Commentary

Introduction to a Special Issue: Eliminating Health and Safety Inequities at Work

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In 2011, the National Institute for Occupational Safety and Health along with the National Institute of Environmental Health Sciences and in partnership with the Occupational Safety and Health Administration and the Environmental Protection Agency convened a national conference on Eliminating Health and Safety Disparities at Work (www.aoecdata.org/conferences/healthdisparities/). In this issue Steege et al. [2014] present new analyses of the Bureau of Labor Statistics data on occupational injuries and illnesses and work-related fatalities, which indicate that workers who are African American, Hispanic, immigrant, who earn low wages and who have lower levels of educational attainment are at greater risk of working in occupations where occupational injuries and illnesses occur at more than twice the national rate. These data clearly demonstrate the need for more targeted and comprehensive occupational safety and health prevention programs aimed at reducing these disparities.

The goal of the 2011 conference was to bring together representatives from multiple disciplines and perspectives to review the major research accomplishments and gaps in understanding the social, cultural, and economic factors that create and perpetuate occupational health and safety disparities. The conference also aimed to identify and share promising practices for eliminating disparities through innovative intervention programs. The conference participants included a diverse group of stakeholders: researchers, safety and health specialists, government agencies, workers, unions, employers, and community organizations. Teams of researchers prepared conference white papers that reviewed research challenges and gaps. Based on discussion and input at the conference, these papers were refined and edited and four of the final papers are included in this special issue of the American Journal of Industrial Medicine [Baron et al., 2014; Landsbergis et al., 2014; Okechukwu et al., 2014; Siqueira et al., 2014]. These papers provide the background research and suggest new directions for how occupational health researchers and practitioners can more comprehensively address and reduce occupational health disparities.

Dr. Linda Rae Murray, the president of the American Public Health Association and a well-respected leader in occupational safety and health, gave the conference key note address [Murray, 2012]. Her comments emphasized the need to recognize that systematic differences in injury and illness risk, such as the disparities demonstrated by Steege et al. [2014], should be considered *health inequities*, because they often arise from social disadvantage that has created modifiable and ethically unfair exposures at work, at home, and in the community [Baron et al., 2014]. In the words of Dr. Murray [2012]:

> *So first let's be really clear what we're talking about. I do have an interest in the disparities that exist in workplaces, but that's not what this conference is about. This conference is about the fact that some*

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workers consistently are injured more often and die earlier from occupational disease and injury. And we think that is wrong and we want to correct it.

To more directly address the issue of health equity and justice, the 2011 conference also served as a venue for participants to provide input into a renewed strategy by the US government to improve Environmental Justice (EJ)—defined as the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies (http://www.hhs.gov/environmentaljustice/). Conference participants provided a wide range of ideas for how to promote a work environment that is more just and equitable. Recommendations included:

1) Improve the recognition of impact of work on health by promoting the incorporation of work information in electronic health records systems and in national health surveys.
2) Train community health workers to work with community health centers to increase their patients' knowledge about work-related health issues.
3) Assure that new initiatives to create more environmentally friendly products should also consider the health of workers producing those products.
4) Expand and evaluate worker training programs targeting workers with low literacy and limited English proficiency.
5) Improve enforcement efforts by targeting inspections to high risk workplaces employing underserved workers, enhancing liaisons between enforcement agencies and community organizations assisting underserved workers and improving protection against retaliation for workers who make complaints.

Many of these recommendations were subsequently incorporated into the Department of Health and Human Services (www.hhs.gov/environmentaljustice/) and the Department of Labor (www.dol.gov/asp/ej/) Environmental Justice Strategy and Implementation Plans.

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