

Profiling Health

Overview of Low-Wage Workers in San Mateo County



COUNTY OF SAN MATEO
HEALTH SYSTEM

Get
Healthy
SAN MATEO COUNTY

Overview

A key priority of Get Healthy San Mateo County (GHSMC) is a Healthy Economy. **A strong local economy builds household financial security for all and promotes everyone's health.** An important aspect of financial security is wages—how much money a person or a family makes at their job(s). For most people, but particularly for low-income people, wages are the only source of income to rely for daily and monthly expenses with a limited cushion of savings and additional wealth to draw from. This makes even small changes in wages critical to a family's financial security. In order to better understand the characteristics of the local low-wage workforce, GHSMC analyzed the demographics and industries of San Mateo County's low-wage workers— defined here as those who earn \$15 per hour or less.

This document includes:

- 1) key findings of the worker profile,
- 2) an overview of the connections between health and wages,
- 3) a summary of the methodology.

About Get Healthy

Health begins where people live, learn, work, and play. **Get Healthy San Mateo County** (GHSMC) is a local collaborative of community-based organizations, county agencies, cities, schools, and hospitals working together to advance policy change to prevent diseases and ensure everyone has equitable opportunities to live a long and healthy life. The collaborative is facilitated by the San Mateo County Health System.

GHSMC community-identified priorities are:

- [Healthy Housing](#)
- [Healthy Neighborhoods](#)
- [Healthy Schools](#)
- [Healthy Economy](#)

See [Get Healthy San Mateo County: Strategies for Building Healthy, Equitable Communities 2015-2020](#) for more details.

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Item # 1

Key Findings

About 25% (88,000) of county workers earn \$15 an hour or less. Workers earning \$15 or less in San Mateo County are very diverse, coming from every segment of the workforce.

In contrast to general perception, the majority of San Mateo County low-wage workers are older, educated and are U.S. citizens:

- While some are young, the vast majority (95%) are in the middle years of their careers (18-64).
- More than half of low-wage workers have had at least some college education, and one-fifth have a Bachelor's degree or higher.
- 72% of low-wage workers in the county are U.S. Citizens
- Many low-wage workers (43%) are a part of married couples in which both adults work.
- 14% of low-wage workers come from households headed by single working women.
- Nearly 45% of low-wage workers are raising children.
- Low-wage workers' racial and ethnic backgrounds parallel that of the county overall, made up primarily of Latino (35%), Asian (29%), and White (27%) workers.

Low-wage jobs are in all industries but they are concentrated in the service and leisure industries:

- Over two-thirds of low-wage workers are in the following industries: Professional, Scientific, and Technical Services; Retail Trade; Health Care and Social Assistance; Accommodation and Food Services; and Arts, Entertainment and Recreation.

For more detailed findings please see Appendix X on our website:

<http://www.gethealthysmc.org/healthy-economy-publications>

Methodology

GHSMC conducted this profile of low-wage workers in 2015 in support of the City of San Mateo's efforts to understand the implications and opportunities of various wage policies. The majority of the analysis was conducted using the Public Use Microdata Sample (PUMS) data from the Census Bureau's American Community Survey, which includes detailed information for individuals and households. Because PUMS data only includes workplace data by county, and not at a city scale, this analysis covers workers throughout the entire county. Where possible, we included relevant information specific to the City of San Mateo for the analysis we provided to the City. This document outlines the main findings for the County of San Mateo as a whole.

For more details on the Methodology please see Appendix Y on our website:

<http://www.gethealthysmc.org/healthy-economy-publications>

The Connection:

Health, Work & Wages

Access to adequate income to support oneself and one's family is one of the most important predictors of a person's health, influencing overall health status, life expectancy, birth weights, cardiovascular diseases, asthma, lead-poisoning, obesity, overweight diabetes and other conditions.^{1,2,3,4} Changes in income have particularly strong health effects for those near poverty.⁵ The stressors of poverty cause biological responses called allostatic load that build up over a lifetime and wear away at the body.⁶ Poverty also shapes the opportunities available to our children and grandchildren, and can embed stress responses into their genetic material.^{7,8}

Specifically, access to adequate and stable income can influence health by:

- Allowing workers to pay for the **goods and services** that are necessary for a healthy life. This includes medical care, healthy food, quality housing, and education that help provide opportunities for the future.⁹
- Making it possible to afford living in places with **health-supportive amenities** like parks, good schools, employment, clean air, and safe streets.^{10, 11}
- Helping people avoid the trauma and chronic **stressors of poverty**, which have strong and long-term effects on both mental and physical health.^{12,13, 14,15}
- Making it less necessary for people to work long hours and multiple jobs. This allows workers to engage with their communities, cook healthy meals, spend time with family and friends, go to medical appointments, and participate in physical activity and other **healthy activities**.^{16, 17, 18}
- Improving **job security**. Unemployment has been linked to poor mental health outcomes,¹⁹ and can lead to poverty and its associated health impacts. Even perceived job insecurity is associated with depression, anxiety and overall poor health.²⁰
- Allowing workers to take **time off** when they or their families are sick. Sick leave helps individual workers recover from illness or tend to sick family members without losing wages or their jobs. At a population level, paid sick leave helps reduce the spread of diseases from sick employees working in restaurants and nursing homes,^{21, 22} and interacting with colleagues.
- Providing stability through greater **predictability of work schedules**, allowing workers a dependable and consistent income, which can help improve mental health, coronary heart disease and other conditions.^{23, 24}
- Ensuring that workers receive **lawful compensation**, and are therefore less likely to experience the health impacts of poverty.²⁵

Endnotes:

1. Robert Wood Johnson Foundation. Issue Brief #4: Income, Wealth and Health. 2011. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448.
2. Adler NE, Stewart J, Cohen S, et al. Reaching for a healthier life: Facts on socioeconomic status and health in the U.S. The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health. 2007. Available at: http://www.macses.ucsf.edu/downloads/reaching_for_a_healthier_life.pdf.
3. Braveman PA, Cubbin C, Egerter S, Williams D, Pamuk E. Socioeconomic disparities in health in the United States: What the patterns tell us. *Am J Public Health*. 2010 14(1):20-35.
4. Robert Wood Johnson Foundation. Issue Brief #4: Income, Wealth and Health. 2011. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448.
5. Bhatia R, Katz M. Estimation of health benefits from a local living wage ordinance. *Am J Public Health*. 2001; 91: 1397 – 1402.
6. Mcewen B. Stress, adaptation, and disease. Allostasis and allostatic load. *Ann N Y Acad Sci*. 1998;840:33–44.
7. Szyf M. Nongenetic inheritance and transgenerational epigenetics. *Cell Press*. 2015; 21(2).
8. Loi M, Del Savio L, Stupka E. Social Epigenetics and Equality of Opportunity. *Oxford Journals*. 2013; 6(2): 142-153.
9. Robert Wood Johnson Foundation. Issue Brief #4: Income, Wealth and Health. 2011. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448.
10. Centers for Disease Control and Prevention. Healthy Places Website. Available at: <http://www.cdc.gov/healthyplaces/about.htm>.
11. Robert Wood Johnson Foundation. Issue Brief #4: Income, Wealth and Health. 2011. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448.
12. Marmot M, Bosma H, Hemingway H, Brunner E, Stansfeld S. Contribution of job control and other risk factors to social variations in coronary heart disease incidence. *Lancet*. 1997; 350: 235-239
13. Baum A, Garofalo JP, Yali AM. Socioeconomic status and chronic stress. Does stress account for SES effects on health? *Ann N Y Acad Sci*. 1999;896:131-44.
14. Robert Wood Johnson Foundation. Issue Brief #4: Income, Wealth and Health. 2011. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448.
15. Matthews KA, Gallo LC, Taylor SE. Are psychosocial factors mediators of socioeconomic status and health connections? A progress report and blueprint for the future. *Ann N Y Acad Sci*. 2010;1186:146-73.
16. Salmon J, Owen N, Bauman A, Schmitz MK, Booth M. Leisure-time, occupational, and household physical activity among professional, skilled, and less-skilled workers and homemakers. *Prev Med*. 2000;30(3):191- 199.
17. Adkins CL, Premeaux SF. Spending time: The impact of hours worked on work—family conflict. *J Vocat Behav*. 2012;80(2):380-389.
18. Health Impact Partners, UCLA Labor Center and Restaurant Opportunities Center- Los Angeles. Health Impact Assessment of the Proposed Los Angeles Wage Theft Ordinance. 2014. Available at: http://www.irle.ucla.edu/publications/documents/wage_theft_report_082514_KF.pdf.
19. McKee-Ryan F, Song Z, Wanberg C, Kinicki A. Psychological and physical well-being during unemployment: A meta-analytic study. *J Appl Psychol*. 2005; 90(1): 53-76.
20. Burgard SA, Kalousova L, Seefeldt KS. Perceived job insecurity and health: the Michigan recession and recovery study. *J Occup Environ Med*. 2012;54(9):1101-6.
21. Centers for Disease Control and Prevention. Factors Linked with Food Workers Working When Sick. Available at: http://www.cdc.gov/nceh/ehs/ehsnet/plain_language/factors-food-workers-working-sick.htm.
22. Health Impact Partners. A Health Impact Assessment of the California Healthy Families, Healthy Workplaces Act of 2008. 2008. Available at: <http://www.humanimpact.org/downloads/healthy-workplaces-act-report-2008/>.
23. Fenwick R, Tausig M. Scheduling stress—Family and health outcomes of shift work and schedule control. *Am Behav Sci*. 2001;44:1179–1198.
24. Joyce K, Pabayo R, Critchley JA, Bambra C. Flexible working conditions and their effects on employee health and well-being. *Cochrane Database Syst Rev*. 2010; (2):CD008009.
25. Health Impact Partners, UCLA Labor Center and Restaurant Opportunities Center- Los Angeles. Health Impact Assessment of the Proposed Los Angeles Wage Theft Ordinance. 2014. Available at: http://www.irle.ucla.edu/publications/documents/wage_theft_report_082514_KF.pdf.