

Parental High-Risk Occupations and Child Health Disparities: Advancing Health Equity Through Economic Stability

GIA: Global Initiatives Alliance
Bridging Society: Enact Real Change
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Introduction

Raising children in the U.S. costs over \$200,000 on average, yet child poverty remains widespread. More than 15 million low-wage workers—many single parents—face unstable, high-risk jobs with limited benefits, unpredictable schedules, and exposure to workplace hazards. These conditions increase family stress and restrict access to critical resources, disproportionately impacting child health and development.

This paper investigates how employment conditions and limited health literacy intersect to shape child health disparities and evaluates policy responses that promote economic stability and public health. With rapid advances in AI and automation, ensuring that families have the tools to navigate changing work environments and health systems is increasingly critical.



Design/Methods

Systematic Literature Review:

- Peer-reviewed studies were identified through databases such as PubMed, JSTOR, Scopus, and Google Scholar
- Analysis situated within the Healthy People 2030 framework

Inclusion Criteria:

- Studies published between 2010–2025 focusing on high-risk occupations (e.g., construction, mining) and their impact on families were included.

Frameworks Applied:

- Social Learning Theory was used to analyze how parental stress influences child mental/physical health.
- Intersectionality was applied to examine disparities across race, gender, and socioeconomic status.

Policy Evaluation:

- Reviewed workplace-healthcare integration models (e.g., Johns Hopkins' "Parent-Shift" program)
- Reviewed AI-driven safety innovations for their effectiveness in reducing injuries and improving family stability.
- Assessed health outcomes for children in high-risk occupation families

References:

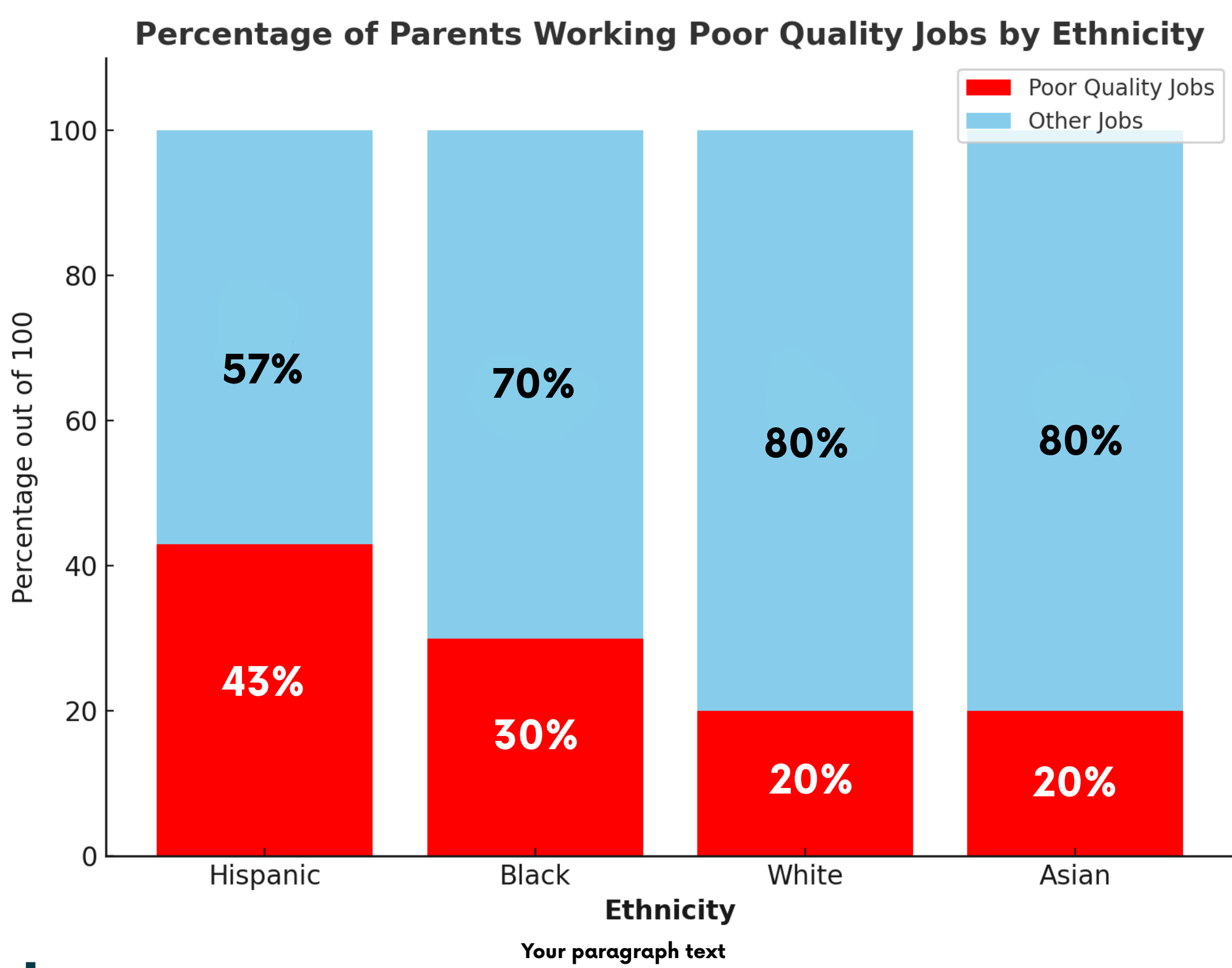
- Morrison AK, Glick A, Yin HS. Health Literacy: Implications for Child Health. *Pediatrics in Review*. 2019;40(6):263–277.
- Sanders LM, Shaw JS, Guez G, Baur C, Rudd R. Health Literacy and Child Health Promotion: Implications for Research, Clinical Care, and Public Policy. *Pediatrics*. 2009;124(Supplement 3):S306–S314.
- Center for Health Care Strategies. Health Literacy Fact Sheets. 2024.

Results

Economic & Health Coverage Disparities

- Over 30% of noncitizen workers lack health insurance—3× the rate of citizen workers
- Noncitizen workers are more likely to be low-income:
 - 31% of long-term noncitizens and 38% of recent noncitizens fall below 200% of the federal poverty level, compared to 15% of U.S.-born workers
- Immigrants make up 18.6% of the national labor force
- 43% of Hispanic working parents lack basic employment benefits vs. 20% of White parents
- Many high-risk occupations with immigrant workforces fail to provide life insurance

Figure 1
Segmented Bar Graph highlighting percentage of parents working jobs of a poorer quality by ethnic background



Impact on Children's Health

- Children of parents with workplace injuries are 2.5× more likely to develop anxiety
 - These children are more prone to respiratory issues such as stress-related asthma
- Social learning theory explains how children internalize parental stress and anxiety
- Chronic exposure to parental stress manifests as:
 - Emotional distress
 - Behavioral issues
 - Physical symptoms in children
- When parents are injured, children often assume caregiving responsibilities, disrupting their education

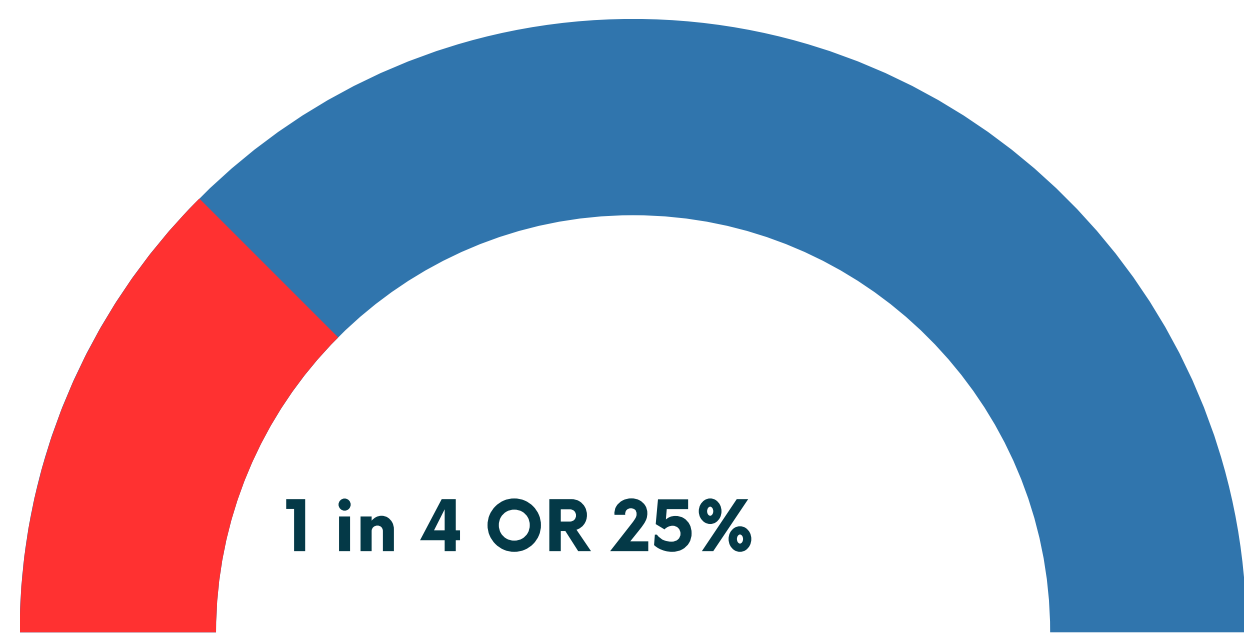


Figure 2
Percentage of parents in the U.S. struggling from low health literacy.
Source: Morrison et al., 2019

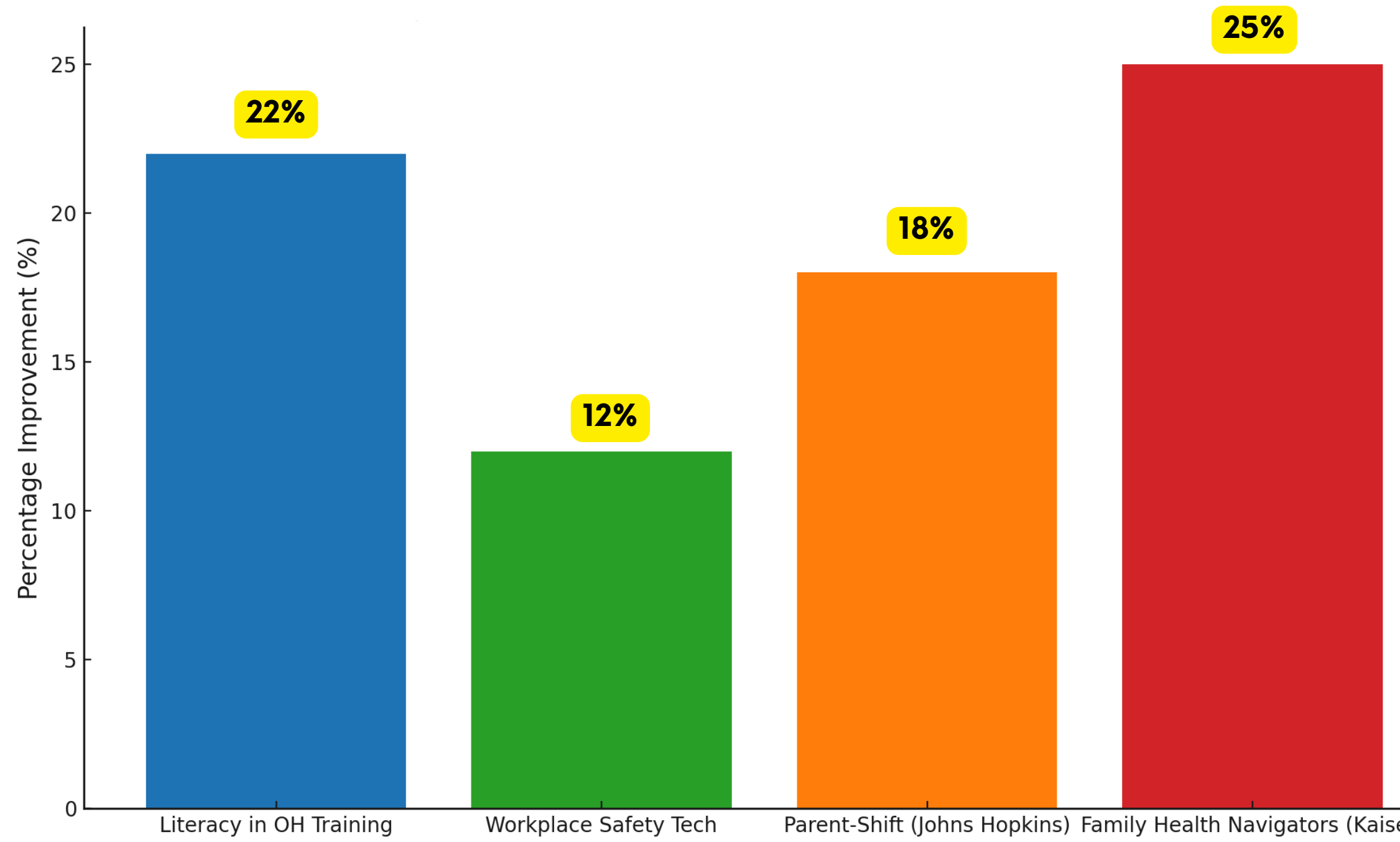
Health Literacy Challenges

- Prevalence:** About 1 in 4 parents in the U.S. have low health literacy, with even higher rates among families in high-risk occupations and those struggling financially
- Patients with low health literacy are 3.4× less likely to interpret prescription warning labels correctly
 - Hispanic parents with limited English proficiency have 2× higher odds of medication dosing errors
- These disparities contribute to:
 - Medication mismanagement
 - Delayed care
 - More frequent emergency room visits for preventable issues

Effective Interventions

- Literacy screenings embedded in occupational health (OH) training reduced injury-related absenteeism by 22%
- Workplace safety technology correlated with 12% decline in child emergency visits
- Johns Hopkins' "Parent-Shift" initiative reduced missed appointments by 18%
- Kaiser Permanente's "Family Health Navigators" improved medication adherence by 25% compared to standard care in underserved populations

Figure 3
Impact of Effective Interventions on Health Outcomes



Reflecting the % improvement in key health outcomes (e.g., medication adherence, reduced absenteeism, fewer emergency visits) due to the positive impact of four effective interventions applied to improve employment conditions, compared to standard care or baseline rates.

Connection to IHA's Mission

Our research directly supports IHA's mission by addressing how health literacy and economic stability shape child health equity. By developing and testing practical interventions—such as workplace-based literacy programs and family health navigation—we provide actionable, scalable solutions that advance IHA's vision of accessible, equitable care for all.

Conclusion

The relationship between parental high-risk employment and child health outcomes is complex, shaped by overlapping forces of economic instability, limited health literacy, and systemic inequity. Children in these households are at heightened risk for physical and emotional harm—not only because of their parents' work conditions but because of how society responds to those conditions. Supporting health literacy in both parents and children is critical; children of parents with higher health literacy develop better health habits and experience fewer preventable illnesses

To break this cycle, stakeholders must implement integrated, equity-driven strategies. This includes scaling up workplace-based literacy programs, ensuring safe working conditions through modernized policy, and expanding culturally responsive health infrastructure. Future research should examine the longitudinal impacts of these interventions, particularly among immigrant families. By doing so, we can better align public health with principles of justice, inclusion, and sustainability—core values reflected in the 2025 IHA Health Literacy Conference agenda.

Recommendations

- Expand Medicaid to include mental health screenings for children of injured workers.
- Implement flexible scheduling in high-risk industries to reduce missed appointments and support family stability.
- Incorporate health literacy screening and navigation in workplace and healthcare settings.
- Expand access to culturally responsive resources for parents with limited English proficiency.
- Promote workplace-healthcare partnerships to address both economic and health literacy barriers.