

Seeking Mino-nokiiwin: Community-based Indigenous Occupational, Health and Safety Experience in Northeastern Ontario

Nancy Lightfoot, Darrel Manitowabi, Carmen Wabegijig-Nootchtai, Mary Lynn Odjig, Jeff Moulton, Sherry Mongeau



Laurentian University
Université Laurentienne





Disclosure of Affiliations, Financial Support, & Mitigating Bias

- Affiliations:
 - 1) Laurentian University:**
 - Full Professor, School of Kinesiology & Health Sciences,
 - Member, Centre for Research in Occupational Safety & Health,
 - Member, Centre for Rural & Northern Health Research.
 - 2) NOSM University:**
 - Human Sciences Division.
 - 3) Occupational Cancer Research Centre, Ontario Health Agency:**
 - Affiliate Scientist.
 - 4) Ministry of Labour Province of Ontario Occupational Health & Safety Research Advisory Panel (2014-2018):**
 - Member.
- This session has received financial support from the Ontario Ministry of Labour Research Opportunities Program.



Background - Canada

- Significant health disparities Indigenous vs. non-Indigenous Canadians
- Indigenous occupational health & safety (OHS) research studies sparse
- Indigenous occupational illnesses & injuries under reported & infrequent applications for work-related compensation
- Indigenous workplace illness & injury rates high in construction & resource extraction

(NAHO, 2006)



Background

- Federal government often considered to have primary responsibility for Indigenous health, but most services provided by provincial or territorial governments (Minore & Katt, 2007)
- Cultural competence: focuses on reducing health disparities & is set of congruent behaviours, attitudes, & policies that enable professionals to work effectively in cross cultural situations
- Cultural safety: requires awareness of power relationships that consider & limit potential biases, prejudices, attitudes, & assumptions that might influence lower quality of service (e.g., by compensation personnel)




Study Objectives


- Community-based, participatory, qualitative descriptive research study utilized focus groups in 4 NE Ontario Indigenous communities (3 on reserve, 1 urban setting)
- Study objectives were to:
 - Identify types of work-related illnesses & injuries experienced & concerns,
 - Determine community OHS training initiatives, policies, & plans,
 - Ascertain interest in collecting job titles & current & longest employers,
 - Present interactive information session about processes & tips for applying for work-related compensation, &
 - Target OHS issues of future interest.

Focus Group Communities


Urban:

 Sudbury (n=2 participants). Sudbury. 403 km NW of Toronto. **Urban.**

Rural:

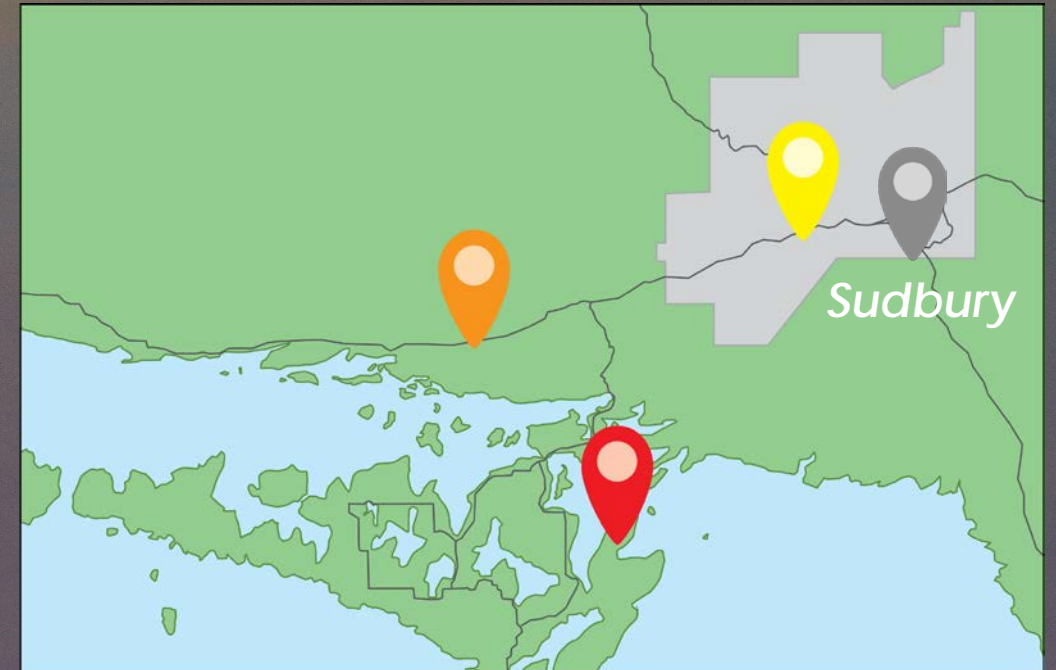
 Sagamok Anishnawbek (n=6). 107 km W of Sudbury. **On reserve.**

Rural:

 Wiikwemikoong Unceded Territory (n=10). 170 km SW of Sudbury. **On reserve.**

Adjacent to Urban:

 Atikameksheng Anishnawbek (n=6). 20 km W of Sudbury. **On reserve.**



Study Methods



- Indigenous steering committee
- Communities primarily chose focus group participants: health director, human resources director, small business employee/band employment, elders, public works manager, health committee members (nurse managers, administrator, member), Ontario Works director, economic development director, private business manager, custodial manager, & team contacts (elder/non profit manager, research assistant)
- Focus groups Oct-Dec 2018 (n=25 participants)
 - digitally recorded
 - ~ 2 hours each
- Verbatim transcription
- Braun & Clarke reflexive thematic analysis: 1) familiarization with data, 2) coding, 3) generating initial themes, 4) reviewing & developing themes, 5) refining, defining & naming themes, & 6) writing up.

Focus Group Results



- **Occupationally-related mental health & injuries emphasized & of preventive interest**
 - “I’ve seen it time and time again, we’ve had staff, um, take extended sick leave simply because they are so **stressed**.”
 - “If you worked in the health and social field in our community and did not have a **burnout**, you’d be rare.”
 - “**Slips and falls**...at the entrances to workplaces.”
 - “She **slipped and hit her head**.”
 - “**Back injuries** from lifting clients.”
 - “**Deep cuts** from transporting garbage.”
 - “Logger unfortunately **lost an eye**.”
 - “**Some of the injuries...from a lack of appropriate PPE**.”
- **Lack of on-line health information makes health & safety monitoring challenging**
 - “But I don’t know if anyone’s even tracking the injuries.”



Focus Group Results

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- **Additional community-based occupational health & safety training required**
 - “Communicating is sometimes is just getting awareness out and communicating about it, so the topic of health and safety just maybe needs to be discussed more in our communities, right.”
 - “Probably what I would recommend would be a list of mandatory training, that employers, departments, need to provide for their staff...for everybody across the board, which might be WHMIS, First Aid/CPR, Applied Suicide Prevention, Mental Health First Aid, safe food handling...defensive drivers...the employer has to provide it.”
 - “Employees have rights and they just don’t know.”
 - “A training process needs to happen in the organization.”
 - “I’d also like to see a recommendation where it comes that any, um, business on reserve has to have WSIB.”
 - Existing training:
 - “[Organization] offers **mental health awareness training at least 3 times, minimum, a year.**”
 - “We do **annual training on lateral violence** too, because that was, um, getting pretty bad...in our organization.”



Focus Group Results

- **Leadership & community commitment to occupational health & safety helpful**
- “I think it has to come from the leadership, they have to make sure that all employers are following health and safety standards. I know there’s going to be an issue when it comes to Ontario employment standards, because they’re going to say we fall under the Canada labour code, but they should be thinking of their band members who are working for these different employers and protect them.”
- “Because we’ve got to work under almost 4 tiers of government, you know, First Nations, and then you’ve got municipal, provincial, and federal, what’s next?”
- “As well, the organization has to really understand their liability, um, cause there is many time say, when, I’ve been involved in emergency response planning for years and years and years, but it’s really hard to help leadership and management understand the liability that could happen, um, if something does happen and we don’t have anything in place.”
- “Our laws are enforced by our own people, again, that’s a lack of enforcement...we’re working on it.”



Focus Group Results

- **Compensation organizations need cultural competence training**
- “If there are services from the government, because, like, WSIB being a government service. Are they aware of, cultural ways of dealing with some things, and I would feel they need to heighten help in terms of mental health for Indigenous communities?”



Discussion

- ***Mental health & injuries emphasized & of future research interest
- More studies needed, guided by Indigenous communities, particularly those conducted by Indigenous researchers, to explore Indigenous OHS experience & experience with workers' compensation systems in various Canadian Indigenous communities
- Interviewing Indigenous workers about their OHS & compensation experiences, directly, required
- Chiefs, band councils, management, employees, & other community members could benefit from more education about OHS & compensation process
- Helpful to track potential work-related illnesses & injuries in Indigenous communities

Discussion



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- Both cultural competence & cultural safety require attention at compensation board & in workplaces
 - Compensation organizations encouraged to hire Indigenous employees to assist applicants in applying for suspected work-related compensation & in training other compensation organization employees
 - 2022: Government of Ontario made OHS a priority in Indigenous communities
 - A beginning with much more to do!

Thank you!

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 - References available upon request



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