

THE LOW-WAGE WORKERS' HEALTH PROJECT

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

...Continuing the Conversations



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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://ohccupstate.org>. The Project also receives funding from the Workforce Development Institute.

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EXECUTIVE SUMMARY

Because 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, 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.

Funded in part by the Workforce Development Institute and spirited along with the help of student interns, the Low-Wage Workers' Health Project has engaged with a total of **559 low-wage workers** in three phases since 2013. More than twenty organizations have partnered with this project, with five organizations participating in all three years. More than twenty presentations have been made to disseminate the results. Results have been shared in a variety of academic and community settings. The project has been featured through print, radio, television, and social media coverage.

Among low-wage workers in the Syracuse area, 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 is a palpable and even aggravating isolation from the society due to lack of opportunities, low education levels, and a daily sense that there is no way to control the economic disadvantage and the accompanying lack of respect.

Low-wage jobs carry more occupational health and safety risks for workers than higher paying jobs. 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. Since occupational illness is highly preventable, new frameworks are necessary for discovering and addressing occupational health disparities. The workers' experiences and ideas are critical in developing those frameworks.

Methods

Through active community partners, the project team engaged low-wage workers in the Syracuse community. Workers created innovative body mapping and workplace hazard mapping tools to create visual displays of symptoms and workplaces. 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 Syracuse.

Results

Low-wage worker group members (n=120) held a wide variety of jobs and 30-40% of those participating were between jobs; however, all had worked within the previous year. Union members comprised 14.4% of the participants (n=120). Since we wanted community-based participation from a highly diverse group, we engaged with proportionately more foreign-born/non-whites (39%), and African-American/Blacks (31%) than with European American/Whites (26%). Health care workers (19%), food service/restaurant workers (18%), and maintenance/cleaners (14%) were the most common occupational groups.

Body Maps and Hazard Maps

Low-wage workers identified bodily symptoms linked with work conditions or tasks. Hazard maps further visualized common health and safety problems across industries. These were: poor air quality, improper labeling and storage of cleaning chemicals, static postures when working at computers, poorly maintained machinery, hazards that could potentially lead to slips, trips and falls. Construction, manufacturing, and warehousing/transportation workers report hazards from machinery and other large equipment. While workers who work in retail, customer service, social assistance, and restaurant work have common psychosocial strain related to serving the public. In addition, restaurant workers report hazards with equipment, especially cuts and burns. All occupations reported inadequate training about managing physical conditions and psychosocial hazards, such as high work demands, low work control, lack of managerial support, bullying, and workplace violence.

Conversations

Low-wage workers emphasized work-related stressors from management and from high work demands. Discussions emphasized how the boundaries between work and non-work life are blurred, how stepping forward to address problematic work-related health conditions is difficult, and ideas for finding realistic short and long-term solutions to make work healthier. Workers told vivid stories of gender, racial and ethnic discrimination, wage theft, erratic schedules, and how exhausted they are due to long hours or having to work two jobs to make ends meet. Additionally, workers who were union members achieved more success when unsafe work conditions are encountered.

Discussion

Identifying the risk and occurrence of occupational disease is an important part of comprehensively describing health and safety in low-wage work. Hazard and risk mapping are important methods workers can use in this endeavor, but they often need supplementation, making relationship-building between occupational health professionals and low-wage workers a key task.

Conclusion

Strengthening the existing and extensive 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 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

Long Term Project Goals

Among low-wage workers in the Syracuse area, the project aims to:

- Bring attention to the often hidden world of low-wage work
- Identify important ways work contributes to poor health
- Explore ideas to pursue healthy work and healthy workers

BACKGROUND

Health Inequalities: Low-wage workers have poorer health

In the United States, not everyone has the same risk of illness and death. Workers in low wage jobs get sick more and die younger than those in higher wage jobs. A number of mechanisms connect the lack of living wages with reduced health and longevity. For example, lower incomes are associated with reduced health care access, hindering the appropriate management of acute and chronic diseases. More importantly, the lower the wage, the higher the likelihood of poor health related to conditions such as poor diet and nutrition, obesity, lack of physical activity, smoking, depression, and exposure to environmental pollutants. Conservative estimates suggest increasing the minimum wage in New York to \$15 an hour would result in an 8% reduction of premature deaths, with 5,500 fewer people dying young in New York City alone between 2008 and 2012.¹⁻⁷

It is also likely that psychosocial mechanisms are contributing to the increased risk of death and illness for people on the lower end of the wage scale in societies with high income inequality. The stress of struggling to continuously make ends meet while seeing others enjoying the fruits of a higher income without necessarily working any harder creates a nagging sense of injustice, and a frustration that things will seemingly never change. Low-wage workers may also doubt their overall integrity and value to society and develop a sense of marginalization, sensing deeply that they are “second class citizens.” They may experience lower self-esteem and reduced job satisfaction relative to higher wage earners. Chronically experienced, these kinds of stressors can have profound health effects.^{8,9}

Economic inequality establishes and reinforces a number of entrenched social conditions. Those with low incomes have difficulty meeting day-to-day expenses, finding adequate housing, obtaining quality education, and accessing medical care. When these disadvantages become entrenched, they often escalate into multiple and complex problems that accumulate.

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.^{10,11} CEOs now make 300 times more than the average worker.¹² 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.”¹³ In the last decade, growth of the GDP was sluggish and the recovery from the Great Recession saw an uneven job creation pattern as mid-wage job creation lagged behind high-wage jobs and low-wage proliferated.¹⁴ Even though labor markets are expected to tighten resulting in pressure on employers to raise wages and drawing discouraged workers back into the labor force, the overwhelming trend over decades will not be offset as the economy is characterized by historic malaise. Gender and race gaps in pay rates persist.¹⁵ As a consequence, it is likely that this society will continue to be plagued by large inequalities of health.

Work contributes to poor health

While a number of factors are associated with poor health, the contribution of work and working conditions to health and health inequalities deserves specific attention. It is well known that over both the short and long term, the quality of working life has an impact on health.^{16,17} In low-wage jobs the health risks of work are increased.¹⁸ Low-wage jobs may be dirtier and more risky due both to the increased presence of hazards and the lack of adequate measures to control exposures.

Employers in these environments often cut costs and maximize profits by cutting corners when it comes to health and safety. Workers without many skills in a job market glutted with others in similar circumstances are often ‘willing’ to work in silence and accept health and safety risks for the sake of having a job.

Another factor likely contributing to increased health risks in low-wage workplaces is poor regulation of workplace hazards. Employers may not be aware of regulations or may just flout them. Workers may not be aware of their rights, regulatory resources, or how to use them. Given the lack of resources given to the Occupational Safety and Health Administration (OSHA), a workplace inspection is highly unlikely unless there is a complaint made to the agency. Complaints originate from workers, and in a low-wage setting, even if workers are aware of resources and their rights, they are typically reluctant to use them. Fear of retaliation and job loss is too strong. As a result low-wage workers are often unprotected by laws and regulations.¹⁹⁻²³

While the presence of workplace hazards obviously plays a key role in producing injuries and illnesses, recently increasing attention has also been given to how the way work is organized impacts health. “Precarity” is the term many have applied what is a central characteristic of much contemporary low-wage work.²⁴ The vast majority of low-wage work is relatively unskilled and non-union. 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. Precarious work is insecure work.^{25,26}

Low-wages heighten the insecurity. Workers making subsistence level wages often need to find more than one job. Parents must go out and work reducing their opportunities to stay home and care for children. They scramble to put together affordable and dependable child care arrangements. Likewise, they must find the resources to obtain and maintain dependable transportation. The arrangements they are able to put together are typically fragile and break down. As a consequence, they have trouble getting to work on time or at all, and they are in frequent danger of losing their job.

These stressors have an impact on health in several ways. Workers may not have the time to take care of health problems as they should so conditions like hypertension and diabetes go un- or under treated, increasing the risk of serious chronic health effects. Without enough financial resources, workers may ‘choose’ to forgo testing, medication, or other treatment for their health condition. Low-wage workers are often in no position to pursue activities promoting health and prevention of illness such as regular exercise and a healthy diet.

The stressors affect health directly and in a wide variety of ways.²⁷ For example, blood pressure can be elevated by stress leading to heart attack and stroke. Control of blood sugar levels in diabetes can become more difficult. Mental health conditions such as depression and anxiety often arise. Research even links stress to immune system changes, and increased risk of cancer.²⁸

Some of the health impact of work in low-wage settings is less defined but pervasive and no less real in effect. One issue that has gotten some attention recently is the way many low-wage workers have “disengaged” from work. Employees are considered engaged if they “work with passion and feel a profound connection to their company.” Those who are not engaged are simply “checked out” and they are “sleepwalking through their workday, putting time, but not energy or passion into their work.” Others are actively disengaged. These people “aren’t just unhappy at work, they are busy acting out their unhappiness and undermine what their engaged co-workers accomplish.” Higher engagement levels were correlated with better physical health.

Engaged employees have lower incidences of chronic health problems such as high blood pressure, high cholesterol, diabetes, obesity, diagnosed depression, and heart attacks than actively disengaged employees. They also eat healthier, exercise more frequently, and consume more fruits and vegetables than their not engaged or actively disengaged counterparts. Further, these engaged employees are more likely to be involved in employer sponsored wellness programs.²⁹

Another less defined impact low-wage workers experience is marginalization. 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 is a palpable and even aggravating isolation from society due to lack of opportunities, low education levels, and a daily sense that there is no way to control the economic disadvantage and the accompanying lack of respect. Marginalization might best be considered a contributor to ill health as another aspect of the stress of low-wage work.

Low-Wage Work in Syracuse

Some Characteristics of Low-Wage Earners

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. Statistics don’t support this. In New York State, low-wage workers have the following characteristics.³⁰

- 5.2% were 16-19 years old
- 15% were over 55
- 75% were over 25
- 53 % were women
- 75% were persons of color
- 75% work full time
- 53% have at least some college experience
- 33% have children
- 27% are the sole providers of income in their home

Low-wage workers are not limited to any one place along the life course. There are substantial numbers of low-wage workers in each age range. There is evidence that older low-wage workers choose to work out of necessity.³¹ At the same time, there is concern that teens who need valuable early work experience are being edged out of entry level jobs by those over 25 who are primary breadwinners. Millennials, named so because they reached adulthood around the year 2000, are in their early working years. These younger workers do present concern because they are frequently unable to get a strong start and are living in their home of origin longer.³²

The Backdrop of Economic Distress

The levels of economic distress in our communities place working people at higher risk of work related injury and illness. When jobs are scarce, individuals are more likely to accept low income jobs with non-standard or precarious arrangements. Low-wage work comprises a significant percentage of the labor force in the Syracuse Metropolitan Statistical area. In 2014, nearly 60,000 workers (22%) were employed in the ten largest low-wage occupations.³³ In 2015, over 100,000 workers are working in the top 25 low-wage occupations (See chart below). Estimates suggest that 30% of the active labor force make less than \$15 per hour.

The average household median income in Syracuse is \$31,270, 58% of the national average of \$53,657. The poverty rate in Syracuse is 35% and an alarming 50% of children live below the poverty line (\$24,320 for a family of four). More people in Syracuse work in service sector jobs (25%) than the national average (18%). Manufacturing jobs with steady work and decent pay rates have declined to a low of about 18,000 jobs since the late 1970's when there were over 50,000 manufacturing jobs.³⁴ It is important to connect this depressed economic context with subsequent generational poverty. In general, children comprising the next generation begin with substantial disadvantage over the previous generations.

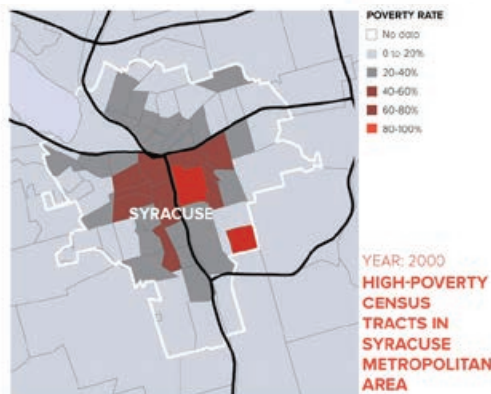
The Century Foundation released a study analyzing concentrated poverty in August 2015. When in-depth analysis of census tracts in neighborhoods with greater than 40% poverty was undertaken, researchers found that the highest concentration of poverty among blacks and among Hispanics in the U.S. was observed in Syracuse. These figures demonstrate significant poverty occurs in Syracuse, impacting minority groups more harshly. Furthermore, poverty concentration has been increasing between 2000 and 2011.³⁵ Difficulty finding and maintaining a living wage translates into ongoing economic instability for some groups more than others. Patterns of poverty perpetuate occupational health disparities in Syracuse.³⁶

HIGHEST BLACK CONCENTRATION OF POVERTY

| RANK | METROPOLITAN AREA | BLACK | | |
|------|------------------------------------|-------|-----------|-----------|
| | | 2000 | 2005-2009 | 2009-2013 |
| 1 | Syracuse, NY | 43.4 | 48.3 | 65.2 |
| 2 | Detroit-Livonia-Dearborn, MI | 17.3 | 41.4 | 57.6 |
| 3 | Toledo, OH | 18.7 | 43.4 | 54.5 |
| 4 | Rochester, NY | 34.2 | 43.5 | 51.5 |
| 5 | Fresno, CA | 42.8 | 28.1 | 51.4 |
| 6 | Buffalo-Niagara Falls, NY | 20.8 | 31.8 | 46.4 |
| 7 | Cleveland-Elyria-Mentor, OH | 26.7 | 36.7 | 45.5 |
| 8 | Gary, IN | 22.2 | 30.1 | 45.2 |
| 9 | Milwaukee-Waukesha-West Allis, WI | 38.7 | 41.0 | 44.8 |
| 10 | Louisville/Jefferson County, KY-IN | 38.6 | 41.9 | 42.6 |

Source: 2000 Census, 2005-2009 and 2009-2013 ACS.
Limited to the 100 largest metropolitan areas.

THE CENTURY FOUNDATION

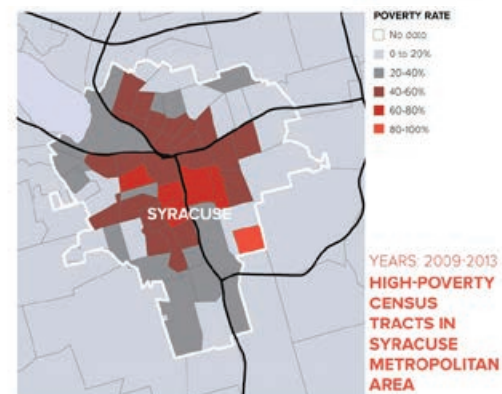


HIGHEST HISPANIC CONCENTRATION OF POVERTY

| RANK | METROPOLITAN AREA | HISPANIC | | |
|------|-----------------------------------|----------|-----------|-----------|
| | | 2000 | 2005-2009 | 2009-2013 |
| 1 | Syracuse, NY | 49.3 | 38.4 | 62.2 |
| 2 | Philadelphia, PA | 53.7 | 45.9 | 54.0 |
| 3 | McAllen-Edinburg-Mission, TX | 61.4 | 53.8 | 51.8 |
| 4 | Detroit-Livonia-Dearborn, MI | 8.8 | 34.9 | 51.1 |
| 5 | Springfield, MA | 42.9 | 39.5 | 49.3 |
| 6 | Rochester, NY | 32.3 | 34.6 | 45.7 |
| 7 | Milwaukee-Waukesha-West Allis, WI | 5.3 | 27.7 | 43.7 |
| 8 | Fresno, CA | 31.9 | 28.5 | 43.0 |
| 9 | Buffalo-Niagara Falls, NY | 39.4 | 31.6 | 41.6 |
| 10 | Cleveland-Elyria-Mentor, OH | 16.2 | 29.7 | 36.9 |

Source: 2000 Census, 2005-2009 and 2009-2013 ACS.
Limited to the 100 largest metropolitan areas.

THE CENTURY FOUNDATION



Union Density in Syracuse

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 2014, union members accounted for 24.6% of wage and salary workers in New York State, Union membership rates in the US have been in steady decline for fifty years and currently stands at 11.8% overall.³⁷

Including both public and private sectors, union members make up 25.9% of the New York State's workforce. In the Syracuse Metropolitan Statistical Area 24.2% of the workforce is unionized, with a unionization rate of 7.7% in the private sector and 78.7% in the public sector.³⁸

The Living Wage

For the purposes of this project, low-wage workers are defined by the MIT Living Wage Calculator.³⁹ 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.

Franklin D. Roosevelt defined living wages as “more than a bare subsistence level – I mean the wages of a decent living.” The MIT living wage calculator figures wages with more austerity.⁴⁰ For these economists, the general idea is that a working adult is making a living wage if they can 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.

Many envision the living wage as a human right and see the problem as a social injustice to be countered with a multi-pronged approach to social change. In addition the lack of dignity and poverty experienced by low-wage workers, there is a public cost of low-wages.⁴¹⁻⁴⁵

Low-Wage Occupations in Syracuse

Using figures from 2015, the following table indicates that in the Central New York Region, total participation in the labor force including public and private sector workers exceeds 346,000 workers.⁴⁶ The 25 largest low-paying occupations in the Syracuse Metropolitan Statistical Area are listed in the following table 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.

Also charted are the fastest growing low-wage occupations in the Central New York Market Region.⁴⁷ These projections suggest that considerable growth in many low-wage jobs is to be expected in the Syracuse area in the foreseeable future.

| Bureau of Labor Statistics Occupational Employment Statistic: March 2015 | | | | | | |
|--|--|------------------|----------|----------|--------------|---------------|
| 25 Largest Low-Wage Occupations Syracuse Metropolitan Statistical Area | | | | | | |
| Standard Occupational Classification Code | Title | Employment Count | Mean | Median | Entry Level* | Experienced** |
| 41-2031 | Retail Salespersons | 12,160 | \$26,590 | \$21,770 | \$18,930 | \$30,420 |
| 41-2011 | Cashiers | 9,300 | \$20,840 | \$19,610 | \$18,930 | \$21,800 |
| 35-3021 | Combined Food Preparation and Serving Workers, Including Fast Food | 8,410 | \$19,710 | \$18,900 | \$18,390 | \$20,370 |
| 37-2011 | Janitors and Cleaners, Except Maids and Housekeeping Cleaners | 7,410 | \$27,700 | \$24,440 | \$18,620 | \$32,230 |
| 43-9061 | Office Clerks, General | 6,940 | \$29,460 | \$27,890 | \$19,450 | \$34,460 |
| 43-5081 | Stock Clerks and Order Fillers | 6,160 | \$24,920 | \$22,130 | \$18,320 | \$28,220 |
| 25-9041 | Teacher Assistants | 5,610 | \$27,170 | \$25,810 | \$19,940 | \$30,780 |
| 35-3031 | Waiters and Waitresses | 5,140 | \$21,930 | \$19,180 | \$18,380 | \$23,710 |
| 53-7062 | Laborers and Freight, Stock, and Material Movers, Hand | 4,930 | \$27,770 | \$25,570 | \$19,480 | \$31,910 |
| 39-9021 | Personal Care Aides | 4,250 | \$25,510 | \$23,610 | \$19,460 | \$28,540 |
| 31-1014 | Nursing Assistants | 3,710 | \$28,120 | \$27,110 | \$21,350 | \$31,500 |
| 43-4171 | Receptionists and Information Clerks | 3,210 | \$27,790 | \$27,430 | \$20,920 | \$31,230 |
| 35-2014 | Cooks, Restaurant | 2,680 | \$23,600 | \$22,430 | \$19,260 | \$25,770 |
| 37-3011 | Landscaping and Groundskeeping Workers | 2,480 | \$28,630 | \$26,380 | \$20,000 | \$32,940 |
| 25-3098 | Substitute teachers | 2,350 | \$26,560 | \$25,130 | \$22,230 | \$28,730 |
| 31-1011 | Home Health Aides | 2,320 | \$24,870 | \$22,920 | \$20,780 | \$26,910 |
| 35-3022 | Counter Attendants, Cafeteria, Food Concession, and Coffee Shop | 2,270 | \$21,580 | \$20,850 | \$18,270 | \$23,240 |
| 51-2092 | Team Assemblers | 2,240 | \$31,010 | \$29,550 | \$22,580 | \$35,220 |
| 37-2012 | Maids and Housekeeping Cleaners | 2,230 | \$20,680 | \$19,430 | \$18,290 | \$21,880 |
| 35-2021 | Food Preparation Workers | 2,130 | \$21,530 | \$19,510 | \$18,310 | \$23,130 |
| 53-3033 | Light Truck or Delivery Services Drivers | 2,110 | \$30,210 | \$28,600 | \$20,000 | \$35,320 |
| 35-3011 | Bartenders | 1,970 | \$20,710 | \$19,040 | \$18,380 | \$21,870 |
| 35-9021 | Dishwashers | 1,670 | \$18,900 | \$18,700 | \$18,360 | \$19,170 |
| 39-9011 | Childcare Workers | 1,600 | \$23,080 | \$20,730 | \$18,330 | \$25,450 |
| 43-5071 | Shipping, Receiving, and Traffic Clerks | 1,580 | \$30,950 | \$29,950 | \$21,340 | \$35,750 |
| TOTAL Largest 25 Low-Wage Occupations | | 104,860 | | | | |
| TOTAL All Occupations | | 346,640 | \$46,220 | \$36,040 | \$21,160 | \$58,750 |

Source: Occupational Employment Statistics Survey (<https://labor.ny.gov/stats/lswage2.asp>)
Metropolitan Statistical Area includes Onondaga, Madison and Oswego Counties with Syracuse as the "principle city."
Entry wage1: The mean (average) of the bottom third wages in an occupation; Experienced wage2: The mean (average) of the top two-thirds of wages in an occupation.

**Central New York Labor Market Region^a
Job Growth Projections, 2012 – 2022**

Fastest Growing Low-Wage^b Job Titles

| | 2012 | 2022 | Change, 2012 - 2022 | | Median Annual Pay ^c |
|--|-------|-------|---------------------|---------|--------------------------------|
| | | | Net | Percent | |
| Bartenders | 1,900 | 2,410 | 510 | 26.8% | \$18,570 |
| Cooks, Restaurant | 2,160 | 2,680 | 520 | 24.1% | \$21,950 |
| Home Health Aides | 2,140 | 2,810 | 670 | 31.3% | \$22,530 |
| Physical Therapist Aides | 120 | 160 | 40 | 33.3% | \$27,460 |
| Medical Assistants | 950 | 1,160 | 210 | 22.1% | \$28,590 |
| Ophthalmic Medical Technicians | 120 | 150 | 30 | 25.0% | \$28,820 |
| Emergency Medical Technicians & Paramedics | 660 | 810 | 150 | 22.7% | \$30,920 |
| Medical Secretaries | 720 | 930 | 210 | 29.2% | \$31,210 |

^aCayuga, Cortland, Madison, Onondaga, and Oswego counties ; ^b\$15 per hour and less; ^cAs of first quarter 2015
SOURCES: Occupational Projections and Occupational Employment Statistics programs;
<https://labor.ny.gov/stats/cen/cnyindex.asp>

What is healthy work?

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.⁴⁸

This definition represents the highest ideals and it is the rare job that reaches this goal. It is safe to say that the vast majority of low-wage jobs depart significantly from this ideal and health is not even on their radar as a goal.

The technical aspects of improving working conditions are relatively clear. Hazards are identifiable as are the control measures to eliminate or reduce hazards. The question is why these means are not routinely implemented to create healthier work? The power imbalance between workers and employers is central to the answer to this question. The ability of workers to resist the imposition of poor and unhealthy working conditions is crucial to changing those conditions. Healthy work depends upon workers obtaining knowledge about the hazards they face and how they can be controlled. But it also depends upon workers finding the spaces they need to discuss, debate, and develop strategies for collective action. Not only can such actions promote the development of workplaces that get closer to the healthy ideal, they also promote health in and of themselves. When workers find their voice and ways to use it, they begin addressing the sense of powerlessness, resignation, and marginalization that is pervasive, and destructive to both body and mind.

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.

Summary of Project Activity

| | Phase 1 | Phase 2 | Phase 3 | Total |
|------------------------|---------|---------|---------|------------|
| Worker Survey | 275 | 146 | 138 | 559 |
| Conversational Groups | - | 11 | 14 | 24 |
| Participating Organiz. | 17 | 8 | 10 | 21* |

*(7 returning organizational partners over three years)

PROJECT ACTIVITIES - PHASE 3

Community-based organizations were selected because they were able to provide direct contact with low-wage workers. Conversational group sessions covered themes with visual media to stimulate thoughtful discussion in the groups.⁵⁷⁻⁵⁹

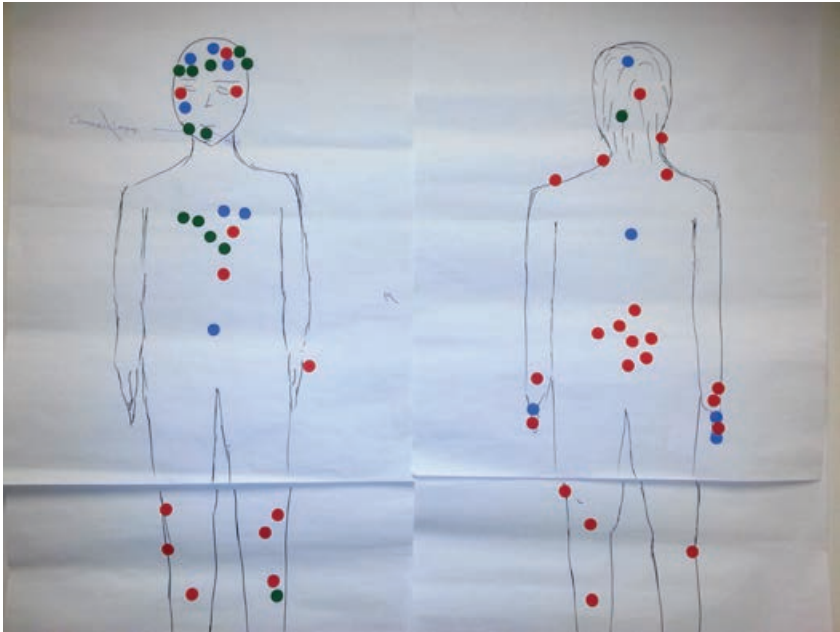
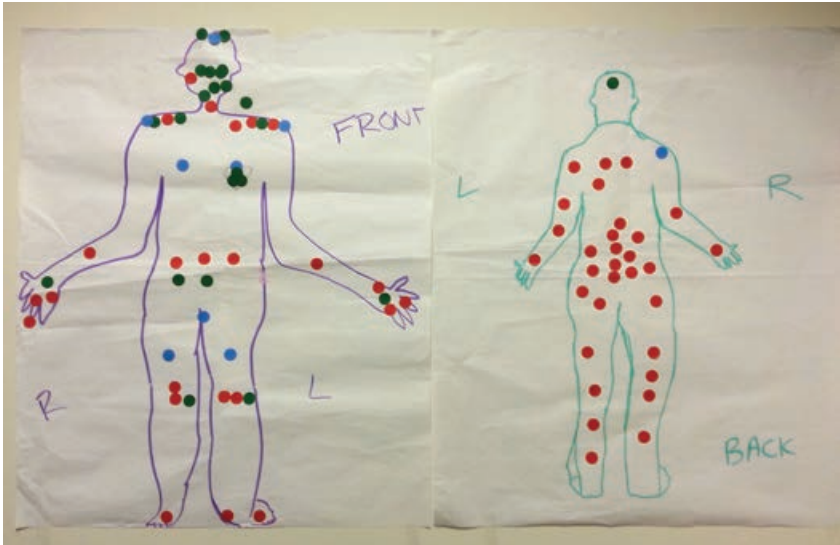
Each organization recruited and arranged groups to assemble at a convenient time. Participants were given a gift card worth \$40 for each 3 hour session. Discussions took place in the community, usually on-site at the organizations' facilities. Some groups were smaller with six to eight members. Other groups were larger, with over 15 participants. As in Phase 2, groups participated in body mapping and workplace hazard mapping exercises.



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 were 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.⁶⁰⁻⁶³

Body Maps Depicting How Low-Wage Occupations Impact The Body



Workplace hazard mapping activities direct group members' attention to the physical space of their jobs. Using poster-sized paper, low-wage workers first drew a basic map of their workplace. After that, they illustrated specific hazards by identifying sources for any negative health impacts they either have experienced or might experience. Assessing one workplace at a time, for each person participating, attention was paid to the various types of hazards they may encounter in their work environment including physical, chemical, mechanical, biological, and ergonomic design hazards.⁶³⁻⁶⁵

Group conversation about the maps was encouraged so that vivid descriptions could be recorded along with the maps being drawn. Group members discussed what their working day was like for them along with their unique workplace conditions focusing on themes around wages, hours, work-life balance, physical pain, symptoms, exposures, and interesting worksite descriptions. Basic information about labor laws, occupational health and safety rights, and accessing occupational health care were intentionally and naturally included.

Mapping exercises are designed to address the physical environment, the way work is organized, and how social relations play a role in work conditions. The exercises expose psychological or social stressors as valid hazards that are connected to both physical and mental health on the job. Themes related to work intensity, work demands, interpersonal dynamics, and workplace violence were an integral part of the discussions. Sessions ended with reflection about what solutions might become apparent and how to overcome barriers related to making work healthier.

In the following exemplary hazard map, a certified nursing assistant depicted her workplace at local skilled nursing facility. This workplace is unique in that it is an alternative and more homelike setting than a traditional skilled nursing facility. There is an elder-centered philosophy with private rooms and central living areas more like a traditional home than a nursing home. The exercise required the worker to identify specific types of hazards with colored shapes indicating types of hazards she may encounter.



Phase 3 Community Partners

Service Employees International Union (SEIU) 1199 at the Loretto Learning Center

Northeast Community Center

JobsPlus!

Westside Learning Center

State University of New York Educational Opportunities Center (SUNY EOC)

Urban Jobs Task Force

Experience Works!

Local Laborers #633

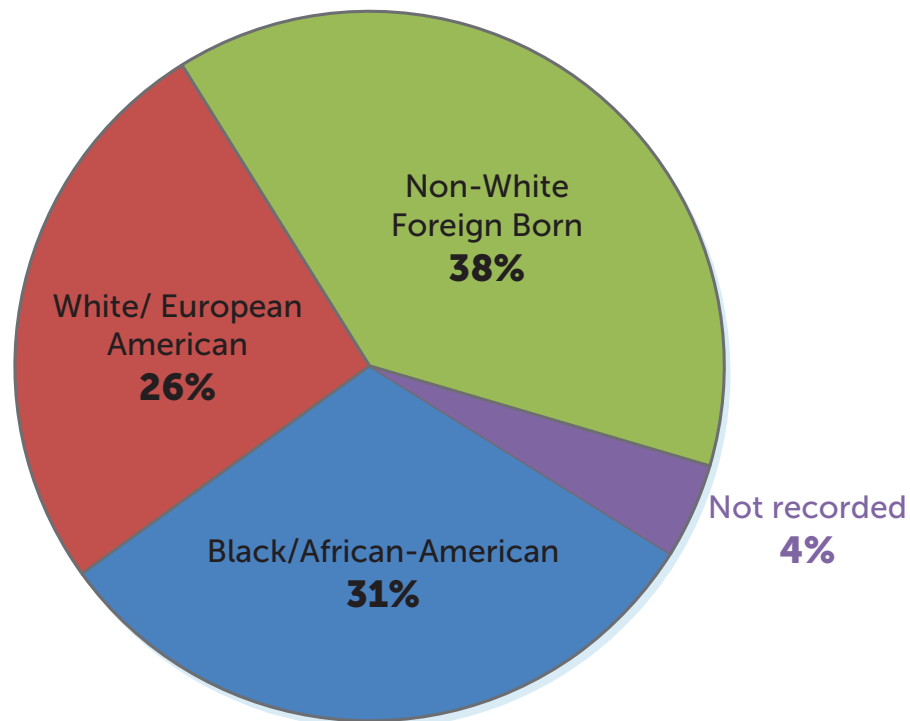
The Newland Center for Adult Learning and Literacy

Onondaga Cortland Madison Boards of Cooperative Educational Services (OCM BOCES)

RESULTS

The average age of group members was 38 years, but the group ranged in age from 18 to 65. Most were in their 30's or 40's. More women (62%) than men (38%) participated. The final set of participant represented a very diverse group with regard to ethnicity.

Ethnicity of the Participants (n=138)

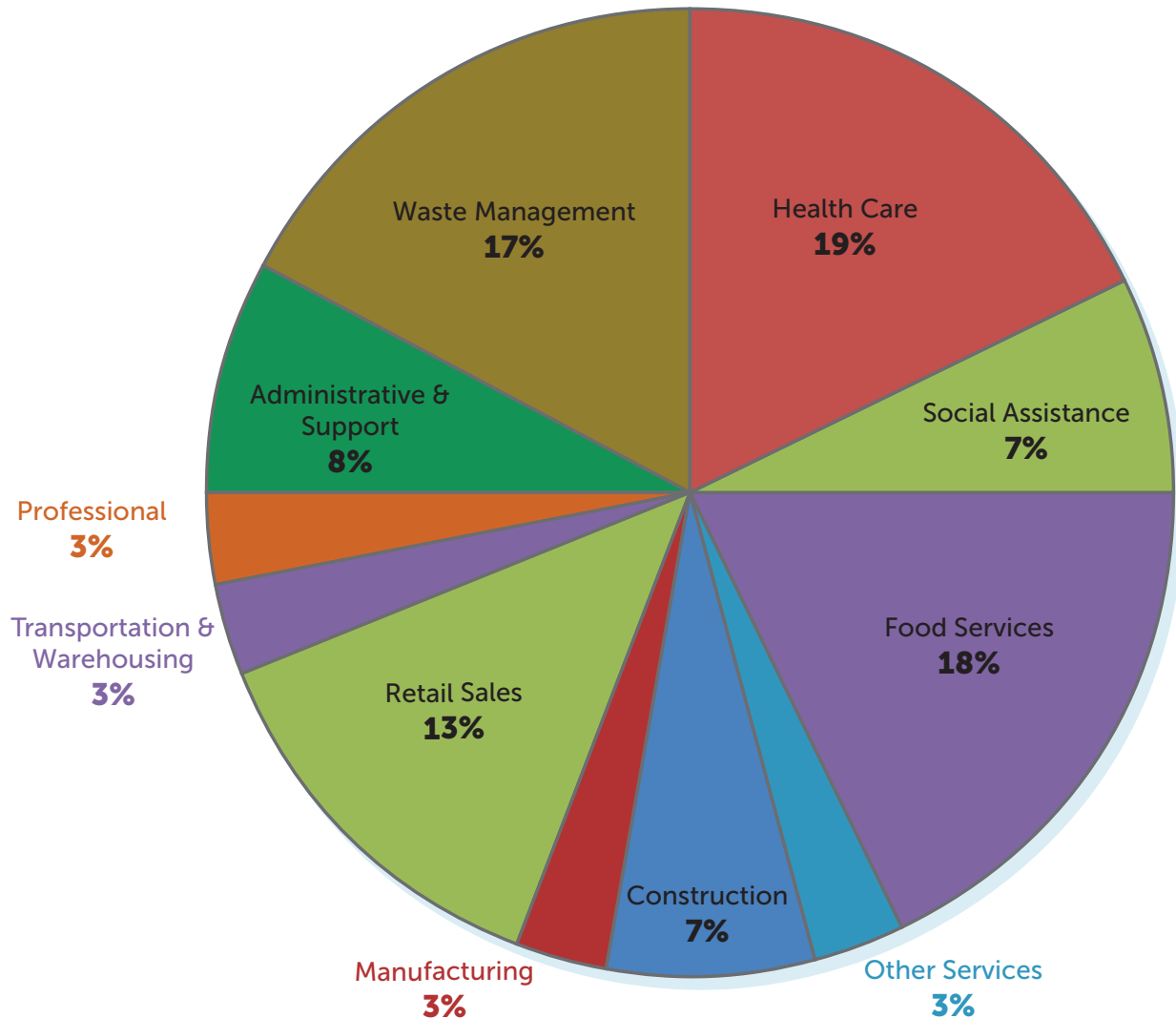


Foreign born persons comprised a striking 39% of the participants. People had emigrated from Afghanistan, China, Central Africa, Congo, Cuba, Dominican Republic, Guyana South America, Haiti, India, Iraq, Jamaica, Kyrgyzstan, Liberia, Myanmar, Nepal, Niger, W. Africa, Pakistan, Ruwundi, Rwanda, Sudan, Thailand, Togo, W. Africa, Yemen, and some from unnamed countries. Foreign-born Asians comprised 7% and Foreign-born Latinos comprised 7%. Surprisingly, there were no Asian-Americans or U.S.-born Latinos in the groups.

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 30-40% of those participating were between jobs; however, all had worked within the previous year except for some refugees who were in the process of arriving and settling (13%). Sixty-four people (14.4%) belonged to unions. Removing those who hadn't worked in Syracuse, the occupations of the participants (n=120) are presented in the following table:

| Industry | Occupations (n=120) | Count | Percent |
|---|---|------------|---------|
| Construction | | | 7% |
| | Laborer/construction/demolition | 8 | |
| Manufacturing | | | 2% |
| | Light industrial or assembly | 3 | |
| Retail/Sales | | | 13% |
| | Sales - door to door or mall vendor | 2 | |
| | Retail customer service | 12 | |
| | Call center associate | 2 | |
| Transportation and Warehousing | | | 3% |
| | Warehouse worker | 4 | |
| Professional | | | 3% |
| | Shop owner, scientist, social services mana | 3 | |
| Administrative and Support and Waste Manage | | | 14% |
| | Cleaner/ housekeeping | 18 | |
| | Administrative (including office, clerical, reception) | 10 | |
| | Street cleaner/trash & recycle-ables plant worker | 1 | |
| | Waste water treatment plant worker | 1 | |
| | | | |
| | | | |
| Health Care | | | 19% |
| | Personal Care Aide (PCA) or Home Health Aide (HHA) | 4 | |
| | Certified Nursing Assistant (CNA) | 12 | |
| | Childcare / Eldercare / Care of Persons w/ disabilities | 3 | |
| | LPN | 2 | |
| | Test lab worker | 1 | |
| | Medical Office Assistant | 1 | |
| Social Assistance | | | 7% |
| | Human service agency case manager | 8 | |
| Food Services and Restaurants | | | 18% |
| | Dishwasher | 3 | |
| | Food preparation | 7 | |
| | Restaurant worker (including waitress, host, carver) | 6 | |
| | Fast food worker | 6 | |
| Other Services | | | 3% |
| | Hair and nail technician | 2 | |
| | Bus Monitor | 1 | |
| | | 120 | |

Industries (n=120)



Wages

Generally, workers made between \$9 and \$15 per hour. The lowest paid worker was paid cash under the table by the job and not by the hour. He rarely made more than \$7.30 per hour, a clear violation of minimum wage laws. Some union workers were making between \$21 and \$26 per hour, but their work typically included three to five months laid off annually. When adjusted for the lay off their wages could range from \$12.25 to \$19.50. These workers were supporting others in their household configurations clearly meeting the definition of a low-wage worker as one who is not making a living wage.

Overall, the average wages for participants who were willing to share that information was \$12.39 per hour. If the nine higher paid union members are removed from the calculations, the average wage was \$10.42 per hour. Many workers were making minimum wage. 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. Low-wage workers in Syracuse generally concur with the MIT calculations except in the case of a single adult with no children. Universally, the workers we have met reject the \$10.27 per hour figure as insufficient for a single person living alone.

LOW-WAGE WORKERS' HEALTH

The Symptoms (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 as each body system was reviewed, other symptoms and the circumstances leading to those symptoms were discussed. Table I illustrates symptoms reported during body mapping for each industry category. Occupations and workplace settings are also included along with the hazards that body mappers associated with their symptoms.

Body mapping discussions were focused on bodily experience, but conversations often demonstrated an inter-relatedness of work and health in general. For example, one diabetic worker mentioned that he was prevented from maintaining good control of his blood glucose levels because he was never allowed to take a break during a four hour shift. A number of workers mentioned that their known mental health conditions such as depression and anxiety were routinely magnified by stressful work environments, making it more difficult to control symptoms.

Many times, reported symptoms would cause distress or pain during work and during the workers' off-time, but then they would resolve with a night's rest. However, other times the symptoms lingered and only resolved over a "weekend." Since many of these jobs are not scheduled with the normal work week in mind, "weekend" was recognized in discussions as a couple of days away from work.

| Body Mapping Results Reported Exposures and Symptoms for low-Wage Workers (n=120) | | | | |
|--|--|--|--|--|
| Industry | Occupations | Workplace Setting | Hazards/Exposures | Symptoms Attributed |
| Construction | Demolition worker, asbestos remover, laborer | Building demolition sites, heavy construction sites, traffic control | Heavy lifting, awkward postures, stooping, dust from construction site, dust from construction debris, automobile traffic, large equipment traffic | Musculoskeletal <ul style="list-style-type: none"> • pain occurs nearly every work day - ranging from mild to severe • pain in low back, shoulders, arms, hands, knees or virtually any other body part • pain requires special attention each night and on weekends in order to recover and arrive for their next shift without pain |
| Manufacturing | Light industrial, assembler | Nuclear plants, electronic assembly, mattress manufacturing plant | Repetitive motion, static positions | Musculoskeletal <ul style="list-style-type: none"> • pain in hands, neck, arms, shoulders |
| Retail /Sales | Cashier, stocking, customer service, sales | Big box retail, rug retailer, grocery store, call center | Repetitive keyboarding, prolonged standing, prolonged sitting, repetitive bending, work related stressors such as hassles over schedules, erratic or unfair schedules, dust, sexual harassment, coming and going through unsafe neighborhoods, work is too fast, "drama and nonsense" all day long | Musculoskeletal <ul style="list-style-type: none"> • pain in feet, legs and low back • pain and numbness in hands • muscle cramping in hands • difficulty sleeping due to pain Neurological <ul style="list-style-type: none"> • headaches, migraines Psychological <ul style="list-style-type: none"> • depression and/or anxiety • difficulty sleeping • anxiety/feeling rushed Exhaustion |

| | | | | |
|--|--|--|---|--|
| Transportation and Warehousing | Warehouse worker, materials mover, shipping operations staff | Pharmacy chain warehouse, trucking and delivery operation, Shipping operation | Dust, heavy lifting, sharp objects, fast paced work, and cold rooms, outdoor winter conditions at a trucking/delivery operation, sharp objects, fast-paced work, moving fork trucks, repetitive work, hands in static positions, heavy lifting, physically impossible work, poor air quality, hot or cold air temperatures. | Musculoskeletal <ul style="list-style-type: none"> • muscle strain, physical discomfort • cramping, numbness, weakness, and pain in their hands and fingers • low-back pain Neurological <ul style="list-style-type: none"> • Dizziness Respiratory <ul style="list-style-type: none"> • Sinus pain, runny nose, cough Psychological <ul style="list-style-type: none"> • Anxiety/feeling rushed Skin <ul style="list-style-type: none"> • Cuts especially on the hands |
| Administrative and Support | Office worker | Community Agency | Cool temperatures in an office | Neurological <ul style="list-style-type: none"> • Migraines |
| Cleaners, Waste Management and Facilities | Cleaner | Large hospital, skilled nursing facility, home, medical office, office, temp agency, mall, grocery store | Walking long hours on hard floors over large facility, pushing/pulling equipment, odors from chemicals, odors from patients (in medical setting), holding and moving brooms and mops for long periods, dry air which is often too cold or too hot, other issues with air quality, exposure to bad weather when working outside, heavy lifting, stress from the sense that there are several different bosses directing activities | Musculoskeletal <ul style="list-style-type: none"> • generalized pain in knees, backs, shoulders, necks and arms, feet, legs • severe low-back pain • worsened existing arthritis pain • swollen legs, ankles, feet • numbness, "pins and needles" and pain in the hands and wrists Neurological <ul style="list-style-type: none"> • Headaches • Dizziness Psychological <ul style="list-style-type: none"> • Anxiety Respiratory <ul style="list-style-type: none"> • Nasal inflammation and irritation Exhaustion |
| Health Care | Personal Care Aide, Certified Nursing Assistant, Home Health Aide, Licensed Practical Nurse | Skilled nursing facility, Home health agency | Handling patients, excessive travel, demanding caseloads, winter driving conditions in rural areas, psychological strain from emotional connection to patients, workplace bullying, multiple conditions in homes including dust, mold, filth, animal dander, interpersonal strains within the family, unpleasant or potentially violent clients or family members. | Musculoskeletal <ul style="list-style-type: none"> • low back, hip, neck, and shoulder pain Neurological <ul style="list-style-type: none"> • headaches Psychological <ul style="list-style-type: none"> • depressed mood • anxiety/feeling rushed Respiratory <ul style="list-style-type: none"> • nasal and sinus irritation • asthma Exhaustion |
| Social Assistance | Case Worker | Social Service Agency | Long hours, heavy caseloads prolonged sitting, static positions, job-related stressors: frustration with the social service system, interpersonal tension with co-workers | Musculoskeletal <ul style="list-style-type: none"> • back pain Neurological <ul style="list-style-type: none"> • headaches, visual strain Psychological <ul style="list-style-type: none"> • anxiety/feeling rushed • lack of sleep Exhaustion |
| Food Services and Restaurant Work | Food Preparers Wait staff Fast Food Worker | Higher priced chain restaurant, mid-priced chain restaurant, fast food chain "restaurant" | Erratic hours, fast-paced work, overwork esp. when holding two jobs, sharp objects, cold temperatures, heavy lifting, work-related strain from dealing with difficult customers, | Musculoskeletal <ul style="list-style-type: none"> • pain in hands, knees, back, shoulders Neurological <ul style="list-style-type: none"> • headaches Psychological <ul style="list-style-type: none"> • anxiety/feeling rushed • loss of appetite or tendency to overeat Skin <ul style="list-style-type: none"> • cuts, burns, bruises Exhaustion |

Participants experienced highly prevalent exhaustion and persistent chronic pain across most industries and occupations. While these conditions may not land a worker in the doctor's office today, they are important symptoms that significant numbers of low-wage workers experience daily. Impact on health, well-being, and quality of life is an important short and long-term consideration.

SELECTED PARTICIPANT COMMENTS

Two women talk about exhaustion

Woman 1: As a nurse assistant. I work the night shift. And I'm going to go back at 7. I do 12, 4 nights. I worked last night and I'm about to go back tonight.

Woman 2: When do you get some sleep?

Woman 1: Later. Sleep is irrelevant.

Coping with physical pain came out in many group discussions. Low-wage workers frequently reported pain in their back and legs from awkward lifting, long hours of standing and repetitive motion. For some individuals, the pain is so bad it interrupts their sleep. For others, their doctors prescribe creams or suggest over the counter pain medication. Most of these workers developed daily rituals in their off time to cope with pain so that they would be able to present to work free of pain for their next shift.

SELECTED PARTICIPANT COMMENTS

Work + Home = Pain

Well it's like mainly when I come home from work. Because I do have pains in my lower back from standing all day. It's like I take me a Advil or maybe a Tylenol or extra strength Tylenol and it just eases my body for like at least an hour or so but the pain will come right back and sometimes it feels like I have to go to the hospital but I can't because maintaining with two kids, one is a newborn and one is only 7 years old and he can't fend for himself. So I have to work, I still have to get up and bear that pain because I have small children.

Certified Nursing Assistant works through breaks and back pain

Back pain. I feel all my stress. along the spine. On the spine. And I feel stress in my upper back. My legs are achy. It fatigues you. By the end of the day my legs feel like jello. So it doesn't hurt but feels like numb or jello. You come home and you just want to go to sleep. You just don't want to go out to socialize. I'm 21 and I don't go out. Let's put it that way. You take your shower. You eat. You're lucky if you eat something. And you go to bed. You're lucky if you eat something during the day at work. You work through your break. This is understandable to me in a way - because you are working with people who can't do for themselves. If we had more staffing, then people would be able to take their breaks. I remember one time as an aide; the clinical director (nurse) came into the break room. ... (and) said to me, "Oh, Mrs. Such and Such's husband said that she needs to be changed in 10 minutes." I was an aide. She would take me off my lunchtime so that I can go and get somebody changed.

Body maps generated by these workers indicated Home Health Aides must travel to private homes with unknown conditions. They reported exhaustion felt throughout their body from traveling and from demanding caseloads that are more difficult to complete during winter driving conditions. While most reported that they enjoy the caregiving role, they admitted to psychological strain from emotional connection to the clients that naturally develops over time.

They also reported psychological strain from being bullied by Registered Nurses who supervise them, especially with regard to being questioned about the accuracy of their reports about patient status. They are told by nurses that they are “just an aide” and “what would they know.” Health effects from experiencing incivility are less clear on a body map, but workers registered pain in their “heart” over these interactions. They also attributed tension in their necks and abdomen related to stress. They attributed headaches to these types of frustrations as well.

Many in social services often work long hours under heavy caseloads with low salaries. These workers described headaches, visual strain, and backaches from long hours at the computer. They also experience anxiety from high work demands. In addition, they can become increasingly frustrated and demoralized because they are unable to help their clients get what they need or change “the system” enough to make a difference in clients’ lives. Social service workers also report headaches and rumination leading to lost sleep over interpersonal tension with co-workers in dense office environments. Those working in administrative roles including reception and clerical work report similar symptoms with the job-related stressors related more to work hierarchies and office politics.

Restaurant workers experienced pain in their hands, knees, backs and shoulders depending on the activity and they also report work-related anxiety that they connect to either overeating or loss of appetite. Because of erratic hours, restaurant workers explained that they try to maintain two jobs and that this had led to headaches and overwork. Food preparers were more likely to have experienced serious cuts and burns, whereas wait staff reported work-related strains similar to those in customer service who must work hard to please difficult customers during busy hours when multiple tasks demand their attention.

Cleaners and warehouse workers reported respiratory symptoms, mostly consisting of nasal irritation. These symptoms were likely related to the use of various cleaning products, many of which are respiratory irritants or sensitizers, or to dusts composed of mixed materials found in warehouses.

The Hazards (Hazard Mapping Results)

Asking workers to map their workplaces produces invaluable information about the world of low-wage work as the workers drew their immediate work conditions. Over 100 maps were generated, and 81 of these were well described during group discussions. This information gives important visualization of workplaces that may not be apparent to the public. For example, workers provided descriptions of the storage rooms in the back of a retail operation and conditions on one specific floor of a skilled nursing home. Restaurant workers provided visualizations of both the dining area and kitchen along with the interpersonal dynamics of the owner, managers, and co-workers. These views are not generally known by clients or even other workers who work in different parts of the same facility. In this way, we gained information about the mall from the point of view of the cleaner who must collect all the trash for the whole mall on his shift.

In the mapping process, workers visually represented the operating room in a hospital from the perspective of the person who cleans those biological messes and worries about those exposures later at night. Workers who have spent time in light production described the locations of the less reliable machines and that safety corners were being cut to improve the speed of production. Workers who have worked in call centers drew vivid configurations of the facilities and demonstrated how work is organized and where and how major stressors were arising.

Common health and safety problems across industries include poor air quality, improper labeling and storage of cleaning chemicals, static postures when working at computers, poorly maintained machinery, hazards that could potentially lead to slips, trips and falls. Construction, manufacturing, and warehousing/transportation workers report hazards from machinery and other large equipment. While workers who work in retail, customer service, social assistance and restaurant work have common psychosocial strain related to serving the public. In addition, restaurant workers report hazards with equipment, especially cuts and burns. All occupations reported inadequate training about managing physical conditions (mentioned above) and psychosocial hazards, such as high work demands, low work control, lack of managerial support, bullying, and workplace violence.

| Industry | Occupations | # Maps (n=81) | Hazard map workplaces | Hazards | Serious Concerns/Follow Up Required |
|--------------------------------|---|---------------|--|--|---|
| Construction | demolition, construction, asbestos removal, traffic flagging | 7 | restoration cleanup sites, construction sites, demolition sites | <p>Safety: confusing traffic of heavy machinery - i.e. a cement crusher, automobile traffic, sharp motorized tools, working at heights, unknown live wires, electrical hazards</p> <p>Chemicals/metals: asbestos in walls</p> <p>Dust: from traffic, demolition of materials, exposure to soil</p> <p>Physical (ergo, noise): noisy machines, heavy lifting, awkward lifting, walking, cold temperatures</p> <p>Psycho social/stress- including workplace violence: boring, repetitive work</p> | Workers at one restoration cleanup site experience especially thick dust exposures, exposure to soil, and chaotic traffic patterns |
| Manufacturing | light production, assembly, lab worker | 4 | production floor in operations making mattresses, air conditioners, electronics and metal springs; testing lab for manufacturing plant | <p>Safety: high voltage electricity, slipping hazards including oil and water throughout, waste, unsafe combination of voltage and water on a daily basis, dangerous machines, large sewing machines</p> <p>Chemicals/metals: odors from alcohol and acetone, soldering fumes, fumes, vapors</p> <p>Physical (ergo, noise): noise, cold air, vibration, machines are hot</p> | |
| Retail/Sales | customer service, call center operator, kiosk attendant reception, sales staff, cashier | 10 | grocery store, department store, cell phone company, rug retailer, mall vendor, electrical service company, insurance company, cable tv company, airline | <p>Safety: slippery floors and walkways, tripping hazards, chaotic traffic patterns, fast paced work, fire hazard from cotton textiles in storage, burn hazard due to broken equipment</p> <p>Dust: fibrous dust, poor air quality, poor ventilation</p> <p>Biological: mold, mildew, poor air quality, co-workers with poor hygiene, bedbugs, flies, roaches, contagion from viruses</p> <p>Physical (ergo, noise): high temperatures, humidity, vibration, noise, poor positioning of computer equipment, too long in static postures at computers, awkward postures for lifting, heavy lifting</p> <p>Psycho social/stress- including workplace violence: unpleasant, grimy office environments indicating lack of respect, excessive workloads, dealing with the public including difficulty keeping customers out of the back, irate customers, distraught customers, stressed-out employees in nearby establishments, frustrations about people stealing products, having to control exactly what you say to the public, poor management including moody or unsupportive managers, managers not willing to pitch in when needed; workplace violence including sexual harassment, tension w/certain co-workers or clients that builds up over time, profanity, flaring tempers, co-workers throwing things, security alerts, security concerns with heavy pedestrian traffic, being present when people are arrested</p> | Three worksites have serious problems: 1. one store is requiring immigrant workers to work very fast paced through the night for no pay or pay by the job which amounts to less than minimum wage 2. one retail big box store has longstanding poor conditions in their facilities with old food, mold, mildew slippery floors, stress from manager, manager not supportive 3. a call center supervisor reported: sexual harassment, poor air quality, tripping hazards, co-workers with bad hygiene, excessive workloads, bedbugs, flies, roaches, dust, poor ventilation, too close quarters so when one person gets sick, everyone gets sick, dirty office environments, customers are on the phone mad about their bill, swearing, people get violent, throwing things |
| Transportation and Warehousing | warehouse worker | 3 | food warehousing operations | <p>Safety: presence of dangerous machinery (i.e. the palletizer), tripping hazards in walkways, hot water is too hot</p> <p>Chemicals/metals: fumes from area where chemicals are stored</p> <p>Physical (ergo, noise): cold air drafts, high shelving, poor lighting, fast paced work over a large physical plant area</p> | |

| | | | | | |
|-----------------------------------|---|----|--|--|--|
| Administrative and Support | file clerk, clerical assistant, general office worker, | 4 | insurance company file room, insurance company main offices, educational institution main offices | <p>Dust: dust from lack of cleaning the building</p> <p>Biological: rodents, mold</p> <p>Physical (ergo, noise): no windows, basement level, no air circulation, no natural light, fast paced work, repetitive motion (filing all day long), noise and vibration from nearby trains, humid, hot temperatures, awkward positions for keyboarding</p> <p>Psycho social/stress- including workplace violence: working in isolation almost all day long day after day, stress with certain people</p> | The insurance company has a basement file room with numerous environmental conditions including poor indoor air quality, rodents, fast paced work, repetitive motions, poor ergonomic designs, noise, hot temperatures, isolated workers, and stressful interactions. |
| Cleaners | cleaner, housekeeping (environmental services) | 15 | temp agency, grocery store, airport, mall, hospital, office building, | <p>Safety: slippery floors, heavy foot traffic, poor traffic patterns, sharp tools, motorized tools</p> <p>Chemicals/metals: spray chemicals, strong chemicals, unknown chemicals</p> <p>Dust: very dirty areas, cannot get them clean enough</p> <p>Biological: exposure to bodily fluids, feces, urine (potential exposure to blood borne pathogens) when cleaning toilets</p> <p>Physical (ergo, noise): long hallways, large area to cover when collecting trash, job is too difficult from "so much walking," no break happens until 4-5 hours into the shift, fast-paced work, cleaning in tight spaces, must use large, awkward, heavy floor buffing machinery without training</p> <p>Psycho social/stress- including workplace violence: stress from interacting with the public, stress from worrying about biological exposures</p> | <p>1. One temp agency supplying cleaners to various sites in the city has multiple sites with workers reporting fast-paced work with no break.</p> <p>2. A second report about a store that was contracting with an agency to supply cleaners but then did not provide adequate training, required very fast "running" pace without breaks during the night shift, worker asked to work with floor buffing equipment without training.</p> |
| Waste Management | operations, loader operator, street cleaner | 3 | department of public works, waste water treatment plant, recycling plant | <p>Safety: workers don't follow established procedures for coming and going from the platform, dangers from moving trucks at front gate and at the truck scale</p> <p>Chemicals/metals: diesel exhaust, chemical waste</p> | One waste management operation had potentially serious exposure to diesel exhaust and poor health and safety practices. |
| Health Care | Certified Nursing Assistants, Personal Care Giver, Home Health Aide | 13 | skilled nursing facility, day rehabilitation center, home health care agency (dispatched to homes) | <p>Safety dim lighting, tripping hazards, areas of overly busy traffic flow especially hallway intersections, slippery floors crowded hallways with patients using oxygen tanks</p> <p>Chemicals/metals odors/fumes from chemicals in use</p> <p>Dust poor air quality</p> <p>Biological infectious agents, bacteria</p> <p>Physical (ergo, noise) heavy lifting, awkward lifting, stooping, poor ergonomic design of desks and computers</p> <p>Psycho social/stress- including workplace violence "Depressing" atmosphere because patients are in decline, breaks not given, stress at nurses' station, stress with patients, violent patients, tension between co-workers, bossy co-workers</p> | <p>Adult Day Hab:</p> <p>Workplace Violence: patients with Alzheimer's or Downs Syndrome and can be violent, noisy, biting, and physically attacking, breaks are not given – staff are eating lunch with patients, toileting patients during lunch, understaffing when staff have to go one-on - one with the difficult patients, hazardous conditions increase during those times.</p> |
| Social Assistance | outreach workers, dispatch for security services | 3 | police station, community services agency | <p>Safety: kids running around making for "out-of-control" hallways and rooms</p> <p>Physical (ergo, noise): noise, cold temperatures, excessive standing</p> <p>Psycho social/stress- including workplace violence: mean people, stressful near the boss's office, secretary was always "stressed out"</p> | |

| | | | | | |
|---|---|-----------|---|--|---|
| <p>Food Services and Restaurant Work</p> | <p>dishwasher, food prep, fast food, carver, wait staff, fast food worker</p> | <p>15</p> | <p>Mid-priced chain restaurants, school cafeteria, nursing home kitchen, fast food operations, bakery</p> | <p>Safety: extreme heat/ hot oil, tripping hazards, food prep area has sharp objects, knives, dangers due to potential burns near burners, fryers, stove tops, ovens, microwave, water on the floor from faulty ice machine in the traffic pattern where wait staff carry large trays, traffic patterns include meat carvers walking on the restaurant floor w/ knives Chemicals/metals: chemicals for cleaning Biological: exposure to the public's colds/viruses Physical (ergo, noise): extreme cold area, noise, long holding of heavy racks of meat Psycho social/stress- including workplace violence: stress from interactions with customers, angry customers, yelling customers, the cooks, and the dishwashers, managers rush the servers to work faster, phone rings all day while clients must also be served, the boss is a "stressful presence," difficult to talk to the boss, managers engage in inappropriate fraternizing leading employees to worry the restaurant will perform badly and be closed, stress from lines at hostess station</p> | <p>Kitchen is hot, restaurant is noisy, stress occurs from interactions with customers, the cooks and with the dishwashers, tripping hazards occur near the tables, managers rush the servers to work faster</p> |
| <p>Other Services</p> | <p>hair stylist , childcare, parking lot attendant</p> | <p>4</p> | <p>kid's hair salon, day care center, parking garage, oil change service</p> | <p><u>hair salon:</u> Safety: dangerously sharp objects with children with unpredictable behavior Chemicals/metals: potential hazards from chemicals at the stations Dust: hair collects for two weeks before removal Biological: exposure to bodily fluids Physical (ergo, noise): children need to be lifted, or tended by bending to them, stooping positions Psycho social/stress- including workplace violence: stress from management attitudes, tensions between co-workers, stressful because children are small and crying, exposure to violent psychiatric clients</p> <p><u>parking garage:</u> Safety: people driving cars on cell phones Chemicals/metals: exhaust/fumes Psycho social/stress- including workplace violence new staff configurations, stress from concern about potential violence, potentially violent criminals, angry clients</p> <p><u>oil change service:</u> Safety: sharp and motorized tools, hydraulic lift movement, catwalks make for falling hazards Chemicals/metals: exhaust, oils, cleaners Physical (ergo, noise): awkward postures when performing tasks on cars</p> | <p>Hair salon: dangerously sharp objects with children with unpredictable behavior, potential hazards from chemicals at the stations, hair collects for two weeks before removal, children need to be lifted, or tended by bending to them, stooping positions, exposure to bodily fluids, lack of training about persons with disabilities</p> |

THEMES FROM THE GROUP DISCUSSIONS

WORK ARRANGEMENTS

Highly varied work histories

Participants described adjusting to the changing job market by training for new employment options to increase employment options. This allowed them to vary their work and generate multiple streams of income. They are often looking to participate in short, free trainings that can help them find a new job quickly. They see this activity as a routine way to add to their skills. Participants often had a job history with a long list of various jobs requiring low skills and minimal education in a variety of industries.

One low-wage worker started working at age 16 and by the time she was 21 she had worked in a bank, a call center, a traditional office, and a medical office. Others had similar reports. These jobs rarely build toward an occupational journey through life. Many low-wage workers are now considering retraining as either home health aides or certified nursing assistants because the training is fairly short and work is expected to be steady.

A great deal of discussion in the groups would ensue about the various times people had been hired, fired and have quit on their own accord. Workers are engaged in a struggle to get and keep full employment, settling for part-time work while watching and waiting for full time work opportunities to emerge.

Hours, shifts, tenure

The central feature of low-wage work is precarity characterized by insecurity. This manifests with several different kinds of instability that can occur singly or in combination. Work may be sporadic or seasonal. Work may flip from part-time to full time with overtime from week to week, leaving workers unable to plan their family finances. These jobs were typically characterized by an “easy come, easy go” scene where neither worker nor employer invests in the job over the long haul. Furthermore, the hours can involve day, swing or night shifts and working weekends in ways that undermine family routines. Keeping track of expected wages was sometimes a burdensome chore as well. Between the low-pay and the shifting schedules, workers reported that “life” becomes unworkable because they end up not being able to keep their lives in order to support their basic attendance, transportation, and adequate childcare/eldercare arrangements.

SELECTED PARTICIPANT COMMENTS

“Regular” full time work is elusive in Syracuse

Woman 1: I don't know of a job that gives you eight hours.

Woman 2: No, they sure don't. 32 or 20.

Woman 1: There's not job in Syracuse that really give you eight hours. They want you to do more than eight hours. They want you to do at least 14 hours. They mandate you to do so many hours.

Woman 3: Well from my experience I can only get 32 hours. Because they don't want to pay me and they don't want to give me the medical benefits.

Transportation

Transportation by car is relatively expensive for members of low-income households, but public transportation does not adequately support workers' needs to maintain employment. Besides fuel expenses, the costs related to maintaining a functional automobile can be impossibly high when workers are living paycheck to paycheck. Lack of transportation makes it difficult to get to jobs that are more than a short distance away from home, and hampers workers' ability to get to a second or third job on time.

Some low-wage workers attempt to solve the problems related to the expense of owning a car by sharing a vehicle or by sharing rides. These arrangements are difficult to sustain because irregular, rotating, non-day shifts and working weekends and holidays impedes management of ride or car sharing. The inability to get to and from work due to transportation issues is one of the most cited reasons low-wage workers miss work, making them vulnerable to termination.

Two Jobs

Approximately one-third of the low-wage workers we met with were either currently or recently working two jobs to make ends meet. Often this made for excessive exhaustion or struggles with unworkable schedules.

SELECTED PARTICIPANT COMMENTS

Long hours

I used to work at a window company and for Kmart, too. I'd work 6:30 am to 4:00 pm in the assembly on the floor. And that's hard work. After that, when I get out of work there, I used to go to Kmart and work until maybe 11:30 or 12:00 midnight

Working 60 hour weeks, two jobs

It was tough, especially when you have kids at home. My dad helped me raise my girls so he was there. He came from out of town to help me so I could go to work. I had seen my friends struggle because they didn't have babysitters. But it was still hard because I worked at a gas station plus as a CNA. It was really tiring. My kids were 2 and 4 years old. So I was juggling the 2 jobs, working 40 hours at the CNA job and then part time 20 hours at the gas station. So it was hard.

Temp Agencies

Temporary employment agencies have been on the work scene for decades, serving employers who prefer to utilize a flexible workforce for all or part of their operations. These agencies are often one of the only options for workers who have been out of the workforce due to incarceration or who have had long absences from work or poor work records. Temp workers comprised 7.5% of the workers participating in group dialogue sessions and they represented two local temporary agencies. These workers believed that having some work experience to put on a resume was useful, but found that the agencies mainly offered precarious work on short notice without real promise of permanent work.

SELECTED PARTICIPANT COMMENTS

Jobs on short notice

You apply for the job, for the temp agency, and they'll call you when they got work but the work will be early in the morning, like you'll have to get up at like 4 am. I'm still young, so I really didn't have a problem with the jobs I was working either stacking the Pennysavers or checking silverware for defects. You don't know where you are going to be placed. They might call you at 9pm about working the next day.

Four workers discuss temping

Worker A: One thing I learned is that a lot of employers really hire through temp agencies. That's how I landed my job.

Worker B: Because it's easier to fire you, so they keep you temporary!

Worker A: Well they don't want to bring you on unless they really know that you're gonna stick around. They want to see what type of work ethics you have. So it's like a screening process while you going through a temp agency before they hire you permanently.

Worker C: But do they really end up hiring you permanently?

Worker A: A lot of places don't. I went through 3 agencies and they'll let you know if it's gonna be temp to hire permanently, they will let you know that so it's really up to you but if you got zero, you gotta take it. Take whatever you can. When you want something, it's a starting point. And while you are working somewhere, even as a temp, now it's looking great when you fill out applications. They see that you working somewhere. And now you put that on your resume. So you put on your resume. It's something even if it's a temp agency to get the interview.

Worker D: Then you have to factor in traveling expenses. Take East Syracuse, for instance. If you have a job out there and you're working in a certain part of East Syracuse, buses stop running after a certain hour. So you might have a job offer in this certain area. It's a good job and you want to accept it, but you can't travel out there. You can only work this hour but they're not hiring for that hour. They're hiring for this hour. These are hours when there's no transportation.

No training for temps

For temp work, some of the warehouses we had to wear hats and big gloves and stuff like that. There were some hazards because of the machines we were working on. Like, I'm not sure like making metal so it would be sparks flying and things like that. ... we had the glasses on. They don't train you. They had one person show you what to do and then after that - that's that. They had put me at the seam blaster and I'm like "how you gonna leave me here? I don't know what I'm doing."

Inconsistent hours at a temp agency specializing in health care

Now, I work for a healthcare temp agency and the pay is up and down. Sometimes you'll get good pay, sometimes you won't, and it's very hard because you can get 50 hours in one week, 60 hours one week, and then the next week your hours are gone. And it's so frustrating because when you're used to making good money and then you don't get anything. I don't really get any assistance so I have to literally pawn my jewelry. I gotta pawn things that I have just to pay my bills and it's hard.

Wage Theft

Wage theft occurs when an employee is denied payment of wages or benefits that are rightfully owed to the employee. Wage theft is a violation of labor law and occurs when workers are not paid minimum wage, not paid overtime, or are required to work off the clock. Sometimes, workers are not paid at all. Low-wage workers in our dialogue groups brought up wage theft as a well-known, common occurrence, especially among restaurant workers and among workers for franchised chains that pressure managers to make specific numbers. Those managers pressure workers to work off the clock so that they can make their numbers and even make promises that they will make these favors up to the workers in other ways (i.e. more hours, better shift choices). Most workers had heard of instances of wage theft. In dialogue groups, approximately 25%-40% of group members have experienced some form of wage theft.

SELECTED PARTICIPANT COMMENTS

Skilled nursing facility commits wage theft

The employer worked me for about a week and then they told me they weren't gonna pay me. I asked them for my paycheck because I'd been working. They had said that I would do three weeks of training. For each week of training you get \$200. So I did my first week of training. OK now I had been using money out of pocket to get back and forth to East Syracuse all week long.

So... I asked them I said when am I gonna get a paycheck? So the one boss says talk to the other boss. So I talk to the other boss and he says ...you came in the office and we trained you in the office. Since you actually never went out and knocked on anybody's door you're not entitled to a check for this week.

I said, "That's not what you said." They said, "Oh well you must've misunderstood." I asked if the time in the office was part of the training? Yes it was. OK, did you agree that you were paying me for my training, \$200 a week for training and I did my first week of training so you're not gonna pay me for that? And they told me no. We're not.

Meanwhile, I borrowed money from people and getting people to give me rides out there and drop me off. Then you turn around and tell me that you're not gonna pay me? ...They are crooks. I felt real violated by that.

And I owe people money from borrowing money to get back and forth and then when it came time to go pay them at the end of the week, I can't pay them. And I'm telling them I didn't get a paycheck and they're looking at me like, yeah right.

WORKPLACE HAZARDS

Specific workplace hazards and associated symptoms were described in participants' hazard and body maps. Several hazards were discussed by participants and merit further consideration

Disrespect

One of the leading themes of the LWWHP for three years is the lack of respect management shows workers on the job. When dangerous or unhealthy working conditions are present and left unaddressed by management, workers believe this reveals the employers' basic stance toward them is disrespectful. No consideration is being taken to guard their health or take responsibility for forcing workers to labor in an unacceptable work environment, day after day. In dialogue, workers' jointly shared their stories, with many affirmations from others that they have encountered similar circumstances. Multiple potential OSHA violations were described.

SELECTED PARTICIPANT COMMENTS

Large "big box" retail store – multiple potential OSHA violations, worker retaliation

The long part on the side is part of layaway, is where we supposed to put like the workout equipment, the treadmills and stuff like that on thin floors. You had to be very careful where you walk because you can fall through. Also the stairs that lead up to it - two people already fell through and went to the hospital almost with broken legs. Then all the management did was just fix the steps. That's it.

But most of the stress is where the service desk is 'cause that's where the most headaches happen. When something doesn't go right, they go right to us. And that's when we get stressed out and the managers tell us just to deal with it. They say, "there is nothing they can do about it." But yet there's an extra register, and they could hop on and help us out, but they don't do it.

But there are also spills that you have to watch out because sometimes there'd be...just me and one co-worker there. And we can't clear up every little spill we see. So sometimes we'll get behind. Over in the baby area, a woman slipped on baby oil. Nobody came to help her for like 20 minutes. I had to go over there and help her and clean it up. I even bought her a pair of sandals 'cause hers were ruined with the baby oil. So I was obligated to buy her one even though the store won't even spend \$1 for a pair of sandals. That's how cheap- they'll go as cheap as they can go.

They will try to hide it and make like it's our fault, the employee's fault, that all this is going on. But most of the time you see the managers up in a little corner. The main boss [she names him] sits there on his computer playing video games while there's customers being helped, but he says he's busy. So we employees will go back there. We try to get help from him and he says he's busy doing paperwork. But you can just watch him playing video games or playing on his phone. If he would just help out just a little bit, then our jobs would be easier. But he's the same one that will come to you and call you an idiot and stupid in front of customers.

I got fired March 3rd [2015] for speaking up. I couldn't take it anymore and I just got so tired of it 'cause one person trying to cover jewelry, layaway, soft lines, hard, fixing stuff, and stocking stuff during one shift. Maybe from 5 to 10:30. And there's only like eight people on a shift. Trying to get this work all done and that is not possible. He would yell at us, saying that there were carts of stuff to do. We even tried to get customers to complain for us. But the boss monitors us using the service desk phones. And the boss would be right there so we couldn't do anything about it.

From a conversation with a worker who was injured on the job as a loader operator at a local waste management and recycling plant

In the recycling plant there is a big 22 ton machine that takes stuff out of the truck and moves it on conveyor belts to into the recycling plant. My job is ... to keep the big drum feeder filled up with material escalating up the conveyor belts. This material then goes inside the building and the guys that are inside have to pick and sort it. .

I have a story about how the loader got a flat tire one day and I got hurt badly. I was performing my job in the back area that was my responsibility. The day before I was injured the tire started shredding in the middle. So managers saw it because I went and reported it. They said, "Oh just keep going. It's going to be fine." At first it wasn't that bad. Until the more I used it, the worse it got. And these hard foam filled tires are very tall. It's no fun trying to operate something like that when the tire has a big gigantic hole in the middle with big pieces of it falling out. It was dangerous. It was a lot of stress on me worrying if the tire was going to blow or if I would turn the machine over. That was my main worry right there. Because when you are pushing that pile of stuff the machine operates at an angle. Leaned all the way back, the machine so high in the air.

About 12:00 that day I went to try to drive it up front because it got worse and the supervisor informed me , "Oh this all we got. You gonna have to keep going." I told him, "We got 5 more hours of this to go." He said again, "This is all we got ,just you know. Keep it back there, keep it going." Everybody was just amazed with how they'll have you put you in a position like that. Everybody was taking pictures.

From the vibration and thumping, my shoulder went out. It ripped my shoulder out. About 3:00. I went to the emergency room. I went out of work on workers' compensation. It has been three months now.

OSHA tried to fix things before. There was one guy we had out there last year he went to taking pictures of all the unsafe stuff around. They got nervous. He went to OSHA after he put his two weeks' notice in.

Hair salon with a strong commitment to kids with disabilities is a high hazard workplace lacking appropriate health and safety training

It's like a zoo! We do cut ourselves a lot. The children with disabilities are reaching for things, playing with our stuff. It's hard that you can't train the kids, but you just have to deal with what you're getting thrown at because I do have a lot of autistic kids and they'll fight me at my station and they'll reach for my scissors and try to grab them. I've had kids do that. I've had kids almost cut themselves. So it's just really hazardous at each of our stations. One of our coworkers got knocked out by an autistic kid. So it's just really dangerous at our stations if the child is dangerous. Down's Syndrome kids get really nervous. They have an awesome personality but they can be dangerous too. They get angry. They can change on a switch. We are not trained in disabilities. When I walked in there I did not get trained. I don't think any of the other girls are trained. The current manager definitely did not have any training whatsoever before she became a manager.

The manager won't have a meeting. We've asked the owners for meetings. It's like I said - the circle jerk. It's just going in circles. We legally should have all of our barbicides and everything up high where the kids can't get them because we are a kids' salon, but it doesn't happen. Something bad can happen. Bad things have happened. If we cut ourselves, I automatically go in the back. The manager sets a bad example. She will keep cutting hair even if she's bleeding. It's just really gross. She should be the one that should be out of the picture because we need somebody to come in train us how to be safe with our tools and our scissors. I had beauty school, but I was not trained to work with kids that are gonna grab my scissors.

Stress on the Job

Chronic stress disrupts nearly every system in the body. Stress either causes or exacerbates a number of health problems including heart disease, skin conditions, depression and anxiety, weight problems, digestive problems, pain, and sleep disruption.⁶⁶⁻⁶⁸ Workers discussed a wide variety of ways that work induces the experience of stress on the job.

SELECTED PARTICIPANT COMMENTS

Workload + scrutiny

We were soldering two components together. We had to inspect them and then they had to pound them into a tube. So this is the pounding room. You got all these wires, slipping on the floor. You got chemicals. They usually put them in some kind of a chemical bath. Soldering, I'm sitting way here way in the back of the building. We had quotas to make. I remember one day we did 7,000. And the bosses would stand right there. Now you want to talk about stress. They were right there and their attitude was, "I'm the boss, haha." And they would just stand there and watch us most of the day, like they had nothing to do. They were very mean.

"Constantly changing managers" cause confusion

When I started working there it was like every other week you had a different manager so everybody had different rules. So that's how I ended up not working there anymore 'cause everybody had different rules.... They have people coming in they didn't know what they was doing. So it didn't work for me. It gets my pressure up. I be upset. 'Cause ...you got one manager telling you this, then the next week after that somebody new come in, he tell you something different or she's telling you something different. So you don't know what really be right, what's really right to do....because everybody got different plans or whatever. I guess. ...I worked there for like five months and like every month or every couple weeks we had a different manager.

Demanding work + threat of bad schedule

I worked in a place something like that where you had to meet a certain quota or else. They wouldn't fire you but they'd give you less and less hours. And because one person was getting more than I was, they put me on at night. I told them I am not able to work at night and I'm not going to do that. And he said, "You're going to lose your job. "I said, "OK, bye. " And to me they'll put stress on you, but it's how you handle it. It wasn't worth me having that stress to work that job. So I left.

Fast paced work = stress and discomfort

Work is so time pressured that there are no bathroom breaks. I go whole shifts without going to the bathroom.

Interpersonal tension in a social services agency

And the stress is near the boss's office, naturally. The boss gives you a hard time. I worked very closely next to him and the secretary and she was stress all in herself. You could see it right above her head. You have to go through her to get to the boss. The director and I were cool, but then to get to him you had to go through this secretary.

Home health aide speaks about being new, learning the job + emotional labor

Because (clients) like things a certain way. They like to eat at a certain time. They like things done as certain way. They like to be put to bed at a certain time. They have that right. For the first three months I was an aide, I cried every day because I was so stressed out. That was probably the hardest part. Just learning the residents. You gotta get a bond.

CNA's struggle to be respected by team and receive overtime pay

Case managers to me in my building are very appreciative for us aides. They really are. I don't know how they are in any other building. But in my building they're very appreciative. But the supervisors... or the RNs... I'm sorry. I can't wait to be an RN because I can't wait to be better than what they are at my building. Because I get an egotistical attitude, very condescending.

They don't approach you right. I was explaining to this supervisor that this resident had weeping legs, was in leg pain, had leg pain, and was constipated for over a week. Something was wrong. Prune juice is not working. And she has nothing for constipation. Something was wrong! So I'm telling her about the whole daily activity because now it is 3:00. The supervisor kept interrupting so I had to stay over my time. ... The supervisor kept repeating herself. And I just looked at her and I said, "Because you're interrupting me from doing my job. I am now 15 minutes past 3. I am collecting overtime, yes, but to tell you about a resident that something is wrong." The (resident) went to the hospital. Left the next day.

But, unless a nurse signs off on your overtime, we don't get paid. So if I'm staying after 3:00 and they're not letting me go or paying me overtime, then I've gone over their heads about that before.

Stress related to "soft skills" needed for dealing with the public

Low-wage workers working in sales or customer service explained that stressors arise from a number of sources. Some who worked for retail vendors were stressed by other retail vendors who are competing for customer attention in the open market areas inside the mall. Also reported were frustrations about people stealing their products while they were making them. Most frequently, low-wage workers in customer service report that dealing with customers is stressful. They report that their supervisors direct them in "controlling exactly what you say." This is stressful because it's hard to remember and conform to an exact script. Workers also felt that such scripting was demeaning. They felt that being told that you are not expressing yourself correctly insinuates that you weren't raised properly at home, or that overall your manners are lacking.

Workers reported that the managers claimed that the workers' customer service skills are lacking, but they believed it was simply another way that management stigmatizes immigrants, non-whites and people of lower socio-economic backgrounds. Workers from low-socioeconomic backgrounds or different ethnicities believe they are discriminated against simply because they carry themselves differently than "management." Some report that constantly conforming to a different "way of being" adds a unique type of stress to an already exhausting way of life – especially because these criticisms are written up in the evaluation process and can lead to being put on probation or fired. Low-wage workers believe these types of stressors contribute to physical and psychological symptoms such as headaches or stomach aches.

SELECTED PARTICIPANT COMMENTS

Dealing with the public

Working as a greeter and cashiering is mental because you have to deal with the public and their attitudes. And you have to deal with the register. They want to put this back or they want to add that on.... And it can give you a headache sometimes. But I love cashiering. Once you get good at it you can just swing right through it if you're used to it. But you do get weary.

Management as a source of stress: incivility and harassment

Verbal abuse and harassment is a form of workplace violence. Supervisors, bosses and “the higher ups” are often central in low-wage workers’ experience of work-related stress. Especially in non-union settings, the specific work arrangements such as the expected work schedule and pay rate can be very unclear. The potential to be fired over trivial matters or unfair circumstances can be palpable on a daily basis. Supervisors are sometimes stuck in an ineffective system of management themselves and psychosocial work conditions resulting from poor organizational structure can be very stressful for all involved. However, more often and with even worse results, supervisors engage in a wide range of behaviors ranging from basic incivility to open harassment and discrimination.

SELECTED PARTICIPANT COMMENTS

Hypocritical managers

I don't know if this would be stress but what I experienced, management always emphasized safety. We were always sent to classes to teach what the importance of safety was. But what was really annoying to me was how they disregarded it and ...they just dismissed it if they were responsible for a violation. Yeah that's where I got in trouble. I was bringing up stuff that was dangerous or problematic. And they weren't doing anything about it. It wasn't being addressed. And I was facing the possibility of retribution.

Retaliation

Based on my experience I hate to say for my workplace it would all be stress. Just because of what I went through as an employee, with the retaliation. There wasn't any physical pain, it was just all in the mind. The deliberate targeting, the almost prey like attitude that management held towards me because of something I tried to communicate. And I could go on and on about it. I have ideas where management is simply just trying to preserve its authority and just had to make me the scapegoat, so they wouldn't look bad.

Workplace Violence

Violence in the workplace is any incident in which an employee is threatened, assaulted or abused during the course of their employment that may cause physical or psychological harm. This includes threats, attempted or actual assault, application of force, verbal abuse or harassment.⁶⁹

While workplace violence was not a central question being raised by our protocols, workers repeatedly voiced this issue. Workers reported a number of crimes that they witnessed in the course of their working lives and they take violence and threats of violence very seriously. Workers reported customers becoming irate and physically assaulting a worker, co-workers breaking out into physical fights, potential violence from uncooperative patients or persons with disabilities, and concerns about physical safety when arriving and leaving work.

In addition, workers describe a plethora of verbal abuse and harassment, which may come from managers, co-workers, or customers/clients. If workplace incivility, workplace bullying and workplace violence are all part of a spectrum of harassment and psychological abuse, then low-wage workers are experiencing these regularly. Not only do they face the threat of danger in these circumstances, but they are generally not provided with specific training to anticipate or plan modes of escape or methods to diffuse the violence.

The most concentrated workplace violence reported occurred in a call center, especially because there were three sources of potential violence: (1) the environment coming to and from work, (2) specific perpetrator of sexual harassment, and (3) inadequate supervision.

SELECTED PARTICIPANT COMMENTS

A call center supervisor describes conditions

I work downtown in a call center in downtown Syracuse. It's just a giant floor of cubes. It is cubes on cubes and you just walk around corners and there are more cubes. So there's always the, you walk through the door, to get on my floor you have to have a badge and there's a security guard.

Because we do work downtown, we get homeless people that like to wander into the building. They'll follow us up the elevators and then try to break in. I've been jumped at work. And pulled out of work for it. I had my shoulder dislocated. People have been shot. I carry pepper spray and a knife now because of it. That's just getting into the building.

So then you get up to the floor where you work and you deal with the security guard who hassles you with sexual harassment. "Lenny" (I call him Lenny because he reminds me of Lenny from Of Mice and Men) – has been talked to a couple times. I've had HR involved before. He's so weird. He plays on his laptop. He has a tendency to make smart comments. And just conniving comments.

Obviously I don't want to make a career of this place which is why I came to school. But he mocked me and I got pissed off. And then he ended up reporting me! So then I had to go through a whole entire ordeal when he accused me of being judgmental and singling him out and all this bullshit that never happened.

There are so many people. There's like 254 people we have now. And there's constantly people walking everywhere, people are not paying attention, it gets really loud because we have radios at the main sections so we have some music, but when people are on phone calls, like when I'm on a phone call I have to mute it and I have a customer literally saying is it a zoo there? So it's just the entire thing is just a mess. It's just chaos. I got left without a manager. I'm not even supposed to. I end up getting left with managing the center by myself. So I'll end up on Fridays with like two or three teams of people with no managers at all and just me. And I'm just a supervisor. I am concerned that thing will go out of control and there will be violence. A fight may break out.

And our parking lot, it's either you have this tiny little side lot and it's like first come first serve, or you're walking three blocks to the on center parking lot at 2:00 in the morning, at 1:00 in the morning. And there's supposed to be an escorting service but half the time they're never around. So things happen all the time.

Workplace violence at a fast food restaurant

And one day I was in there and I was cleaning off the table and there was a young lady and a guy sitting there. Eating. I was wiping the table next to them. And the girl, I mean she just started coming at me, she's yelling at me, she's screaming at me, she's getting real belligerent, she slammed the stuff, she's threatening me and this, that, and the third. Out of nowhere. So I go over and I tell my boss, I'm like listen, I don't know what her problem is over there but you need to go over there and either have her removed from the establishment or whatever. And their thing is no, no, no, no, no we don't remove customers out of the establishment. You gotta go in the back. You know what I mean? You're the one that has to, if there's anything with a customer, you're... as the worker... the one that has to be removed.

Unsafe Patient Handling

With the passage of the New York State Safe Patient Handling Act in 2014, over-exertion through manual lifting, moving and repositioning of patients should be decreasing.^{70,71} However, there are still workplaces that are non-compliant with new policies.

SELECTED PARTICIPANT COMMENTS

Certified Nursing Assistant explains the care workers' reality

My thought is when it's in your job that you have to lift, Why are they not being shown how to lift properly? To pull properly? They don't take time sometimes to make sure you have it down. Because you shouldn't come home with a back ache every night from doing the same job.

It is the New York State law. You have to have two people. But it is still unsafe. It really is. They actually have it on the care plan and there's people that you can call too if you need assistance lifting someone. But that's if they want to help you. You can call on those who are willing to help, but everybody's doing their own thing. So doing it correctly, doesn't happen often. It's hard to find somebody.

They showed us how to use the Hoyer lift. They trained us on each other, but not on 300 pound people. That you have to do in real life. I mean you have some people and you don't want to be mean to talk about people but 350 pounds. I had one resident one time she was like 350 pounds. Two assists in a sit to stand. The machine wouldn't move! It's difficult even with two people, especially when they refuse.

Patients fight it We have a 300 pound lady, she refuses to get in the Hoyer lift. So now they've gotten to the point where therapy has to come up and move her 'cause we can't. And I had a lady in my other job with a Hoyer. She was a "two assist" and we were "two assisting" her. And she just got combative and the Hoyer was swinging and the Hoyer fell and hit the employee in the head and she got a concussion. She was knocked out cold by the Hoyer and we were doing everything safe. They get out of control. It happens.

GENDER, RACE, IMMIGRATION AND DISCRIMINATION

Gender

Employment conditions for women vary because, first of all, they are employed in different jobs than men. Women choose the jobs they have opportunities to obtain. Those opportunities are frequently shaped by stereotypical views about the types of work that suit women.⁷² Further discrimination can occur with regard to hiring practices, work assignments, or evaluation. In addition to the basic idea of being discriminated against simply due to gender, workers told us that they have experienced gender bias due to marital status or family size. Workers told us you are at a disadvantage if you “have a lot of kids.” It is against the law to discriminate against a woman for being pregnant, but workers report that this is still common practice in hiring and firing.

SELECTED PARTICIPANT COMMENTS

Supervisor fires pregnant worker and dishes out a misplaced and insulting analysis of her life

I was pregnant with my oldest son and I was trying to tell my boss at the time that I needed more hours. And he said, “Well you’re pregnant. You’re working at Subway. I don’t think that you’re mental enough to be a parent.”

In two of our groups, the low-wage workers named problems with overworking the “superwoman syndrome.” The older women identify this in the younger women of childbearing years. They say that the younger women are “trying for it all” and are impatient for financial stability to come. They see this as a dead end with only one outcome: poor health for the woman in the form of an injury, developing high blood pressure, or some other poor health outcome. The older women believe these women succumb to the pressure to get on a kind of hamster wheel being run ragged with no real way out of the poverty they are working so hard to escape.

As an example, a single mother of four children was hospitalized for work-related exhaustion. In her early thirties and expecting her fifth child, she was working two jobs: as a certified nursing assistant and as a cleaner. She became very uncomfortable with the childcare arrangements that were being “suggested” by the social service agency working with her to arrange her social services and employment. She was prescribed medication for what was diagnosed as anxiety. Overwork and her discomfort with the childcare arrangements negatively impacted her mental and physical health.

SELECTED PARTICIPANT COMMENTS

“Superwoman” + pregnant

I haven’t been diagnosed with migraines, but the only time they come is when I’m stressed like beyond stress. And when I was working in the beginning of my pregnancy and up to the end, I was working like 70 hours a week up to my due date. I started feeling very dizzy and my head would really, really hurt. It’d be all in my eyes. It’d be in my temples. And I got to the point where I almost fainted at work because I wasn’t eating. I was working too hard. I wasn’t taking it easy on myself. I was trying to be superwoman when I knew that I needed to sit down. So I ended up going out of work from exhaustion.

Racial and Ethnic Harassment and Discrimination

Being harassed for one's ethnicity and/or skin color is illegal and a deeply troubling feature of modern American life.⁷³ Therefore, it is not a surprise that low-wage workers report pervasive racism on the job.^{74,75} The sources can be client, customers, co-workers or management. More than one source may be in operation on one job site. For those working in the restaurant industry, serving customers in an establishment with relatively higher prices is an important way to achieve better pay and improved occupational prestige than kitchen work. Several workers told us that they just leave jobs when they encounter racial discrimination of any type, even though they know it will weaken their work records.

SELECTED PARTICIPANT COMMENTS

Fast food worker

I found out the managers were saying, "Oh, she's some crazy ass Mexican." They were really being very racial to me.

Discriminatory hiring practices

Try Angus Steakhouse. Go around there and see how many black people you see working there as servers. They are probably in the kitchen. And if you do have any black servers you might only have one on that whole entire shift. But I went in there and I knew. You cannot tell me differently. I was discriminated against. I've not ever been on a job interview really that I didn't get hired for.

And I'm like a customer service fanatic. That is my thing. I love serving. I love doing that type of work. And I'm very, very good at it. And I went on an interview for Angus Steakhouse and I went on a first interview, great. I went on a second interview, wonderful. And I go on the last and final interview and I sat down with this man, and in retrospect, I could see from his demeanor. And I watched one white girl and white guy after another - how they weren't even dressed, some of them were looking a mess. And how they were saying "Welcome aboard. Go over here and give them your uniform size ." So I'm at the interview and I'm excited. Because I'm thinking to myself at the end of the interview there's no reason absolutely why this man should not be telling me that I'm hired. So at the end of the interview he goes, "OK well we'll call you." And I was like "oh, uh, uh, oh. Oh!" Because I had no understanding until that last interview that I was being discriminated against because I am black.

Immigrant Workers

Findings from our groups demonstrate highly exploitive working conditions in Syracuse for people who have come to the U.S. from other countries. This is consistent with immigrant experience nationwide.^{76,77} Immigrants are often sorted into jobs with lower wages. Foreign born workers who participated in our groups were making an average of \$9.34 per hour. This number is significantly less than the U.S. born low-wage workers working similar jobs (\$11.13). Immigrants report that they are assigned riskier tasks than natives. Although it violates New York State labor laws, workers are working without being trained in any understandable way. Undocumented immigrant workers are often afraid to say anything because of fears of deportation.

Evidence from our group discussions was limited in that we only spoke directly with a few dozen immigrants, but we are observing that immigrants experience wage theft and other poor treatment common in low-wage workplaces more frequently than U.S. born low-wage workers. Lack of English skills relegates workers to particular jobs and immigrant workers have reported fewer opportunities than natives when language skills are inaccurately assumed to be lacking. Immigrants are especially vulnerable when they are learning the law and culture around working in this country.

Refugees also reported differential treatment once injured on the job. In one example mentioned in discussions, the refugee sustained an injury on the job and s/he was terminated, while the U.S. born worker with a similar injury received time off with pay to recover. That worker also had legal representation, while the immigrant worker did not access legal assistance.

Refugees told us that they are sometimes asked to work in unprotected ways, when their U.S. born counterparts are not asked to do these same risky tasks. Immigrants are also asked to do dangerous work, while their U.S. born co-workers are spared. One foreign-born hospital worker we spoke with witnessed a co-worker being told to go in a biologically hazardous area to clean. There had been a patient with a contagious condition, but it seemed that management had stripped the room of signs related to the bio-hazards and instructed the worker to go in without protection. Because the workers' English wasn't very good, he was afraid to ask any questions about it for fear he'd lose his job.

SELECTED PARTICIPANT COMMENTS

Lack of training and being required to work without protection

The managers ask me to do things I am not trained to do and work in areas where I don't understand how to use the equipment. And often I am working without protection. Gloves and clothes should be provided when in the hospital in certain areas where someone is sick. And they don't care if I get sick, but I don't have the freedom to just quit. This is a common problem.

Immigrant workers noted frequently being asked to do more work than U.S. born workers within the same time frame or for the same pay rate. We also encountered immigrants who were being asked to work without pay. One worker told us that though he regularly worked in the store stocking items and organizing the warehouse, his supervisor asked him to cover for an employee who cleans the store for a week without pay as a "favor" to him. This worker agreed and did the work. The next week, the supervisor asked him to do this work again for free. This time the worker refused. The supervisor fired him. When the worker took the issue to the store manager, the manager told him he was not fired. It turned out that the supervisor was keeping the money owed to him for the extra work. There was a heated exchange between the manager and the supervisor while the worker was present. The store manager threatened to call 911 and have the supervisor arrested if he didn't agree to repay the wages to the worker. The supervisor agreed and was not terminated.

A few participating immigrants reported being asked to work under arrangements that do not include hourly pay rates. One worker who shared his experience with us was working as a cleaner in exchange for a fixed amount per shift, paid in cash. When he found that it was impossible to complete the work during the six overnight hours, he asked his wife to help him get the work done. They both worked overnights in two locations for a number of months earning \$50 for six hours of work. The hourly pay for each totaled less than half the minimum wage.

The employer provided buffing machines to use on the floors, but did not provide training on how to use them. The supervisor/night shift manager did not provide any other cleaning equipment, saying it was not the responsibility of the employer to provide it. This particular work arrangement was “under the table,” meaning that no taxes or social security were taken out and no formal work arrangements were made. Although he was reasonably fit and in his 30’s, the worker told us that in order to complete the work, he had to run nearly the entire time, without a break. Clearly this work violates both federal labor laws and occupational safety and health regulations, but this worker preferred to suffer in silence, terrified of the loss of income and potential deportation.

SELECTED PARTICIPANT COMMENTS

Difficulty finding a job due to language barriers

If our boss didn't speak Spanish, we'd never get a good job. My friend referred me to this job when I didn't understand a word of English. They are Puerto Rican. They are from Mexico.

Language barriers limits opportunity

It's frustrating because we may have training from our home country, but we cannot work at that profession because we haven't learned enough English yet.

Lack of training in Spanish

We did have training all of us. And I understand a lot of what is said, but not everything. Almost nobody receives training in Spanish. If we were to complain about this, we would just get fewer and fewer hours. If I go to find the manager to ask him about specific chemicals I should use in my cleaning, I cannot find him. If I find him, he does not know.

Making Change in the Workplace: “Speaking Up and Speaking Out” versus “Tolerating it?”

Workers reported making attempts to change poor conditions in the workplace by using existing workplace opportunities to address the problems, but they typically did not experience satisfaction with that process. Managers were not receptive to suggestions for change or made it clear that approaching such subjects would be a very uncomfortable interchange. The following examples raise more questions about how workers approach making health and safety changes. In one case the “accommodation” did not address root causes, but simply exposed other unknowing workers.

The worker was working in a prominent downtown building, cleaning the bathrooms, which she described as problematic because she was cleaning with a strong chemical in tight spaces that were not well ventilated. Because of the exposures, she requested a mask. None was provided, so she bought her own. In response, management switched her to a different building. Though she was no longer exposed, the employer ignored the root cause of the problem and shirked their responsibility to address the hazards. The worker sharing her story was accommodated, but this accommodation only placed other workers at risk.

A number of interchanges took place among the groups as workers juxtaposed “being humble” with “taking pride.” Some workers talked about the reality of negative consequences for speaking up or the futility of trying when “you can’t really go to the top because they are all friends.” Other workers spoke about how they have demanded respect or alternately made decisions about lodging complaints or quitting a job when faced with injustice on the job. When a worker senses deep disrespect, they often decide to change jobs for one where they hope there will be less condescension, “acting snotty,” or pulling rank. Sometimes the strategy to remain healthy is just to leave.

SELECTED PARTICIPANT COMMENTS

In the face of discrimination and bullying

I was only 18 and working in an office. I should’ve said something but I was quiet. I was scared. I thought I would lose my job. I was going through so much...homeless stuff... so much so it’s like I worked like three jobs. I was working so, so hard. So I’ve always had problems where I would really be an honest worker and then here comes a new person giving me an attitude when you just started and you were acting like you’re my boss and you don’t even have the same title. So I quit working there and I left. I’ve had that before where someone tried to bully me, but I’m older now so I don’t tolerate it.

An experienced worker shares how she has dealt with racial discrimination in the workplace

I’m almost 50 years old. Nothing can really like sway me or break me. Because I’ve been through a lot. I’ve been broken already. I have been discriminated because I had a lot of kids. Because I was black. Because I was a woman. Because I had a GED and not a high school diploma.

And sometimes my best way to deal with a situation is being just to either exit or maybe put in for like a transfer, a different department or something like that. Sometimes it’s worked out best when you go to HR and you file a formal complaint.. But sometimes if you can’t really beat ‘em, you gotta join ‘em. So I’ve learned how to manipulate myself in every situation. I’m pretty humble and I’m very laid back and that’s how I survive. But just because you’re humble don’t mean that you don’t have a voice.

I wouldn't wait. I would nip it in the bud immediately. If I felt like I was being discriminated against I would not wait at all. If I had to write a formal letter. If you can't do anything with your boss then you go over your boss's head. If they're not gonna do anything then you go to the next step. And you just go until you get to the right person. It's a hassle but if you love that job that much it's worth it. It's worth holding on to. I mean it's worth putting in a fight for. And if I love something that much I'm gonna fight for it. It's worked out for me.

But, sometimes I've had to part company and find another company. Like it was one company here that I had worked for with a temporary service and I believe that that temporary service is upset with me because I worked that one day and instantly I knew in the training that no, this is not for me. Something is just not right here. And so I went to the manager and I told him you know that I wouldn't be returning, that I felt it was a mistake, that this was not a good fit for me, and I was gonna contact the agency. I gave back the keys and everything. And I contact the agency and the lady was real irate with me. That was OK because I knew if I stayed there I wasn't gonna last long anyway. And I don't think I was gonna get very far. And I found out later from the other people that were still there that I did the right thing.

Dialogue: "Don't mess with Brenda."

Brenda (Home Health Aide):

Since I'm older I know how to go about it. I'm quick to call. Oh I'm gonna call them in Texas where y'all corporate building is and I'm gonna speak to the president there. And then when they see that I'm not playing they say "oh, don't mess with Brenda. She gonna call the corporate." Yup, I sure will. 'Cause this is my job. If I get fired, people say, "oh you can get a job somewhere else." Where? Can you get me in there? No I have two kids I have to take care of. I'm not doing that. So that's another reason for me being quick to call.

I contacted the Department of Labor because one of the girls in a case that I was doing got into it with one of her boyfriends. I was also doing the overnight shift. She put the blame on me. When I went into the office they were telling me, "We heard that you had somebody over there." I said, "No. The rule on page 72 in the handbook says you are not allowed to have anybody there." Well do you know what it says about having visitors? I just said what number the page is on, can you hand me a manual so I can show you that I read it? So the supervisor said, "We're just gonna put you on a 90 day probationary period." For what? I didn't do anything.

So I ended up finding out what I was accused of by going to a meeting. I'm gonna ask because I'm not getting in trouble for something I didn't do. Then, I asked every aide that worked in the area, "did they speak to you? what happened?" They told me another girl had her boyfriend that she was arguing with come to work. So I went to the office and I told on her. She's gonna get in trouble. I'm not getting in trouble for that.

The Department of Labor did get involved. And I didn't get fired. Now that I collided with her, she is very respectful to me. I'll talk to her regular but I still keep my eyes on her because she's passive aggressive. It took two weeks to get it through the Department of Labor. I didn't play at all. I did not play at all. I was contacting everybody.

Kiana speaks about her reality:

“I need this job” Can I say something on that? ‘Cause sometimes I found myself in a job where I be afraid to speak up. Because I sit here and I take what they give me, they tell me do something and I just do it and a lot of times I know something ain’t right, but I don’t speak up because I be afraid because I need this job. I can’t mess this job up. It’s for my livelihood. I can’t mess it up and then when you go and say something they pin you as like a troublemaker. Or a snitch.

James:

It’s like you can’t even express yourself on the job. Without being in jeopardy of losing it.

Jacylen:

Listen, I ain’t afraid to say nothing. And if I gotta lose a job, so be it. It’s my pride. I have a pride issue. I’m sorry. I’m not gonna let you walk all over me. I don’t care who you are. Because once you let them do that they’re gonna continue doing it.

An experienced worker tells how he resolved workplace bullying by calling in management

A guy was supervising me and I don’t like what was coming out of his mouth. He wanted to raise the tone (say from a one to five – he wants to talk to me with the tone on five.) So I’m said to him, “I know I’m doing the job, but now you’re a little bit pushy and you’re a little bit too much bossy. I can tell the difference between constructive and deconstructive criticism. So I called the big supervisor. I said to him simply, “Hey, when you come in today to check the job and pay us our money, I want to get with you and this individual. Me, you and him, and we gonna talk about what’s going on.” My work showed for itself. You know, but the owner himself saw my work and saw the quality and my work spoke for itself.

The last example is different. The worker uses personal technology to document hazardous exposure that can be shown directly to management.

SELECTED PARTICIPANT COMMENTS**Using cell phones to communicate real work conditions to management**

Nowadays phones don’t lie. So it’s true you can put down notes, but when the boss asks about things - Take pictures of it and send it to the boss so that you cover yourself. So your back can be covered. Because sometimes you come upstairs everything is dirty. It’s not my job, but I walked into it. If someone says, “You didn’t do your job”, you can say it’s a lie because my boss has seen it. So it’s just always trying to cover your butt.

When Work is Good

Some workers, principally those with social service or health care jobs, pointed out that their jobs bring them meaning and give them life satisfaction. They assert they would not change jobs and they plan to continue their line of work until they retire. They realize they won't get rich doing this work, but they also don't envision retraining or pursuing a college degree. Their efforts are not rewarded monetarily and while they do recognize this, there is more to work than money for them. While these thoughts may reflect resignation about their circumstances and a desire to maintain stability in their lives, they also assert that they enjoy serving people. For example, one restaurant worker said she "lives for good customer service," indicating high engagement and strong job satisfaction.

SELECTED PARTICIPANT COMMENTS

Paid caregiver finds work rewarding

This is what makes my day. Every day I come to work. When somebody can look at me and say thank you, I really appreciate this. It just blows my mind because that's what I live for. It's very rewarding. We take care of them the way they want it done because it's not really about us. It's not just a job. It's an opportunity to serve. It's an opportunity to give somebody a better life. And their life comes from the way in which we treat them. So whenever I can step up the plate and just do something, I ought to do it.

In the midst of conversations about poor management in low-wage work settings, one worker contrasted those stories with a story of a good manager with whom he worked, lending balance to the conversation through discussion of what ambience a good manager could create in the workplace.

SELECTED PARTICIPANT COMMENTS

"Good manager" creates a "good team"

Yeah it was immaculate. I wouldn't believe it when I went in there. Because I was figuring this would be the dirty place. It wasn't. But the interior was clean. I think the place just had a good team. The boss was really, she was like do your job and she didn't really press people. She wasn't really on 'em so maybe everybody just did they job. And I think that worked out better for them. People enjoy coming, they don't mind going the extra mile.

UNIONS

Historically, unions have contributed immeasurably to workers' health, safety, and dignity.⁷⁸ Participants who were members of the Laborers Union reflected on their work.

In spite of some of the downsides of working as a laborer in the construction industry, these union members found that the benefits offered them made an important difference in their lives compared to other jobs they had worked without benefits. The stability of the union work made it possible to establish a household and have medical issues consistently well covered by health insurance. Also, younger workers emphasized how important it was to them to have close interaction with experienced workers on the job. They went on to remark that they had a direct connection to the union for times when things don't seem to be safe or fair on the jobsite. They were encouraged to call someone who could actually pressure the employer in immediate ways to correct the situation. This was a stark contrast to the non-union workers making lower wages who often possess no support when seeking to stop or alter unsafe work conditions. They must resort to quitting and seeking new employment when conditions deteriorate on the job.

The work is seasonal, but those arrangements are well known to workers ahead of time. Wages, as we have demonstrated, do not fully meet MIT's living wage calculations for Onondaga County when households have dependents, but the wages are relatively higher than other low-wage, non-union jobs. The job comes with a strong benefits package and there are attractive opportunities for apprenticeship and specialized training in the building trades. There is a much stronger sense that they will be in their trade for life.

SELECTED PARTICIPANT COMMENTS

Union members describe their work characteristics

1: Well in central New York unfortunately we're at the mercy of the weather. You can get weeks that three out of five days it's terrible rainouts. You don't get a whole lot done. Unfortunately every job has a deadline. It has to be done by this time or the contractors get penalized. So a lot of times these men and women will be working crazy hours to make up for the times where they couldn't get as much work done because of the weather.

Different projects will be demanding on different things. Cleanup projects go around the clock. Five months out of the year. Men and women are doing 12 hours a day. Six days a week. It's very trying. It's definitely cutting into their family time.

2: Truly, the family or friends do suffer. That I know from my experience, but I know well in advance when I'm going to be working 84 hours a week. And I prepare for it and everybody in my life knows that.

3: And even the road construction with 10, 12 hour days for the most part we know the first day you get there what your schedule will be. You can plan around it.

4: Sometimes there is no work at all for three months. It varies by the person.

5: But like especially if they're off from work they're not really gonna want to turn the overtime down because a lot of us don't work for five months out of the year because of the winter.

Watching out for your brother

Safety's a big thing on the job but what I've learned over the years is that you're pretty much responsible for watching each other's backs 'cause the company usually covers themselves with paperwork and stuff. But out there...you watch out for your brother, and hopefully he does the same for you. Been my experience. But we are provided with all of that training. Some people take it serious, some don't. I can't speak for everybody on that.

Worker describes the union plant environment

So, things do go wrong but the way they have it set up, you're pretty well protected. Because it's so regulated and they go over everything so well. And you're in constant meetings and briefs. You don't have to wear a suit everywhere either. There are different zones and different areas. Some are more dangerous than others. When you're going into a more dangerous zone then the things that they have you go through beforehand are so much more critical and thorough. It is not rushed.

Union brotherhood around health and safety = "bubble it up"

Union Member 1: The good part about it is we know what the standard's supposed to be. And it's not like they can just fire us and go call and get a new guy just to do it because the next guy's gonna say the same thing I'm saying. It works out for us that way. I'm not gonna get fired and they're not gonna bring Eric in. He's not just gonna do it to do it 'cause he's gonna say the same thing, we're not doing it 'cause this isn't right. That's a brotherhood. That's a solidarity. Unity that gets built.

Union Staff: Well they know they can make one phone call and be it an issue with their paycheck or an issue with safety, whatever. There'll be somebody down there right away. It's not like these other companies that don't care about them and make them work for \$9 an hour.

Union Member 2: I was working at the lake and one of the guys that worked for a company, contractor, he was out and it was just myself and the other contractor. I felt we were kind of undermanned. And I just made a call and sure enough a day or two later there were two more laborers there to help me out. It's a good feeling. Yeah there's a chain of command. There's a saying they say at the morning meeting all the time. If you have a problem you bubble it up. You go up your chain of command. There aren't any blockages. Where you gotta go or who to go to depending on what the problem is.

Union Member 3: Here, for that situation, we all have the direct number for the guy in charge of all that.

WHEN COMMUNITY CREATES SUPPORT

One of the most important features of the Low-Wage Workers' Health Project is that it stimulates dialogue among low-wage workers in the Syracuse community. Even though many workers feared retaliation for expressing their concerns openly, the confidential dialogues inspired open sharing most of the time. The sense of community developed in the group offered multiple opportunities for the exchange of ideas with each other about how to overcome barriers to employment, barriers to further education, and family concerns. Standing out even more, the groups from organizations with education missions exhibited a shared organizational culture strongly focused on group members' goals. Practical advice was particularly poignant when group members discussed racially motivated disrespect, workers' bonds, and increasing occupational health knowledge.

SELECTED PARTICIPANT COMMENTS

Rights in the workplace

All these people come together with all these different experiences. It's interesting to see all these experiences of all the people that came together today and to be able to speak about work and also to know about the different things that you're facing in work. It's important to know about the different rights you have and what the laws are. So as an immigrant it's hard for her because she doesn't know English. So not only are workers unprepared for what they're facing but also for her it's important to be learning exactly what her rights are in the workplace. And to be able to learn how to speak with your boss about the different things

-SPANISH SPEAKING IMMIGRANT EXPRESSED VIA TRANSLATOR-

Knowing where to get help matters

Now we know where to go to get and know the information if we're in a situation - if we are in deep waters and are about to drown. Now we know where to go to get out the deep waters and what to do if the job isn't looking out for the employees.

At the end of the conversations we asked the groups what impacted them. We heard back how important it is for them to be together hearing about each other's work experiences. The most common refrain was how much they appreciated knowing about other work environments and knowing how others have managed their exposure issues or work-related stress issues. Workers participating in the groups would often comment on how good it was to hear the other workers stories and find out how other workers have handled themselves on the job when faced with health and safety challenges.

SELECTED PARTICIPANT COMMENTS

Three women shared the benefits of being part of the conversation

- 1: Participating in this group lets me know that there are people out there that are looking at ways to help us to better the workplace with the jobs and the way we're being treated.*
- 2: Listening to everybody's scenario, everybody talking. And you learn a lot about different jobs. And how to carry yourself on the job and the things to look out for.*
- 3: What impacted me was hearing about the various occupations and what have occurred, like the workplace violence that she shared and how she handled it would've been totally different on how someone else would've handled it. Thumbs up to you, sis, for real.*

DISCUSSION

The conversations with low-wage workers in phase three of this project continued to be a rich source of information about the world of low-wage work in the Syracuse area. Participants' observations reinforce the view that low-wage work is, by and large, a world apart from the experiences of those who don't live it. Theoretically governed by the same laws, regulations, and norms of behavior as all workplaces, many low-wage workplaces frequently skirt or ignore the rules. Rudeness and discrimination are common; insecurity among workers is pervasive; and management's lack of respect and responsibility for company employees is widespread. Participants tended to view laws and regulations as laughable non-solutions to their health issues on the job, and frequently voiced feelings of resignation, that nothing can or will change.

Some of the major specific health and safety themes raised in the groups are described below. They speak to the idea that health and safety cannot be separated from the general workplace milieu. The importance of seeing health and safety as part of the workplace context forces the recognition that resolving health and safety issues often means addressing the larger workplace issues as well.

Hazards and Symptoms

Both health and safety hazards and symptoms likely linked to those hazards were common features of participants' work experience. This speaks to the need for occupational health resources to be delivered to workers in these workplaces including prevention, accurate diagnosis, compensation, and vocational rehabilitation. Many workers were unaware of their rights or of the resources available to them, making outreach and education/training a priority. But even when workers are aware of their resources, they often remain leery of utilizing them. This can be due to a myriad of reasons: lack of transportation, not enough time off work, distance to a facility, distrust of resources not of their own community, and skepticism about resources affiliated with larger institutions that are mistrusted. Creative ways to address these barriers need to be sought that go beyond the usual paradigm for the delivery of these services. A large part of overcoming barriers will include building relationships in the community to gain trust.

In ten of the workplaces participants described hazards that suggest unusually hazardous work environments. These require more immediate strategies to improve conditions. In addition, there were 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 could only be described a zoo-like, 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. While "Know Your Rights" discussions were featured in our protocols, specific actions to generate workable solutions will be required for the most troubling worksites.



Finding Occupational Disease

Occupational diseases such as asthma, certain cancers, and nervous system damage are notoriously difficult to identify. We use the tip of the iceberg image to illustrate the idea that we know a little but there is much that is hidden. Some of the reasons occupational diseases are hard to find include:

- long lag times between the exposure and disease (especially for occupational cancer),
- symptoms that are common and often seen in non-work related illnesses,
- lack of knowledge among both doctors and workers about the potentially toxic effects of work place exposures.

Uncovering new occupational diseases involves discerning patterns of similar symptoms among workers in the same or similar workplaces. Body mapping and hazard mapping are ways to quickly gather information that can lead to the identification of patterns. The maps produced by group participants paint a picture for a number of low-wage industries and jobs. Hazard mapping and body mapping are complementary. As described by participants, musculoskeletal pain was the predominant symptom reported across industries and jobs in body maps. Hazard mapping connected these symptoms to aspects of work such as prolonged standing and repetitive arm and hand work. Headaches, exhaustion and other symptoms were also widely noted, and workers connected these to stress. In some of the workplaces, workers reported breathing symptoms possibly caused by exposure to dusts or cleaning chemicals.

The mapping activities also demonstrated some of the limitations of mapping which need to be kept in mind when using and interpreting these tools. Part of the limitation in the specific context of our groups was that the hazard maps were done by each individual, and the body maps were typically constructed by workers from a variety of workplaces. Both hazard maps and body maps are ideally designed to be created collectively by workers from a single workplace. The collective nature of the activities increases the likelihood of seeing patterns and identifying occupational disease as workers talk to each other and jog each other's memory. In addition, time to think and prepare prior to the session, as well as less constrained time to construct the maps at the sessions may well have increased identification of hazards and symptoms.

The hazard and body maps themselves were supplemented by extensive group discussion facilitated by individuals with health and safety training. As the results demonstrate, the overall information obtained benefited from these discussions, suggesting an important role for the facilitator, especially in bringing out the risk or occurrence of occupational disease.

Identifying the risk and occurrence of occupational disease is an important part of comprehensively describing health and safety in low-wage work. Hazard and risk mapping are important methods workers can use in this endeavor, but they often need supplementation, making relationship building between occupational health professionals and low-wage workers a key task.

Stress

Worker participants almost universally described stress as a health hazard of their jobs, and many reported symptoms they thought were stress related. Stress is a difficult concept to define. Unsurprisingly, participants varied in their conceptions of “stress.” Low-wage workers develop a variety of coping mechanisms, but particularly difficult stressors such as heavy work demands, assaults, both physical and mental; and fear of unpredictable events proved more challenging. Evidence is accumulating that the health effects of stress are myriad and some are quite serious or even fatal.

Disrespect by management was a major theme for participants. Lack of respect was manifest in various ways. At times this means the way management addresses and talks to workers without the courtesy expected in everyday personal interactions, clearly treating workers as subordinates in every sense, -- as people with a lesser worth. At some point, disrespect shades into violence in the workplace. Violence is often conceived as physical assault, and this was at times reported, but violence is better thought of as a spectrum that includes non-physical assaults as well. Using this broader definition, the type of yelling, threats, and intimidation participants routinely reported marks many of their workplaces as violent. Outside of the workplace, adults treated in these ways would likely take steps to counter noxious interactions. They might walk away, talk or yell back, cease further contact, call the police, or even throw a punch. The ability to react and exert some control over the situation is central to reducing the stress induced by it. In the workplace, pathways to appropriate control are harder to achieve. Workers are constrained from reacting by their desire to keep their job and maintain a clean job record when looking for other work.

Perceived injustice and unfairness at work was another major issue discussed by participants as both stressful and common at work. Racial, gender, and other forms of discrimination were specific types of injustice. Typically this took the form of workers’ seeing others with less experience or maybe a different gender, or race, getting the promotion, raise, extra hours, or more desirable job. And again the pressure to keep quiet and the inability to do anything about it, leads to anger and frustration that greatly augments the impact of the stressor itself.

Aspects of how work was organized composed another major set of stressors. Workers found it very difficult to manage when work schedules were unpredictable, changed on very short notice, varied in the number of hours from week to week, or were different hours on different days. In response workers described having to scramble to arrange transportation, child care and any other non-work or family activities.

“Exhaustion” was frequently described by participants, and can be seen as a term used to describe symptoms that are difficult to describe. This type of fatigue can be characterized by difficulty initiating activity, a perception of generalized weakness, a reduced capacity to maintain activity and/or difficulty with concentration, memory, and emotional stability.^{79,80} While difficult to describe, however, these workers were reporting something widespread and important to them, with impacts on their quality of life, their abilities to participate in family and other activities, and their abilities to engage with others. Exhaustion can be considered a marker of stress, a response to chronic, day after day, coping with some of the issues detailed above, especially when anxiety and rumination over these stressor interferes with sleep.

Blurring the Boundaries between Work and Non-Work Life

Participants' comments and observations revealed some of the ways conditions of work and the world outside of work interact to impact health. This was particularly evident in discussions of stress. The stresses of work and those of non-work life work together may create cumulative health problems. For example, those with asthma who work with cleaners, find their symptoms also worsen with exposure to similar substances outside of work.

Some discussions also suggested ways in which work can have an impact on diseases not typically considered work related. For example, workers with diabetes described difficulties maintaining blood glucose control because of erratic work schedules that made it hard to plan meals and breaks. Research has increasingly recognized sleep as an important factor for health, and group participants discussed the various reasons work can disrupt normal sleep patterns. While these discussions touched on some examples of the way work can affect general health, these issues require further elucidation to better link the mechanisms involved in these interactions with associated health effects.

Sticking with the issue of diabetes, several mechanisms may lead to poor glucose control and increased probability of cardiovascular, neurologic and renal complications. As noted above, conditions at work may make it difficult for workers to eat at the times that are required to maintain appropriate blood sugar control. If they are insulin dependent, they may have problems being able to give themselves the correct dose at the times they need it. Other mechanisms include the possibility that stress affects hormone levels causing blood sugar to rise and become more difficult to control. Low wages may lead to workers' buying food that is affordable but detrimental for a diabetic diet. Exposure to certain substances at work that disrupt normal hormone metabolism may directly lead to increased blood sugar. Specific mechanisms will vary, depending on the workplace.

Similar analyses could be made for cardiovascular disease and other conditions. The potential pathways for work to impact health are many, and are not generally explored or addressed with the kind of attention that should be given, especially since so many chronic health conditions cause premature death and significantly reduce quality of life.

Stepping Forward and Speaking Out: Why is it so difficult?

One reason low-wage workers have difficulty asking for or demanding improved working conditions is lack of knowledge about the hazards they face and methods to control those hazards. In addition, workers may not be aware of resources they can access to obtain information. But that is only a part of the picture, and typically, not the most important part.

For knowledge to really lead to power, it must be coupled with action to make the changes deemed necessary. Low-wage workers face many barriers to transforming knowledge to change in the workplace. Job insecurity is rampant among those making lower wages. Many have given up on finding a decent paying job they could stick with. They are resigned to frequent job changes and the need for periodic re-training to develop new job skills. Saddled with a job that doesn't pay a living wage, they often cobble together two or three jobs. Some have backgrounds that make it difficult to find a job: spotty employment record, previous incarceration, limited English. Most employees are non-union and are "at will" employees,

vulnerable to termination anytime without any particular reason. As many of these jobs are relatively unskilled, these workers know that if they can't or won't do the job, there are others waiting to take their place.

Given this context, the incentives are huge for workers to ignore health and safety issues in favor of hanging on to their job. Bringing up working conditions means making waves, being identified as a trouble maker, and possible termination or other retaliation. Until this context is recognized and addressed there will remain little hope that many workers will come forward to speak out about their working conditions and any concerns they have about their health and safety. They will remain mired in a sense of powerlessness and resignation that nothing will change

Individual and Collective Action

One notable observation from the groups was the distinction we observed between non-union and union participants as they discussed taking action on health and safety hazards. Despite the barriers described above, some non-union workers did decide something needed to be done about job hazards they observed or experienced. Inevitably, their actions were individual: leaving the job, talking to the supervisor, talking to someone above the supervisor. In contrast, participants from the Laborers' Union saw their union as a resource to represent them in presenting the issues to management. In addition they expressed a sense of solidarity with their co-workers, so that if one union member had a problem s/he could count on others for support. Union members seemed far more comfortable and secure bringing up health and safety issues.

One of the most important features of the Low-Wage Workers' Health Project is that it stimulates dialogue among low-wage workers in the Syracuse community. Even though many workers feared retaliation for expressing their concerns openly, the confidential dialogues inspired open sharing most of the time. The sense of community developed in the group offered multiple opportunities for the exchange of ideas with each other about how to overcome barriers to employment, barriers to further education, and family concerns. Practical advice was particularly poignant when group members discussed racially motivated disrespect, workers' bonds, and increasing occupational health knowledge. Participants frequently commented how much they appreciated knowing about other work environments and learning how others have handled themselves on the job when faced with health and safety challenges.

The key lesson from these observations is that collective action reduces the likelihood that any individual worker can be identified as the 'trouble maker', and increases the probability that workers will take action on problematic health and safety conditions. Finding ways to facilitate the ability of non-union low-wage workers to think and act in collective ways is crucial to efforts to improve working conditions and prevent workplace injuries and illnesses.

WHAT IS TO BE DONE?

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. ‘Policy’, defined broadly, flows from this overall goal, and encompasses action primarily at the workplace, community, and state levels.

Thanks in large part to long-term efforts of workers and worker advocates drawing attention to the problems faced by low-wage workers, in early 2015, Governor Andrew Cuomo instituted a significant initiative to “End Worker Exploitation.”⁸¹ Beginning with efforts to protect the health of nail salon workers, this initiative is expected to continue to work on 14 low-wage, at-risk occupations. Aggressive steps to “protect workers and combat exploitation” have been ongoing. Increased enforcement efforts have already returned over \$10 million in recovered wages to cheated workers across the state. The Governor created the Task Force to Combat Worker Exploitation, a group made up of representatives from an array of state agencies.

These initiatives have opened up opportunities for low-wage workers and their advocates. The OHCC, with the support of a wide array of other groups and individuals representing a cross-section of health and safety and worker advocacy organizations, presented a detailed set of recommendations for action to improve health and safety conditions to the Task Force and Advisory group.⁸² As a consequence, low-wage workers’ health as an important issue for low-wage workers, is squarely on the Task Force’s agenda.

The Task Force, in partnership with the Advisory Committee released a report summarizing the recommendations gathered from groups participating in sessions held statewide.⁸³ One notable outcome is the Governor’s recent announcement of \$5 million being made available to non-profit organizations around the state to provide occupational safety and health training.⁸⁴ These initial funds last only six months, but the potential for ongoing allocation of funds would be a crucial development in sustaining efforts to “identify and eliminate worker exploitation throughout New York State.”

Strengthening the existing and extensive community based health and safety resources that provide comprehensive occupational health and safety services to low-wage workers would be a crucial step in realizing a sustained effort. Organizations in this group include:

- Committees on Occupational Safety and Health (COSH groups)
- Occupational Health Clinical Center
- Workers’ Centers
- Barry Commoner Center for Health and the Environment at Queens College/CUNY

These organizations exist precisely to serve the occupational health needs of low-wage workers. Not only have they collectively accumulated extensive experience and expertise, but they have earned the trust of workers in their communities. Workers facing serious threats to health due to their work conditions, and workers with work-related illnesses and injury trust are likely to rely on these organizations who connect them with solutions.

Other major goals of a sustained effort include:

- 1) Promote the enforcement of existing regulations and legislation
- 2) Adequately fund state agencies to effectively enforce regulations
- 3) Cross train state personnel from all agencies involved in workplace inspections to recognize health and safety hazards and to refer to enforcement agencies
- 4) Include all components of a comprehensive prevention agenda in offerings to low-wage workers 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
- 5) Promote health and safety legislation at the state level that fills in gaps not covered by federal Occupational Safety and Health Administration (OSHA) regulations
- 6) Promote legislation at the state level that improves the lives of low-wage workers such as
 - single payer health care (New York Health)
 - farm worker rights, i.e. to unionize the same as all other workers
 - a living wage
 - paid sick leave

CONCLUSION

The idea that an individual's health is strongly shaped by the income they earn, or the work they do is at odds with the predominant way Americans would like to see their country: a land of equal opportunity where hard work and good choices are rewarded. The low-wage workers who participated in our sessions would unanimously take issue with the idea that they are relegated to low-wage work because of 'poor choices' and lack of effort, and would find it impossible to imagine themselves working any harder than they already do.

Low-wage jobs continue to increase and the economy is fundamentally dependent on the workers who do these jobs. The owners/managers employing low-wage labor, as well as the rest of us who do not fall into the low-wage workforce directly benefit from the low wages paid to others. This reality should inform solutions or ways to improve working conditions for low-wage workers, as it demands the recognition that deep and lasting change will come when workers have the power to demand a fair share of the opportunities and benefits our economy produces.

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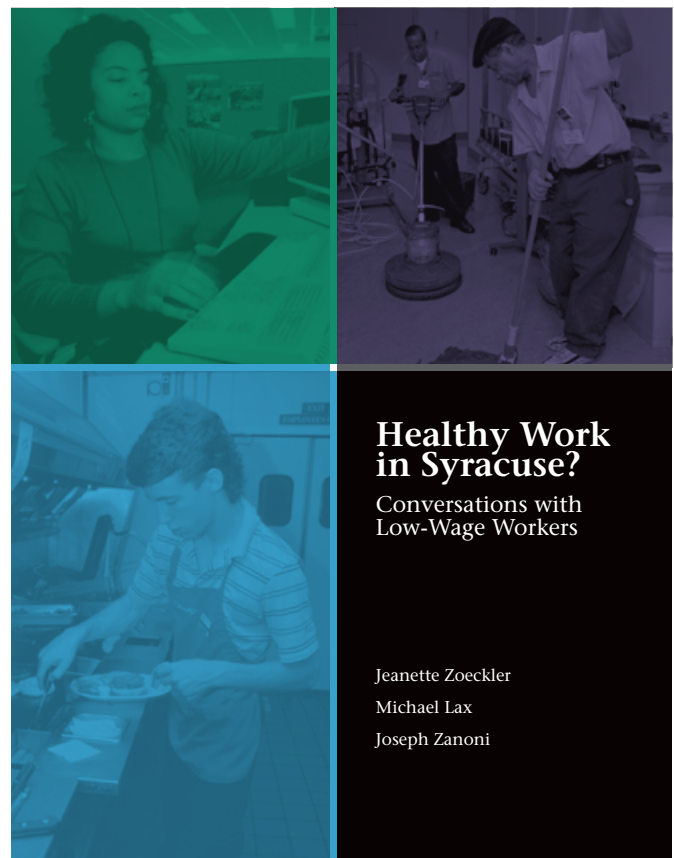
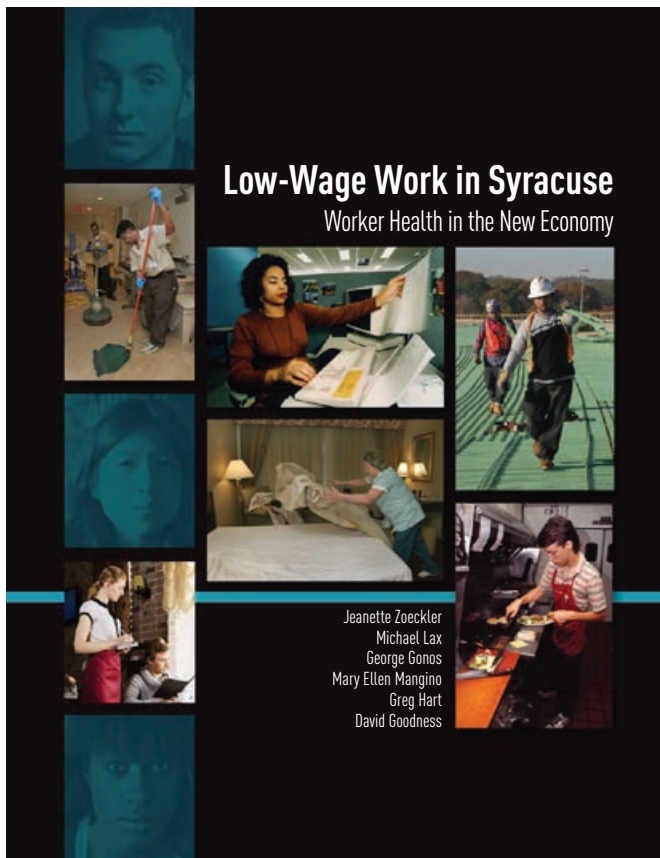
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Appendix A

Partnering Organizations

| |
|--|
| Service Employees International Union (SEIU) 1199 at the Loretto Learning Center |
| Northeast Community Center |
| JobsPlus! |
| Westside Learning Center |
| State University of New York Educational Opportunities Center (SUNY EOC) |
| Urban Jobs Task Force |
| Experience Works! |
| Local Laborers #633 |
| The Newland Center for Adult Learning and Literacy |
| Onondaga Cortland Madison Boards of Cooperative Educational Services (OCM BOCES) |

MIT Living Wage Calculator Onondaga County (2015)

| Hourly Wages | Living Wage |
|-----------------------------------|-------------|
| 1 Adult | \$10.27 |
| 1 Adult 1 Child | \$23.17 |
| 1 Adult 2 Children | \$30.90 |
| 1 Adult 3 Children | \$40.86 |
| 2 Adults (One Working) | \$16.23 |
| 2 Adults (One Working) 1 Child | \$19.73 |
| 2 Adults (One Working) 2 Children | \$22.28 |
| 2 Adults (One Working) 3 Children | \$24.78 |
| 2 Adults | \$8.12 |
| 2 Adults 1 Child | \$12.70 |
| 2 Adults 2 Children | \$16.79 |
| 2 Adults 3 Children | \$20.85 |

Appendix C

MIT Living Wage Calculator: Typical Expenses / Onondaga County (2015)

| Annual Expenses | Food | Child care | Medical | Housing | Transportation | Other | Required annual income after taxes | Annual taxes | Required annual income before taxes |
|--------------------------------------|----------|------------|---------|----------|----------------|---------|------------------------------------|--------------|-------------------------------------|
| 1 Adult | \$3,509 | \$0 | \$2,304 | \$6,732 | \$3,764 | \$2,096 | \$18,406 | \$2,949 | \$21,354 |
| 1 Adult 1 Child | \$5,176 | \$10,176 | \$6,070 | \$9,612 | \$6,855 | \$3,644 | \$41,533 | \$6,654 | \$48,187 |
| 1 Adult 2 Children | \$7,786 | \$20,250 | \$5,859 | \$9,612 | \$7,901 | \$3,987 | \$55,394 | \$8,874 | \$64,268 |
| 1 Adult 3 Children | \$10,321 | \$30,324 | \$5,922 | \$12,612 | \$9,258 | \$4,819 | \$73,256 | \$11,736 | \$84,991 |
| 2 Adults (One Working) | \$6,434 | \$0 | \$4,654 | \$7,512 | \$6,855 | \$3,644 | \$29,099 | \$4,662 | \$33,760 |
| 2 Adults (One Working) 1 Child | \$8,011 | \$0 | \$5,859 | \$9,612 | \$7,901 | \$3,987 | \$35,369 | \$5,666 | \$41,036 |
| 2 Adults (One Working) 2 Children | \$10,339 | \$0 | \$5,922 | \$9,612 | \$9,258 | \$4,819 | \$39,951 | \$6,400 | \$46,351 |
| 2 Adults (One Working) 3 Children | \$12,583 | \$0 | \$5,889 | \$12,612 | \$8,845 | \$4,502 | \$44,432 | \$7,118 | \$51,549 |
| 2 Adults | \$6,434 | \$0 | \$4,654 | \$7,512 | \$6,855 | \$3,644 | \$29,099 | \$4,662 | \$33,760 |
| 2 Adults 1 Child | \$8,011 | \$10,176 | \$5,859 | \$9,612 | \$7,901 | \$3,987 | \$45,545 | \$7,296 | \$52,842 |
| 2 Adults 2 Children | \$10,339 | \$20,250 | \$5,922 | \$9,612 | \$9,258 | \$4,819 | \$60,201 | \$9,644 | \$69,845 |
| 2 Adults 3 Children | \$12,583 | \$30,324 | \$5,889 | \$12,612 | \$8,845 | \$4,502 | \$74,755 | \$11,976 | \$86,731 |

APPENDIX D

The Proliferation of Low-Wage Work in Syracuse Example: Nail Salons

Fast growing low-wage jobs such as “manicurists and pedicurists” are difficult to track with traditional data sources. Nail Salon workers face serious hazards that should command strong attention¹, yet some government data sources lag behind observable conditions in the community. Whereas the census had no available data for this occupational group, we were able to estimate rapidly rising numbers from County Business Pattern data.² Several hundred nail salon workers have taken up this work in our regions, however field work by the Occupational Health Clinical Centers’ regional outreach and education coordinators confirms that the County Business Pattern data is a gross underestimate. Nail salons and other beauty related establishments are often too small and too rapidly forming to follow well in government data schemes. As has been noted frequently this year^{3,4} these workers have been exploited financially and they experience hazardous conditions on the job with little attention being paid to these emerging problems for over a decade.



Original artwork by Bjoern Arthurs for the National Network on Environments and Women's Health <http://owhn.on.ca/en/blog/view/leaders-in-womens-health-the-healthy-nail-salon-network>

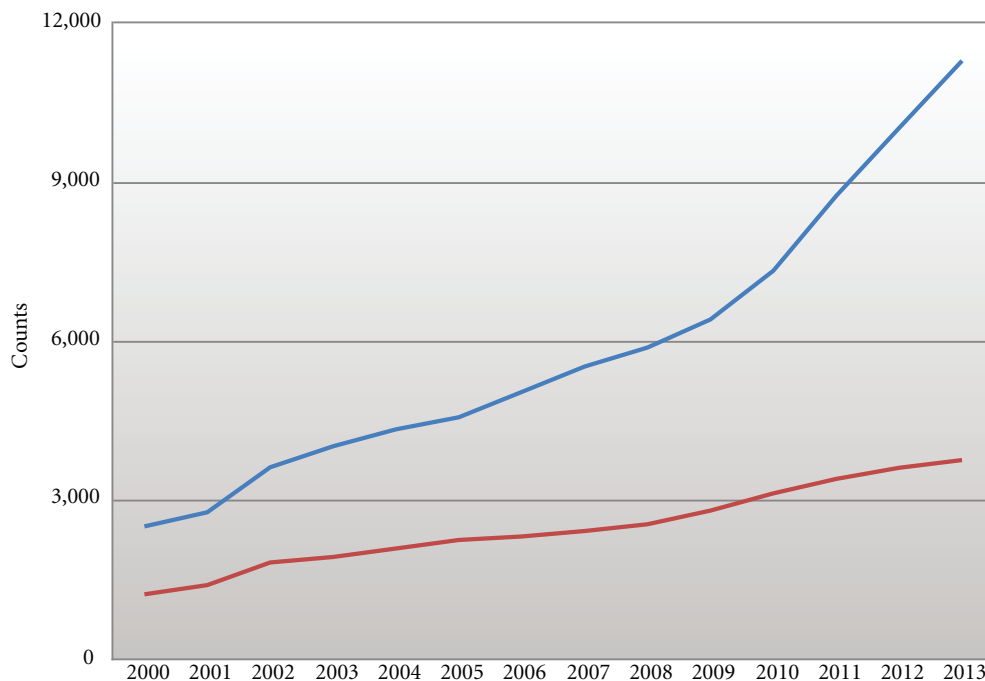
¹ <http://www.cwhn.ca/sites/default/files/lit%20review%20Jan%202015.pdf>

² U.S. Census Bureau. American Fact Finder. County Business Patterns.

³ New York Times The Price of Nice Nails;

⁴ and Perfect Nails. Poisoned Workers

Nail Salons in NYS 2000 - 2013



**2013 MSA Business Patterns (NAICS)
812113 Nail Salons**

| Area name | Paid employees | Estimated Paid Employees | First quarter payroll (\$1,000) | Annual payroll (\$1,000) | Total establishments |
|------------------------------------|-----------------------|---------------------------------|--|---------------------------------|-----------------------------|
| OHCC CNY REGION | | | | | |
| Syracuse, NY Metro Area | 184 | 184 | 545 | 2,570 | 47 |
| Auburn, NY Micro Area | A | 13 | 52 | 223 | 4 |
| Cortland, NY Micro Area | A | 1 | D | D | 1 |
| Utica-Rome, NY Metro Area | 109 | 109 | 320 | 1,437 | 24 |
| OHCC ADK REGION | | | | | |
| Watertown-Fort Drum, NY Metro Area | A | 6 | S | 38 | 3 |
| Ogdensburg-Massena, NY Micro Area | A | 4 | D | D | 2 |
| OHCC ST REGION | | | | | |
| Binghamton, NY Metro Area | 52 | 52 | 191 | 759 | 12 |
| Corning, NY Micro Area | A | 19 | D | D | 3 |
| Elmira, NY Metro Area | 12 | 19 | 32 | 208 | 7 |
| Oneonta, NY Micro Area | A | 1 | D | D | 1 |
| TOTALS | | 408 | | | 104 |

Source:U.S. Census Bureau

A Small Employer 0-19 employees

S Withheld because estimate did not meet publication standards

D Withheld to avoid disclosing data for individual companies data are included in higher level totals

THE LOW-WAGE WORKERS' HEALTH PROJECT
Mapping the Landscape of Low-Wage Work and Health in Syracuse

