



A Systematic Analysis of Census and Labor Data to Create a Community Profile of Work

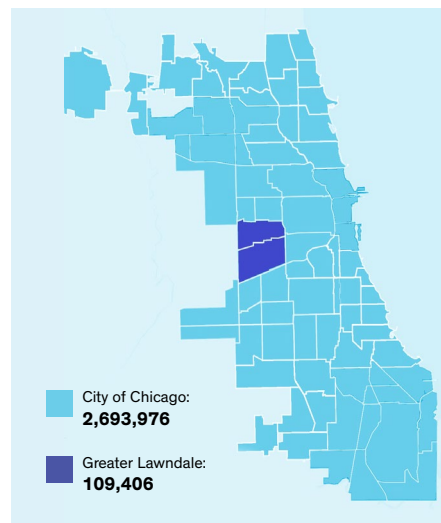


What is the issue?

North Lawndale and Little Village are two neighborhoods in the Greater Lawndale (GL) area that are racially/ethnically diverse and historically segregated. These two neighborhoods have many individuals who are engaged in non-standard work arrangements associated with lack of benefits, low wages, and unstable employment with little to no safety regulation. They are largely unprotected by standard labor laws and employee rights.

This community profile of work in the GL area of Chicago, Illinois, uses publicly available data to supplement the Greater Lawndale Healthy Work (GLHW) Project and to describe the risk associated with industry and occupation of the workers in these neighborhoods.

Figure 1 Population Size for City of Chicago and Greater Lawndale



What was done?

- 1 A descriptive demographic profile was developed for North Lawndale and Little Village using data from the American Community Survey (ACS) of the US Census. Data for the City of Chicago were also compiled as a comparison with GL.
- 2 Survey of Occupational Injuries and Illnesses (SOII) and Census of Fatal Occupational Injuries (CFOI) data were used to develop employment, work profile and occupational risk characterization for these neighborhoods.

Who created this research brief?

The GLHW Project from the UIC Center for Healthy Work, a Center of Excellence for Total Worker Health®, is a community-based participatory research project in partnership with North Lawndale and Little Village (together forming the GL area) and the University of Illinois Chicago School of Public Health.

What was found?

- Individuals in GL report a higher proportion of employment in low-wage jobs which require less formal educational qualifications compared to the City of Chicago.
- In comparison to the Chicago population, individuals in GL have less formal education. The highest level of education for 29.4% of the GL population is a high school degree or similar. When education level and individual earnings were considered, on average, individuals in the City of Chicago earn more money across all levels of education.
- Individuals of North Lawndale are mostly employed in retail trade, healthcare, and social assistance.
- Individuals of Little Village are mainly employed in manufacturing, accommodation and food services, administrative support and waste management.
- 80% of these jobs are in the private sector and more than 20% do not have any health insurance coverage. Compared to the City of Chicago, individual and household earnings were substantially lower for GL. The distribution of household income is comparable between the two neighborhoods in GL.
- Higher proportions of individuals of GL were below the poverty line compared to individuals in the City of Chicago, even when they worked full time.

Figure 2 Industry by Percent for City of Chicago, North Lawndale and Little Village

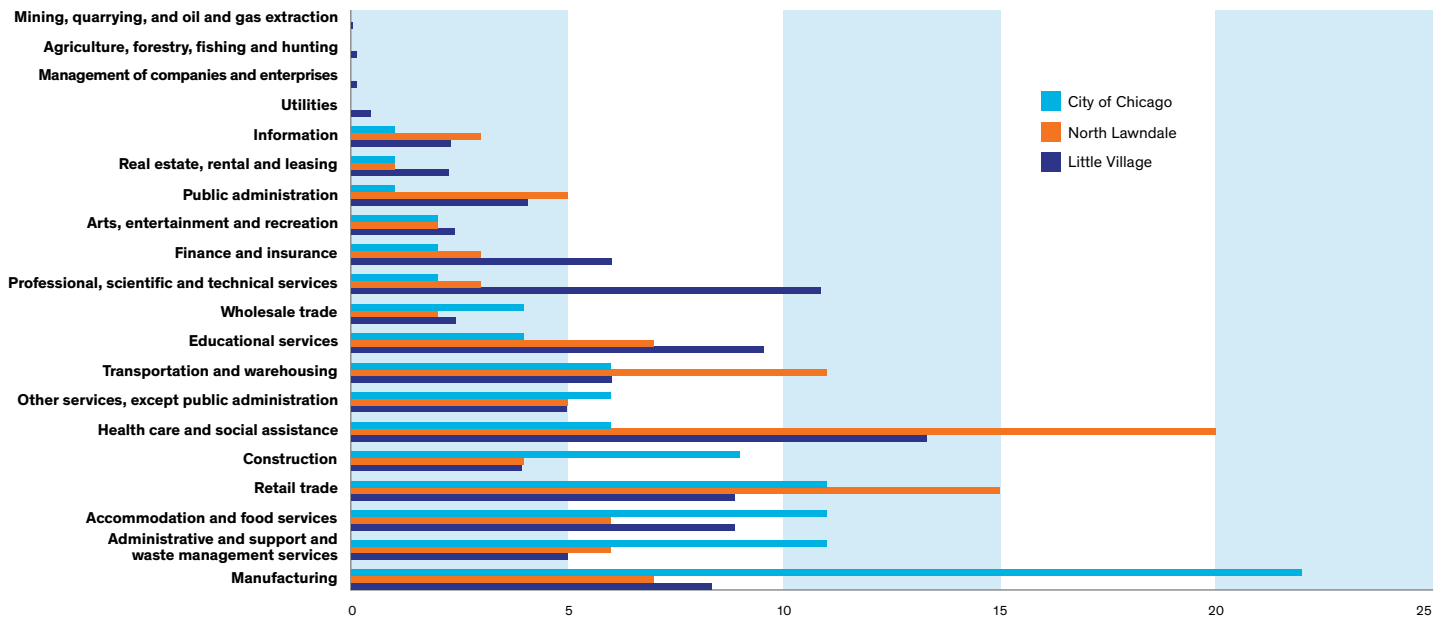
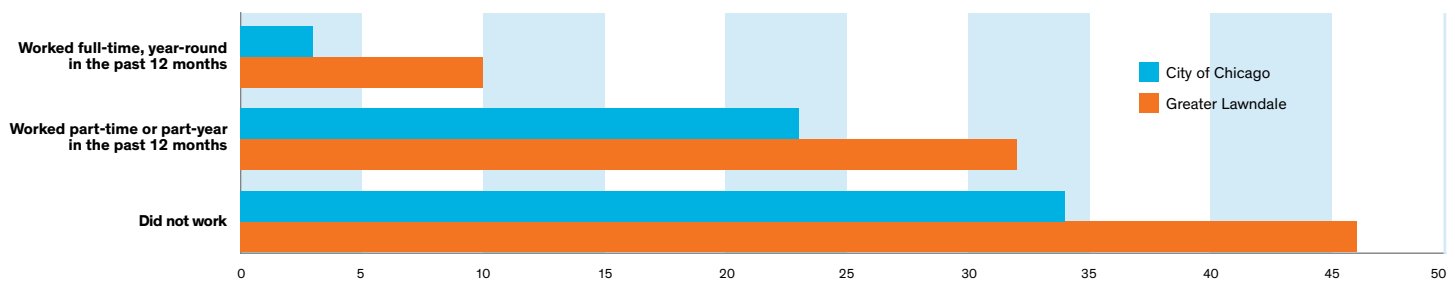


Figure 3 Percent of Population Below the Poverty Line in the Past 12 Months by Work Experience for the City of Chicago and Greater Lawndale



What does this mean and for whom?



Overall, GL is in a systemically disadvantaged position in comparison to the City of Chicago. While almost 100% of the individuals of North Lawndale are U.S. citizens, 29% of the individuals of Little Village are not. More than half of the population in GL are Latine and live in Little Village. Lack of access to education, citizenship status and language differences are barriers to obtaining healthy work. These disadvantages suggest that the opportunity for advancement is limited in an exploitative capitalistic system. Additionally, low-wage jobs are associated with increased risk of occupational injury and illness, which can be devastating to a worker and their family, particularly if they are already facing poverty. The lack of opportunity for healthy work that is—safe, stable, pays a fair wage, allows workers to have a voice, offers benefits, allows time for family, friends, and community—hinders an individual's access to basic resources such as food, housing and other resources that may help them obtain healthy work. This continuous cycle of work influencing opportunity has consequences for the health of workers and communities, which needs to be transformed because **everyone deserves healthy work.**

References: Bureau of Labor Statistics. (2018). Census of Fatal Occupational Injuries (CFOI) - Current and Revised Data. Retrieved May 2019, from <https://www.bls.gov/iif/oshcfoi1.htm#MSA> • Bureau of Labor Statistics. (2018) Industry Injury and Illness Data. Retrieved May 2019, from <https://www.bls.gov/iif/oshsum.htm> • Lawson, Morgan. (2017). A Systematic Analysis of Census and Labor Data to Create a Community Profile of Work [Unpublished Master's Thesis]. University of Illinois Chicago. • United States Census Bureau. (2017). American Community Survey. 5 Year Estimates. Retrieved May 2019, from: <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

For more information:

-  healthywork.uic.edu
-  healthywork@uic.edu
-  **312-996-2583**

Funding for this project was through the University of Illinois Chicago Center for Healthy Work, a National Institute for Occupational Safety and Health Total Worker Health® Center of Excellence (Grant: U19OH010154). The views expressed in written materials do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Total Worker Health® is a registered trademark of the U.S. Department of Health and Human Services (HHS). Participation by the UIC Center for Healthy Work does not imply endorsement by HHS, the Centers for Disease Control and Prevention, or the National Institute for Occupational Safety and Health.