

The Occupational Health Equity Program seeks to promote health equity in disease incidence, injury, mental illness, and morbidity and mortality that are closely linked with social, economic, and/or environmental disadvantage. This snapshot shows recent accomplishments and upcoming work.

### What are our priorities?

Not all workers have the same risk of experiencing a work-related health problem, even when they have the same job. Factors that place some workers at greater risk than others include social dynamics such as race, ethnicity, place of birth, age, class, and gender; employment arrangements such as the growth of the temporary workforce; and organizational factors such as business size. Groups with one or more characteristics are termed 'priority populations'; such groups may need additional or different tools, strategies and resources to promote occupational safety and health. The National Institute for Occupational Safety and Health (NIOSH) Occupational Health Equity Program seeks to improve occupational health and safety in specific, higher-risk populations with the help of partners in industry, labor, trade associations, professional organizations, and academia. The program focuses on these areas:

- Decreasing injury and illness in industries where priority populations are frequently work
- Decreasing fatal occupational injuries and illnesses in priority populations

### What do we do?

- Improve surveillance to better capture differences in the number and type of injuries, illnesses and fatalities across priority populations.
- Use surveillance to better understand how economic costs like days away from work and healthcare expenses vary across priority populations.
- Expand collaborations with researchers studying injuries and chronic diseases (such as cardiovascular disease, diabetes, reproductive disease, and cancer) by including occupational

health questions in ongoing studies.

- Document occupational health inequities for groups of workers, and research the causes of those disparities.
- Partner with state and federal agencies interested in worker safety and health, including city and state health departments and other CDC programs to share information and helpful tools to impact more workers.

### What have we accomplished?

- **Determined** that 'mom and pop' stores were the least compliant in implementing safety measures designed to reduce robberies compared to corporate or franchise-owned convenience stores in two ethnically diverse cities.
- **Found** that about 30% of the higher rate of death among blacks compared with whites was linked to fewer opportunities for problem solving, decision making, inductive and deductive reasoning, or information synthesis at their jobs.
- Conducted site visits across the U.S. with three tribes, two tribal corporations and six tribal-serving organizations to develop partnerships and plan for American Indian/Alaska Na-

tive (AI/AN) worker safety and health activities. The new AI/AN initiative is highlighted in a recent [NIOSH Science Blog post](#).

- Distributed a series of multi-media products called [Protéjase en el trabajo \(Protect yourself at work\)](#) to immigrant workers through Mexican consulates which serve approximately 1.5 million per year.
- Conducted a follow-up survey to the [Overlapping Vulnerabilities](#) report which found deficits in workplace safety and health training provided to immigrants working in smaller construction firms, compared to those working in larger firms

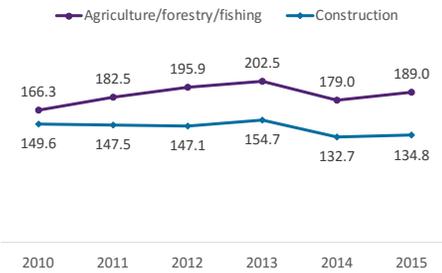
### What's next?

- Complete analysis comparing rates of crime with high compliance with safety requirements among convenience stores in an ethnically diverse city.
- Develop communication resources for tribes and tribal-serving organizations to promote worker safety, health and well-being.
- Test winch guarding solutions designed to reduce entanglement injuries in collaboration with ethnically diverse workers fishing in the

U.S. Southern Shrimp fleet.

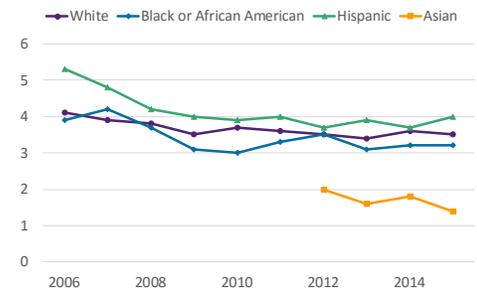
- Collaborate with external partners to develop and test safety training for immigrant workers in smaller construction firms.
- Work with community partners to leverage existing data collection systems to make recommendations on how they may improve occupational health surveillance data for immigrant workers.

### Days away from work injury and illness rate in Sectors (per 10,000 workers)



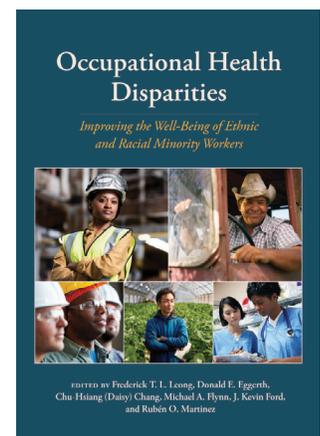
Source: U.S. Bureau of Labor Statistics

### Rate of fatal occupational injury by race/ethnicity (per 100,000 workers)



Source: U.S. Bureau of Labor Statistics

### Publication Spotlight:



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