

The Role of Labor Unions in Creating Working Conditions That Promote Public Health

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We sought to portray how collective bargaining contracts promote public health, beyond their known effect on individual, family, and community well-being. In November 2014, we created an abstraction tool to identify health-related elements in 16 union contracts from industries in the Pacific Northwest. After enumerating the contract-protected benefits and working conditions, we interviewed union organizers and members to learn how these promoted health. Labor union contracts create higher wage and benefit standards, working hours limits, workplace hazards protections, and other factors. Unions also promote well-being by encouraging democratic participation and a sense of community among workers. Labor union contracts are largely underutilized, but a potentially fertile ground for public health innovation. Public health practitioners and labor unions would benefit by partnering to create sophisticated contracts to address social determinants of health. (*Am J Public Health*. 2016;106:989–995. doi:10.2105/AJPH.2016.303138)

Labor unions improve conditions for workers in ways that promote individual, family, and community well-being, yet the relationship between public health and organized labor is not fully developed.¹ Despite historic and current efforts by labor unions to improve conditions for workers, public health institutions have rarely sought out labor as a partner.^{2,3}

In 2014, American labor union density was at a 99-year low.⁴ Low union density has left workers vulnerable to reduced health and safety standards, and has fed the decline in public perception of the value of unions.^{5,6} Unions have helped to codify economic equity in the workplace, and the decline of their power is associated with the greatest level of economic inequity in our nation's history.^{5,7–9} The erosion of union density has undermined the role of organized labor as a societal power equalizer.⁸

Income is a primary social determinant of health, associated with the living environment and overall well-being of individuals or families.^{10–16} Income is higher in union jobs than in nonunion jobs, especially for lower-skilled workers.^{5,16–18} Retirement or pension plans create the financial stability to promote health into old age.¹⁹ Union employees are

more likely to have a retirement or pension plan and are more likely to participate in a retirement plan sponsored by their employer than employees who are not members of a union.^{20,21}

Researchers have established a correlation between unionized work and a higher percentage of pay coming in the form of highly valued benefits.^{22,23} Unions have historically been involved in creating healthy and safe workplaces, advocating regulations that are monitored and enforced by public health entities such as the Occupational Safety and Health Administration.^{3,24}

Autonomy and control over one's life are associated with positive health outcomes,^{25–28} and social support in the work environment enhances psychological and physical health.^{29,30} Conversely, perceived job insecurity is associated with risk factors for poor health outcomes, contributing to racial and socioeconomic health disparities.^{31–35}

Unions help members gain control over their scheduling^{36,37} and job security,³⁸ and union membership is associated with increased democratic participation.³⁹

The American Public Health Association is on record supporting the role of labor unions in promoting healthy working conditions, health and safety programs, health insurance, and democratic participation.^{40–42} The decline of union density may undermine public health in the United States, making this a critical time for public health to actively support labor unions.

Previous researchers published in *AJPH* have highlighted the links between unions, working conditions, and public health, but called for more research to establish the precise mechanism of the relationships. Malinowski et al. proposed the social-ecological model as theoretical framework for connecting public health and labor organizing.⁴³ Both labor unions and public health organizations intervene in the conditions that make people healthy through individual life choices, and social and community networks, as well as general socioeconomic, cultural, and environmental conditions. Malinowski et al. illustrates the overlapping interests of labor unions and public health and how their lack of coordination has created barriers for both institutions.

One mechanism unions use to promote public health is the union contract. These are legally binding, durable over a designated time, and specific. They are durable because they cannot be unilaterally changed, and contracts that follow often build on the progress of previous negotiations. Even after

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a contract expires, federal labor law provides a process and momentum for the negotiation of a new one.

We hypothesized that union contracts promote the health status of workers. If true, contracts have untapped potential for public health professionals working to improve the health of individuals and communities.

METHODS

We designed this cross-sectional, mixed-methods study to identify specific mechanisms that link labor union representation and public health outcomes. Our primary unit of analysis was the negotiated contract between management and labor for a variety of unions in the Puget Sound region of Washington State. We supplemented a textual analysis of

the contracts with interviews of union organizers and union members.

In the summer of 2014, we established a partnership between a University of Washington master of public health graduate student (J. H.) and Puget Sound Sage, a nonprofit organization that promotes alignment among labor, environmental, and community interests to “grow communities where all families thrive.” We identified 6 union locals in the region that represented hotel workers, truck drivers, home-care workers, construction workers, child-care workers, office workers, and grocery store workers. Sage held preexisting relationships with these unions, either through representation on Sage’s board or some other form of collaboration, which greatly facilitated our data requests. For each union, we obtained 1 or more labor contracts, for a total of 16 contracts (Table 1).

Through a comprehensive literature review of the work-related determinants of health, we identified health-related factors that theoretically might be addressed in a labor contract. We then created a spreadsheet abstracting specific language from each contract by each of the theoretical constructs, and, through an iterative process, settled on 12 health factors. For example, we created a cell for “fair and predictable pay increases,” into which the following Service Employees International Union (SEIU) 775 contract language was placed:

Employees who complete advanced training beyond the training required to receive a valid Home Care Aide certification (as set forth in the Training Partnership curriculum) shall be paid an additional twenty-five cents (\$0.25) per hour differential to his/her regular hourly wage rate.

TABLE 1—Union Contracts Dated 2010 to 2014 Analyzed for Mechanisms That Advance Health of Employees and Their Families: Pacific Northwest, United States

Contract ID No.	Union	Employer	Workforce	Date of Contract	No. of Pages
242.1	Washington & Northern Idaho District Council of Laborers	Associated General Contractor of Washington	Construction and demolition	June 21, 2012	36
242.2	Washington & Northern Idaho District Council of Laborers	Various, unnamed	Construction and demolition	2013–2016	32
242.3	Seattle/King County Building and Construction Trades Council	Seattle School District	Construction and demolition	March 23, 2010	30
775.1	SEIU Healthcare 775NW	Addus Healthcare—Washington	Home health care	May 8, 2014	48
775.2	SEIU Healthcare 775NW	Amicable Healthcare, Chesterfield Health Services, Concerned Citizens, Korean Women’s Association	Home health care	April 8, 2014	66
775.3	SEIU Healthcare 775NW	State of Washington	Home health care	July 1, 2013	35
775.4	SEIU Healthcare 775NW	Res-Care Washington	Home health care	April 4, 2014	49
775.5	SEIU Healthcare 775NW	Catholic Community Services	Home health care	July 1, 2014	39
925.1	Childcare Guild of Local 925, SEIU	Association of Childcare Employers	Child care	September 1, 2011	40
925.2	SEIU Local 925	Community Development Institute Head Start	Child care	October 27, 2013	17
117.1	Teamster Local No. 117	Golden States Food Transportation	Transportation	November 14, 2014	38
117.2	Teamster Local No. 117	King County	Professional and technical and administrative support	October 30, 2012	102
117.3	Teamster Local No. 118	Safeway Inc	Warehouse	July 10, 2011	45
21.1	UFCW Local 21	Allied Employers Inc Grocery	Grocery stores	May 5, 2013	71
21.2	UFCW Local 22	Allied Employers Inc Meat Dealers	Grocery stores	May 6, 2013	54
8.1	UNITE HERE Local 8	The Westin Seattle Hotel	Hospitality	July 1, 2013	38

Note. SEIU = Service Employees International Union; UFCW = United Food and Commercial Workers; UNITE HERE = Union of Needletrades, Industrial, and Textile Employees and Hotel Employees and Restaurant Employees Union. Data for this article came from the 16 union contracts analyzed for their health-related factors, obtained from 5 Puget Sound labor unions in 2014.

TABLE 2—Factors That Advance Health of Employees Theorized to be Found in Union Contracts, and Their Presence in 16 Union Contracts Dated 2010 to 2014: Pacific Northwest, United States

Factors and Indicators	Indicator Present in Contracts
Compensation	
Income	
Wages	All
Employer-paid travel	Most
Employer-paid trainings	Most
Employer-paid materials	Some
Overtime	Almost all
Show-up pay	Some
Predictable and fair increases in wages	
Wage increases based on qualifications or duties	All
Predictable chronological wage increases	All
Transparency of paycheck calculations	Some
Old age security: retirement and pension ^a	Almost all
Benefits	
Paid time off	
Holidays	Some
Lunch	Few
Rest periods	Most
Sick leave (separate from annual leave)	Some
Annual leave or vacation ^b	Most
Bereavement ^b	Most
Health and safety	
Access to health care: health care insurance ^a	All
Health information communication	
Health and safety regulations	Most
Bulletin board to communicate union information ^b	Most
Union access to the worksite ^b	Most
Training and mentorship	
Provide employer-paid training	Almost all
Support mentorship among employees	Some
Workplace safety culture	
Protective clothing and equipment provided and maintained by employer	Most
Right to light duty work after injury ^b	Few
Required to report injuries and hazards	Most
Individual, family, and community well-being	
Job security	
Leave of absence for personal or family reasons	Most
Nondiscrimination laws reinforced	Almost all
Procedure for grievances	All
Support in engaging with management	
Labor relations or management committee ^b	Most
Right to union representation during meetings with managers	Almost all

Continued

After creating the 12 large categories, we further analyzed the contract language in our spreadsheet to generate 34 subcategories (Table 2). We suggest that these 34 factors, taken together, comprise the specific mechanisms by which labor contract language supports public health. We determined whether the indicators were present in each contract (Table A, available as a supplement to the online version of this article at <http://www.ajph.org>) and Table 2 reports what proportion of contracts contained language on each of the 34 factors. When “all” contracts have an indicator, this means each of the 16 contracts contains health-protecting language on the topic. “Almost all” refers to 14 or 15 contracts, “most” means 7 to 13 contracts, and “some” refers to 5 or 6 contracts.

To supplement our analysis, we interviewed 1 member from each of the 6 unions covered by a contract in our analysis, as well as 7 union organizers representing those members (Table 3). In 1-hour interviews with union organizers, we explored how contract language is aligned with public health outcomes through questions about their job and the role of the union. We asked workers about the dangers in their job and if or how the union helps to protect them, we asked about safety and health problems and the union’s role in addressing those, and we asked about conflict in the workplace and whether the union helps to resolve issues. We also asked workers to compare any workplaces they had experienced without a union to their current workplace.

Each union assisted in identifying a covered member for us to interview. Usually, an e-mail was sent to members the organizer thought may be interested in the study. These members were compensated \$50 for their 1-hour interviews, with funds provided by Sage. In interviews with members, we asked about the most dangerous or hazardous aspects of their jobs and how the union helps to mitigate those risks, as well as other benefits of being a union member.

RESULTS

There is consistency among contracts negotiated by same union (Table A). Contracts with public sector entities (such as 925.2, Headstart Program; 775.3, State of

TABLE 2—Continued

Factors and Indicators	Indicator Present in Contracts
Fair and predictable scheduling	
Mandatory notice of schedule changes	Most
Shift schedule parameters, including time between shifts or minimum shift length	Most
Democratic participation	
Full pay while on jury duty	Some
Opportunity to participate in lobby day or political work while paid by company	Most

Note. All = 16 contracts; almost all = 14 or 15 contracts; most = 7 to 13 contracts; some = 5 or 6 contracts. Data for this article came from the 16 union contracts analyzed for their health-related factors, obtained from 5 Puget Sound labor unions in 2014.

^aRetirement and health benefits are generally detailed in separate documents from the contract.

^bIndicator could be placed in a number of different categories. Choice was based on the location of the language within the contract.

Washington; and 242.3, Seattle School District) have fewer provisions that contribute to health in their contracts.

Compensation

We created compensation indicators illustrating how the wages of employees are augmented when employers are prohibited from externalizing their costs by having employees pay for work-related travel, training, and materials.

Income. All contracts include minimum wages by employee classifications, including overtime. Higher income and overtime wage gains are built over time. Income is augmented when employers are directed to cover specific work-related expenses. Most contracts compensate employees for the cost of traveling between work sites and the cost (or partial costs) of trainings. Some contracts also provide money for materials, such as United

Food and Commercial Workers (UFCW) contract 21.2, which states, “The Employer shall bear the expense of furnishing and laundering aprons, shop coats, and smocks, for all employees under this Agreement.” Other contracts ensure employers will not call in more employees than needed and then send them home; they do this by creating a “show-up pay” provision. Laborers’ contract 242.1 describes this as

Employees reporting for work and not put to work shall receive two hours pay at the regular straight time rate, unless inclement weather conditions prohibits work, or notified not to report at the end of the previous shift or two hours prior to the start of a shift.

One child-care worker explained how union advocacy has increased the supplement provided by the state for the extra challenges posed by caring for low-income children, saying “For family childcare workers, who are

often very underpaid for the amount of hours that they work, we have seen over the last 8 years, a 22% increase in our subsidized childcare. That is big!” Another worker from Teamsters Local 117 said, “I know there are guys doing the same job [in nonunion warehouses] making \$10 less an hour.”

Predictable and fair increases. All contracts provide wage increases on the basis of qualifications, duties, and duration of time at the company. Workers can increase their wages by increasing their training or by assuming additional responsibilities, including mentoring peers, accepting clients with higher needs, working less-desirable hours, doing more physically strenuous labor, or taking on leadership roles within a working group. Some contracts require transparency in paycheck calculations, mandating employers to itemize hours, overtime, and sometimes the cumulative number of sick days or holidays used, allowing employees to check the calculations.

An organizer with UFCW (grocery) Local 21 explained, “[employers] see experience as a cost and not a driver of sales.” The organizer explained that without the contracts, employers would not raise wages over time, especially for jobs viewed as requiring fewer technical skills.

Retirement and pension. Almost all contracts include retirement or pensions. Most of these are set up in the form of trusts, with a collaborative process for management and employees to manage money and benefits. This language usually exists in a separate document referred to by the contract.

A retired member of Laborers Local 242 described how he was able to adjust his hours to make the money he needed, but also be able to retire comfortably because of his savings and pension. He explained, “I retired early. I wanted to do things that I wasn’t able to do when I was younger because I had to support the family.”

Benefits

We created indicators to track evidence-based factors related to physical and psychological health, including time off and access to health care.^{44–46}

Paid time off. Most contracts include the indicators of paid annual leave, paid rest periods, and bereavement leave. The amount of

TABLE 3—Interviews Conducted With Union Members and Organizers: Pacific Northwest, United States, 2015

Union	Organizer Job Title	Employee Job Title
Teamsters 117	Director of organizing and strategic campaigns	Warehouse employee
SEIU 775	Organizer	Home-care worker
SEIU 925	Two organizers	Home child-care worker
UFCW 21	Organizer	Grocery store worker
UNITE HERE 8	Director of strategic affairs	Housekeeper
Laborers 242	Business manager	Construction worker

Note. SEIU = Service Employees International Union; UFCW = United Food and Commercial Workers; UNITE HERE = Union of Needletrades, Industrial, and Textile Employees and Hotel Employees and Restaurant Employees Union. Interviews conducted between January and April 2015 with Puget Sound-area labor union staff and industry employees to supplement our understanding of the role of labor union contracts in protecting employee health.

annual leave varies, but usually increases as the employee gains seniority. Paid rest periods are usually defined as short, 15- to 30-minute periods. Bereavement leave to attend a funeral or grieve a loss can be used for specific family members in some contracts, whereas others allow its use for a broader range of relationships.

Health care coverage. Health insurance is included in all contracts. We did not attempt to distinguish among contracts with regard to affordability, comprehensiveness, or number of dependents covered because health care is managed by trusts, much like retirement or pension benefits.

All of the organizers discussed the benefits of union health coverage. An organizer from UFCW Local 21 explained,

Members have consistently traded wages for health benefits. They have been willing to have slowed wage increases in order to maintain their strong health benefits over and over and over. What I see if I go into a [unionized grocery] I see a much higher percentage of people who have children who rely on their health insurance.

Health and Safety

Most contracts guide how health and safety regulations are communicated to workers, including written and verbal forms.

Health and safety information. Although most contracts include health and safety information, they are usually not very specific. For example, Teamsters' contract 117.1, states,

[T]he Company may require the use of safety devices and safeguards and shall adopt and use practices, means, methods, operations and processes which are adequate to render such employment and place of employment safe and shall do all things necessary to protect the life and safety of all employees.

Most contracts also include a provision allowing the union to post and maintain a bulletin board to communicate information to members. Contracts also generally ensure union representative access to the worksite. For example, SEIU contract 925.2 (child-care workers) states,

The designated Stewards or Chief Stewards shall have access to the premises of [Community Development Institute Head Start] to carry out

their duties subject to permission being granted in advance.

Training and mentorship. Almost all contracts explicitly require training. Some contracts include compensation for providing mentorship to encourage more senior employees to provide support to new employees or employees taking on new roles.

One organizer from Laborers Local 242 described how important it is for workers to know how to do their work safely, for themselves, coworkers, workplace clients, and their own families. For example, a hospital demolition crew should know how to contain particulate matter to avoid contaminating patients or bringing it home to expose their children. The organizer said training ensures "If you hire a [union] laborer, you know you're going to get the best product. We have the safest workforce. We're the most experienced."

Promotion of a culture of workplace safety. Most contracts detail the employer's responsibility to provide and maintain protective clothing and equipment. Most contracts also protect bringing a safety hazard to the attention of a supervisor. For example, SEIU contract 775.5 states, "the employee will immediately report to their Employer any working condition the employee believes threatens or endangers the health or safety of the employee or client." Some contracts have a provision allowing workers who return to work after an injury to receive less strenuous work, or "light duty." Both Laborers' contracts contain this provision, an important provision for physically demanding work.

Promoting Individual, Family, and Community Well-Being

We analyzed indicators that measure the role of contracts in reinforcing social support in the work environment.

Job protections and security. All contracts contain specific and detailed grievance procedures, the process of reporting, mediating, and resolving conflicts in the workplace. Almost all contracts confirm the right to have a union representative present during meetings with managers. Some contracts, such as SEIU 775.1, make it the employer's responsibility to make this known:

In any case where a home care aide is the subject of a written formal warning the Employer will notify the home care aide of the purpose of the meeting and their option to have a local union representative present when the meeting is scheduled.

Most contracts also establish or maintain a labor relations or management committee. Although the language about this committee may differ, the purpose of the group is to create a space in which workers and employers can negotiate problems that arise between negotiations of new contracts.

Almost all contracts contain a commitment to creating a discrimination-free workplace. Most contracts create the opportunity for a worker to take a leave of absence without sacrificing seniority for maternity leave, further education, religious holidays (e.g., Yom Kippur, Easter), military leave (for the employee or spouse), domestic violence, sexual assault, stalking, or union activity.

Fair and predictable scheduling. Most contracts include a mandatory notice of schedule changes. As UFCW contract 21.1 explains,

The Employer recognizes the desirability of giving his employees as much notice as possible in the planning of their weekly schedules of work and, accordingly, agrees to post a work schedule.

Some contracts specify the amount of notice required for a schedule change. Those that change regularly may require posting the week before. Most contracts also include an amount of time required between shifts or minimum shift length, and how employees can request additional hours.

Democratic participation. Most contracts provide employees the opportunity to participate in union-sponsored legislative "lobby days," or to engage in political work while being paid by their employer. As SEIU contract 925.1 explains,

As part of our ongoing campaign to provide the highest possible standard of childcare and engage in an ongoing public campaign to explain the direct relationship between funding and the quality of care, it is in each party's best interest to provide reasonable opportunity for members of the bargaining unit to participate in these efforts.

Contracts require all union members to pay dues. Some contracts also specify how a union member can contribute to a political

action fund, which generates revenue to represent employee interests in the policy arena. One home health worker explained that she is getting more involved in politics and collective bargaining because of union engagement, saying,

I like belonging to a union that believes in me as an individual and as a caregiver. They're behind us every step of the way. They help us to look at things that otherwise we might not be aware of, like state legislation and contract negotiation.

DISCUSSION

Public health practitioners have not typically viewed unions as partners in promoting public health, nor have they explored contract negotiations as a way to ensure health protections. We suggest that this is a missed opportunity. Our findings demonstrate that union contract language advances many of the social determinants of health, including income, security, time off, access to health care, workplace safety culture, training and mentorship, predictable scheduling to ensure time with friends and family, democratic participation, and engagement with management. This article provides a provisional framework to explore further the factors that create public health opportunities in union contracts.

We examined selected union contracts in the Pacific Northwest, which may not be generalizable. Our sample included only those unions in a relationship with Puget Sound Sage, perhaps suggesting unique perspectives or priorities. We compared our sampled unions to those in the King County Labor Council, however, and although there were some industries not represented (e.g., aerospace, teachers, assembly line workers), we believe the types of workplaces in our sample are reasonably representative of the landscape of unions in the county. We did not attempt to incorporate the views of the respective employers on these contracts.

The language in the contracts we reviewed included rights won at the bargaining table along with restatements of existing city, state, and federal laws. For example, leave without pay contract provisions match the Washington State Family Leave Act. When union negotiators include these indicators in

contracts, they generate awareness of health-promoting regulations and protections. Laws and policies can change, but a union contract can only change if the union agrees to renegotiate the contract or if the contract has expired. Union stewards learn the details about a contract, but cannot be expected to know the full range of laws from a variety of jurisdictions. The contract works to reinforce the knowledge of workers and their representatives. Although it was beyond the scope of our study, contracts must be enforced to actualize their health-related benefits. Effective enforcement mechanisms for contracts are also potentially beneficial to public health officials.^{22,27,47}

We identified many contract indicators that advance health for more than just employees. Unions generate higher prevailing wages in a community.^{7,48} Unions invest in campaigns to raise wages for both union and nonunion workers, such as the \$15 hourly wage initiative in SeaTac, Washington.^{49,50} A safer environment for home-care and child-care workers creates safer environments for the people they serve. A culture of safety on construction sites ensures that environmental hazards are minimized for people who live nearby. Parents earning a living wage can avoid taking second jobs and use the time to engage in children's schools or community councils. A healthy and happy workforce is more productive and less likely to leave a job, reducing the cost of turnover and absenteeism for employers. In spite of the many benefits unions confer to workplaces and communities, union membership is now limited to only 1 in 10 American employees.⁴

The decline of labor union density is related to both the rise of corporate power and to mistakes made by labor.¹ After a period of radical inclusivity and left-leaning solidarity with broader political movements, unions moved toward racism and red-baiting in the 1950s, undermining their strength.⁵¹ Unions are still working to reduce racial and gender disproportionality within their leadership.⁵²

Despite historical shortcomings, labor unions (and their contracts) offer an underutilized opportunity for public health innovation. As illustrated by Malinowski et al., public health practitioners often work in the "outer" layers of the social-ecological model, promoting environments that can better shape population health.⁴³ This is also

true of labor unions. Public health practitioners could help unions negotiate more sophisticated contracts to address the social determinants of health. Public health practitioners could also work with policymakers to heighten awareness of how unions might help mitigate the forces that threaten health in the workplace and beyond. Supporting progressive labor union contracts is public health work. **AJPH**

CONTRIBUTORS

All authors contributed to the conceptual development of the study. C. A. Paras and H. Greenwich coordinated data collection. All authors collaborated on study design. J. Hagedorn was the primary author of data analysis and interpretation and drafted the article with significant support from A. Hagopian and H. Greenwich. All authors revised content and approved the final version to be published.

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HUMAN PARTICIPANT PROTECTION

Ethical approval for the project was provided by the University of Washington institutional review board, approval 48520-EJ.

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