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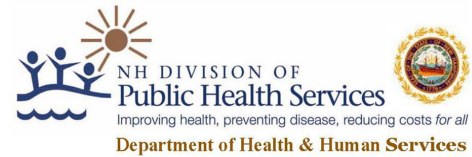
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Occupational Health Surveillance Immigrant Survey Report February 2013



Report prepared by the Occupational Health Surveillance Program of the Division of Public Health Services, New Hampshire Department of Health and Human Services (DHHS), in partnership with the New Hampshire Coalition for Occupational Safety and Health (NH COSH) and the DHHS Office of Minority Health & Refugee Affairs.

Survey Highlights

- 366 immigrants completed surveys, and 299 (63%) reported working in the U.S. now or at some point in their lives.
- 229 were surveyed about their experience working in New Hampshire.
- The most common reported job/industry categories were factory, cleaning, food service, farming, service, construction and retail.
- 62% of all respondents were not aware of workers' compensation.
- 29 respondents, or about 10% of those who have worked in the U.S., noted they had been injured at work. Common body parts affected included hands, fingers, wrists, backs, knees, feet, elbows, and abdominal regions.
- Of the 229 respondents who reported working in the U.S., 69% reported that they always or sometimes maintain tiring or painful positions at work.

Respondents Working Now or Previously in the U.S.

Work Now for pay in US	Total	Percent
Never	135	37%
No (worked previously in US)	47	13%
Yes	182	50%
blank	2	1%
Grand Total	366	100%

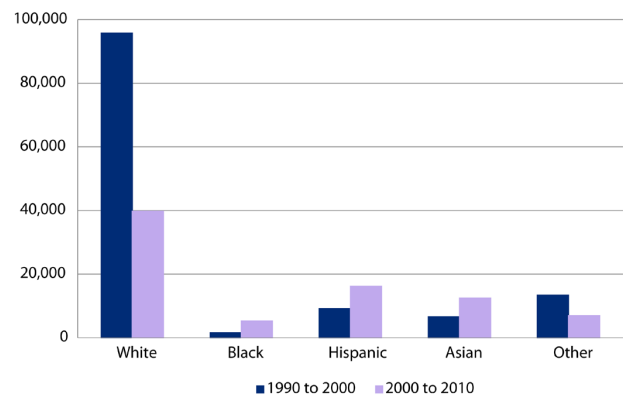
About the Immigrant Survey Project

Background

New Hampshire is experiencing an increase in its population of racial, ethnic and linguistic minorities. According to the Carsey Institute report by Kenneth Johnson, "New Hampshire Demographic Trends in the Twenty-First Century," between 2000 and 2010, the racial and Hispanic origin of the State changed modestly (see figure below). Although minorities represented only 4.9 percent of New Hampshire's population in 2000, they produced 50 percent of the population gain between 2000 and 2010. The minority population grew by 40,900 (67.5 percent) to 101,400 during the period. The white

population grew by 39,800 (3.4 percent) to 1,215,000. Thus, while the numerical gains for whites and minorities were roughly equal, minority growth rates were significantly higher. While only 5.5 percent of New Hampshire's residents are foreign born (compared with 12.8 percent of the U.S. population), as the recession grew worse late in the decade, immigration began to account for a larger percentage of the State's migration gain. Census Bureau estimates suggest that between 2000 and 2010, immigration may have accounted for half of the State's overall migration gain.ⁱ

Population Change in New Hampshire from 1990 to 2010



Source: U.S. Census 1990, 2000, 2010

Race, Ethnicity and Language (REaL) Data Collection in New Hampshire Public Health Data Sets

Despite these demographic changes, our public health data systems do not yet accurately collect race, ethnicity or language information. This system failure limits the ability of practitioners and researchers to identify, evaluate, and address health disparities in New Hampshire. An assessment of REaL data collection in New Hampshire, undertaken as part of the "State Plan to Address Disparities and Promote Health Equity," found that there was little consistency in how race and ethnicity data are collected in the State's primary public health data sets.ⁱⁱ

ⁱ Kenneth Johnson, "New Hampshire Demographic Trends in the Twenty-First Century," The Carsey Institute, University of New Hampshire, 2012.

ⁱⁱ Justin Schreiber and Amy Costello, "Assessment of Race, Ethnicity and Language Data Collection in New Hampshire Public Health Data Sets," University of New Hampshire, NH Institute for Health Policy and Practice, September 15, 2010.

In particular, there is little data on occupational injury and illness by race, ethnicity, and language. Work-related injuries and illnesses have been shown to disproportionately affect racial and ethnic immigrants and minorities. (NIOSH Occupational Health Disparities at <http://www.cdc.gov/niosh/programs/ohd>). Low-income, immigrant, and minority workers are at risk from occupational hazards because they are more likely to be employed in high-risk jobs or in workplaces where hazards are not adequately controlled. In addition, economic insecurity and fear of losing a job, lack of knowledge about occupational risks and safety standards, and workplace discrimination, as well as literacy, language, or other communication barriers can contribute to these disparities.ⁱⁱⁱ

Preliminary Study

In 2006, NH COSH interviewed 25 immigrant workers who had been injured within the past 3 years. Among this group, there was an overarching issue that workers lacked information about workers' compensation and that this hurt them when they tried to obtain benefits. Fifteen of the 25 workers interviewed reported that at the time of their injury they did not know that all of their medical bills were supposed to be paid by workers' compensation.

Six of the 25 people interviewed reported problems actually getting workers' compensation to pay medical expenses. At least one additional worker did not try to get medical benefits because he was unaware of the system. Of the six who had problems, two workers reported that health insurance paid their bills, one worker paid from personal funds, two obtained care through a community health clinic, and one said the bills were never paid. Four of these workers reported going without treatment at some point due to inability to pay.^{iv}

Methods

Data were collected on race, ethnicity, language, level of education, age, gender, income, exposures to hazards in the workplace, knowledge of workers' compensation, whether or not been injured at work, and access to healthcare through the implementation of a questionnaire to participants in the NH Coalition of Occupational Safety and Health (NH COSH)

worker safety and health trainings in English for Speakers of Other Languages (ESOL) classes in adult learning centers.

- Surveys were conducted in person, in a classroom setting, in small groups, administered by staff of NH COSH and ESOL instructors.
- After collection of general demographic information, all respondents never having worked in the United States were excused from the class.
- The questionnaire was comprised of two sections administered in step-wise progression.
 - The first section included basic demographic information.
 - Only participants who responded affirmatively to having worked or currently working in the United States continued on to the second part in which questions were separated by topic, including "employee – supervisor relationships, experiences of abuse and violence at work, and experiences of discrimination due to age, race, country of origin, gender, religion, and illness/injury."
- At the end of each topic area, participants could provide more information or explanation of their experiences in open-ended responses.

Results are based on a convenience sample of immigrants living and working in New Hampshire and do not represent all immigrants in the state.

All work on this project received Institutional Review Board oversight.

Our report aims to contribute to the understanding of the work experiences of immigrants through a targeted survey. Understanding the occupational health experience of this population will inform prevention, intervention, and policy strategies to protect the health of working people.

ⁱⁱⁱ Baron S, Cone J, Markowitz SB, Souza K, "Introduction to a special issue: occupational health disparities," *Am J Ind Med*. 2010 Feb;53(2):82-3, and Azaroff LS, Levenstein C, Wegman DH, "Occupational injury and illness surveillance: conceptual filters explain underreporting," *Am J Public Health* 2002;92:1421--9.

^{iv} NH COSH, *Increasing Access to Workers' Compensation Medical Benefits for Low-Income and Immigrant Workers*, Endowment for Health Report, 2007.

Who Completed the Survey?

Demographics

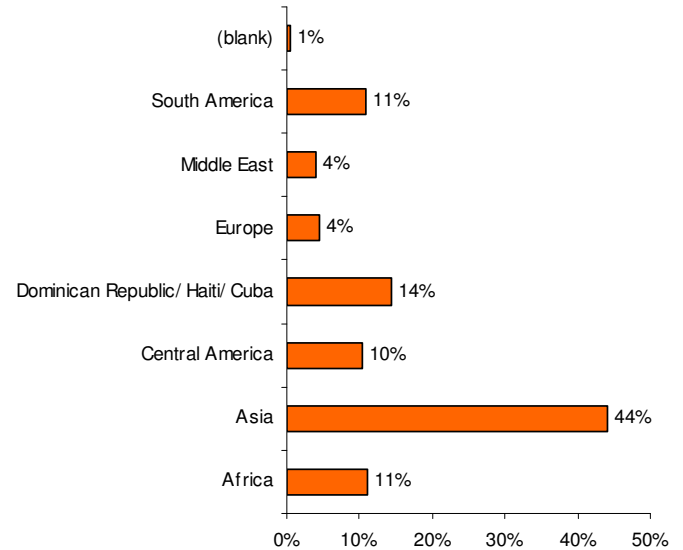
Of the 366 immigrants surveyed, 41% were men and 58% were women (1% did not answer).

The participants were from many countries. Below is a table that shows their continents of origin.

Average Age of Respondents

Age Group	Total	Percent
Under 21	10	3%
21 to 30	77	21%
31 to 40	88	24%
41 to 50	78	21%
51 to 60	63	17%
60 and up	45	12%
(blank)	5	1%

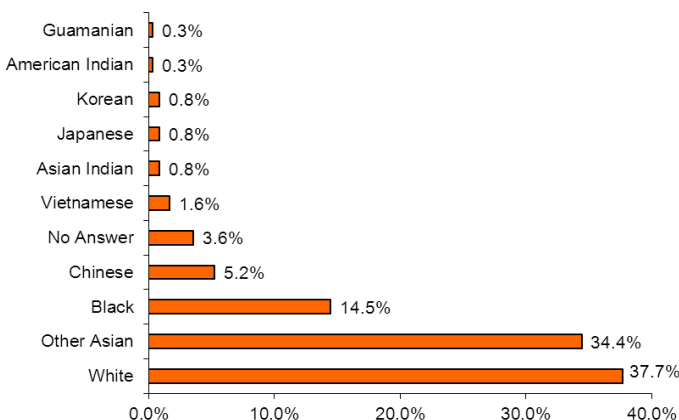
Respondents' Continents of Origin



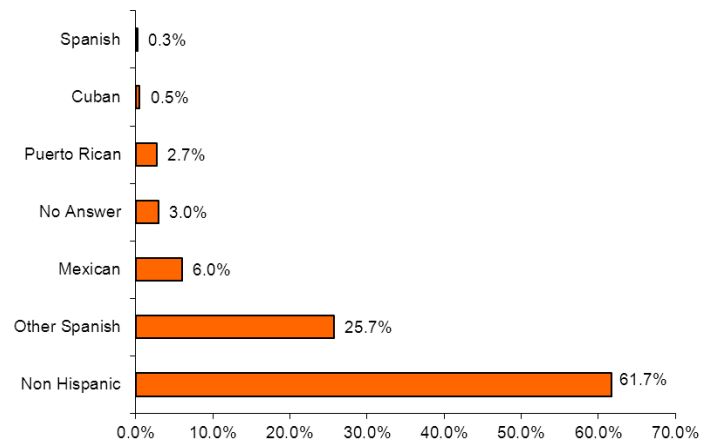
Race and ethnicity data were collected based on the "Final Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act" of the Federal Department of Health and Human Services. These standards apply to self-reported information only.

Those who identified their race as Other Asian (n=118) were from Bhutan, Cambodia, India, Indonesia, Myanmar, Nepal, Tajikistan, Thailand, and Uzbekistan. Of the 118 who identified as other Asian, 88 were from Bhutan (75%).^v

Respondents' Race (Self-reported), N = 366



Respondents' Ethnicity (Self-reported), N = 366



^v Final Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act

Education

Education systems differ in other countries. For simplicity purposes, we assumed the school system is similar to the United States with 12 grades of primary school, followed by college years:

- 28% of respondents completed some college level training before coming to the U.S.
- 32% of respondents completed some high school level education.
- 19% of respondents completed 8 years or less.
- 12% of respondents received no education.

The average number of years of school in their home country was 9 years and the most common response was 12 years.

Employment

Jobs outside the U.S.

Many of the respondents had jobs in their previous countries. Some of these jobs included landscapers, carpenters, construction workers, cooks, storekeepers, and insurance agents. The respondents who had at least 16 years of education and worked outside of the U.S. were engineers, teachers, accountants, lawyers, pharmacists, computer programmers, and doctors.

Jobs in the U.S.

Those who have worked in the U.S., whether currently or in the past, were asked to write their place of employment.

15 Primary Jobs in US (by category)	Total	Percent
Factory/Production	67	30%
Cleaning	53	24%
Food Service	30	13%
Farming	17	8%
Service	16	7%
Construction	11	5%
Retail	10	4%
Office	7	3%
Child Care	5	2%
Nursing Aid, LNA	4	2%
Truck Driver	2	1%
Auto Mechanic	2	1%
Teacher	1	0.4%
Grand Total	225	100%

Most workers (81%) worked at least 20 to 40 hours per week.

Weekly hours worked	Total	Percent
0 to 19	18	8%
20 to 40	182	81%
41 to 60	26	12%
Grand Total	226	100%

Of the 229 participants who answered the questions "How many jobs have you had in the U.S.," 43% stated that they had only one job, 23% had 2 jobs, 17% had 3 jobs, and 17% have had 4 or more jobs.

Number of Jobs in US	Total	Percent
1 job	99	43%
2 jobs	52	23%
3 jobs	40	17%
4 to 6 jobs	31	14%
7 or more jobs	4	2%
No Job In U.S.	3	1%
Grand Total	229	100%

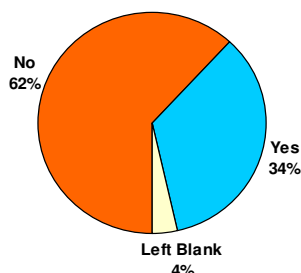
Of the 224 who answered the question, "How did you find this job?" 48% found their job through a friend, 11% through a relative, and 10% via an employment agency.

How did you find this job?	Total	Percent
Friend	108	48%
Relative	24	11%
Agency	23	10%
Other	14	6%
Self	11	5%
Immigrant Services Organization	10	4%
Walk-in	9	4%
Multi-Cultural Leader	8	4%
Newspaper	6	3%
Website	4	2%
Case worker	2	1%
Church	2	1%
Recruiter	2	1%
Radio	1	0.4%
Grand Total	224	100%

Knowledge of Workers' Compensation

In order to assess knowledge of workers' compensation, participants were asked if someone in the U.S. ever told them that their medical bills would be paid by workers' compensation insurance if they are hurt because of their work. If respondents answered yes, they were asked to write down who told them. In total, about 227 participants out of 366 (62%) were not aware of workers' compensation. Only 76 individuals out of 126 who said yes to understanding workers' compensation wrote who told them. Answers included supervisors, human resources, family members, friends, doctors, co-workers, teachers, and NH COSH (through safety trainings at ESOL classes).

Were Told About Worker's Compensation



Injuries at Work and Who Paid the Bills

Of the 366 participants in the survey, 29 noted they had been injured at work. Common body parts affected included hands, fingers, wrists, backs, knees, feet, elbows, and abdominal regions. The majority of those injured on the job had been in the U.S. for either 4-6 years or 6+ years.

Time Out of Work Due to an Injury

Of the 29 immigrants injured at work, 17 were out of work for some time due to their injuries.

Number weeks out of work	Hurt at work (Yes)
Less than 1 week	2
1 week	4
2 weeks	4
4 weeks	3
8 weeks	1
28 weeks	1
(blank)	2
Grand Total	17

Who is Eligible for Workers' Compensation?

- It doesn't matter whose fault the injury was. In most cases, employees can get workers' compensation, including part-time, temporary, and immigrant workers. Undocumented workers are eligible for most types of workers' compensation benefits, including payment of medical bills.
- Even volunteers and workers paid in cash "under the table" are sometimes eligible for workers' compensation.

What benefits are provided?

- Workers' compensation pays all medical bills tied to the work related injury. It also pays 60% of lost wages after a worker misses more than three days of work.
- Workers' compensation is a type of insurance that all employers MUST provide.

For more information or assistance, call the New Hampshire Department of Labor at 271-3176. Ask for the Workers' Compensation Claims Department or go to the Department's website at: <http://www.nh.gov/labor/>.

Twenty-three of the injured workers told their supervisor they were injured. Of the four who did not tell their supervisor, the reasons were as follows:

- I left the job because of the injury.
- I cut my fingers often on the job. I think that is not a serious injury.
- Even if I told my supervisor, nothing would change.
- I cannot tell my supervisor because I will get fired.

Who Paid The Bill? (could choose more than one)	Hurt at work (Yes)
Bill Paid-WC	8
Bill Paid-Your own health insurance	5
Bill Paid-Your own money	9
Bill Paid-Your employer/company	9
Bills-never paid	6
Never got a bill	6

Treatment of Injuries

The 29 participants who were injured at work were asked what kind of treatment they sought in a “check all that apply” type response.

Treatment of Work-Related Injuries	Hurt at Work (Yes)
Stayed at the hospital overnight	1
Did not do anything	2
Had surgery	5
Treated at the company’s clinic/doctor’s office	9
Treated at your doctor’s office	11
Treated at the workplace	12
Went for physical therapy	12
Went to emergency room	13
Took medicine on your own	15

Survey Questions

There were 30 questions in the long form of the survey asking participants who had worked at any point in the U.S. about their work experience. Respondents could answer with: Always, Sometimes, Never, Don’t Know, or Refused. At times, some answers were left blank. Total number of respondents who filled out the long form was 219. After each section, there was an opportunity to respond to an open-ended question about any specific experience around that topic. Quotes from some of these responses are included below each section.

Working Conditions and Safety at Work

Injurious Work Conditions	Always	Sometimes	Never	Don't Know	Refused	n=
Maintain tiring or painful positions	25.2%	44.0%	27.5%	2.8%	0.5%	218
Lift or move people	7.9%	7.0%	82.3%	1.9%	0.9%	215
Carry or move heavy things	23.3%	43.3%	33.5%	0.0%	0.0%	215
Stand for a long time	60.1%	24.3%	14.7%	0.9%	0.0%	218
Repetitive hand, arm, or shoulder movement	63.1%	24.4%	12.4%	0.0%	0.0%	217
On computers all day	5.6%	18.1%	73.6%	2.3%	0.5%	216
Dangerous chemicals	24.0%	28.1%	44.7%	3.2%	0.0%	217
Heavy machines	24.3%	17.9%	56.9%	0.9%	0.0%	218
Dangerous heights	4.6%	12.4%	79.3%	2.8%	0.9%	217

Dangers and Safety at Work	Always	Sometimes	Never	Don't Know	Refused	n=
Know of dangers	50.2%	25.1%	17.4%	6.4%	0.9%	219
Control the dangers	49.5%	32.1%	14.7%	3.2%	0.5%	218
Okay to get hurt when you are paid	13.2%	7.3%	67.6%	8.2%	3.7%	219
Willing to do dangerous work if paid more	5.5%	10.6%	73.4%	7.8%	2.8%	218
Able to make job safer	56.0%	24.8%	11.9%	6.4%	0.9%	218
Enough time to get job done	47.0%	42.9%	9.2%	0.9%	0.0%	217
Worry about safety at work	30.0%	25.8%	44.2%	0.0%	0.0%	217

“There is no such thing as safety. They have meetings and talk about the dangers, but they ignore you when there are concerns. They have a meeting to say they have had one” -Dishwasher

Supervisor Support	Always	Sometimes	Never	Don't Know	Refused	n=
Supervisor help and support at work	60.2%	34.7%	4.2%	0.5%	0.5%	216
Comfortable talking to supervisor about problems	67.6%	28.7%	3.2%	0.5%	0.0%	216
Supervisor addresses safety problems	71.8%	18.5%	6.5%	1.9%	1.4%	216
Supervisor talks in a way you understand	72.6%	24.7%	2.8%	0.0%	0.0%	215
Supervisor treats badly - come from a different country	4.2%	12.5%	79.2%	2.8%	1.4%	216

"Some managers are better than others; the lower department managers are not supportive or helpful. My earlier supervisor was a lot better." -Retail Worker

"Our supervisor helps us when the work is hard and if it is really busy." -Housekeeper

Experienced bad treatment	Always	Sometimes	Never	Don't Know	Refused	n=
Experienced verbal abuse	1.9%	18.6%	77.2%	2.3%	0.0%	215
Experienced unwanted sexual attention	1.4%	3.7%	92.1%	2.8%	0.0%	215
Experienced threats and humiliating behavior	2.8%	12.6%	84.2%	0.5%	0.0%	215
Experienced physical violence	1.4%	2.8%	95.3%	0.5%	0.0%	215
Treated badly because of age	1.9%	7.9%	90.2%	0.0%	0.0%	215
Treated badly - different country	2.3%	17.1%	78.2%	2.3%	0.0%	216
Treated badly - man or woman	0.9%	5.6%	89.8%	3.7%	0.0%	216
Treated badly - religion	3.3%	5.1%	91.6%	0.0%	0.0%	215
Treated badly - sick or hurt	2.3%	7.9%	85.6%	4.2%	0.0%	215

"When I came to the U.S., my first job was with a cleaning company where the man tried to abuse me so I left the job. My second job was in a fast food restaurant and the same thing happened." -Restaurant Cook

"I have experienced discrimination from other workers [Americans] who say, "why do immigrants get the jobs when Americans need it the most?" I don't like working here anymore; I am worried about my health because I still have the pain." -Production Worker

"Sometimes I think that because of my race, they won't listen to me....I always do things because I don't have any choices, but I need a job to put food on my table for my children. Because I am a hard worker, they always pile on more work- knowing that I'll take it!" -Assembly Line Worker

Linking Jobs and Health Risks

Studies have linked certain occupations with risk of exposure to hazards and/or elevated rates of occupational injury and illness (NIOSH: <http://www.cdc.gov/niosh/topics/industries.html>).

For example:

- Cleaning work exposes workers to chemicals that can be respiratory or skin irritants. Cleaning and janitorial work also poses ergonomic hazards from repeated gripping, pushing, and pulling of cleaning equipment.
- Health care workers, home health workers, emergency responders and public safety personnel can be exposed to blood through needle stick and other sharps injuries, mucous membrane, and skin exposures.
- Equipment/machine operators can be exposed to ergonomic stressors and respiratory irritants such as smoke, fumes, and dusts.

- In general, jobs in manufacturing settings have some of the highest rates of musculoskeletal disorders from repetitive motions and traumatic injuries. Factories also may expose workers to various chemicals.

Study Limitations

- This study was conducted among a convenience sample of immigrants in New Hampshire, and does not represent all immigrants in the state.
- The surveys were administered only via NH COSH trainings in the ESOL setting, presumed to be mostly "new" immigrants who only recently arrived in NH.
- The surveys had to be administered to people with adequate English proficiency (could only provide for assistance with interpretation from fellow students with a higher English proficiency level).
- There may be potential response bias – some respondents may have answered in a way thought to be expected or by influence of fellow participants.

Recommendations

Although limited to a convenience sample of immigrants in New Hampshire, the results do suggest unmet needs for occupational health information, resources, and interventions among this vulnerable population. Results also suggest that workplace wellness and safety is not only about injuries. It encompasses a wider experience of difficult, dangerous, or tiring conditions that can lead to adverse health outcomes. We recommend the following steps to ensure that New Hampshire immigrants receive the information and assistance they need should they experience discrimination or an injury at work.

- Increase worker education on workers' compensation, providing more information in appropriate languages.
- Enhance the NH COSH training program to focus on worker needs in cases where injuries occur. Reach out to additional communities for training opportunities.
- Provide immigrant outreach workers with information specific to the process for reporting a work related injury.

Results also indicate that not all immigrants work in dangerous, unsupported environments. Some employers make an effort to educate their workers, hire supportive supervisors, and provide safe working

conditions to the extent possible. We recommend that further research be done to learn from these New Hampshire employers about how they create and maintain a safe environment for all of their workers.

For more information, please contact:

Brian Mitchell, Executive Director
NH Coalition for Occupational Safety and Health
161 Londonderry Turnpike
Hooksett, NH 03106
Phone (603) 232-4406
Cell (603) 493-1173
nhcosh@nhcosh.org
www.nhcosh.org

Karla R. Armenti, ScD, Principal Investigator
Occupational Health Surveillance Program
Bureau of Public Health Statistics & Informatics
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Phone (603) 271-8425
karmenti@dhhs.state.nh.us
www.dhhs.nh.gov/dphs/hsdm/ohs

List of Resources

NH COSH	http://www.nhcosh.org/
NH DOL	http://www.nh.gov/labor/
NH DHHS OMHRA	http://www.dhhs.nh.gov/omh/index.htm

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