EMPLOYEE HEALTH & WORKPLACE RISK
A Q&A With Katie Schofield

As a safety professional with expertise in public health, Katie Schofield can speak to the interrelationship between employee health and workplace safety. PSJ discussed the subject with her following a presentation she delivered on applying epidemiological principles and methodology to reduce workplace risk.

PSJ: How can safety professionals use epidemiological principles to help reduce workplace injuries and illnesses?
Katie: I recommend digging deeper into available data and accounting for factors such as age, gender and job type in data analysis. If you only examine overall age injury rates, you may be missing groups with very high (or low) rates that are hidden in the overall averages. Other factors are relevant too, such as job tenure, full-time status, union status, race or ethnicity, or geographic area of the work. These variables can be surrogates for important underlying factors that contribute to an increased injury risk for certain groups.

An example of workers older than 65: Determine the number of injuries to employees older than 65 (numerator) and divide by the number (full-time equivalent or hours worked) of all workers older than 65 in your organization (denominator) to get an age-adjusted injury rate. Then you can compare the risk of the over age 65 group to that of the age 30 to 40 workers. Calculate the age 30 to 40 injury rate in the same manner, then compare the two to see differences in risk between the groups. Knowing what groups are at higher risk in your organization will help you target or prioritize your efforts so you can customize them to the specific needs of the worker groups.

We need to have a broader perspective and consider public health principles and factors. Workers leave at the end of the day and go to their community and personal home environment. Factors such as access to transportation, healthcare, childcare, fresh food and places to safely enjoy fitness outdoors, or prevalence of violence, drugs and alcohol, tobacco or communicable disease in a community all affect a person’s health. Factors that introduce or elevate risks, in turn, can be brought back to the workplace and affect occupational risks. It is all connected. Work is known as a social determinant of health; people who have a quality job and a steady income are healthier than those who do not. Having a safe and healthy workplace for employees (our goal) also helps elevate the health of our communities.

Similarly, OSH disparities are important to think about. Essentially, there are jobs and certain groups of workers in the workplace who are at a disproportionately higher risk of injury than their coworkers. They bear a disproportionate burden of injury (e.g., Hispanic and Latino construction workers are at increased risk of injury and death compared to their white counterparts). These are usually workers with lower education, racial minorities or those with lower socioeconomic status who also experience disparities in the public health and personal areas of their lives.

We want our organizations to be places where we are elevating workers above any public health and social disparities, places where it is equally safe and healthy to work for all employees, no matter what their circumstances outside of work. I think that is a pretty profound mission for safety professionals, to tell our workers that no matter their age, wage, gender, race or education level, we are working to ensure that they are equally as safe as all their coworkers.

Another related issue that we all need to consider and talk about more in safety is precarious work, which is work that is irregular, temporary, unstable or when workers lack power or control of their work environment. Workers may lack contractual protections, benefits and paid leave. Precarious work is usually low-skill or low-wage, although not always. Many factors can make a job precarious, including the work structure and organizational environment. Also, someone’s personal characteristics can make their work role more precarious than a coworker in the same role. Precarious workers do not interact with an organization and a safety and health program in the same way as stable workers.

PSJ: How does diversity (gender, ethnicity, disability) affect risk in the workplace?
Katie: We can layer the idea of using epidemiologic and public health principles, and add in considerations of occupational safety disparities and precarious work to focus on diversity. The diversity of our workplaces underscores the need for OSH professionals to understand employees and do some thoughtful consideration about how to effectively reduce risk for different subsets and groups at their workplace. There are so many worker characteristics, which we could define as diversity, to examine.

An easy example is men and women and the difference in fit and design of PPE. A safety professional will have to do some extra work to ensure that women have properly fitting PPE so they are not at higher risk of injury or illness. This might include purchasing sizes, brands or styles of PPE that are different from their regular inventory for men. The physiological, physical and psychological changes for women during pregnancy and postpartum are another obvious example of different risks.

However, other differences in risk based on gender may be less obvious, but still important. We could look more into “gendered” positions and the differences in jobs occupied predominantly by women such as direct patient care, home healthcare, childcare, food service, beauty and hair services, or social service roles. Safety professionals are less prevalent in organizations pro-
voking these services, thus there may be no one to design and implement safety and health policy, promote injury prevention, or advocate for workers. The work is often precarious and low wage. There is a lot of interaction with patients, clients and people. Workplace violence is an insidious component of female-dominated fields; it is often perpetrated by the very people receiving care and services from the employee and is often disregarded or considered a part of the job by workers and their employers. When men work in this career field, they should not be typecast as the “enforcer” for unruly clients or patients or the “heavy-lifter”; both roles introduce unique risks for men. Alternately, there are jobs occupied predominately by men such as manufacturing, construction and physical-labor-type jobs. Safety professionals are more traditionally involved in these industries. Safety focus is, appropriately, on the major, acute physical hazards present in these jobs; however, we should not forget more subtle aspects of workplace well-being. It is also reasonable in these situations to adapt some customized safety approaches when a woman works in a male-dominated job role.

Age is another important variable. Younger workers are physiologically different from older workers. They are also cognitively different, especially youth and young adults. They probably don’t know how to do their job as well. They lack experience, situational and hazard awareness, and hazard identification skills. They have less job tenure, less authority, and are perhaps more likely to take risks or be influenced by more senior employees’ behavior. Safety professionals would obviously have to personalize their organization’s safety program for younger employees; a program wouldn’t work the same way for them as it would for a 20-year company veteran. We need to supervise, train and protect them differently than a longtime employee at the organization. This is important if you hire and employ anyone under the age of about 24 or 25, but especially under 18. Our older workers have more risk for cumulative and degenerative injuries and age-related comorbidities (e.g., obesity, diabetes, cardiovascular disease, high blood pressure) start to come into play. Prevention and injury management strategies would be very different for a 65-year-old as compared to a 25-year-old.

Going further, the primary language of employees is an important variable. You simply cannot roll out and administer a safety program the same way for employees who do not speak English as a primary language versus those who do. And there are probably other underlying variables in your non-English-speaking population that makes them different, which you would take into account in your safety efforts to ensure that your safety program is as effective for them as for all other employees.

Wage can be an important variable to determine at-risk groups. Do organizations dedicate as much time, training, money and resources to the low-wage workers as they do to the higher-wage workers to ensure their safety? Do low-wage workers have equal power over the work procedures and safety protocols as higher-wage workers? Katie: The risks, or most effective methods to prevent and manage injury, may not be the same for everyone. Customize your safety efforts to your employee demographics to make sure your programs and policies are equally effective for everyone.

Start with your own organization’s data and see what the comparative risks are for different groups within the organization. You could also compare that against national data. That gives you some quantitative metrics and hopefully a few insights on opportunities for improvement.

Know that if you have precarious workers or the work environment is unstable, you may not be getting the full story on safety issues or injuries because employees won’t report them for fear of reprisal or job loss.

Enlist the assistance of your employee leaders: individuals who have the trust and respect of their coworkers or group. They can help elevate the unique perspective or challenges of their high-risk peers.

Create an environment of empowerment and support for all employees. Take your workers’ concerns seriously and act on them; this could be difficult if you don’t understand their perspective. Employees who feel they have a voice and control over their environment will respond more effectively when risks emerge in the environment and advocate for the safety of themselves or others.

Use focus groups for a safety issue or for brainstorming to gain unique perspectives of high-risk groups. You can gain a greater understanding of the issues that affect the specific group, as well as best solutions for that group, but you need to ask and listen. While the main goal is problem-solving, these groups can also develop stronger coworker relationships and support, and employee empowerment. Think carefully about who would be most effective to moderate the session (it might not be you) so that workers can be honest and comfortable. If not you, prepare an outline and materials to help the moderator. One-on-one discussions with employees, if they are open to it, can also provide great insights.

There are many really great things we can do for employees to enhance their greater personal health and well-being. Just a few ideas could include healthy food in the lunchroom, fitness membership incentives, flexible scheduling, breaks for mindfulness, assistance with financial or personal issues, and walking trails on the work campus. However, take into consideration that not all workers will have the same access or ability to enjoy these perks. A construction laborer, assembly line worker or a home health aide doesn’t have the same control over their pace of work or hours as other employees. The flexible scheduling that many people enjoy to create work-life balance is not an option for people in certain jobs. Someone who utilizes public transportation may not logistically have access to a gym to enjoy a fitness membership. Office and professional workers, groups at lower risk of injury, will have the best access while some higher-risk groups will have no access, thus creating a wider divide in well-being within the organization. Programs must be well-thought-out and implemented so that all workers have the opportunity to benefit. PSJ

PSJ: What can safety professionals do to mitigate risks to people who may be disproportionately at risk?

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