# Healthy Work in Syracuse?

## Conversations with Low-Wage Workers

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# About the Project

**The Low-Wage Workers' Health Project** is a collaboration based at the Occupational Health Clinical Center, a specialty clinic serving the occupational health needs of 26 counties of New York State, affiliated with SUNY Upstate Medical University and funded by a grant administered through the New York State Department of Health. Members of the multi-disciplinary and multi-institution collaboration include:

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# TABLE OF CONTENTS

# Executive Summary

**The Low-Wage Workers' Health Project** seeks to characterize local workplace conditions in the low-wage sector of the job market through interaction with people who live and work in Syracuse.

**PHASE 1:** In 2013, the Project surveyed 275 low-wage workers as a first step toward identifying precarious and hazardous working conditions so that workable ideas about the prevention of occupational illness and injury could be explored. The survey was accomplished by partnering with community organizations at their locations and by meeting with small groups in their homes around their "kitchen tables."

At that time, we found that low-wage workers experience unstable and unpredictable work lives on many levels. These workers (with an average pay rate of $9.65 per hour) experienced wage theft, and reported that hazardous conditions at work and symptoms caused by workplace exposures are commonplace. Those who had been injured or made sick at work recounted their specific difficulties accessing health care via Workers' Compensation in detail.

Workers consistently voiced that employers could be doing more to make their workplaces safer and healthier. Overwhelmingly, they called for greater respect in the workplace, the absolute necessity of increased wages, and a strong suggestion that managers improve their interpersonal interactions and their decision making in order to improve the workplace environment.

**PHASE 2:** In 2014, the Project continued to work with existing and new community partners to generate conversational groups taking place in their organizational spaces. The groups were engaged so that we could create an avenue for further exploration of the details of the issues raised in the Survey. Seventeen groups formed and 146 low-wage workers participated. Starting with the most salient themes raised in the surveys, workers in the dialogue groups participated in active discussions bringing forth new knowledge about local workplace conditions, organizational features and social dynamics.

As workers shared specifics about their jobs together in their groups, communication between workers frequently stimulated stronger knowledge about work conditions for low-wage workers in Syracuse. Participants' work histories confirmed the precarity of their work arrangements and troubling realities about their financial duress. Participants believed that the living wage for a single adult was "around $14" and that would provide the minimum necessary for living "close to the ground" and would provide for only the most basic household expenses. At the time of project activity, the minimum wage in New York State was $8.00 per hour. On December 31, 2014, it was raised to $8.75.

Group members mapped the physical plant of their worksites with an emphasis on social interaction in order to generate more discussion about how these interactions at work impact health. This prompted suggestions for future improvement of wages, work arrangements (hours), and unhealthy work-related conditions.

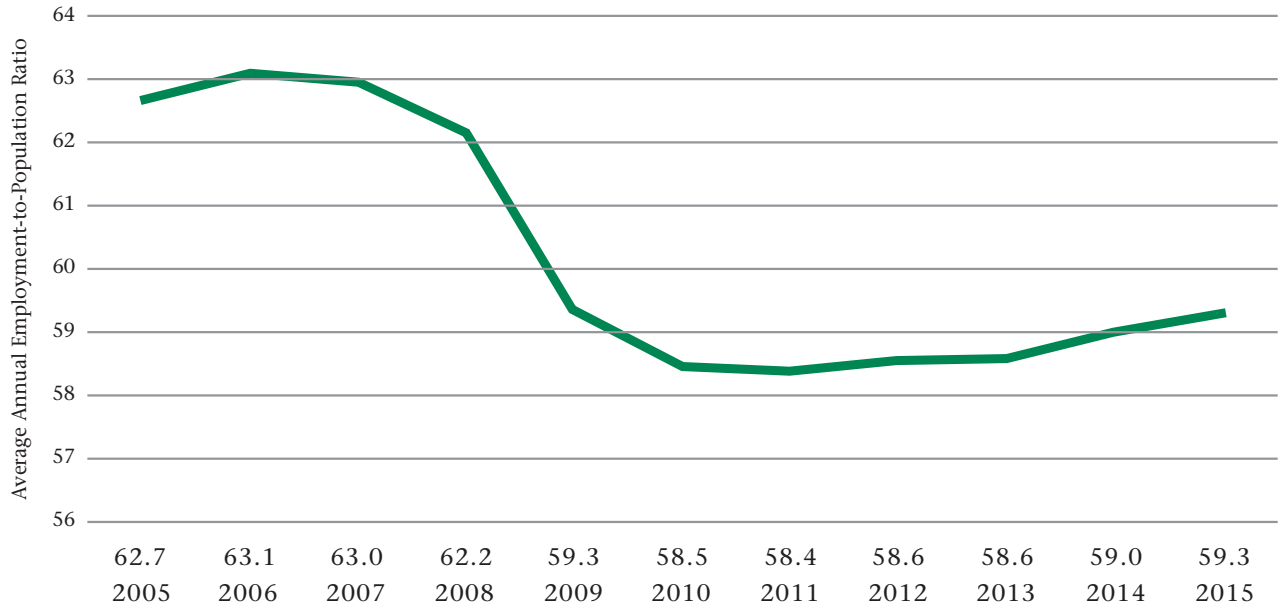
Participants reported both workplace hazards and problematic social conditions on the job which could raise the risk of work-related injury or illness, and/or impact the possibility of effective prevention or treatment for work-related health conditions. Low-wage workers described specific instances of workplace discrimination that were related to subsequent occupational health threats. Some encountered difficulties activating benefits established for workers such as Workers' Compensation or the Family and Medical Leave Act. Numerous workers recounted details of workplace incivility and harassment. Low-wage workers also described parenting struggles due to low-pay or erratic work schedules. Conversations included steps toward change-making that ranged from becoming more active in their own union (when they had one), forming a union, or simply making a decision to gather two or three workers together before addressing supervisors about health and safety problems encountered in work environments.

# Introduction

The Great Recession left enduring economic scars with persistent recovery patterns that have created a proliferation of low paying jobs while stalling mid-wage job growth. This situation has fundamentally altered the experience of work for thousands of workers and is increasing income inequality to new heights.[1-2] Most evidence indicates we can expect a very slow recovery with continued long-term unemployment and wage stagnation.

Looking closer into key employment indicators, an even less optimistic picture develops. In February 2015, the labor force participation rate was lower than the pre-recession rate and long-term unemployment is still over 4 million.[3] Currently 31.1 percent of the unemployed have been so for 27 weeks or more, a rate similar to the historic highs of the recession period.[4] Although the national unemployment rate has been in decline, it should be noted that this decline, according to an in-depth report by the National Employment Law Project, "has been driven in no small part by discouraged job-seekers leaving the labor force."[5] The numbers of prime-age workers (age 25 to 54) with a job are still lower than before the recession. Part-time workers (as a percent of the total employed number) rose sharply during the recession, from 17 percent to 20 percent, and the numbers of part-time workers who report working "due to economic reasons" (which means that they are not working for "extras" but consider the employment necessary to meet basic living expenses) has been decreasing, but has not achieved pre-recession levels.[6-7] As CHART 1 shows, the employment-to-population ratio which includes people who have stopped looking for work (unemployed long term), the current U.S. figure (59.3 percent) has not returned to its pre-recession level (62.7 percent).[8]

**CHART 1 - Employment-to-Poulation Ratio - Bureau of Labor and Statistics**

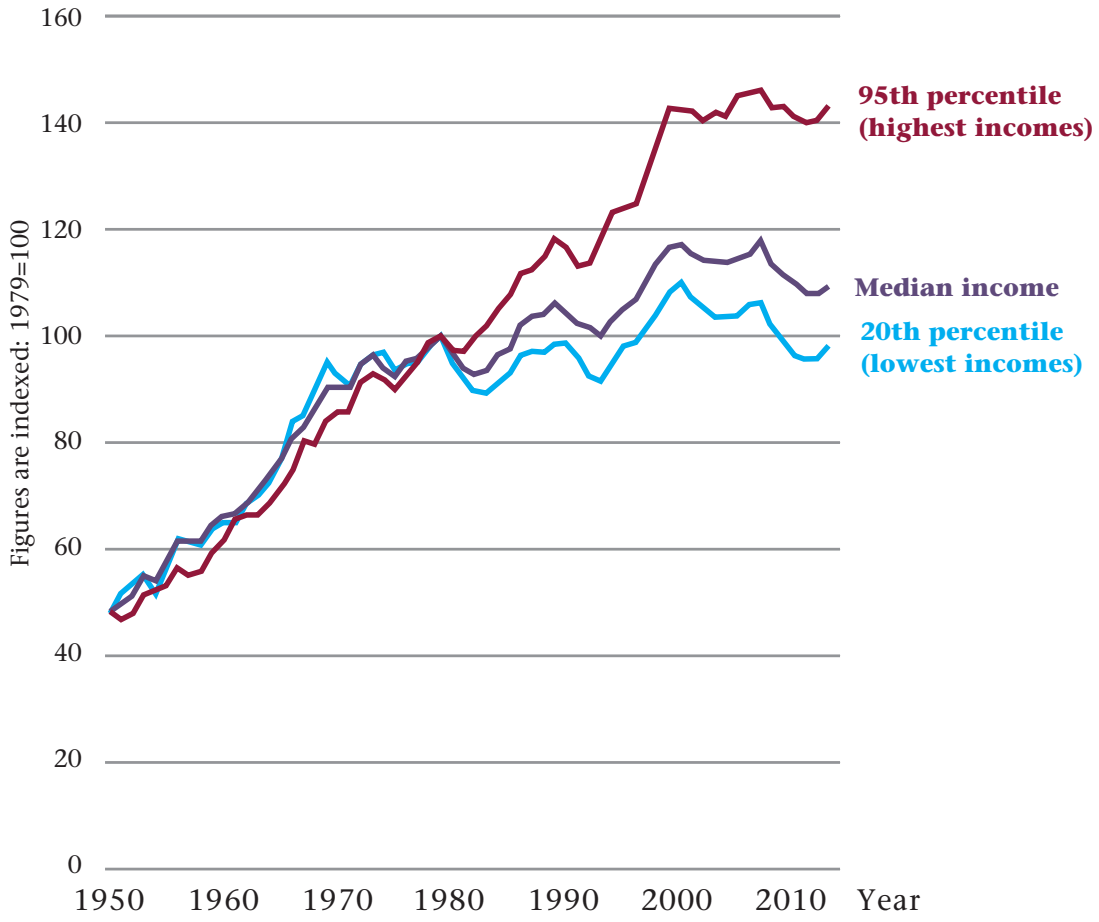



**SOURCE:** http://data.bls.gov/timeseries/LNS12300000

With regard to wages, higher earning workers have been able to accumulate wealth by increasing their incomes over time, while middle wage earners and low-wage earners have experienced slow and completely stagnant income growth, respectively. With the persistence of income inequality increasingly entrenched at a level that has not been evident since before the Great Depression, the influence of the recent recession on income inequality is profound. The recovery from the recession has been characterized as "unbalanced," because there are declining real wages in low-wage sectors while at the same time the "lower wage industries constituted 41 percent of job growth from July 2013 to July 2014 and mid-wage employment constituted 26 percent of job growth" during the same period.[9]

Family income growth since 1980 demonstrates income inequality clearly. Those with the highest incomes have been able to pull ahead at a faster rate than those with median incomes. Those with low incomes have sometimes achieved similar growth rates but even before 1970, patterns of stagnation were clear and never overcome.[10]

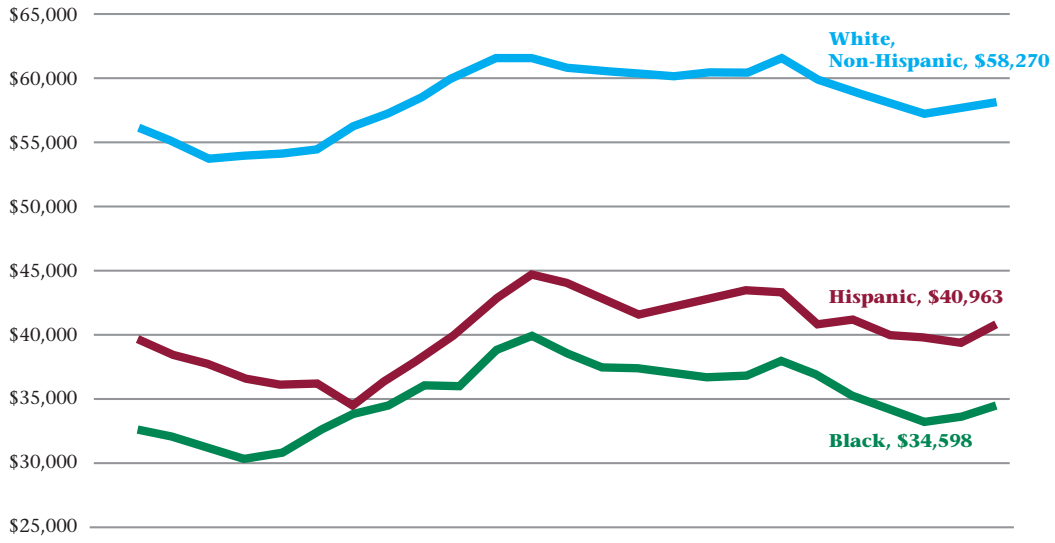
**CHART 2 - Family Income Growth - 1950-2013**




SOURCE: http://www.stateofworkingamerica.org/charts/real-median-household-income-by-race-1989-201-2/

Income distribution has persisted in a pattern of disparity, with white (non-Hispanic) households earning an average of only 60% of what whites earned between 1989 and 2013. Latinos fared slightly better, making 69% of the figure earned by whites during the same time frame.[12-13]

**CHART 3** **Real Median Household Income by Ethnicity, 1989 -2013 (2013 dollars)**




**SOURCE:** EPI analysis of Current Population Survey Annual Social and Economic Supplement Historical Income Table H-5 http://www.stateofworkingamerica.org/charts/real-median-household-income-by-race - 1989-201-2/[13]

## What's a low wage?

Economists define "low-wage" work in a variety of ways, often creating an artificial cut off at the bottom one-third of the median usual earned wages. However, since it is best to take into account the costs of living in a given area, that kind of calculation is too arbitrary and would not apply well across the nation. The concept of a living wage accounts for the cost of basic goods and services in a given geographical area. 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.[14]

The Low-Wage Worker Health Project has been using the MIT living wage calculator[15] which figures the living wage for Onondaga County. None of the living wage calculators are perfect, but they provide a strong contrasting figure when compared with the New York State minimum wage of $8.00 in 2014. Calculations would improve if nuanced local conditions were more clearly reflected. This is an area of economic research that would benefit from more work so that the living wage in a particular community could be more accurately assessed. In our conversational groups, participants had quick and ready responses when discussing what the living wage really is in Syracuse. Almost all came to the figures and strongly endorsed the range of $12 – 14 per hour for a single person with no family obligations to consider. The MIT calculation of $9.04 (in 2013) for a single person was rejected by all except one of the focus group members. Many groups across the U.S. have focused on the figure of $15 per hour as a reasonable living wage.[16] For any person with dependents; this wage would still fall underneath the MIT calculation for a living wage.

## Low-wage Occupations in Syracuse

*Which jobs make less than $15 per hour?*

According to the Bureau of Labor Statistics, 144,669 persons live in the City of Syracuse (Census 2013). The Syracuse Metropolitan Statistical Area (SMA), with an estimated population of 661,934, is a geographical area consisting of Onondaga, Oswego and Madison counties, anchored by the city of Syracuse

(Census 2013). The workforce is subset of the total population, comprised mainly by working adults between the age of 16 and 64. In 2013, Onondaga County Business Patterns data recorded 256,061, working in 15,294 private establishments in the Syracuse SMA. In the Central New York Region, as the following table indicates, total participation in the labor force including public and private sector workers exceeds 374,000 workers with 6.5 percent unemployed, but looking for work. For more details, see Appendix C. Low-wage jobs can be found in a wide variety of business and public sectors, including the sciences, education, the arts, healthcare support, protective services, food preparation, maintenance, personal services, sales, administrative support, farming, construction, repairing, production, and transportation. A detailed listing of over 145 jobs in the CNY region making $15 per hour or less is provided in Appendix D.

**Central New York Labor Force Participation Numbers, 2013**

| County Name/ State Abbreviation | Labor Force | Employed | Unemployed | Unemployment Rate (%) |
|---|---|---|---|---|
| Onondaga County, NY | 230,900 | 215,100 | 15,800 | 6.8 |
| Oswego County, NY | 57,000 | 51,400 | 5,600 | 9.8 |
| Cayuga County, NY | 38,700 | 35,900 | 2,900 | 7.4 |
| Madison County, NY | 34,300 | 31,700 | 2,600 | 7.6 |
| Cortland County, NY | 24,200 | 22,300 | 2,100 | 7.7 |
| Central New York Labor Market Region | 385,100 | 356,400 | 28,700 | 7.5 |

SOURCE: https://labor.ny.gov/stats/lslaus.shtm

In 2014, the Bureau of Labor statistics counted 38.6% (116,060 workers of 300,320 total) in the Syracuse SMA were making less than $15 per hour. The "forty lowest paying" occupations in the City of Syracuse are listed in the following table with their pay rates. These jobs tend to require entry-level skill sets and are vital to basic operations in retail, restaurant, educational, and government workplaces

**Bureau of Labor Statistics Occupational Employment Statistics**
**May 2014**
**Ten Largest Low-Wage Occupations - Syracuse, NY**
**Metropolitan Standard Area Includes Onondaga, Madison and Oswego Counties**

| Occupation | Persons Employed City of Syracuse | Median Hourly Wages |
|---|---|---|
| Retail Salespersons | 10,750 | $9.99 |
| Cashiers | 7,260 | $9.00 |
| Janitors and Cleaners, Except Maids and Housekeeping Cleaners | 6,740 | $11.49 |
| Combined Food Preparation and Serving Workers, Including Fast Food | 6,710 | $8.88 |
| Office Clerks, General | 6,230 | $13.36 |
| Stock Clerks and Order Fillers | 5,300 | $10.49 |
| Waiters and Waitresses | 4,400 | $9.04 |
| Laborers and Freight, Stock, and Material Movers, Hand | 4,230 | $12.54 |
| Nursing Assistants | 3,090 | $13.09 |
| Personal Care Aides | 3,080 | $11.66 |

SOURCE: Bureau of Labor Statistics: Occupational Employment Statisticshttp://www.bls.gov/oes/current/oes_45060.htm17

## Risks for Workers: A story of inequalities

As stated in the first report, "Low-Wage Work in Syracuse: Worker Health in the New Economy,"[18] study after study has demonstrated that risks of disease occurring are not equal among everyone in our society. The social standing and income level of a person powerfully predict their risk of getting sick: the lower the income, the worse the health. In addition, the more unequally wealth is distributed in a society, the poorer the health of those lower on the social ladder.[19-20]

Because working adults spend so much of their time at work, it is important to become aware of the ways that work and the work environment impact health and contribute to disparities in health. There have always been dangerous and stressful work conditions, but historically, workers in difficult settings were frequently compensated with higher wages and protective benefits to offset the built-in problem of monotony, exposure to hazards, and/or exploitive tendencies in management. With those protections largely absent in low-wage work, workers experience an increasingly elusive path to making a "decent living" under safe conditions.[21]

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[22] and disabling pain in the working population.[23] This is especially disquieting because occupational illness is highly preventable. Economist J. Paul Leigh estimates costs for work-related injury and illness (fatal and non-fatal) to be $39.1 billion annually, when both the medical and productivity costs for low-wage occupations are included in the analysis. Only 25% of the costs of occupational injury and illness are absorbed by Workers' Compensation insurance systems, while 75% of the costs are absorbed by workers and their families, other (non-Workers' Compensation) private health insurance, and by taxpayers through the use of Medicare and Medicaid.[24-25] The extent of this cost shifting remains problematic for both injured workers and all members of society.

People working under these difficult conditions occupy a relatively unseen space in our communities, widely present yet routinely unnoticed. Working multiple unsatisfying jobs with few hopes for decent pay or basic dignity in their work, these workers and their unique problems become invisible in a kind of second-tier economic reality. Jobs once thought of as suitable only for entry level workers or workers earning only discretionary income are now held by both adults and teenagers who need to earn more than just discretionary income from their work. De-skilling (when skilled labor is replaced by unskilled labor) often forces community members to take demoralizing jobs.[26] Workers face exhaustion from working rotating shifts and/or multiple consecutive shifts (without enough rest between shifts such as in the phenomenon of "clopening" which occurs when a worker closes and then opens a retail store or fast food operation).[27] These trends consistently erode the quality of family life as workers have less overall time and less predictable time at home. Workers who have to cope with such demands often fade into the shadows of community life.[28-29]

Temporary staffing and other low-wage work arrangements with high turnover rates have suspended and replaced full time work at living wages, allowing for a competitive advantage for employers who improve profit margins by cutting the costs they pay in wages and benefits. Employers become accustomed to the flexibility in their staffing plan which translates into irregular work schedules (and paychecks) for workers. Hiring through temporary agencies serves to shield employers from their legal obligations as employers, and loosens the regulatory grip of government agencies including compliance with health and safety standards. Because of this, employers are able to use the blurred lines of responsibility inherent in the temporary work arrangement to escape from strict compliance with health and safety standards. And temporary agencies are able to strip away workers' benefits and pay wages well below the traditional rates, while employers deny any responsibility.[30-31]

Low-wage jobs have become fundamental to the economy and it is crucial to examine this growing sector because those who work these jobs face the worst working conditions and are at serious risk of occupational injuries or illnesses. The existence of low paying, precarious, temporary or unstable work arrangements creates a workforce at high risk of poor health due to hazardous health and safety conditions, the lack of a living wage, insecure work arrangements, potential for wage theft, lack of union representation and discrimination.[32-34] Those recently migrating to the United States are particularly vulnerable.[35]

All of these trends lead to increased poverty, increased risk for work-related death, injury and illness, and increasingly unjust social and economic inequality in the community. Social and economic improvement and improved occupational health will require workers and other advocates to generate a sustained effort for innovative solutions. Rethinking the way labor laws and worker protections are enforced in addition to empowering collective voices requires both the examination of existing pathways for change while also inventing new policies, models and methods and even new institutions.[36-41]

Due to constrained government resources, efforts to prevent work-related death and disease through traditional enforcement approaches (i.e. through OSHA) have been based on low numbers of high profile investigations. Focusing on the worst offenders, this practice does not provide enough deterrence. While costs or inconvenience to employers are thought to be high, the risk of getting caught in violation of the standards is low. Since there is such a low probability of being cited and/or fined, action to protect workers is not prioritized.  Compliance with occupational health and safety regulation remains low.[37]

Concerns about the fact that an increasing percentage of all workers are not able to garner a "living wage" are widespread, prompting minimum wage increases in 21 states. Workers are vulnerable because of "downward pressure on wages and benefits, murkiness about who bears responsibility for work conditions, and increased likelihood that basic labor standards will be violated."[38] Work is "degraded" by more than just reductions in wages, and - at the bottom of the labor market - the damaging realities extend beyond low pay and are defined by low quality work conditions. Erosion of the work experience occurs, in part, because labor regulations that are designed to protect workers from exploitation are ignored by employers and are often outdated, ineffective and unenforced.[37, 42] This lack of attention to the health and safety of work conditions requires an urgent rejuvenation of occupational health and safety movement.[43]

## Project Goals

Because these striking national trends may be expressed locally in ways unique to our region, the Project characterizes local low-wage workplace conditions and some of their potential impacts on worker health. Studying demographics, calculating work-related symptoms and exposures, and assessing access to care via short survey questions would only give part of the picture, so we attempted to create a more complete depiction through interaction with people who live and work in Central New York.

# Summary of the Initial Survey

The initial survey of 275 low-wage workers, completed in 2013, was a starting place in our effort to shine the light on low-wage, precarious work and it provided a strong foundational knowledge base for the continuation of **The Low-Wage Worker Health Project**.[18]

The average pay rate reported in the survey was $9.65 per hour and survey takers represented a wide variety of occupations and industries. Occupations included cleaning, cooking, bus driving, painting, building, processing products or managing the personal care of the elderly or very young. There was strong representation by people of color and a representative sample with regard to age. Our sample for the survey included 38 percent Black, 26 percent White, 17 percent mixed race, 16 percent Latino/a, 2 percent Asian, and 1 percent Native American. The age of the workers reflects the population of CNY with a slight "bump" in younger workers (in their mid-20) and a strong group of middle-aged workers pushing 50. Men outnumbered women in the survey and made up slightly less than 60%.

All survey participants were low-wage earners, but their education level varied. Just under a fifth had dropped out of high school. The largest percentage (49%) reported high school completion or the equivalent. Low-wage workers who had completed between one and two years of college of specific training, such as a trade school or other vocational preparation comprised 17%. About one-third (32%) had completed specialized training or college coursework. College degrees were held by 15% of those surveyed. Education is often thought to be a shield against poverty and low-wage work; however, our data contradicts this commonly held assertion.

## Central Findings

Employment was strongly characterized by precarity. This means that work was not securely held and likely to change due to circumstances beyond the workers' control. Relatively few (17%) workers held traditional full time jobs with a consistent 40 hours of work in a position which included health care benefits. Most low-wage jobs held by the workers we encountered did not provide workers with an expectation that the work would provide a long-term occupational path. Most frequently (45%) people were working part-time. While some were working over time consistently (15%), an equal percentage of workers were between jobs (15%). The majority (68%) were in their current positions for less than two years. One-third predicted their current job would not last six months.

There was strong, consistent evidence of wage theft. Wage theft violates New York State labor laws and rights that have been guaranteed to workers in the United States since 1938 by the Fair Labor Standards Act (FLSA). The number (and percentage) of participants reporting wage violations during the dialogue groups are listed in the following table:

| Wage Theft Law Violated | # Participants | Percentage |
|---|---|---|
| Asked to come in early or stay late "off the clock" | 42 | 15% |
| Required to pay for safety equipment | 18 | 7% |
| Paid less than was agreed upon | 36 | 13% |
| Paid late | 44 | 16% |
| Paid "under the table," esp. for overtime | 23 | 8% |
| Total Reporting at least ONE instance of wage theft | 163 | 48%* |

*30 participants reported more than one violation occurred

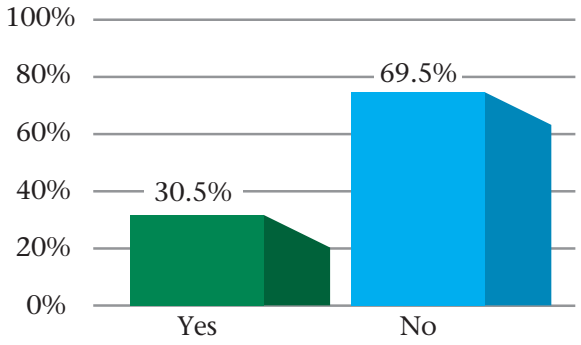
The union members in the survey fared better than their non-union counterparts, making an average of $10.74 per hour, whereas non-union workers made an average of $9.24 per hour. Additionally, union members uniformly reported more confidence their jobs would be secure for more than six months.

Thirty-eight percent of those surveyed reported experiencing pain at work or as the result of work. The number of workers reporting work-related symptoms is impressive. Close to 50% of those who have symptoms report just one, but over 50% of the time they report two or more symptoms.

Workers most frequently reported exposure to dusts, vapors, blood and other body fluids, metals, plastics, mold, and pesticides. Repetitive motion was very common. Other exposures included cleaning supplies, airborne pathogens, broken glass, sharp objects, hot grease, "sharps" (used in medical procedures and often disposed of improperly), noise, fumes, bed-bugs, extreme temperatures, and having to work in high places with the serious risk of falling. A few workers reported working under high levels of stress as well.

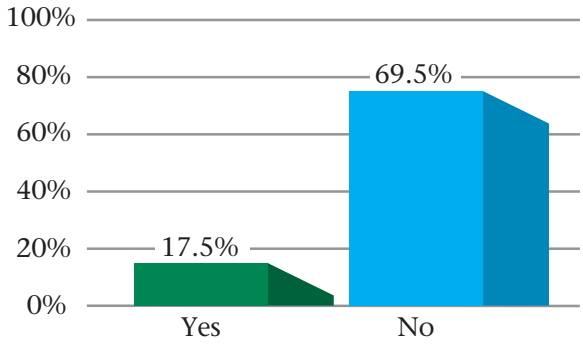
Once a person becomes ill or injured on the job, filing a New York State Workers' Compensation claim is the specific mechanism for paying the health care costs related to the work-related diagnosis. The first issue is deciding on a doctor. Only 55% of respondents understood that they have a right to choose which doctor they see for their work-related health problem.

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




**Have you ever been seriously injured at work while working for your current employer?**

By seriously we mean an injury that needed medical attention.



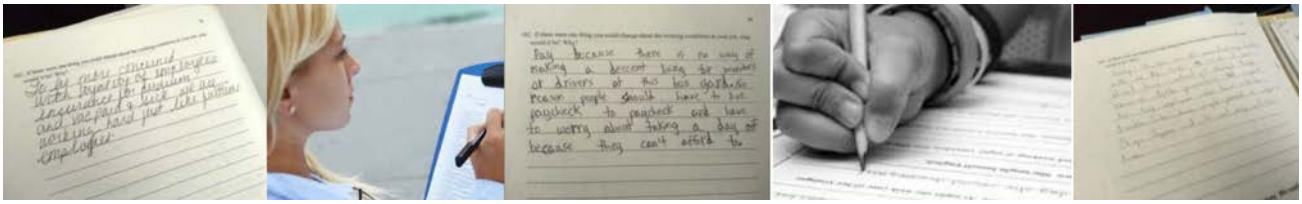

Fear of retaliation deters workers from bringing up health and safety problems and discourages filing of Workers' Compensation claims. In this survey, 11% of all surveyed had been disciplined or fired for either bringing up health and safety issues, filing a claim and/or making a formal complaint to either the Occupational Safety and Health Administration (OSHA) or the Public Employees Safety and Health Bureau (PESH). Looking more closely, 73 of the 275 workers had taken action to correct a health and safety problem in the workplace (such as by talking to the boss or co-workers, or issuing a formal complaint). Of those 73 who took such action, 21% were either disciplined or fired for doing so. Of those filing Workers' Compensation claims, 41% report that they were disciplined or fired for their action.

A majority of native Spanish speakers taking the survey (52 or 19% of all respondents) reported violations related to language capacity. Of the 52 native Spanish speakers, 30 workers (or 58% of all Spanish Speakers) reported that they were not offered safety training in a language they understood.

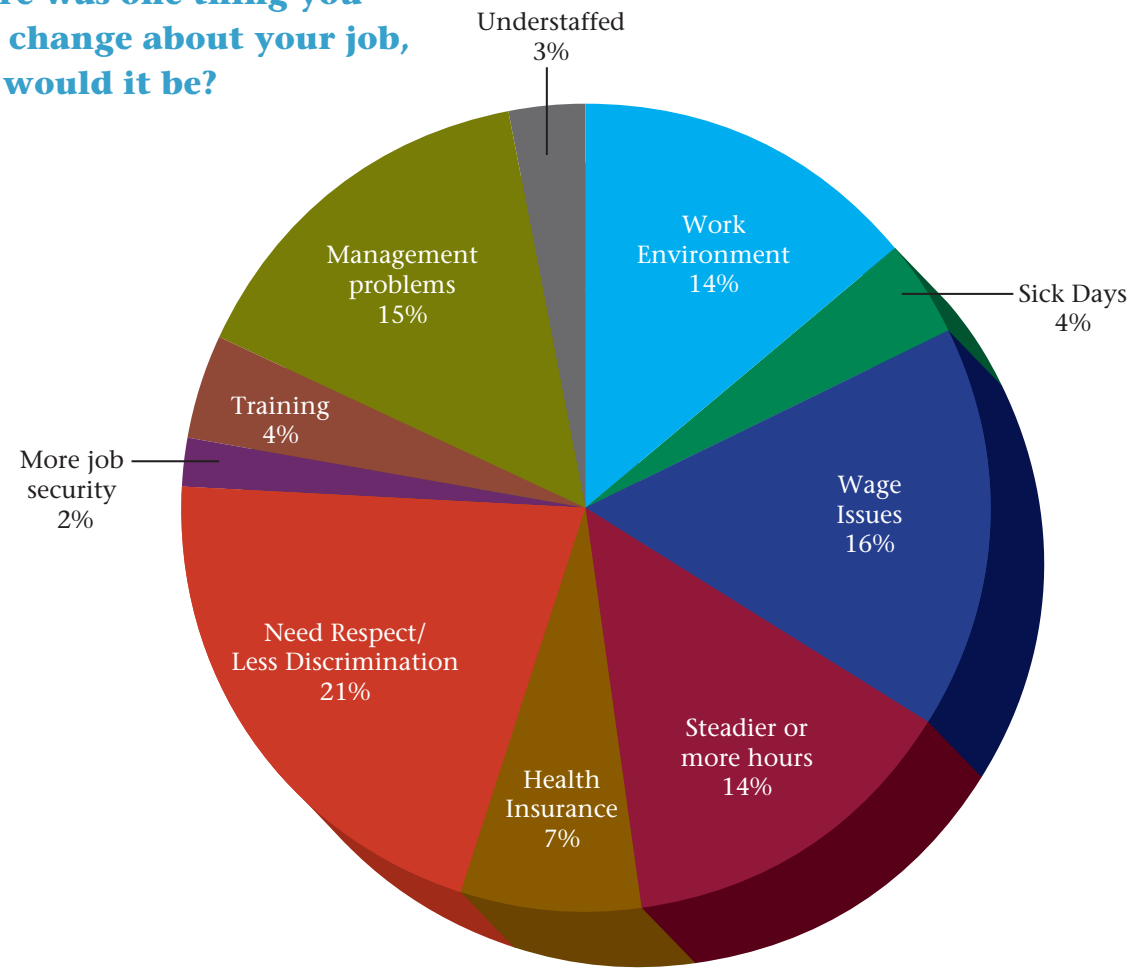
Of those reporting health and safety committees in their workplace, more than a third described the committee as management only, leaving workers without a voice in health and safety matters.

# Conversations with Low-Wage Workers

The closing of the survey essentially began the more extended conversations with low-wage workers as survey takers were encouraged to write out their thoughts regarding "one thing" they would like to see changed on the job. These results in addition to all the results compiled from the Survey formed a foundation on which to build the next, more conversational, phase. Results from this open ended question appear here:



**If there was one thing you could change about your job, what would it be?**

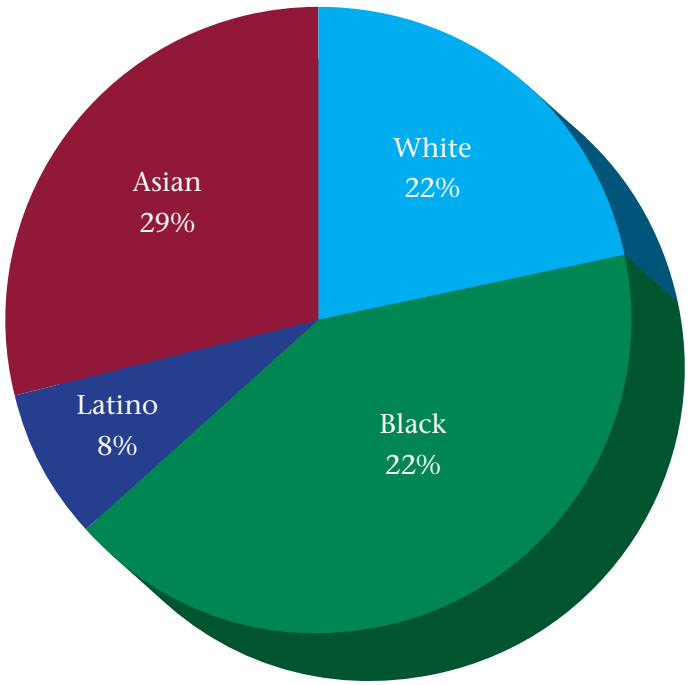


# Methods

Conversational group sessions generated insight into worker realities and covered themes with more depth and breadth than the survey format allowed. In the groups, individuals were able to more completely characterize their circumstances and problems encountered in low-wage work. Community-based organizations were selected because they were able to provide direct contact with low-wage workers.

| Community Partners | |
|---|---|
| **SEIU Local 200United** | **CNY Works** |
| **Educational Opportunity Center** | **JOBS Plus!** |
| **Center for Community Alternatives** | **HopePrint** |
| **Onondaga County Public Library : White Branch** | **SEIU 119 Loretto Center** |

Each organization recruited and arranged groups to assemble at a convenient time. Group members were given a gift card worth $20 for each 1.5 hour session (for a total of $40 per person for both sessions). Discussions took place in the community, usually on-site at the organizations' facilities. Two 1.5 hour sessions lasting one and a half hours were held for each organization. Sessions were facilitated by a project team member. Some groups were smaller with six to eight members. Other groups were larger, with over twelve participants. Group members ranged from 18 to 64 years of age. Males and females were represented almost equally and there was strong ethnic diversity. The Low-Wage Worker Health Project is an activity of the Occupational Health Clinical Centers and follows policies and procedures of the parent institution.



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. Sixty-four people (44%) belonged to unions. Occupations are presented in the following table:

| OCCUPATIONS | (N = 146) |
|---|---|
| bus driver | 19 |
| certified nursing assistant | 16 |
| cleaner | 14 |
| bus monitor | 12 |
| informal work/ odd jobs - painting, babysitting | 12 |
| retail associate | 12 |
| restaurant worker | 11 |
| grounds maintenance worker | 8 |
| office staff | 7 |
| fast food worker | 7 |
| personal care assistant | 7 |
| laundry / hospital facilities | 6 |
| parts assembly | 4 |
| warehouse worker | 3 |
| telemarketer | 2 |
| security guard | 1 |
| mover | 1 |
| window washer | 1 |
| entertainer/amusement park | 1 |
| seasonal/State Fair | 1 |
| surgical technician | 1 |

The conversational groups were relaxed in style, but substantive in nature. In the first session, topics that had emerged from the original survey were discussed using laminated cards which were passed around to each participant to stimulate discussion. Group members discussed their unique workplace conditions and activities in addition to their wages, hours, work-life balance, physical pain, symptoms, exposures, and worksite descriptions. Basic information about labor laws, occupational health and safety rights, and accessing occupational health care were conveyed as these first sessions were completed.

In the second session, group members generated a body map together, completing a diagram showing the specific locations on the body where symptoms occur from their work. This exercise generated more discussions about specific work-related symptoms. Group members also mapped the physical plant of their worksites with an emphasis on social interaction in order to generate more discussion about how these interactions at work impact health. Sessions ended with group members engaging in an exercise to elicit suggestions for future improvement of wages, work arrangements (hours), and work-related health and safety conditions.

## Low-Wage Work: The Personal Struggle with a Temporary Situation?

Work histories were expressed in terms that made it clear workers' current circumstances were not ideal and that a pathway out of the financial difficulty was being sought. Participants expressed that they truly liked their jobs, but were unable to make it financially on the low pay and the difficult schedules. Dealing with their own circumstances earning low wages was a personal crusade to make their own lives better by seeking to change their occupation, develop new skills, or make other plans to address their personal economic struggle. Low-wage workers seemed ready to provide anyone asking with their reasons why they are accepting this work "for now." Concerns about finding work that better suited their personality, better accommodated their existing health problems (such as back pain or asthma) and better met their financial needs were shared. Over and over, conversations occurred about how the workers are in a cycle of constantly changing work arrangements and work status. Most expressed an optimistic view that eventually their circumstances would improve, however, there were a few that were more resigned about their struggle. They expressed strong doubt that education was their ticket to a "middle class lifestyle." They have observed others in the community who gained training or even a college education, only to find continued barriers hindering their attempts to find higher paying jobs. The majority of the participants were over 35 years of age. These middle aged adults were particularly frustrated and afraid that they might never gain financial stability, especially because better jobs with adequate wages and benefits were so difficult to find. In fact, they sensed they were losing ground all the time, slipping behind in ways they did not imagine in their formative years.

### *The Concept of a Living Wage*

When low-wage workers reviewed a chart displaying figures for the Living Wage for Onondaga County, spontaneously, most groups laughed out loud together at the single person's wage given at $9.00 per hour (Summer 2013), however almost all agreed that the higher- end calculations offered for families should be workable.

> *"Well I said it openly - that as, as a single adult you can live on $9.00 an hour, but barely and I mean barely and you're going to be eating oatmeal and pasta."*
>
> *"I would say an adult, a single adult a decent living wage would be somewhere around $12.00 to $14.00 the hour."*

Very often, Americans have the notion that "you've got to start somewhere" and that "if you work hard, you'll be noticed" and that increases in compensation might be expected over time. In the low-wage precarious world of work, nothing could be further from that notion. Workers report almost no opportunities for meaningful increases in pay. They describe any raises they might get as insignificant amounts of maybe a nickel or dime.

> *"They hired you three years ago at a certain wage and then they throw you these garbage raise once a year. "*

Conversations about wages centered on providing for one's household and determining how much that was a struggle was a common theme. For many, working low-wage jobs determined the levels of consumption of material goods a person could pursue. In short, their lifestyle was constrained. While some described serious risk of homelessness and an endless stream of impoverishment (and how much shame was experienced at having to "sleep on my cousin's couch with the kids on the floor"), there were others

who managed by accumulating small pockets of savings to tide themselves over rough patches. Some low-wage workers would become philosophical or resigned, believing that their hopes to make a living wage were reasonable, but that they often had to make do with less.

> *"I don't need to have a brand new car. I don't need to have premium insurance. I don't need this. I don't need new shoes. I do what I do so I can get what I need - a place to live. I need to eat. "*
>
> *"You learn to live close to the ground."*

### *Mapping the Body: Where does your work make you hurt?*

Body mappers willingly engaged with us to let us know how their jobs affected their health. In the group setting, in most cases, participants were eager to get up, taking turns going to the basic body form (drawn on poster paper) and use markers to draw indications on the body map to locate their work-related symptoms and pain. Even though the exercise was primarily designed to encourage recall and create an engaging opportunity to share about physical symptoms, the groups collective report gives an unusual opportunity to consider common work-related injuries and illnesses, especially of the kind that don't end up being reported to a health care provider. (See Body Mapping Results)

Occupational health problems were well described by people who experienced the direct connection between their work and their bodily pain. The exercise of mapping body pain and other symptoms stimulates individuals to make connections between their work activities and conditions and their bodily symptoms. These low-wage workers were highly expressive in most cases and one participant aptly titled the body map, "A Hard Day's Work."

Despite the diversity of the participants, some common issues emerged from the body mapping. Pain involving the wrist, elbow, shoulder, neck and back was widely represented. These problems were clearly related to repetitive work, standing or sitting for prolonged periods in one position and vibration. Breathing trouble linked to exposures including dusts, chemical irritants, mold and odors were also frequently mentioned. The head was another spot often indicated, with a mixture of symptoms linked to the eyes such as eye irritation or eye strain linked to exposures, and headaches linked to stressful working conditions.

When the group was mostly comprised of one occupation, there was a sense of shared experience and common sets of symptoms. Bus drivers, for example, experience vibration from the bus resulting in numbness and pain in their hands, wrists and elbows. They also reported eye strain, headaches and exhaustion from the task of keeping their clients safe on days when road conditions were poor from winter storms. They also reported being worried about the condition of their bus. Bus monitors reported sore backs and shoulders from awkward lifting postures they had to assume to manage the transfer of children with disabilities on and off the bus. Workers in health care settings also spoke about difficulties lifting properly and how that affected specific parts of their body directly.

By contrast, instead of speaking about specific body parts that were affected, some (cleaners, maintenance workers, and one mover) spoke about a pervasive exhaustion that rendered them unable to do any other activity once they arrived home. This interfered with being able to maintain relationships with family members as they were not able to even converse or relax over a television program because they were so tired. Cashiers and fast food workers also reported exhaustion from standing for long periods with very little room to move about on the work floor. They were required to arrive at their work station and remained stuck there with fast paced work and no ability to take breaks for long periods or the entire shift. When faced with the body mapping exercise, the participants who were expressing their exhaustion levels and weariness just looked at the body map blankly and didn't know where to begin because

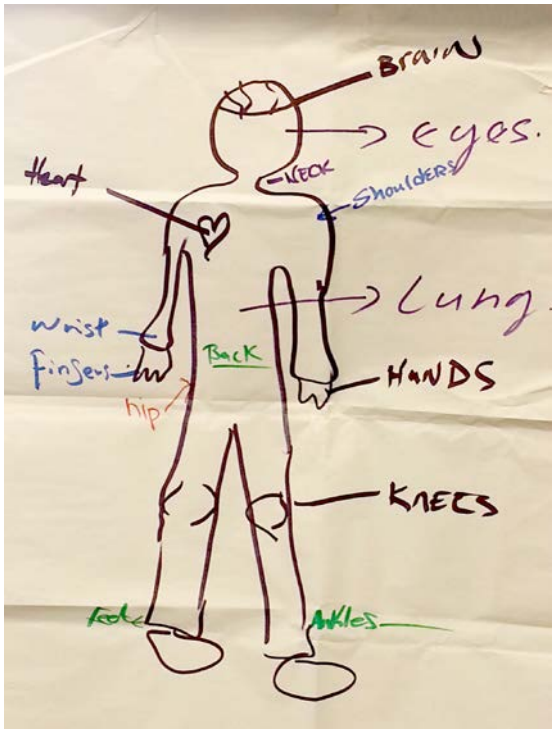
they just hurt "all over" at the end of their shift. Office workers also reported feeling very "chained" to their desks and physically pained in their necks, backs and wrists from static positions and long hours of keyboarding.

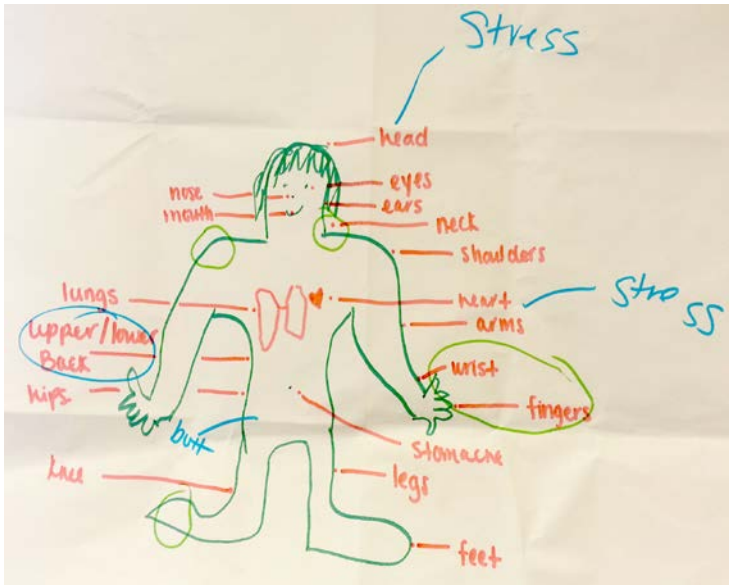
Most of these symptoms reported are being managed by the worker with over the counter pain killers and other self-care measures including rest, massage, baths, and finding ways to unwind outside of work. Usually there hasn't been extensive thought about the cumulative effects of these symptoms over time, except that people seem to realize that carpal tunnel syndrome can be devastating and that "they might not be able to keep on with this work." Some mentioned struggles with high blood pressure that they attributed to their work. During other parts of the conversational activities, women were very open and vocal about sexual harassment, but one woman used the body map exercise to identify and locate her experience with sexual harassment. She pointed out body parts on the body map to demonstrate that the harassment was a violating work exposure affecting her body.

In addition to the detailed explanations of the way difficult work conditions affected their bodies, the groups always and without prompting added another dimension. They were very forthcoming in locating their stressful emotions or psychogenic pain on the body maps. Pointing to the head, one low-wage worker declared, "The boss, he make my head hurt." In one conversation, the worker clarified that he wasn't speaking about the work making his heart beat faster or physically hurt, but that "the worst thing is my broken heart." During the body mapping experience, participants universally expressed frustration at their invisibility and their expendability especially as experienced "from their supervisors." There is a strong sense that managers and supervisors don't actually realize the impact of the work on the bodies of their employees.

*"I can be easily replaced." "They don't care about me personally." "They don't see me. The work just gets done."*

## Examples of Body Maps



## Body Mapping Results (n=146)

| | NOSE/LUNGS | HEAD 1 | NECK | SKIN | HEART[2] | SHOULDER | BREASTS/BUTTOCKS[3] | ELBOW | WRIST |
|---|---|---|---|---|---|---|---|---|---|
| GROUP A | Exposure to fumes | Stress | | | | motion, vibration | motion, vibration | pain, repetitive | pain repetitive |
| GROUP B | Exposure to mold, dust | | pain | | | pain | | | pain repetitive motion, vibration |
| GROUP C | | | pain | | | pain | | | |
| GROUP D | | stress | | hives | | | | | pain |
| GROUP E | Exposure to fumes | brain, eye strain | pain | | emotional pain, anger | pain | | | |
| GROUP F | | stress, nerves | | irritation | high blood pressure | | sexual harassment[3] | pain, repetitive motion, vibration | pain repetitive motion, vibration |
| GROUP G | exposure to smells | pain | pain | | | pain | | | pain |
| GROUP H | | headache | | | | pain | | pain | pain |
| GROUP I | exposures to dust, mold, fumes | | | irritation | pain | pain | | | pain |
| GROUP J | Exposure to irritants, smell | stress, eye irritation, noise | pain | | stress | pain | | pain | pain |
| GROUP K[4] | | | | | | | | | |
| | HANDS | FINGERS | ABDOMEN | BACK | HIP/BUTTOCKS | LEGS | ANKLES | KNEES | FOOT |
| GROUP A | | | | low back pain | | | | pain | |
| GROUP B | | | pain | low back pain | | pain, fatigue | | | |
| GROUP C | | | | pain | | | | | |
| GROUP D | | | hernias | | | | | pain | |
| GROUP E | pain | pain | | pain | pain | | pain | pain | |
| GROUP F | pain | | | pain | | | pain, weakness | pain | |
| GROUP G | pain | | hernia | low back pain, upper back pain | | pain, fatigue | | pain | |
| GROUP H | pain | | | low back pain | pain | pain, fatigue | pain | pain | pain |
| GROUP I | pain | | | low back pain | pain | | | pain | pain |
| GROUP J | pain | pain | stomach ache | lower back pain, upper back pain | pain | pain, fatigue | | pain | pain |
| GROUP K[4] | | | | | | | | | |

1,2 Body mappers located "stress," "emotional upset," "anger," "nerves," and "high blood pressure" as an experience registered in either their head or heart or both.
3 One woman located her experience of sexual harassment on the body maps as a violating work exposure affecting her body.
4 One group preferred not to come up to the body map to record anything. They didn't want to discuss this much and moved on to other activities.

## More about Body Mapping

Expanding on the body mapping exercises, conversational groups reported burns, scrapes, broken fingers, hurting backs, hurting feet, injuries requiring an ER visit and stitches, and a kind of exhaustion that is beyond tired in a way that even a good night's sleep does not restore. People were very adept at explaining their work activities and how they related to the way their body felt when overtaxed, which was more the norm than the exception. At the end of their shift, they would describe going home tired and sore in their necks, backs, hands, feet, knees or that they would have a headache – and most of the time they were clear about how their work negatively affected their body and what they were doing currently to recuperate or heal from existing pain.

> *"Pretty much every part of me hurts because I am standing all the time. Mainly, my feet and my lower back hurt. When I go on break I feel the throbbing. At the end of the day, my legs are tired. Exhausted. Take a shower and go to sleep. I ain't even want to come outside no more. I am serious."*

For those working more than one job, recuperation was more difficult, but often those jobs did not involve the same tasks and that change would help alleviate strains from overuse. On the whole, low-wage work was found to be exhausting from both the work itself and from an over taxed schedule requiring constant re-arrangement of transportation (with a friend, co-worker, or family member) and other commitments. The struggle to use the public transit system in order to get to both jobs was often an impossible situation leading to tardiness and increased absenteeism.

# Results

## Low-Wage Work: The Social Struggle

*Addressing Unsafe Workplace Conditions*

Low-wage workers expressed a range of concerns regarding the health and safety of their workplaces. Some workers were frustrated because they perceived that workplace conditions could be easily cleaned up with very basic changes made by employers. For example, poor air quality was commonly reported, yet the workers believed that basic ventilation or more consistent cleanup would solve moldy, dusty, dirty, smelly or stuffy conditions. In these cases, basic improvement might be quick, effective and not terribly difficult to undertake. On the other hand, workers sometimes reported more troubling dangers such as being required to use seriously compromised equipment. These workers were stymied about what could be done about these circumstances as they could not imagine an easy fix. Workers in these situations were demoralized about this because they were told there was no recourse or plan for repairs. Understaffing is yet another very common frustration and leads to dangerous conditions. For example, many health care aides describe difficulties with lifting patients. Certified Nursing Assistants found it quite "ironic" that while there was a grand push for "safe patient handling" so that workers and patients alike can be safer, their everyday experience was that "safe patient handling" was impossible. Similarly, warehouse workers were faced with conditions promoting unsafe practices and few workarounds for the problem of understaffing.

> *"Team Lift means you are not supposed to pick; you're not supposed to move the thing on your own. But, of course, they don't provide what you need and you can never find somebody to help you move this. It's a Catch 22. There's nobody but you there. But you know if you actually hurt yourself doing this, it's your fault."*

Participants were frustrated for two major reasons. One main reason was that they wanted to be able to do their jobs well, but being told to continue using faulty equipment was unsafe and demoralizing. The other was that the options for speaking up were not clear. Some just drew a blank if we asked a question about how they would resolve a health and safety problem at work. In many cases, there was literally no pathway in mind because there would be no possibility for speaking up without retaliation. The prospect of losing their job was very real. In other cases, people knew how they might seek to change things, but were very doubtful that they would be taken seriously. Union members had the clearest pathway and yet were still reticent to speak up because either they did not feel completely secure about keeping their job or they would risk the ire of management and then be assigned less desirable shifts. Some even spoke of times when they felt that they were assigned to work with inferior equipment which produced anxiety about potential equipment breakdowns.

Patterns of physical suffering on the job varied according to occupation. Restaurant workers describe fast paced work being carried out on slippery floors. Cooks expect to endure a number of minor and not so minor burns, cuts and scrapes. Dishwashers faced back pain and skin irritation. Wait staff expect to have their schedules shift at a moment's notice, have concerns about losing out on tips, and having to hustle too hard to provide good customer service in a constant environment of understaffing.

Some clerical and secretarial workers did report feeling safe at work and enjoyed a clean environment. They found it provided steady employment and seemed to be a good fit.

> *"When I finally settled on the data entry work, I realized I was so much more suited to that work than the construction work I was doing before. I am happier, so I'll take my $10 per hour. It's the most money I have ever made."*

There were, however, mixed results for this occupational group. Other office workers did not experience this "good fit" and reported physical hazards like long periods of sitting and stress from issues involving increasing pressure from management to produce more with less. Surviving office politics, workplace bullying and disgruntled customers were paramount in their minds and they reported having difficulty getting these problems off their minds in non-work hours.

## *Difficulty Accessing Workers' Compensation*

Workers in the first survey experienced important barriers to appropriate occupational health care. When workers were seriously injured or made sick on the job and they sought medical attention via a clinic or emergency room (n=30), about half did not file a Workers' Compensation claim (53.3%). Since the NYS system is the only appropriate way for work-related injuries or illnesses to be paid for, it is important to understand why injured or sick workers do not file claims. In our conversations with workers, the main issues raised involved delays in payment and treatment.

Sometimes people would linger after our official conversation had ended and ask questions or just tell us more to the side about their personal circumstances. One worker's comments portrayed a major problem with Workers' Compensation. "Linda" (not her real name) had been diagnosed with carpal tunnel syndrome in both of her hands and wrists. This condition, she reported, is directly caused by the vibration in the equipment she uses for several hours at a time every shift. The relationship between her work and her symptoms was very clear to her. She had been working at this same job with exposure to repetitive motions, static grip, and high vibrations for over 20 years. Work-relatedness was not in dispute; however, she was planning to have surgery on both wrists through her private insurance because she believed that the delays she would experience under the Workers' Compensation system would keep her out of work too long. She believed that she would not get compensated as much if she attempted to have the surgery paid for by Workers' Compensation. Her existing plan to use her private insurance to pay for the work-related condition was better for her because 1. she was able to have the surgery with the surgeon she was choosing and 2. She planned to return to work as quickly as possible and didn't want any hindrance in her ability to get back on the job so that she would not have much interruption in her income flow. Her comment was forceful and reflected a strong resolve to manage the matter in the way she saw fit.

> I *don't want to go out on comp to do this (surgery). I am just sayin.' They would take all day to do "whatever." I mean your bills ain't gonna wait…I can't sit home and do nothing."*

When speaking with participants about Workers' Compensation in general, people reiterated that they avoid using the system at all costs because it is widely known that there will be far too many hassles to make it worth reporting an injury or illness.

> *You definitely don't want to be out on Workers' Comp. You don't want to be injured and sick from work. ..You have too many worries on about how you're going to pay your bills, or how you're going to support your family. You get depressed….. and bills! You don't want to lose your car. You don't want to be homeless. That's what happens, you start to lose everything.*

## *Accessing Other Benefits*

The Family and Medical Leave Act (FMLA, 1993) offers a number of detailed benefits (see box below for details). Among those benefits, the FMLA allows eligible workers to take a leave from work to care for a spouse with a serious health condition.[44] One participant voiced difficulty accessing

FMLA in violation of the law, highlighting the way things happen in the real world, quite apart from the high ideals of the law itself. If this is a pattern, then retaliation may be an important element keeping workers from accessing FMLA. The participant who voiced this concern has had to endure the sad news of his wife's cancer and care for her the best he can by accessing the FMLA, but the ending of his story demonstrates the extent to which some employers find ways to skirt the law, even in the case of an excellent employee.

> "My wife came down with cancer two and a half years ago. I activated my FMLA. I had worked there for five years. I had pretty much helped run their backroom. I had gotten the best raises, beautiful write-ups every year.
>
> Three days after I came back from my FMLA, three days after, after that - they wrote me up formally because I had walked past a piece of paper on the floor. Every month after that, they wrote me up like clockwork for the most idiotically, ridiculous reasons.
>
> Then two months shy of me being able to reactivate my FMLA, they summarily fired me."

## Family and Medical Leave Act

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

*Twelve work weeks of leave in a 12-month period for:*

- **the birth of a child and to care for the newborn child within one year of birth;**
- **the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;**
- **to care for the employee's spouse, child, or parent who has a serious health condition;**
- **a serious health condition that makes the employee unable to perform the essential functions of his or her job;**
- **any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or**

Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

Source: United States Department of Labor, Wage and Hour Division http://www.dol.gov/whd/fmla/

### *Parenting*

Low-wage workers reported that they must develop and maintain support systems in order to maintain adequate housing, childcare, transportation and even emotional support. But, they reported that these systems "just break down at times." Conversations frequently turned to the difficulties they had keeping these systems in place. The relentless attention to these changing details contributed to their sense of exhaustion and strain. For some, coping with aches and pains from their day's work was also a part of daily life. Ultimately, the low-wage working parent "just keeps working" and "popping Motrin," as one worker so aptly stated.

Women working for low wages addressed an important issue in their lives that they believed contributed to their poor health in the long run. Women, especially those raising children, expressed frustration that

they could not count on their partners for help either with the children or around the house. They expressed that they had to rely upon themselves alone for basic day-to-day tasks and chores. The women in the groups we spoke with were primarily responsible for housework, saying clearly that the men "are not doing the housework." With regard to raising the children, they expressed clearly that "regardless of your partner, you have the responsibility as a woman." The idea of sharing ultimate responsibility for their children's care and for domestic concerns was foreign to the majority of the women participating in our groups. They were bearing responsibility for two kinds of work - work for monetary gain and to keep the routines of family life at home from falling apart.

Concerns about stability for their children were very important and weighed heavy on some parents' minds. Both men and women discussed how they manage difficult financial conversations with their children over their finances. They reported teaching their kids that "things happen," indicating a kind of resignation to their lack of choices due to constrained finances. Meanwhile the low-wage earning parents told us that they work very hard to keep job loss and job change at a minimum to avoid interruptions of income and to avoid having to cope with new schedules and logistics. Low-wage parents say they don't speak up about their rights in the workplace, even in the face of injustice because of the fear of losing their job which would contribute to instability in their children's' lives. They report feeling forced to cope by just shutting up and enduring, often thinking of their children during rough shifts or particularly exhausting days.

In addition, some parents expressed deep shame at not having "made it" in life. They worry about the example they are setting for their children because they are not working steadily and/or in higher paying or more prestigious jobs. And they expressed deep-seated fears about the lack of real change in their own personal futures and what that might mean for their children long term. They had doubts that their children would fare well since they have been raised in an environment of "social embarrassment." Because they have been highly aware of the family financial struggles from a young age, the parents worried that their children may simply adopt the patterns associated with low-wage work and think in limited ways about the choices for their own futures.

In summary, parents making low wages experienced elevated risks of work-related health problems because of the impact of work-related stress on their health and because of the way work interacts with family life. Having a family to care for does force some workers into silence regarding unhealthy workplace conditions. They fear speaking up will lead to job loss. Women, in particular, seem to shoulder greater burdens because they experience a combination of physical labor and psychosocial stressors at home and at work.

# Results

## Mapping Social Interactions in the Workplace

*Incivility, Hassles, Harassment and Discrimination*

One of the central activities of the discussion groups was an exercise in drawing the physical space of participants' worksites. Participants added stick figures representing people to establish where people were located within the establishment or operation so that we could ultimately discuss the communication flows at the workplace. The question of who has an opportunity to speak with whom in the workplace stimulated discussions about power, the control of information and access to supervisors. Additionally, groups often identified patterns of isolation of one employee or worker from another or whole groups of workers from other groups of workers.

Several groups reported strained relations with supervisors and/or management and expressed a strong desire to learn more about the best way to approach management and to achieve satisfaction over specific details important to them. The most frequent topic they needed to communicate was about broken equipment or lack of supplies. Scheduling issues, negotiating raises, and questions about how things should be done on the job were common topics across all groups. Very few believed there was adequate access to management and/or their support staff.

Misunderstandings about events that occurred on the job were fairly common. In one workplace, an investigation of a worker could be initiated by a client or an observer at any point along the way. The worker's reputation and paycheck were on the line. Workers in the group remarked about several instances where there was suspicion aroused that the employee had harmed a client (for example, a child with a disability) and the worker was placed under investigation.

> *So now you can't feed your kids because you're barely making enough money. You get 38 hours per week. But now, you're took off your run for investigation. That's two, three weeks of investigation. They are gonna put you down to 20 hours, 19 hours, 18 hours. So now it's them jeopardizin' my family for somebody that, you know, all they gotta do is say, "She hit me."*

After several weeks the worker was usually cleared, but not without worries about pay and scheduling, tension between co-workers, clients and management.

Consideration of the spatial arrangements in the workplace often revealed the way the work was organized and stimulated discussions about places at the worksite that were particularly dangerous or exhausting. Retail establishments were remarkable for how little movement was afforded on a shift (i.e. cashiers). One worker described reporting to her checkout stand and standing there all night except for the customary breaks. Even though hundreds of people were streaming all around her, the experience of checking groceries through the line was socially isolating and draining because of standing in place. A cleaner reported that one of his jobs was to clean the large parking lot by himself for an entire shift. He was isolated from other workers and exhausted from the frequent stooping required on this highly monotonous task.

Taken at face value, these activities may not seem unusual or particularly demeaning. But, when added to the fact that the supervisor assigns work tasks according to whims or prejudices, an element of punitive negativity colors the workday. The undertone of work becomes one of degradation and lack of civility. Participants noted that these sorts of mental conditions were difficult to identify and report. In some cases, negativity would be mild and alter what would have been a neutral work day experience into an upsetting one. Workers reported, for example, that it made a big difference in the experience of the work-

day when asked to do long boring tasks (i.e. power wash a garage all day long or pick up trash all day long) if the boss' tone was respectful or disrespectful.

There was variation among the occupations with regard to these types of power differences and the hassles caused by the way people socially interacted, but many types of workers reported that supervisors regularly used their power even more aggressively. Specific allegations of flagrant verbal disrespect along with gender and/or racial discrimination were brought forward in every group session.

Sources of harassment experienced by workers were not limited to authority figures such as owners, managers and supervisors. Those working in service occupations reported being hassled by customers, clients, or the families of their clients. People expressed to us that when engaged in service-related work, there is collective understanding that you are doing "lower level" work. This is to be expected and is accepted as a part of "the way things work." But, in a number of ways, people told us that when others (bosses or clients or co-workers) add a layer of disrespect in their tone and demeanor that this fact alone impacts their mental health and can lead to a number of negative outcomes that include physical symptoms such as a headache or abdominal pain and/or an interference of the job with family life because of emotional turmoil and aggravation "brought home from work."

> *"I came home from work in the evening and I'd stay up half the night thinking about everything that happened at work over and over and over. I'd talk about it until my partner couldn't stand it anymore. I couldn't sleep. The way I was being treated on the job was so upsetting to me."*

Some of the negative encounters grew violent with co-workers witnessing situations going out of control.

> *"I remember one time there was a fight in Walmart. A customer got so pissed off at the cashier that the customer threatened and then punched him."*

Sexual harassment was openly discussed and considered a part of what women always experience. None of the women we spoke with on this topic issued formal complaints but either found ways to make it stop or moved on to another job.

When discussions took up questions of how people cope with these levels of disrespect, they report that they have to do what they can to "leave it at work."

> *"I was going to do something about it [being disrespected], but then it's like I forgot about it. That's what I do. Brush it off."*

Some groups identified facilities that they knew were a part of their employers' operations. In one case the group drew separate figures representing the "home office" or "headquarters." These discussions took into account the impact of the corporate office on local decisions especially regarding equipment in use.

Discussions about their supervisors and other management concerns helped participants place their employer in the wider contexts of the community. Some group participants were more able than others to make connections between global economic development patterns and how they influence current conditions in local worksites. Those who read newspapers or had tacit knowledge of their employers operations were forthcoming in educating those less well informed about "how things work" either in specific locations or in the world in general.

Groups were asked to envision the future. Sometimes people engaged in point/counterpoint discussion about the possibility of change especially in relationship to the government and/or its ineffectiveness to make any difference in the lives of working people. Usually the conversation was friendly and some expressed guarded hope while others expressed deep resignation.

### *Union Members*

In 2014, the union membership rate is for the United States was 11.1%. In New York State, the rate is higher at 24.6%.[45] In Syracuse, 23.1% of the workforce are members of unions, with over 75% of the public sector workers and just 10% of private sector workers covered by a union.[46] Because our Project had the assistance of two area unions; we were able to include both union and non-union low-wage workers. The unionized workers were working in transportation and in health care. Unions traditionally provide mechanisms for worker input. In our survey half of the unionized workers had been proactive in getting something changed so that the workplace would be safer or healthier, while only 26% of the non-union workforce had ever made such an attempt.

The union members convened for the conversational groups were far more vocal about their concerns and felt that they had the right to speak up more often than those not in unions. There was still a great deal of concern about getting fired for making waves, but they demonstrated a stronger awareness about how they might get help with safety issues and work-related health concerns. Members of both participating unions expressed that their occupations were meaningful and satisfying to them (bus drivers, bus monitors – transporting disabled children and adults; workers involved in patient care). They were savvy about pay rates, accessing benefits, and knowing how to contact health and safety representatives or OSHA. They participated in the sessions with an eye for raising issues and making plans for how they might be addressed. They did express, many times, ways in which they wished the union would improve, but they were also glad they were in a union.

Most members of unions making low wages believed the union could do better to fight for higher wages. But, it should be noted that at least a few workers had negotiated for better pay up front. These workers were concerned about others not making the same pay, but believed other workers should make more attempts to pressure the employer for better wages.

> *"Most people aren't making this kind of money or they couldn't make it. I'm different. When I came here, they said, 'We want you to work for us.' I said, 'How much?' They said, 'This much.' I walked out. They said, 'Where are you going?' I said, "I can't work for that." They said, "Well, we'll give you more for your experience.' I said 'Ok, how much?' I kept walking. And they said, 'Well, what do you need?' And I gave them a figure. They paid me that figure and people here for years longer than me make less than I do. So, I'm in this (points to the living wage diagram). But, not everybody is. They came with no experience and just settled."*

Conversations in these unionized groups were more marked by a desire to have issued addressed. They listed their issues in a way that made it clear that they had spoken about these matters before, among themselves or at union meeting. Most importantly, they wanted to address the low wages that forced them away from a job they found to be a good fit for them. They didn't want to have to leave for better pay or take on other employment to supplement the income, but it was a reality they faced and a choice they might have to make as opportunities might develop. Next on their list of issues was the lack of affordable health care benefits. About these two topics, union members were most vocal.

Union members were also concerned about racial discrimination, favoritism, unfairness in the way pay is structured, and the lack of appropriate health and safety training. Regarding health and safety training, union members were ready with specific insights about the weaknesses in their training. Both sets of union members wished for less generic training modules in favor of more detailed information that would give them insight into the populations they serve and they also wished for more details about how to physically handle clients and patients. Some were concerned about the union leadership and planned to get more involved in union matters to strengthen their voice on these matters.

### *Refugees*

We met with refugees who were meeting in a local library to learn English. Their occupational health risks are often underestimated because they frequently are employed in jobs with very poor conditions while at the same time they experience language barriers that impede learning how to do the work safely. The refugees we met were from Sudan, Vietnam, Bhutan (via Nepal), Afghanistan, and Mexico. They were desperate to learn English and to get help filling out job applications. Several refugees were working in the informal economy for as low as $2 per hour, painting fences and doing odd jobs. Some were working in nail salons or a local Vietnamese restaurant.

At least two of the refugees reported being hurt at work with no known recourse for finding any health care whatsoever. Completely unable to navigate the health care system, one managed to heal slowly on their own over many months' time and the other remained out of work for years. With the help of a translator, we learned that language is the central barrier for finding jobs (filling out forms), understanding safety precautions (usually in English), and employer exploitation (taking advantage by paying individuals less than others doing the same job, lower than minimum wage, and providing insufficient training for the job).

An extensive interview with one refugee who found work in a manufacturing setting demonstrated aspects of the long road to assimilation for those who come here as refugees and how religious communities interact with refugees to meet immediate needs of refugees for housing and work, build community further through intensive social interaction and shared outlooks. This young Burmese father of three described his early arrival via Malaysia, his intensive work to learn English, his slow process of obtaining a driver's license and purchasing a car and bringing his wife to the United States. He obtained work at a furniture factory and was made to feel special and welcome by his new boss because he "wasn't lazy like the other workers."

> *"I clean the bathroom and I clean the dust. It's not bad because they are very, very good persons. I was just cleaning but now my supervisor wants to teach me the machines. Next week, I will start in the morning, first shift."*

Then, he developed relationships in the community and his new connections influenced his good progress. In his case, the role of religious thought, the experience of conversion, and the subsequent practice of his religion within the growing social network provided mechanisms for coping with language barriers, cultural divides and finding a job.

Most refugees did not have an easy time finding work. They expressed deep financial and social concerns. Immediate need to pay bills and obtain food was paramount; however they also confided serious health concerns. Some reported symptoms related to their work and others related more general health problems. In both cases, concern was expressed that their health could impact their ability to perform their jobs. They also described fears about losing work. They feared the possibility of going out of favor with a boss and they feared getting hurt on the job and not being able to work as a consequence. They were keenly aware of the racial barriers and the lack of education, although in a few cases, the refugee was highly skilled and experienced, but simply struggled with English and worried about how to be perceived by employers as effective. Finally, of common concern was the way American culture seemed to be at odds with their unique values and traditions and they expressed hope these would not erode in their children who are now growing up in the United States.

## *Certified Nursing Assistants Exemplify the Struggle*

Certified Nursing Assistants (CNAs) work in both skilled nursing facilities and for the elderly in their homes through home health care agencies. CNAs exemplify many of the problems low-wage workers face. The occupation has several names (i.e. home health aide, certified nursing assistant, personal care aid, etc.). The work conditions involve intense physical and emotional labor in a complex social environment with unique pressures and circumstances. For this type of paid caregiving, the client's home becomes a workplace that is highly variable and difficult to regulate.

CNAs described being required to face a number of unknowns each time they report to a new home. First of all, CNAs often reported poor physical conditions. Poor air quality was expected in "older folks' homes because they don't clean much and "they don't see the filth anymore." In addition, pet dander and cigarette smoke would often linger in the air. Most difficult was managing the patient transfers from bed to chair and/or the toilet. These maneuvers were complicated by crowded furniture, uneven flooring, poor lighting and too few "grab bars" installed for stabilization of the client.

> *"You just never know what you are going to run into in those places. They haven't cleaned anything in years. The smells are strong. It takes a while to bring the house into order, if you are even allowed to try. They [hiring agency] don't want you to spend too much time on housework. It's supposed to be light housekeeping, not heavy cleaning."*

CNAs not only faced difficult physical conditions, but difficult interpersonal problems in the client's home life were also especially problematic. CNAs reported having to navigate longstanding family arguments, feeling pressured to motivate estranged adult children to visit their family member, and being present for any number of unpleasant family interactions.

CNAs depicted several scenarios in which elderly clients were not being properly taken care of by their relatives and the client was found to be living in very poor conditions. These circumstances were frustrating, upsetting and ultimately a moral challenge. The dilemma was that the employing agency did not want to acknowledge inferior care of the clients. Adult children of the elderly are responsible for paying the agency, so the agency feared losing business by upsetting or confronting the paying client about the poor conditions. Yet, the CNAs encountered multiple clients in poor sanitation and lacking appropriate nutrition.

> *And she had no heat and hot water… and the basement flooded from the front to the back above the bottom basement step. We called the agency [representative] but she left us in there all night like that. All night long. And didn't do nothing. They called the plumber the next morning and they pumped the water out, but nobody cleaned up the basement. The smell in her house is like no other. I had to go to the hospital twice because I probably have mold issues. I already had a lung issue dealing with a surgery. Um, she pees everywhere. She's incontinent. She hasn't bathed since she's been home which was months. You smell that smell before you open her front door.*
>
> *The agency doesn't care. She still don't have no refrigerator. Her stove is not up to code. She don't have no stove. She can't eat. She don't have no food. They straight up don't care. When I spoke up about it, I called the Department of Aging and adult protective, and the man who works in that one who helps go out and get people, works on the board for the department of aging, told us he had seen the report. He caught it. So the agency wrote me up, and they took all my hours from me and pretty much fired me.*

Work arrangements varied, but CNAs described working in home health care agencies with difficult supervisors dictating complex and often completely unworkable schedules for extended periods of time. Ultimately the wages combined with difficult logistics make the work untenable, for many CNAs. Working for low-wages with problematic clients sometimes led to the development of a poor work record. In that case, a cycle of events would transpire that would be difficult to reverse given that supervisors held so much control and CNAs had little recourse.

CNAs we spoke with encountered racism which was reflected via the scheduling of assignments and shifts. The women felt they were being treated unfairly because they were black. They were given fewer opportunities to work with the clients whose cases were less complex and easier to manage. They were given nearly impossible logistics to manage via public transportation. Reported were instances when supervisors would hassle them about small matters, while at the same time white women working for the agency were not similarly treated. Discrimination, they said, was hard to prove, but the women sensed it clearly and deeply. They believed the supervisors knew how much disparate treatment they could carry out while staying out of danger of an actual case of discrimination being brought.

> *"I got fired for bringing my own cleaning supplies and going a little early just to help the gentleman out. See, I have to work there, too, so I just wanted to…. ya know… bring it up some."*

At other times racism was more blatant and came directly from their clients.

> *"A lot of the old people are like in the past. I want to say they are like 90 years old. My old client, it's sad to say but I'm happy he's dead. Don't judge me but he used to call me a nigger every time I went to his house and took care of him. And I just had to sit there and deal with it."*

Even though the CNAs could readily identify unsafe conditions, the CNAs felt that any request for change would jeopardize their employment with the agency, especially within the first year. One CNA recommended that more than one employee approach the supervisor and that suggestion was met with some curiosity, but ultimately the group identified the risky nature of doing that because each individual would still be branded a troublemaker. This particular discussion led to another revealing discussion. Workers believed their training was too quick and superficial. They deemed it completely inadequate for the kind of work expected of them. They pointed out that they are administering medications, carrying out exercises assigned by a physical therapist and/or functioning like a social worker in complex family matters. They reported that their training did not prepare them for these complicated situations. They describe the lack of control over the type of lifting required. Although they were aware of safe patient handling practices, they found difficulty lifting clients according to new standards in the home setting.

> *"Lifting properly is a joke. Have you ever seen a lift in anyone's home?"*

Even workers needing accommodation for their health reported being treated badly.

> *"I took the bus all the way out to Baldwinsville and they had a cat. I am allergic to cats and I have asthma, so I am not supposed to be assigned a house with pets. But, I was there, so I tried to make it work, but had to leave in an ambulance because I had an asthma attack. All this hassle for $9 an hour? You tell me if it's worth it?!"*

To summarize, CNAs face a number of issues. They are exposed to difficult physical tasks, poor air quality, and other occupational health threats. They must cope with difficult clients and navigate problematic interactions with family members and/or supervisors. They frequently must pay for transportation, endure poor scheduling, experience racism, and irrational supervisory practices. They work under high demand with little recourse for controlling physical and emotional conditions at work.

The main source of frustration for these workers was that they actually enjoyed the work of care giving and wished to have the satisfaction that comes with helping others in their work, but they had few solutions for what seemed like insurmountable obstacles. They were especially angered by the fact that they held a relatively high degree of responsibility when in the clients' homes and relative autonomy on the jobs once in the home. But, CNAs were not very well trusted and were paid very low wages. In addition, work arrangements were difficult to navigate due to poor communication with supervisors. Recognition for the physical and emotional work they were engaged in was not these CNAs concern.
They simply wished to be treated fairly and paid enough to live.

> *They [the home health care agencies] get paid per person, $20-30 an hour per person in this house and you're only gonna give me $10? … and they're not giving you the mileage to go out of town and come back.*

# Conclusion

## Work and Health among Low-Wage Workers in Syracuse

Work and health are powerfully related. The 146 low-wage workers who participated in our group discussions helped illuminate important aspects of that relationship for them. A summary of the discussions can be organized around a few key workplace health and safety issues:

1. What sorts of hazards do low-wage workers face?
2. What types and levels of controls are in place to reduce or eliminate those hazards?
3. What happens to workers who are injured or made ill on the job? Do they return or stay at work? Are they compensated for their injury or illness?

These group conversations confirmed that many problems associated with low-wage work on a national scale are occurring locally, though they did not comprehensively or uniformly address these questions.

### *Hazards on the Job*

Unsurprisingly, participants recounted a significant number of health and safety hazards on their jobs. Many hazards carried a risk of acute injury from slips, falls, cuts, burns, and lifting. However, some musculoskeletal problems were seen to be the result of chronic strain from repetitive lifting, carrying, and other manual activities. Hazards carrying a risk of respiratory illness such as dust, mold, and chemicals were also common.

A variety of issues, generally grouped under the heading of workplace 'stress' emerged as major hazards of concern in virtually all the participating groups. Low-wage workers have sometimes been called 'vulnerable' workers, a term which captures some of the origins of workplace stress in our participating group. Low wages and lack of benefits were seen as stressful in and of themselves as they force workers to scramble in various ways just to make ends meet. On top of the low wages and benefits, however, were widespread organizational characteristics that greatly amplify the stress. Workplaces were organized according to the needs and convenience of the employer giving low-wage jobs a strong sense of insecurity and workers a strong sense of lack of control. Specifically, hours could be cut, work schedules could be unpredictable, and workers could be fired or laid off at any time for any reason. In some workplaces wage theft, sexual harassment, and discrimination added to the stressful environment.

Other sources of stress include the 'service' nature of many of the participants' jobs, as well as life outside of work. Participants reported difficulties coping with the demands of 'clients' who could be rude, insulting, and bigoted. In a service model where the 'client is always right,' workers would not risk an assertive response, but would be forced to just 'take it' in silence. In important ways the concept of a non-work life is misleading because it suggests an unbreachable wall separating work from non-work life. In reality, participants reported carrying their work stress home and their non-work stress to work. For example, workers reported difficulties getting work out of their heads even after going home. This led to problems sleeping and attending to tasks and the people in their home environments. It is easy to imagine them searching for ways to unwind including alcohol, drugs, cigarettes, and fast or sweet foods, all of which can contribute to poor health. In addition, precarious work lives can contribute to chaotic home lives as workers cope with insecurity, low wages, and shifting schedules with a constant scramble to keep support systems together for child care, transportation, food and the demands of everyday life, especially life with family obligations. Not only does this reinforce work-related stress, but increases workers' susceptibility to injury and illness on the job by potentially reducing the ability to maintain the attention needed to avoid job hazards or by wearing down the body's defenses against harmful exposures.

A final aspect of 'stress' noted by many participants was their sense there was no easy way out of their circumstances. Though many recounted ways they might improve their situation, there was still a pervasive sense of lack of control over the direction their lives would take, especially due to the absence of solid paths leading to higher quality, long-term jobs offering a living wage. All together, the various aspects of stress reinforce each other. The main themes of high demand, low control, and high levels of insecurity should be seen as important workplace hazards carrying with them significant health risks for low-wage workers. Those health risks go beyond mental health and include diseases not typically thought of as 'occupational' in origin such as high blood pressure, heart attack, stroke, gastro esophageal reflux and migraine headaches. Stressful work conditions also impact how and what people eat, as well as their smoking, drinking, sleeping, and exercising, all of which can have a profound long term impact on health.

Exposures posing a risk of disease such as asthma or dermatitis were mentioned by participants, though other potential health issues such as liver or kidney disease, reproductive problems and cancer were not even on the radar screen. On the one hand this may reflect the reality of many service-oriented workplaces, but on the other hand may reflect a lack of knowledge about the hazards found in low-wage work environments in new and different sectors. Occupational disease is notoriously under-recognized with the link between exposure and disease often difficult to discern. To improve understanding about the risks of occupational disease, participants would benefit from further collaboration and ongoing dialogue among the OHCC, participating workers and their associated organizations.

## *Hazard Reduction and Elimination*

The control of workplace hazards may be seen by workers as a purely technical affair or completely irrelevant to participants' work. They did not focus on finding these kinds of solutions. The discussions did, however, include a number of themes that impinge upon the possibility of implementing changes that would reduce or eliminate exposures to hazardous conditions on the job.

Employers are ultimately responsible for the health and safety of the workers they employ. Yet a common theme among the groups was how little employers seem to pay attention to workers' welfare. Employers were perceived as trying to spend as little as possible on safety and protective measures. They were criticized for providing little meaningful health and safety training, particularly for non-English speaking workers. Workers felt their employers were not particularly receptive to hazards being pointed out or possible solutions being recommended. In fact, workers felt that bringing up such issues exposed them to being labeled as troublemakers or even to retaliation.

Under these conditions participants recognized that they need to be looking out for themselves on the job, but at the same time feel relatively powerless to bring up issues or make change to reduce or eliminate hazards. With the threat of retaliation ever present, workers are forced into a position of having to 'choose' between their job and their health. In the eyes of most participants, protecting the job took precedence.

## *Getting Injured or Sick on the Job*

Similar impulses influencing worker willingness to call attention to workplace hazards apply to workers injured or made ill on the job. While Workers' Compensation exists to provide benefits to injured workers, very few actually try to avail themselves of the system. Lack of knowledge, particularly among immigrant workers, may play a role in workers failing to take advantage of Workers' Compensation. But another, possibly more important reason, springs from some of the same employer-worker dynamics described in the preceding sections.

label workers tend to keep silent about their injuries unless they are so severe that it becomes impossible to work. They may seek medical care, but frequently prefer using their health insurance or paying out-of-pocket. Those few who reported utilizing the Workers' Compensation system described a very difficult and adversarial system. The lesson for them, and for others hearing their story, was that it is a system best avoided if at all possible.

The issue of accommodation of workers with injuries or illnesses did not seem to surface as a point of discussion. This is an area deserving of more attention. It seems reasonable to surmise, however, that workers who feel relatively powerless and unattended to by their employers are going to be anxious about stepping forward to ask for accommodations if they are injured. This reluctance to speak up was true for most all of the low-wage workers, but most especially for those attempting to improve their work records, newly arrived to this country or formerly incarcerated. Again, the risks of calling attention to themselves and asking for what they may believe is a special favor will be deemed too great.

## *Next Steps*

Low-wage jobs continue to increase in the United States and as they increase the number of workers facing the serious health and safety issues our project has identified will grow as well. With that increase comes an urgent need to address the identified problems. Though these problems are created by unhealthy workplaces and work, the brunt of the burden of suffering is borne by injured workers, while the costs are shouldered by injured workers and their families, and by taxpayers. The themes raised by worker/participants suggest important aspects of a path forward.

There is a need to consider workplace safety and health in broader terms than the technical issues of hazard recognition and control. Clearly there is an ongoing need to identify workplace hazards, including hazards that pose a risk of occupational disease. But there is also a need to understand that the way the workplace is organized including the social relations between employers and workers has a profound impact on health. Additionally the ways in which work contributes to diseases traditionally considered general health issues has emerged as an important area to include. These broader considerations allow us to better understand the links between workplace health and general health, public health, poverty and income inequality. Recognition of these links helps illuminate potential actions to ameliorate poor health and safety conditions, and potential allies in this campaign.

Power and lack of it, to change workplace conditions is one of the clearest themes to emerge from these discussions. Worker empowerment, defined as the ability of workers to impact decisions that shape their working lives is crucial to the improvement of workplace health and safety conditions. To some degree, power can be increased simply with increased knowledge of the nature of workplace hazards, available controls, resources available to help, and enhanced confidence to make an argument to management. Knowledge by itself does not change the workplace power dynamic. Workers afraid for their jobs and able to be fired at will have a very difficult road to make.

However, campaigns across the country provide evidence that workers in even the most difficult circumstances can improve their working conditions.[47] These inspiring projects include fast food workers and employees of Wal-Mart organizing for wage and other improvements. In response to the super-exploitation of day laborers following Hurricane Katrina, the National Guestworker Alliance was born. Smaller communities have spawned victories for car wash workers and grocery store chain employees. Taxi drivers have successfully united in many locales.

These campaigns also provide an illustration of the final point of this report. While the efforts of workers themselves are central to workplace change, worker allies can play an important role. Natural allies include traditional labor unions and emerging worker centers. Occupational health and public health advocates can also play an important part in necessary collaborations.

**The Low-Wage Workers' Health Project** remains committed to deepening our understanding of the health and safety problems confronting low-wage workers in our area and to contributing to a strategy for creating healthy workplaces and healthy work. Toward that end we will continue to build relationships with low-wage workers and the organizations advocating for low-wage workers in our community. With workers at the core of creating and developing solutions, the Project will continue to work with community partners to identify and stimulate workplace, community, and political changes necessary to reduce risks to occupational health and improve the quality of work life in Central New York.

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# APPENDIX A
## Methodology


### *The Survey (n= 275)*

In order to identify and characterize the high risk, vulnerable workforce in Central New York and understand workers' issues in context, a survey of workers was undertaken in the summer of 2013. The aim was focused on investigating the "real world" conditions faced in the work world of the people experiencing them. The Project sought new partnerships with agencies or organizations that could provide a connection to workers. Arrangements to survey groups of workers were made through 15+ community based organizations (including unions). We completed the 275 incentivized surveys between June 22nd and August 15th.

### *Conversational Groups (n = 146)*

Inspired by the thinking of Paulo Freire, we conducted small group discussions in a way that recognizes that healthy work or unhealthy work does not occur in a vacuum and that there are social and political forces that shape all of the conditions of society including work. Our activities and conversations were aimed at developing the pursuit of a better quality of working life that takes into account a healthy environment and a balanced sense of social community at work. Conversations were exploratory in nature so that discovery would come from the workers themselves. Low-wage workers were to identify the issues that mattered most to them.

Conversations were meant to give low-wage workers space to express their problems, ask their questions, and develop their own solutions. The conversational groups naturally were possessive of some educational value, but we sought to build on low-wage workers ideas to deepen our understanding of their work-related experiences. The project offered workers and project members alike the opportunity to start with worker experiences, reflect on them and add new information in the goal of finding new skills and strategies to overcome the unique struggles faced when low-wages and poor conditions combine to deter well-being.

Partnering with community organizations enlarged our capacity to reach low-wage workers in their own pathways of life. Our mission was enhanced by these mutually satisfying partnerships as the Occupational Health Clinical Center became more engaged with new community members.

Ultimately the Project seeks to work with community partners to stimulate social, legal and political changes necessary to impact socio-economic conditions reduce risks to occupational health and improve the quality of life in Central New York.

Group experiences were developed and conducted to encourage engagement. The sessions were recorded, transcribed and content was analyzed according to qualitative methods allowing for iteration of research protocols. Conversational group sessions were effective in generating insight about worker realities. Themes were covered with more depth and breadth than the survey format allowed, achieving a deeper characterization of the circumstances and problems encountered in low-wage work.

With effective assistance from eight community partners, the Project formed groups of 8-10 workers who met for two 90 minute sessions each. Group members received a $40 grocery store gift card for participating for a total of three hours. Dialogues included group interactions between workers that provided a platform for identifying unhealthy work and developing creative ways of making health and safety changes in their workplace.

## APPENDIX B

| Community Partners | |
|---|---|
| **SEIU Local 200United** | **CNY Works** |
| **SUNY Educational Opportunity Center** | **JOBS Plus!** |
| **Center for Community Alternatives** | **HopePrint** |
| **Onondaga County Public Library : White Branch** | **SEIU 119 Loretto Center** |

## APPENDIX C

### Labor Force Participation in Central New York

According to the Bureau of Labor Statistics, 144, 669 persons live in the City of Syracuse (Census 2013). The Syracuse Metropolitan Statistical Area, with an estimated population of 661,934, is a geographical area consisting of Onondaga, Oswego and Madison counties, anchored by the city of Syracuse (Census 2013). The workforce is subset of the total population, comprised mainly by working adults between the age of 16 and 64. In 2013, Onondaga County Business Patterns data recorded 215,260 paid employees in the private sector working in 11,764 establishments. For the entire Syracuse Metropolitan Statistical Area, paid employees totaled 256,061, working in 15,294 establishments. Adding Cayuga and Cortland counties creates a Central New York region. In the Central New York region there were 292,319 employees in 17,981 establishments. 17 These figures only include those working in the private sector. Total employment figures are higher because they also include workers in the public sector. In the Central New York Region, as the following table indicates, total participation in the labor force including public and private sector workers exceeds 385,000 workers with 7.5 percent unemployed, but looking for work.

### Central New York Labor Force Participation Numbers, 2013

| County Name/State Abbreviation | Labor Force | Employed | Unemployed | Unemployment Rate (%) |
|---|---|---|---|---|
| Onondaga County, NY | 230,900 | 215,100 | 15,800 | 6.8 |
| Oswego County, NY | 57,000 | 51,400 | 5,600 | 9.8 |
| Cayuga County, NY | 38,700 | 35,900 | 2,900 | 7.4 |
| Madison County, NY | 34,300 | 31,700 | 2,600 | 7.6 |
| Cortland County, NY | 24,200 | 22,300 | 2,100 | 7.7 |
| Central New York Labor Market Region | 385,100 | 356,400 | 28,700 | 7.5 |

SOURCE: https://labor.ny.gov/stats/lslaus.shtm

# APPENDIX D

Bureau of Labor Statistics

## OCCUPATIONAL EMPLOYMENT STATISTICS
## CENTRAL NEW YORK REGION

Wages for Select Occupations (making $15 per hour or less)
Cayuga, Cortland, Madison, Onondaga and Oswego Counties

| Title | Persons Employed | Median Annual Wages | Estimated Employed | Entry * level wages level wages | Annual Wages for experienced** |
|---|---|---|---|---|---|
| LIFE, PHYSICAL, AND SOCIAL SCIENCE OCCUPATIONS | | | | | |
| Biological Technicians | n/a | $29,810 | $14.33 | $24,020 | $33,490 |
| Social Science Research Assistants | 230 | $17,780 | $8.55 | $16,840 | $19,650 |
| EDUCATION, TRAINING, AND LIBRARY OCCUPATIONS | | | | | |
| Preschool Teachers, Except Special Education | 900 | $26,690 | $12.83 | $19,840 | $35,460 |
| Substitute teachers | 1920 | $25,600 | $12.31 | $22,020 | $28,660 |
| Library Technicians | 360 | $23,550 | $11.32 | $17,190 | $31,230 |
| Teacher Assistants | 5,300 | $25,150 | $12.09 | $19,350 | $31,110 |
| ARTS, DESIGN, ENTERTAINMENT, SPORTS, AND MEDIA OCCUPATIONS | | | | | |
| Floral Designers | 100 | $28,410 | $13.66 | $23,080 | $32,510 |
| Merchandise Displayers and Window Trimmers | 110 | $29,310 | $14.09 | $21,470 | $34,520 |
| Designers, All Other | n/a | $20,200 | $9.71 | $17,420 | $22,750 |
| Radio and Television Announcers | n/a | $28,420 | $13.66 | $16,900 | $40,470 |
| Interpreters and Translators | n/a | $29,120 | $14.00 | $26,740 | $40,110 |
| Broadcast Technicians | 120 | $19,530 | $9.39 | $17,220 | $33,600 |
| Sound Engineering Technicians | n/a | $24,890 | $11.97 | $20,080 | $35,710 |
| Photographers | 160 | $30,940 | $14.88 | $18,140 | $38,300 |
| Media and Communication Equipment Workers, All Other | n/a | $24,560 | $11.81 | $22,510 | $47,170 |
| HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS | | | | | |
| Emergency Medical Technicians and Paramedics | 680 | $30,920 | $14.87 | $23,410 | $36,710 |
| Pharmacy Technicians | 640 | $27,460 | $13.20 | $21,720 | $31,530 |
| Ophthalmic Medical Technicians | 90 | $28,820 | $13.86 | $23,890 | $34,500 |
| HEALTHCARE SUPPORT OCCUPATIONS | | | | | |
| Home Health Aides | 1950 | $22,530 | $10.83 | $19,460 | $27,180 |
| Nursing Assistants | 4,110 | $27,630 | $13.28 | $21,110 | $31,790 |
| Orderlies | n/a | $27,170 | $13.06 | $17,880 | $30,760 |
| Physical Therapist Aides | 150 | $27,460 | $13.20 | $18,740 | $32,600 |
| Medical Assistants | 1,050 | $28,590 | $13.75 | $24,400 | $32,220 |
| Pharmacy Aides | 220 | $20,460 | $9.84 | $16,850 | $27,420 |
| Veterinary Assts. and Lab. Animal Caretakers | 230 | $23,340 | $11.22 | $18,030 | $28,860 |
| Phlebotomists | 210 | $27,370 | $13.16 | $21,790 | $32,400 |

| | | | | | |
|---|---|---|---|---|---|
| PROTECTIVE SERVICE OCCUPATIONS | | | | | |
| Parking Enforcement Workers | n/a | $27,880 | $13.40 | $24,590 | $31,360 |
| Animal Control Workers | 110 | $29,940 | $14.39 | $25,860 | $33,090 |
| Security Guards | 2,350 | $29,430 | $14.15 | $19,980 | $40,670 |
| Crossing Guards | 250 | $18,530 | $8.91 | $17,010 | $20,120 |
| Lifeguards, Ski Patrol, and Other Rec. Pro. Service | 340 | $18,250 | $8.77 | $16,840 | $19,310 |
| Protective Service Workers, All Other | 130 | $23,500 | $11.30 | $17,300 | $31,920 |
| FOOD PREPARATION AND SERVING RELATED OCCUPATIONS | | | | | |
| First-Line Supvs. of Food Prep. and Serving Workers | 1830 | $29,880 | $14.37 | $22,070 | $36,390 |
| Cooks, Fast Food | 730 | $19,660 | $9.45 | $16,880 | $22,000 |
| Cooks, Institution and Cafeteria | 800 | $27,650 | $13.29 | $21,080 | $31,830 |
| Cooks, Restaurant | 2380 | $21,950 | $10.55 | $17,250 | $25,800 |
| Cooks, Short Order | 540 | $20,710 | $9.96 | $16,850 | $23,520 |
| Cooks, All Other | n/a | $30,550 | $14.69 | $18,580 | $32,620 |
| Food Preparation Workers | 2130 | $19,460 | $9.36 | $16,880 | $22,270 |
| Bartenders | 2040 | $18,570 | $8.93 | $16,880 | $21,130 |
| Combined Food Prep. and Serving Workers, Including Fast Food | 8930 | $18,150 | $8.73 | $16,920 | $19,220 |
| Counter Attendants, Cafeteria, Food Concession, and Coffee Shop | 1960 | $21,000 | $10.10 | $16,880 | $24,240 |
| Waiters and Waitresses | 5210 | $18,540 | $8.91 | $16,920 | $21,340 |
| Food Servers, Nonrestaurant | 850 | $18,730 | $9.00 | $16,950 | $21,300 |
| Dining Room and Cafeteria Attendants and Bartender Helpers | 1350 | $18,030 | $8.67 | $17,030 | $18,580 |
| Dishwashers | 1670 | $17,840 | $8.58 | $16,900 | $18,000 |
| Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop | 700 | $18,130 | $8.72 | $16,910 | $20,870 |
| Food Preparation and Serving Related Workers, All Other | 100 | $19,260 | $9.26 | $16,980 | $22,940 |
| BUILDING AND GROUNDS CLEANING AND MAINTENANCE OCCUPATIONS | | | | | |
| Janitors and Cleaners, Except Maids and Housekeeping Cleaners | 7260 | $25,160 | $12.10 | $17,790 | $32,380 |
| Maids and Housekeeping Cleaners | 2070 | $19,250 | $9.25 | $16,920 | $21,540 |
| Landscaping and Groundskeeping Workers | 2230 | $23,950 | $11.51 | $18,420 | $31,240 |
| PERSONAL CARE AND SERVICE OCCUPATIONS | | | | | |
| Nonfarm Animal Caretakers | 350 | $19,550 | $9.40 | $16,960 | $23,540 |
| Ushers, Lobby Attendants, and Ticket Takers | 80 | $22,100 | $10.63 | $17,610 | $24,620 |
| Amusement and Recreation Attendants | 220 | $18,760 | $9.02 | $17,010 | $22,020 |
| Locker Room, Coatroom, and Dressing Room Attendants | 5 | $20,350 | $9.78 | $17,000 | $26,910 |
| Hairdressers, Hairstylists, and Cosmetologists | 980 | $18,770 | $9.02 | $16,860 | $24,800 |
| Baggage Porters and Bellhops | 80 | $17,950 | $8.63 | $16,810 | $19,250 |
| Concierges | 50 | $18,980 | $9.13 | $17,040 | $28,450 |
| Childcare Workers | 2,110 | $19,830 | $9.53 | $16,970 | $24,660 |
| Personal Care Aides | 4,860 | $22,580 | $10.86 | $17,830 | $27,270 |
| Recreation Workers | 1,030 | $23,010 | $11.06 | $17,530 | $32,320 |
| Residential Advisors | 330 | $25,040 | $12.04 | $18,900 | $30,170 |

| | | | | | |
|---|---|---|---|---|---|
| SALES AND RELATED OCCUPATIONS | | | | | |
| Cashiers | 9,450 | $18,480 | $8.88 | $17,000 | $20,270 |
| Counter and Rental Clerks | 1020 | $23,330 | $11.22 | $17,240 | $31,580 |
| Retail Salespersons | 11580 | $20,770 | $9.99 | $17,030 | $27,870 |
| Travel Agents | 190 | $27,890 | $13.41 | $21,100 | $33,380 |
| Demonstrators and Product Promoters | n/a | $23,100 | $11.11 | $21,680 | $29,130 |
| Telemarketers | 180 | $19,940 | $9.59 | $17,180 | $26,860 |
| Sales and Related Workers, All Other | 280 | $23,620 | $11.36 | $17,190 | $36,500 |
| OFFICE AND ADMINISTRATIVE SUPPORT OCCUPATIONS | | | | | |
| Switchboard Operators, Including Answering Service | 400 | $25,430 | $12.23 | $19,690 | $28,870 |
| Tellers | 1230 | $24,970 | $12.00 | $22,180 | $28,390 |
| File Clerks | 370 | $25,420 | $12.22 | $19,390 | $29,490 |
| Hotel, Motel, and Resort Desk Clerks | 550 | $18,800 | $9.04 | $17,170 | $20,720 |
| Library Assistants, Clerical | 400 | $22,950 | $11.03 | $17,420 | $28,950 |
| New Accounts Clerks | n/a | $30,020 | $14.43 | $27,350 | $32,390 |
| Order Clerks | 440 | $28,820 | $13.86 | $20,020 | $35,050 |
| Receptionists and Information Clerks | 3030 | $26,590 | $12.78 | $20,180 | $30,570 |
| Couriers and Messengers | 210 | $22,820 | $10.97 | $18,200 | $26,910 |
| Shipping, Receiving, and Traffic Clerks | 1930 | $30,130 | $14.49 | $20,610 | $36,010 |
| Stock Clerks and Order Fillers | 5710 | $22,190 | $10.67 | $17,190 | $28,280 |
| Weighers, Measurers, Checkers, and Samplers, Recordkeeping | 180 | $27,400 | $13.17 | $18,440 | $34,210 |
| Computer Operators | 180 | $30,080 | $14.46 | $25,520 | $39,520 |
| Data Entry Keyers | 580 | $29,250 | $14.06 | $20,610 | $33,720 |
| Mail Clerks and Mail Machine Operators, Except Postal Service | 140 | $30,280 | $14.56 | $24,820 | $33,780 |
| Office Clerks, General | 7110 | $26,910 | $12.94 | $18,530 | $32,570 |
| Office Machine Operators, Except Computer | 170 | $23,560 | $11.33 | $18,590 | $32,180 |
| FARMING, FISHING, AND FORESTRY OCCUPATIONS | | | | | |
| Farmworkers and Laborers, Crop, Nursery, and Greenhouse | 90 | $21,840 | $10.50 | $18,140 | $24,330 |
| Logging Equipment Operators | n/a | $30,430 | $14.63 | $24,410 | $33,160 |
| CONSTRUCTION AND EXTRACTION OCCUPATIONS | | | | | |
| Insulation Workers, Mechanical | n/a | $27,110 | $13.03 | $20,840 | $31,760 |
| Helpers—Carpenters | 160 | $19,320 | $9.29 | $16,920 | $20,350 |
| Helpers—Electricians | 90 | $30,100 | $14.47 | $24,640 | $33,370 |
| Helpers--Pipelayers, Plumbers, Pipefitters, and Steamfitters | n/a | $25,550 | $12.28 | $21,890 | $30,870 |
| Helpers, Construction Trades, All Other | n/a | $21,330 | $10.25 | $16,830 | $23,800 |
| Septic Tank Servicers and Sewer Pipe Cleaners | n/a | $23,470 | $11.28 | $21,890 | $32,690 |
| Construction and Related Workers, All Other | n/a | $19,950 | $9.59 | $17,110 | $30,110 |
| INSTALLATION, MAINTENANCE, AND REPAIR OCCUPATIONS | | | | | |
| Motorcycle Mechanics | n/a | $30,640 | $14.73 | $27,710 | $36,180 |
| Bicycle Repairers | n/a | $19,650 | $9.45 | $17,380 | $24,780 |

| | | | | | |
|---|---|---|---|---|---|
| Tire Repairers and Changers | 270 | $24,070 | $11.57 | $17,950 | $29,720 |
| Home Appliance Repairers | n/a | $21,680 | $10.42 | $17,090 | $30,890 |
| Helpers--Installation, Maintenance, and Repair Workers | 340 | $27,580 | $13.26 | $18,140 | $34,510 |
| PRODUCTION OCCUPATIONS | | | | | |
| Electrical and Electronic Equipment Assemblers | 1050 | $28,060 | $13.49 | $19,430 | $34,790 |
| Team Assemblers | 2060 | $30,180 | $14.51 | $23,080 | $36,280 |
| Assemblers and Fabricators, All Other | 460 | $22,530 | $10.83 | $17,370 | $28,920 |
| Bakers | 470 | $26,670 | $12.82 | $20,680 | $30,460 |
| Butchers and Meat Cutters | 340 | $28,680 | $13.79 | $18,640 | $37,030 |
| Meat, Poultry, and Fish Cutters and Trimmers | n/a | $24,550 | $11.80 | $22,110 | $32,480 |
| Food and Tobacco Roasting, Baking, and Drying Machine Operators and Tenders | n/a | $23,670 | $11.38 | $19,420 | $30,290 |
| Food Batchmakers | 140 | $24,730 | $11.89 | $17,140 | $31,390 |
| Food Cooking Machine Operators and Tenders | n/a | $21,250 | $10.22 | $17,080 | $23,740 |
| Cutting, Punching, and Press Machine Setters, Operators, and Tenders, Metal and Plastic | 480 | $29,090 | $13.99 | $23,320 | $32,830 |
| Foundry Mold and Coremakers | 60 | $28,440 | $13.67 | $20,360 | $33,370 |
| Molding, Coremaking, and Casting Machine Setters, Operators, and Tenders, Metal and Plastic | 290 | $27,660 | $13.30 | $19,720 | $34,140 |
| Plating and Coating Machine Setters, Operators, and Tenders, Metal and Plastic | 150 | $30,800 | $14.81 | $25,020 | $36,160 |
| Tool Grinders, Filers, and Sharpeners | n/a | $29,010 | $13.95 | $23,730 | $32,010 |
| Print Binding and Finishing Workers | 120 | $28,600 | $13.75 | $22,340 | $34,720 |
| Laundry and Dry-Cleaning Workers | 730 | $20,080 | $9.65 | $17,220 | $24,350 |
| Pressers, Textile, Garment, and Related Materials | 100 | $22,850 | $10.99 | $18,530 | $24,830 |
| Sewing Machine Operators | 80 | $25,380 | $12.20 | $20,140 | $30,360 |
| Tailors, Dressmakers, and Custom Sewers | n/a | $23,880 | $11.48 | $22,120 | $25,510 |
| Cabinetmakers and Bench Carpenters | 230 | $28,750 | $13.82 | $21,530 | $33,420 |
| Sawing Machine Setters, Operators, and Tenders, Wood | 160 | $27,040 | $13.00 | $20,010 | $30,190 |
| Woodworking Machine Setters, Operators, and Tenders, Except Sawing | 240 | $27,660 | $13.30 | $20,940 | $32,860 |
| Crushing, Grinding, and Polishing Machine Setters, Operators, and Tenders | n/a | $29,960 | $14.40 | $25,300 | $33,690 |
| Grinding and Polishing Workers, Hand | 140 | $28,140 | $13.53 | $21,080 | $31,060 |
| Cutters and Trimmers, Hand | n/a | $18,890 | $9.08 | $17,030 | $21,980 |
| Cutting and Slicing Machine Setters, Operators, and Tenders | 90 | $28,590 | $13.75 | $22,060 | $34,480 |
| Dental Laboratory Technicians | 120 | $31,200 | $15.00 | $22,260 | $49,090 |
| Ophthalmic Laboratory Technicians | 90 | $23,800 | $11.44 | $20,450 | $28,830 |
| Packaging and Filling Machine Operators and Tenders | 1240 | $24,380 | $11.72 | $18,510 | $33,180 |
| Painting, Coating, and Decorating Workers | 60 | $20,020 | $9.63 | $16,850 | $26,190 |
| Photographic Process Workers and Processing Machine Operators | 90 | $22,760 | $10.94 | $17,520 | $30,550 |
| Cleaning, Washing, and Metal Pickling Equipment Operators and Tenders | n/a | $23,830 | $11.46 | $19,740 | $29,010 |
| Molders, Shapers, and Casters, Except Metal and Plastic | 60 | $28,180 | $13.55 | $21,030 | $35,230 |
| Helpers--Production Workers | 910 | $26,940 | $12.95 | $18,080 | $32,210 |
| TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Bus Drivers, Transit and Intercity | 140 | $22,920 | $11.02 | $17,140 | $25,700 |
| Driver/Sales Workers | 1670 | $22,930 | $11.02 | $17,210 | $34,420 |
| Light Truck or Delivery Services Drivers | 1970 | $28,440 | $13.67 | $19,070 | $41,370 |
| Taxi Drivers and Chauffeurs | 530 | $25,190 | $12.11 | $18,940 | $29,420 |
| Parking Lot Attendants | 130 | $22,570 | $10.85 | $17,280 | $26,180 |
| Automotive and Watercraft Service Attendants | 160 | $19,520 | $9.38 | $17,340 | $21,540 |
| Industrial Truck and Tractor Operators | 1300 | $30,890 | $14.85 | $24,640 | $35,980 |
| Cleaners of Vehicles and Equipment | 530 | $19,530 | $9.39 | $17,100 | $23,870 |
| Laborers and Freight, Stock, and Material Movers, Hand | 5050 | $25,960 | $12.48 | $18,670 | $32,310 |
| Machine Feeders and Offbearers | 310 | $27,260 | $13.11 | $22,370 | $29,960 |
| Packers and Packagers, Hand | 1840 | $23,870 | $11.48 | $19,680 | $27,350 |
| TOTAL UNDER $31,200 ANNUAL | | | | | |
| TOTAL, ALL OCCUPATIONS | 346,830 | $35,590 | $17.11 | $20,360 | $57,790 |

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

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

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INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES
DC #4 UNION LABEL LOCAL #31