

# An Interfaith Workers' Center Approach to Workplace Rights: Implications for Workplace Safety and Health

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**Background:** Over the past decade, fatal occupational injury rates for immigrant workers have increased disproportionately, as have informal and precarious working arrangements. Workers' rights centers have emerged as a response. **Objective:** This descriptive report characterizes an innovative approach to encourage immigrant workers to access federal and state occupational safety and health programs through an interfaith workers' center. **Methods:** Existing data obtained by volunteers at time of intake were redacted and imported into a SAS database for secondary analysis. Statistical methods used to evaluate associations between outcome of interest and various characteristics included the  $\chi^2$  test of association, Fisher exact test of association, and multivariate logistic regression. **Results:** A total of 934 individual records were reviewed, although for any given item, missing data was a limitation. Among 780 persons reporting their primary language, 75% spoke Spanish, 19% Polish, 4% English, and 1% Other. The following total numbers of formal complaints were filed with each of the following agencies: 110 referred to the state Department of Labor (DOL), 123 to the federal Equal Employment Opportunity Commission (EEOC), 65 concerning federal violations of wages and hours, and 47 complaints with the Occupational Safety and Health Administration (OSHA). Approximately 37% of the OSHA complaints resulted in a measurable outcome, exceeding the average for all complaints. **Conclusion:** Workers' most frequent concerns focus on pay and discrimination. Recasting occupational safety and health hazards as threats to income and as forms of discrimination may help identify hazards. (J Occup Environ Med. 2007;49:275–281)

Concerns about immigrant workers and precarious working arrangements have increased dramatically over the past decade, with important implications for occupational safety and health. Occupational hazards disproportionately impact minority, low-income, and immigrant workers. Murray describes gender, racial, and ethnic “job ghettos” that characterize certain blue-collar occupations.<sup>1</sup> The number of fatal occupational injuries to foreign-born workers has risen significantly since 1995, as have numbers of immigrants and rates of fatalities.<sup>2,3</sup> Foreign-born Hispanic workers experienced a fatal occupational injury rate of 6.1 per 100,000 from 1996 through 2000, compared with rates for US-born Hispanic workers (4.5/100,000) and all US workers (4.6/100,000), that were one-third less. Of the foreign-born Hispanic workers who died on the job, 69% were born in Mexico. Contributing factors to this increased mortality rate may include differences in occupations, industries, legal status, educational levels and language skills among immigrant workers compared with US-born workers. At the same time, changes in workplace organization, including downsizing, outsourcing, and subcontracting have affected job markets in industrialized countries, leading to increased use of contingent workers who are both at greater risk for work-related injury and, recently, the target of immigration enforcement.<sup>4–6</sup>

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The risk of employment in jobs that violate two or more US DOL

regulations, a definition of “sweatshop,” is differentially distributed across the working population, with much higher rates among immigrant populations. In 1999, the Center for Impact Research worked with 33 partnering organizations to conduct approximately 800 interviews about working conditions in immigrant and low-income communities in the Chicago Metropolitan area. Thirty-six percent of respondents reported two or more violations of labor law, meeting the US DOL definition of sweatshops. One in ten workplaces violated four or more labor laws. The most frequent occupations in the survey were in service work and the machine trades. The probability of working in sweatshop conditions in this sample increased from 27.4% among US citizens to 36.8% among legal permanent residents and 69.6% among “others.” Younger workers were more likely to work under sweatshop conditions; these working conditions were as common in the suburbs as in the city. Fifteen percent of respondents had been injured at work; among those workers reporting any one of nine workplace hazards, 31% had been injured on the job.<sup>7</sup>

In response to this growing need and to the inability of existing regulatory and other services to address that need, a number of nongovernmental organizations have emerged to fill the gap, both independently and in collaboration with government and other partners. Measures of effectiveness for these new approaches are needed. We describe the work of a major workers' center in Chicago and the results of an evaluation that was developed in partnership in an effort to identify opportunities for improvement in methods and outcomes. We performed a secondary analysis of available administrative data collected by the center.

This report has two main objectives: first, to provide a descriptive data overview of the center's operations as included in the center's records; and, second, to attempt to

evaluate aspects of these operations for relative effectiveness.

### Program Description

The Chicago Area Workers' Rights Initiative, now under the leadership of the US DOL, is the outgrowth of the efforts of public and private partners to identify, target, and improve hazardous and illegal working conditions encountered by immigrant and low-wage workers. One of the partners implementing the initiative is the Chicago Interfaith Committee on Worker Issues. It created the Chicago Interfaith Workers' Rights Center (CIWRC) to provide training on labor rights through church and community organizations. It is recognized by government partners as a referral mechanism to represent the workers' concerns and triage them to the appropriate federal or state agency for response. Although the CIWRC offers services to all who seek help, it targets outreach activities to low-income and immigrant communities. Outreach educational sessions are conducted in church, school, and other community settings to offer immigrant workers information about basic labor rights, including minimum wage, overtime pay, basic safety and health, and workers' compensation. As part of the outreach meeting, workers are given telephone contact information for the center in the event that they have additional questions or problems to discuss. Workers who call are scheduled to visit the center and are encouraged to bring with them any coworkers experiencing similar difficulties to begin a process of group problem-solving and action. Workers who access the center are therefore self-selected in two ways: they have concerns, and they initiate contact to address those concerns. The CIWRC provides a safe haven for immigrant as well as native-born workers and operates as a partnership among workers, religious institutions, unions, attorneys, and governmental agencies charged

with protecting the rights of the workers.

The CIWRC operates on a series of principles that include the following:

- Involvement of workers in problem solving;
- Workers taking control of decisions affecting their lives;
- Respect for workers' decisions;
- Welcome for all workers regardless of race, gender, ethnicity, or citizenship status; and
- Commitment to treat all people with respect and dignity.

Both outreach and problem-resolution activities are conducted by center personnel, who may be staff, volunteers, or worker leaders.

### Training of Personnel

All personnel participate in an initial 4-hour training session that includes an overview of unions, popular education, telephone counseling, discrimination, violations of wages and hours, workplace health and safety, workers' compensation, unemployment insurance, immigration, and other topics. Written materials are also provided. All personnel serve multiple roles as outreach facilitators as well as interviewers and case managers for workers with complaints. Hands-on training consists of shadowing experienced interviewers initially, with gradual supervised assumption of interviewing responsibilities. Established criteria enable advocates to route specific problems to sources of assistance and have access to the appropriate government agencies to file complaints for administrative investigation, serving as the representative for the worker.

### Interview Process, Data Collection, and Case Development

Once a worker seeks assistance for a work-related problem, he or she is encouraged to identify coworkers to invite to participate in the process. Workers are asked to participate in a structured interview for case devel-

opment. The initial interview is guided by the questions on an established initial intake form that includes demographic information, work-related information, and the nature of the worker's concern. Questions about the nature of the worker's concern are open-ended, and the interviews are usually conducted informally. The goal of the interview is to clarify the nature of the complaint and to develop an action plan with the worker(s) to address these concerns. Options ranging from direct action to filing formal complaints through the CIWRC are explored, and final decisions are made by the workers themselves.

All interview information is entered into a computer database using an adaptation of FileMakerPro software (Apple, Santa Clara, CA), and each worker is represented by an individual file. If an interview involves only one worker, the information is entered directly into the computer as the interview is conducted. If the interview involves more than one worker, the interviewer collects the information on paper and then enters it into the computer database. If the case involves more than one person, a file is created for each visiting member with a reference to a leader of the group, in whose name the case is recorded, and the rest are termed "supporters."

Depending on the nature of the worker's concern and the subsequent plan of action chosen by the worker, the CIWRC will have additional contact or interviews with the worker. The items discussed in these interviews, whether in-person or via telephone, will be recorded in the database in the appropriate follow-up notes, or results fields in the database. A case is concluded when appropriate outcomes have been recorded or when a worker is lost to follow-up.

## Materials and Methods

### Ethics

The university-based Institutional Review Board approved the protocol

to access previously collected information with redaction of personal identifiers for protection of human subjects (IRB#: 2005-0178).

### Study Subjects

The subjects in this report of secondary analysis of existing administrative data included the records of all the workers' cases from the inception of the CIWRC (2002) through February 24, 2005. This study comprises the records of a total of 934 workers.

### Statistical Methods

Data from the FileMakerPro database were redacted and then imported into Microsoft Excel (Microsoft Corporation, Redmond, WA), where they were cleaned, verified, and recoded to appropriate values for data analysis. After a cleaned data set was obtained, it was imported into SAS 9.1 (SAS Institute, Inc., Cary, NC) for data analysis.

A descriptive overview summarizes the 934 workers who use the center in an attempt to correct violations at their worksites and pursue solutions. The industries in which the workers were employed are described according to the 2000 Standard Occupational Classification System (SOC) from the Bureau of Labor Statistics (BLS), which is used to classify types of jobs.<sup>8</sup>

Secondly, we attempted to evaluate the relative effectiveness of the different actions chosen to address the workers' concerns. To accomplish this, we created a dichotomous outcome variable that defined a positive outcome as having any one of the following: receiving back wages or workers' compensation, or having fines imposed or other action taken by governmental agencies to redress workplace violations. We used a  $\chi^2$  test of association and Fisher Exact test of association to examine the univariate association between various characteristics and the outcome of interest. Additionally, we used multivariate logistic regression models to model the odds of attaining a

positive outcome. In cases where multiple actions were taken, it was hard to attribute the success of the action to a single act. Thus, the multivariate logistic regression only included subjects who pursued a single action and had a documented outcome ( $N = 265$ ).

The characteristics examined in the multivariate logistic regression included sex, primary language (Spanish, Polish, Other), type of job (full time, part time), the nature of the job (temporary, permanent, contract), and the action taken (eg, EEOC, US DOL, Illinois DOL, OSHA, direct action). We examined the demographic and job-specific characteristics because we were interested in assessing whether these characteristics were associated with the outcome of interest after controlling for the action taken. Union status was not included in the analysis because cases in which workers were union affiliated often were referred back to the union prior to resolution. The backward selection method with a  $P$  value criterion of 0.05 was used to determine the significance of an effect.

## Results

### Descriptive Overview

More than 60% of the workers who visited the CIWRC were men. Three-fourths of the workers spoke Spanish as their primary language, and the majority of these workers were born in Mexico. Another one-fifth of the workers served by the CIWRC spoke Polish. At the time of their complaints, only one-third of the workers were still employed at the job that generated the complaints (see Table 1).

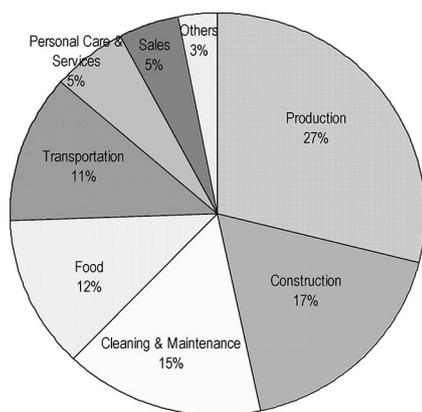
The workers who accessed the CIWRC were most often employed in service, manufacturing/production, and construction (see Fig. 1).

Workers were able to file complaints independently or with similarly affected coworkers. A majority of the complaints (57.3%) were filed independently. Workers, in consulta-

**TABLE 1**Descriptive Summary of the Workers Who Visited Chicago Interfaith Workers' Rights Center (*N* = 934)

Characteristic*	n	%
Gender (n = 854)		
Female	325	38.1
Male	529	61.9
Race/ethnicity (n = 621)		
Latino	454	73.1
European	155	25.0
African American	6	1.0
Caucasian	4	0.6
Asian	1	0.2
Middle East	1	0.2
Primary spoken language (n = 780)		
English	29	3.7
Spanish	592	75.9
Polish	149	19.1
Arabic	1	0.1
Russian	4	0.5
French	1	0.1
Romanian	2	0.3
Portuguese	1	0.1
Ukrainian	1	0.1
Secondary spoken language (n = 423)		
English	228	53.9
Spanish	99	23.4
Polish	96	22.7
Job status (n = 682)		
Employed	235	34.5
Quit	161	23.6
Laid Off	37	5.4
Fired	214	31.4
Contract finished	35	5.1
Nature of job (n = 551)		
Permanent	457	82.9
Temporary	36	6.5
Independent contract	58	10.5
Type of job (n = 539)		
Full time	507	94.1
Part time	32	5.9
Union affiliation (n = 661)		
Yes	139	21.0
No	522	79.0

\*Job characteristics refer to the work that generated the complaint.

**Fig. 1.** Most common industries in which workers were employed (*N* = 891).

tion with the CIWRC, determined the most appropriate approach to addressing their concerns, either through a single action or multiple courses of action. Fifty-two percent of the workers elected to pursue single actions. The following included all cases, using both single and multiple action approaches: Direct action was the most frequently used approach (*N* = 147). The EEOC received the largest number of agency referrals (123), followed by the Illinois DOL for wage and hour dis-

putes involving the minimum wage below Illinois state law (117), the US DOL Wage and Hour for violations of federal minimum wage or overtime (65), OSHA (49), the US DOL Family and Medical Leave Act (FMLA) (10), and the National Labor Relations Board (NLRB) (1). The majority of the OSHA actions (37/49) were filed in connection with other types of action (see Fig. 2).

Direct action, either alone or in concert with agency referral, was associated with successful outcomes in 44 out of the 147 cases (30%). The success rate for EEOC referrals was much lower than that for other approaches: only 8 out of 123 individuals (7%) who filed an EEOC complaint were successful. Success rates for other agency referrals were similar to that for direct action: US DOL Wage and Hour (28%, *n* = 65); Illinois DOL Wage and Hour (29%, *n* = 117); OSHA (37%, *n* = 49); and FMLA (30%, *n* = 10). These percentages are not independent because workers who filed multiple complaints are counted more than once.

Thirty cases resulted in fines to the employer, with an average amount of \$9038.17, ranging from \$92.40 to \$40,000. The most successful outcome achieved by the workers was the recovery of back wages, which 103 workers obtained. The average back wage recovered was \$2339.28, and the range was from \$18 to \$24,241. Workers' compensation was successful in only three cases, with \$1500, \$3035, and \$5000 awarded, respectively.

## Modeling Odds of Successful Outcome

Type of action taken was found to be significantly associated with the odds of experiencing a positive outcome ( $P < 0.001$ ). After controlling for the type of action taken, none of the other demographic or work-related characteristics was significantly associated with the odds of experiencing a positive outcome. From the backwards

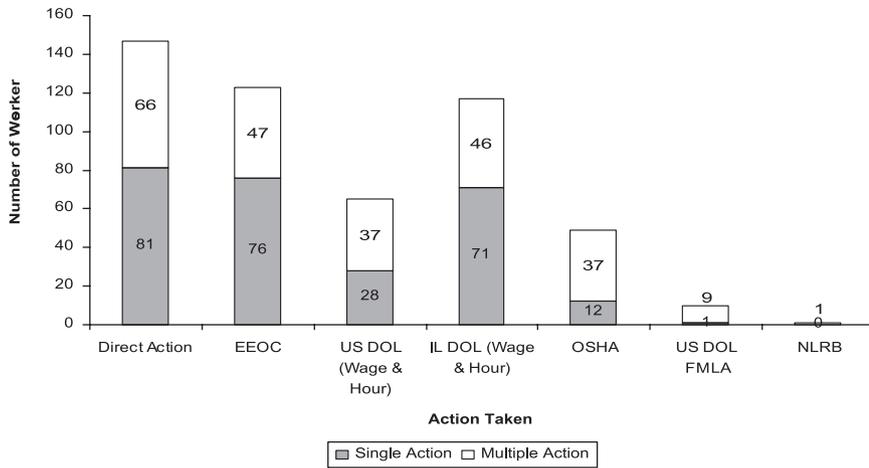


Fig. 2. Most common actions taken by workers.

selection method, the other covariates were eliminated in the following order: sex ( $P = 0.661$ ), type of job ( $P = 0.567$ ), nature of the job ( $P = 0.451$ ), and primary language ( $P = 0.130$ ). The Hosmer and Lemeshow goodness-of-fit test indicated that the model fitted the data well.

Among the different types of action taken, complaints to the EEOC were found to be significantly less likely to yield positive results compared with those to the US DOL ( $P < 0.001$ ), Illinois DOL ( $P = 0.015$ ), OSHA ( $P < 0.001$ ), and Direct Action ( $P < 0.001$ ). Also of note is that complaints to OSHA were significantly more likely to result in a successful outcome compared with those to the Illinois DOL ( $P = 0.042$ ) and Direct Action ( $P = 0.033$ ) (see Table 2).

**Discussion**

The center engaged nearly 1000 workers who were concerned enough

about perceived violations in the workplace to create a case file, nearly all of whom were immigrant workers. Although most workers were Latino men, substantial minorities of women and Polish-speaking workers also participated. Workers from a variety of workplaces, including the service and manufacturing sectors, were represented; fewer construction workers than anticipated participated. This finding may reflect a selection bias of those who attended the initial outreach session, who accessed the center, or both. Referrals for discrimination and complaints of wages and hours were much more frequent than those for workplace safety and health. OSHA referrals were most often made in conjunction with filings to other agencies. However, OSHA referrals had the greatest odds of resulting in a positive outcome.

These results suggest that although workers identify safety and health

concerns less frequently than other problems, these generate useful responses for a solid proportion of the workers who identify them, suggesting room for enhanced outreach and reporting. Specifically, in response to this and other discussions, the exploration of safety hazards in the workplace as a form of injustice that threatens the worker’s prime consideration, which is generating income, may result in increased interest in prevention of safety and health hazards. The project was useful for all partners. The workers’ center already expends considerable effort capturing data to track outcomes and provide service, and it identifies opportunities to use and enhance the data. The health and safety research partners experienced a sense of urgency about the need to integrate intervention with measurement and to keep the goals of service and empowerment clear. The disparity between identification of health and safety hazards compared with wage and other complaints may represent an opportunity for improvement.

Workplace safety and health requires accurate measurement to permit appropriate identification of problems for potential intervention and to provide the metrics necessary to evaluate efforts at intervention. The implementation of the Census of Fatal Occupational Injuries, using multiple data sources to obtain complete information, addressed important undercounting problems for fatal traumatic injuries. This implementation permitted the recognition of the striking disparity between fatal occu-

**TABLE 2**

Parameter Estimates From Logistic Regression Modeling Odds of Experiencing a Positive Outcome ( $N = 265$ )

Parameter	DF	Estimate	SE	$\chi^2$	OR	95% CI = for OR		P
						Lower	Upper	
Intercept	1	-2.6532	0.4627	32.88				<0.001
Action taken (REF: EEOC)	4			20.13				<0.001
US DOL	1	2.2179	0.6032	13.52	9.19	2.82	29.97	<0.001
IL DOL	1	1.3359	0.5464	5.98	3.80	1.30	11.10	0.015
OSHA	1	2.6532	0.7399	12.86	14.20	3.33	60.54	<0.001
Direct action	1	1.9018	0.5224	13.25	6.70	2.41	18.65	<0.001

SE = Standard error; DF = degrees of freedom.

pational injuries among foreign-born Hispanic workers and other workers, which has prompted improved approaches to recording ethnicity and place of birth in a number of surveillance systems. National surveillance programs for nonfatal occupational illness and injury in the United States have not been similarly upgraded, and undercounting remains a significant problem. At one level, reporting requirements routinely exclude segments of the workforce, and a recent study in Michigan documented that two-thirds of occupational illnesses and injuries in the state in 1999, 2000, and 2001 were not captured.<sup>9</sup> Undercounting in that study was greater for illnesses than for injuries and varied by work sector, but it was found to be a universal problem. Population surveys have similarly demonstrated underreporting of work-related illnesses and injuries that confirms this range overall.<sup>10–13</sup> With appropriate hazard-identification questions, the workers' centers might provide an adjunct to workplace-based surveillance.

Undercounting appears to be a function of the size of the workplace. Although fatal occupational injuries increase in a stepwise fashion as the size of the worksite decreases, the opposite is true for reported occupational illnesses, which are the most difficult to identify, suggesting under-recognition and perhaps underreporting of occupational illnesses.<sup>14</sup> However, small business owners and self-employed workers may share the extreme hazards of low-wage workers, with workplace mortality rates nearly three times the national average. Quinlan and others have described increases in precarious employment that are associated with adverse health and safety outcomes.<sup>4,5</sup> At best, contingent work arrangements diffuse the responsibility of the employer; at worst, they become "undeclared" work, completely outside of formal government oversight. Disorganization and economic incentives negatively impact record-keeping for occupational illness

and injury. As an example, a US Government Accountability Office report in 2005, describing major changes in the poultry and meatpacking industry over the past two decades, links the increase in contingent workers, who now fully comprise one-third of workers in this industry, with decreases in union representation and wages, an increase in immigrant workers and worker turnover, and a precipitous decline in reported illness and injury rates, attributed to undercounting.<sup>15</sup>

With the increase in immigrant workers in precarious employment, workers' centers such as the one we describe in this report may become increasingly attractive and important in large metropolitan areas. This issue is not isolated to border states. For example, according to the 2000 census, the state of Illinois has the fifth largest Hispanic population in the United States; Chicago ranks third among US cities in Hispanic population, ahead of Houston and San Antonio. The 2005 total population estimate for Cook County (including Chicago) was 5,303,683, of whom 21.9% were of Hispanic or Latino origin.<sup>16</sup>

One limitation of this study, as for any study involving analysis of data collected for nonresearch purposes, is missing data. Missing data in this report ranged widely from 8.6% for sex to 42.3% for type of job. The results should be interpreted within the context of the goals of the workers' center and of the individuals who use it, which is to address justice in the workplace. Efforts are underway to improve the data collection process and to upgrade the collection tools within the constraints of a service-oriented organization facing increasing needs and challenges. For research purposes, observed data collection would permit dual entry and other quality assurance mechanisms, for example. However, the strength of the study is its access to an otherwise virtually invisible population.

Workers' centers provide alternative approaches to traditional workplace safety and health surveillance

and include community-based, non-governmental organizations that are trusted within the immigrant community. The approach we describe in this report selects for workers with concerns, creating an opportunity for identification of problems rather than for routine surveillance. We believe that surveillance projects must be linked to efforts at intervention so that the public health goal of surveillance targets the need for interventions and then measures effectiveness. Using this approach at the center level offers the advantage of providing positive feedback in a quality-improvement sense. This approach requires active initiation on the part of the workers, which is intended to enhance both individual self-efficacy and community organizing. However, it may miss the most vulnerable workers, and evaluation of alternative approaches used by a variety of workers' center models is needed. One important aspect of the center that we describe includes collaboration between local stakeholders and federal and state enforcement agencies, which may enhance opportunities for targeted intervention. We believe this collaboration provides a model that would be useful for other federal regions.

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