



Describing Occupational Health Disparities in North Carolina, 2003-2013

Navigation

[Start](#)

[Committee Index](#)

[Author Index](#)

Monday, June 20, 2016: 2:25 PM

Tubughnenq' 3, Dena'ina Convention Center

Gregory T T Dang, *North Carolina Department of Health and Human Services, Raleigh, NC*

[Audio File](#)

[Recorded Presentation](#)

BACKGROUND: Occupational health disparities are defined as differences in disease incidences or risks to health from work exposures existing across racial/ethnic worker populations. These result in part from high concentrations of certain racial/ethnic minorities in high-risk jobs and hazardous industries, and lack of complete safety awareness and interventions among certain worker populations due to language, social, cultural, or economic barriers. Describing occupational health disparities in NC is important to help understand and address the risks to workers in the state.

METHODS: Employment data was used to describe the distribution of different racial/ethnic categories of workers in different low and high-risk occupations, and the association between race/ethnicity and rates of work-related fatalities. Data were obtained from the U.S. Census Current Population Survey (CPS), and the U.S. BLS Census of Fatal Occupational Injuries (CFOI). All currently employed

NC residents during 2013, aged 16 years or older and all work-related fatalities recorded by CFOI from calendar years 2003 through 2013 were selected for analysis.

RESULTS: In 2013, the estimated NC workforce consists of 4,294,106 employed persons. Given demographic distributions, Non-Hispanic (NH) Blacks (20.5%) were underrepresented in 5/7 of the highest-paid occupation groups, and overrepresented in 4/7 of the lowest-paid groups. Hispanics (8.8%) were underrepresented in all of the highest-paid occupations, and overrepresented in 5/7 of the lowest-paid occupations. 9/10 of the most common occupations for NH Blacks were service/manual labor, and all of the top 10 occupations among Hispanics were service/manual labor. NH Blacks were overrepresented in 8/13 of the occupations ranked with the highest work-related injury/illness rates nationally, and Hispanics were overrepresented in 6/13 of these occupations. From 2003 through 2013, Hispanics consistently had higher rates of work-related fatalities than other racial/ethnic groups, and were 1.75 (95% CL 1.04, 2.8; $p < 0.05$) times more likely to die on the job than NH White workers.

CONCLUSIONS: Occupational health disparities by race and ethnicity exist in NC, as certain racial/ethnic groups of workers (e.g. Hispanic workers) are consistently at higher risk for work-related injury and death as compared to other groups of workers. Continued surveillance using other available data sources (e.g. American Community Survey), and using multiple methods of data collection (e.g. employee work experience on-site interviews) for detailed information on potential factors causing work-related injury (e.g. lack of safety awareness training, language barriers) should be the next steps taken to further understand and address occupational health disparities in North Carolina.

See more of: [Occupational Health II - Rapid-Fire](#)

See more of: [Breakout Sessions](#)

[<< Previous Abstract](#) | [Next Abstract >>](#)

CSTE 2016