Occupational Health of Migrant & Immigrant Workers

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Migrant Labor & Global Health Conference
Conference Center
University of California
Davis, California
Occupational Safety and Health
U.S. Government

Regulation/Enforcement

Department of Labor (DOL)
- Mine Safety and Health Administration (MSHA)
- Occupational Safety and Health Administration (OSHA)

Research, Training, and Prevention Recommendations

Department of Health and Human Services (HHS)
- Centers for Disease Control and Prevention (CDC)
  - National Institute for Occupational Safety and Health (NIOSH)
NIOSH Mission

▪ Generate new knowledge in the field of occupational safety and health

▪ Transfer that research knowledge into practice.
NIOSH Laboratories

- Anchorage: commercial aviation, fishing, maritime
- Cincinnati: illnesses and HHEs; engineering controls/psychosocial; education/information
- Denver: oil and gas, tribal health
- Morgantown: safety; respiratory; bench science
- Pittsburgh: personal protective technology; mining
- Washington Headquarters
- Spokane: western states, mining
National Occupational Research Agenda
NORA

• Begun by NIOSH in 1995 as a public-private partnership to engage diverse interests and perspectives to chart a research course

• Recognized no one organization has the resources necessary to fully address the research needs of workers in the United States

• Provided a framework to guide occupational safety and health research for the Nation

“Delivering on the Nation’s promise: safety and health at work for all people through research and prevention”
# The Evolution of NORA (1996 – 2016)

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<td>What will the workplace of 2006 look like? What research will be needed to ensure a safe and healthy workplace?</td>
<td>How can research be better moved to practice in the workplace?</td>
<td>What research should be done in 2020 and beyond? Can an efficient and effective structure be found to identify and integrate research priorities?</td>
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## 21 Focus Areas

- NORA became a map by which the occupational safety and health community could identify, generate, design, and fund priority research efforts.
- No previous occupational research agenda had captured such broad input.

## 10 Industry Sectors

- 20 sectors in the U.S. defined by NAICS codes. 8 at first, then 10 sector groups.
- During the decade, NIOSH organized 24 intramural cross-sector programs to support Sector goals and priorities.

## 10 Sectors and 7 Cross-Sectors

- 10 Sectors Programs aim is to prioritize OSH research by the major areas of the U.S. economy.
- 7 Health and Safety Cross-Sector Programs whose aim is to identify national OSH research priorities according to major issues affecting the US working population.
## Third Decade of NORA

### 10 Sectors and 7 Cross-Sectors

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<tr>
<th>Industry Sectors</th>
<th>Health &amp; Safety Cross-Sectors</th>
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<tr>
<td>Agriculture, Forestry and Fishing</td>
<td>Cancer, Reproductive and Cardiovascular</td>
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<td>Construction</td>
<td>Hearing Loss Prevention</td>
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<td>Healthcare and Social Assistance</td>
<td>Immune, Infectious &amp; Dermal</td>
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<td>Manufacturing</td>
<td>Musculoskeletal Health</td>
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<td>Mining</td>
<td>Respiratory Health</td>
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<td>Oil and Gas Extraction</td>
<td>Traumatic Injury Prevention</td>
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<td>Public Safety</td>
<td>Healthy Work Design and Well-being</td>
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<td>Services</td>
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<td>Transportation, Warehousing and Utilities</td>
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<td>Wholesale and Retail Trade</td>
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How NIOSH Identifies Research Priorities: The BNI Method

• We select the most important work to protect the workforce

• We identify priorities to guide investments

• We base priorities on the evidence of **burden**, **need** and **impact**.
What Research Should NIOSH Fund?

• **Burden**
  – What is the health & exposure burden on individuals, employers and society?
  – What is the economic burden on individuals, employers and society?
  – How well is the burden evidence assessed?

• **Need**
  – What meaningful knowledge gap can be filled by the research?
  – What advantages does NIOSH have over other funders?
  – How well does the research address stakeholder needs?

• **Impact**
  – Is the research well conceived, feasible and likely to address the need?
  – How can the findings create new knowledge, lead others to act on the findings, promote practical interventions, adopt a new technology, develop evidence-based guidance, aid in standard-setting, or promote other intermediate outcomes?
  – How can the findings lead to a decrease in worker injury, illness, disability or death, or enhance worker well-being?
Rollout of the Third Decade of NORA

• Summer 2016
  – Formally announce plans for NORA 3 structure
  – Review of second decade of NORA complete

• Sectors and Cross-Sectors
  – Develop plans for public input into research priority setting process

• October 2016
  – 3rd Decade begins (2016—2026)

• Summer 2017
  – State of Science Meeting (Denver)
OECD Migration Outlook 2016

• Migration is increasing.
  – Permanent migration flows increased sharply 2\textsuperscript{nd} year in a row. Around 4.8 million people migrated permanently to OECD countries in 2015, slightly above the 2007 peak level and 10\% more than in 2014.

• Sociopolitical impact of migration should not be underestimated.
  – Public opinion is torn between sympathy, concerns about accommodation, job competition, and concerns about terrorism.

• Migration policies could better respond to geopolitical and environmental issues.
Bill McClain and his wife, Darla. He owned a Harley-Davidson shop in California for 22 years. But the economic downturn and increased state regulations, he said, pushed them to sell everything in 2010 and join the work-camping community. Credit Jenn Ackerman for The New York Times
Rise of Immigrant Robo-Laborers

• From oil rigs to farms, more of the country's workplaces than ever are now welcoming robotic laborers.

• Many of the machines will be made in China.
Migrant Laborers—CA
Migrant Laborers—CA
Migration to America—History

• In-Migration
  – Chiefly occurs from China, India, the Philippines, and, especially, from Mexico and Central America.

• Government Migration Programs
  – Demand for manual labor during World War II led the United States to enter into a series of diplomatic agreements with Mexico to allow entry of temporary contract laborers from Mexico into the United States.
  – After the expiration of the initial agreements in 1947, the program was continued, but limited to the agricultural sector, until its official expiration in 1964.

• Mexican migration did not cease in 1964
  – Since then, millions of Mexican nationals have migrated to the United States seeking employment opportunities chiefly in the agriculture, construction, and service sectors, many without "authorization" to enter the United States.
American attitudes about Mexican migration became increasingly hostile.

Starting in the mid-1990s, public debate has centered around toughening border enforcement, building fences along the international border with Mexico, expanding grounds for deporting Mexican nationals, enhancing restrictions on the hiring of unauthorized migrants, closing opportunities for unauthorized migrants to legalize their status, and limiting their access to social safety-net services.

Seldom heard in the recent public policy debates about migration of workers into the United States has been any recognition of the value that migrant workers add to the American economy or the price they pay in work-related injury and illness.

An increasing literature indicates that migrant workers in the United States, and in other countries around the world, bear a disparate burden of occupational fatalities, injuries, and illnesses as compared to the non-migrant or native workforce.
History of NIOSH Programs

• **Priority Populations Program**
  – Health disparities resulting from work exposures exist across racial and ethnic populations.
    • Arise both from overrepresentation of racial and ethnic minority workers in the most hazardous industries and from the incomplete penetration of occupational health and safety interventions to certain worker populations due to barriers created by social, cultural, and economic issues including language, literacy, and marginal economic status.

• **Occupational Health Disparities Program**
  – A health disparity is a type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
  – Elimination of health disparities is goal of Healthy People 2010 and 2020.
    • https://www.healthypeople.gov/2020/data-search/health-disparities-data

• **Occupational Health Equity Program**
  – An increasing literature indicates that migrant workers in the U.S., and in other countries around the world, bear a disproportionate burden of occupational fatalities, injuries, and illnesses as compared to the non-migrant or native workforce
    • https://www.cdc.gov/niosh/docs/2016-142/pdfs/2016-142.pdf
Occupational Health Equity Program

• Not all workers have the same risk of experiencing a work-related health problem, even when they have the same job.

• Factors that place some workers at greater risk than others include:
  – Race & ethnicity
  – Place of birth or legal residency status
  – Age, class & gender
  – Economic trends such as the growth in nonstandard work arrangements
  – Organizational factors such as business size.
Occupational Health Equity Program

• Groups with one or more these characteristics are termed ‘priority populations’

• Such groups may need additional or different tools, strategies and resources to promote occupational safety and health.

• Occupational Health Equity Program seeks to improve occupational health and safety in specific, higher-risk populations with the help of partners in industry, labor, trade associations, professional organizations, and academia.

• Program focuses on:
  – Decreasing work-related injury, illness & in industries where priority populations are overrepresented.
What OHE Program Does

• Surveillance
  – To better capture differences in the number and type of injuries, illnesses and fatalities across workers by race/ethnicity and place of birth.
  – To better understand how economic costs like days away from work and healthcare expenses vary across workers of different racial and ethnic backgrounds.

• Expand collaborations with researchers studying injuries and chronic diseases by including occupational health questions in ongoing studies.

• Document occupational health inequities for groups of workers, and research the causes of those disparities.

• Partner with state and federal agencies interested in worker safety and health, including city and state health departments and other CDC programs to share information and helpful tools with more workers.
Accomplishments

• Added questions about occupational health to the 2015 National Health Interview Survey.

• Published study results that use focus group data collected from immigrant workers in Santa Fe, NM and Cincinnati, OH.
  – They describe the ways undocumented status leads to a complex web of consequences and impacts occupational health. The article presents a framework connecting the daily work experiences of immigrants, their coping strategies, and efforts to minimize the impact of structural violence.

• Collaborated with the Mexican Ministry of Foreign Affairs to create a series of multi-media products called Protéjase en el trabajo (Protect yourself at work).
  – The 2 posters, 4 brochures and 5 videos are for organizations that serve Spanish-speaking immigrant workers.
What’s Next

• Share findings from American Indian/Alaska Native Workshop on potential collaborations to include or expand tribal occupational safety and health surveillance and research. Continue building alliances to improve surveillance.

• Use preliminary data from the 2015 National Health Interview Survey to examine the health effects of job insecurity among priority worker populations.

• Examine how the risk factors in the American Heart Association’s Life’s Simple 7 framework relate to working conditions such as shift, hours worked, job strain, and discrimination.

• Distribute the Protéjase en el trabajo materials through Mexican Consulates, government agencies, and other community organizations.
Overlapping Vulnerabilities: Young Immigrant Workers in Small Construction Firms

• Collaboration between NIOSH and the American Society for Safety Engineers (ASSE).

• Report focuses on three populations that research indicates are at increased risk for adverse work-related health outcomes:
  – Latino immigrants to the US
  – Small business employees (firms with fewer than 20 employees), and
  – Young workers (<25 years old)—with a specific focus on implications for the construction industry.

• It explores how the combination of risk factors may result in overlapping vulnerabilities for workers such as young immigrants in small construction firms and discusses the implications for OSH professionals.

Overlapping Vulnerabilities

• Explores the demographic trends associated with each of these vulnerable groups of workers.

• Explores the current OSH literature to determine the extent to which these risk factors are being examined in combination with each other.

• A conceptual model is then presented for understanding how the vulnerabilities interact when a worker belongs to all three groups.

• Concludes by considering the efforts needed to address and reduce the pervasive and persistent occupational health disparities experienced by vulnerable workers:
  – Evaluating the potential overlap and interaction of different vulnerabilities
  – Developing interventions tailored to all relevant vulnerabilities
  – Working with organizations known to the target community, for effective diffusion of interventions
  – Building relationships between OSH professionals and community organizations and focusing on the sustainability of such efforts.
Centers for Agricultural Safety and Health
Selected Projects Relating to Migrants & Global Health

• Southeast and Coastal Center
  – Pesticide and heat stress education for Latino farmworkers that is culturally appropriate
  – Safe work on thoroughbred horse farms

• Central States Center
  – Risks among immigrant cattle feed yard workers

• Southwest Center
  – Reducing pesticide exposure among Latino adolescents
  – Migrant Education Program—Neuromotor function and work injury

• Upper Midwest Center
  – Seguridad en las lecherias project—Immigrant dairy workers in Wisconsin

• Western Center
  – Heat illness prevention in farm workers
It ain’t what you don’t know that gets you into trouble,
It’s what you know for sure that just ain’t so.

—Mark Twain
Thank You!