

## 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; economic trends such as the growth of the temporary workforce; and organizational factors such as business size. Groups with one or more of these 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 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 intramural and extramural collaborations with researchers studying injuries and chronic diseases (such as cardiovascular disease, diabetes, reproductive health, 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?

- **Reported** that telomere attrition, a marker of cell-level aging, was slower if the person had a complex, engaging job. However, the protective effect of complex jobs was found only among white men and not among black men or women of either race.
- Collaborated with the American Society of Safety Professionals to convene a **national symposium** on Latino worker safety.
- **Identified** barriers to purchasing personal protective equipment (PPE) sized for women which was one of three agenda items at the **Women's Workplace Safety summit**.
- Identified hazards and elevated injury/illness risks among workers in Alaska's **offshore** and **onshore** seafood processing industry, who are ethnically diverse and frequently foreign-born. Study findings were presented at workshops, meetings, and conferences where labor and management from Alaska's seafood processing industry were present.
- Launched an **American Indian and Alaska Native** worker safety and health topic page.

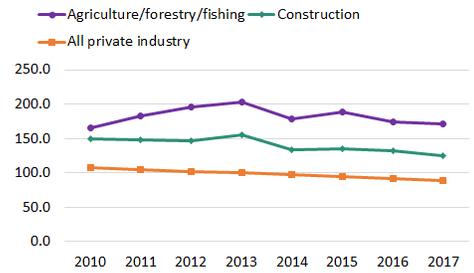
## What's next?

- Conduct safety and ergonomic assessments of seafood harvesters and processors, who are at high risk for injuries/illnesses, ethnically diverse, and often immigrants.
- Examine the role of occupation in explaining the relationship between higher education and better health, with a special focus on race and gender.
- Examine the racial/ethnic differences in employment conditions as a potential explanation for occupational health inequity.
- NIOSH and the Center for Work, Health and Environment, Colorado School for Public Health, will convene an American Indian and Alaska Native workshop to address priority occupational safety and health issues in tribal communities and develop a strategic plan.
- Identify barriers to using fall protection by small residential construction firms that employ foreign-born workers

## At-A-Glance

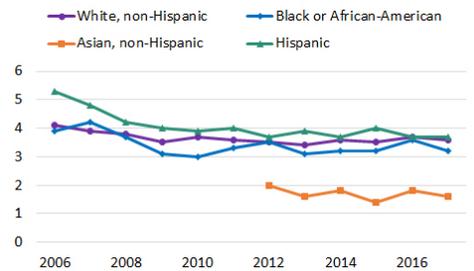
The Occupational Health Equity Program seeks to promote health equity in disease incidence, injury, mental illness, and morbidity and mortality that are closely linked with social, economic, and/or environmental disadvantage. This snapshot shows recent accomplishments and upcoming work.

### Days away from work injury and illness rate (per 10,000 workers) in Sectors with a high proportion of Hispanic 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: Im/migration, Work, and Health: Anthropology and the Occupational Health of Labor Im/migrants

VOLUME XXXIX NUMBER 2 WINTER 2018

## Anthropology of Work Review



Special Issue: An Injury to One is an Injury to All: Immigrant Workers, Structural Vulnerability, and Occupational Injury

Published by the Society for the Anthropology of Work, a section of the American Anthropology Association

To learn more, visit  
[www.cdc.gov/niosh/programs/ohe](http://www.cdc.gov/niosh/programs/ohe)

<https://doi.org/10.26616/NIOSH PUB2019168>  
 DHHS (NIOSH) Publication No. 2019-168