

Promoting Healthy Work in the Informal Work Sector: A Health Assessment of Street Vendors in Little Village

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Background

- South Lawndale, known to residents as La Villita, is one of Chicago's 77 community areas with 71,014 residents, 88% of whom are Latino, mostly from Mexico.
- Many residents of La Villita are engaged in Precarious Work (PW), which describes jobs that are insecure, unstable, and uncertain, lack flexibility and control, offer limited social benefits and opportunities for advancement, and provide little protection against discrimination and exploitation. Many residents do not understand or realize how PW negatively affects their mental and physical health.
- Thousands of La Villita residents are employed as street vendors, providing access to healthy foods such as tacos, tamales, fresh fruits and vegetables, and water in the low-income, high-density food desert. Street vendors are an important part of the Little Village culture and community.
- Street vendors have extremely precarious jobs and face disproportionate barriers to health due to their work and social environment, long hours, immigration status, and they often have no alternatives for employment.
- Little research has been done to identify the challenges to health of precarious workers with specific consideration of street vendors.

Aims

This study looks at the experiences of street vendors and explores the following questions:

- How do street vendors perceive their work?
- How do the working conditions of street vendors impact their health?
- What policies and systems can be put in place to promote health in the context of precarious work for street vendors?

Methods

- Using a Community-Based Participatory Research framework, I utilized multiple qualitative methods and mixed-methods designs to collect and analyze the data, including:
- Primary qualitative analysis of data from street vendor focus groups, field notes, observation
 - Secondary qualitative data analysis of prior focus groups with street vendors
 - One-on-one interviews
 - Participant observation with 42 street vendors between February and March 2019
 - Mapping (identification of vendor site and type)
 - Photographs and images

Unique to this work, my scholarship is embedded in being an active community member fighting for justice for worker health.

Results

Figure 1: Qualitative and Quantitative Results from Street Vendor Focus Groups and Observations

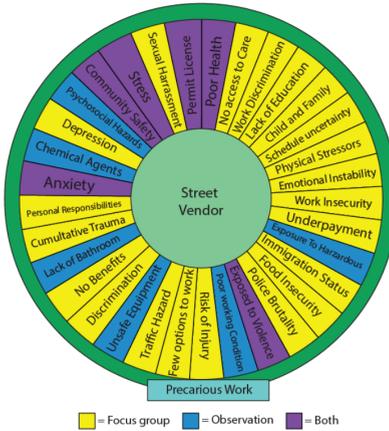
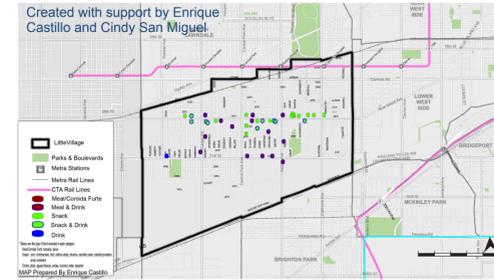
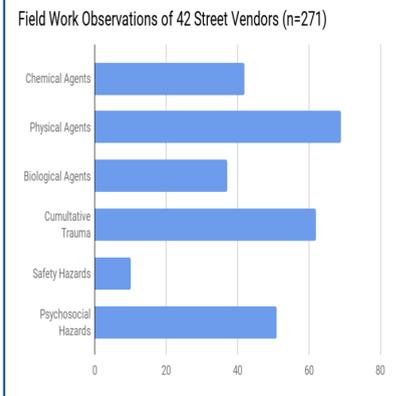


Figure 2: Map of Food Street Vendor Locations and Products in La Villita



Meal	Tamales, tacos
Snacks	corn, chicharrones, fruit, cotton candy, churros, candied yams, candied pumpkin, arroz con leche
Drinks	atole, aguas frescas, sodas, coconut water, tepache

Figure 3: Field Observations from Street Vendor Interactions and Transactions



Health Stressors Identified by Street Vendors in Focus Groups

- **Uncertainty/Insecurity:** There is overall uncertainty and insecurity about a lot of work in many forms.
- **Safety:** For themselves: there is violence in the neighborhood and very little, if any, police intervention. "Crooks will end up back on the street doing the same thing" – Alicia. For their children: Working parents reported worrying about their kids all day, asking "will he be okay?"
- **Employment:** With age and gender discrimination in the factories, workers can not be certain if they will work that day, what their job will be, and what safety equipment and training they will receive.
- **Income:** The nature of working as a street vendor means that income can vary from day to day depending on hours worked, foot traffic, weather, police presence, transportation issues, etc.
- **Immigration Status:** Many street vendors are immigrants, and some are undocumented. The threat of deportation and police activity is always present.
- **Perseverance:** La Villita residents have a strong work ethic, and demonstrate perseverance and determination to succeed and to work and to make a good life.
- **Personal Responsibility:** When asked about barriers, someone said "the barriers are those which you put in front of yourself." Participants also spoke about personal responsibility to teach their kids about health and safety, and often blame themselves for their health issues rather than other structural barriers.
- **Power:** Several times, people mentioned how "no one assumes responsibility" for the community's safety, for injuries at work, for violence, etc., but then they all still assume responsibility for all of the downstream effects of their powerlessness. Documentation status, transportation barriers, and lack of knowledge and information contribute to this.
- **Disconnectedness:** Participants viewed health as the absence of illness and injury, rather than a more holistic understanding that includes the social determinants of health. They also feel disconnected from workers in other communities, and from the rest of Chicago as a whole.



Conclusion

- Street vendors face a wide array of health stressors in their day to day life, including: police/ICE presence, severe weather, customer aggression, neighborhood violence, exposure to toxins and other hazards
- Street vendors lack access to health-promoting resources, including: health insurance, employment protections, paid sick leave, access to bathrooms, mental and clinical healthcare
- Consequences of their precarious employment include: reduced time for self care and family obligations (including child/elder care), lack of upward mobility, income volatility, anxiety about covering expenses and basic needs

Limitations

- Data was collected during winter months and vendors change seasonally. Now that it is warmer weather, I do not see as many tamale vendors and more ice cream vendors, which were not represented in my sample.
- Almost no pre-existing data on street vendors exist because this is a transient population. You have to be a trusted and integral community member to gain to access street vendors.

Recommendations

The future direction of this work is to incorporate policy and new law to support the health of precarious workers. With the work being inclusive to promote health equity, human rights, reducing worker discrimination, and raising awareness of street vendors. Future research must develop critical educational interventions. Future research should quantify how large the informal sector is as well as identify interventions aligned with themes above. A possible recommendation would be community-based participatory research using photovoice as a means to gather narratives and change the direction of research.

References

1. Chicago Health Atlas: South Lawndale (2019) South Lawndale Demographics. <https://www.chicagohealthatlas.org/community-areas/south-lawndale>
2. Benach, J., Vives, A., Tarafa, G., Delclos, C., & Muntaner, C. (2016). What should we know about precarious employment and health in 2025? Framing the agenda for the next decade of research. *International journal of epidemiology*, 45(1), 232-238.
3. Wallerstein, N., & Duran, B. (2003). The conceptual, historical, and practice roots of community based participatory research and related participatory traditions. *Community-based participatory research for health*, 27-52.
4. Caldwell, W. B., Reyes, A. G., Rowe, Z., Weinert, J., & Israel, B. A. (2015). Community Partner Perspectives on Benefits, Challenges, Facilitating Factors, and Lessons Learned from Community-Based Participatory Research Partnerships in Detroit. *Progress in community health partnerships: research, education, and action*, 9(2), 299-311.

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