Community Needs ASSESSMENT Summary Report

2019

DETAILED REPORT OF FINDINGS:
Low German Mennonite Priority Population

Health and Social Services
Haldimand and Norfolk

Acknowledgements

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The following reports outlines results of the Haldimand Norfolk Health and Social Services (HNHSS) Community Needs Assessment (CNA) 2019. This section of the report includes detailed results and conclusions about seasonal agricultural workers in this community.

Introduction

Seasonal agricultural workers are a unique and relatively large (i.e. ~4,100 individuals) population that spend approximately six months of the year in Haldimand and Norfolk regions. This population may choose to access and use some services from HNHSS, however, their use of and interest in the available programs is not well understood locally. To address this population, as part of the CNA, some methods of the CNA were modified to best reach participants in this space. This report outlines the findings of the CNA for seasonal agricultural workers.

Methods

Approach

The approach to the CNA was not modified with the LGM. As with the rest of the CNA, the HNHSS CNA with Low-German speaking Mennonite employed a community-based participatory mixed-methods approach (see Chapter 1 for more information). A community-based approach signifies that the methods chosen for this CNA are reflective of practices that put the community at the centre of the data collection and interpretation processes. A participatory approach is rooted in the participatory action research literature and emphasizes meaningful dialogues and collaboration with the community (Dunkle and Mariner, 2013). A focus on community-centered data and lived-experience were essential to this CNA process.

Community Survey

The purpose of the community survey was to collect data from members of the LGM community and to investigate demographics, perspectives, and health and social behaviours of this community. The surveys were anonymous and open to all LGM residents of Haldimand and Norfolk Counties.

Modifications were made to the LGM survey process (see Chapter 1 for general population processes). Incorporating expert feedback, this version was shorter and used as a conversation guide for interview-style data collection. The surveys were completed with QPAP or Maternal and Child Health Team staff. Eligible participants were interviewed with the guide during Healthy Baby Home Visits or at a vaccination and dental clinic at Houghton Public School. When required, interpreters were volunteers selected from family members of eligible participants. The LGM survey responses were analyzed separately given the modifications made to the methods. The survey for this population group was only available in paper formats only.

Survey responses were entered into Select Survey (Norfolk County) by QPAP staff to create a single database for LGM survey data. Data analyses were conducted in the same way as the survey analyses for the general population (see Chapter 1).

Initially, focus groups were planned for the LGM population. However, given the sensitivity of discussing the questions in the CNA and the cultural nuances involved, local partners and key informants encouraged that only the conversational-style survey interviews be conducted. Further barriers addressed via this method were that verbatim translation is challenging, cultural phrases can have multiple meanings, there is limited vocabulary for many health topics, and detailed descriptions of experiences were difficult to collect (Moffatt et al, 2019; Haile and Funk 2019).

Community Profile

- There are approximately 4,100 seasonal agriculture workers in Haldimand and Norfolk counties. Workers typically arrive in the spring and stay until late fall.
- Seasonal agriculture workers primarily come from Mexico and the Caribbean (e.g. Jamaica, Trinidad and Tobago).
- Inspections for seasonal agriculture workers' housing are managed by HNHSS.
- A medical clinic for seasonal agriculture workers is available through the Grand River Community Health Centre once per week in Simcoe and once per week in Delhi.
- 50% of seasonal agriculture workers speak Spanish as a first language or only language.
- Most farms provide once-weekly transportation from the farm to Simcoe or the nearest town for grocery shopping, banking, and more.
- Most seasonal agriculture workers have very limited free time. Their free time is estimated at approximately 4 hours per week.
- Seasonal agriculture workers report increasing rates of chronic diseases.
- Seasonal agriculture workers report that a positive relationship is essential for good health.
- The three most common reasons for seasonal agriculture workers to be seeking clinical care in 2015 were (n=493 clinical visits recorded):
    - Musculoskeletal concerns (23%)
    - Gastrointestinal illnesses (11%)
    - Skin rashes (10%)

Community Survey Results

- The results in this survey should be interpreted in context of the relatively low number of participants (n=31). In some cases, it was not appropriate to provide n-values if the count of responses was less than 5.

Survey Responses

- A total of 31 individuals completed the survey. These responses were analyzed separately as the methods used to collect data were different than the other surveys.

Demographics

- The majority of LGM survey respondents lived in Norfolk County, outside of the listed towns (53%, n=16), or in Langton/Houghton (40%, n=12), and Delhi (7%). More of the survey respondents who completed the English version came from Simcoe, Caledonia and Dunnville.
- The mean age of LGM survey respondents was 33 years compared to 45 years for the respondents who completed the English version of the survey.
- LGM survey respondents over-represented females (90%, n=27), which was similar to survey respondents who completed the English version (80%, 336).
- 71% (n=22) of LGM survey respondents spoke Low-German most often at home, with 16% speaking both Low-German and English, and the remaining 13% speaking English. 99% of survey respondents who completed the English version spoke English most often at home.
- 77% (n=23) of LGM survey respondents were born in Mexico, while 23% (n=7) were born in Canada. Of those survey respondents born in Mexico, the first time they came to Canada ranged from 2-29 years ago (mean and median = 14 years).

Self-Identification

- No LGM survey respondents identified as a person with a disability, compared to 25% (n=95) of survey respondents who completed the English version.
- No LGM survey respondents reported that they were a migrant worker who lived in Canada for only part of the year. However, many families do migrate between Mexico and Canada, so this group was either not representative of those families or the concept of migration did not reflect the ideas of moving between countries for this population.
- 42% (n=13) of LGM survey respondents were family caregivers (i.e. includes those who work less than 20 hours a week) compared to 4% of the survey respondents who completed the English version.

Social Services
Income and Poverty

- 64% of LGM survey respondents were in the lower two income brackets (i.e. <$30,000 and $30,000-$50,000), compared to 46% (n=171) of respondents who completed the English version. Only 10% of LGM survey respondents were in the upper two income brackets (i.e. $70,000-$100,000 and ≥$100,000) compared to 42% (n=157) of survey respondents who completed the English version.
- 6% of the LGM survey respondents self-reported living in a low-income household compared to 13% (n=50) of survey respondents who completed the English version.
- 35% (n=11) of LGM survey respondents were employed for a wage compared to 48% (n=215) of survey respondents who completed the English version.
- 39% (n=12) of LGM survey respondents reported having difficulty reading compared to 3% (n=12) of survey respondents who completed the English version.
- The average number of financial dependents (i.e. children, seniors, other adults, for any reason) was 4.2, compared to 1.35 for survey respondents who completed the English version.

Employment and Education

- 93% (n=28) of the LGM survey respondents did not complete a high school diploma, compared to 7% (n=28) of English version survey respondents.
- 6% of LGM survey respondents felt that more education would help them get a better job compared to 16% (n=63) of English version survey respondents.
- 3% of the LGM survey respondents reported that they felt their job was dangerous compared to 3% (n=14) of survey respondents who completed the English version.
- None of the LGM survey respondents reported that they felt they were qualified for a better job than they could get. This compares to 11% (n=45) of survey respondents who completed the English version.
- 3% of LGM survey respondents felt there were not enough job opportunities in Haldimand and Norfolk compared to 26% (n=103) of survey respondents who completed the English version.
- 3% of the LGM survey respondents reported having difficulty maintaining employment compared to 7% (n=27) of survey respondents who completed the English version.

Housing and Homelessness

- The number of adults over 18 living in LGM survey respondents' households ranged from 0-5 (mean = 2.3) and the number of children 17 years of age or less ranged from 1-10 (mean = 4.4). For survey respondents who completed the English version, the mean number of adults over 18 living in respondents' households was 2.1 while the mean number of children 17 years of age or less was 1.52.

Social Networks

- 23% (n=7) of LGM survey respondents reported feeling socially isolated where they live compared to 12% (n=47) of survey respondents who completed the English version.

- The majority of LGM survey respondents (54%, n=14) reported they had a very good or excellent personal social support network, similar to the survey respondents who completed the English version (58%, n=171).
- The majority (65, n=17) of LGM survey respondents reported that their family had a very good or excellent social support network, similar to survey respondents who completed the English version (58%, 168).

Safety

- 96% (n=27) of LGM survey respondents reported that they felt Haldimand and Norfolk is a safe place to live compared to 77% of survey respondents who completed the English version.

Childcare Services

- 85% of LGM survey respondents agreed or strongly agreed that they knew how to find the social services that they need in Haldimand and Norfolk. This compares to 72% of the respondents who completed the English version.
- The majority (85%, n=20) of LGM survey respondents did not use any HNHSS social services in the past 12 months, compared to 49% of survey respondents who completed the English version. Of the LGM survey respondent who reported using HNHSS social services, the most commonly reported services were accessing Ontario Works for assistance with finding employment (10%) and speech services (5%).
- When asked about the top three social supports or services they need to keep their family healthy, LGM survey respondents listed: children's services (56%), access to education or more schooling (33%), homeschool supports or training (33%), financial aid for housing (22%), affordable housing services (22%), employment application assistance (22%), employment skills training (11%), and employment search support (11%).

Health and Wellness
General Health and Wellbeing

- 58% (n=15) of LGM survey respondents reported they had a very good or excellent personal physical health. This compares to 43% of survey respondents who completed the English version.
- 58% (n=15) of LGM survey respondents reported their family had very good or excellent physical health. This compared to 44% of survey respondents who completed the English version.

- When asked to list the top three health supports or services that they needed make or keep their family health, the most common answer among LGM respondents was dental services for children and youth (65%, n=17; Table 1).

Health Support or Service	Proportion of LGM respondents ranking service in top three needs	Proportion of English respondents ranking service in top three needs
Family home visiting	90%	0
Parenting support	80%	0
Post-partum support	80%	15%
Dental care for children and youth	65%	17%
Dental care for adults	42%	34%
Vaccination clinics	27%	15%
Prenatal care	23%	7%
Vision services	19%	24%
Breastfeeding support	19%	9%
Cancer Screening	15%	26%
Exercise or physical activity	15%	53%
Nutrition and healthy eating supports	15%	30%
Quit smoking services	10%	9%
Mental health services	10%	50%
Family planning services	8%	7%
Hearing services	8%	10%
Falls prevention for children	8%	2%
Sexual health supports	4%	7%
Falls prevention for adults	0	7%
Infectious disease information	0	4%

Table 1. Top three health supports or services needed to make or keep their family health among LGM survey respondents and English survey respondents.

Mental Health and Addictions

- 23% (n=7) of LGM survey respondents reported experiencing depression and/or anxiety compared to 45% (n=183) of survey respondents who completed the English version.
- None of the LGM survey respondents reported experiencing other, non-depression, mental health difficulties (such as post-traumatic stress) compared to 18% (n=72) of survey respondents who completed the English version of the survey.

Maternal and Child Health

- 10% of LGM survey respondents reported being currently pregnant compared to 2% (n=8) of survey respondents who completed the English version.
- 68% (n=21) of LGM survey respondents reported having children between 6 and 18 years of age, compared to 23% (n=95) of survey respondents who completed the English version.
- 84% (n=26) of LGM survey respondents reported having children under the age of 6 years compared to 25% (n=95) of English survey respondents.

Community Experiences

- 100% of LGM survey respondents reported that Haldimand-Norfolk is a good place to raise a family (agreed/strongly agreed) compared to 88% (n=284) for the English survey respondents.

Service Experiences

- 96% of LGM survey respondents agreed or strongly agreed that they knew how to find the health services that they need in Haldimand and Norfolk County. This compares to 76% (n=244) of the survey respondents who completed the English version.
- 65% (n=17) of LGM survey respondents considered themselves somewhat familiar or very familiar with the program offered by HNHSS. This compares to 69% (n=207) of survey respondents who completed the English version.
- The most commonly reported HNHSS health services or programs used by LGM survey respondents in the past year were the dental clinic (64%, n=16), home visits for new parents (32%, n=8), and vaccination clinics (32%, n=8). The services most commonly used by survey respondents who completed the English survey were printed materials (40%, n=114), spoken to a nurse (18%, n=52), and HNHSS websites (15%, n=43) and social media (15%, n=42).
- 58% of the LGM survey respondents (n=14) reported that they did not experience any barriers to accessing health care or social series. This compares to 33% (n=97) of the respondents who completed the English version. The most commonly reported barriers to accessing services for LGM survey respondents were language barriers (25%, n=6), and inability to find transportation (17%).

Discussion and Conclusions

The findings outlined in this LGM population report of the CNA should be considered in context of some limitations. First, the methods for data collection differed in some ways from the methods employed for the general population (i.e. the population who completed the English survey). Second, not all questions could be directly or easily translated from English to Low-German, potentially influencing how some questions were interpreted by participants and how they were answered. Third, participants for this population were primarily identified via Healthy Babies program home visiting staff or via the oral health and vaccination clinic held in the community. As a result, the respondents may over-represent individuals who use and are aware of HNHSS services.

The data collected via this survey process with LGM participants typically agrees with the data and themes identified by other researchers, such as in the Southwestern Public Health Community of Practice Reports (Moffatt et al, 2019; Haile and Funk 2019). Our data also suggested that LGM individuals and families spoke less English, had lower educational attainment, had larger families, and had lower incomes than other individuals and families in Haldimand and Norfolk counties.

The responses to the LGM survey often differed from the responses to the English survey. In particular, the priorities for services and supports that help a family to be healthy were different in the two groups (Table 1). Priorities among the LGM often included a greater emphasis on services targeted at children and families.

No qualitative data was available for the LGM population. Further investigation into the rankings, decisions, and perspectives of the LGM with regards to health and social services would be ideal. Learning from these findings and incorporating new research on the most appropriate ways to design and implement focus group discussions and interviews with LGM (Moffatt et al, 2019; Haile and Funk 2019) would be an appropriate next step.

In conclusion, the LGM population represents a significant population base with differing and unique needs than the general population. Consideration for how to best reach this population and meet their needs should continue to be an ongoing consideration for program development and evaluation at HNHSS.

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