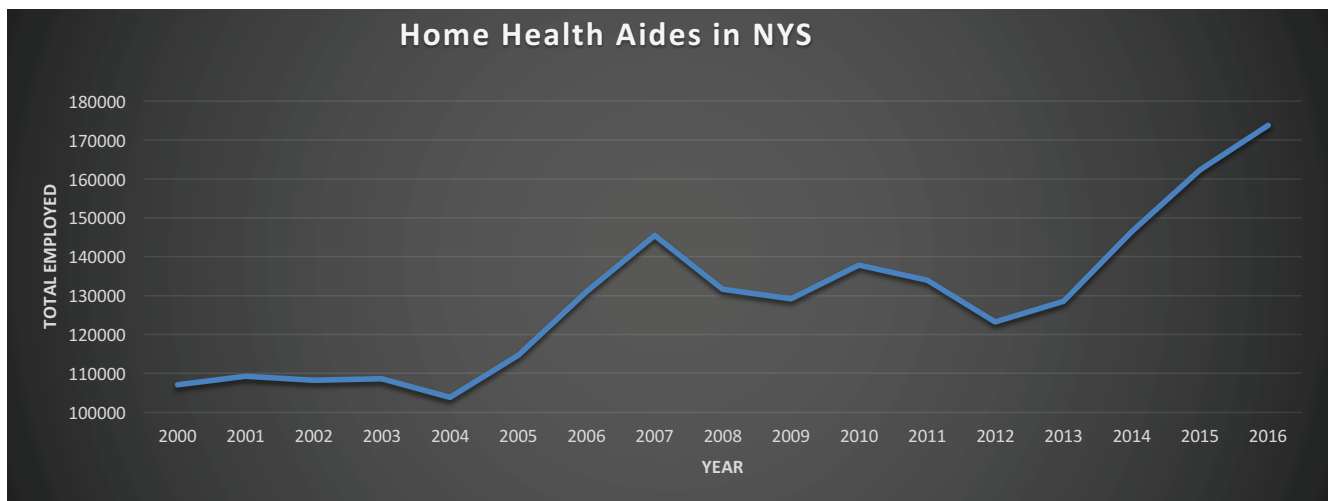
Annual Expenses	Food	Child Care	Medical	Housing	Transportation	Other	Required annual income after taxes	Annual taxes	Required annual income before taxes
1 Adult	\$3,464	\$0	\$2,392	\$6,540	\$3,568	\$2,355	\$18,319	\$3,712	\$22,031
1 Adult 1 Child	\$5,244	\$9,967	\$6,993	\$9,708	\$6,775	\$3,841	\$42,528	\$8,651	\$51,179
1 Adult 2 Children	\$7,806	\$18,475	\$6,706	\$9,708	\$8,850	\$4,625	\$56,170	\$11,406	\$67,576
1 Adult 3 Children	\$10,314	\$26,984	\$6,867	\$12,720	\$9,655	\$5,760	\$72,299	\$14,762	\$87,061
2 Adults (1 Working)	\$6,351	\$0	\$5,399	\$7,644	\$6,775	\$3,841	\$30,010	\$6,095	\$36,105
2 Adults (1 Working) 1 Child	\$8,037	\$0	\$6,706	\$9,708	\$8,850	\$4,625	\$37,926	\$7,722	\$45,648
2 Adults (1 Working) 2 Children	\$10,321	\$0	\$6,867	\$9,708	\$9,655	\$5,760	\$42,310	\$8,607	\$50,918
2 Adults (1 Working) 3 Children	\$12,541	\$0	\$6,724	\$12,720	\$9,687	\$5,246	\$46,919	\$9,637	\$56,556
2 Adults	\$6,351	\$0	\$5,399	\$7,644	\$6,775	\$3,841	\$30,010	\$6,095	\$36,105
2 Adults 1 Child	\$8,037	\$9,967	\$6,706	\$9,708	\$8,850	\$4,625	\$47,893	\$9,734	\$57,628
2 Adults 2 Children	\$10,321	\$18,475	\$6,867	\$9,708	\$9,655	\$5,760	\$60,785	\$12,337	\$73,123
2 Adults 3 Children	\$12,541	\$26,984	\$6,724	\$12,720	\$9,687	\$5,246	\$73,903	\$15,089	\$88,992

Appendix C

The Proliferation of Low-Wage Work in Syracuse Example: Home Health Care Workers

Home health care workers are important contributors to the American health care system as the American population gets older and requires long term home based care. In 2016, New York State was reported to have 173,830 home health aides, the highest level in the country with an annual mean wage of \$24,150.1 Nationally, it is projected that the number of people employed in the home health care work will grow by 38% from 2014 to 2024 at a level much faster than the average for all occupations², while the population of individuals above the of 65 years will go from 47.8 million to 88 million by 2050³ resulting in high demand and need for these workers. Although this occupation is projected to add more jobs, these workers are paid low wages. Additionally, the high psychological demand involved in this occupation (coupled with the low pay) results in low retention of workers. About a quarter of home health care workers live below the poverty line as compared to 9% of all U.S. workers.³ Therefore, remuneration and benefits of these workers are not commensurate with their contribution to the health care system. Many of these workers are vulnerable to assault, exploitation and abuse, especially as most of them are women of color³ and this vulnerability impacts their health and overall wellbeing.

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Source: Occupational Employment Statistics Survey - <https://labor.ny.gov/stats/lswage2.asp>

THE LOW-WAGE WORKERS' HEALTH PROJECT
OVERCOMING BARRIERS TO HEALTHY WORK IN UPSTATE NEW YORK

