

## 9. Watch for Groups at High Risk

For almost every hazard, some people bear more risk than others. It is important for workers to explore how this may be true in their workplaces. Think about differences in exposure. Does gender, race, or age determine who does the most dangerous work? Are minorities, immigrants, or disabled workers subjected to more abuse and exploitation? Are low-income workers holding down more than one job, possibly increasing their exposures?



Once exposed, some groups are especially susceptible because of underlying illnesses. Workers undergoing treatments such as chemotherapy and radiation therapy have weakened immune systems. Workers taking medications that have side effects such as dizziness can be at risk for injury. Various age groups have special issues - being young, in the reproductive years, or being older. It is important to recognize susceptible workers and be responsive to their issues.

### **MALE WORKERS**

Because of their predominance in traditional dangerous occupations, men are more at risk from heavy lifting, noise-induced hearing loss, and accidents. In New Jersey, more than 90 percent of workers killed on the job are men.

### **FEMALE WORKERS**

Many women are still segregated into traditionally female jobs in health care, teaching, clerical, cleaning, and other services. For example, 92 percent of the 4.3 million nurses and nursing aides in the U.S. are female. In addition to being at risk for incidents of back injuries and other musculoskeletal disorders, workplace violence, and exposure to hazardous substances, health care workers face an array of other hazards, including latex allergy and needlestick injuries.

Women still carry out the majority of unpaid housework and caring for families, even when working full-time. Work and family balance issues are often stressors for women in the workplace.

## **SEXUAL HARASSMENT**

Both women and men can be affected by unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. These constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

## **MINORITY WORKERS**

Minority workers are overrepresented in the most hazardous jobs and, as a result, are at high risk of developing occupational diseases. Due to various social and economic factors, minority workers with occupational diseases are less likely than white workers to receive medical attention and be correctly diagnosed as having an occupational disease. Efforts to reduce or eliminate harmful exposures may be compromised by the very real threat of job loss.

## **IMMIGRANT WORKERS**

Immigrant workers are at far greater risk of being killed or injured on the job than native-born workers. In New Jersey, more than 30 percent of reported fatal injuries are among the foreign-born. Foreign-born workers are likely to toil in high-risk occupations like construction and asbestos removal. They often work in the unregulated "informal" economy and fear reporting job injuries and illnesses. Many are not aware of their legal rights to safety and health on the job and to workers' compensation benefits if they are hurt. Language barriers are a factor in obtaining job training, exercising rights, and obtaining assistance.

## **DISABLED WORKERS**

The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 outlawed discrimination against people with disabilities. As a result, federal and state vocational rehabilitation programs were established to help people with disabilities enter the work force. Work incentives were created for beneficiaries of federal disability benefits, and tax credits and deductions were developed to encourage employers to hire people with disabilities.

Although attitudes toward people with disabilities have begun to change, they are still victims of prejudice and discrimination. But as a community and

society, we are learning that people with disabilities do not need to be put away or segregated and “sheltered” from work. That said, disabled workers still earn very low wages. Even worse, they are too often asked to perform dangerous work.

## **YOUNG WORKERS**

Young workers face unique – and substantial – health and safety risks at work. They may lack the experience and the physical and emotional maturity needed for certain tasks. They also may be unfamiliar with work requirements and safe operating procedures. Young workers commonly perform tasks outside their usual work assignments for which they may not have received training. Young workers may not know their legal rights and may not know which work tasks are prohibited by child labor laws. They are experiencing rapid growth of organ and musculoskeletal systems, which may make them more likely to be harmed by exposure to hazardous substances or to develop cumulative trauma disorders.

## **OLDER WORKERS**

The number of working older adults in their 50’s, 60’s, and 70’s is increasing. While older workers often bring superior skills to their tasks, they may suffer from diminished vision, hearing, and muscle and bone mass. In addition, their reaction times may be slower. Once injured or ill on the job, older workers often take longer to recover and have poorer outcomes.

## **WORKERS IN THEIR REPRODUCTIVE YEARS**

Both male and female workers in their reproductive years from the teens onward are susceptible to disorders of reproduction. These include reduced fertility, impotence, menstrual disorders, and spontaneous abortion. Their offspring may be affected by birth defects, developmental disorders, low birth weight, and preterm birth. Infertility is currently estimated to affect more than two million U.S. couples (one in 12 couples find themselves unable to conceive after one year of unprotected intercourse). Although numerous occupational exposures have been demonstrated to impair fertility (for example, lead, some pesticides, and solvents), the overall contribution of occupational exposures to male and female infertility is unknown. Moreover, observed global trends in men’s decreasing sperm counts have raised concerns about the role of chemicals encountered both at work and in the environment. While both men and women are affected by reproductive hazards, women have special concerns if they are pregnant or breastfeeding.

