

The Nature of Employment in a High Socioeconomic Hardship Community: Data From the Greater Lawndale Healthy Work Survey

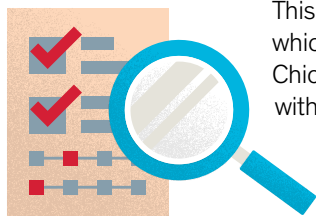
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What is the issue?

Work is changing globally due to a number of significant social changes, like decreases in unionization and a weakening of the social contract between employers and workers. An increasing number of jobs are unstable, lack benefits, and offer little worker power or advancement opportunities. Jobs with these characteristics are often referred to as **precarious jobs**. Previous research has shown that precarious employment can significantly impact the health of workers and communities. Workers who are precariously employed are likely to live in communities where many individuals are precariously employed: this is due to broader historical and structural factors like redlining, which segregates people based on social identity and results in the inequitable distribution of resources. When a large proportion of community residents are precariously employed, workers and their families may experience material deprivation (for example, wages that do not cover basic needs), higher risks of injuries and illnesses due to hazardous working conditions associated with precarious work, and other experiences of precariousness (for example, discrimination at work, little or no flexibility to take off work for personal reasons, or the ability to say no to unsafe work tasks). These experiences can negatively impact a worker's health and the health of their families.

This study examined the association between employment precarity and residents' experiences with precariousness and material deprivation. It gave insight into the precarious characteristics of work and the impacts experienced by Greater Lawndale residents, which may have implications for the health of the community more broadly.

What was done and how?



This research was completed as a part of the Greater Lawndale Healthy Work (GLHW) Project, which is a community-based participatory research (CBPR) project of the University of Illinois Chicago, Center for Healthy Work, a Center of Excellence for *Total Worker Health*®, in partnership with GL organizations and residents, who served as community researchers (CRs).

The GLHW team created a 192-item community health survey in English and Spanish to better understand Little Village and North Lawndale (together forming the Greater Lawndale [GL] area) residents' work characteristics: experiences seeking and maintaining employment, frequency of exposure to occupational and social hazards, and characteristics of residents' employment and working conditions, their employment arrangements, as well as facilitators and barriers to employment and health conditions.

In addition, researchers tracked survey respondents' job type and sociodemographic characteristics like gender identity, race and ethnicity, country of birth, educational attainment, and marital status to ensure an adequate representation of the GL working population (which is predominantly Black and Hispanic/Latinx) in the final sample.

The Survey

The GLHW community health survey drew from several existing tools and additional items developed specifically for the GLHW Project. CRs were trained in trauma-informed survey administration and administered the survey to 489 residents of GL. Respondents reported how often they were exposed to occupational hazards on the job in the previous 12 months – survey measures came from the European Working Conditions Survey¹ and a survey tool previously used to identify hazards encountered by temporary workers in the Chicagoland area.² Occupational hazards assessed included chemical, physical, biological, ergonomic, and other hazards.

Employment precariousness was measured using a modified version of the Employment Precarity Index (EPI), initially developed by the Poverty and Employment Precarity in Southern Ontario (PEPSO) group.³ EPI is calculated using ten direct and indirect measures of employment security:

- 1

Employment type, for example if a job is full-time, has variable hours, is temporary or short-term
- 2

Employment relationship (standard vs. nonstandard)
- 3

Benefits (full, partial, none)
- 4

Paid for missed work
- 5

If their income is secure or variable
- 6

How likely they are to experience a reduction in paid hours
- 7

How frequently their work is on-call
- 8

How far in advance they know their schedule
- 9

If they receive cash payments
- 10

If there would be perceived negative consequences for exercising health and safety rights on the job

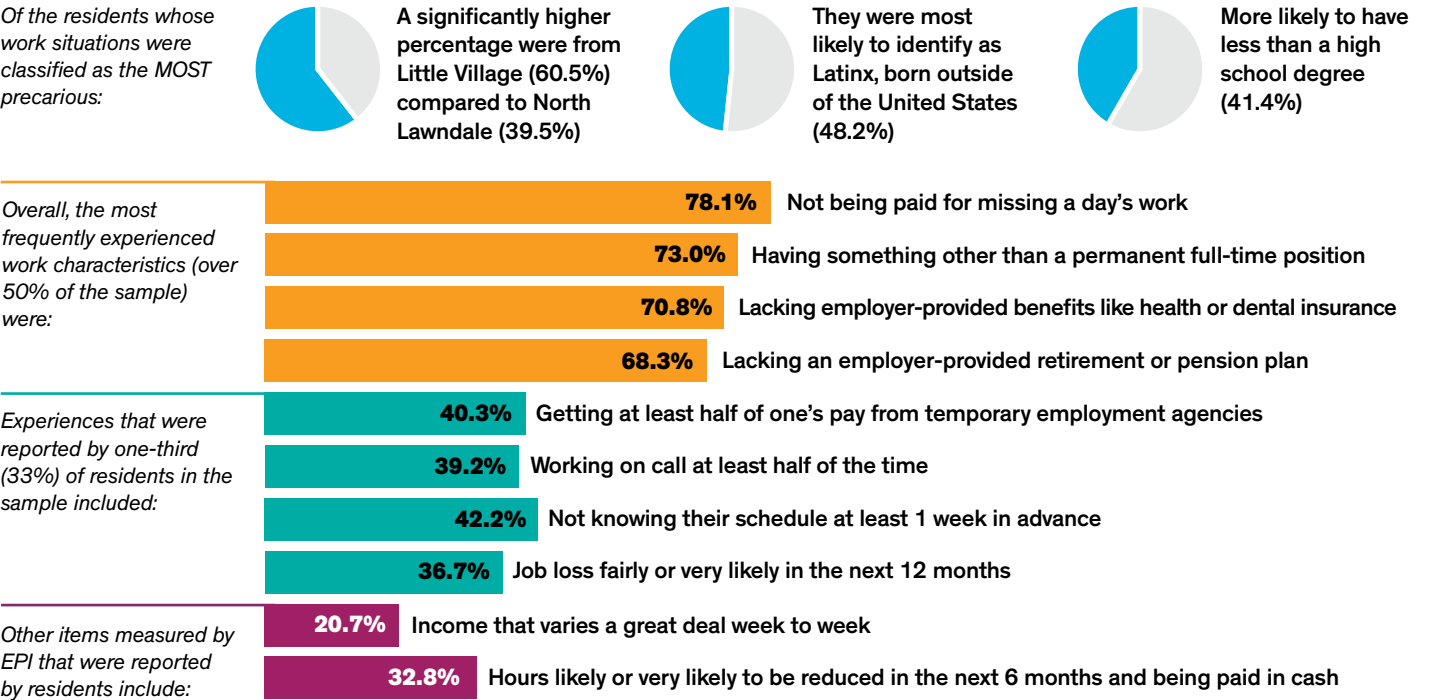
Survey responses from 479 residents who self-identified as “currently or recently employed in a job situation that they perceived to be precarious” were included in the analyses.

PRECARIOUSNESS	UNFAIRNESS	OPPORTUNITIES	MATERIAL DEPRIVATION
<div>To further assess residents' experiences with precariousness, the survey asked if respondents:</div> <div><div>■</div>Had control over how their work schedule is set⁴</div> <div><div>■</div>How easy it is to take an hour or two off during working hours⁴</div> <div><div>■</div>Had the option to work flexible hours</div> <div><div>■</div>Had refused unsafe work in the last year</div> <div><div>■</div>Felt informed about their rights as workers.⁵</div>	<div>To capture residents' experiences with unfairness at work, we included questions about residents' experiences with and frequency of discrimination and wage theft (if they have ever not been paid or received less than expected).</div>	<div>To capture perceptions of the on-the-job opportunities afforded by their work situations, we asked if residents:</div> <div><div>■</div>Receive support from coworkers and opportunities to socialize</div> <div><div>■</div>Feel proud of their work</div> <div><div>■</div>Have opportunities for job advancement</div> <div><div>■</div>Live tobacco-free, eat healthy, manage stress, and work safely⁶</div>	<div>We included two questions to capture residents' perceptions of whether their job gave them adequate resources to maintain their standard of living. We asked if residents' work enabled them to:</div> <div><div>■</div>Pay their bills</div> <div><div>■</div>Meet their basic needs</div>

What was found?

Using the EPI, the GLHW Project identified the respondents who were classified as most precariously employed. Findings show that the respondents who are most precariously employed are more likely to report subjective experiences with precariousness, unfairness at work, and material deprivation.

Aim 1: Examine the characteristics of work that were reported most frequently in a sample of Greater Lawndale Residents



Aim 2: Explore the connections between employment precarity and residents' experiences with precariousness and material deprivation

PRECARIOUSNESS



Residents who completed the survey and were in the highest precarity group were more likely to report less stable or lower-quality work conditions.

Differences in responses between precarity groups were statistically significant for all employment characteristics assessed except for union membership, which means that regardless of the level of job precarity experienced by surveyed residents, the majority were not union members (82.3%).

UNFAIRNESS



Survey respondents with the most precarious jobs were significantly:

- Less likely to say they had opportunities to work flexible hours
- Less likely to refuse unsafe work
- Least likely to report being very well or well-informed about their rights at work
- More likely to experience discrimination based on identity at work or when looking for work
- More likely to experience wage theft

OPPORTUNITIES



Differences were statistically significant for all but one of the on-the-job opportunities assessed. Those with the highest precarity reported **fewer** opportunities to:

- Feel supported by coworkers
- Have the opportunity to socialize
- Feel proud of their work, to have the opportunity for advancement
- Live tobacco free
- Eat a healthy diet
- Work safely

MATERIAL DEPRIVATION



Finally, residents who completed the survey and were in the highest precarity group were the least likely to report that their main job provided them the opportunity to pay bills or to meet basic needs.

What does this mean and for whom?



Our survey allowed us to collect nuanced data about the employment situations of a sample of Greater Lawndale residents. The findings showcase the disproportionate precarity of employment reported by this sample of Greater Lawndale residents, which better informs the development of multilevel and community-oriented interventions to promote healthy work in North Lawndale and Little Village. Survey respondents with the highest precarity scores disproportionately noted that their jobs do not give them opportunities to manage their stress, live tobacco-free, or eat a healthy diet—critical risk factors for chronic diseases. Also of note, survey respondents with the highest precarity scores were the least likely to report that their main job provided them the opportunity to pay bills or to meet basic needs. These findings may have implications beyond the individual worker: for example, material deprivation is related to poor health status and premature morbidity and mortality at the population level.⁷

Given the systematic racial segregation of neighborhoods and evidence that work opportunities cluster by place, precarious employment may be a major reason for health differences seen between neighborhoods in the United States. Accordingly, researchers should consider studying employment precarity at a hyperlocal level for a nuanced understanding of how work might contribute to community health.

Findings also suggest that reaching workers in communities identified as having high economic hardship is possible, given the concentration of workers who are precariously employed. OSH practitioners, industrial hygienists, and worker advocacy groups may consider the implementation of community-based OSH programs and initiatives in such communities.

For workers, advocacy groups, and community organizations, the study identifies opportunities to organize around or develop programs that address specific challenges experienced by workers in precarious jobs. For instance, the survey revealed high rates of wage theft and discrimination, underscoring the need for stronger enforcement mechanisms. Policymakers can use these findings to inform targeted policies that reduce employment precarity and its health consequences for communities at large.

Worker Resources

The Illinois Department of Labor: Employees can report unpaid wages, which includes underpayment of minimum wage and overtime, through an online complaint form. Guidance for filing a claim can be found at <https://labor.illinois.gov/faqs/how-to-file-a-claim.html>.

Minimum Wage Toll Free Hotline: 800-478-3998

Illinois Wage Payment and Collection Act: 312-793-2808

Minimum Wage/Over Time and Wage Claim: 312-793-2800

Chicago's Office of Labor Standards: Employees can use an online portal at <https://311.chicago.gov/> to submit complaints regarding minimum wage, wage theft, the Fair Workweek Ordinance, and Paid Sick Leave violations.

City of Chicago Office of Labor Standards Complaints: 312-744-2211

Living Wage Ordinance and Regulations Complaints and Inquiries: 312-603-1100

Occupational Safety & Health Administration: Employees have several ways to file a safety and health complaint or whistleblower complaint through OSHA. Guidance and filing options can be found at <https://www.osha.gov/workers/file-complaint>.

National OSHA: 800-321-6742 (OSHA)

Region 5 (Chicago) Regional Office: 312-353-2220

Sources:

1. Braveman P, Egerter S, Williams DR. The social determinants of health: coming of age. *Annu Rev Public Health* 2011;32:381–398.
2. Bodin T, Çağlayan Ç, Garde AH, et al. Precarious employment in occupational health — an OMEGA-NET working group position paper. *Scand J Work Environ Health* 2020;46:321–329.
3. Benach J, Vives A, Amable M, Vanroelen C, Tarafa G, Muntaner C. Precarious employment: understanding an emerging social determinant of health. *Annu Rev Public Health* 2014;35:229–253.
4. Eurofound. Sixth European Working Conditions Survey. June 1, 2017; 2015. Available at: <https://www.eurofound.europa.eu/Surveys/European-Working-Conditions-Surveys/Sixth-European-Working-Conditions-Survey-2015/Ewcs-2015-Questionnaire>. Accessed December 12, 2023.
5. Casebourne J, Regan J, Neathey F, Tuohy S. Employment rights at work: survey of employees 2005. London: Department of Trade and industry; 2006.
6. Centers for Disease Control and Prevention. CDC NHWP Health and Safety Climate Survey (INPUTSTM): User Manual. Published online 2013. Available at: https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/NHWP_INPUTS_Manual.pdf. Accessed December 12, 2023.
7. Tøge AG, Bell R. Material deprivation and health: a longitudinal study. *BMC Public Health* 2016;16:747.

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