A Local Health Department's Innovative Training and Education Program for Restaurant Workers

Carrie Sadovnik, MS, CIH
cloewwnh@health.nyc.gov
May 17, 2006, AIHCE

New York City Department of Health and Mental Hygiene (DOHMH)
Environmental and Occupational Disease Epidemiology (EODE)
NYC DOHMH EODE

Program Mission

To promote the environmental and occupational health of New York City residents and workers through:

• public health risk assessment, communication, and interventions

• surveillance;

• investigation; and

• policy research and development.
Foreign-born workers

More likely to be employed in:
- Manufacturing (64% NYC; 16% US)
- Construction (58% NYC; ~14% US)
- Service (54% NYC; 23% US)
  - Restaurants (64% NYC; 10% US)

High numbers and rates of fatal injuries
Job Injury Risk Factors for Foreign-born Workers

- Non-unionized, low-wage, informal jobs in small businesses
- Language and cultural barriers to training
- Lack of job training
- Immigration status
- Less likely to report workplace hazard
- Lack of anti-retaliation protection for undocumented workers
DOHMH Foreign-born Worker Health and Safety Initiative

- Restaurants
- Construction (day laborers)

Restaurant Industry Coalition, ROC-NY

UCLA Dept of Urban Planning and CCC.
Why Restaurant Workers?

- One of the largest private employers (>150,000)*
- Largely foreign-born workforce (64%)*
- Large employer of young workers (27% <25 years old)*
- Low wage, largely non-union, lack of occupational safety and health enforcement**
- Low injury rate and severity *(US BLS, 2001)*

* US Census, 2000
Why Restaurant Workers? cont.

- High number of non-fatal cases (*US BLS, 2004*)
- In NYC:
  - Most common occupation seen at local burn center (Suzman et al., 2001)
  - 4th most common occupation seen in emergency room visits (NYC DOHMH)
  - 3rd most common industry reporting fatalities (homicides) (NYC DOHMH Vital Statistics)
- Public Health Mandate: Food Safety Education and Enforcement
Work-related Burns Seen at Regional Burn Center

Restaurant Worker was most frequent occupation (1996-1999):

- 4% of all adult admissions (work and non-work related)
- Mean length of hospital stay 12.6 days (1-26.5)
- Mean annual hospitalization costs = $1.13 million

NYC DOHMH Surveillance of Emergency Department Visits

• Sampled ~50% of NYC hospitals, 2003-2005 (1 week/quarter)

• Restaurant Workers among the top occupations most seen after: police, firefighters, hospital workers

• Top restaurant worker injuries: cuts, slip/fall injuries, burns, assaults
Program Mission: To ensure the public has access to safe food, prepared and served in a safe environment:

- Mandatory licensing;
- Smoke Free Air Act of 2002;
- Golden Apple Award;
- Annual and complaint-based restaurant inspection; and
- Mandatory Food Safety Training for food workers.
PHASE I.
NYC DOHMH
Restaurant Worker
Injury Prevention
Educational Intervention Plan
Overview

• Target Audience:
  – DOHMH Health Academy Instructors
  – DOHMH Sanitarians/Inspectors
  – Restaurant Owners/Managers & Workers

• Step 1. Get Input

• Step 2. Food Worker Training

• Step 3. Educational Tool Development

• Step 4. Informed Inspections
## Step 1. Get Input: Restaurant Industry Focus Groups

<table>
<thead>
<tr>
<th>Foreign-born Workers</th>
<th>Owners and Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Slips, trips, falls, cuts, burns are most common injuries</td>
<td>• Ignorance of health &amp; safety responsibilities, OSHA regulations</td>
</tr>
<tr>
<td>• Job stress as risk factor</td>
<td>• Primarily reactive to H&amp;S issues</td>
</tr>
<tr>
<td>• Safety training is rare</td>
<td>• Largely unable/unwilling to self-initiate safety training</td>
</tr>
</tbody>
</table>
Step 2. Food Worker Training

**Goal:** Integrate worker safety training into DOHMH food protection course (approx. 12,000 students annually)

- Train-the-trainer for Health Academy instructors
- Course offered in English, Spanish, Chinese, Korean, and Greek
- Short (10 minutes)
- Use of photographs
- Focus on preventing 3 common injuries: slip/trip/fall injuries, cuts, burns, AND electrical/fire hazards
- Offers easy-to-implement solutions
Slip, Trip and Fall Hazards

- Stairwells (no traction, loose/no handrail, poor lighting)
- Cluttered walkways, storage areas
- Wet floors
- Grease spills
- Reduced vision
Preventing Slips, Trips and Falls

• Mop up spills promptly
• Require slip resistant shoes
• Provide rubber mats
• Ensure stairways & walkways are well lit and marked

From: Workplace Health and Safety in Restaurants: An Introduction for Food Workers
Step 3. Educational Tools

- Target both workers and employers
- Publish in English, Spanish, and Chinese
- Distribution plan:
  - Mass mailing to targeted restaurants
  - Distribute through
    - Health Academy course
    - Small Business Services
    - Stakeholders
Step 3. Educational Tools

   (English/Chinese)
   OSHA requirements • Young workers • General prevention tips

2. Employer Brochure: Safety Checklist
   (English/Spanish/Chinese)

3. Cartoon Novella:
   Slips, Trips, and Falls
   (English/Spanish)

4. Poster: Safety Checklist
   (English/Spanish/Chinese)

Source: NYC DOHMH, Decisión
Step 3. Poster (draft)

- Targets workers
- Injuries/Hazards
  - slip/trip/fall
  - cuts
  - sprains/strains
  - burns
  - electrocution/
  - fires
- Dual language
- Mass mailing to restaurants
- Inspectors will verify postings
Step 4. Informed Inspections

Food Safety Sanitarians (n=126):

- have regular contact with the target population
- are familiar with the industry
- are in an educator role
- may be exposed to similar hazards in field
- some public health hazards are worker hazards
Step 4. Informed Inspections

Inspector Training:

• Occupational safety and health awareness

• Cross-train with OSHA inspectors

• How to relay information during inspections ("just-in-time" learning)

• Possible referral to OSHA
Next Steps for Restaurant Worker Injury Prevention Plan…

Dependent upon additional funding and support…

- “Best Practices” employer handbook
  - Include Assault Prevention

- Training for street vendors

- Additional surveillance activities:
  - SPARCS emergency department billing data
  - Restaurant inspection reports – current/expanded

- Broaden distribution and outreach

- Collaboration with other DOHMH programs:
  - Injury Prevention on assaults/homicides
  - Worksite Wellness on smoking cessation programs
Acknowledgments

- Health Academy, DOHMH
- Food Safety and Community Sanitation, DOHMH
- Bureau of Injury Surveillance, DOHMH
- Restaurant Opportunities Center of New York
- New York State Department of Health
- Institute for Labor and the Community