NIOSH and OSHA DE&I Update

December 14, 2021
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RACIAL/ETHNIC DISCRIMINATION: A SALIENT BUT OVERLOOKED DETERMINANT OF OCCUPATIONAL SAFETY & HEALTH

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“The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health and should not be construed to represent any agency determination or policy.”
US Racial/Ethnic Demographics (2020)¹

- White, non-Hispanic: 62%
- Hispanic or Latino: 19%
- Black, non-Hispanic: 12%
- Asian: 6%
- American Indian/Alaska Native: 1%
Changing Demographics\textsuperscript{2-3}

- More Americans than ever identify as multiracial, and data indicate an increasingly multiracial U.S. population by 2045.
- Hispanics/Latinos are currently the largest ethnic minority group and their share of the population will increase over time.
- Asian Americans are the fastest-growing racial minority group.
Population of the United States by Race & Hispanic Origin: 2000 & Projected 2050

U.S. Population by Race/Ethnicity

2000
- Black: 12.6%
- Asian: 3.7%
- Other races: 2.5%
- Hispanics: 12.5%
- Non-Hispanic White: 68.7%

2050
- Black: 14.3%
- Asian: 7.8%
- Other races: 5.2%
- Hispanics: 23.8%
- Non-Hispanic White: 48.9%
Social Determinants of Health (SDOH)\(^5\)

- SDOH are conditions in which we are born, live, learn, work and age that impact safety and health.
- They are seen as key drivers of health inequities within communities of color, placing those within these populations at greater risk for poor health outcomes.
- Health inequities persist across generations because of structural policies and practices that have systematically limited health access and access to opportunities of various kinds.
Racism

A system of structures, policies, practices, and norms that assigns value and determines opportunity based on race.

Impacts where one lives, learns, works, plays and ages through creating inequities in access to a range of social and economic benefits (e.g., housing, education, wealth, and employment).

Persists as a cause of exclusion, conflict, and disadvantage on a global scale.
Racial/Ethnic Discrimination

- Racism in action

- Differential treatment that unfairly disadvantages a person or group on the basis of racial or ethnic origin (and associated characteristics)

- Types
  - Institutional
  - Interpersonal
Pathways through which Racial/Ethnic Discrimination impacts Safety & Health\textsuperscript{14-18}

- Reduced access to employment, housing, healthcare, and education
- Allostatic load and concomitant patho-physiological processes
- Diminished participation in healthy behaviors and/or increased engagement in unhealthy behaviors
- Physical injury as a result of racially-motivated violence and/or diminished attention, focus or concentration
Relationship between Racial/Ethnic Discrimination & Health

Studies have found associations between racial/ethnic discrimination and:

- poorer general health
- poorer mental health
- poorer physical health
- increased stress
- hypertension
- less sleep
- alcohol abuse
- obesity
Exposure to racial and ethnic discrimination in employment is widely reported.

A number of studies have demonstrated that experiencing discrimination and the stress resulting from it are related to a host of negative organizational and employee outcomes, such as reduced organizational commitment, reduced job performance, decreased helping behaviors, and increased turnover intentions.

Less empirically examined has been the impact of work-related racial-ethnic discrimination per se on outcomes related to health, safety and well-being.
The only national survey in the U.S. devoted to tracking the changing nature of work and its impact on worker well-being, health, and safety.

**Primary purpose:** To characterize the nature and extent of continuing changes in work organization and the consequences of such changes.

**Secondary purpose:** To establish baseline and normative data for tracking trends in work organization factors, to detect emergent work organization issues, and to identify targets for intervention to improve worker health, safety, and well-being.
NIOSH Quality of Worklife Survey: Overview

- Delivered as part of the General Social Survey (GSS) by the National Opinion Research Center (NORC) at the University of Chicago; the GSS is used to collect data on demographic characteristics and social attitudes in the United States.

- Launched in 2002 and administered every four years since (i.e. in 2002, 2006, 2010, 2014, 2018)

- Consists of approximately 76 questions (roughly a 20-minute face-to-face interview) developed by NIOSH and external experts
QWL Survey: Sample

- English-speaking adults, aged 18 and older, who indicated that they worked outside the home and were employed for pay in the week previous to the survey or that they were temporarily not working, participated in the survey.

- Total N=7423 (all years)
  - N=5160 non-Hispanic White Americans
  - N=985 non-Hispanic Black Americans
  - N=949 Hispanics/Latinos
  - N=329 Other Races (including Asian Americans, Native Americans, and Multi-racial Americans)
Racial/Ethnic Discrimination

Do you feel in any way discriminated against on your job because of your race or ethnic origin? (Yes, No)
QWL Survey: Self-Reported Work-Related Racial/Ethnic Discrimination

- Non-Hispanic White: 2.0%
- Non-Hispanic Black: 14.2%
- Hispanic: 9.7%
- Other: 9.1%
Quality of Worklife Survey: Measures

- **Occupational Safety, Health & Well-Being Outcomes**

  - **Job Stress**
    How often do you find your work stressful? (1=Never, 5=Always)

  - **Job Burnout**
    How often during the past month have you felt used up at the end of the day? (1=Never, 5=Very Often)
Quality of Worklife Survey: Results

![Bar chart showing Quality of Worklife Survey results for Job Stress and Job Burnout.
- No Discrimination: For Job Stress, the score is approximately 3.2 with a margin of error.
- Discrimination: For Job Stress, the score is approximately 3.6 with a margin of error.
- No Discrimination: For Job Burnout, the score is approximately 3.4 with a margin of error.
- Discrimination: For Job Burnout, the score is approximately 3.8 with a margin of error.]
Quality of Worklife Survey: Measures

- **Occupational Safety & Health Outcomes**
  - **Job Satisfaction**
    All in all, how satisfied would you say you are with your job? (1=Not at all Satisfied, 5=Very Satisfied)
  - **General Health**
    Would you say that in general your health is Excellent, Very good, Good, Fair, or Poor? (1=Poor, 5=Excellent)
Quality of Worklife Survey: Results

![Bar chart showing comparisons between job satisfaction and general health with and without discrimination.](chart.png)
Quality of Worklife Survey: Measures

- Occupational Safety, Health & Well-Being Outcomes

- Physical Health Days
  Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good (# of days).

- Mental Health Days
  Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good (# of days).
Quality of Worklife Survey: Results

- Physical Health Days*:
  - No Discrimination: 2
  - Discrimination: 3

- Mental Health Days**:
  - No Discrimination: 4
  - Discrimination: 5
Quality of Worklife Survey: Measures

- **Occupational Safety & Health Outcomes**

  - **Injured on Job**
    In the past 12 months, how many times have you been injured on the job?
Quality of Worklife Survey: Findings

Injured on Job**

- No Discrimination
- Discrimination

**Source:** CDC/NIOSH
In this study, workers of all racial and ethnic groups reported exposure to work-related racial/ethnic discrimination, with racial/ethnic minority workers reporting it at greater frequencies than non-Hispanic White workers.

Significant differences in all health, safety and well-being outcomes were found between respondents who reported exposure to work-related racial/ethnic discrimination and those who did not (i.e. irrespective of race/ethnicity).

This supports the perspective that work-related racial/ethnic discrimination is an important determinant of health for all groups who report exposure to it.
Conclusion

- Limitations
  - Use of single-item measures
  - Combined analyses

- Additional analyses and research are needed to:
  - investigate the impact of work-related discrimination by racial/ethnic group.
  - further document and understand the relationship between work-related racial/ethnic discrimination and OSH.
  - identify targets for prevention/intervention.
  - develop and evaluate prevention measures/interventions
THANK YOU!

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