

Immigrant Workers and Occupational Injury and Disability

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Introduction

Social security disability insurance (SSDI) and workers' compensation (WC) are two of the most important programs that protect U.S. workers in the event they become too disabled or injured to work. Population demographic shifts can affect patterns of worker disability and injury, and subsequent use of SSDI and WC among U.S. workers. It is largely unknown whether and how the increase in the proportion of immigrants among U.S. workers will affect claims to SSDI and WC, and there are many intervening factors to consider such as immigrants' legal status, return migration, selection into occupations, and the proportion of immigrant with disability who work and make insurance claims. Understanding how immigrant workers experience work-related injury and disability may inform new occupational health interventions and projections of the use of workers' compensation and social security disability insurance.

The number of foreign-born workers in the United States has more than doubled since 1980. The proportion of workers who are foreign-born doubled from 1960 to 2002 to 12.4%,⁽¹⁾ and immigrants made up 50% of the growth in the U.S. workforce from 1990-2001.⁽²⁾ Foreign-born workers may differ from U.S. born workers in several respects. They may be more likely to work in low paying jobs, more likely to work in job without benefits, like health insurance⁽³⁾, and more likely to work in dangerous industries or occupations.⁽⁴⁾ On the other hand, some highly skilled occupations with low injury and disability rates may be more likely to employ foreign-born workers than U.S. born workers. In addition, immigrants to the U.S. are on average healthier and younger than the U.S. born.⁽³⁾

There is a small, but growing literature on the impact of immigration U.S. workforce safety and health outcomes, and on the policies meant to provide a safety net to these workers. For example, it is possible that employers respond to an increase in foreign-born workers by changing employment and workplace practices. Employers of low-skilled, low education, and undocumented workers may be willing to eschew some safety practices, fail to offer benefits, or avoid paying into workers' compensation insurance because immigrants are less likely to organize or demand these policies, and these workers are easily fired and replaced should safety

or benefit issues arise.(5) One study found that industries that showed the greatest reductions in workers' compensation claims also had the biggest increase in the proportion immigrant workers, with the implication that employers responded to an immigrant workforce by discouraging such claims.(6) Finally, some high-injury occupations and industries exist in some markets *because* of the abundance availability of low-skilled immigrant workers (like day labor and nanny jobs)(7-9) thereby confounding the claim that immigrant have higher work-related death or injury because of the occupations they end up working in. Therefore, patterns of work-related injury and disability among immigrants and non-immigrants may reflect more than just differential occupation choices, but also differential risk within occupations, as well as policies, practices, and proclivities of employees and employers with regarding to health and safety.

In order to begin to assess how the increase in the proportion of immigrant workers may affect worker population health and disability program utilization, this paper reviews the current literature on work-related injury, disability, and death among immigrant workers. I will also use the 2009 National Health Interview Survey to explore some patterns of immigrant worker behavior that have not been well described. Finally, I will identify opportunities and challenges for future research on the dynamics between immigrants in the workforce and worker safety and disability.

Immigrant Workers' Health and Well-being

Current research appears to indicate that immigrants are more likely to work in dangerous occupations and industries and experience work-related fatalities, but report lower rates of workplace injury. Though it is possible that events leading to workplace deaths and those leading to non-fatal injuries could be independent mechanisms, giving rise to this pattern, it is unlikely given that the same occupations that report the highest fatality rates also have the highest injury rates.(4) National data indicates that immigrants experience significantly higher rates of on-the-job deaths and exposure to injury risk (according to where they work) than the U.S. born, but self-report lower rates of work-related injury and disability (whether from work or other events). It is not clear whether immigrants differ from non-immigrants in workers' compensation claims, but the current research indicates they may have a similar or lower WC claims rate than the U.S. born. Immigrants are also more likely to be employed when they do have an injury.

Several question remain unaddressed regarding immigrant worker health and the influence of immigrant workers on occupational safety and health measures. It is possible that

immigrants are less likely to report a given condition as a work-related injury or as a disability compared to the U.S. born. Unlike national occupational death data, national data on workplace injuries do not report immigration status, therefore it is not possible to compare self-reported injury with a reportable events surveillance system. Similarly, as the immigrant workforce grows, so does the proportion of foreign-born eligible to receive worker entitlements like WC and SSDI. It is not clear whether this shift could change the kind and amount of claims made, and more research could be done to explore whether immigrant workers experience different rates and kinds of workplace injuries, how they are compensated and treated for their injuries, and how occupational safety policies respond or not to these changes.

Social Security Disability Insurance and Limitations on Work

The 2009 National Health Interview Survey is cross-sectional, nationally representative study of U.S. household health status and behaviors. The NHIS is advantaged in that work-related limitation and injury are self-reported; insofar as a) immigrant status is not reported in national labor statistics on injury and b) immigrants are thought underreport injury to their employers. Here I reported weighted, age-adjusted estimates for immigrant and non-immigrants respondents in the 2009 NHIS (other covariates adjusted for where noted). Unfortunately, the NHIS does not ask about ever filing for workers' compensation.

Ten percent of U.S. born respondents reported being wholly or partially limited in the work they can do; only 5% of the foreign born reported this. In a logistic regression controlling for age, sex and education, immigrants have 0.35 the odds of reporting being limited in the type or kinds of work they can do. This finding may not necessarily be contradictory to national data on high workplace fatalities for immigrants; if immigrants are less likely to limited in the work they can do, they may be more likely to take on more dangerous jobs.

Several factors influence whether a worker with a disability claims Social Security Disability Insurance. In a series of logistic regression models predicting ever filing for SSDI, being hurt at work is not significant. This is most likely because the NHIS asks about work injuries in the past three months; therefore recently injured workers have not yet filed for SSDI and may never do so if their injury was minor (a reported injury may not even lead to a workers' compensation claim, though the NHIS does not ask directly about this).

Among those reporting a work limitation, immigrants are significantly less likely to have ever filed for SSDI (see Table 1). Changing the disability definition from having a work

limitation to the having any limitation attenuates the results only slightly (OR =0.74 (CI 0.60-0.92). However, when looking at immigrants only, those who have been the U.S. longer are more likely to have ever filed for SSDI, even after controlling for age.(See Table 2). This could be because those with longer residence are more likely to know the resources and rights they may exercise, or because they have a shifted frame of reference for what types of conditions merit SSDI.

Discussion

Data on immigrant workers suggests that they enjoy lower rates of injury and disability, are more likely to work when they are disabled, and are less likely to file for WC and SSDI. These conclusions paint an unclear picture when paired with the relatively high rate of workplace fatalities among immigrants, and the high rate of workplace injuries among Latino workers (a large proportion of whom are immigrants), even as these rates decreased overall. The literature to date leads to a hypothesis that the increase in the proportion of U.S. workers that are immigrants may have made no difference to WC and SSDI claims or, possibly decreased the burden of claims.

However, there is a severe lack of quality data on immigrant workers health and safety in several areas. Studies on immigrant's knowledge and use of workers' compensation are of convenience samples. More research using person-hours worked and other time-dependent variables is needed for understanding how differences between immigrant and non-immigrants influence their rates of work-related injury, disability, death and insurance claiming behavior. It is also unclear what long-term trends in immigrants' use of SSDI and WC may be. I found that the longer average time immigrants reside in the U.S. the greater odds they have of ever applying for SSDI. While this model likely is mis-specified, the next steps in this research is to include occupation in the model as well as theoretically relevant co-factors such as region. Future analyses will also focus on whether immigrants' workplace injury and disability experiences and behaviors may converge with the U.S. born with length of U.S. residence. Particularly as U.S. immigration policy shifts and new waves of immigrants shrink even as past waves establish themselves in the U.S., whether immigrants actually do and will continue to have low workplace injury and related disability experiences is an important issue.

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