Occupational Health and Safety Among Latinos in the U.S.

The Issue

Latinos are the largest minority group making up approximately 17.4% of the total of the United States (U.S.) population. The Latino unemployment rate is 1.5 times that of non-Latino whites. However, Latinos’ desire to work more than whites, but they have less probability than their white counterparts to be hired.2

In 2013, Latinos registered 817 fatal occupational injuries, which represented 17.5% of the total.3 In 2010, Hispanics comprised 24.4% of the workers in high-risk occupations, closely followed by black (20.8%) and Native American/Alaska Native (20.2%).4 The overrepresentation of Latinos in hazardous job sectors highlights the importance of addressing occupational health and safety issues to improve the well-being of this population.

Latinos in the U.S. Labor Force

The five main occupations where Latinos work are: office and administrative support, sales, building and grounds cleaning and maintenance, food preparation and serving, and construction trades. Latinos make up the biggest group in: Food preparation and serving; Building and grounds cleaning and maintenance; Farming, fishing and forestry; Construction trades; Installation, maintenance and repair workers, and Production.5

In 2014, 71% of Latino men and 51.4% of Latino women were participants in the labor force.5 Jobs with high Latino employment are less likely than other jobs to provide health insurance coverage and other employer-sponsored benefits for their employees, less likely to employ their employees on a full-time basis, and are low wage industries. This also affects the ability of workers and their families to secure access to health care resources and decent housing and educational opportunities.6

Work Related Fatalities and Injuries

The risk of injury from working dangerous jobs is compounded by insufficient or no training, isolation from traditional resources for health and safety information, low levels of English proficiency and fear of reporting workplace conditions.7

In 2012, the fatality rate for Latinos was 32% higher than for any other worker population, with a high concentration among foreign-born Latinos (65%) and 35% among native-born Latinos. Industries most prone to workplace fatalities among Latinos include construction (34%), administrative and waste services (11%), agriculture (10%), and transportation/warehouse (10%). The main causes of fatality for Latino workers were transportation incidents (25%), contact with equipment (21%), falls (21%), and assaults and violent acts (16%).8

The percentage of Latino workers that are away from their job for non-fatal injuries (11.9%) is the biggest among minorities. Their median of days away is 8.9 The total days away for illness or injuries during 2013 was 124,330. The main activities related to this figure were: Trade, transportation and utilities; Manufacturing, and Construction.10

Work Conditions7,9,12

Latinos are concentrated in jobs that pose a variety of health hazards, not just from traditional occupational hazards, but also from low wages, long hours, lack of job security, and stress. For immigrant workers, the economic pressure to continue working when ill or to work more than one job may also be the cause of psychosocial problems, fatigue, and occupational injuries.

Latino workers are concentrated in jobs with the highest prevalence of labor law violations—manufacturing, agriculture, wholesale and retail trade, and construction. Common violations include wage theft, poor recordkeeping, youth employment violations, inadequate sanitation, scaffolding hazards, inadequate fall protection, and insufficient hazard communication. Further, current immigration policy and weak penalties for employer law violations intimidate Latinos from exercising their workers’ rights, leaving them vulnerable to exploitation and taking a toll on the job quality for all workers.

Latinos tend to be employed in sectors that provide little legal protection, as they are excluded from certain labor rights and protective regulations, such as the Occupational Safety and Health Act (OSHA) regulations, minimum wages, and right to organize. Further, working in the informal economy, businesses hire independent contractors or temporary employees in order to be exempt from occupational health and safety regulations, anti-discrimination laws, record-keeping requirements, and federal labor laws.

Domestic workers, who are prominently comprised of Latino workers, are explicitly excluded from the standards and whistleblower protection provided by OSHA and NLRA. Agriculture is among the most hazardous occupations in the U.S. Workers are faced with unique occupational hazards including pesticide exposure, skin disorders, infectious diseases, lung problems, hearing and vision disorders, and strained muscles. Farmworkers are excluded from overtime pay provisions, are not subjected to minimum wage requirements, and under the National Labor Regulations Act (NLRA) agricultural workers are not protected from employers who retaliate against workers who attempt to unionize. Further, many states exempt agricultural businesses from the requirement to Worker’s Compensation.
Policy Recommendations

- Remove current exclusions that prevent farmworkers and domestic workers from accessing workplace protections afforded to all other workers in the U.S. under the National Labor Relations Act, the Fair Labor Standards Act and the Occupational Safety and Health Act.

- Close gaps in workers’ compensation coverage and occupational safety and health laws. Temporary/part-time residential jobs are commonly held by immigrant workers (i.e. day labor and childcare) who may be excluded from workers’ compensation coverage and do not work enough hours to qualify for benefits. These workers are frequently employed by home owners who may not be cited as employers, resulting in potentially hazardous work environments without the protection of OSHA.

- Improve workers’ access to medical care for workplace injuries at public, community, and private health care facilities. Providing adequate training and assistance to clinics, hospitals, and other health care facilities in understanding workers’ compensation reporting requirements, obtaining reimbursement for services, and improving linguistic and cultural access for non-English speaking patients may improve medical care for these workers who seek health services for their workplace injuries.

- Labor agencies that focus on wage and hour, health and safety and workers’ compensation, should work collaboratively to: address and coordinate work related to low-wage workers, make recommendations on internal procedures and policies that will improve work conditions and facilitate utilization of programs and access to agencies; and develop outreach mechanisms to establish relationships between working immigrant communities and the agencies (for example, the previous Office of Low Wage Workers within California’s Labor and Workforce Development Agency.)

- OSHA should develop comprehensive education and outreach programs to reach workers and employers by providing resources in workers’ primary language; conduct outreach to Latino workers and build partnerships with community-based organizations; establish and meet agency linguistic capacity goals to recruit and hire bilingual inspectors and target industries where immigrants work; and better assess violations in hazardous industries, inspectors and target industries where immigrants work; and better assess violations in hazardous industries, independent of worker complaints.

- Remove the threat of deportation. Immigrant workers have been threatened with deportation in retaliation for exercising their rights and reporting hazards. Legal and policy strategies to overcome this obstacle should be explored and developed. Efforts to improve whistleblower protection should take into account that immigrants are particularly vulnerable to retaliation because of their immigration status.

References


9. Table 7. Number, percent distribution, and median days away from work for nonfatal occupational injuries and illnesses involving days away from work by race or ethnic origin, length of service, and ownership. (2013). Retrieved from http://www.bls.gov/news.release/osh2.t07.htm


Author Information

- Xóchitl Castañeda, Director, Health Initiative of the Americas, Berkeley School of Public Health
- Valdemar Díaz, Universidad de Quintana Roo, Visiting Scholar in Berkeley School of Public Health
- Michael Nemeh, undergraduate research associate, Berkeley School of Public Health

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