

Summary

Every state in the United States has various types of information about its safety and workplace programs recorded in order to determine what may be the reason behind the different numbers and rates of workplace injuries, illnesses, and fatalities. This project has attempted to see if there are multiple different factors involved and which ones may prove to be more impactful. By obtaining raw data regarding workplace fatalities, injuries, inspections, penalties, population numbers for every state, and calculating per capita values of injuries/illnesses as well as fatalities, this project was able to successfully reach a few conclusions for the questions presented below. By utilizing bar charts, pie charts, and scatter plots, these results will be visualized to help show the full picture. The data was collected from the year 2012.

The state and federal programs were compared in terms of their fatalities to see which proved safer. When comparing the raw number of fatalities, federal programs had approximately 1000 more fatalities than the state program and accounted for ~60% of total fatalities. Using the fatality rate per 100,000 people, the federal program still accounted for ~60% of the total fatalities per 100,000 people; however, the gap between the two programs shrunk to ~20 per 100,000 people.

When comparing the raw number of injuries/illnesses of states with the state program, California had by far the highest number of injuries/illnesses with 345,400. However, when taking per 100,000 values into account, California was in the bottom 25% of states with a state program; Vermont became the state with the highest number of injuries/illnesses per 100,000 people at ~1581.

Comparing the average number of years it took to inspect a workplace once with the number of fatalities showed a positive, extremely weak relationship. This was shown in the resulting R value of 0.12, and the resulting p-value of a regression test with a significance level of 0.05 was 0.397; this means that the null hypothesis would be rejected, arriving at the conclusion there is no significant correlation between the two variables.

Business Problem

There were three problems that this project attempted to answer:

1. Which program had the highest rate of fatalities: state or federal?
2. Which state had the highest number of injuries and illnesses under a state program?
3. Is there a relationship between the rate of fatalities and the average number of years it took to inspect each workplace once? If so, what is the relationship between them?

Data

The data records the number of fatalities in 2012, injuries/illnesses in 2012, financial penalties in 2013, inspectors, and years to inspect each workplace once for the workplaces of each state. It also calculated the rates of fatalities and injuries/illnesses as a percentage. The states are then ranked based on their number of fatalities and penalties. They are also categorized by their program type: state or federal.

Data of state populations in the year 2012 were also collected and recorded; this was used in order to calculate the number of fatalities per 100,000 people in each state, and the number of illnesses/injuries per 100,000 people in every state that had the data available.

Methods

To compare the program with the highest rate of fatalities, the number of fatalities of each state were added under their respective program and then compared to one another. For this problem, the “Number of Fatalities” column was used instead of the “Rate of Fatalities” as the latter is measured as a percentage, and since each state has a varying population (the denominator of the percentage in fraction form), adding up the percentages does not correctly represent the data and may lead to inaccurate results; for example, Texas and California have a much higher population compared to Hawaii and Wyoming, meaning that they mathematically have different denominators and cannot simply be added together without manipulation to make sure they have the same denominator. Once calculations were complete, a bar chart was then used to visualize the differences between the two programs.

In order to determine the state under a state program with the highest number of injuries and illnesses, the states using a federal program were filtered out and the remaining states were graphed against each other using bar and pie charts via their number of injuries and illnesses.

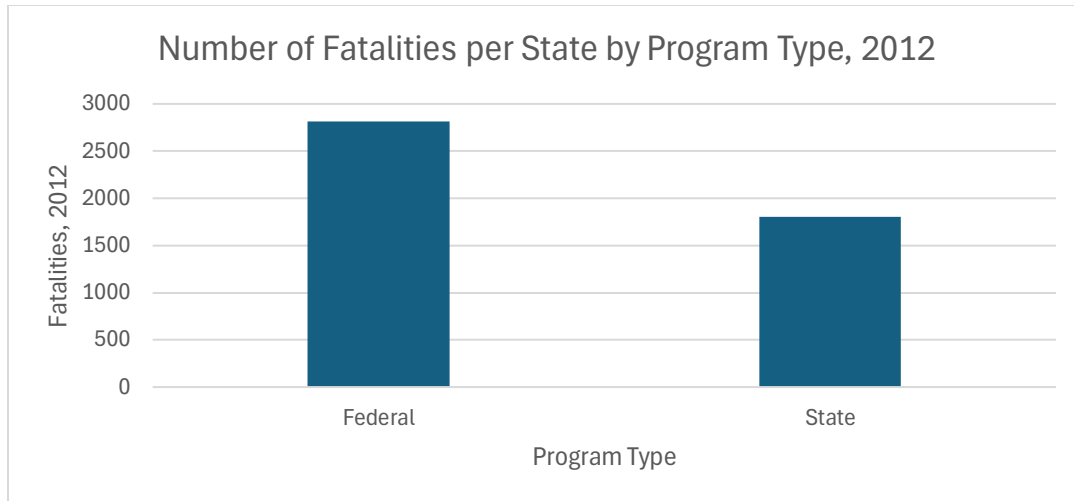
In order to determine the relationship between “Average Number of Years to Inspect Each Workplace Once” and “Rate of Fatalities,” a scatterplot was created, the line of best fit was measured, and the R value was calculated. In order to ensure validity of the results, a regression test was also performed to determine if the R values matched. For further security, the resulting p-value of the regression test, taken with a significance level of 0.05, was also recorded to determine if the null hypothesis would be rejected.

One issue did present itself, however; while opting to not use the “Rate of Fatalities” for reasons of mathematical inaccuracy was valid, the use of the raw number of fatalities and injuries/illnesses for the first two questions also proved to be biased for the same reason. As mentioned previously, different states have varying population sizes, and as a result, states with a much higher population, (in the tens of millions) will naturally have a higher number of injuries, illnesses, and fatalities than those with a smaller population (in the hundreds of thousands). In order to account for this – and as a way to do the necessary manipulations needed to “reach equal denominators” – two additional tests were conducted to make sure the data was accurate, but this time, the number of injuries/illnesses and fatalities per capita (or for more clean numbers, per 100,000 people) would be used to create a more accurate comparison.

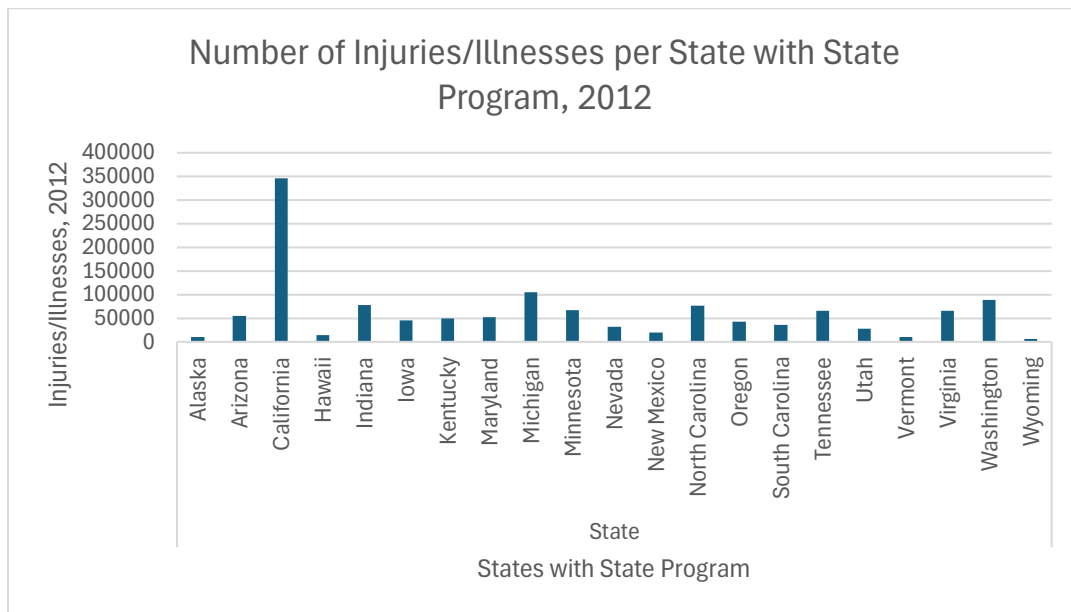
In order to do this, data of state populations from the U.S. Census Vintage data estimates from 2012 was first obtained and extracted. Then, that number was divided from both the “Number of Fatalities” and “Number of Injuries/ Illnesses” in order to obtain the number of fatalities and injuries/illnesses per capita respectively. These numbers were extremely low (10^{-5} and 10^{-3} respectively), so they were multiplied by 100,000 to achieve cleaner numbers. The process of solving the first two questions was then redone, this time using the new “per 100,000 people” data values that were created. The same visualizations were used as the previous examples.

Results

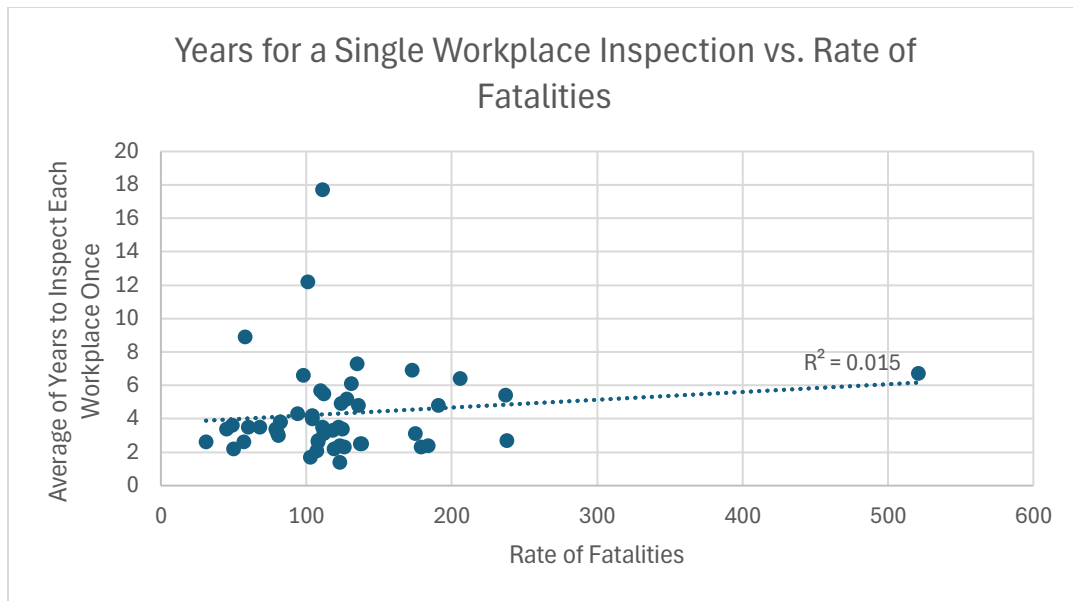
When using the raw number of fatalities, it was determined that the program with the highest rate of fatalities was the federal program with a total of 2,814 fatalities while the state program had 1,803 total fatalities.



When using the raw number of injuries/illnesses, the state under a state program with the highest number of injuries/illnesses was California with a total number of 345,400.

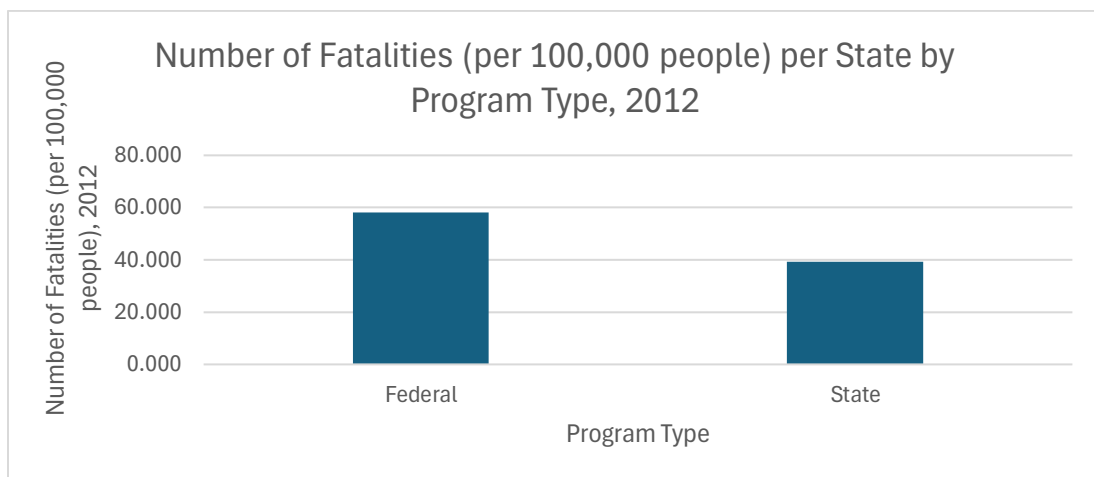


The R value that was calculated between the “Average Numbers of Years to Inspect Each Workplace Once” and “Rate of Fatalities” was 0.12. This shows a positive, yet extremely weak correlation between the two variables. The regression test at a significance level of 0.05 also resulted in an R value of 0.12, as well as a p-value of 0.397: therefore, the null hypothesis would fail to be rejected, concluding that there is no significant correlation between the two variables.

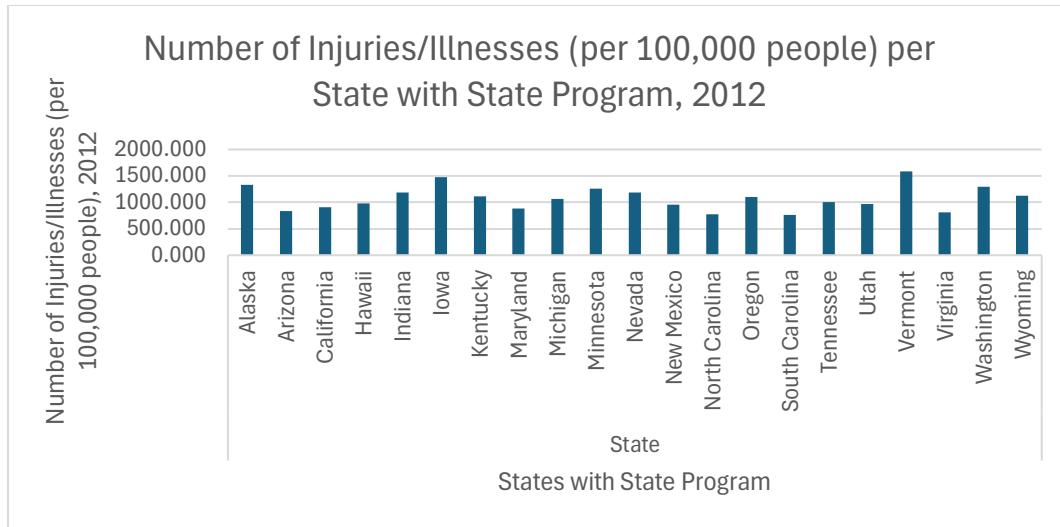


Regression Statistics								
			Multiple R	0.122328583				
			R Square	0.014964282				
			Adjusted R Square	-0.005557295				
			Standard Error	2.796321627				
			Observations	50				
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept	3.741578889	0.78233093	4.782603815	1.6833E-05	2.16859713	5.314560648	2.16859713	5.314560648
X Variable 1	0.00465306	0.005448991	0.853930597	0.39738513	-0.006302871	0.015608991	-0.006302871	0.015608991

When looking at the program with the highest number of fatalities per 100,000 people, the federal program still had the highest value of 58.251 fatalities per 100,000 people versus the state program's 39.353 fatalities per 100,000 people.

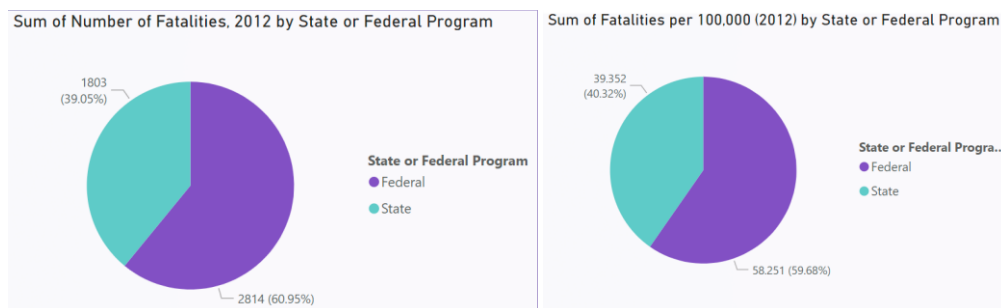


When looking at the injuries/illnesses per 100,000 people for all the states with a state program, Vermont had the highest number with 1580.558 injuries/illnesses per 100,000 people.



Conclusions

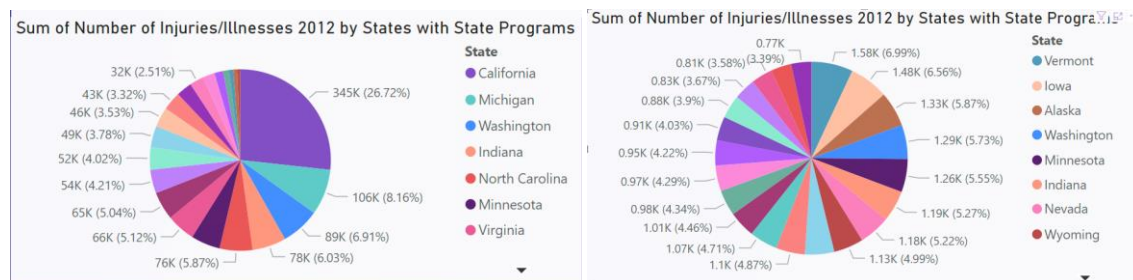
In regards to the first question, it is important to note that 7 of the 8 largest states in the U.S. by population – Texas, New York, Florida, Illinois, Pennsylvania, Ohio, and Georgia – are using the federal program. As a result, that program would naturally have a higher number of fatalities because the amount of people in these states alone (combined total of 112,067,021) make up 35.7% of the entire country's population (313,877,662) and almost match the entire population of the states with a state program (total population of 130,597,060). For this reason, measuring and comparing the programs regarding fatalities yields similar results whether using just raw numbers or numbers per 100,000 people. The split between federal and state programs when in regard to fatalities was 60.95% to 39.05% when using raw numbers, while it was 59.68% to 40.32% when using numbers per 100,000 people.



However, it is important to note that the difference in values between the federal and the state programs is also very important. Without the added context of population density, an approximate 1000 increase in fatalities for the federal program seems extremely high and might convince one to opt for the state program. With the knowledge that the federal program accounts for two-thirds of the entire country's population versus the state program's one-third market share, that value begins to make more sense as to why it is seemingly so high. Finally, when looking at the fatalities per 100,000 people, that number shrinks drastically from approximately 1000 fatalities to only about 20, making the federal program seem much more appealing than it once did.

The second question truly demonstrates how important the difference between using raw numbers and per capita numbers is. Similar to the first question, the only state of the aforementioned eight highest

populated states that uses a state program would naturally also be the state with the highest number of injuries and illnesses compared to other states with the state program. California is also unique as it is the state with the highest population in the entirety of the U.S. California's number of injuries/illnesses was more than triple that of second place, Michigan, who had a total number of 105,500. This makes sense when you consider that California's population (37,944,551) is about quadruple that of Michigan's (9,898,289). Michigan actually had a higher rate of injuries/illness among its population (4%) compared to California (3.5%). This trend can be seen throughout the data; for example, California's number of injuries/illnesses is almost as much as the entire population of Wyoming (576,656); however, both states had the same rate of injuries/illness, showing that raw numbers alone do not account for population density and may not be painting the full picture. The raw numbers initially paint California's workplaces as outrageously prone to injuries and illness, but when you look at the values per 100,000 people, California is shown in a different light. When taking the values into account, California falls from the extremely uncontested number one spot to 16th out of 21 states. One who looks at raw numbers might think California is insanely dangerous, especially considering how much higher its results were even compared to the second-place spot, but when looking at data per 100,000 people, California doesn't even register as something important to consider. Additionally, the results when calculated per 100,000 people have a much tighter range, as opposed to the obvious outlier that the raw numbers had shown.



Future improvements of the project could see its scope expanded to encapsulate the availability, accessibility, and affordability of healthcare in the states in order to get a more complete understanding of the causes behind a state's fatalities. Certain states were massive outliers when it came to their rates of fatalities, particularly North Dakota (17.7%) and Wyoming (12.2%). Healthcare obviously plays a vital role when it comes to health, especially if one dies or not. Seeing if, and to what extent, healthcare plays a role in the fatalities in each state's workplace may show that the program it adopts may not be as important to the overall health of its workplace safety at originally thought.

Lastly, for future improvements to the project, recording of data for the number of (and as a result, the rate of) injuries/illnesses for certain states should be completed thoroughly. Currently, certain states under the federal program are missing this information, meaning that analysis cannot be conducted. In turn, it is impossible to compare it to the injuries/illnesses of the state program, meaning that additional, vital questions cannot be answered. Collecting this data in the future should be prioritized so that this avenue of study can be explored.

References

- Beautify Data. (2024, January 27). United States population by state in 2012.
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