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# NORA Construction Sector News

Volume One, Number One, December 2007

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## Greetings from the Co-Chairs

### Welcome to the inaugural issue of the NORA Construction Sector News!

The purpose of this newsletter is to give you information that will help reduce the risks of injury and illness in the construction sector and to keep you posted on NORA Construction Sector developments. NORA is the National Occupational Research Agenda (<http://www.cdc.gov/niosh/nora/>), an effort supported by NIOSH to bring together stakeholders from different industry sectors to develop and implement a sector-specific set of research goals to reduce injuries and illnesses in construction over the next decade. The question we are asking is "What information do we need to be more effective in preventing injuries and illnesses in construction?" We need your help in answering this question.

We serve as co-chairs of the NORA Construction Sector Council (<http://www.cdc.gov/niosh/nora/councils/const>), the group representing a cross-section of construction perspectives that has been working over the last year on a "National Construction Agenda". The agenda consists of 14 strategic goals designed to address ten "top problems" in construction safety and health. The group considered a variety of information sources such as national statistics and comments submitted to NORA in developing these top safety and health problems. The draft goals are not yet complete, but have been developed enough at this stage to begin receiving invaluable feedback – thus we are using this inaugural issue to share the draft goals with our readers.

We plan to circulate a new issue of this newsletter four times a year to inform our readers about the products and events that are direct outputs from NORA. While NORA covers research, it also covers "Research to Practice" (R2P) which involves the creation of practical tools and guidance from research findings. As goals lead to activities and activities to products, we want to get the word out and hear about how such activities or products are impacting the construction community. If you have your own newsletter, we hope you will help us get the word out about this newsletter to get more people involved in the process of making construction work safer.

For this first issue, we are keeping it short and focused on our draft goals. But future issues will include other features such as a "News from our Partners," "R2P corner," and a "Project Spotlight."

NORA is not about just NIOSH –it's about sector partners working together on shared issues to make a difference for employee safety and health. Please join us!

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## Sector Council News - Draft goals available for review and comment

The draft National Construction Agenda consists of fourteen strategic goals addressing ten topics to address changes needed over the decade. There are seven goals related to outcomes and seven goals related to contributing factors. Each goal has a performance measure to help gauge progress, and intermediate goals to describe the smaller steps needed to achieve the strategic goal. We think the ten areas represent important construction topics where research and combined industry efforts are needed over the decade. Visit the NORA Construction Sector Council's web page for products, at

<http://www.cdc.gov/niosh/nora/councils/const/pubprod.html>, to see the full set of goals and performance measures. Please feel free to share your thoughts with us by submitting a comment on the same web page.

Here is a quick rundown to describe the issues related to the ten topics.

### Outcome topics

1. Reduce major sources of traumatic injuries and fatalities. Specific sources that need to be targeted include: a) Falls, b) Electrocutation, and c) Struck by and caught between incidents. Examples of research needs include developing additional fall prevention options for residential construction, targeting "live" electrical work hazards, evaluating injury risks associated with the expanded use of night work in the road construction industry, and getting a better handle on risk factors associated with some types of struck by hazards. An example of a Research to Practice (R2P) need is to identify aggressive options for improving implementation of fall prevention. This would include working with construction partners to develop and implement a national campaign to reduce fatal and severe injuries associated with falls to a lower level.
2. Reduce major health exposures/illnesses of concern. Specific sources that need to be targeted include: a) silica, b) noise, and c) welding fumes. Research needs range from improving measurement of impact noise, filling data gaps about welding fume health effects, and developing options for "portable" records for audiometric tests that can be used across multiple employers. R2P needs include such examples as piloting "buy quiet" efforts for lower noise emitting tools and developing standardized pre-job planning health hazard approaches for silica, noise, or welding fumes that can be used by competent persons on construction sites. This would potentially encourage the use of controls.
3. Reduce major sources of musculoskeletal disorders. Additional identified research needs include more accurately estimating the prevalence and rates of work-related musculoskeletal disorders among trades and industry divisions, and systematically identifying high risk tasks where no existing interventions are available. This is important so that options can be developed and evaluated in partnership with industry stakeholders. R2P needs include overcoming obstacles to recognizing musculoskeletal problems and how best to improve the buy-in, adoption, and diffusion of solutions by contractors, owners, and workers.

### Contributing factor topics

4. Construction culture. The risk of injury on a construction site is greatly affected by the atmosphere on the site. Do workers feel like safety is important and feel comfortable raising safety concerns? Research in this area could help reduce the risk of injury by understanding how might construction culture be defined and measured in relation to safety and health? What are the factors that most affect construction safety culture and what are the ways we can effectively improve it?
5. Construction safety and health management. While it is clear that management practices are essential to safety performance, how much do we know about the effectiveness of various management practices? Does current practice sufficiently support management of health hazards or musculoskeletal disorders? Most importantly, how might practices that are known to work for large firms be scaled down to provide relevant alternatives and benefits for the majority of small firms and their workers?

6. Organization of construction work and the construction industry. Work on construction projects involves complex relationships across numerous firms, trades and disciplines. Unclear safety roles and accountability among project participants are likely root causes for safety and health problems. Risk-shifting and cost-shifting among parties can also occur. What research might help improve understanding of this fragmentation and identify systems interventions? Do systems like low-bid contracts increase the risk of injuries? How can procurement be changed to improve safety efforts? Other questions might address factors such as understanding the growth of the informal part of the industry and self-employed contractors.
7. Training issues. Training is fundamental to construction safety and health practice, and significant resources are devoted to both general competence and safety and health training. Important training needs and gaps include: the need for developing an inventory of existing training resources, improving our understanding of training effectiveness and impact on reducing injuries and illnesses, and exploring how best to get training to underserved worker and contractor groups.
8. Vulnerable workers. Construction is undergoing rapid demographic changes. Certain sub-populations, such as immigrant workers, young workers, and day laborers, are at higher risk of injury or illness. Risk factors for these groups include language proficiency, literacy, inexperience, and group culture. There is a need to identify ways that will reduce risks to these workers and figure out how to encourage adoption of these methods by the whole industry.
9. Design for construction safety. Increasing the consideration of occupational safety and health at the design phase of construction holds enormous transformational promise for cost effective improvements in safety and health measures. "Green design" (incorporating changes in design to improve environmental performance) provides a model of what can be achieved with this approach. Research can be done to evaluate the effectiveness of design interventions such as built-in anchorages for fall prevention or higher load skylights. Research can also pilot specification templates to bridge the gap between the safety and health and architecture/design communities. The scope of "Prevention through Design" provides a life-cycle perspective to construction design and can encompass materials, equipment and tools, and work organization/ sequence. Research is needed to address how to increase use of prevention through design by overcoming obstacles to its adoption.
10. Improving surveillance of hazards and outcomes in construction. Surveillance is the public health term used to describe the systematic collection, analysis, and interpretation of occupational safety and health data. Until we know the true numbers of construction workers who are injured or get sick from work each year, and how they got hurt, we cannot design the most effective strategies for reducing those risks. Also if we want to show improvements, e.g. more people using safer methods or reductions in exposure levels, we need a baseline to show exposure levels or how many are using safer methods today. Our traditional systems are vital for tracking performance, and there is strong interest in finding ways to fill gaps in these systems. Examples of suggested focus areas include expanding the concept of surveillance by experimenting with shared exposure databases for health hazards (e.g. for silica or noise) or by survey research for identifying leading indicators such as good practices or use of controls. There is also interest in expanding surveillance practices among construction stakeholders and in finding ways to share such information.

### **Why is this important?**

The National Construction Agenda is important because it provides guidance for construction industry stakeholders (e.g., industry, labor, professionals, and academics) to prioritize their work on key gap issues. The Agenda is broad and reflects the diversity of the construction industry. However, not every issue of interest is found on the present list in an attempt to focus on stakeholders' evidence-driven perceptions of today's priority topics. We are open to your input in the form of recommended additions, modifications or deletions from the draft list of priority topics enumerated above. The National Construction Agenda is a living document that will benefit from free exchange of ideas, opinions, and data; which is our goal in distribution of this Newsletter. We look forward to hearing from you.

Please take a closer look at the draft goals at <http://www.cdc.gov/niosh/nora/councils/const/pubprod.html> and share your comments with us.

## Upcoming Events - NORA Construction Sector Session at upcoming Construction Conference and Exposition

Join us in Rosemont, IL, on February 14<sup>th</sup> for a session on the NORA National Construction Agenda



The session is intended to provide an opportunity to learn more about the draft goals and to share your opinions on whether and how they address issues that are important for you! It will include breakout sessions. Registration is required. Please contact the <http://www.buildsafe.org> website for registration information.

## Recent and Upcoming Communication Products

Here are some recent NIOSH supported construction products that you might be interested in:

### **Simple Solutions: Ergonomics for Construction Workers**

<http://www.cdc.gov/niosh/docs/2007-122/>

### **Preventing Worker Deaths and Injuries from Contacting Overhead Power Lines with Metal Ladders**

<http://www.cdc.gov/niosh/docs/wp-solutions/2007-155/>

### **NIOSH Safety and Health Topic: Lyme Disease**

<http://www.cdc.gov/niosh/topics/lyme/>

Additionally, here are some recent mining publications with relevance for construction given similarity in equipment and hazards:

### **Technology News 528 - Recirculation Filter Is Key to Improving Dust Control in Enclosed Cabs**

<http://www.cdc.gov/niosh/mining/pubs/pubreference/outputid2546.htm>

### **Technology News 527 - The Partial Cab: A New Noise Engineering Control for Surface Drill Rigs**

<http://www.cdc.gov/niosh/mining/pubs/pubreference/outputid2506.htm>

### **Upcoming products**

The "2007 Construction Chartbook" is due out on January 1, 2008 in both hard copy and web form. This reference book, prepared by the CPWR Center for Construction Research and Training with support from NIOSH, will contain over 50 charts relevant to construction industry safety and health statistics. This product will be available in print form or electronic version from the CPWR (<http://www.cpwr.com/rp-chartbook.html>).

To receive NIOSH documents or for more information about occupational safety and health topics, contact:

1-800-CDC-INFO (1-800-232-4636) • 1-888-232-6348 (TTY)

e-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

or visit the NIOSH Web site at <http://www.cdc.gov/niosh>

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