

**THE SOLUTION SPACE: DEVELOPING RESEARCH
AND POLICY AGENDAS TO ELIMINATE
EMPLOYMENT-RELATED HEALTH INEQUALITIES**

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As in many other areas of social determinants of health, policy recommendations on employment conditions and health inequalities need to be implemented and evaluated. Case studies at the country level can provide a flavor of “what works,” but they remain essentially subjective. Employment conditions research should provide policies that actually reduce health inequalities among workers. Workplace trials showing some desired effect on the intervention group are insufficient for such a broad policy research area. To provide a positive heuristic, the authors propose a set of new policy research priorities, including placing more focus on “solving” and less on “problematizing” the health effects of employment conditions; developing policy-oriented theoretical frameworks to reduce employment-related inequalities in health; developing research on methods to test the effects of labor market policies; generalizing labor market interventions; engaging, reaching out to, and holding onto workers exposed to multiple forms of unhealthy employment conditions; measuring labor market inequalities in health; planning, early on, for sustainability in labor market interventions; studying intersectoral effects across multiple interventions to reduce health inequalities; and looking for evidence in a global context.

We believe that the EMCONET (Employment Conditions Knowledge Network) final report to the World Health Organization’s Commission on Social Determinants of Health (1) was strong in its marshaling of epidemiological evidence on employment conditions, but was weak in its policy recommendations. As in

many other areas of social determinants of health (2), policy recommendations were not implemented or evaluated. Case studies at the country level can provide a flavor of “what works,” but they remain essentially subjective. Therefore, a likely implication for future research on employment conditions and health is that it will include policy implementation and evaluation.

Employment conditions research should provide policies that reduce health inequalities among workers. Workplace trials showing some desired effect on the intervention group are insufficient. We argue that the goal of reducing health inequalities in labor markets needs new policy research priorities, which we summarize in this article.

*More Focus on “Solving” and Less Focus on “Problematizing”
the Health Effects of Employment Conditions*

Most research on employment conditions and health has devoted itself to the “problem space”—describing and explaining how labor contracts differentially affect the health of workers. What is now needed is implementation and evaluation on policies that might “solve” these problems. In addition, most research on “solutions” such as labor market policies does not involve evaluations (3).

*Policy-Oriented Theoretical Frameworks to Reduce
Employment-Related Inequalities in Health*

The employment conditions that produce inequalities—domination, exploitation, low wages, lack of benefits, job insecurity, discrimination—are generally well understood. Yet the interventions needed to reduce health inequalities among workers are less clear. A social class approach that integrates many of these risk factors into a single theoretical framework (see the articles in this special section of the Journal on the micro-level model (Benach et al., p. 223) and macro-level model (Muntaner et al., p. 215) of employment relations) could lead to comprehensive interventions (4). The theoretical framework on employment conditions must address why and how a particular labor market intervention could reduce health inequalities among workers (e.g., Does “flexicurity” reduce health inequalities? Which specific workers benefit from “flexicurity” labor markets?). More explicit and pragmatic thinking is necessary to suggest how and why a labor market intervention (e.g., government employment) can reduce health inequalities.

*Research on Methods to Test the Effect of
Labor Market Policies*

Stronger methods are needed to evaluate the impact on health inequalities of labor market policies. This could include, for example, the analysis of “natural

experiments” such as when a government introduces a new labor market policy—such as creating government jobs for unemployed workers (3).

*Determining the Generality of the Effect of Labor
Market Policies on Health Inequalities*

A “one size fits all” approach to labor market policy interventions to reduce health inequalities is likely to fail (5). This is why we generated a global scheme that classifies countries based on wealth and labor markets (see the article on typology by Chung et al., p. 229). There is limited understanding of how applicable to different labor markets most interventions are (e.g., training). For example, under what conditions would a labor market intervention that is known to work to reduce health inequalities in, let’s say, Barcelona be generalizable to Caracas?

Spreading New Labor Market Interventions

How can specific innovations in labor market policies applied to address health inequalities be used in other labor markets? Are there examples of such applications to different labor markets? Have these innovations been successful in reaching the chronically unemployed? An example could be Venezuela’s Misión Vuelvan Caras, a program for the unemployed with a strong local participatory-democracy component (Consejos Comunales) (6, 7).

*Diverse Mechanisms in Labor Market
Policy Interventions*

What exactly is it that makes a labor market policy work to reduce health inequalities? For example, can we unpack “flexicurity” to learn whether stable income, social inclusion, and job security are the mechanisms by which this labor market policy might “work”?

*Engaging, Reaching Out, and Holding onto Workers Exposed
to Multiple Forms of Unhealthy Employment Conditions*

How can labor market interventions to reduce health inequalities work for hard-to-reach and hard-to-engage workers (e.g., the unemployed homeless; underemployed individuals with serious mental disorders) (8)? Are special sampling techniques being used to reach the hardest-to-reach workforces? What ensures that workers affected by many forms of labor market inequality (immigration status, racial/ethnic discrimination, domination, exploitation) do not drop out of labor market interventions?

Measurement of Labor Market Inequalities in Health

Efforts to overcome the “inverse care law” require that labor market interventions target those workers most in need. An important planning tool for labor market interventions to reduce health inequalities will require inequality metrics weighted to the needs of participants. The monitoring of progress requires a way to ensure that delivery, treatment, and engagement for a small group of precarious workers in need are rewarded, compared with another intervention that treats a considerably larger number with lesser needs—the “worried well.”

Early Planning for Sustainability of Labor Market Interventions

Early in the development of labor market interventions, planning on how to sustain them should be included (9). One implication is that labor market policies should move away from a model in which policy activities occur along a linear sequence of planning, implementation, and sustainability.

Addressing health inequalities in the labor market requires an appreciation of the structural complexity that might shape these inequalities, including gender, age, migration, ethnic/racial, and disability stratifications. Only sustained interventions will be able to address such multiple determinants of labor market inequalities. In addition, there are other reasons for planning for the sustainability of labor market interventions. Most such interventions will experience a “latency period between the beginning of program-related activities and their effects on population health” (10, p. 122); policies that are sustained allow sufficient time for observing health outcomes in the workforce. The “latency period” for health inequality outcomes in the labor market might be even longer. Also, programs that are sustained over a long period allow for long-term program effects, which are especially relevant for complex labor market interventions focused on decreasing health inequalities. Focusing on timelines for the effects of interventions is especially important because of the limited knowledge, as evident in the employment conditions policy research literature, about the timeframes of intervention effects (11), especially for labor market interventions, given their complexity. Workforces with a history of terminated programs may exhibit “disillusionment” and be reluctant to support new policies in the future (10, p. 122).

In the light of all these factors, planning for sustaining labor market interventions should occur early in their development. The received view that intervention programs need to worry about sustainability only when the money is drying out is inadequate. Instead, there is a growing literature on the wisdom of embedding planning for sustainability in the early phases of developing intervention programs (12, 13).

*Intersectoral Effects across Multiple Interventions
to Reduce Health Inequalities*

Synergies across multiple interventions (health services, social services) can reduce health inequalities among workers. Multiple intersectoral interventions might be necessary to reduce employment-related health inequalities.

Global Evidence

We need research that evaluates actions taken by high-, medium-, and low-income countries to reduce health inequalities caused by employment conditions—for example, Denmark’s “flexicurity” (14) and Venezuela’s participatory-democracy employment and poverty reduction programs (6, 7).

Overall, the new priorities outlined here would advance the field of employment conditions policy research by making the research more applied, more technical, and with a greater focus on reducing health inequalities.

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