

1 **Support Decent Work for All as a Public Health Goal in the United States**

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5

6 Abstract

7 This policy promotes decent work as a U.S. public health goal through a comprehensive approach that
8 builds upon existing APHA policy statements and addresses statement gaps. The International Labour
9 Organization defines decent work as work that is “productive, delivers a fair income, provides security in
10 the workplace and social protection for workers and their families, offers prospects for personal
11 development and encourages social interaction, gives people the freedom to express their concerns and
12 organize and participate in the decisions affecting their lives and guarantees equal opportunities and equal
13 treatment for all across the entire lifespan.” The World Health Organization has emphasized that “health
14 and employment are inextricably linked” and “health inequities attributable to employment can be
15 reduced by promoting safe, healthy and secure work.” Here evidence is presented linking decent work
16 and health and action steps are proposed to help achieve decent work for all and, thus, improve public
17 health. In the United States, inadequacies in labor laws, structural racism, failed immigration policies,
18 ageism, and other factors have increased income inequality and stressful and hazardous working
19 conditions and reduced opportunities for decent work, adversely affecting workers’ health and ability to
20 sustain themselves and their families. The COVID-19 pandemic highlighted these failures through higher
21 mortality rates among essential and low-wage workers, who were disproportionately people of color. This
22 policy statement provides a strategic umbrella of tactics for just, equitable, and healthy economic
23 development of decent work and proposes research partnerships to develop, implement, measure, and
24 evaluate decent work in the United States.

25

26 Relationship to Existing APHA Policy Statements

27 This proposed policy statement does not address a topic identified by the Joint Policy Committee or
28 APHA as a policy gap. It does, however, integrate issues from three policy statements (200018, 20019,
29 and 20136) that will be archived by 2023. Several APHA policies (20174, 20054, 20148, 20218, 202012,
30 and 20213) recognize the relationship between adverse working conditions, such as job strain, unsafe
31 conditions, inadequate protections, low wages, structural racism, and insecure work, and health outcomes
32 that include workplace injuries and illnesses, for example cardiovascular and all-cause mortality, COVID-
33 19 mortality, suicides, and opioid use disorder and overdose. Other policies (20167, 20174, 20136, 20068,
34 20148, and 20177) recognize the benefits of social and economic supports, such as a living wage, paid

35 family and sick leave, and union protections, or called for special protections for immigrants, temporary
36 workers, farmworkers, and essential workers during the COVID-19 pandemic. This policy builds upon
37 and uses aspects of the following policies:

- 38 ● APHA Policy Statement 20019: Protection of Child and Adolescent Workers (archived)
- 39 ● APHA Policy Statement 20054: Occupational Health and Safety Protections for Immigrant
40 Workers
- 41 ● APHA Policy Statement 20068: Resolution on the Right for Employee Free Choice to Form
42 Unions
- 43 ● APHA Policy Statement 20136: Support for Paid Sick Leave and Family Leave Policies
- 44 ● APHA Policy Statement 20148: Ensuring Workplace Protections for Temporary Workers
- 45 ● APHA Policy Statement 20167: Improving Health by Increasing the Minimum Wage
- 46 ● APHA Policy Statement 20174: The Critical Need to Reform Workers' Compensation
- 47 ● APHA Policy Statement 20177: Improving Working Conditions for U.S. Farmworkers and Food
48 Production Workers
- 49 ● APHA Policy Statement 20179: Reducing Income Inequality to Advance Health
- 50 ● APHA Policy Statement 20213: A Comprehensive Approach to Suicide Prevention within a
51 Public Health Framework
- 52 ● APHA Policy Statement 20218: Call for Urgent Actions to Address Health Inequities in the U.S.
53 Coronavirus Disease 2019 Pandemic and Response
- 54 ● APHA Policy Statement 202011: Supporting and Sustaining the Home Care Workforce to Meet
55 the Growing Need for Long-Term Care
- 56 ● APHA Policy Statement 202012: A Public Health Approach to Protecting Workers from Opioid
57 Use Disorder and Overdose Related to Occupational Exposure, Injury, and Stress
- 58 ● APHA Policy Statement 202112: Lessons from the COVID 19 Pandemic: The Importance of
59 Universal Health Care in Addressing Health Care Inequities
- 60 ● APHA Policy Statement 20197: Addressing Environmental Justice to Achieve Health Equity

61 This policy statement advocates for adoption of the broad framework of decent work initially developed
62 by the International Labour Organization (ILO) as a sustainable health strategy for improving public
63 health and well-being. Adoption of such a comprehensive policy gives APHA the ability to advocate in a
64 timely manner for a wide range of potential initiatives and legislative proposals that affect worker, family,
65 and community health.

66

67 Problem Statement

68 The term “decent work” was adopted by the ILO in 1999 to promote a human-centered approach to
69 address the social impacts of working life. The ILO defines decent work as work that is “productive,
70 delivers a fair income, provides security in the workplace and social protection for workers and their
71 families, offers prospects for personal development and encourages social interaction, gives people the
72 freedom to express their concerns and organize and participate in the decisions affecting their lives and
73 guarantees equal opportunities and equal treatment for all.”[1] This definition applies a systems approach
74 to include factors inherent to decent work and positive work experiences, such as jobs that are safe,
75 healthy, and secure; provide adequate compensation to support a family; offer free time and rest; treat
76 workers with respect; and provide social protection, including the right to free association (such as the
77 right to form labor unions). To achieve its goal of ensuring decent work, the ILO’s decent work
78 framework promotes a development strategy recognizing the central role of work in everyone’s life. The
79 framework consists of four inseparable, interrelated, and mutually supportive strategic objectives:
80 creating full employment, implementing and promoting standards that ensure workers’ rights, enhancing
81 social protections for all, and strengthening engagement among government, industry, and labor,
82 including through labor unions and community organizations.

83
84 The World Health Organization (WHO) has expanded the focus on health to emphasize that “health and
85 employment are inextricably linked” and “health inequities attributable to employment can be reduced by
86 promoting safe, healthy and secure work across all sectors of employment.”[2] Similarly, Benavides et al.
87 argue that “decent work is a basic condition for the health and well-being of workers and their
88 families.”[3] An International Commission on Occupational Health work group recently published a
89 detailed framework on the connections between decent work and occupational safety and health.[4] In
90 addition, the United States recently joined the ILO’s Climate Action for Jobs Initiative, which supports
91 the creation of decent work and quality jobs as an integral part of its efforts to combat climate change and
92 transition toward environmentally sustainable economies.[5] Finally, the U.S. surgeon general has called
93 for improvements in work life to improve mental health and well-being across the U.S. workforce.[6]

94
95 Associations between work and health: Worker health can be affected by physical, chemical, biological,
96 biomechanical, and psychosocial work hazards and by lower levels of income. For example, the original
97 Whitehall studies demonstrated a stepwise increase in cardiovascular mortality as social class decreased,
98 with a 3.6-fold increase in the lowest group relative to the highest.[7] Subsequent Whitehall II studies
99 have revealed that increases in metabolic syndrome and cognitive decline, increased myocardial
100 infarctions, and other adverse outcomes are associated with unfair supervisors, excessive overtime, and

101 other workplace exposures.[8–11] Worker health is negatively affected by job stressors, including long
102 hours, low job control, job strain, inadequate staffing and resources, effort-reward imbalances, and work-
103 family conflict, as well as unemployment.[10] Extensive epidemiological research has demonstrated
104 increased cardiovascular mortality and all-cause mortality associated with job loss, repeated episodes of
105 job loss, duration of job loss, and threatened job loss.[11,12] In a prospective cohort study of 13,451 U.S.
106 adults 51 to 75 years old who were followed from 1992 to 2010, Dupre et al. found that, after adjustment
107 for multiple risk factors, acute myocardial infarction risks were significantly higher among the
108 unemployed and that risks increased incrementally from one job loss to four or more cumulative job
109 losses relative to no job loss.[13] Both repeated episodes of unemployment and long-term unemployment
110 are associated with increased mortality.[14] The empirical literature on long-term unemployment and
111 physical, mental, and psychological well-being is extensive; however, there are limited data on the effects
112 of underemployment or nonstandard work (e.g., temporary or third-party contract work) on worker health
113 and well-being.[15] Among American working adults, low income is associated with higher rates of
114 hypertension, heart disease, diabetes, stroke, other chronic diseases, and psychological disorders.[16]
115 Lower family income is also associated with increased risk of infant mortality, low birth weight,
116 childhood asthma, heart conditions, hearing problems, digestive disorders, and childhood obesity.[16]

117
118 In part as a result of worsening work conditions, the United States is experiencing declining mental and
119 physical health. Life expectancy decreased between 2015 and 2017 mainly because of an increase in
120 death rates among working-age adults (25–64 years) from “deaths of despair” (i.e., drug, especially
121 opioid, poisoning; alcohol-induced causes; and suicide) and other causes, including diabetes, obesity, and
122 cardiovascular disease.[17] Adverse working conditions place workers at increased risk for depression
123 and burnout, while more decent work conditions, such as having more job control, have a protective
124 impact.[18] Health care workers experience exposures to biomechanical and chemical hazards, infectious
125 diseases, understaffing, and workplace violence, resulting in burnout, musculoskeletal injuries,
126 absenteeism, job resignations, early retirements, and posttraumatic stress.[19] Job stressors are risk factors
127 for health issues such as suicide, suicidal ideation, and cardiovascular disease. Male-dominated
128 occupations, occupational access to firearms, and access to medications can significantly increase suicide
129 risk, particularly among women. In 2019, more law enforcement officers died by suicide than in the line
130 of duty.[20]

131
132 Work can provide economic security, self-esteem, and social connectedness, and work that offers respect,
133 control, and skill development may improve health.[2] Work that is dignified and respected and offers the
134 opportunity to solve problems and develop new skills should be characteristic of all employment,

135 irrespective of job type.[21] A series of Whitehall II studies have shown that workers who rate their
136 immediate supervisors high on items such as respect, providing information, and providing positive
137 feedback experience fewer coronary artery events, have a lower incidence of metabolic syndrome, and
138 experience less cognitive decline after control for other risk factors.[22,23] Kivimäki and colleagues
139 combined data from seven prospective European worker cohorts representing 1.8 million person-years at
140 risk and 1,143 people with incident cases of dementia to explore the relationship between dementia and
141 high versus low cognitive stimulation at work. Workers with high cognitive stimulation at work
142 experienced a significantly lower risk of dementia after adjustment for multiple risk factors.[23]
143 The following section applies the ILO’s four objectives of decent work as an analytic framework to
144 describe examples of current work conditions in the United States that fall short of decent work and
145 highlights information gaps.

146
147 Employment creation: Over the past four decades, U.S. job stability has decreased and income inequality
148 has increased as economic globalization policies have promoted “free trade,” including reductions in
149 government spending on public services and deregulation of occupational and environmental health and
150 financial sectors.[24] These policies have led to an increasing income gap, a decline in decent work, and
151 an increase in economic migration. Privatization, downsizing, restructuring, and a lower prevalence of
152 unionized workers have been associated with increases in precariousness, job insecurity, time pressure,
153 workload, low job control, and low workplace support, especially in the presence of an inadequate social
154 safety net among vulnerable workers.[25]

155
156 According to the U.S. Government Accountability Office, the Great Recession (2007–2009) accelerated
157 the rise of part-time work, with the percentage of “standard part-time workers,” defined as those who
158 have a standard employee relationship with an employer and are entitled to Fair Labor Standards Act
159 protections, increasing from 11.9% to 16.2% between 2006 and 2010.[26] Workers in alternative work
160 arrangements, such as “gig” workers (those using online work platforms and working on a freelance
161 basis) and “contingent” workers (e.g., temporary help agency workers, on-call workers, contract workers,
162 and independent contractors or freelancers), increased from 35.3% to 40.4% during this period.[26] Such
163 arrangements exacerbate inequality; in gig work, for example, workers forgo all employee benefits while
164 those who control the online work platforms reap large profits. Some forms of contingent work violate
165 existing regulations (e.g., when workers are misclassified as “self-employed” to avoid employer
166 responsibilities); however, enforcement of these regulations is inadequate. Current regulations fail to
167 address many types of unstable work. Analyses of the General Social Survey of U.S. adults have shown
168 that unstable work hours are common among standard part-time workers and that workers who are Black,

169 young, and without college degrees are most exposed to volatile work hours, limited schedule input, and
170 short advance notice to work.[27] Enormous job loss occurred initially during the COVID-19 pandemic
171 among low-wage workers in the hospitality sector, including many immigrant workers who were
172 ineligible for social supports. In 2021, 4 million U.S. workers settled for part-time work owing to reduced
173 hours or an inability to find full-time jobs.[28]

174
175 Since 2001, there has been a 40% decline in grants to states through the Workforce Innovation and
176 Opportunity Act, the primary U.S. law governing job training investments.[29] The United States invests
177 less than every industrialized country other than Mexico in active labor market participation policies that
178 help match workers with employment opportunities (e.g., employment services, job search assistance, job
179 training programs, and employment subsidies).[29] Employer investment in workforce training has fallen
180 in recent years for multiple reasons, including market pressure to focus on short-term results and greater
181 movement among jobs by workers.[30]

182
183 The U.S. minimum wage is lower than that of other high-income countries. Forty-four percent of
184 American workers 18 to 64 years of age are considered “low-wage workers,” with a median hourly wage
185 of \$10.22 and median annual earnings of \$17,950.[31] Even workers in prestigious jobs may struggle
186 financially: a recent report revealed that one in eight congressional staff members (those in junior-level
187 positions, such as staff assistants, press assistants, and legislative correspondents) do not earn a living
188 wage, defined as a wage needed to meet one’s basic needs, and often require side jobs or rely on family
189 members to pay their bills.[32]

190
191 Fundamental rights at work: Decent work includes rights for personal development, social interactions,
192 the expression of concerns, the ability to organize and participate in decisions affecting one’s life, and
193 guaranteed equal opportunities and treatment for all. Below are selective examples of ways in which these
194 objectives are thwarted.

195
196 Unionization promotes high-quality jobs with increased wages, high-quality benefits, decent working
197 conditions, retirement security,[33] a “voice” for workers, and health and safety.[34] However, the
198 unionization rate has declined in recent years; less than 11% of U.S. workers are currently union
199 members, and employers can fire pro-union workers to derail unionization campaigns with minimal
200 consequences.[35] The National Labor Relations Act allows states to pass “right to work” laws, which
201 permit employees in unionized settings to refuse to pay union dues, thus weakening unions. A 2018 study
202 showed that among states that had enacted right to work legislation, each 1% decline in union

203 membership was associated with a 5% increase in fatal workplace injuries, for an overall increase of 14%
204 in fatal traumatic injuries.[36]

205
206 Job stability in the United States is also weakened because this country, unlike most developed countries,
207 permits widespread at-will employment. With some exceptions, the United States allows the dismissal of
208 workers “at will” for any or no reason and does not address notification procedures for dismissal, thus
209 creating fear of job loss that discourages workers, particularly low-wage, Black, and Hispanic
210 workers,[35] from reporting discrimination and harassment, unsafe working conditions, or work-related
211 injuries.

212
213 Social protections for all: Decent work encompasses social protections such as work-associated benefits
214 that protect the financial stability of workers and thus enhance the health of workers and their families. As
215 described below, many U.S. workers do not have those protections.

216
217 There is currently no federal requirement for U.S. employers to offer paid sick, family, or medical leave, a
218 responsibility present in many other wealthy countries. For example, in 2021, only 23% of workers had
219 paid family leave through their employer.[37] Workers in occupations such as retail, home care, custodial,
220 and food service; those in gig or informal work; and part-time or lower-wage workers are less likely to
221 have benefits or access to affordable child care.[38] Benefit reductions for workers with occupational
222 illnesses and injuries have resulted in significant cost shifts to injured/ill workers and to taxpayer-
223 supported programs. Only 22% of workplace injuries and illnesses are covered by the workers’
224 compensation system, which costs the U.S. economy an estimated \$249.6 billion; this adversarial system
225 has contributed to depression, opioid addiction, and prolonged income loss among workers.[39]

226
227 Labor, industry, government, and community engagement: While decent work calls for a comprehensive
228 approach to work and worker health, the United States has a “splintered” approach to labor, with
229 enormous gaps in coverage for basic labor rights and sporadic programs by different levels of government
230 and nongovernmental organizations that fail to provide comprehensive solutions.

231
232 The initial Occupational Safety and Health Act referred to employee-employer relationships, failing to
233 address the self-employed or those in more fluid types of relationships that have since evolved. The
234 standard-setting and enforcement activities of the Occupational Safety and Health Administration
235 (OSHA) have eroded over time because of changes in workforce relationships and legal challenges.
236 COVID-19 has further highlighted OSHA’s enforcement shortfalls, leading to calls for a regulatory

237 overhaul.[40] The pandemic specifically demonstrated shortfalls in whistleblower protection for health
238 care workers. OSHA requirements for health care worker safety are linked to place of employment (e.g.,
239 hospitals); thus, nurse practitioners, physician assistants, pharmacists, and others who practice in retail
240 settings do not receive OSHA protections similar to their colleagues in recognized health care settings
241 despite facing similar occupational risks.

242
243 OSHA is further constrained by the Constitution from regulating state or local government employees,
244 although this can be remedied by state OSHA plans that either cover all workers or explicitly cover public
245 employees. For example, OSHA has the authority to regulate workplace safety for health care workers in
246 private hospitals but not for those in state or municipal hospitals; unless there is state-plan coverage for
247 the latter, those workers have no protection. Similar limitations exist for other groups of workers. For
248 example, the Fair Labor Standards Act has reduced labor protections for domestic workers and
249 farmworkers in particular and has broadly failed to update the minimum wage or provide job security for
250 these workers. Child labor provisions under the act are designed to protect the educational opportunities
251 of youth (those younger than 18 years) and prohibit their employment in jobs that are detrimental to their
252 health and safety. Hazardous orders are issued to establish minimum ages for workers to be hired to do
253 certain jobs or tasks.[41] Unfortunately, limits for youth in agriculture have not been updated since they
254 were first promulgated in 1970.[42] Regular reviews and updates of child labor regulations are essential
255 to keep up with changes in workplace processes and equipment and to promote decent work opportunities
256 for youth.

257
258 Multiple gaps in work-related data, standardized employment-related definitions, and metrics are
259 hindering the ability to assess work-related problems and evaluate workplace interventions. For example,
260 current discussions of job quality in the United States argue for increased pay, job security, opportunities
261 for growth, and well-being in jobs, although there is no shared definition of well-being. While the U.S.
262 Bureau of Labor Statistics (BLS) currently reports unemployment statistics, there are no well-defined
263 indicators for underemployment. In addition, standardized definitions and metrics are lacking for
264 emerging categories of precarious work.[15] Public health surveillance failures to include occupation and
265 industry information other than for health care have severely limited our ability to understand the impact
266 of the COVID-19 pandemic on many essential workers, despite extensive outbreak reporting.
267 Furthermore, while identification of job characteristics associated with adverse health outcomes is
268 increasing, further research to develop and test interventions designed to reduce stressful job
269 characteristics is needed, as is research documenting health-promoting aspects of work interventions.

270

271 Dimensions of work beyond employed/unemployed are largely absent from examinations of health
272 inequities in the United States.[43] As highlighted by the COVID-19 pandemic, Black and Latino
273 workers were disproportionately likely to work in jobs with higher COVID-19 mortality and were also
274 more likely to work in low-wage hospitality sector jobs in which job loss rates were higher.[44] African
275 Americans experience systemic racial barriers and face higher unemployment, fewer job opportunities,
276 lower pay, poorer benefits, and more job instability than others.[45] Jobs with higher risks of injury and
277 illness pay less and are more likely to be held by workers who are Black, have a high school degree or
278 less, or are foreign born.[31] Transgender/gender-diverse individuals face higher rates of unemployment,
279 denial of job promotions, job loss, and workplace verbal harassment, physical attacks, and/or sexual
280 assaults.[46] While issues surrounding immigration are outside the scope of this policy statement, all
281 workers, including all immigrant workers, must be covered by workplace protections and supports to
282 remedy the damage caused by the informal economy. Overall, there is limited information about
283 exposures and health outcomes among groups of vulnerable workers, including workers who are
284 unhoused, in prison, or working with disabilities, limiting the opportunities for developing actionable
285 policies and programs.

286

287 Evidence-Based Strategies to Address the Problem

288 The decent work framework is not a specific set of prescriptive policies. The ILO's decent work
289 objectives offer a way of broadening the concept of work to focus attention on the array of diverse
290 strategies needed to achieve healthier work. Although the United States lags significantly behind other
291 high-income countries in many aspects of its approach to work, there is a growing evidence base of
292 promising strategies that make decent and healthier work for all a possibility. The strategies described
293 below are examples of key ways in which work can be enhanced to promote health. A decent work
294 approach would create bridges across business and labor sectors and among these strategies so that they
295 are consistent components within job creation and work policies and practices.

296

297 Employment creation: Several developed countries have demonstrated effective strategies that improve
298 employment among job seekers through vocational training, including apprenticeships and other work-
299 based learning programs. Such programs support the entry of youth into labor markets through hiring
300 subsidies or subsidized employment, and standardized apprenticeship training supports school-to-work
301 transition.[47] Although less common than in Europe, U.S. apprenticeship participation is on the rise;
302 however, there is limited evaluation of the effects of such programs. The U.S Department of Labor's
303 Registered Apprenticeship, a career training program administered in conjunction with state
304 apprenticeship agencies, offers structured on-the-job training combined with related technical instruction

305 tailored to industry needs. In 2020, the Department of Labor administered almost \$250 million in active
306 apprenticeship expansion grants and established 3,143 new programs. The number of active Registered
307 Apprentices grew by 51%, to 633,476, with 92% of apprentices retaining employment after completing a
308 Registered Apprenticeship and earning an average starting salary of \$72,000.[48] In the United Kingdom,
309 an effort to promote quality work principles, including overall worker satisfaction, good pay, participation
310 and progression, well-being, safety and security, voice, and autonomy, has improved technical workforce
311 skills.[49]

312

313 Workforce development and community organizations have developed place-based innovative
314 partnerships with employers to create pipelines for jobs for various groups of workers including, but not
315 limited to, women, rural workers, and community college students.[50] Such investments in sector
316 partnerships have shown promise and warrant further evaluation and strategic scaling up.

317

318 An alternative to providing unemployment compensation to workers who are laid off by employers
319 experiencing financial loss is to keep workers on the job but working fewer hours. This approach, called
320 short work, provides supplementary income for workers who have reduced hours instead of putting some
321 workers out of work completely and providing them with unemployment compensation. Workers remain
322 at least partially in the workforce, retain benefits, and avoid the adverse health effects of unemployment.
323 In Germany, short work benefits are routine, while in the United States unemployment compensation is
324 the rule. A 2012 study comparing two panel survey cohorts of German and U.S. working-age adults
325 between 1984 and 2005 identified a significant unemployment-mortality association among Americans
326 but not among Germans.[51] Although short work was authorized by the Department of Labor during the
327 Great Recession, few states aggressively implemented it. Limited evaluations since 2008 suggest a
328 positive impact on manufacturing job retention.[52]

329

330 Adequate compensation, including pay (wages or salaries), is a basic component of decent work. Better-
331 paying jobs support basic needs, higher levels of consumption, and improved living standards.[53] For
332 example, a multilevel analysis of 492,078 individuals in 139 countries showed that employed adults in
333 countries with collective bargaining and generous wage-setting policies had a lower risk of being food
334 insecure than those in countries with a low or no minimum wage.[54] A 10% minimum wage increase has
335 been shown to reduce non-drug suicides among adults with lower levels of educational attainment by
336 2.7%, and a 10% increase in the Earned Income Tax Credit has been shown to reduce such suicides by
337 3.0%.[55]

338

339 Fundamental rights at work: Workplace policies and programs may contribute to improved work quality
340 and increased worker resiliency and well-being. A variety of workplace programs have been shown to
341 improve job quality and worker health. For example, a labor management committee at a Quebec hospital
342 identified sources of stress at work and worked to redesign jobs over a 1-year period. Relative to a control
343 hospital, the intervention hospital had improved job characteristics (job quality) and reduced levels of
344 burnout at work.[56] Work should be fair and equitable, with basic work rights including, but not limited
345 to, the opportunity to exercise voice and be free from discrimination and harassment. WHO and the
346 National Institute for Occupational Safety and Health (NIOSH) have identified interventions that directly
347 target the work environment.[57] Employers can explicitly change work environments in ways that can
348 reduce stress, such as increasing worker control over scheduling and daily tasks, offering opportunities for
349 unionization and collaboration, improving work-life balance, and placing limits on work demands and
350 mandatory hours.[57] A series of Whitehall II studies demonstrated lower cardiovascular mortality,
351 reduced metabolic syndrome, and higher cognitive function among workers whose supervisors provided
352 them with adequate information and recognition relative to workers whose supervisors failed to do
353 so.[9,10,22,23] A recent randomized trial revealed that improving technology workers' control over their
354 work schedules and training supervisors on family-supportive behaviors improved workers' sleep
355 quality.[58] Further intervention research is needed to assess the best ways to improve supervisor support.
356
357 Additional strategies to address worker mental health include facilitating help seeking and referrals to
358 mental health care and supportive services for workers at risk; offering peer counseling; reducing stigma;
359 implementing recovery-supportive workplace policies; providing resources and training to detect and
360 respond appropriately to compromised mental health and risk for drug use, alcohol use, and suicide; and
361 creating crisis response plans.[59,60]
362
363 Collective bargaining has been used to improve job quality, such as providing teachers with greater voice
364 on the job.[33] During the pandemic, unionized workers negotiated additional pay, safe working
365 conditions, paid sick benefits, job preservation, and voice at work, with associated improvements in
366 mortality among long-term care residents in New York State attributed, in part, to workers' greater access
367 to personal protective equipment.[61] In the mid-Atlantic region, COVID-19 infection rates were lower
368 among unionized grocery workers than in the regional population.[62]
369
370 Social protections for all: Provision of unrestricted cash through guaranteed income programs is being
371 piloted in a growing number of U.S. cities. For example, an experiment conducted by the city of
372 Stockton, California, demonstrated that program recipients receiving \$500 per month for 24 months in

373 guaranteed income secured full-time jobs at more than twice the rate of people in a control group who did
374 not receive cash.[63]

375

376 Family leave improves parents' mental health with long-term benefits for their children, and sick leave is
377 associated with job satisfaction, improved worker health through the use of preventive health services,
378 reduced absenteeism from work, and lower rates of occupational injury.[53] Currently, 14 states,
379 Washington, D.C., and 20 other localities have laws requiring covered employers to provide eligible
380 employees paid time off for their own illness or to care for sick children.[64]

381

382 Lax and Zoeckler reviewed the burden of occupational disease in New York State and recommended
383 fundamental reform that will incentivize employers to engage in occupational disease prevention and
384 eliminate barriers within the workers' compensation system so that workers with occupational disease
385 receive proper treatment, care, and compensation.[65] Washington State, with 10% of occupational
386 injuries resulting in permanent impairment, implemented workers' compensation reforms via its return-to-
387 work programs. Recent data indicate that these workplace improvements support safe and sustained
388 return-to-work outcomes that improve worker health, costs, and timely response.[66]

389

390 Labor, industry, government, and community engagement: Worker cooperatives (co-ops) hold promise
391 for achieving decent work. An estimated 465 U.S. worker co-ops employ about 7,000 people and generate
392 more than \$550 million in annual revenues.[67] A study of Cooperative Home Care Associates in New
393 York City revealed better worker outcomes (e.g., fair promotions, helpful supervisors, decision-making
394 participation) than similar conventionally governed businesses.[68] Co-ops can build worker power and
395 promote community health. For example, Washington farmworkers started a co-op that established a
396 pesticide-free farm to protect worker and environmental health.

397

398 Federal legislative efforts have sought to support decent work. The Occupational Safety and Health Act
399 has led to dramatic reductions in workplace injury fatalities. The Coronavirus Aid, Relief, and Economic
400 Security Act provided unemployment support to gig workers and provided resources for personal
401 protective equipment for health care workers. However, the employer-employee language in the act
402 leaves many workers outside of OSHA protections. Other countries, such as Australia, have solved this
403 problem by creating a duty for businesses to ensure, insofar as feasible, safety for their employees,
404 contract or gig workers, customers, and the general public while on their premises or conducting work.
405 Other approaches to improving alternative work arrangements range from regulatory enforcement of
406 worker classification (proving that workers in a given situation function not as independent contractors

407 but as employees) and creation of benefit pools for employers to fund on a prorated basis to creation of
408 new work categories with intermediate regulations.[69]
409
410 OSHA cannot regulate state and local employees. State plan OSHA programs are able to include state and
411 local employees, and a number of state plan states have adopted occupational safety and health standards
412 such as illness and injury prevention program requirements that reduce injury rates, include farmworkers
413 in their enforcement activities, and exceed federal OSHA protections. State laws and regulations have
414 addressed health care work challenges. The California nurse-to-patient staffing ratio law was associated
415 with a decrease in injuries among California nurses.[70] When nurses' workloads in New Jersey and
416 Pennsylvania were in line with California-mandated ratios, burnout and job dissatisfaction among nurses
417 were lower. Lower nurse staffing was associated with higher 30-day inpatient mortality.[71] Several
418 states' laws or regulations outline basic requirements for workplace violence prevention in health care.
419 An evaluation of the California Hospital Safety and Security Act of 1995 showed that assault rates in
420 California emergency departments decreased 48% relative to rates in emergency departments in New
421 Jersey.[72] Although state-based standards are exceptionally useful for providing protections beyond
422 those provided by the federal government, many states lag behind in worker protections, and their
423 workers would benefit from strengthened federal labor laws as well as strengthened OSHA standards.
424
425 Networks of worker centers, unions, community-based organizations, advocacy organizations, "high-
426 road" employers (employers that pay family supporting wages and engage workers and their
427 representatives in building skills and competitiveness), public health organizations, and local and state
428 governments have organized to create new enforcement models that promote decent work, protect
429 occupational health, and improve health equity. Successful examples of these models include the San
430 Francisco Office of Labor Standards Enforcement and a coalition of worker centers and nonprofit legal
431 advocacy groups that recovered more than \$6 million in wages stolen from workers.[73] The National
432 Domestic Workers Alliance has created networks of legislators and worker advocates that pass legislation
433 identifying domestic worker protections. Ten states and two major cities have passed a domestic workers'
434 bill of rights, paving the way for enhanced worker protections and enforceable Occupational Safety and
435 Health Act standards.[74] Attorneys general (AGs) have demonstrated their authority to protect the rights
436 and health of their constituents by filing cases with a strategic or impact litigation focus aimed at having a
437 broader effect on an industry or practice.[75] As of 2020, eight states and Washington, D.C., had
438 dedicated workers' rights units within state AG offices, and six were initiated in the past 5 years.[75] A
439 review of activities from 2018 to 2020 described how state AGs play a growing role in protecting
440 workers' rights and use their civil authority to pursue employers that violate a number of laws, including

441 laws related to wages, earned sick time, child labor, payroll fraud and misclassification, noncompete and
442 no-poach/no-hire agreements, sexual harassment, and the platform or gig economy.[75] Models such as
443 the Decent Work and Health Network in Ontario, a coalition of health workers advocating for decent
444 work and patient and worker health, indicate a role for public health in designing and delivering
445 interventions to increase decent work.[76]

446

447 Opposing Arguments/Evidence

448 Adopting decent work policy initiatives requires challenging our current economic systems and
449 frameworks that favor the “free market” and profit maximization over investments in long-term
450 workforce development and labor protections. Shifting the norms around these social and economic
451 systems involves realization of the effects of jobs and the economy on current and future population
452 health and well-being. This section includes an overview of some common arguments against elements of
453 decent work with evidence in response.

454

455 Worker health can be viewed as the purview of government aid, and thus employers do not have a
456 responsibility to protect or consider the health consequences of work environments. Elements of decent
457 work, such as adjusting and aligning the minimum wage for workers, addressing workplace conditions to
458 reduce psychosocial stressors (e.g., bullying and depression), providing more structure and participation
459 for workers, or even upholding basic human rights at work, are seen as adding to the cost of businesses
460 and affecting the price competitiveness of commodities or services. However, while employee work
461 benefit desires vary slightly according to factors such as generational identity, the benefits embraced by
462 the decent work framework are desired by the majority. Thus, employers reap the benefits of offering
463 decent work through their ability to attract and retain employees.[77]

464

465 One opposing argument is that increasing the minimum wage can lead to employers reducing work hours
466 or reducing the number of workers on staff. Such actions tend to affect groups associated with low-wage
467 work, such as teenagers, women, and Black and Hispanic individuals, who are heavily overrepresented in
468 the lowest wage categories.[78] However, a \$15 minimum wage could contribute to the broader goal of
469 reducing poverty and help millions of struggling households in small and mid-sized cities achieve self-
470 sufficiency.[79] According to the U.S. Congressional Budget Office, the effects of raising the minimum
471 wage are complex and vary owing to factors such as degree of wage increase, business reactions to
472 increases, industry type, and worker skill levels.[80] Incremental increases in the minimum wage hold the
473 potential to lower the percentage of families living in poverty. A 2022 national survey of U.S. economists

474 revealed differing views on the benefits of minimum wage increases but general agreement that stronger
475 social supports (a key component of decent work) would benefit workers.[81]

476

477 Another argument relates to the financial impact on employers and businesses of costs associated with
478 benefits such as health insurance, paid sick days, and other days off. A 2021 report cited research
479 indicating that paid leave for child care and personal or family health reasons was related to increased
480 worker retention, thus overcoming costs associated with worker recruitment, hiring, and training. The
481 majority of companies that have implemented paid leave programs have remained supportive of them
482 over time.[82] A Wall Street Journal editorial argued against employer-offered health and retirement
483 benefits, suggesting that these benefits should be obtained through nonprofit private sector buying
484 cooperatives instead, in part as a means to impede the creation of a national health care solution.[83]
485 However, according to estimates from several U.S. studies, annual workplace costs of mental health
486 disorders in terms of absenteeism and low work performance are in the range of \$30.1 billion to \$51.5
487 billion.[84,85] Thus, employers can financially benefit from the employee supports they offer.

488

489 While specific elements of decent work may change organizational climate and culture and may increase
490 some costs for employers, in the long term unsafe workplace conditions create more injuries and illness.
491 For example, work-related injuries and untreated worker mental health conditions can lead to low work
492 performance and productivity loss. The National Safety Council estimated that work-related injuries cost
493 the U.S. economy roughly \$171 billion in 2019.[86] That averages to roughly \$1,100 per injured worker
494 and \$1.2 million per worker death. In addition, the council estimated that 55 million workdays were lost
495 in 2020 as a result of disabling injuries sustained in 2019.[86]

496

497 Critics of immigration argue that decent work policies enable undocumented immigrants to benefit from
498 breaking immigration laws and to undercut the wages of “American” workers. However, many
499 immigrants suffer workplace abuse and wage theft in the United States because of their outsider status,
500 language varieties, and threat of deportation. Thus, laws protecting the rights of immigrant workers and
501 preventing wage theft would help prevent undercutting of the wages of native-born workers.

502

503 Action Steps

- 504 1. The U.S. Senate should ratify relevant ILO conventions surrounding workplace safety and health
505 and decent work.

- 506 2. The White House should establish an interagency task force in partnership with multiple public
507 and private sectors to explore, coordinate, and evaluate metrics, activities, and policies to develop
508 and support implementation of a decent work strategic framework for the United States.
- 509 3. The U.S Congress should (a) increase workforce development funding, (b) adopt evidence-based
510 strategies (including apprenticeships and public-private sector partnership models) to boost
511 employment creation, and (c) partner with other federal, tribal, and state agencies to identify best
512 practices to help communities negotiate bringing jobs into their neighborhoods that provide
513 decent work.
- 514 4. The U.S. Congress should (a) update the definitions of employer and employee in all federal
515 labor laws to reflect the current state of employment arrangements and remove the exemptions in
516 place for farmworkers and domestic workers; (b) update the Fair Labor Standards Act to provide
517 a minimum wage that is automatically inflation adjusted and ensure a wage no lower than 200%
518 the federal poverty level for a family of four; (c) pass legislation to expand paid leave for all
519 workers, regardless of employer size or industry sector; (d) pass legislation to remove
520 administrative and legal obstacles for workers to form unions; (e) mandate a periodic review and
521 update of all child labor regulations to keep pace with changes in workplaces; and (f) increase
522 funding for OSHA enforcement activities.
- 523 5. The U.S. Congress should amend the Occupational Health and Safety Act to (a) extend
524 protections to farmworkers, domestic workers, and other workers in nontraditional employment
525 arrangements; (b) redefine the duty of employers to ensure safety for all workers, customers, or
526 members of the public; (c) require employers to abate hazards during a challenge to an OSHA
527 citation; (d) streamline the process for issuing regulations; (e) require injury and illness recording
528 and reporting for all employers; and (f) strengthen whistleblower protections.
- 529 6. The U.S Congress should provide funding to NIOSH to (a) collaborate with other federal
530 agencies to research, develop, and validate measures of decent work; (b) award research grants to
531 investigate components of decent work, such as job and employment characteristics and their
532 associated health effects and workplace justice initiatives designed to reduce racial and ethnic
533 inequalities in work and health; (c) collaborate with state and community partners to evaluate the
534 health and well-being effects of alternate models of worker protection and new participatory
535 models of decent work, such as worker cooperatives; (d) establish with state agencies a robust
536 surveillance program to investigate the prevalence of psychosocial, biomechanical, chemical,
537 biological, and physical hazards across a representative sample of U.S. industries; and (e)
538 establish partnerships with labor, economist, research, and employer organizations and other

539 interested parties to explore the relationships among decent work, employment quality, and health
540 and identify and evaluate interventions that promote health, safety, equity, and justice.

541 7. The U.S Congress should provide funding to the Centers for Disease Control and Prevention to
542 (a) strengthen existing data systems (e.g., the National Violent Death Reporting System and the
543 Drug Overdose Surveillance and Epidemiology System) that can provide insights into the degree
544 to which decent work objectives currently exist and measure changes in work structures and
545 social supports that indicate whether strides are being made in adopting decent work and (b)
546 integrate decent work as a social determinant of health and develop resources and tools to educate
547 and engage employers in supporting workforce and population health and well-being.

548 8. The U.S Congress should provide funding to the National Institutes of Health (NIH) to prioritize
549 the role of work and connections among decent work, employment quality, aging, mental health,
550 and physical health hazards across its centers and institutes. For example, the NIH should
551 continue to support innovative population-based research that can contribute to identifying and
552 characterizing pathways and mechanisms through which work or occupation influences health
553 outcomes and health status among populations with health and/or health care disparities and how
554 work functions as a social determinant of health.

555 9. The BLS and the U.S. Census Bureau should expand the collection of data to include “decent
556 work conditions” to complete refinement of data on work and employment status. In addition, the
557 BLS should develop definitions and methods for collecting more detailed data on those who are
558 underemployed and those who are employed as temporary workers, as gig workers, and in other
559 work arrangements outside the traditional employer-employee relationship.

560 10. The Centers for Medicare & Medicaid Services should require health care employers, organized
561 labor, public health associations, and other interested parties to engage with the Agency for
562 Healthcare Research and Quality, NIOSH, and the National Academies of Sciences, Engineering,
563 and Medicine to examine the relationships among patient health and safety; health care worker
564 health, safety, and well-being; and workplace policies and practices and to design strategies and
565 tactics to promote decent work objectives at the federal, state, and local levels within the U.S. job
566 market.

567 11. State legislatures should (a) implement occupational safety and health coverage for state and local
568 employees and amend workers’ compensation laws to provide universal coverage, including for
569 migratory and seasonal agricultural workers, home care workers, caregivers for children and older
570 adults, employees of small companies, and other categories of workers; (b) remove administrative
571 and legal obstacles for workers to form unions; (c) direct state government agencies to eliminate
572 loopholes for contracted work (to ensure that employees who work for temporary and staffing

573 agencies can receive benefits) by requiring that contracting firms be held responsible for failure to
574 have workers' compensation policies; (d) evaluate and fund local alternate models of worker
575 protection and enforcement strategies and fund the scaling up of successful models, including
576 short work; and (e) evaluate and fund local industry partnerships for employment creation.

577

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