

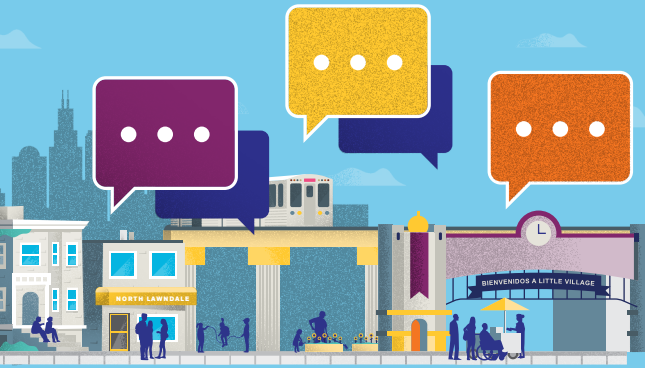


# Community Resident Perceptions of and Experiences with Precarious Work at the Neighborhood Level:

## The Greater Lawndale Healthy Work Project

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### What is the issue?

Access to decent, stable work is central to the health and well-being of communities. However, little is known about how community residents think about how their work impacts their health and the health of their broader community. This is particularly important to understand for communities with a high proportion of residents engaged in precarious work, meaning work that is unhealthy, unsafe, and/or unstable.

Residents in predominately Black and Brown neighborhoods have fewer opportunities for healthy work than those in predominantly white neighborhoods, due to systemic racism. This limits residents' access to basic necessities, such as food, housing, education, transportation, computing/internet, and other resources. This inequity in access to healthy, stable work is structural, rooted in racial segregation of neighborhoods in Chicago like North Lawndale and Little Village (together known as "Greater Lawndale" (GL)).

Workers in precarious jobs are exposed to the direct effects (such as stress related to unemployment or employment insecurity) and indirect effects (such as adverse physical and psychosocial working conditions) of work. In addition, these workers are more susceptible to social determinants of health outside of work such as insufficient or uncertain income, lack of access to health care, and other social benefits, which also lead to poorer health outcomes.

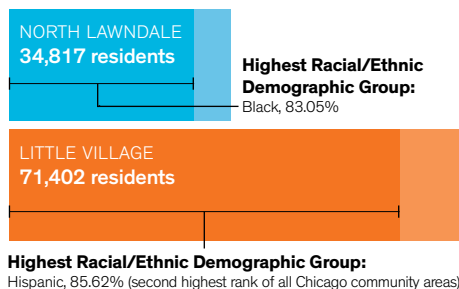
**Through focus group research, this study aimed to explore how residents think work impacts their health and the health of their broader community.**

### Background on Precarious Work and Greater Lawndale<sup>1,2,3</sup>

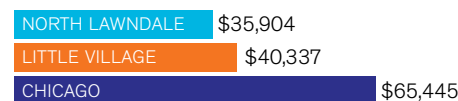
Precarious employment includes, but is not limited to, temporary work, direct hire on temporary labor contracts, hiring through temporary employment agencies, on call/daily hire work, contract work, outsourced work, independent contractors, and involuntary part-time work. The characteristics that make up precarious work put workers at a higher risk for occupational injuries and illnesses and workplace fatalities.

#### Community Demographics<sup>1</sup>

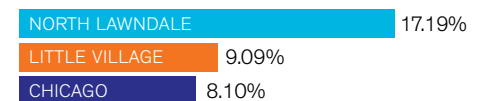
##### Population



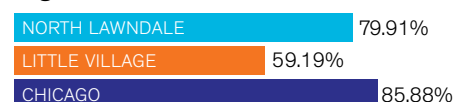
##### Median Household Income



##### Unemployment Rate



##### High School Graduation Rate



##### Life Expectancy (IN YEARS, 2020)



**We recognize race is a social construct but is relevant here to demonstrate the ways in which structural racism influences racial segregation of urban neighborhoods.**

## Employment Characteristics



GL reports a higher proportion of employment in low-wage jobs that require **less formal educational qualifications** compared to the city of Chicago.<sup>3</sup>



Industries with the highest representation in GL also have **higher incidences of injury and illness** in comparison to average national and state (Illinois) injury/illness rate.<sup>3</sup>



**North Lawndale:**  
Mostly employed in health care, administration, accommodation and food service, and retail trade.<sup>2</sup>



**Little Village:**  
Mostly employed in manufacturing, administration, and accommodation and food service.<sup>2</sup>

## What was found?

The community-academic research team analyzed the focus group data to discern how residents think work impacts their health and the health of their broader community.

### Perceptions of Health • Barriers to Work • Challenges at Work • Workers' Rights

#### KEY THEMES



**Residents described being systematically left out of opportunities for healthy work:** Residents often lacked the resources to find healthy work due to the poor quality of public education, lack of community resources, and lack of healthy jobs available in the neighborhood. They also faced discrimination when identifying jobs (needing to rely on word of mouth) and being hired (due to documentation status, language, criminal record history, age, gender, and race/ethnicity). Residents indicated that community-level resources are needed for people to secure healthy work, affordable childcare, reliable transportation, and neighborhood safety.

"It's racism ... lets be real."

"You have to know somebody to get in."



**Residents described contextual and structural hostility of current work:** Residents described hostile work environments with little to no control at work in terms of safety (insufficient information and protective gear), access to food and drink, and use of the bathroom. Some described overt sexual and racial/ethnic language and documentation status discrimination.

"There is just not the economic development [in GL] that is needed."

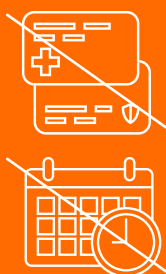


**Residents described violations in the rights, agency, and autonomy of workers:** Residents emphasized that many workers do not know their rights. However, they questioned the relevance of knowing their rights since their rights are already being violated and they are not able to exercise their rights without risking their job.

"Nothing's going to change ... so I think it's about just getting used to it even though it is not right."

### Strained social resources that exist as a consequence of structural disinvestment

#### CROSS-CUTTING THEME



**Workers may be influenced to stay in precarious work situations due to devotion to family and social norms of unfair work:** Strong social bonds between residents engaged in exploitive work situations builds resilience, but also may set lower expectations for healthy work and may reduce opportunities for collective action against exploitation. Additionally, workers internalize stressful work-related experiences which leads to physical and mental health consequences that are ignored due to lack of resources (i.e., health insurance) and time (i.e., cannot take off work or risk losing work).

"You can give every bit of yourself every single day and still not come out ahead."

**Residents described negative experiences with seeking, getting, keeping, or dealing with issues at work which impact their relationships, families, and the community.**

## What was done and how?

The GLHW project uses:

- **Interviews**
- **Focus Groups**
- **Concept Mapping**
- **Community Health Survey**

to characterize the experience of residents involved in precarious work.

This component of the GLHW project involved conducting 12 focus groups with a total of 77 community residents of GL who were day laborers, street vendors, residents participating in English as a Second Language (ESL) and General Education (GED) programs, community health workers, church members, and members of a young adult group.

The research team developed a participatory community-academic think tank which used a constructivist grounded theory approach. The team analyzed patterns in the group discussions to characterize how residents think work impacts their health and the health of their community. The think tank identified codes as a group and identified three key themes and one cross-cutting theme: perceptions of health, barriers to work, challenges at work, and worker's rights.

## What does this mean and for whom?



Study findings complement increasing evidence that structural factors, such as access to healthy work, are responsible for neighborhood level health and social inequities. Disrupting systemic barriers to healthy work and creating good jobs for all while building resilience and solidarity among residents are critical for social change.

Actions to address precarious employment arrangements need to move beyond those directly involving the workers and even beyond workplaces or employers; they must also address the economic, political, and social drivers of precarious employment by intervening for institutional changes.

Community-academic partnerships are well positioned to continue to explore the pathways through which work impacts neighborhood health. Community-driven interventions that promote healthy work at the neighborhood level by building power, capacity, and equity can result in the systems change needed so everyone has access to fair and healthy work.

## A Historical Notation

This research occurred prior to the emergence of the COVID-19 pandemic. COVID-19 put a spotlight on occupational and health inequities in Greater Lawndale, and internationally, where a large proportion of residents continue to be at high risk for infection at work and economic instability.

## Who was involved in the study?

The Greater Lawndale Healthy Work (GLHW) Project is a community-based participatory research (CBPR) project with North Lawndale and Little Village (together forming GL) and the University of Illinois Chicago Center for Healthy Work, a Center of Excellence for *Total Worker Health*®. The community-academic partnership is comprised of leaders in occupational and community health sciences, psychosocial research, and law on the academic side and the GLHW Council, comprised of 17 community stakeholders with expertise in community health, faith-based leadership, worker center advocacy, and community development, on the community side.

### References:

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2. United States Census Bureau. 2016-2020 ACS 5-Year Estimates. 2016-2020 American Community Survey; U.S. Census Bureau's American Community Survey Office: Washington, DC, USA, 2022.
3. Lawson, M. A Systematic Analysis of Census and Labor Data to Create a Community Profile of Work; University of Illinois Chicago: Chicago, IL, USA, 2017.

**For more information:**



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