

## Underserved Health Care Workers

### Lack of Coverage for Frontline Workers Can Compromise Patient Safety

**S**cenario 1: Tyrese is a member of the security staff at a small community hospital. He suffers frequently from sinus infections, which he treats with over-the-counter medications that make him drowsy. That is a problem for him at work because he needs to stay alert while guarding the hospital's exit door. But he has no health care coverage, so he doesn't want to consult an ear, nose, and throat specialist who could diagnose and treat his problem.

Scenario 2: Amelia is a home-care worker who until recently cared for a 74-year-old patient suffering from diabetes and COPD. The patient was obese, and transferring him from a bed to a chair or to the toilet was hard for Amelia. Since she is the only wage earner in her family, she feels compelled to keep working even when she herself is sick. She is sad because she has no health care or sick leave. Like Tyrese, Amelia fits the classic definition of a medically underserved health care worker.

### Who Are the Medically Underserved Health Care Workers?

"Medically underserved workers have little or no access to health care, especially preventive care," says Rosemary K. Sokas, M.D., M.O.H., director of OSHA's Office of Occupational Medicine. Among the medically underserved she includes low-wage workers, immigrants, non-English speakers, older workers, people of color, those in precarious jobs, those who hold

down multiple jobs, and people in a contract or subcontract workforce where health and safety benefits are hard to come by. "Because of financial pressures, they go to work even when they're sick," says Sokas. "Their employers should provide sick leave, if only so these workers don't transmit disease to patients."

Health care is a growing field, and workers often choose it because of a sense of mission. Many people who are immigrants or who are from a different culture were raised in societies where honoring the sick and the elderly plays a strong role in their lives. They are motivated to care for others. The nurturing work of patient care offers many direct care workers a deep sense of satisfaction and personal fulfillment.

At the same time, the medically underserved also have the greatest on-the-job exposure to illness or injury. In health care, this often means those in direct patient care, housekeeping, food service, security, and building management; many of them are employed under a contract arrangement with a personnel service. "Many of the underserved either aren't offered health benefits, or those benefits may be too expensive for them," says Sokas.

Jane Lipscomb, F.A.A.N., Ph.D., R.N., is a professor at the University of Maryland Baltimore Schools of Nursing and Medicine and director of the School of Nursing's Work and Health Research Center, where she has conducted research into the prevention of occupational

injuries and illness in the health care and social service workplace. "Many of the underserved don't have the education or training and other resources that would enable them to seek out and pay for health care, and there's no one looking out for them," says Lipscomb. "If they're working in jobs earning just the minimum wage or even less, chances are they don't know about and/or can't access resources that might be available to them."

### What Hazards Do the Underserved Face?

Health care workers who care for patients in hospitals and long term care facilities, and especially those who provide needed services in the home, face a wide variety of risks. "The home is the most dangerous place for the very young, the very old, and home care workers," says Sokas. "They may be trying to help patients transfer to the bed or the toilet, but they don't have the lifting equipment that's often available in long term care facilities. And given the lack of training for direct care workers, they may not even know why and how to use lifting equipment."

The risks that underserved workers face are numerous. In health care facilities, these risks include the following:

- Slip, trip, and fall injuries
- Assaults by confused or delirious patients
- Ergonomic injuries and musculoskeletal disorders from lifting, moving, and transferring patients

- Bloodborne pathogens and acquisition of infectious diseases from patients and/or coworkers
- Weather-related stress while volunteering for disaster response duty following weather emergencies or working in mobile medical units at special events such as health fairs or marathons

Home care workers face several of these same risks and more, such as the following:

- Icy sidewalks or missing safety railings
- Baseless accusations of theft by confused patients or patients' families
- Verbal abuse and/or violence from patients' family members or neighbors who may be engaged in drug dealing or other illegal activities
- Attacks by dogs or other home pets
- Injuries associated with firearms in the home

"Health care workers need training and resources so they can stay safe and be available to care for America's growing aging population," says Sokas. "And they should be at the front of the line when it comes time to distribute flu vaccine."

## Why Are Some Health Care Workers Medically Underserved?

Leonila Vega is the executive director of the Direct Care Alliance, Inc., New York, a nationwide and state-based alliance of direct care workers, employers, and people of all ages and disabilities who use long-term services, care, and supports. "Direct care workers can't access health care unless their employers provide it," says Vega. "Even in cases where the employer offers insurance, if they work less than the required number of hours, they may not be eligible for health care coverage. It's really unfortunate because they are the frontline providers of health care, yet they seldom have good health care coverage them-

selves. As health care professionals, direct care workers spend more time with patients than do doctors or nurses."

Vega hopes that health care reform will help with coverage when that legislation is fully implemented. "In the meantime, many direct care workers take as many clients as possible and at times work with two agencies in order to get as many hours as they need to earn a living wage," says Vega. "Direct care workers in several states are now represented by collective bargaining contracts, which offers hope for better benefits and pay.

## How Can Health Care Organizations Reach Out to Underserved Workers and Strengthen Patient Safety?

Sokas recommends training programs for direct care workers to show them the finer points of caring for sick and elderly patients, especially how to bathe them and transfer them safely. "This can improve not just the quality of care that patients receive but also the experience of the care providers themselves," says Sokas. "But it takes focusing and prioritizing. You need program champions who are willing to look at the relevant data and make interventions that will allow for professional growth and career advancement." The other part is making sure direct care workers have access to vacations, sick days, and retirement benefits, which are seldom offered to such workers.

Lipscomb recommends individualized training for different types of workers. "I'm not talking about one-size-fits-all training, such as showing a training video," she says. "I mean training that's custom-tailored, for instance, to food service or housekeeping workers. Workers are experts in what really goes on at their job, and they know which hazards they face and how to reduce them. But most workers don't have a

voice. Administrators need to get input from people on the front lines via focus groups or town-hall meetings where workers can share their concerns."

Lipscomb believes that an active and effective health and safety committee is essential to reducing injuries and illness. "Most health and safety committees include just one or two frontline workers, and the rest of the members are administrators," she says. "Some workers are afraid that if they speak up and report injuries or medical errors, they'll lose their job. But if you don't enable underserved workers to be recognized and shield them from being intimidated, no one will ever speak up again. If someone exercises their rights and there are negative consequences, no one will ever come forward again."

Says Sokas, "In the future it would be wonderful for frontline workers to hear positive input and encouragement, not just the nuts and bolts of avoiding faulty stair railings. Health care is a growing field, and many workers choose it because of a sense of mission."

Vega points to the need for reform on a national level. "There are about 3 million direct care workers today, and another million will be needed to care for the aging population." She believes that while an ample pool of qualified workers is needed, the population from which these workers are drawn is getting smaller. "This work can't be exported," she says. "Workers need health care benefits, better wages, effective training, and opportunities for career advancement. For our own good, we need this job to be attractive, rewarding, and honored." 

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