

# A Comparison of Health and Safety Concerns of Hispanic and Non-Hispanic White Construction Workers

## Introduction

Previous analyses of surveillance data by the Florida Department of Health, Occupational Health and Safety Program (OHSP) found that the construction industry is among the highest risk industries for work-related morbidity and mortality in Florida (1, 2). Additional analyses of racial/ethnic health disparities found that Hispanics had higher injury rates than non-Hispanic white workers (3). To better understand the health and safety issues that contribute to the disparities in morbidity and mortality between Hispanic and non-Hispanic white construction workers, the OHSP initiated a pilot project to gain the perspective of workers and key informants.

## Methods

The OHSP contracted with the Research Institute for Social and Economic Policy at the Florida International University to carry out this pilot project. The project had three components: 1) interviews with key informants (i.e., government, union, and construction company representatives), 2) a workplace safety survey of workers, and 3) focus groups with workers (conducted in English and Spanish among union and non-union workers). The study population included key informants and Hispanic and non-Hispanic white construction workers in central and south Florida.

## Results

### **Key Informant Interviews**

The main safety issues identified during key informant interviews included:

- A concern that many construction contractors and especially subcontractors are not focused on worker safety. Subcontractors are paid for completing a job quickly and cost-effectively; therefore, there is a lack of incentive to take the time to provide safety training or to invest money in safety equipment. Some jobs have a high number of subcontractors involved. One informant reported working with 49 subcontracting companies on a single project.
- Workers are “job-scared.” This can be defined as a worker who feels vulnerable to job loss to the extent that he/she makes uninformed decisions that could result in injury.
- There are individual worker characteristics and circumstances that increase occupational injury and illness. Some of the factors contributing to increased morbidity among Hispanic workers may result from a lack of English comprehension (which affects how well safety training and instructions given in English are understood), a lack of knowledge of rights, and undocumented immigration status (leading to job-scared choices). Cultural factors like machismo, submissiveness, or a “work faster to make more money” mentality may also contribute.

### **Workplace Safety Survey**

A total of 27 surveys were conducted; 18 Hispanic workers and 9 non-Hispanic white workers. The number of surveys was almost equally distributed between union (n=14) and non-union (n=13) workers. All but one of the respondents were male.

Significant differences in training (e.g., Occupational Health and Safety Administration [OSHA] 10-hour training, hazardous materials training) between Hispanic and non-Hispanic white workers were not observed. Differences were also not observed among safety issues, such as participating in weekly safety meetings or being provided a copy of a material safety data sheet. Results did reveal that a greater proportion of non-Hispanic white (89%) compared to Hispanic workers (39%) were “always or sometimes” shown a copy of the safety program by the employer ( $p=0.03$ ). For most injury- and health-related questions, a significant difference was not observed between Hispanic and non-Hispanic white workers. Non-Hispanic white workers had greater access to employer-sponsored health care compared to Hispanic workers ( $p=0.02$ ).

Interestingly, the worker responses to the workplace safety environment questions frequently differed from the perspective of key informants (i.e. that construction contractors do not promote a safety culture). In general there was great consensus among workers.

Most workers **agree or strongly agree** that:

- New employees quickly learn that they are expected to follow good safety practices (93%).
- There are no significant compromises or shortcuts taken when worker safety is at stake (78%).
- Employees and management work together to ensure the safest possible working conditions (89%).
- Employees are told when they do not follow good safety practices (81%).
- The safety of workers is a big priority with management where they work (77%).
- They feel free to report safety violations where they work (92%).
- Their job site has a good safety program (89%).

Most workers **disagree or strongly disagree** that:

- They have too much to do to be able to follow safe work practices (78%).
- Productivity is more important than worker safety where they work (59%).

### **Focus Groups**

The main safety issues identified during focus groups included:

- 1) Job-scared workers. Workers participating in focus groups believed that Hispanics experienced job scared situations more often than non-Hispanic white workers. Contributing factors included long-term unemployment, immigrant workers with undocumented status, workers experiencing debt, and fear of not being rehired.
- 2) Workers are pressured to get jobs done quickly.
- 3) Adequate safety training is not provided.

### **Conclusion**

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In the construction industry, being of Hispanic ethnicity is perceived as increasing the likelihood of injury. Reasons cited during informant interviews and focus groups included cultural factors (e.g., machismo and a “work fast/more money” mentality), deficiencies in safety training (e.g., not conducted in Spanish), and higher job-loss rates resulting in workers being “job-scared.” Another factor suggested as contributing to morbidity among Hispanics in the construction industry is the high amount of subcontracting. Subcontractors are hired to complete a job quickly and are often not providing adequate training or safety equipment to workers.

Although informant interviews and focus groups were consistent in their responses about the reasons for differences in morbidity and mortality between Hispanic and non-Hispanic construction workers, the analysis of survey data by topic frequently did not support these findings. The number of workers completing the survey was very low, resulting in a sample size too small to detect any differences that existed between Hispanic and non-Hispanic workers. Future studies are needed to quantitatively assess the findings reported from informant interviews and focus groups in this pilot study.

For more information about this pilot study or to view the full report, visit <http://www.risep-fiu.org/>

### **References**

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