

California Department of Industrial Relations  
"The California Perspective on Latino Worker Health and Safety Issues:  
Exploring Causes and Potential Solutions"  
Before the Assembly Committee on Labor and Employment  
November 19, 2015

Chairman Hernandez and distinguished members of the Assembly Committee on Labor and Employment, thank you for inviting the Department of Industrial Relations to testify at this important hearing. We are pleased to provide the California Perspective on Latino Worker Health and Safety Issues and have divided comments into four sections. The first provides an overview of demographics. The second discusses recent data on Latino worker health and safety outcomes. The third outlines the underlying challenges that should be addressed to protect workers. The fourth discusses actions and opportunities to improve outcomes and enhance California's productivity.

**1. Demographics in California**

As of July 2015, Latinos form the largest ethnic group in California, representing 39 percent of the population, and whites trail closely at 38 percent of the population. Approximately 15 million Latinos live in California today, compared with 2.4 million in 1970 and 7.7 million in 1990. The Pew Research Center reported that, in 2010, Latinos had the highest birth rate—80 births per 1,000 women of childbearing age, compared with 64 for blacks, 59 for whites, and 56 for Asians. State demographers project that, by 2060, Latinos will account for nearly half of Californians.

The Latino population is relatively young, with a median age of 29, while the white population has a median age of 45. Census figures show that in California, 32 percent of Latinos are younger than 18, compared with only 19 percent of other residents. According to the U.S. Census Bureau, Imperial County has the highest proportion of Latinos (82 percent) and Los Angeles County has the highest number of Latinos, nearly 4.9 million.

Data from the Bureau of Labor Statistics (BLS) reveal that over the past six years the rate of Latinos in the California labor force has been increasing, such that it now comprises about 35 percent. This far exceeds the national average of approximately 15 percent.

Although the recent recession had an impact on all workers, Pew reported that the unemployment rate among Latinos peaked at 12.3 percent in 2010, compared with 8.9 percent among non-Latinos. The unemployment rate for Latinos has steadily fallen since then (8.9 percent in 2013), but remains above pre-recession levels (4.9 percent in 2006).

**2. Work-Related Fatalities: An Occupational Trend**

With this background on demographic shifts, we turn to workplace trends for Latino workers in California. In April 2015, the Department of Industrial Relations published a report examining fatal occupational injury trends among Latinos from 2009 to 2013. Data from the Census of Fatal Occupational Injuries (CFOI) were used in the report. CFOI is conducted annually by the department in

conjunction with the U.S. BLS. CFOI produces comprehensive, accurate, and timely counts of fatal work injuries. This Federal-State cooperative program was initiated in all 50 states and the District of Columbia in 1992.

Preliminary CFOI data reflect a total of 334 fatal work injuries statewide in 2014, a decrease of 16 percent over the 396 workplace deaths reflected in the final 2013 data. Deaths for Latino workers also decreased 35 percent, from 194 in 2013 to 127 in 2014. Preliminary data for the United States show an increase of 2 percent, from 4,585 in 2013 to 4,769 in 2014. Fatal workplace injuries among Latino workers represent 38 percent of all cases identified in 2014, compared with 49 percent counted in final data the year before.

In 2013 an observable spike took place in work-related fatalities reported for Latino workers. In the years leading up to this, work in construction, agriculture and manufacturing increased due to the steady economic recovery from the recession. This contributed to a growing need for low-wage workers in industries that experienced the most growth.

California was not alone. According to the BLS, work-related fatalities increased among workers of all ethnic backgrounds in 2013. Nationally, fatalities increased in construction by 6 percent, agriculture by 14 percent, mining by 17 percent, and factory jobs, such as those in food manufacturing and textiles, by 9 percent.

Fatality rates in the California labor force overall declined slightly between 2009 and 2014 (preliminary data). For Latino workers, this is also true with the exception of 2013, which now appears to be a departure from the multiyear trend. Over the same period, the worker fatality rate per full-time equivalent (FTE) is slightly higher for Latinos than for the total labor force in California and the U.S.

Gender differences in fatality rates in California between 2011 and 2014 showed men consistently experienced occupational fatalities at five times the rate of women. This is not surprising, as men are traditionally engaged in high-hazard occupations with an increased risk of injury and illness at a higher rate than women. The rate among Latinos is similar to that of the total labor force, with the exception of 2013, when Latino men had a considerably higher fatality rate than men overall. Rates declined across genders and returned to comparable rates in 2014.

Trends across age groups showed that the work-related fatality rate was lowest for workers age 20 to 34 but higher among workers age 65 and older. The aging workforce and how issues related to workplace injuries and illnesses may be compounded by the effects of aging in general are the subjects of a great deal of discussion. More empirical research in this area is needed and is currently being conducted by the Commission on Health and Safety and Workers' Compensation.

Events and exposures that caused workplace fatalities were examined more closely to determine whether any trends emerged for Latino workers. In California, leading events and exposures were attributed to contact with objects and equipment, followed closely by falls, slips, and trips. Nationally,

the leading causes of workplace fatalities for Latino workers included falls, slips, and trips, followed by exposure to harmful substances or environments.

Another source from the BLS is the data from the Survey of Occupational Injury and Illness (SOII). While SOII reflects underreporting estimated at 40 percent, the aggregate trends can be helpful to monitor. Race or ethnic origin is reported in approximately 60 percent of surveyed cases of lost work time. In 2013, construction, natural resources, manufacturing, and transportation jobs accounted for the highest rate of reported nonfatal occupational injuries among all races, totaling 33,600, slightly higher than in 2012. In 2013, 16,620 Latino workers reported injuries, while all other races combined totaled 12,710, compared to 2012, when 20,040 Latino workers reported injuries, while all other races combined reported 12,240. Data on occupational injuries and illnesses divided by ethnicity for 2014, now available, show a decline for all workers in California. Of reported cases in the private sector, Latino workers comprise 59 percent of the total lost time, while whites comprise 27 percent and Asian and black workers 7 percent and 6 percent, respectively. In construction, manufacturing, mining, and natural resources, Latino workers comprise 75 percent of the total lost time, and in trade, transportation, utilities, information, and financial services, Latino workers comprise half the lost time.

The concerns over occupational injury and illness are not exclusive to Latinos. The root cause is systemic with regard to occupational injury and fatalities among low-wage workers. Work-related injuries and illnesses need to be addressed through broader policy and education and outreach to employers and workers in low-skilled and low-wage industries that have the greatest risk.

The recommendations in DIR's April report are still relevant and merit action: specialized, language-appropriate training for workers prior to performing hazardous work is essential for improving workplace health and safety. Over a quarter of reported work injuries in private industry in California were experienced by workers with less than a year of tenure. Nearly a third of injuries in goods-producing firms occurred within a year of being hired, and 46 percent of injuries happened within a year of being hired in the natural resources and mining sector. Effective training for workers new to the job is essential.

In addition to monitoring trends in data, it is helpful to offer some context to the workforce trends as interventions are considered.

### **3. Relevant Workforce Context to Consider**

Education and literacy levels provide important context for the statistics and reveal challenges behind the experiences of certain subpopulations. In 2010, despite comprising 45 percent of the population age 18 to 24, Latinos received only 18 percent of the bachelor's degrees awarded by public colleges in California, according to California Postsecondary Education Commission data. Latinos also received 29 percent of the associate degrees awarded by California's community colleges.

According to the California Senate Office of Research, Latinos are more likely than the population at large to work in blue-collar (low-wage) occupations, such as manufacturing, construction, maintenance,

and services. From 2006 to 2010, Latinos tended to earn less than Californians as a whole and were underrepresented in higher-income brackets, overrepresented in lower-income brackets, and more likely to live below the poverty line. For example, Latinos had a median household income of \$47,000, compared to a median household income of \$61,000 for all Californians. Similarly, while 14 percent of Californians lived below the poverty line, 20 percent of Latinos lived below the poverty line.

Overall health risks affect work-related health and safety issues. In May the U.S. Centers for Disease Control and Prevention (CDC) published their Vital Signs report on the health and causes of death of Latinos in the U.S. Using mortality figures and national health surveillance data, the report found that health outcomes of Latinos differed from those of all whites. While Latinos had a 24 percent lower risk of all-cause mortality and lower risks for cancer and heart disease, among others, serious issues that particularly affect the health of Latinos were noted. Deaths from diabetes, liver disease, and homicide were substantially higher among Latinos than all whites, as was the prevalence of obesity (in California, the rate of obesity among Latinos is 31 percent). According to the CDC, the costs of obesity are estimated to cost employers up to \$93 billion per year in health insurance claims. Access to health care is a concern for Latinos nationwide, as more than 40 percent of individuals reported having no health insurance coverage.

#### **4. Opportunities and Interventions**

Short-term interventions are available and offer methods to address immediate needs. Longer-term interventions merit consideration and are offered in this final section of our testimony.

Multilingual resources are vital for reaching workers in their own language to maximize understanding and effectiveness. Data from the U.S. Census Bureau's American Community Survey (five-year estimates for 2006-2010) indicated that 77 percent of Latinos in California spoke a language other than English at home, compared with 43 percent of the general population. In addition, 38 percent of Latinos in California self-identified as speaking English less than "very well," compared with 20 percent of the general population.

Informational materials for workers and employers as well as the content for several websites that have been translated into Spanish and other languages are available on the DIR website. A bilingual call center is also available to assist the public with questions on California labor law. Customized campaigns available in Spanish and other languages have proven successful, such as the heat illness prevention program conducted by Cal/OSHA and the Labor Commissioner's wage theft campaign.

Another short-term solution involves data. Using predictive data analytics, efforts can be more effectively targeted in areas of evidence-based need. Collaboration across agencies and information sharing, specifically in the form of data matching to the extent permitted by law, has proven effective for targeted enforcement. This enables inspection resources to be wisely invested in identifying noncompliant employers. For example, by screening leads for workers' compensation insurance, one can predict the likelihood of proper licensing or payroll reporting. Serious violations of health and safety laws are also linked to employer coverage, as demonstrated by enforcement results from the Labor

Enforcement Task Force. Smarter enforcement is a powerful tool for promoting compliance, with great benefits for workers.

Innovation in design provides opportunities to incorporate inherently safer practices and measures. Ergonomics is one area of innovation. It offers preventive measures for workplace safety and promotes efficiency, production, and earnings. According to the American Industrial Hygiene Association, well-designed working environments reduce medical claims and permanent disability by accommodating the variety of human capabilities and limitations. When hazards cannot be eliminated, administrative controls such as training and changes in work practices can be implemented. Workplace health and safety programs offer effective, prevention-focused solutions. Cal/OSHA's Consultation Services Branch provides free voluntary assistance to employers and employee organizations to improve their health and safety programs.

Longer-term interventions are also worth considering and initiating, even though the effects will take time to be visible. An innovative option that is gaining attention is universal design, which is a strategy for making products, environments, operating systems, and services welcoming and usable to the most diverse range of people possible. Simplicity, flexibility, and efficiency are the key principles, and most of us benefit from universal design on a daily basis. Think of the curb cut-outs that accommodate wheelchairs, strollers, dollies, and other things on wheels. These innovations increase ease of access to products, places, and services for multiple, diverse populations. Using universal design means that facilities, programs, and services take into account the broad range of abilities, ages, reading levels, learning styles, languages, and cultures in their diverse workforce and customer base. This offers a valuable approach to evolving workplaces into accommodating, inclusive environments.

In the interim, other measures to ensure appropriate care are moving forward. An example is the drug formulary being established for the workers' compensation system, which aims to improve the delivery of medicine for injured workers to enable them to return to work and remain productive.

Legislation offers solutions to address related issues. Recent bills that are relevant to today's hearing include:

- AB 1897 (Hernandez, 2014), which established specified liability for client employers that obtain workers from third-party labor contractors.
- AB 60 (Alejo, 2013) created the Safe and Responsible Driver Act, which enables any eligible California resident to apply for a driver's license, regardless of immigration status, beginning January 1, 2015.
- SB 4 (Lara, 2015) implements the \$40 million allocated in this year's budget to provide state-subsidized Medi-Cal coverage to 170,000 immigrant children age 18 and younger.
- AB 241 (Ammiano, 2013), which enacted the "Domestic Worker Bill of Rights" to provide labor protections to domestic work employees.
- AB 358 (Jackson 2015), which made various changes to the California Equal Pay Act related to gender wage inequality.

These and other short- and long-term measures that focus on the whole worker, the entire labor force, and the population at large are opportunities for improving the quality of life for all Californians.

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