



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

DECENT WORK

PRACTICE BRIEF



This practice brief focuses on how the Canadian public health community can promote decent work. It identifies public health roles, actions and necessary approaches for addressing precarious employment and hazardous working conditions as social determinants of health and health equity.

As part of the Determining Health series, this resource is intended as a starting place for public health practitioners, policy-makers and organizations to take action — or deepen existing action — on employment as a social determinant of health. It is best used alongside the National Collaborating Centre for Determinants of Health's [*Decent work issue brief*](#),¹ which synthesizes evidence from peer-reviewed and grey literature to illustrate the impacts of employment and working conditions on the health of workers and populations in Canada.

“Improving workplace protections, increasing the number of quality jobs (i.e., secure jobs with benefits), ensuring equitable access to quality jobs, and addressing the impacts of precarious work could support greater health among Canadians and strengthen our collective response to future waves or pandemics.”

Dr. Theresa Tam, Chief Public Health Officer
of Canada^{2(p40)}

WHY IS DECENT WORK IMPORTANT?

KEY TERMS AND CONCEPTS

A working knowledge of the following terms and concepts is essential to addressing employment and working conditions and contributing to decent work. The descriptions in this section are drawn from the *Decent work issue brief*.¹

Paid work is a powerful condition of everyday life that promotes or harms the health of workers, their families and their communities. Work sits at the nexus of two distinct and interrelated social determinants of health: employment conditions and working conditions.

Employment conditions refer to the conditions of a worker's contract.

Precarious employment conditions are characterized by:

- low wages, income instability, job insecurity and schedule uncertainty;
- involuntary part-time, casual, flexible, temporary or gig employment; and
- limited worker rights, lack of collective bargaining and powerlessness to exercise rights.

Working conditions refer to the exposures that workers face while on the job, such as physical, chemical, ergonomic, biological and psychosocial hazards.

There is a relationship between precarious employment, hazardous working conditions and health. Employment and working conditions exist on a continuum that ranges from conditions that promote health on one end to conditions that harm health on the other. In addition, increased exposure to hazardous working conditions is often associated with precarious employment. Impacts are compounded by gaps in occupational health and safety and employment standards legislation, which creates an environment where workers are not able to speak out against unsafe work. This is one of the reasons that precarious employment conditions harm workers' health. Workers in precarious employment also experience worse physical and mental health outcomes, higher levels of poverty and food insecurity, and higher rates of occupational injury and illness than workers who experience decent work.

Decent work is a global goal, an agenda for change and a movement in Canada to confront precarious employment and achieve dignified and healthy working and employment conditions for all workers without exceptions. Decent work contributes to positive health outcomes for workers, their families and their communities. It includes (but is not limited to):

- secure, permanent jobs;
- adequate wages, hours and benefits, such as paid sick days;
- universal minimum employment standards protections and rights for all workers;
- occupational health and safety protections against physical, chemical, ergonomic, biological and psychosocial hazards; and
- strong worker voice and collective power.

THINKING CRITICALLY: WHO EXPERIENCES PRECARIOUS EMPLOYMENT AND HAZARDOUS WORKING CONDITIONS, AND WHY?

Another important starting point is understanding why some populations are more exposed to precarious and hazardous work and its impacts, and why this continues to happen and worsen. This overview is also based on the *Decent work issue brief*.¹

Who experiences precarious employment and hazardous working conditions?

Workers who experience structural oppression are disproportionately exposed to precarious employment and hazardous working conditions. This means that there is an inequitable distribution of harmful health consequences for Black, Indigenous and other racialized workers; migrants; 2SLGBTQI+ individuals; women; and people who have disabilities.

Why do these conditions exist?

The differences in health between those who experience precarious employment and hazardous working conditions and those who do not are health inequities — meaning they are systemic, avoidable and unjust. They are a result of insufficient universal worker protections and rights through employment standards legislation, structural discrimination in the labour market and corporate exploitation of workers.

Why is precarious employment a growing public health issue in Canada?

Conditions of precarious employment are prevalent with rising numbers of temp agency workers, temporary work permits for migrants, and workers with multiple part-

time and casual jobs. At the same time, gaps in public policy contribute to this precarity, for example, a minimum wage that does not keep pace with the cost of living and the lack of legislation that ensures universal paid sick days.



CROSS-CUTTING APPROACHES FOR DECENT WORK

Precarious employment and hazardous work are pressing sources of health inequity in Canada and, as such, are key areas for intentional, well-resourced public health action.

There are several opportunities for public health practitioners to disrupt precarious employment and hazardous working conditions and bring about decent work for all. These opportunities are discussed in the following section, which outlines a framework of public health roles for advancing decent work.

However, for the public health field to engage with the larger decent work movement, three cross-cutting approaches — the ABCs of decent work — must be understood and used. They are:

- A. Apply a values-driven approach.
- B. Build worker power.
- C. Commit to intersectionality.

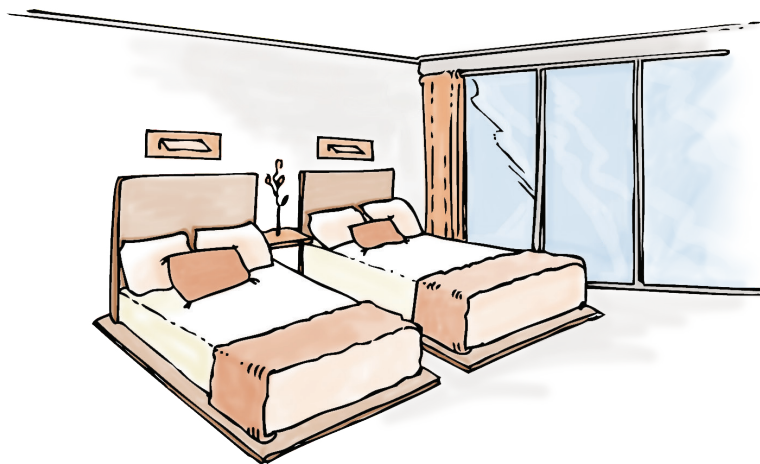
Key considerations:

- These approaches are important for all health equity-related work. However, they are specifically discussed below in the context of advancing decent work.
- Public health practitioners who work in the absence of these orientations risk being unintentionally complicit in perpetuating systemic oppression and further harming the health of workers and worker-led movements.
- Practitioners should consider the local context and worker needs to adapt new or current interventions, strategies, programming or projects.

A – Apply a values-driven approach to advancing decent work

Applying a values-driven approach to public health practice is an essential component of the decision-making that fosters decent work. Values drive the attitudes, behaviours and actions that contribute to an end goal, such as decent work for all.³ Key examples of this approach include:

- Humility: to operate with a willingness to be self-aware and self-reflective of one's privilege afforded by working in public health; to be open to the perspectives, feedback and knowledge of workers and worker-led groups; and to see oneself as a small part of a larger labour justice movement.
- Solidarity: to recognize the interdependence between public health and workers broadly; to link one's well-being to the well-being of workers in precarious employment; and to have a moral obligation to strengthen social cohesion by taking action to address precarious employment and hazardous work.
- Trust: to earn the confidence of workers and worker-led groups that public health will reliably act in a manner that promotes their health and well-being. Trust is the bedrock of collaboration between public health, communities and intersectoral partners.
- Reciprocity: to engage in practices that promote respect and mutual relationships, with intertwined obligations between public health and worker-led groups.⁴



B – Build worker power to disrupt precarious employment and hazardous working conditions

Building worker power is a necessary part of decent work to address the harmful employment legislation gaps, social norms and business trends that have led to inequities in the labour market and the disempowerment of workers.¹ Public health practice and decision-making must build the power of workers facing precarious employment and hazardous work to meaningfully advance decent work. Public health practitioners can build worker power by:

- building relationships with worker-led groups, such as unions and labour-community organizers;
- supporting the organizing of workers in precarious employment by convening a group;

- co-developing a decent work agenda with such groups and conducting research, networking and advocacy in support of that agenda;
- modelling shared leadership with workers and worker-led groups when making decisions and being accountable to implement those decisions; and
- rooting public health action in the belief that decent work for all is possible and necessary for health equity.⁵

Organizational priorities, political context, available resources, existing relationships and other factors will all influence the extent that public health practitioners can participate in building worker power. Nevertheless, public health practitioners can intentionally make small shifts in their practice to consider worker power.⁵

C – Commit to intersectionality when identifying, examining and assessing work-related issues

Committing to intersectionality transforms how decent work-related issues are identified, examined and addressed.⁶ Intersectionality requires an iterative process consisting of:

- critical self-reflection of ones' social locations, personal beliefs and implicit biases, and how they are shaped by larger systems of power and oppression;
- an analysis that names how multiple systems of oppression, including racism, overlap to disadvantage some workers based on their social identities while privileging others; and
- social justice action resulting from that analysis that is rooted in the transformational change of racist and inequitable employment legislation and workplace policies and norms so that no worker is left behind.⁶

PUBLIC HEALTH ROLES TO ADVANCE DECENT WORK

This section describes specific roles, corresponding actions and real-world examples of how the public health community can advance decent work in their practice and jurisdictions.

Based on the well-established public health roles for health equity framework,⁷ Figure 1 outlines four roles for public health action

on decent work as a social determinant of health and health equity. This is followed by actions and real-world examples related to each role.

Practitioners, programs and organizations can use these roles to help identify gaps, set priorities and make decisions for how to begin or deepen their action on decent work.



FIGURE 1: PUBLIC HEALTH ROLES FOR ADVANCING DECENT WORK AND HEALTH EQUITY



1. This figure outlines four roles for public health action on decent work as a social determinant of health and health equity.
2. The outer grey circle names three cross-cutting approaches that are important across all public health roles to advance decent work.

ASSESS AND REPORT

- Collect and use qualitative and quantitative data and knowledge to assess and report on (a) the existence and health equity impacts of precarious employment and hazardous working conditions in your jurisdiction, and (b) effective strategies that promote decent work and health equity.
- Analyze, interpret and report data and information in their policy and system contexts. For example, interpret data in relation to gaps in employment standards legislation, inadequate enforcement of occupational health and safety standards, and systemic oppression within the labour market.¹
- Collaborate with, or convene, workers and worker-led groups to assess and report on work-related health impacts, outcomes and solutions (**build worker power**), and to strengthen data with stories and context of lived expertise.

EXAMPLE

Peel Region Public Health's data collection on workplace inequities during COVID-19⁸

Using intentional data collection, staff at Peel Public Health in Ontario knew that many residents in their jurisdiction were precariously employed through temp agencies, were new Canadians and racialized workers, and were exposed to hazardous working conditions including a lack of COVID-19 precautions in the workplace. Peel Public Health found that 1 in 4 individuals with COVID-19 went to work with symptoms. They also became one of the first health units in Ontario to report workplace outbreaks by sector. Peel Public Health staff strengthened and built relationships with various worker-led groups, which allowed them to understand the story behind the numbers. As a result, they were able to contextualize the data in relation to a lack of paid sick days available through provincial employment standards legislation. This compelled Peel Public Health staff to advocate for legislated paid sick leave and other worker protections (**participate in policy development**). Their decent work approach was informed by **intersectionality**, values of **humility** and **trust**, and an understanding that community and workers are well placed to identify decent work solutions.



MODIFY AND ORIENT INTERVENTIONS

- Collaborate and co-design programs with worker-led groups to understand and respond to the needs of workers with precarious employment and hazardous working conditions.
- Modify and orient public health programs and services to (a) extend reach to workers in precarious employment (e.g., multiple jobs, low wages, schedule uncertainty, lack of paid sick days); and (b) identify, address and mitigate the health impacts of precarious employment and hazardous working conditions in the community. Consider workplaces as a site for health promotion.
- Build relationships with **other sectors** (e.g., occupational health and safety, primary care) to effectively respond to workers' health needs.
- Transform interventions to **build the power and networks of workers** to raise concerns about precarious employment, protect themselves against hazards and call for decent work.

EXAMPLE

Building community power with nail technicians in Greater Toronto⁹

After staff at Parkdale Queen West Community Health Centre (CHC) in Ontario noticed nail technicians were presenting with similar respiratory and skin conditions, its Health Promotion team responded by conducting a focus group with nail technicians (**assess and report**). This was followed by a roundtable that then informed a strategy focused on **building the power of workers** themselves. By working with and centring workers, the CHC took an **intersectional** approach to understand how multiple forms of discrimination (e.g., anti-Asian racism, sexism) and gaps in systems and policies (e.g., employment standards, immigration status) contribute to exploitation and hazardous working conditions of nail technicians. The CHC, **partners from other sectors**, peer educators and workers developed multifaceted interventions that included tailored education to build awareness of and respond to health hazards, labour issues and anti-Asian racism; partnered research to study chemical exposures; and **building worker power** by bringing together nail technicians to build trust, learn together and collectively advocate for decent work (**solidarity**).



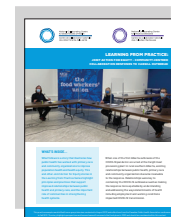
PARTNER WITH OTHER SECTORS

- Partner with workers and worker-led groups to co-develop, implement and evaluate strategies to advance decent work and health equity. Centre the work of building relationships¹⁰ to foster mutual exchange and shared power and decision-making.
- Build and participate in decent work coalitions and intersectoral networks with others, including those in research, government (e.g., occupational health and safety inspectors), professional associations, primary care and community organizations.
- Build and sustain relationships over time, not only in times of crisis. In times of urgent worker struggles, pre-existing relationships and networks facilitate rapid dissemination of information and implementation or modification of public health interventions.¹⁰

EXAMPLE

Community-centred collaboration responds to Cargill outbreak in Alberta¹⁰

To address a devastating COVID-19 outbreak at a Cargill meat processing plant in rural southern Alberta, Calgary Zone Alberta Health Services relied on existing intersectoral relationships with primary care, plant workers and community groups to coordinate an unprecedented response. At the core of this intersectoral network was an intentional effort to build relationships based on **trust and reciprocity**. Together, they rapidly mobilized by establishing formalized data-sharing and referral pathways. Calgary Zone Alberta Health Services engaged Cargill workers directly, most of whom were racialized workers facing precarious employment conditions and hazardous work. By engaging these workers directly, health partners were able to provide tailored, equitable services that addressed the ways in which precarious employment and hazardous work contributed to COVID-19 risk and transmission. Health partners helped **build worker power** by centring workers and community groups at decision-making tables and following through on workers' recommendations in the public health response.



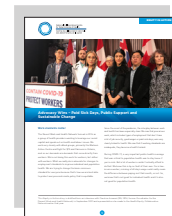
PARTICIPATE IN POLICY DEVELOPMENT

- Participate in analyzing gaps and developing a decent work agenda for legislative and policy change to reduce precarious employment and hazardous work in your jurisdiction.
- **Partner with other sectors and worker-led groups** to centre the priorities of precarious workers (**build worker power**).
- Provide public health data and knowledge to frame decent work issues.
- Advocate for a decent work policy agenda using multiple strategies and tactics such as:
 - » convening or participating in decent work coalitions to coordinate strategies, develop transformative narratives, and share resources, data and knowledge;
 - » bringing public health data and knowledge and health equity narratives to elected officials, cross-sectoral policy tables and other formal decision-making processes; and
 - » building public awareness and support for decent work policy change through communications campaigns, op-eds and media interviews.

EXAMPLE

Mobilizing for paid sick days legislation in Ontario¹¹

Public health participated in decent work policy analysis, development and advocacy for legislated paid sick days during the COVID-19 pandemic. The Decent Work and Health Network (DWHN) partnered with workers to identify paid sick days as a priority and to develop guiding principles for effective policy. DWHN also worked with public health staff to advocate for paid sick days as an urgent public health and health equity measure. Medical officers of health and mayors used public health data to call for paid sick days through op-eds, media interviews and press conferences (**solidarity**).⁸ The Association of Local Public Health Agencies sent a joint letter calling for paid sick days.¹² The collective advocacy contributed to various outcomes that advanced decent work and **built worker power**, including a temporary provincial paid sick day benefit, networks and solidarity between public health and worker-led groups (**partner with other sectors**), and public narratives shifted in support of paid sick days.



QUESTIONS TO GUIDE ACTION ON DECENT WORK

1. How can evidence on working conditions and employment conditions in your jurisdiction be collected through existing data collection pathways (e.g., contact tracing, home visiting)?
2. What worker rights and protections exist in your provincial or territorial employment standards legislation and occupational health and safety legislation?
 - a. Which workers are excluded from the rights and protections that exist in employment standards legislation and occupational health and safety legislation (i.e., exemptions)?
 - b. What health inequities might they suffer as a result of these exemptions?
3. What strategies can you use to reach workers in precarious employment (e.g., who fear reprisals from their employer if they take time off)?
4. What are the worker-led groups organizing and building worker power to address precarious employment in your jurisdiction? Identify and reach out to them to set up an exploratory meeting if you have not done so already. If there are no groups in your jurisdiction, look to and learn from neighbouring jurisdictions.
 - a. What are their decent work priorities?
 - b. How do these priorities intersect with your public health work portfolio?
 - c. How can your organization show solidarity and amplify their message for decent work?
5. What are the ways your organization considers work, employment or income as social determinants of health? What are the gaps? What are the opportunities, partners and next steps to advance a decent work agenda in your organization?



REFERENCES

1. National Collaborating Centre for Determinants of Health. Determining health: decent work issue brief [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2022 [cited 2024 Jan 24]. 32 p. Available from: https://nccdh.ca/images/uploads/comments/NCCDH_Decent_Work_Issue_Brief_EN.pdf
2. Public Health Agency of Canada. From risk to resilience: an equity approach to COVID-19 [Internet]. Ottawa (ON): PHAC; 2020 [cited 2024 Jan 24]. 83 p. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>
3. National Collaborating Centre for Determinants of Health. Let's talk: values and health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2020 [cited 2024 Jan 24]. 8 p. Available from: https://nccdh.ca/images/uploads/comments/Lets-talk-values-and-health-equity_2020_EN.pdf
4. National Collaborating Centre for Determinants of Health. Learning together: living health equity values in public health organizations: a review and dialogue-based tool [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2021 [cited 2024 Jan 24]. 13 p. Available from: https://nccdh.ca/images/uploads/comments/OCI-Knowledge-Product-4-Health-Equity-Values-Tool_EN.pdf
5. National Collaborating Centre for Determinants of Health. Let's talk: redistributing power to advance health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2024 Jan 24]. 19 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets_Talk_Reducing_Power_to_Advance_Health_Equity_EN.pdf
6. National Collaborating Centre for Determinants of Health. Let's talk: intersectionality [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2022 [cited 2024 Jan 24]. 15 p. Available from: https://nccdh.ca/images/uploads/comments/NCCDH_Lets-Talk-Intersectionality_EN.pdf
7. National Collaborating Centre for Determinants of Health. Let's talk: public health roles for improving health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2024 Jan 24]. 6 p. Available from: https://nccdh.ca/images/uploads/PHR_EN_Final.pdf
8. National Collaborating Centre for Determinants of Health. Peel Public Health tackles inequities in workplaces and increases access to worker protections during COVID-19. Equity in action [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2022 Mar 29 [cited 2024 Jan 24]. 5 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Equity_in_Action-Peel_Public_Health_Tackles_Inequities-EN.pdf

9. National Collaborating Centre for Determinants of Health. Learning from practice: building community power for health equity – case study of nail technicians in Greater Toronto [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2024 Jan 24]. 12 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Power_Nail_Technicians_Case_Study_Mar31_EN.pdf
10. National Collaborating Centre for Determinants of Health. Learning from practice: joint action for equity – community-centred collaboration responds to Cargill outbreak [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2024 Jan 24]. 12 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Joint_Action_for_Equity_Cargill_EN.pdf
11. National Collaborating Centre for Determinants of Health. Advocacy wins – paid sick days, public support and sustainable change. Equity in action [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2022 Mar 30 [cited 2024 Jan 24]. 5 p. Available from: <https://nccdh.ca/images/uploads/NCCDH-Equity-in-Action-Advocacy-Wins-Decent-Work-EN.pdf>
12. Association of Local Public Health Agencies. Re: paid sick leave as a public health measure [Internet]. Toronto (ON): alPHA; 2021 Feb 9 [cited 2024 Jan 24]. 2 p. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/C9E48A93-5DC0-4EAE-9108-14082B79FC3F/alPHA_Letter_Paid_Sick_Leave_080221.pdf

CONTACT INFORMATION

National Collaborating Centre
for Determinants of Health
St. Francis Xavier University
Antigonish, NS B2G 2W5
(902) 867-6133
nccdh@stfx.ca
www.nccdh.ca
Twitter: @NCCDH_CCNDS

ACKNOWLEDGEMENTS

Written by Carolina Jimenez and Rebecca Cheff, Knowledge Translation Specialists at the National Collaborating Centre for Determinants of Health (NCCDH). Special thanks to our internal reviewers Claire Betker, Jonathan Heller, Pemma Muzumdar and Dianne Oickle and to our external reviewers Pamela Charron and Victoria Law.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. 2024. *Determining Health: Decent work practice brief*. Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-998022-36-6

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at www.nccdh.ca.

La version française est également disponible au www.ccnds.ca sous le titre *Ce qui détermine la santé : Guide de bonnes pratiques - le travail décent*.