

compared to the reference work hours (21-40 hours). However, in the male high SES workers, only short work hours were associated with suicidal ideation (no association with long work hours): OR (95% CI), 4.56 (1.03-20.27).

**Conclusions.** This is the first study that tested and demonstrated both short and long work hours as risk factors for suicide ideation, although it was observed only in the male SES workers. This study suggests that the association between work hours and suicide ideation in working populations should be examined in the full contexts of economic cycle/crisis, SES, and sex. This study implies the importance of social and work policies for optimal work hours (neither short, nor long work hours) and income equity as an important strategy for the prevention of suicide in US workers, particularly during economic crisis. More longitudinal studies are warranted in US workers for work hours and suicide behaviors.

### **A Phenomenological Study of African-American Women Seeking a Work Life Balance**

*Alisha Powell (Walden University)*

The experience of African American women is a complicated one. African American women experience high levels of stress in their interpersonal relationships and are more likely to experience depression and anxiety in their lifetime. Work life balance has been a crucial part of the discussion about self-care as the number of women in the workplace continue to rise. Women can be more inclined to stay on the job when they are satisfied and when they feel that their employers genuinely care about their welfare. Researchers have found that women experience the stress of obtaining a work-life balance in a different way than men, as their work commitments are valued less (Walia, 2015). As a result, women are more likely than men to report a conflict between work and home responsibilities as they typically complete the majority of household duties (Walia, 2015).

Daily life for many working women in the United States consists of attempting to maintain a delicate balance between their jobs and their families. Women often find themselves in dual roles that include work responsibilities, household duties, childcare, and emotional support for a spouse (Walia, 2015). They are more likely to perceive a conflict between their work and personal lives than men due to competing responsibilities (Evans, Carney & Wilkinson, 2013). Men often work longer hours outside of the home when family responsibilities increase, leaving women to pick up the slack (Evans, Carney & Wilkinson, 2013; Sirajunisa & Panchanatham, 2010).

African American women are less likely to marry and more likely to experience high rates of marital instability. They are more likely to experience racism, classism, and sexism in the workplace and many find themselves hitting a glass ceiling as they try to advance their career (Hamm, 2014). Oftentimes, African American women are pulled in multiple directions as they attempt to successfully manage the responsibilities of work and home. Attending to the emotional needs of a spouse while seeking to advance within the workplace is a feat that can take a toll on their emotional well-being. They are the most educated group in the United States, and, yet, they make up less than 2% of the existing leadership positions (Osborne, 2016). The purpose of this qualitative phenomenological study was to better understand the experiences of married African American women and how they manage the demands of both work and family. There is an existing gap in the literature related African American women and work-life balance. African American women as a group are understudied in

empirical research (Few, Stephens, & Rouse-Arnett, 2003). The theoretical framework was black feminist theory and work life border theory. Participants consisted of married African American women (11) who worked full time outside of their home. Data from interviews consisting of open-ended questions were analyzed for common themes and meanings. Findings reinforce the importance of having a flexible job and a supportive spouse. Having a supportive spouse was an important aspect in successfully navigating between the spheres of work and family. Spouses were there as partners to provide assistance when participants had to work late or had a last-minute work demand. Women reported that their spouses supported their careers by helping with some household duties and being emotionally present when they were stressed because of their jobs. A supportive spouse was also helpful when there was "spillover" between the spheres of work and home such as a sick child or an emergency session after hours with a client.

A flexible work schedule and time management skills also helped participants to navigate easily between both spheres. They were able to move their job responsibilities around as necessary in order to accommodate unexpected events with their children or family emergencies. Women talked about the things they did to leave work responsibilities at work so that it would not interfere with their family life. Participants in this study were clear about how a spouse contributed to their quality of life and it would be research appropriate to discover if African American men had a similar sentiment. Additional research in this area would increase cultural competence with social psychology and mental health professionals in other disciplines around the unique challenges of African American men. Using study findings, social psychologists, employers, and the general public may be more culturally competent in their knowledge of the specific challenges facing African American women, which may lead to potential positive social change. For instance, employers may be better able to meet the needs of their African American female employees, which may help to promote greater WLB, better emotional health, and increased life satisfaction for these women.

### **Independence Ballroom CD**

## **Economics of Outpatient Prescription Opioids in U.S. Workers**

### **SYMPOSIUM**

*Chair: Rene Pana-Cryan (NIOSH)*

**Problem statement:** Research and surveillance conducted by members of the NIOSH Healthy Work Design and Well-Being (HWD) program focuses on how work affects overall health and well-being, including physical, psychological, social, and economic aspects. Although a growing literature addresses the prevalence of drug overdose, particularly opioid overdose, little is known about the prevalence of prescription opioid use among the working population. Information on the prevalence of opioid use among U.S. workers, along with factors associated with their use, is critically needed. The issue of opioid use among workers is both a health issue and a safety issue. Prescription opioids may be both a personal risk factor for work-related injury, and a consequence of work exposures. Several studies have found that workers employed in industries in which the rate of work-related injury is high such as mining and construction were more likely than other workers

to receive prescription opioids, and to die from opioid overdose. Jobs prone to injury and illness have higher proportions of workers with substance misuse and overdose death. Nationally representative data and other large datasets on prescribed opioid medications can provide useful information to discuss the use and expense of prescription opioids among U.S. workers.

**Objective:** The papers in this session include analyses of two datasets, the Medical Expenditure Panel Survey (MEPS) and the Truven Healthcare MarketScan Research Database. The MEPS is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is a panel survey that contains data on the expense and use of health care and health insurance coverage. The MarketScan® Research Databases are a family of research data sets that fully integrate de-identified patient-level health data which consist of data contributed by large employers, managed care organizations, hospital, electronic medical record providers, and Medicare and Medicaid.

Together these papers examined:

- Sociodemographic factors, employment characteristics and occupation, along with the expense of obtaining opioids in U.S. workers for 10 years of MEPS data (2007-2016) (Alterman)
- Opioid prescribing patterns for work-related and non-work-related injuries in 5 years of MEPS data (2010-2014) (Quay)
- The impact of workplace injury on opioid use from MarketScan group health insurance data using a quasi-experimental framework (Asfaw).

**Analyses.** Weighted prevalence estimates, multivariate logistic regression, and difference-in-differences methods were used.

**Results.** Prevalence and expenses for outpatient prescription opioids varied by sociodemographic factors, type of health insurance, and occupation in a nationally representative sample of U.S. workers. Work-related injuries were more likely to result in at least one opioid prescription, more opioid prescription days and higher expenses than non-work-related injuries. Most data on work-related injury has relied on workers compensation data, which limits the scope of analysis because injured workers might use other sources of payment to obtain opioid prescriptions. By using the Difference-in-Differences method, researchers demonstrated the utility of using group health insurance data using a quasi-experimental framework for examining the impact of workplace injury on opioid use.

**Implications and Conclusion.** These studies provide information on opioid prescription use and expense in nationally representative samples of U.S. workers and in a large group insurance database. Prevention and intervention activities should be targeted to worker groups with higher prevalences of opioid use, and those at higher risk of work-related injuries. These results make a strong case for investing in worker safety and health.

### **Prevalence and expense of outpatient prescription opioid use among workers**

*Toni Alterman (NIOSH)*

**Introduction:** Although a growing literature addresses the incidence of drug overdose, particularly opioid overdose, little is known about the prevalence of prescription opioid use among the working population. Information on the prevalence of opioid use among U.S. workers, along with factors associated with their use, is critically needed. The issue of opioid use among workers is both a health issue and a safety issue. Prescription opioids may be both a personal risk factor

for work-related injury and a consequence of work exposures. Several studies have found that workers employed in industries in which the rate of occupational injury is high such as mining and construction were more likely than other workers to receive prescription opioids, and to die from opioid overdose. Jobs prone to injury and illness have higher proportions of workers with substance misuse and overdose death. Workplace ergonomic challenges, occupational injury, musculoskeletal conditions and disability have been shown to impact opioid use or misuse. Opioid use may affect the performance of safety-sensitive tasks and increase the risk of workplace injuries by decreasing muscle strength and reaction time, as well as affecting judgment, coordination, attention, and memory. Understanding factors that are associated with opioid use by workers may help identify potential work- and non-work-related risk factors for prevention of opioid-related health issues. **Objective:** Our objective was to examine the prevalence and expense of outpatient prescription opioid use, along with associated sociodemographic, economic, and work characteristics, in a national sample of U.S. workers. **Method:** We used the 2007–2016 Medical Expenditure Panel Survey (MEPS) data to estimate prevalence, expenses, and associations of outpatient prescription opioid use among the U.S. working population. MEPS is the most complete nationally representative longitudinal survey that collects information on health service use and expenses in the United States. We pooled ten years of MEPS data to reduce standard errors of estimates. We used the prescription drug and yearly consolidated files of MEPS for this study. The MEPS prescribed medicine file has information on all types of prescription drugs purchased or obtained during each year of the survey. This information was collected directly from the respondents, during a recall period of 3–6 months. Then, for each medication reported by the respondent, MEPS contacted the dispensing pharmacy to collect detailed information. MEPS collects data only on prescriptions purchased or obtained in an outpatient setting; it does not include drugs administered within an inpatient setting. We used more than 13,000 National Drug Code (NDC) codes. We linked the prescription files to the yearly consolidated files to get detailed information on MEPS respondents. We identified two main outcomes of interest for this study: prevalence of opioid use and total opioid expenses. Prevalence of opioid use was defined as the percentage of workers who purchased or obtained one or more outpatient prescription opioids within a given survey year. Total opioid expenses were defined as the sum of payments for opioid prescriptions within a year. Using multivariable analysis, we examined associations of opioid use with sociodemographic, economic, and work characteristics. We included 170,009 respondents between 2007 and 2016, aged 16 years and older, who reported working in at least one of the three rounds of interviews within a year. We excluded respondents with military occupations (722 respondents). Our sample represented a population of 167.2 million workers per year. **Results.** An estimated 21 million workers (12.6% of workers) aged 16 years or older used one or more outpatient prescription opioid medications, at an expense of \$2.81 billion per year, during the study period. Private health insurance covered half of the total opioid expenses for workers. The prevalence of opioid use was higher for women than for men, but men spent more money on opioids. In addition, the prevalence of opioid use was higher for older; non-Hispanic white; divorced, separated, or widowed; and non-college-educated workers. There is an inverse relationship between family income and the likelihood of a worker using opioids. Compared to workers with private insurance, workers with public health insurance were more likely to use and spend more on opioid prescriptions. During the study period, both the prevalence

PHILADELPHIA, PA | NOVEMBER 6-9

# *Work, Stress and Health* 2019

FULL PROGRAM



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



Society for  
Occupational  
Health  
Psychology



National Institute for  
Occupational Safety and Health