

Community Needs  
**ASSESSMENT**  
Summary Report

2019

**DETAILED REPORT  
OF FINDINGS:**  
Seasonal Agricultural  
Workers





# 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

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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

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The approach to the CNA was not modified for seasonal agriculture workers. As with the rest of the CNA, the HNHSS CNA with seasonal agriculture workers employed a community-based participatory mixed-methods approach (see Chapter 1 for more information).

The methods of the community profile were used for the CNA targeting seasonal agriculture workers as well. However, it is important to note that limited data is actually available specific to the seasonal agriculture worker population.

The survey methods were not changed for the seasonal agriculture worker population. The survey was available in English (i.e. as for the general population), and was translated, in full, to Spanish, for workers who may speak limited English. The survey was translated by an HNHSS staff member.

Initially, focus groups were planned for the seasonal agriculture workers. However, given the sensitivity of discussing the questions in the CNA and the cultural nuances involved, local partners and key informants encouraged that only individual interviews be conducted. Interviews were conducted with seasonal agricultural workers from both Mexico and the Caribbean. In all interviews, a community partner with established relationships with the seasonal agriculture workers was present. In interviews with Spanish-speaking seasonal agriculture workers, an HNHSS translator was also present. Interviews with seasonal agriculture workers were not recorded; the interviewer kept detailed notes of the discussions.

Data analysis for the quantitative and qualitative components of the CNA was conducted in the same way for the seasonal agriculture workers dataset as for the general population dataset.

## 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

- 1 survey respondent identified as a seasonal agricultural worker. Therefore, survey responses cannot be released for this population, due to confidentiality concerns.



# Focus Groups and Interviews

Four major themes emerged from the qualitative data collected via focus group discussions and interviews with and about seasonal agricultural workers: (i) Stigma; (ii) Physical Health; (iii) Quality of Housing, and (iv) Barriers to Care.

## Stigma

Stigma was the most pronounced theme in the CNA data with regards to seasonal agricultural workers. Stigma typically referred to the experiences that seasonal agricultural workers had in communities, but often was discussed more by key informants than the workers themselves. This may, in part, be due to the awareness of the issue among key informants, or perhaps more likely, a lack of opportunity or safety for the seasonal agricultural workers to feel they can discuss feeling stigmatized in town. One participant (KI15) clearly described how the community may be stigmatizing the seasonal agricultural workers while they are in town, saying,

*“But I wonder how the counties can be more inclusive generally, because I know that the people that live in those communities around the Port Dover area or the Simcoe area, avoid going into the shopping malls. Or are they avoiding going into the town when the workers are there. How can we remove the stigma? . . . And the last thing I would want to say is - how can we remove the stigma of the population?”*

## Physical health

Much of the conversations with and about seasonal agricultural workers were about their physical health and the ways that working on the farms impact their health. Some seasonal agricultural workers (KI53) discussed a positive experience with health and interactions with the farmer, such as “Farmer is usually good – brings water and potassium in heat, pays attention to needs but many farmers are not like that; more farmers need to do this (i.e. pay attention to needs of workers).” However, more often, seasonal agricultural workers and medical professionals who treated them referred to the physical health of seasonal agricultural workers as being relatively low or deteriorating over the duration of their time here. One participant (KI15) explained that the physical health needs were a major concern, and were primarily occupational health needs:

*“Most of the needs are really occupational health needs. The needs are based on their occupation, on what they do. More common I would say is the musculoskeletal issues. This one could be back problems, shoulder, knees, hands, like wrists problems. Repetitive strain injuries. That’s all that you will see. And then the next one is probably skin disease and this is because they keep in contact with pesticides and that is something that sometimes they are openly aware and sometimes they are not. And the fact is, not that they spray but the time that the farmers give between the spraying and the workers coming to the field. And most of the time, the time that workers come is quite known, but instead of waiting for 6 hours, [the farmers] wait half an hour. Then they are exposed to pesticides, which are why skin problems are an issue. And also, pesticides offers kidney threat. Long time exposure to pesticides lead to these long term conditions that we never see because if they get sick, they just don’t come to Canada and we just don’t see them again.”*

## Quality of Housing

Seasonal agricultural workers often discussed quality of the housing that was available to stay in while working in Canada, as well. Participants had mixed feelings about the housing and provision of necessities like showers and toilets in the housing. For example, some participants (KI52) had positive experiences, saying, “Living conditions described as okay, but not ideal.” And other positive experiences were also shared, such as (KI52) “Has heating and cooling available in housing,” or (KI53) “Farmer built house and workers are now much happier and healthier.” However, other seasonal agricultural workers had much more negative experiences with the quality of housing available on the farms. For example, one participant (KI56) said, “[There are] 15 people share 3 showers, hot water runs out.” Another participant (KI50) said, “The house [would be] better with [improved] kitchen and bath facilities – crowded and limited space.” The same participant (KI50) added, “Living conditions are very poor—just an old garage, really... there are 2 toilets for 14 people—that is not enough!”

## Barriers to HNHSS Care

Several barriers for seasonal agricultural workers to access care at HNHSS, and specifically the health unit, were identified. These barriers included language, distance to travel to HNHSS, hours, and a lack of awareness of available services. With regards to language, participants explained that they either did not speak English (i.e. Spanish as a first or only language) or they did not always speak enough English to read or understand the available materials. Distance typically referred to the cost of transportation from the farm to the health unit, such as what one participant (KI58) shared, “Expensive to get from the farm to Simcoe if farmer not shuttling in.” Hours were often described as a barrier to seeking care from HNHSS. For example, one participant (KI50), “Hours are not good to get help—working past close (very late).” Another participant (KI51) shared similar sentiments, “Don’t get to go out—difficult hours.” And further, another participant (KI52), reiterated, “You have to find the services for yourself because of bad hours.” Finally, there was a general lack of awareness of what services were available from HNHSS that the seasonal agricultural workers might want or need to access. One participant (KI53) said, “Most important is to get information about what HU does and how to access. Then, include contact info so that know the number to call for help.” Another participant (KI54) said, “[Am I] aware of health unit? No.”

# Conclusions

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In conclusion, there are many unique needs that this increasing and important population may need during their extended periods in Canada. In particular, the population needs access to physical healthcare to address common needs such as occupational and skin conditions, and to be provided with information and contacts that are socially and culturally relevant about how the health unit can support them. The community, as a whole, must work to address the underlying issues of stigmatization of the seasonal agricultural workers population so that they are not made to feel like outcasts in the communities.

# References

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