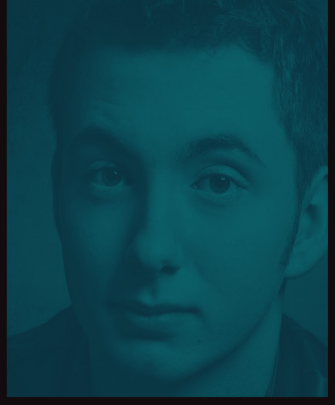

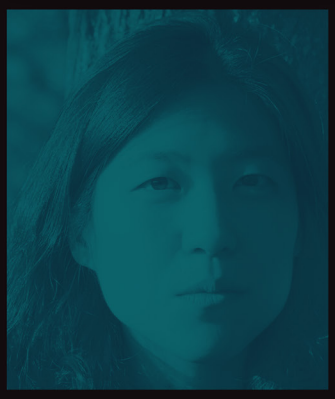

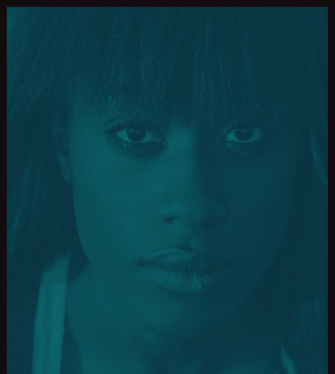

Low-Wage Work in Syracuse

Worker Health in the New Economy

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

ABOUT THE AUTHORS

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 multidisciplinary and multi-institution collaboration include:

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CONTENTS

EXECUTIVE SUMMARY

During the recent economic downturn, many jobs paying decent wages were lost, but in the recovery that followed, low-wage occupations showed strong gains. Higher wage jobs also increased, but jobs in middle pay ranges, after plummeting in the recession, showed only very slow growth. This is bad news because the experience of low-wage work differs greatly from the traditional blue collar work. By definition, the pay is lower, but other specific problems including wage theft, insecure or precarious work, discrimination, and decreased attention to workplace hazards have been accompanying these growing wage trends nationwide.

These striking national trends may be expressed locally in ways unique to our region, so 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 Central New York. The Project surveyed a group of low-wage workers in Central New York as a first step toward the identification and amelioration of precarious and hazardous working conditions, and more specifically, to promote the prevention of occupational illness and injury. Additionally, the Project sought to expand access to occupational health care to marginalized workers who frequently experience poor health outcomes due to lack of both access to medical care and knowledge about their rights in the workplace.

The Survey

We conducted an extensive survey with 275 low-wage workers by partnering with community organizations at their locations and by meeting with small groups in their homes around their "kitchen tables." Workers took about 45 minutes to answer over 100 questions about the details of their work including the nature of their work, hours worked and rates of pay, specifics about health and safety conditions and occupational health. Some questions required open ended answers. Workers were given $10 gift cards for a local grocery store to thank them for participating.

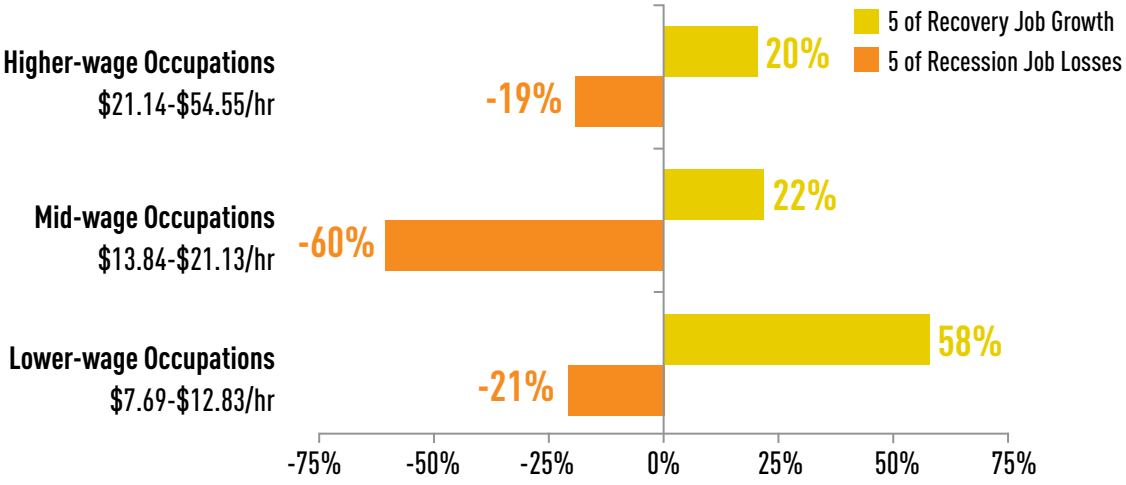
Low-wage workers experience unstable and unpredictable work lives on many levels. These workers (with an average pay rate of $9.65 per hour) experienced wage theft, and reported that hazardous conditions at work and symptoms caused by workplace exposures are commonplace. Those who had been injured or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

Next Steps

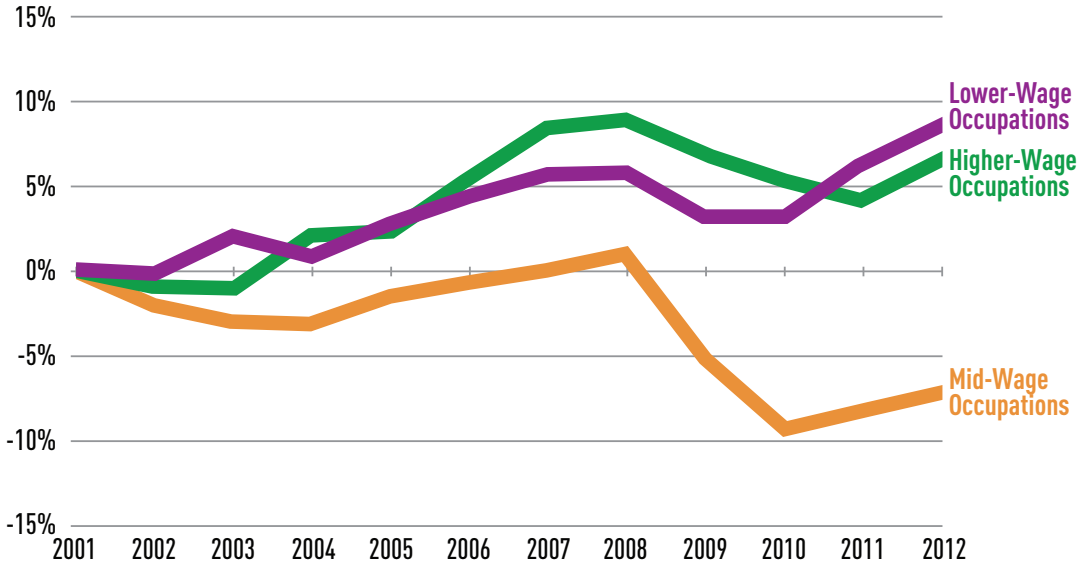
With workers at the center of creating and developing solutions, the Project will continue to work with community partners to stimulate social, legal and political changes necessary to reduce risks to occupational health and improve the quality of work-life in Central New York.

INTRODUCTION

The post-recession economic climate has markedly changed the character of work and the composition of the workforce in the United States.[1-2] The persistent economic downturn created fierce competition for jobs while at the same time employers reduced every possible expense, even sometimes violating existing labor laws and standards. Even with a slow recovery, the competitive nature of this "gloves-off" economy[3] has persisted in generating an explosion of low paying jobs, fundamentally altering the experience of work for thousands of workers and increasing income inequality to new heights.



Source: National Employment Law Project

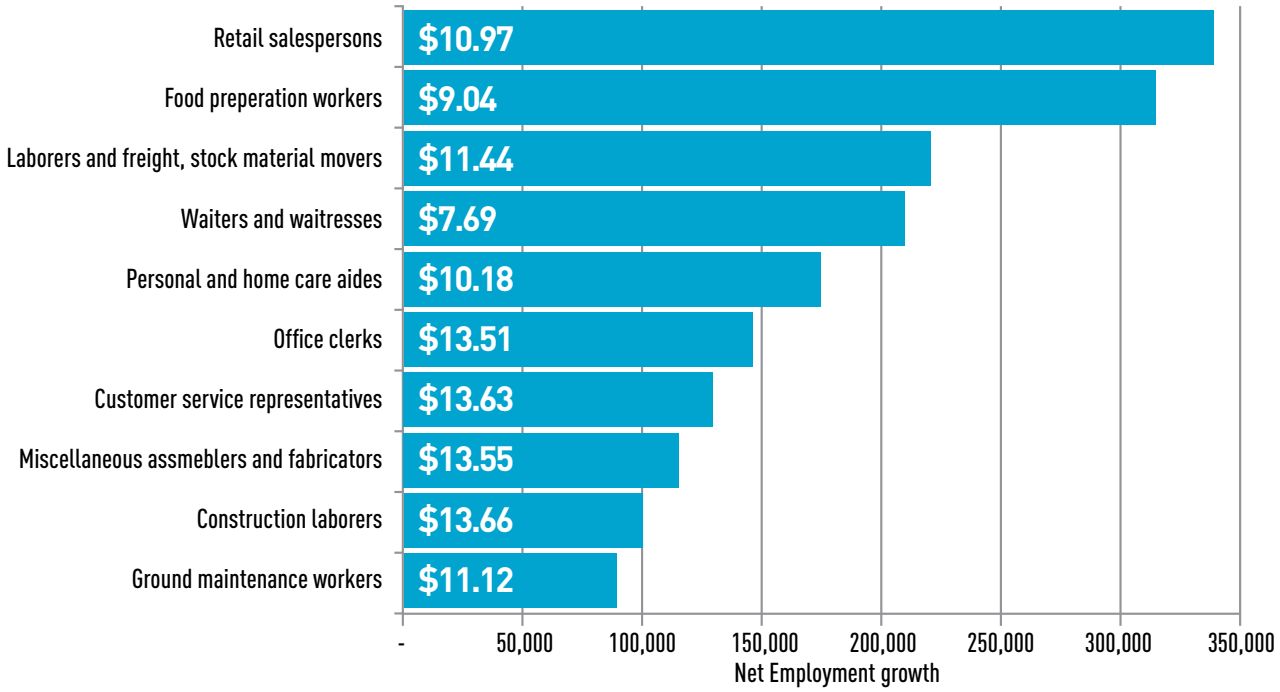


Source: National Employment Law Project

In fact, the National Employment Law Project reports that "the unbalanced recession and recovery have meant that the long-term rise in inequality in the U.S. continues."[4] Concerns about the fact that an increasing percentage of all workers are not able to garner a "living wage" are widespread.[5] This proliferation of low-wage jobs may become increasingly entrenched at a level that has not been evident since before the Great Depression.

What's a low wage?

Economists define "low-wage" work with calculations taking into consideration the cost of basic goods and services in a given 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.



Source: National Employment Law Project

Risks for Workers in the New Economy

Study after study has demonstrated that everyone in our society does not share an equal risk of almost all types of diseases including heart attacks and cancer. The social standing and income level of a person powerfully predicts their risk of disease: 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.[6-12]

Because working adults spend the 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.

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[13] and disabling pain in the working population.[14] 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%, are absorbed by workers and their families; other (non-workers' compensation) private health insurance; and Medicare and Medicaid, i.e. taxpayers."[15-16] The extent of this cost shifting remains problematic for both injured workers and all members of society.

People working under these difficult conditions seem to 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 multiple demoralizing jobs and fade into the shadows of community life as they face exhaustion from working multiple and sometimes rotating shifts.[17] Consistent erosion of family life results from these trends.[18- 19]

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 temp 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. So, for instance, 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 temp agencies are able to strip away workers' benefits and pay wages well below the traditional rates, while employers deny any responsibility.[20]

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 injury or illness. The existence of low paying, precarious, temporary or unstable work arrangements creates a workforce at high risk of poor health due to the lack of a living wage, insecure work arrangements, potential for wage theft, poor health and safety conditions, lack of union representation and discrimination.[21-24] Those recently migrating to the United States are particularly vulnerable.[25-26]

All of these trends lead to increased poverty, increased risk for work-related death, injury and illness, and a poor socio-economic framework for our community. Social and economic improvement and improved occupational health will require workers and other advocates to generate a sustained effort for innovative solutions.

Project Goals

Because these striking national trends may be expressed locally in ways unique to our region, the Project sought to characterize local low-wage workplace conditions and some of their potential impacts on worker health. Studying demographics and counting work-related fatalities and work-related medical diagnoses would only give part of the picture, so we attempted to create a more complete depiction. Because employment sectors often differ geographically, we aimed to characterize local circumstances and problems through interaction with people who live and work in Central New York.

SURVEY OF WORK CONDITIONS IN CENTRAL NEW YORK

Shining the light on low-wage, precarious work

Occupational illness and injury occur more frequently in low-wage, precarious work settings, but knowledge about working conditions and their impact on health for low-wage occupations is inadequate. The nature of the occupational health problems are powerfully under-appreciated for a number of reasons which have persisted for decades.[27] To bridge these existing knowledge gaps about these "hard to reach" workers, both public health and social science research methods are employed in many communities across the country.[28--31] The Project seeks to follow in these traditions to "pull back the veil"[28] to report on the hidden occupational health risks present in these workers' lives.

Before undertaking this survey, we asked local job developers and others who had been placing people in viable employment opportunities to describe the work conditions their constituents frequently faced. This gave initial insight about work conditions in our community. Next, we developed a survey in order to directly ask workers in low-wage jobs about their experiences. Partnering agencies generated direct engagement with groups of low-wage workers. We also recruited other low-wage workers by asking survey takers to connect us to others from their workplaces. Survey takers numbered 275 and received $10 gift cards for redemption at a popular grocery store.

The relatively small and non random nature of the group surveyed provides only a piece of the picture of low wage work in the Syracuse area. It provides valuable information, but really only scratches the surface of an issue that will require significant additional work to more fully characterize.

Living Wages?

The focus of this exploration was on low-wage workers. We used "living wage" calculations as a guide to define workers who would be recruited for inclusion in the survey. Living wages are defined as the amount of money it takes to live in a given community without having to resort to government support through participation in programs providing food stamps or Medicaid. Living wages take into account what it actually costs to make basic living expenses and is not designed to reflect a middle class lifestyle. There are a variety of living wage calculator tools available and we chose the Massachusetts Institute of Technology living wage calculator[32] for Onondaga County.

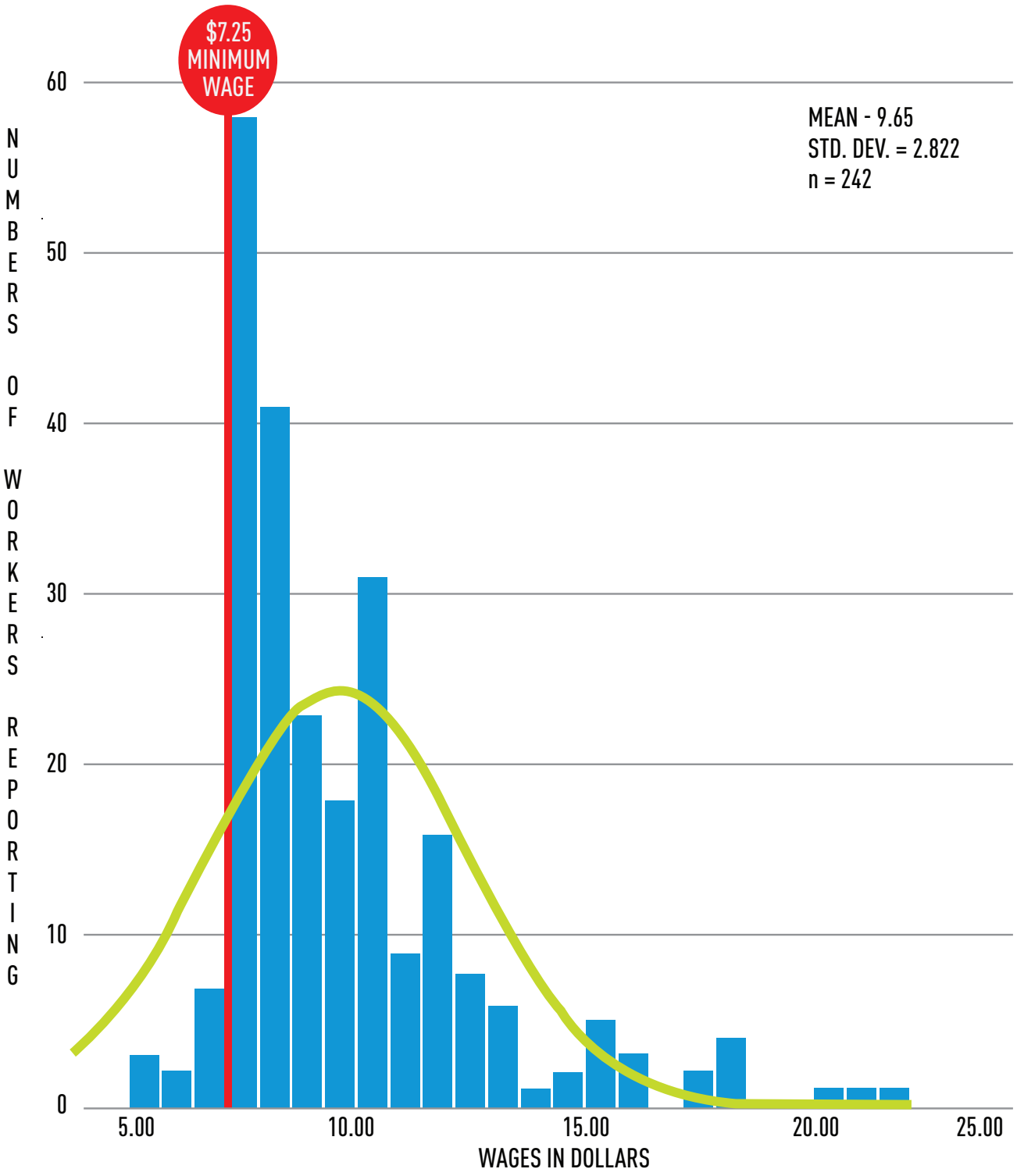
Hourly Wages	1 Adult	1 Adult, 1 Child	1 Adult, 2 Children	1 Adult, 3 Children	2 Adults	2 Adults, 1 Child	2 Adults, 2 Children	2 Adults, 3 Children
Living Wage	$9.04	$20.22	$27.81	$36.71	$13.34	$16.45	$17.86	$20.92
Poverty Wage	$5.21	$7.00	$8.80	$10.60	$7.00	$8.80	$10.60	$12.40
Minimum Wage	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25

The average pay rate reported for the study was $9.65 per hour. More than half of the survey takers made between $6.82 and $12.46 per hour. We did not calculate living wages according to household composition, but it is noteworthy that almost half earned less than the living wage for a single adult. Adding a child to support reduces the number in our survey earning a living wage to almost zero. The few who were making wages at the higher end (of those surveyed) had been working consistently in the same job for many years, earning incremental raises over time and were supporting families on those wages. It was evident that finding and keeping jobs is a struggle for this group. Only 25% had been working more than three years at their current job. The majority, 75% had worked continuously, but for more than one employer within the last few years.

The Workers

All of the workers surveyed had been working at some point within the previous year, but most (81%) were either currently working or had worked within the last three months. Most of the time, jobs were obtained through family and friends (64%), but use of a temporary employment agency (engaged in recruitment and job placement) or one-stop centers (features both employment and training services and provides an array of resources and information in one place) were also job sources (9%, 8% respectively). The internet was also a popular source (10%).

How did you obtain your job?		
through friends or family	171	64%
internet listing	26	10%
temp agency	23	9%
one-stop center/agency	21	8%
newspaper ad	15	6%
walk in	9	3%
through an acquaintance in the community	4	1%
more than one source	10	4%

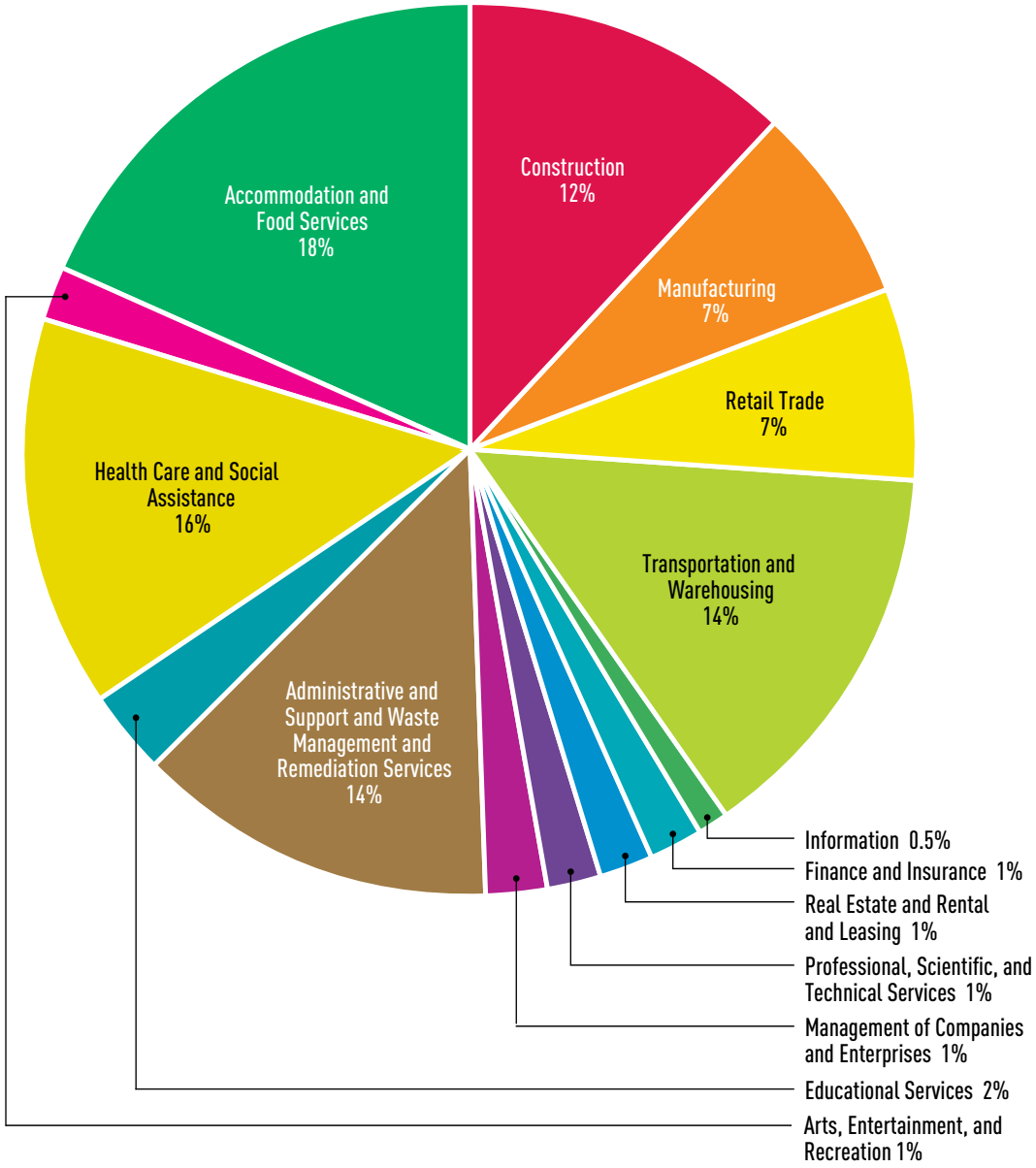

$7.25
MINIMUM
WAGE
MEAN - 9.65
STD. DEV. = 2.822
n = 242
NUMBERS OF WORKERS REPORTING
60
50
40
30
20
10
0
5.00
10.00
15.00
20.00
25.00
WAGES IN DOLLARS

THE OCCUPATIONS

Survey takers represented a wide variety of occupations and industries. Industry sectors of these occupations were coded according to the North American Industry Classification System. According to national trends and local trends, we expected to find and did find a strong representation of retail workers, food servers, cleaners, health care assistance workers, construction, production helpers, childcare workers and jobs related to warehousing including packaging and stocking.

Industries Employing Low Wage Workers?

(as represented by surveyed workers n=275)



The occupations of the workers surveyed are displayed below. It is clear that these groups of workers are doing some of the most basic and required service work in our communities. Their work activities include cleaning, cooking, driving, painting, building, processing products or managing the personal care of the elderly or very young. Sometimes workers were "self-employed" and moved from project to project as work became available in the more informal sectors of the economy.

2010 Standard Occupational Code (Major Group*) (n=275)	# of workers	Percent of those surveyed	Typical Occupation (represented in those surveyed)	Common Tasks Performed on the Job
37-0000 Building and Grounds Cleaning and Maintenance Occupations	53	19.3 %	Housekeeping, Cleaner, Janitorial	Clean bathrooms, dump trash, strip, wax, mop floors, vacuum, dust, change lights, batteries, soap and paper towel dispensers, wash windows, shampoo chairs and rugs, properly dispose of bio bags with body waste fluids, wash walls, blinds, and air vents, clean any and all furniture.
53-0000 Transportation and Material Moving Occupations	46	16.7 %	Bus Monitor, Bus Driver, Warehouse Worker	Take care of the children while they are being transported from school to home and home to school.
35-0000 Food Preparation and Serving Related Occupations	44	16.0 %	Dishwasher, Line Cook, Fast Food Server	Cashier, food prep
47-0000 Construction and Extraction Occupations	31	11.3 %	Laborer, Painter, Roofer, Paver	mud, prep, prime, paint, clean; mix cement, lay brick; roofing, siding, masonry; framing, drywall, carpentry
51-0000 Production Occupations	22	8.0 %	Assembly; Machine Mechanic/Technician	assemble motor mounts for industrial AC. Bending, lifting, power/air tools.
31-0000 Healthcare Support Occupations	19	6.9 %	C.N.A., Geriatric Caregiver, Patient Transporter	Bathing elderly, med reminds, meal preps, housework, shopping, laundry, escorts to doctor appointments
41-0000 Sales and Related Occupations	15	5.5 %	Sales Assistant, Customer Service	Run around the store putting clothing with hangers in their correct category in the store. Color coding and organizing.
43-0000 Office and Administrative Support Occupations	13	4.7 %	Medical Billing, Receptionist	answer phones, process emergency codes, update doctors call schedule, utilize patient information
39-0000 Personal Care and Service Occupations	9	3.3 %	Childcare, Car Wash	Play with the kids, clean, cook, and give them baths and watch TV with them
21-0000 Community and Social Service Occupations	7	2.5 %	Program Advocate, Interpreter, Case Management	Run support groups; expenditure spreadsheets, clerical work, one-on-one peer support

49-0000 Installation, Maintenance, and Repair Occupations	6	2.2 %	Apartment Rehab	paint, clean, repair sinks, toilets, light fixtures, trash removal, window washing
25-0000 Education, Training, and Library Occupations	5	1.8 %	Preschool Teacher, Tutor,	Supervise children, run an after-school program
29-0000 Healthcare Practitioners and Technical Occupations	3	1.1 %	L.P.N.	Mostly medication administration & treatments. Supervise staff & residents from 3 to 11 pm. Lift residents occasionally.
13-0000 Business and Financial Operations Occupations	1	0.4 %	Finance Manager	Process loans
33-0000 Protective Service Occupations	1	0.4 %	Bouncer	Check IDs mostly
Totals	275	100.0 %		

Notes: *SOC Major Groups 45 Farming, 27Arts/Design , 19 Sciences, 15 Computers, 17 Architecture, 23 Legal and 11 Management were not represented in our sample.

The workers surveyed are similar to workers in the Syracuse Metropolitan and Nonmetropolitan Area. We ranked the lowest paying Major Groups for all jobs paying below average wages in Syracuse (BLS, May 2012). We found that eight of the ten SOC Major Code groups were the same as the surveyed group. Age demographics are also very similar. Our choices about reaching out to workers was driven more by our community related goals than a desire to match population, however we did find that the set of workers collected bears basic resemblance to the Syracuse demographics for low-wage work, except that those we interviewed were making lower than the average pay rates for their code/sector.

TEN LOWEST PAYING JOB CODES IN SYRACUSE

May 2012 SYRACUSE NY Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates

Bureau of Labor Statistics http://www.bls.gov/oes/current/oes_45060.htm#(8)

RANK	SOC CODE	OCCUPATIONS	MEAN WAGE RATE
1	35-0000	Food Preparation and Serving Related Occupations	9.04
2	39-0000	Personal Care and Service Occupations	10.78
3	37-0000	Building and Grounds Cleaning and Maintenance Occupations	11.40
4	31-0000	Healthcare Support Occupations	12.79
5	53-0000	Transportation and Material Moving Occupations	14.61
6	43-0000	Office and Administrative Support Occupations	15.38
7	51-0000	Production Occupations	15.90
8	41-0000	Sales and Related Occupations	11.70
9	45-0000	Farming, Fishing, and Forestry Occupations	18.65
10	47-0000	Construction and Extraction Occupations	19.63

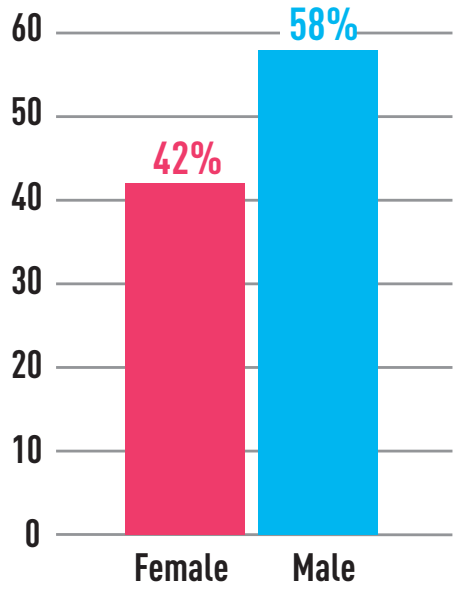
TOP TEN JOB CODES IN THE LOW-WAGE WORK IN CNY SURVEY

RANK	SOC CODE	OCCUPATIONS	NUMBER	PERCENTAGE
1	37-0000	Building and Grounds Cleaning and Maintenance Occupations	53	19.3%
2	53-0000	Transportation and Material Moving Occupations	46	16.7%
3	35-0000	Food Preparation and Serving Related Occupations	44	16.0%
4	47-0000	Construction and Extraction Occupations	31	11.3%
5	51-0000	Production Occupations	22	8.0%
6	31-0000	Healthcare Support Occupations	19	6.9%
7	41-0000	Sales and Related Occupations	15	5.5%
8	43-0000	Office and Administrative Support Occupations	13	4.7%
9	39-0000	Personal Care and Service Occupations	9	3.3%
10	21-0000	Community and Social Service Occupations	7	2.5%

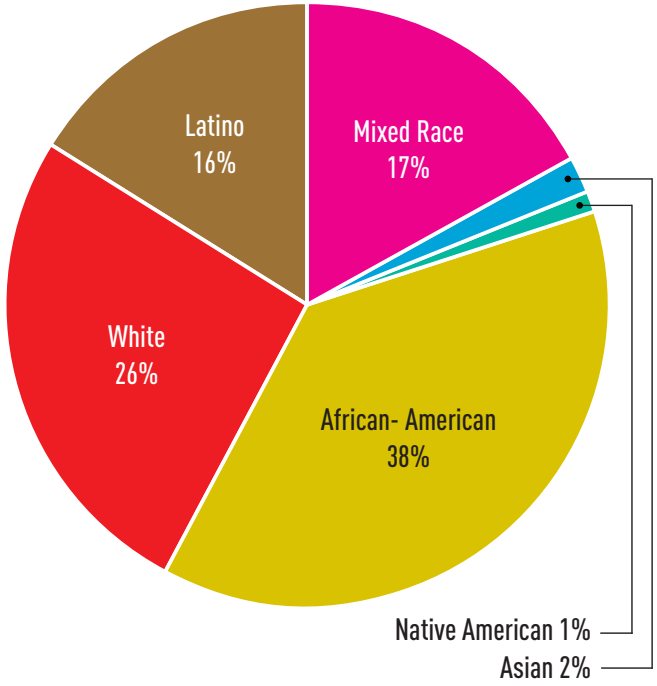
DEMOGRAPHICS

Since a community based study of this scope strives for community based knowledge and connection, attempts to precisely mirror the population demographics of the City of Syracuse were not a central focus. In the City of Syracuse, whites comprise 53% of the population, but in this survey whites are represented less frequently than would be expected if the sample were designed to be representative. This was intentional as we wanted to learn more about non-white workers who typically are over represented in low wage jobs. Those reporting "mixed race" comprised some combination of Latino, African-American or White.

Gender (n=275)

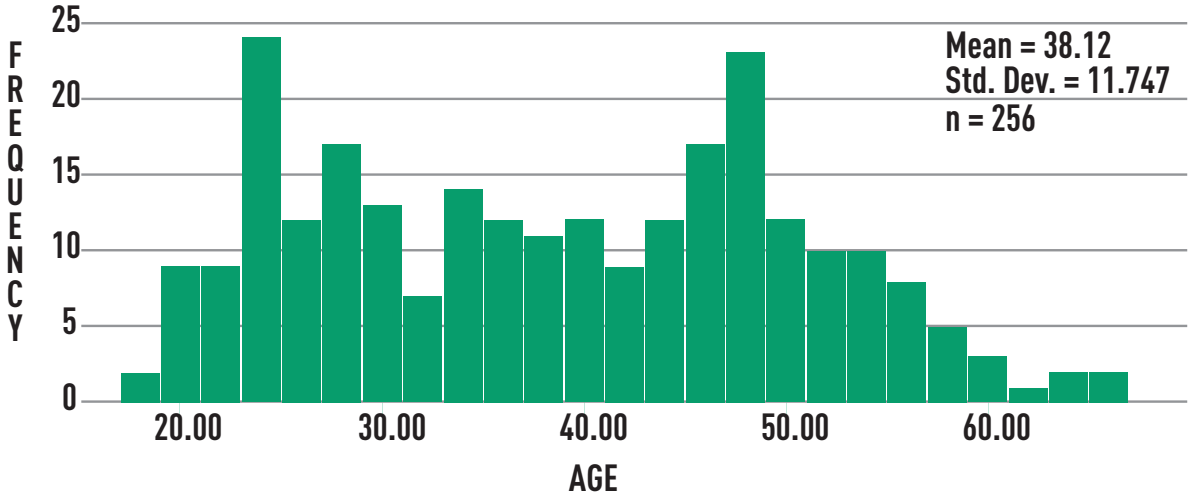


Ethnicity (n=265)



The age of the workers reflects the population of CNY with a slight "bump" in younger workers (in their mid-20's) and a strong group of middle aged workers pushing 50. Noticeable in the demographic data was the fact that 55% of these workers are parents of at least one minor child being supported. Men outnumbered women in the survey and made up slightly less than 60%.

Frequency Distribution



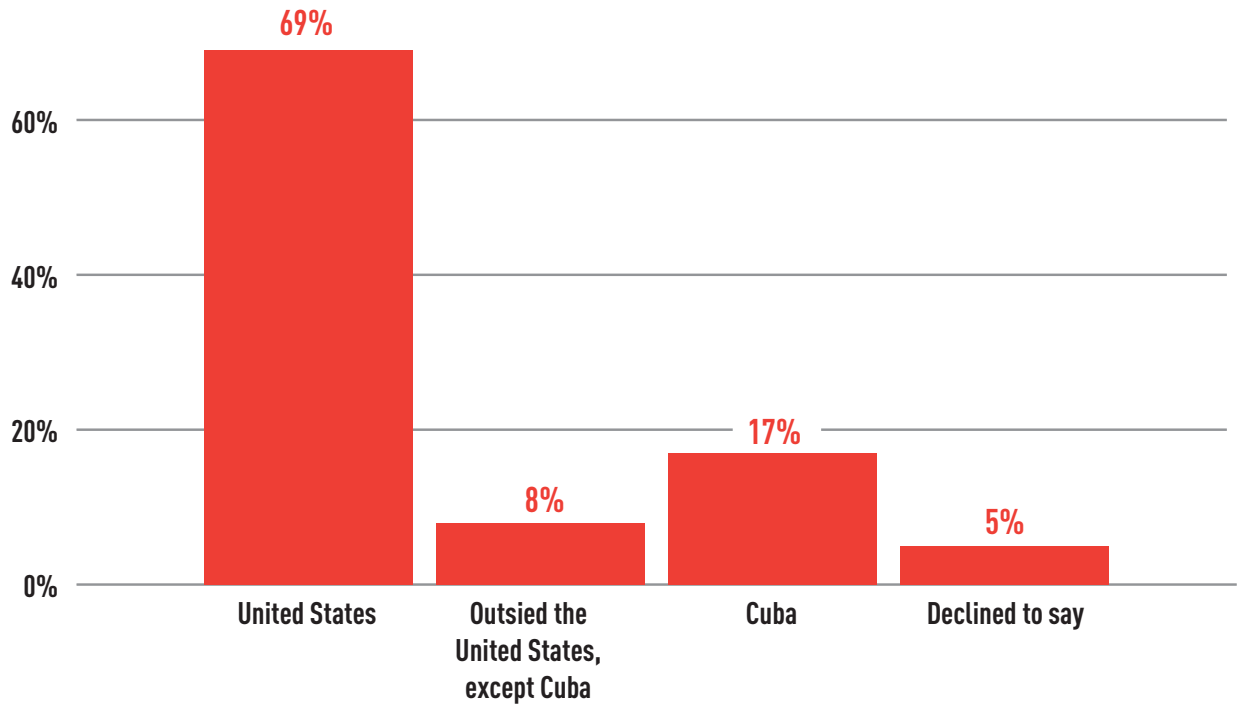
IMMIGRATION

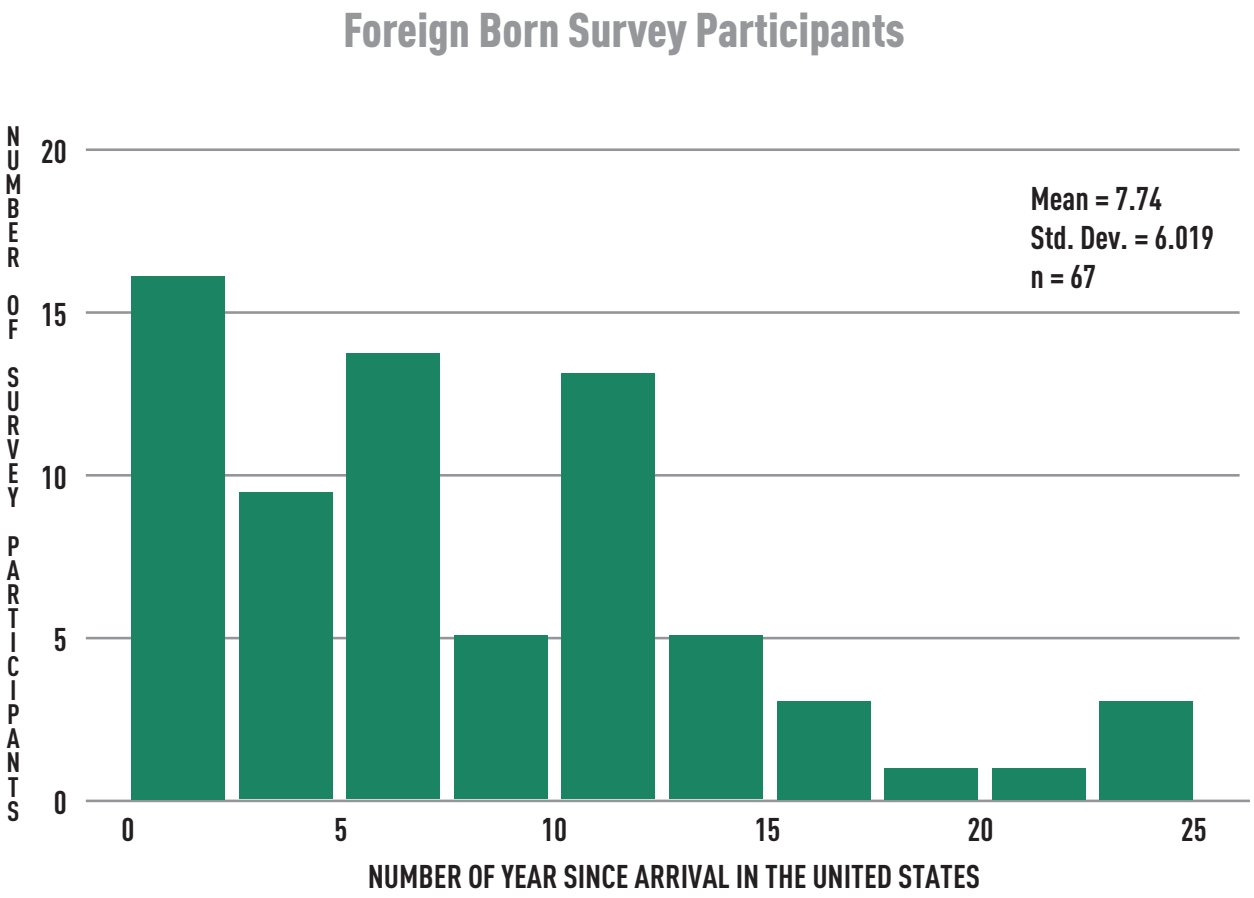
Patterns of immigration demonstrate both wave of recent arrivals and successive "waves." This is consistent with known local migration trends. Immigrants continue to arrive in the Syracuse area from a number of other countries, creating diversity in the community.

The Hispanic/Latino population in the Central New York Region grew to 47,308 in 2010 from 29,878 in 2000.[33] Because non-whites frequently face disparate occupational health outcomes, it is important to be aware of these populations, especially because official government reports do not reflect undocumented workers. In addition, Central New York has experienced an increase in diversity as an active resettlement area for refugees from other nations. In the last decade, Bosnian, Bhutanese-Nepali, Somali, Burmese, Hmong and the Karen people have been arriving, creating diversity in city neighborhoods.[34, 35]

Immigrants are at high risk for occupational injury and illness due to language barriers, cultural differences, and economic hardship. Foreign-born workers (24%) were more likely than native-born employees (16%) to work in service occupations. Production, transportation, farming, construction and maintenance occupations demonstrate similar trends.[36]

Workers who don't possess language proficiency account for 10% of those surveyed and 19% of the surveys were conducted in the Spanish language. One of the bilingual survey team members used her experience with and connections to an informal network of Cuban workers to focus her attention on that group. Survey takers from outside the U.S. were small in number and came from Puerto Rico, Mexico, Dominican Republic, Africa, Ghana, Liberia, Myanmar, Cameroon, Cambodia, Egypt, Germany, Italy, and Israel.

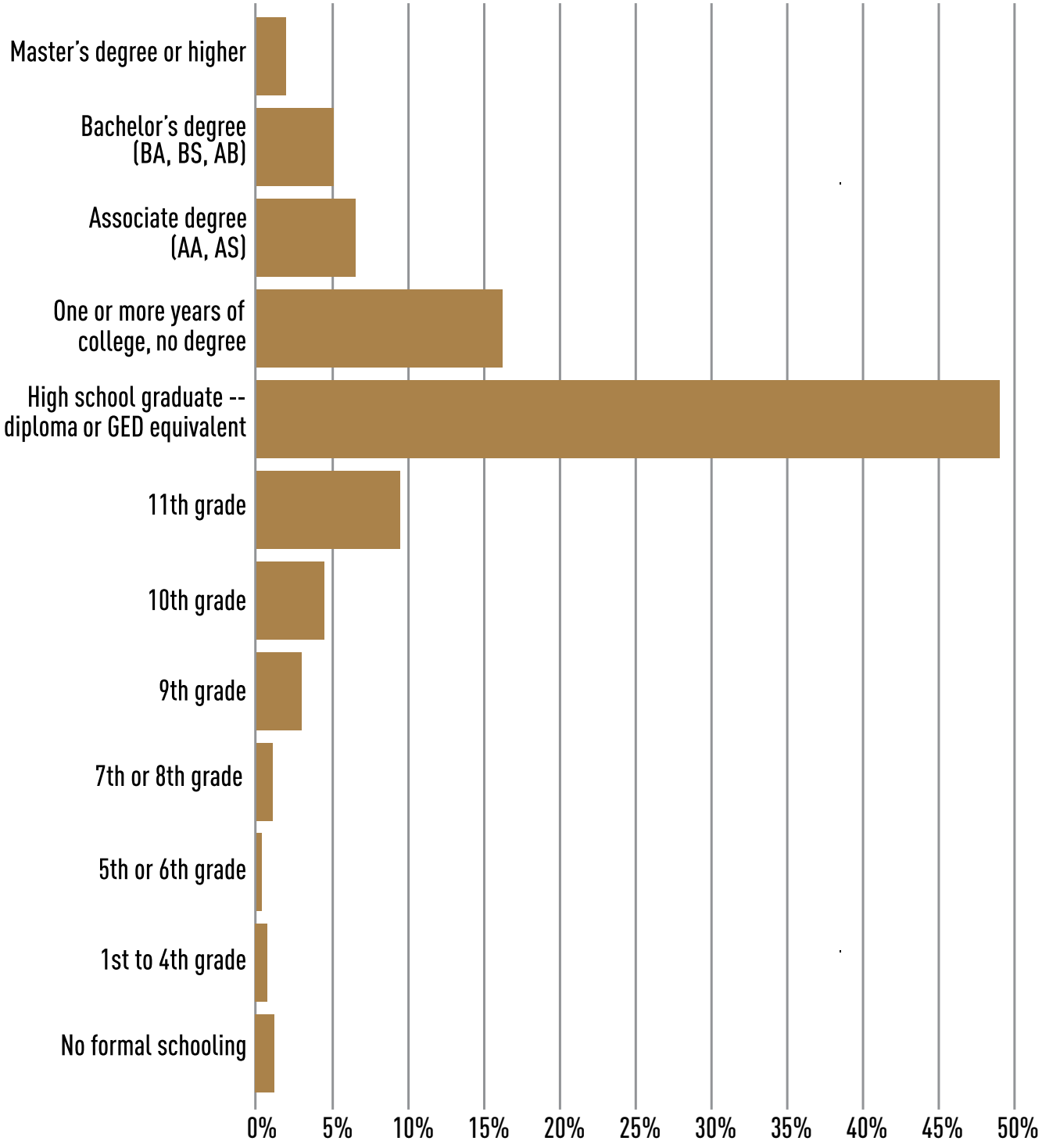




EDUCATION

Education level is correlated with many important aspects of life including the ability to obtain work and achieve maximal well-being. All survey participants were low-wage earners, but their education level varied. The largest percentage (49%) reported high school completion or the equivalent; however 18% had dropped out of high school. On the other hand, 17% of low-wage workers had completed between one and two years of college of specific training, such as a trade school or other vocational preparation. 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.

What is the highest level of education you have completed in the U.S. or abroad?



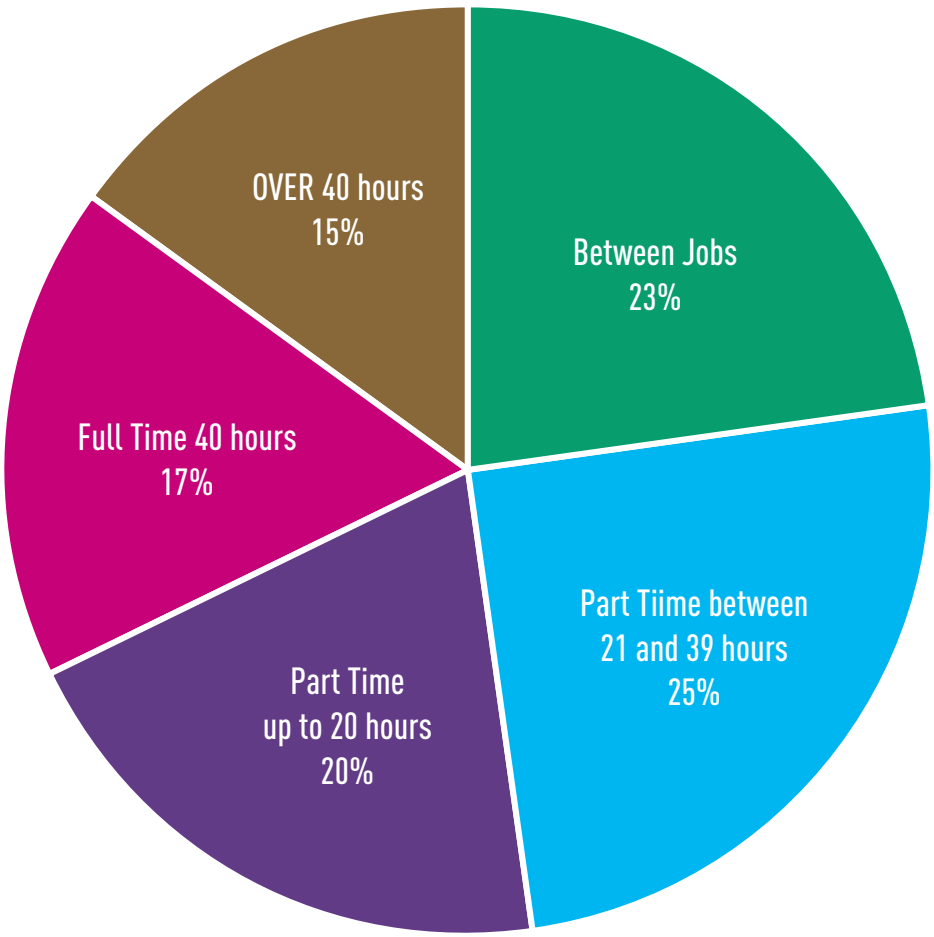
WAGES AND HOURS

What kind of work conditions are the workers experiencing?

Generally speaking, low-wage jobs are characterized by a number of qualities that reflect corporate cost cutting measures. Work arrangements are frequently not full time and without health benefits or other "perks" that constitute full time, permanent employment. Hence, part-time employment and strong prevalence of shift work is not surprising. Only 58% of respondents work only during the day. Some individuals work more than one job and their shifts frequently vary from week to week, which makes scheduling difficult.

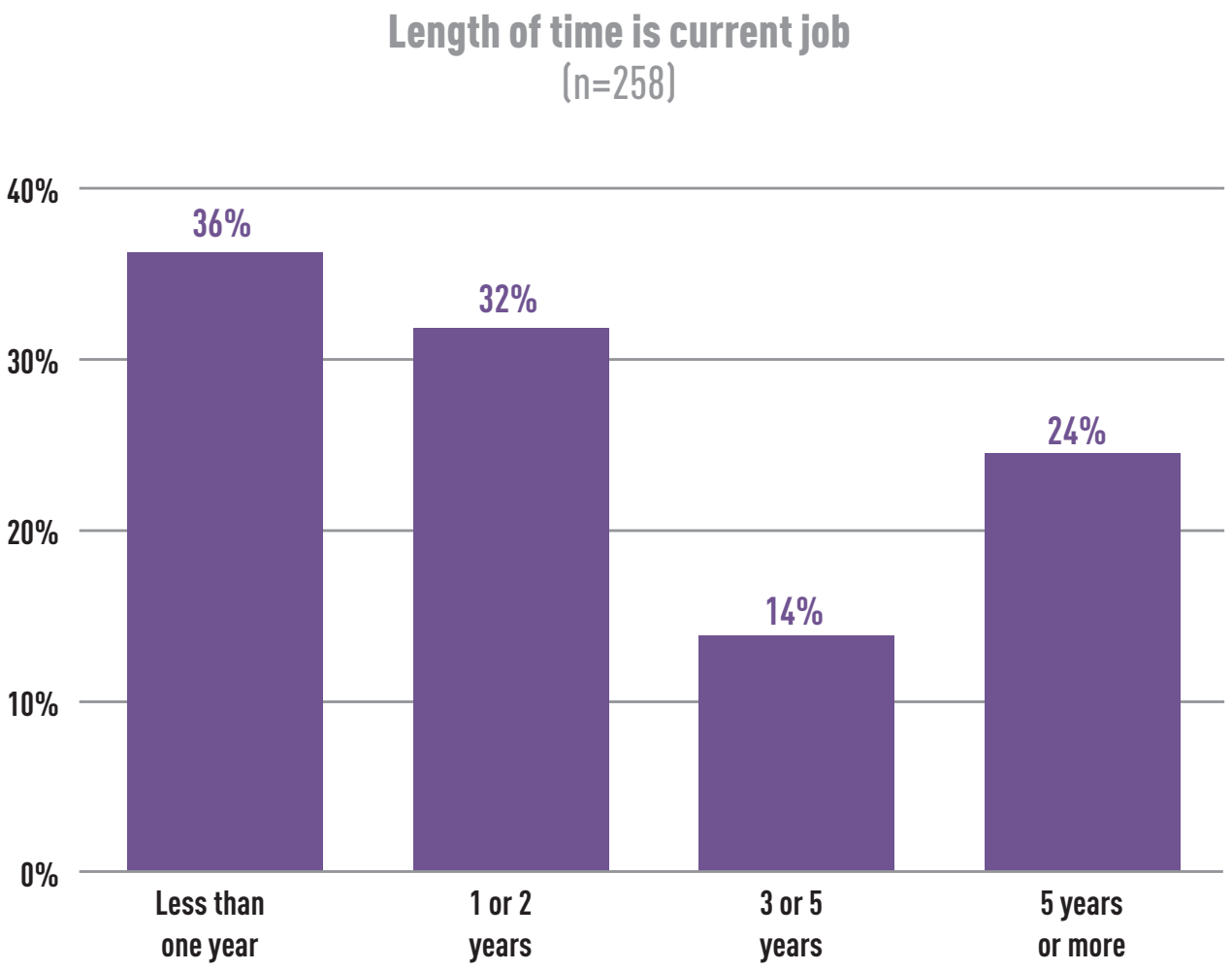
Work Status

How many hours do you work each week?



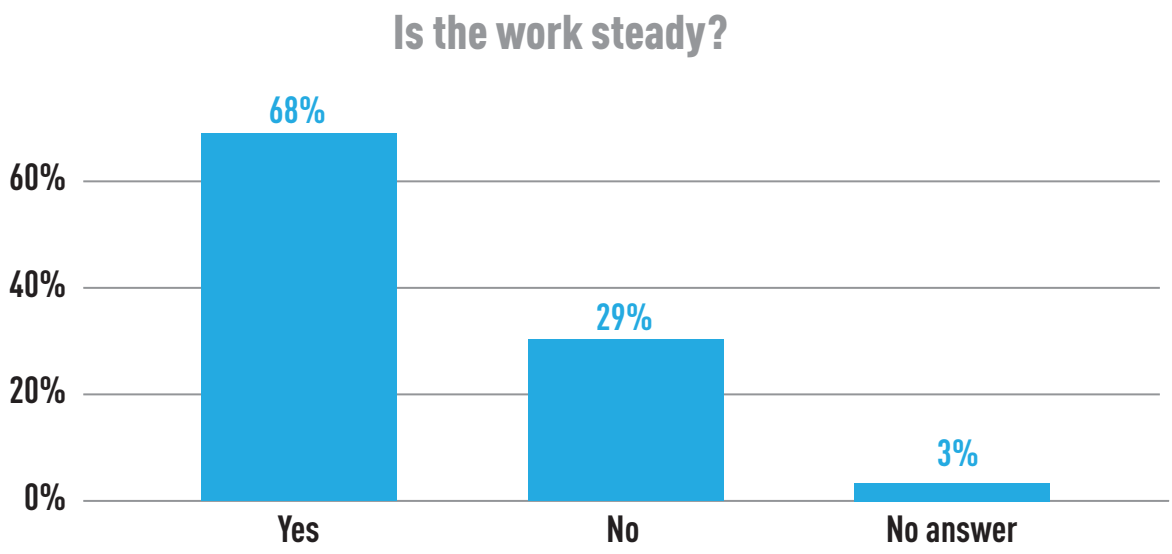
Shift Work		
Days only	161	58%
Shift varies	57	21%
Evenings only	21	8%
Days and evenings	20	7%
Nights only	16	6%
Days and nights	2	1%

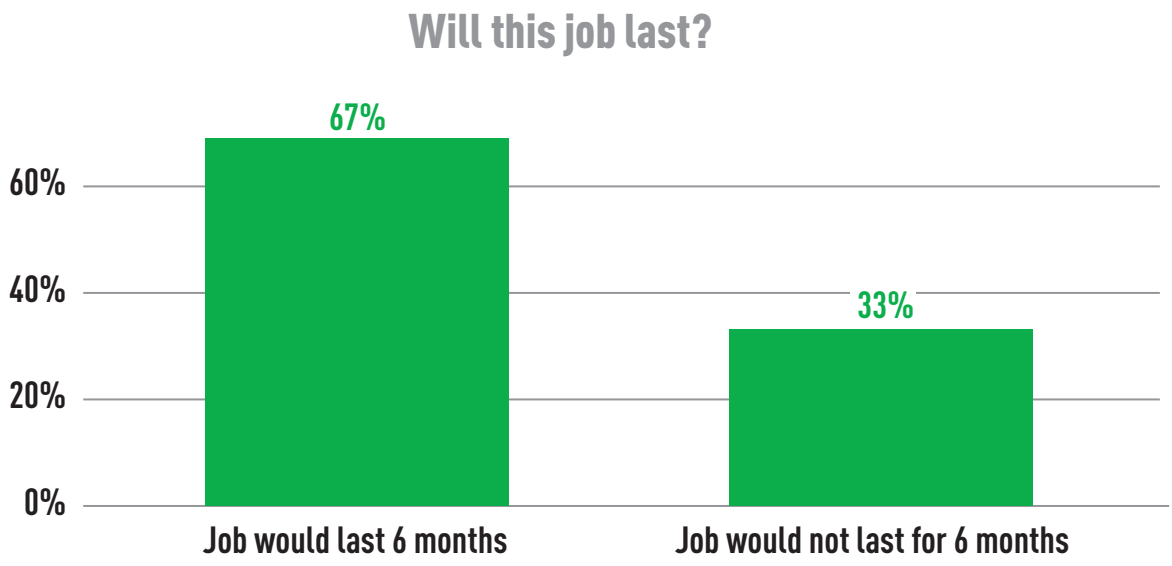
The length of time workers had been employed was short. Relatively few workers were involved in long-term work and the length of time the workers reported to have been working at their current jobs reflects the instability.



Comments about wages

WORKER 'S RESPONSE	OCCUPATION	HOURLY WAGE
I think all minimum wage employees work the hardest for their pay. I really feel no matter what educational background you have...work is work. Minimum wage should be raised to at least $12 an hour nation-wide.	Food service worker in a skilled nursing facility	$8.50
Pay because there is no way of making a decent living for monitors or drivers at this bus year. No reason people should have to live paycheck to paycheck and have to worry about taking a day off because they can't afford to.	Bus monitor	$8.68
Paid vacation/sick days/PTO (paid time off) and all the other benefits that human beings deserve.	Pizza delivery	$7.75





Additionally, when we asked about the steadiness of work (meaning a regular and a predictable number of hours each week), 68% responded positively and 67% felt their job would last six months. One-third of surveyed low-wage workers could not count on their jobs lasting six months. Not surprisingly, those working in nursing homes or driving buses (union jobs in this survey), were far less likely to find their work to be unsteady than those working in fast food operations, for temporary agencies, or those who were obtaining their first jobs after being incarcerated.

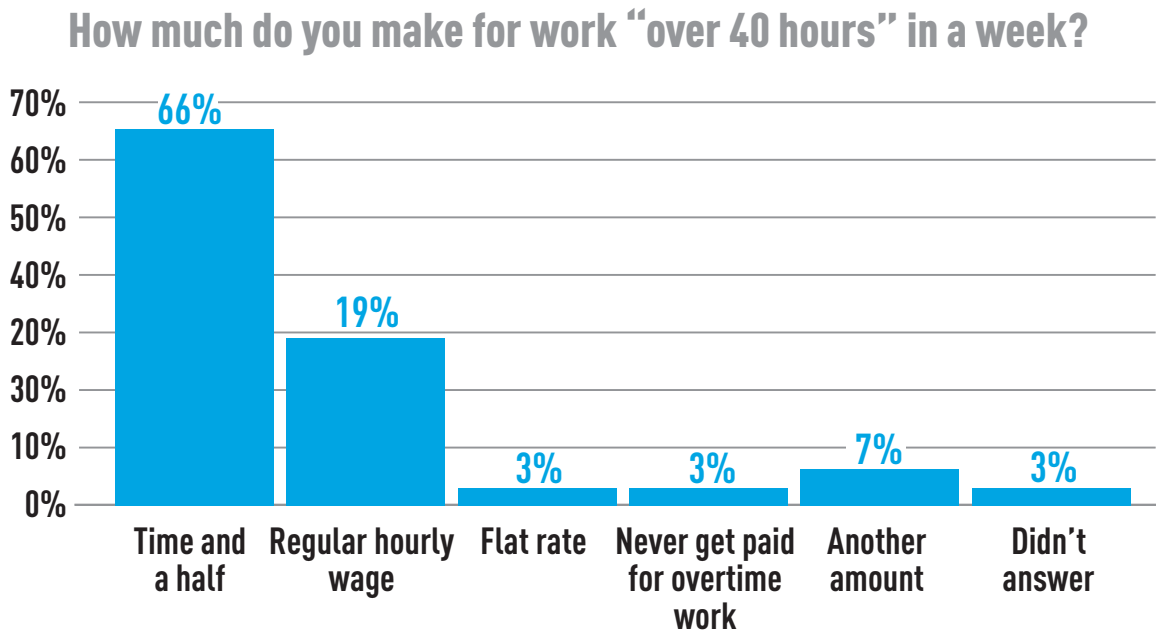
Work in low-wage sectors offer few paths toward increasing job satisfaction through skill building. Almost half the workers report that their current low-wage jobs do not offer enough opportunities for higher education or job training. Over sixty percent report that there is no chance for advancement or promotion.

WAGE THEFT

There are a variety of ways employers take advantage of employees in ways that help their bottom line, but are violations to rights which have been guaranteed to workers in the United States since 1938 by the Fair Labor Standards Act (FLSA). Considered "wage theft," these practices also violate New York State labor laws. Workers were surveyed about a number of employer practices considered wage theft including being:

- Asked to come in early or stay late "off the clock" (15%)
- Required to pay for safety equipment (8%)
- Required to pay for specific transportation (5%)
- Paid less than was agreed upon (5-13%)
- Paid late (13%)

Another aspect of wage theft regarding payment for overtime work was explored in some detail in the survey. Most workers (58%) reported that overtime hours were not offered to them. Of those offered overtime work, 2/3s reported receiving 'time and a half' for working over 40 hours for the same employer in a week. Among the rest, workers reported that their employers often simply pay either the usual rate or some variation on the usual rate plus some token perk for overtime hours. While 19% report that they are paid their regular hourly rate, another 16% report that they either don't get paid for the overtime at all or they are working overtime under some other arrangement. This is consistent with workers reporting (16%), that they are either paid in cash or by both "a check and some cash." Cash and check payments also imply that various taxes and other expenses are not being paid, taking earned Social Security benefits away from workers when they retire.



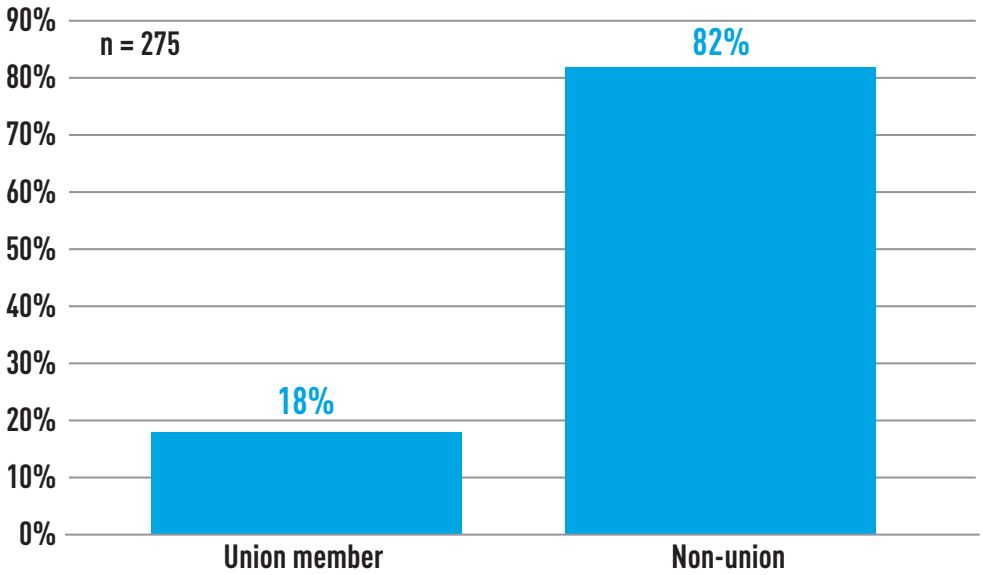
LOW-WAGE UNION WORK?

Union membership and union density has been in persistent decline since at least 1983.37 Until relatively recently, a "good union job" meant significant job security and a way to provide for financial stability over the life course. In recent decades, jobs in unionized industries have been declining while new jobs in expanding industries are not unionized. Especially in the private sector, the only way unions can maintain or increase density is by organizing in large numbers – either by increasing the membership of existing union bases or by forming new unions in non-union work sites. In a sense, they have to run hard just to keep union density in place.[38]

Across the United States the union membership rate is 11.8%, but in New York State the rate is 24.1%. In Syracuse, 19.1% of the workforce is unionized. Because our Project had the assistance of two area unions, we were able to include both union and nonunion low-wage workers. The unionized workers were bus drivers and skilled nursing facility workers. 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. Only 26% of the non-union workforce had ever made such an attempt.

Though union jobs are generally thought of as relatively high paying, the survey highlights the fact that some union members, in fact ,work low paying jobs. The union members in the survey did fare 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. This wage gap of $1.50 per hour varied across some occupational sectors. In some technical and administrative jobs, non-union low-wage workers made more per hour than their union counterparts. Additionally, union members universally reported more confidence their jobs would be secure for more than six months

Union membership (of workers surveyed)

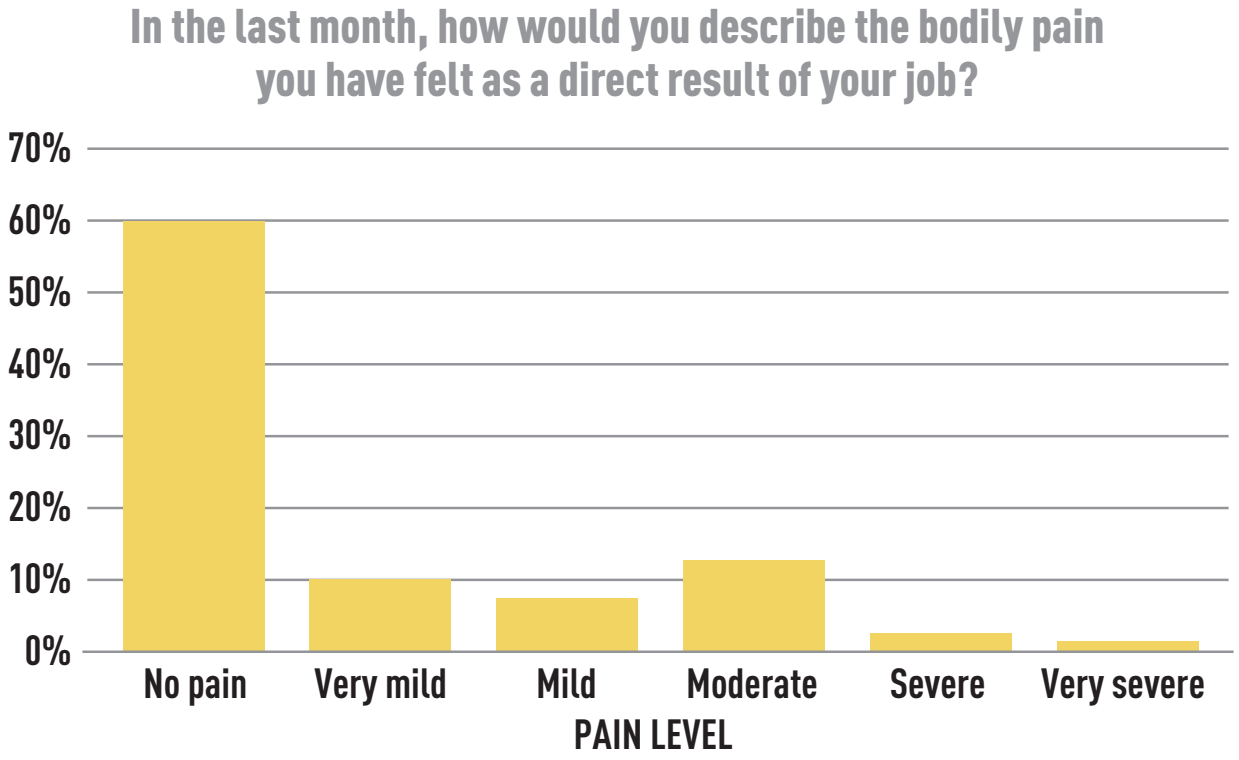


WORK AND HEALTH

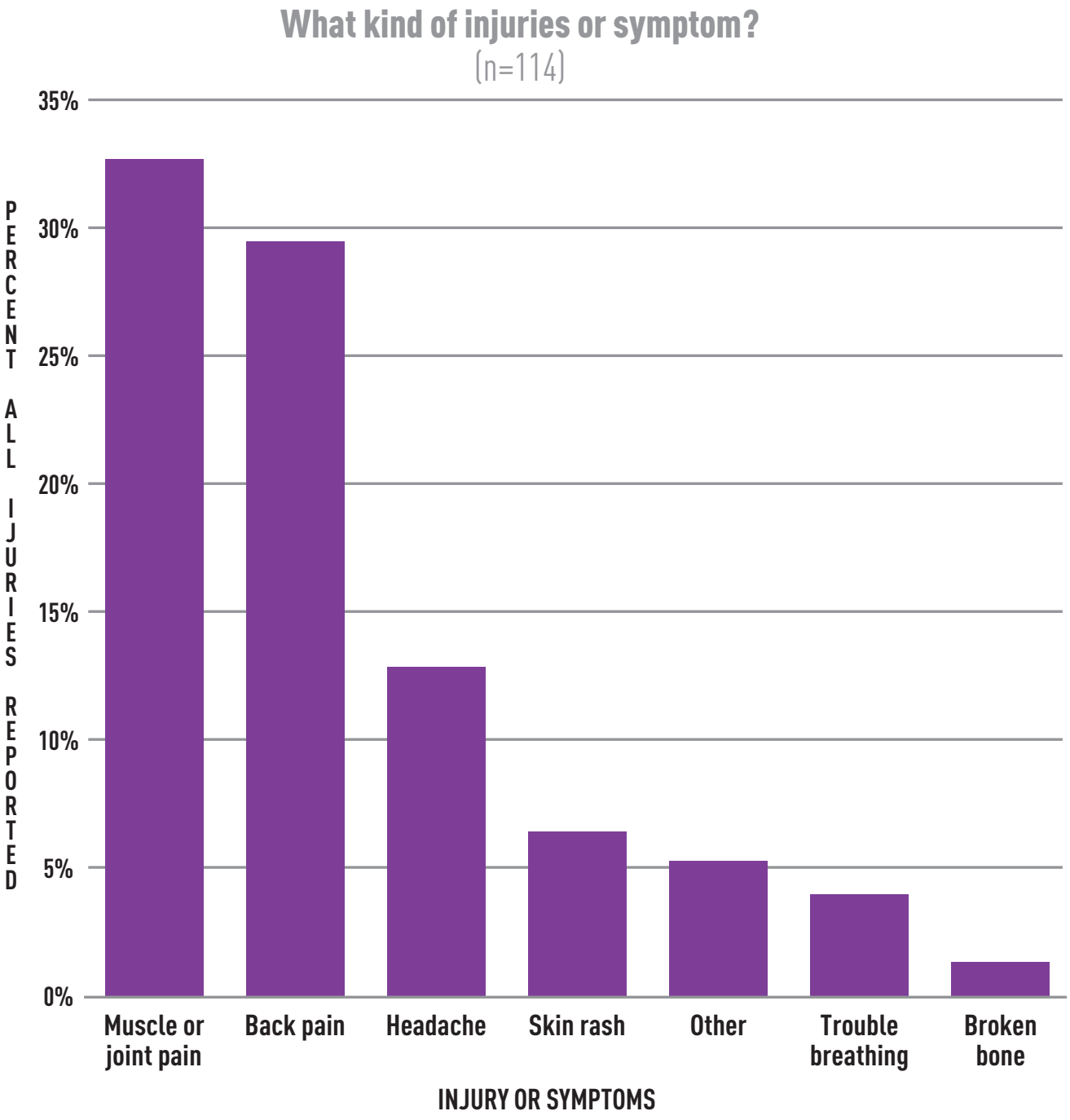
How is work impacting the workers' health?

Symptoms and Injuries

Thirty-eight percent of those surveyed reported experiencing PAIN at work or as the result of work.

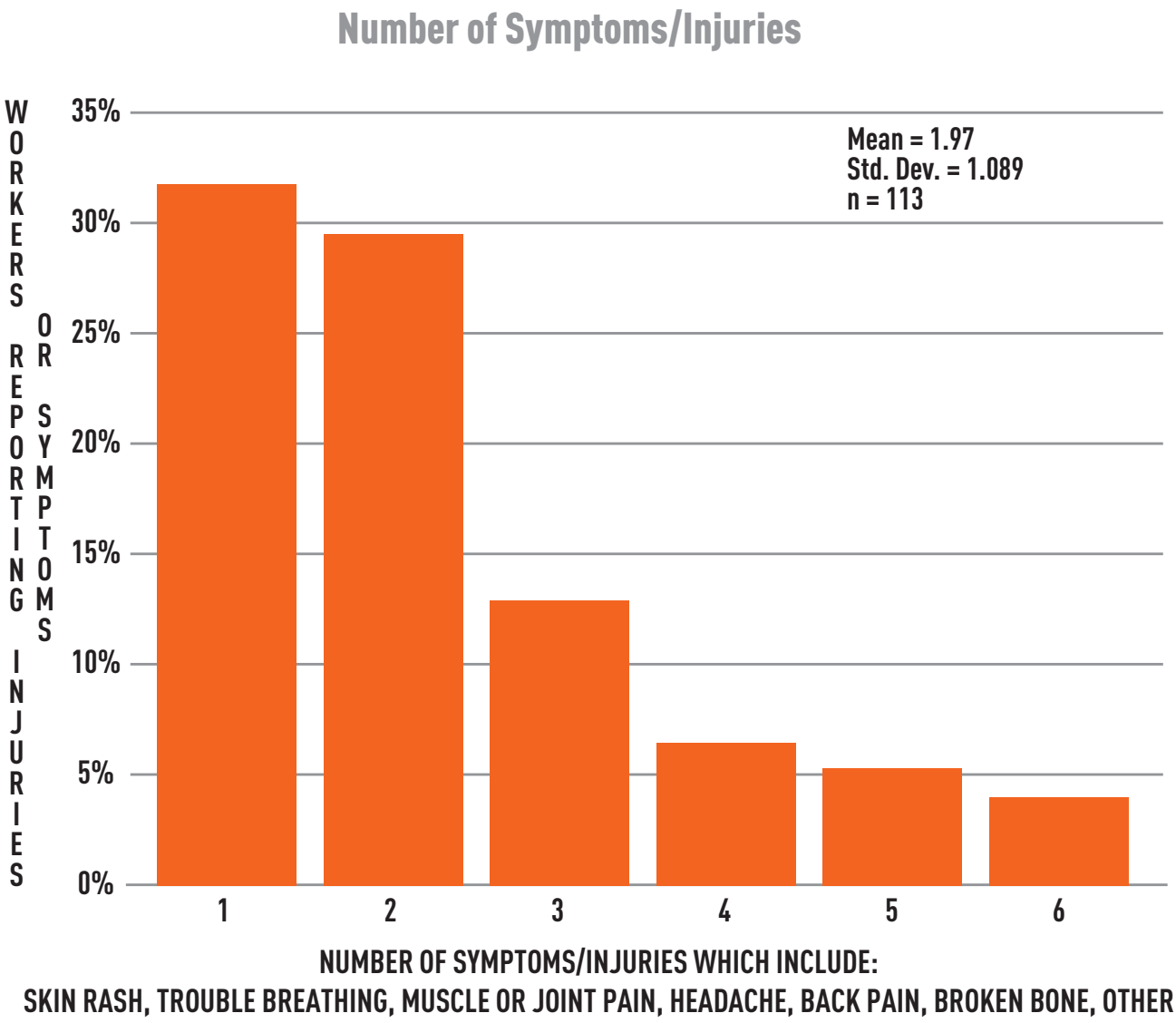


In addition pain workers were asked if they were experiencing symptoms they though were related to their work. They chose from a range of symptoms and they could report multiple symptoms. Forty percent (114) reported one or more work related symptom. The most frequently cited pain was in the muscles or joints. Back pain was so common it was listed separately from other muscle or joint pain. Headaches, skin rashes, broken bones and respiratory problems were reported less frequently.



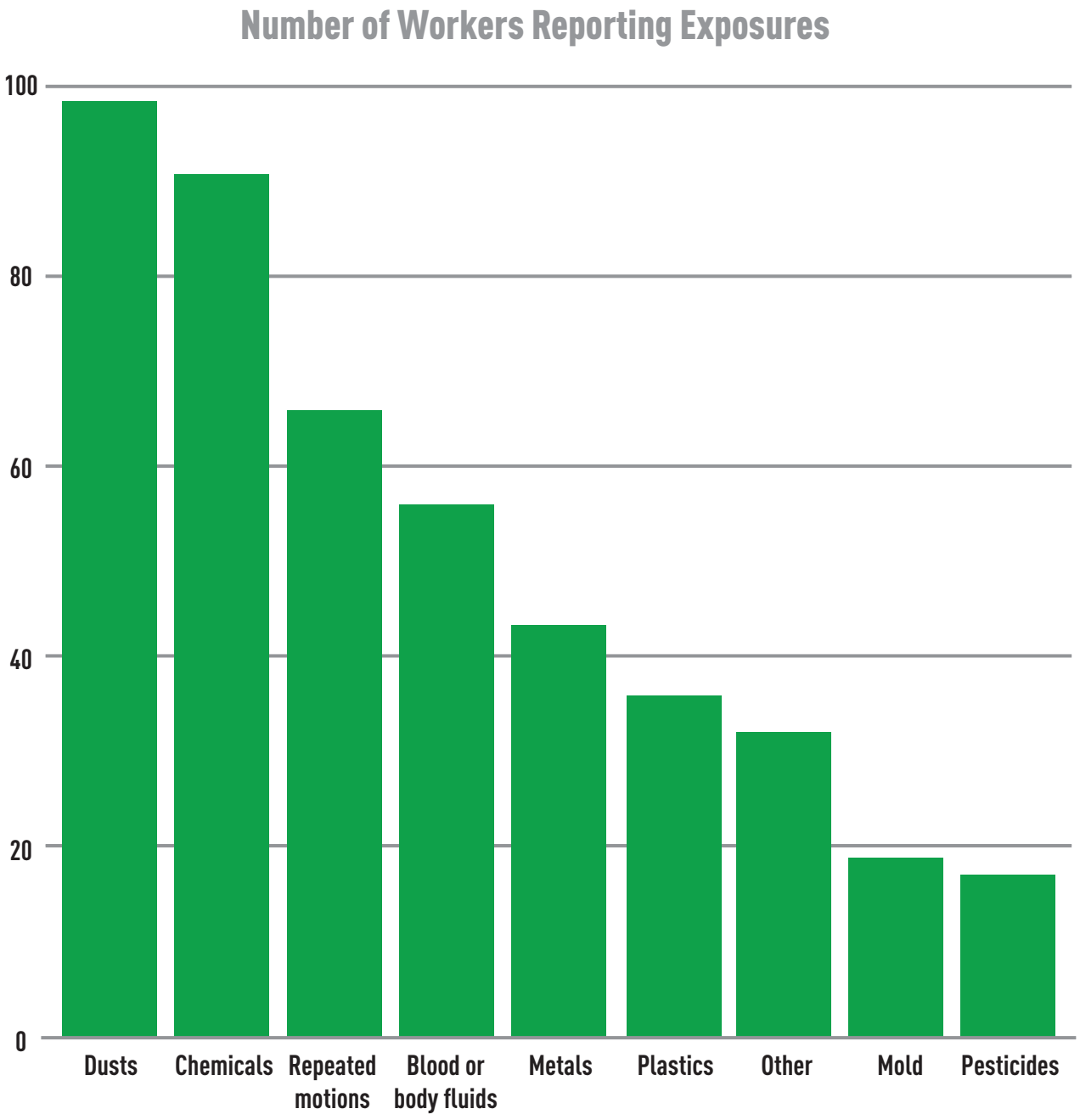
*Survey takers could list more than one kind of injury symptoms **Symptoms experienced at some point in the course of the current job

The number of workers reporting work-related symptoms is impressive. Close to 50% of those who have symptoms report just one, but over 50% are reporting multiple symptoms. Low-wage workers are at high risk for back pain because their occupations expose them to frequent bending and/or twisting, or heavy physical loads, or prolonged sitting. These are common activities for the occupations represented in this study: nurses' aides, drivers, cleaners, installers, stock handlers and construction workers.

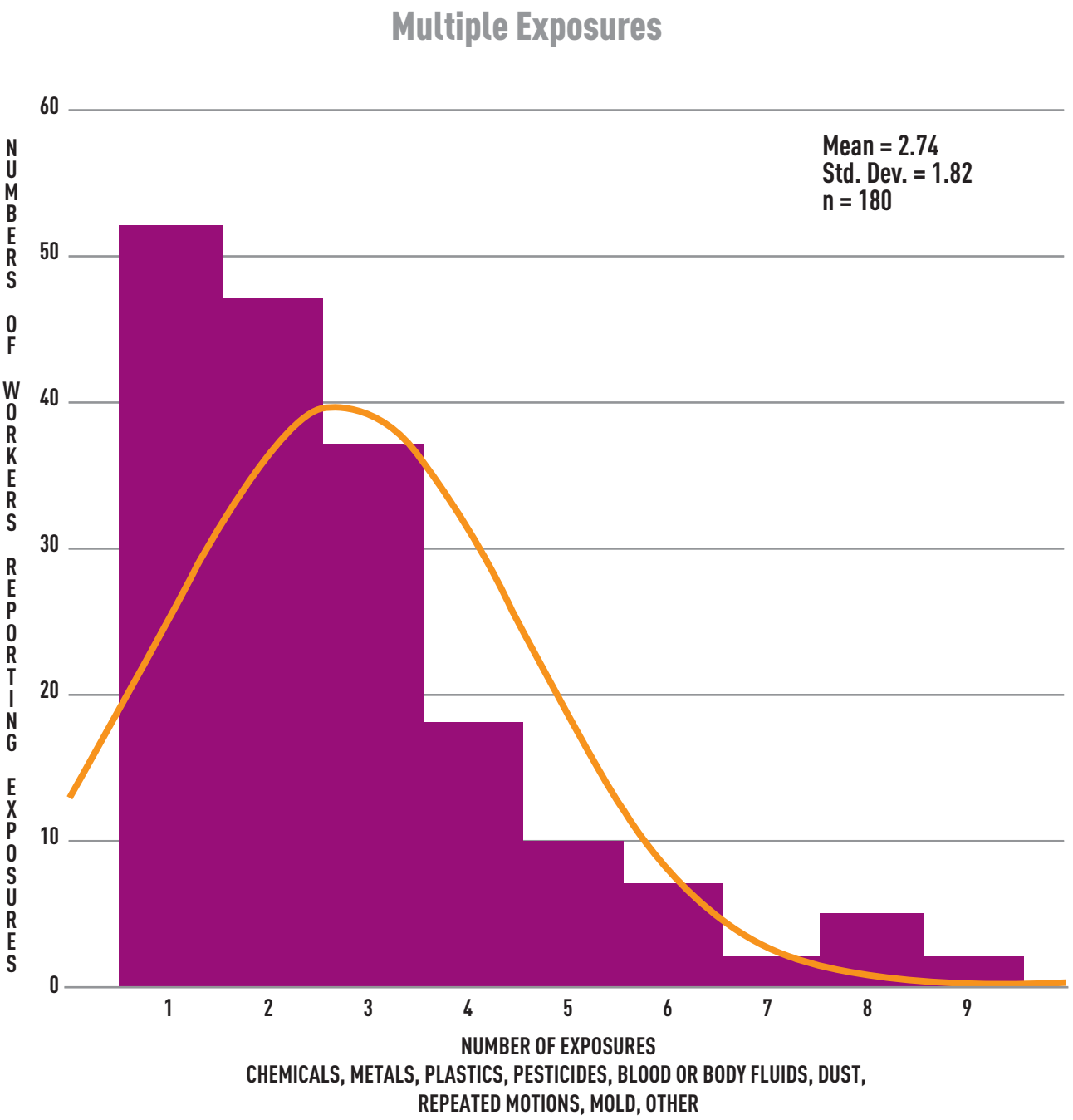


EXPOSURE TO UNSAFE WORKPLACE CONDITIONS

Seventy percent of those surveyed reported at least one hazardous exposure on the job. A wide variety of exposures consistent with low-wage work environments were captured in the survey. Workers most frequently reported exposure to thick dusts, strong vapors, blood and other body fluids, metals, plastics, mold, and pesticides. Repetitive motion was very common. Other exposures included bed-bugs, cleaning supplies, airborne pathogens, broken glass, sharp objects, hot grease, "sharps" (used in medical procedures and often disposed of improperly), noise, fumes, extreme temperatures, and having to work in high places with the serious risk of falling. A few workers report working under high levels of stress as well.



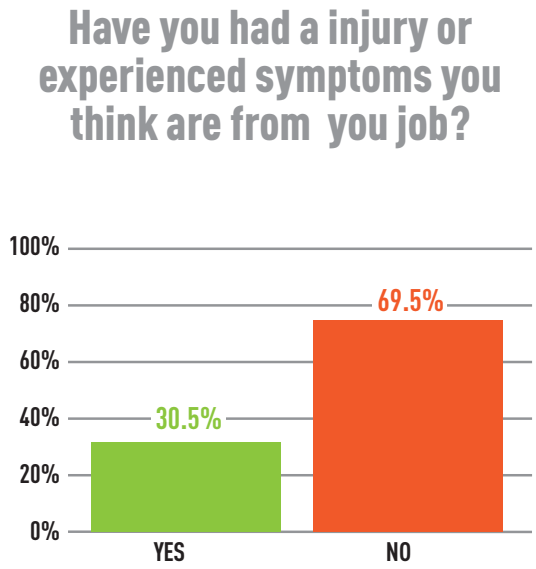
Some workers experience multiple exposures in varying combinations. Repeating motions are frequently seen in combination with one, two, three or four other exposures. Once again, about 50% of workers seem to be dealing with one main exposure while the rest of them are coping with two or more exposures. Relatively fewer workers experience between seven and nine distinct exposures, but these combinations may elevate the risks in complicated ways. In any case, whether the workplace exposure is from a single source or multiple sources, whether the exposures are intense or low level, whether they occur once or over many years – these hazards can be identified, assessed and eliminated or controlled to prevent unnecessary death, injury or illness which may otherwise result.

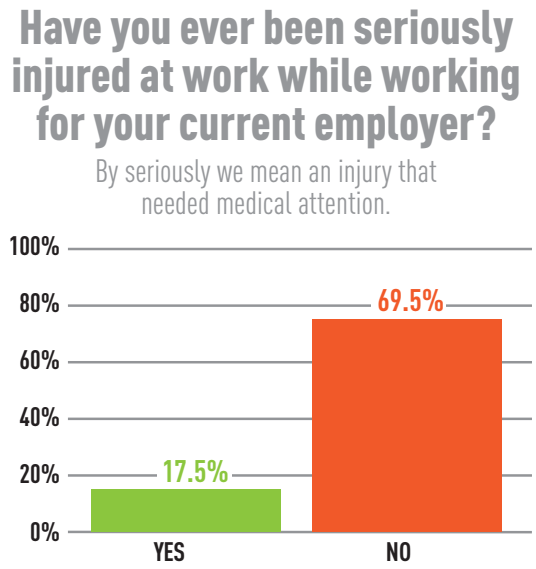


DIFFICULTY ACCESSING HEALTH CARE

Difficulty with decisions about seeking medical care

We assessed injury/illness on two levels. First, we asked generally about symptoms experienced due to work. Later we asked about symptoms severe enough to warrant the attention of a medical professional.





Almost a third of the workers surveyed reported an injury or symptoms that they perceived as work-related, an extremely high rate of injury. Roughly seventeen percent recognized their condition as serious enough to seek medical attention.

There are a number of reasons why workers with symptoms they recognize as work-related may not seek medical care. When symptoms are relatively mild or intermittent and do not interfere with the worker's ability to get through the work day, workers may feel they will go away, or at least are not a serious threat to health. Workers in precarious jobs may feel that calling attention to work-related symptoms could threaten their jobs, so as long as they can muddle through, they will. As noted below, workers may not have health insurance and often do not understand when or how to access Workers' Compensation benefits. Alternatively they may wish to avoid filing a Workers' Compensation claim.

Intervening when symptoms are minor has strong potential to avert some of the consequences of long term disease and disability. When the body is sending mild signals of discomfort, pain or fatigue, preventive efforts can eliminate or reduce suffering that may result from ignoring the problem. These findings demonstrate that low-wage workers may be struggling with decisions about seeking medical care for occupational health concerns.

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. With regard to choice of doctor, just under half reported choosing their physician themselves, while for about a fifth the employer made the choice. A considerable number of workers did not respond to either question making it difficult to assess the extent to which the workers surveyed know their rights to Workers' Compensation and choice of doctor. Nonetheless the available data suggests considerable numbers of workers lack this knowledge.

DIFFICULTY ACCESSING WORKERS' COMPENSATION

Workers in the survey experienced important barriers to appropriate occupational health care. Among those who were seriously injured or made sick on the job who sought medical attention via a clinic or emergency room (n=30), 16 (53.3%) did not file a workers' compensation claim. Since the NYS Workers' Compensation system is the only appropriate way for work-related injuries or illnesses to be paid for, it is very important to understand why injured or sick workers do not file claims.

Many workers don't seek medical care at all. In this survey, of the 48 workers who reported serious workplace injury or illness, only 30 presented in a clinical setting for medical treatment. We specifically queried these 48 workers further about accessing NYS Workers' Compensation. Multiple reasons were allowed. Surveys were administered without pressure on the workers to give answers if they were uncomfortable in doing so. One-third of workers citing "other reasons" declined to specify what they were.

RETALIATION

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 have been disciplined or fired for either bringing up health and safety issues, filing a workers' compensation 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.

PREVENTION

Health and Safety Training

Provision of adequate health and safety training is an important component designed to prevent workplace injury, illness and death. It is in the workers' best interest to obtain good health and safety training and some is required by OSHA regulation.

Results of the survey demonstrate that vital information about risks was frequently not conveyed in language understandable to the worker. Some experienced problems understanding due to the barrier of a foreign language. From among the native speakers of Spanish taking the survey (52 or 19%), 30 (58%) workers reported that they were not offered safety training in a language they understand. Not all language barriers were due to the lack of foreign language translation. Several English speaking workers reported that they had been given technical manuals in scientific language which had no real relevance to the worker's job.

Health and Safety Committees

Health and safety committees are designed to generate solutions to ongoing problems and enhance communication among workers on health and safety issues. As evidenced by the fact that more than half the workers surveyed reported no health and safety committee where they currently work, low-wage workplaces are less likely to have an institutionally established health and safety group of any composition. This leaves issues unaddressed by management and infrequent opportunities for positive, high quality communication about hazards.

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. Only 16% said there was a union based committee, a structure that potentially allows workers a space to more freely air their concerns.

Reducing Hazards

The willingness of workers to attempt to get health and safety problems corrected is an important measure of the potential for prevention. It also reflects worker knowledge about workplace hazards, their rights to have these hazards addressed, their knowledge of resources they can call upon, and the receptiveness of management to communication and to taking action to make the workplace safer. Just over a quarter of those surveyed reported trying to get a health and safety problem corrected at work. The majority talked to their boss about it. Those who sought other means included calling a regulatory agency (9%) or talking to their union (6%). Union members in the survey were more likely to raise health and safety issues in the workplace than non-union workers. Of note is the significant group (14%) that got together with other workers to take action.

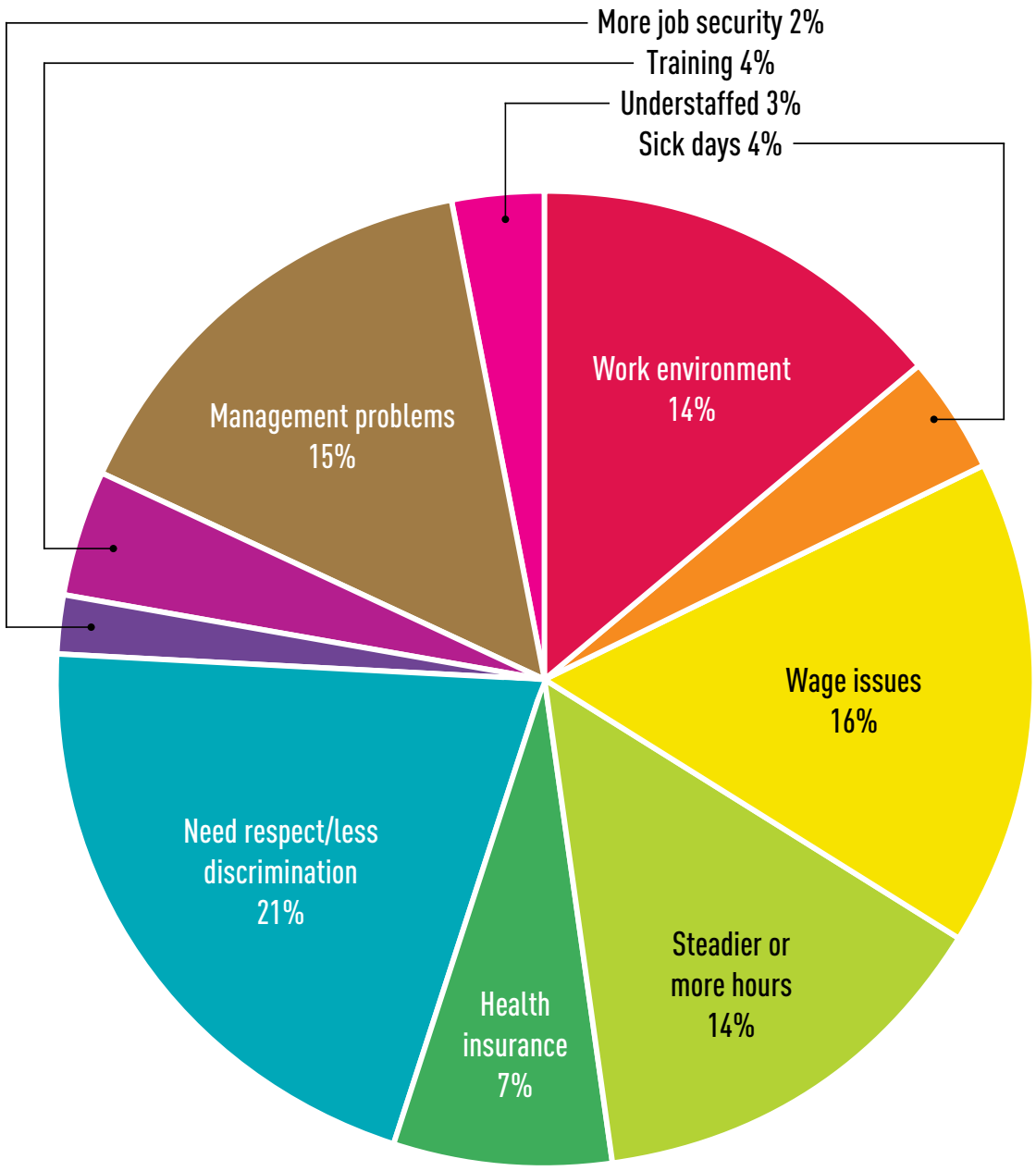
Reasons given by the nearly three quarters who had not taken steps to address workplace hazards included groups who were afraid of retribution by the employer, and those who did not know how to take action.

Clearly there is room for improvement in low-wage workplaces. Many workers seem to find bosses less than approachable and seem to lack specific channels for communication about health and safety issues.

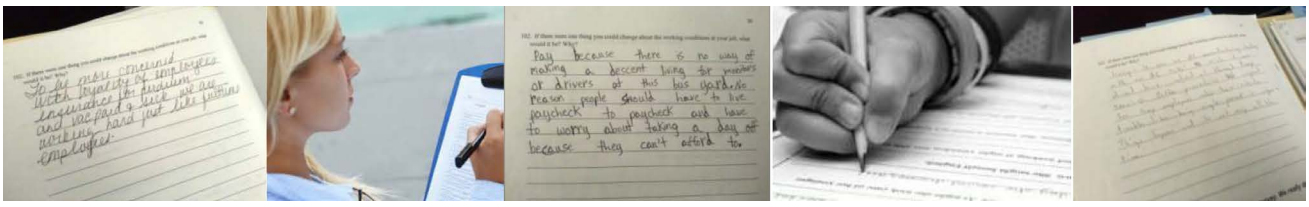
WORKER VOICES

Beginning Conversations about Change

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



Workers' Responses	Occupation	Hourly Wage
I would like to be able to do some sewing.	Industrial laundry worker	$8.64
Salary. Also, we should be paid for work meetings.	Pawn shop attendant	$7.52
More work hours. Usually I only get 4 days' worth of work (20 to 25 hours).	Dish washer	$11.90
(For the employer)To be more concerned with loyalty of employees.Insurance for per diem and vac. paid and sick we are working hard just-like full time employees.	Patient transporter	$9.75
I am very satisfied with the organization I work for. I get paid time off, sick time, vacation time. There is nothing I would change at this time.	Peer mentoring / case management service	$10.00
The hours. I didn't like getting off at 3:30 in the morning.	Cleaner of operating rooms	$12.75
Well to be honest nothing. Only because this wage job is my my 1st job so am new to the rules. I like my job, but I hear co-workers complain about the job, the pay and the breaks so I don't know why yet. I just want my 6 children to see what I am doing and grow up to be dependable working adults.	Sales Associate "runner"	$7.85
Everything is good. I would only like to change my category from "per diem" to full time so I would be eligible for all the benefits (paid sick days, paid vacation days, etc.).	Housekeeping	$10.22
I enjoyed my job very much; the only thing I would change is how I lost my job. I told my boss I was pregnant and the next day I was told to train a new trainee. Somehow $5 came up missing so I lost my job because my register was short. I believe personally it was because I was pregnant. The same thing happened to a woman who worked there for 3 years. She got fired because she trained someone and money came up missing. I believe it was $10 the time for her.	Sales assistant	$8.50
The company is racist. (They) fire all of their African-American employees for slim to none reasons.	Medical assistant	$11.50
I would say the gossiping and favoritism of certain co-workers. It causes problems and hurts peoples' feelings. If you have any issue with another party you should be able to go to that person and try and resolve it. The current issue should be kept between you and that person and not discussed with others who aren't involved.	Wait staff in a coffee shop	$7.50



To have more opportunities to move up and become something more.	Retail/sales associate	$8.07
Respect. Respect is very important for one. If you are not respected it can cause you a lot of problems like low self esteem and stress. And that can cause a lot of effects on your family.	Laborer in a manufacturing environment	$11.00
Right now I haven't thought about what I would like to change.	Housekeeping staff	$7.45
I should be allowed to accept tips -- I have to do it secretly because we are not supposed to.	Car wash worker	$8.00
On the floor we could always use more staff, especially if more than 1 person calls in sick. When we're short-staffed on the floor, problems attending to residents tend to snowball: one crisis can end up creating multi-crises, both physically and emotionally. For example, 2 people are required to lift a patient, but sometimes there's only 1, so that person gets hurt trying to do it alone.	LPN with 22 years in the same job	$17.49
Being pressured to work so many hours and being pressured to work harder because I was young and healthy, I left that job to preserve my health. I worried I would end up like the boss, an angry man who has severe back pain and drinks to cope.	Custodian	$10.00
Find an easier job, something not so physical or dangerous.	Construction painting/roofing	$12.00

CONCLUSION

Survey Limitations

This survey was relatively detailed and provided valuable information about the working conditions of low-wage workers in the greater Syracuse area. However, this type of survey is quite limited in the sense that it only captures a very small piece of the reality that these workers live everyday on the job. In some important ways it is highly likely that the survey results significantly underestimate the risks to health low-wage workers face in the workplace. The major limitations are detailed below.

The subset of workers we were able to survey are not representative of all low-wage workers in Syracuse. As previously stated, seeking a sample based on the population was not a goal of the Project. This limits our ability to claim that these same conditions exist city-wide. We likely missed important pockets of workers including those who work night shifts and would not be available to participate in the survey.

The length of the survey was, on the one hand, a virtue in that it captured an abundance of information. On the other hand the length was also fatiguing and may have impeded thoughtful or complete answers in some cases, particularly to some of the more open ended questions. Additionally, the surveys were filled out individually, by definition limiting the synergy that can develop in a collective discussion leading to a fuller picture than what individual workers may think of on their own.

Fear of reprisal in the form of workplace retaliation or being fired for raising the issue or filing a complaint or generating a workers compensation claim is widespread. This Project made a strong attempt to gain worker trust in the field, to ensure confidentiality, and provide ways for workers to express their concerns in a manner free from retaliation. We cannot be entirely sure that workers answers weren't given with some concern about their employers learning about their participation. Sometimes workers wish to downplay the hazards they regularly face. The Project's bilingual and culturally sensitive team established a supportive tone, but there were times when workers seemed reticent to say negative things about their employers possibly due to fear of retaliation.

This survey was meant to capture workers' experiences of their workplaces. Clearly there is value in the information they have generated, as their knowledge of the workplace and their health is unique. However, it should be recognized that their knowledge is only partial as well. Workers can be at a disadvantage because their knowledge about specific health hazards may be incomplete. This has special relevance to the recognition of diseases caused by workplace exposures. Musculoskeletal injuries from acute trauma, skin rashes or breathing difficulties from an acute over-exposure are relatively simple to identify. Cause and effect,

however, is not so clear for many occupational diseases. Some, like cancers have long periods, sometimes many years, between the exposure and the disease, making it difficult to recognize the connection. Others, like asthma, are common and can be caused by work and non-work factors. At times, the work factors may be exposures that are long term and not obvious. Other work-related illnesses are manifest in symptoms that can be caused by many different conditions leaving the workplace connection unnoticed. Many hazards workers face are not easily discerned, new hazards are being introduced all the time, and new diseases emerge as a result.

Making sense of a constellation of symptoms can be daunting. The determination of work-relatedness of an illness sometimes requires the advice of a medical specialist who can characterize the symptoms according to the medical and occupational history, while also assessing non-occupational factors. The implication of these related issues is that worker observations would be well complemented by environmental and health assessment carried out by professionals experienced and trained in occupational health.

Summary

275 Central New York workers have confirmed that problems identified nationally associated with low-wage work, are occurring locally.

This Project conducted a survey with 275 low-wage workers by partnering with community organizations and by meeting with small groups in their homes. The surveys demonstrated that low-wage workers experience unstable and unpredictable work lives on many levels. These workers experienced wage theft, reported exposures to hazardous conditions at work, experienced symptoms they recognized as caused by their jobs, and recounted their specific difficulties accessing health care via workers compensation. Opportunities for preventing hazards and illnesses in their workplaces were lacking.

Workers consistently voiced that employers could be doing more to make their workplaces safer and healthier. They called for a return to 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.

This survey is a first step in bringing some of the problems low-wage workers in Greater Syracuse face on the job to light. It has done so by recording responses given by the workers themselves and noting specifics about their work conditions. Finding approaches to resolving these problems requires that this process continue and that workers remain centrally involved.

Too many workers are experiencing the disadvantages of working low paying jobs. With poor advancement opportunities, the available jobs are temporary or part-time and come without the promise of moving into a better job with traditional work arrangements/benefits. In short,

the promise of moving into a better job with traditional work arrangements/benefits. In short, the low-wage jobs force workers to face both economic and emotional destruction with few choices leading to the experience of a middle class life. Instead they are weathering daily vulnerability to occupational injury and illness. They face regular marginalization through "non-standard" pay arrangements and they must remain vigilant about being victimized by various forms of wage theft. Low-wage workers remain at risk for wage and hour violations which perpetuate social injustice and discrimination in the workplace. Low-paying, insecure jobs don't provide a living wage and place this group at risk for deep poverty through accumulating economic disadvantage. The link between low pay, income inequality and poor health is a strong one. As evidenced by the workers participating in this survey work plays a significant role in this link. These kinds of jobs make up an increasing proportion of the US workforce. Workers in these jobs perform many of the tasks essential to the functioning of the national economy.

Next Steps

The Low-Wage Workers' Health Project remains committed to deepening our understanding of these problems by strengthening our relationships low-wage workers. We intend to build on the foundation and clarity of these 275 workers' voices and to learn more directly about challenges workers posed in the survey. Specific industries will be targeted in-depth. The Project will continue to work with community partners to envision and stimulate workplace, social, legal and political changes necessary to reduce risks to occupational health and improve the quality of work-life in Central New York.

With workers remaining at the core of creating and developing solutions, the Project will continue to work with community partners to stimulate social, legal and political changes necessary to reduce risks to occupational health and improve the quality of work-life in Central New York.

Our survey provides data useful for efforts to move toward longer term goals including:

- **the prevention of occupational illness and injury for "at risk" workers**
- **an increase in health care access for excluded workers, including occupational health services**
- **an improvement in personal financial conditions for low-wage workers in our region**
- **the promotion of better work statuses, arrangements, and conditions in our region**

ACKNOWLEDGEMENTS

First of all, we thank the 275 men and women in our community who took the time to interact with our team, answer the questions on our survey, and share their local work-related experiences with us.

We thank the agency executives and community leaders who caught our vision for the Project so clearly that they immediately set up the connections to people in their spheres of influence who could best speak to our questions. These local leaders recognized the negative impact of low–wage work on community health and championed our work within their own organizations. In every case they facilitated friendly and open access with expediency. (Appendix A)

We thank our student interns who not only labored with diligence, but more importantly gave heart and soul to the project as they became involved in the importance of capturing knowledge only the workers themselves possess. We relied on **Barbara Schloss, Natalia Manetti-Lax** and **James Cochran** for extraordinary effort in carrying out interpersonal interactions, often bilingual, in urban locations. They also paid close attention to the details of data entry and early analysis. The quality of their work and dedication was crucial to the Project.

We thank **David VanArsdale, PhD** and **Gretchen Purser, PhD** for their detailed editing suggestions and valuable insight given throughout the project.

We thank **Patricia Rector**, Outreach and Education Director for the Occupational Health Clinical Center, for sharing her extensive professional network in order to link the **Low-Wage Workers' Health Project** with community leaders who could move the project goals forward. She energized our activities with quick connection to responsive community leaders at critical junctures.

We thank the staff and management of both the Workforce Development Institute **(Mary Mott)**, and the Occupational Health Clinical Center **(Antoinette Longo, Ana Manning, Robin Blue-Laneaux, and Tina Krishock).**

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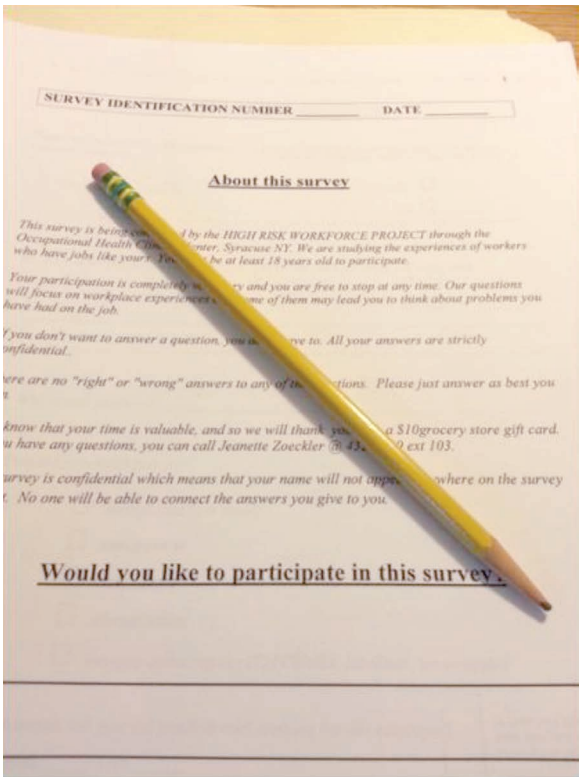
APPENDIX A

Methodology

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 (n = 275). Efforts were made to access workers who are known to be especially vulnerable to exploitation and danger on the job. We focused on including minorities, refugees and formerly incarcerated people. As an exploration into our community using this approach adds value to our knowledge about workers because of the direct access to hard-to- reach populations gained. 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 help us reach out to them, and assist us with the collection of data. After the survey was designed, an outreach campaign was conducted by the project manager, OHCC outreach director and three bilingual summer college interns.

In order to engage new partnerships or renew existing relationships, we contacted over 40 local agencies by phone and in person. Ultimately, arrangements to survey groups of workers were made through 20+ community based organizations (including unions) with which we established successful relationships. We completed the 275 surveys between June 22nd and August 15th.

Each Worker who participated was given a ten dollar gift card to a local grocery store. Almost all of the funding for the gift cards, and the salary for a part-time intern for the Project were provided by the Workforce Development Institute. The Occupational Health Clinical Center also provided funding and significant staff time was devoted to the Project.

APPENDIX B

Community Partners

Workforce Development Institute

SEIU Local 200United

Plymouth Congregational Church

SUNY Onondaga Community College

Educational Opportunity Center

JOBSPlus!

Center for Community Alternatives

Westside Learning Center

Rescue Mission

First Universalist Church of Central Square

White Branch

Nueva Esperanza

Refugee Assistance Program

InterFaith Works

SEIU 1199 Loretto Learning Center

Center for New Americans

Syracuse Cooperative Federal Credit Union

Somali-Bantu Community Association

Occupational Health Clinical Center
SUNY Upstate Medical University
6712 Brooklawn Parkway
Syracuse, NY 13211

Workforce Development Institute
Central New York
731 James Street
Syracuse, NY 13203

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