



RESEARCH BRIEF:

Work as a Social Determinant of Health:

A landscape assessment of employers in two historically disinvested urban communities

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A message from our team

While this study was completed before COVID-19, the pandemic has intensified precarious work situations, as circumstances for workers already facing unstable and uncertain working conditions have worsened. The pandemic has increased the magnitude of workers experiencing low wages, lack of benefits, unstable working conditions and unprotected labor rights, highlighting the connection between work and health. It can also be expected that small businesses originally inventoried in the study did not survive the devastating economic impact of COVID-19. Pre-existent high rates of unemployment and economic hardship in communities like Chicago's North Lawndale and Little Village have been exacerbated since the start of the pandemic. Small businesses have struggled to keep their doors open. To make matters worse, precarious workers, often lacking paid sick leave, health insurance and childcare benefits are forced to work through the pandemic, risking the health of themselves and their families. As a result, these communities have been disproportionately impacted by the pandemic. The City of Chicago identified North Lawndale and Little Village as two of the communities at highest-risk for contracting COVID-19. Latine communities have the highest rate of COVID-19 cases in Chicago, followed by African-Americans, who also have the highest rate of COVID-19 deaths (City of Chicago, 2021).

The need to integrate work into community health assessments (CHA) has never been more evident.

What is the issue?

Work is a social determinant of health (SDOH) and shapes an individual's ability to be safe and healthy. According to the Centers for Disease Control and Prevention (CDC), SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Most adults spend at least half of their waking hours at work, making work a salient part of their lived environment that influences their health. Where people work determines an individual's exposure to many conditions, such as physical (chemicals, noise, vibration) and psychological (stress, hostility, relationships) factors that impact well-being. Work also determines where people can afford to live; where people live determines exposure to the physical environment (parks and green space vs pollution of air, soil and water) and social environment (network opportunities, exposure to violence, access to social services).

Although its undeniable association with health and well-being, work is excluded from the CHA process, an approach that uses systemic and comprehensive data collection and analysis to understand factors and influences of health for a specific community. A traditional CHA approach overly emphasizes healthcare access and disease prevalence and overlooks the complex structural determinants of health, particularly the interaction between work and health.

Through our CHA, employment emerged as a salient factor that impacts community health.



Recognizing the influence of work on the well-being of the individual and community, this study aimed to develop a methodology for including work in a community health assessment.

Who created this brief?

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

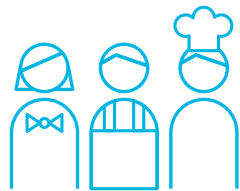
What was done?

This study created an inventory of businesses in GL where names of businesses, business types, addresses, and the number employed in each business were collected. This was completed through the use of multiple data sources, including Google Maps and Google Street View to do virtual walking data collection, and Hoovers, a proprietary business listing database produced by Duns and Bradstreet. Walk-arounds by student researchers were used to validate inventory data and reflect on the strengths and limitations of the methodology. Community researchers in the partnership collaborated on planning, execution, and interpretation of results.

What was found?



Researchers identified 1,127 businesses in GL primarily in the retail, service, and accommodation/food/entertainment sectors.



While data was limited on the size of all companies, many businesses were found to have less than 10 employees with only four businesses with over 250 employees.



Notably, GL is home to six temporary work agencies that typically attract individuals whose only option for employment is in a precarious employment status.

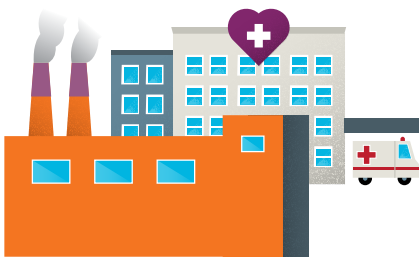


The findings revealed that over 67% of GL workers are in industrial sectors- manufacturing, retail trade, accommodation and food services, and healthcare and social assistance- at or above the average rates of occupational injuries for US workers.



Lastly, data collectors and community researchers noted that street vending, home cleaning, childcare and other forms of informal work were not represented in the data.

What does this mean and for whom?



Acknowledging work as a complex but key aspect of the CHA is essential for public health and community leaders. This study highlights the importance of characterizing work as a SDOH and incorporating it as a standard “best practice” within the CHA process to further investigate how work impacts health. This kind of participatory methodology can fill gaps in the existing data, which is often aggregated at a level that is too high for a CHA. It also serves to guide public health advocates to consider the intersection of work and health, and to gain experience and insight about the integral role of community engagement in improving community health.

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