

Work as a Social Determinant of Health: Health Risks and Structural Inequities

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Introduction

The U.S. Department of Health and Human Services recognizes **work as a core social determinant of health (SDOH)** as it influences income, housing, healthcare access, and mental health.^{1,2} The industry, stability, and quality of employment determine not only exposure to physical and psychosocial hazards but also access to protective resources like health insurance and paid leave.^{1,3} Work is also tightly interconnected with other SDOH to **perpetuate and reproduce health inequities**, calling more attention to recognize it as a critical factor in shaping societal and individual health.⁴



Health Risks

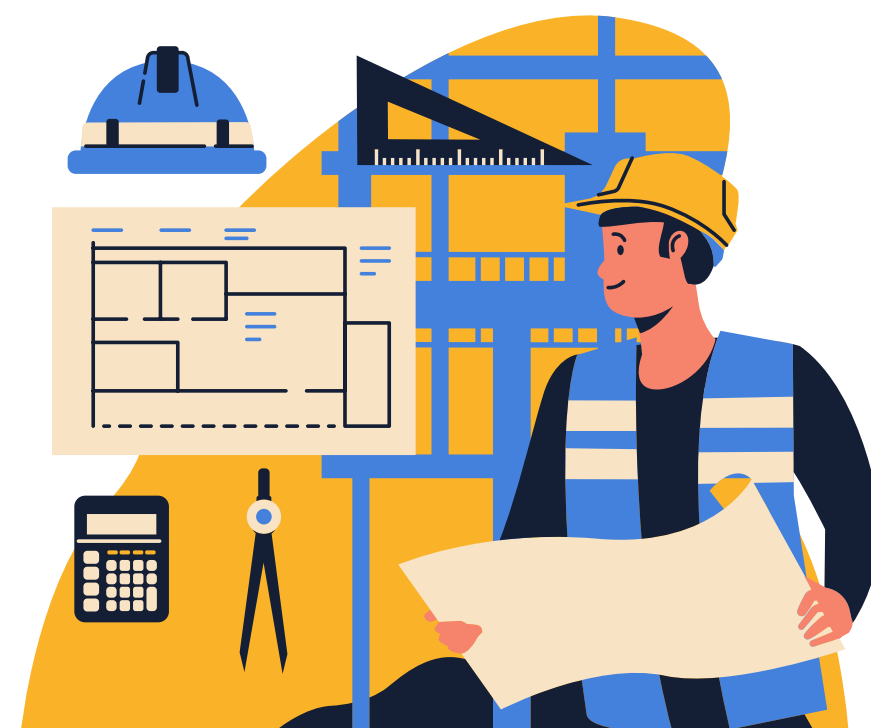
In 2023, the total cost of work injuries in the U.S. was **\$176.5 billion**⁶

Workplace conditions can expose individuals to a range of **physical and psychosocial hazards** that lead to worse health outcomes. **Physically demanding tasks**, such as heavy lifting, repetitive motion, or exposure to harmful chemicals and noise are linked to injuries, disability, and chronic illness.¹ **Psychosocial work stressors** (low control, interpersonal conflict, irregular or long work hours, and shift work) contribute to elevated risks of cardiovascular disease, depression, and unhealthy coping behaviors.^{1,5} These stressors are often more sudden and severe in occupations that offer little decision-making power, **disproportionately affecting workers with lower education and income levels.**¹

Precarious employment marked by unstable contracts, lack of benefits, and low wages is increasingly common across labor markets and are linked to elevated health risks.⁵ These roles frequently fall to racial and ethnic minorities, immigrants, and low-income workers.⁴ **Unemployment**, too, has well-documented effects on mental and physical health, including higher rates of depression, anxiety, hypertension, and cardiovascular disease.¹ Oftentimes, unemployment is also linked to lack of access to healthcare systems, income, and other SDOHs.²

Structural Inequities

Labor markets in the U.S. remain stratified: underserved populations such as people of color, women, and immigrants are disproportionately sorted into lower-wage, lower-control, and more hazardous or precarious occupations—a form of **occupational segregation** that concentrates **health risks**.^{2,4} These jobs often involve high physical demands, exposure to chemicals or infectious agents, irregular hours, limited protections, and reduced access to employer-sponsored benefits such as health insurance and paid sick leave.^{1,2} For instance, Latino workers currently experience the highest workplace fatal injury rate among all U.S. racial and ethnic groups as they are overrepresented in some of the most dangerous occupations such as farming, manufacturing, and construction.^{7,8} **Structural drivers** such as historic discrimination, immigration policy, and unequal educational opportunities sustain these employment disparities across racial and ethnic groups, hence reproducing existing health inequities.^{2,3,4}



53% of Hispanic Americans surveyed say that working jobs with higher health risks is the top factor for worse health outcomes among Hispanics in the U.S.⁹

Future Directions

To address health disparities resulting from employment inequity and occupational health risks, changing **workplace conditions** can be more impactful than focusing on individual coping strategies.⁵ Employment status, industry, and occupation data should be systematically collected in health data systems to design targeted interventions, such as identifying high-risk occupations during disease outbreaks.^{3,4} Moreover, programs that expand **job leave protections** (e.g. paid family and medical leave), HR policies that allow **more predictability and autonomy over work schedules**, and workplace employment strategies that recognize and address **occupational segregation, discrimination, and barriers** faced by people of color are crucial for closing the gaps in health outcomes.²

References

1. Employment, Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved July 18, 2025, from <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>
2. Robert Wood Johnson Foundation. (2008). Work matters for health. <http://www.commissiononhealth.org/PDF/0e8ca13d-6fb8-451d-bac8-7d15343aacff/Issue%20Brief%204%20Dec%2008%20-%20Work%20and%20Health.pdf>
3. Frank, J., Mustard, C., Smith, P., Siddiqi, A., Cheng, Y., Burdorf, A., & Rugulies, R. (2023). Work as a social determinant of health in high-income countries: past, present, and future. *The Lancet (British Edition)*, 402(10410), 1357–1367. [https://doi.org/10.1016/S0140-6736\(23\)00871-1](https://doi.org/10.1016/S0140-6736(23)00871-1)
4. Armenti, K., Sweeney, M. H., Lingwall, C., & Yang, L. (2023). Work: A Social Determinant of Health Worth Capturing. *International journal of environmental research and public health*, 20(2), 1199. <https://doi.org/10.3390/ijerph20021199>
5. Lancet series calls for greater attention to work as social determinant of health (2023). Institute for Work & Health. <https://www.iwh.on.ca/news/lancet-series-calls-for-greater-attention-to-work-as-social-determinant-of-health>
6. National Safety Council. (2024) *Work Injury Costs and Time Lost*. <https://injuryfacts.nsc.org/work/costs/work-injury-costs/>
7. Greenwood, S. (2025, April 24). Facts on Latinos in the U.S. Pew Research Center. <https://www.pewresearch.org/race-and-ethnicity/fact-sheet/latinos-in-the-us-fact-sheet/>
8. U.S. Bureau of Labor Statistics, National Census of Fatal Occupational Injuries in 2023. <https://www.bls.gov/news.release/pdf/cfoi.pdf>
9. Pew Research Center, June 2022, “Hispanic Americans’ Trust in and Engagement With Science. <https://www.pewresearch.org/science/2022/06/14/hispanic-americans-experiences-with-health-care/>