

HEALTH, SAFETY, AND ACCESS TO HEALTH CARE OF FOREIGN SEASONAL  
FARM WORKERS IN NOVA SCOTIA

by

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## **Abstract**

As the population of foreign seasonal agricultural workers (FSFWs) grows in Nova Scotia, so too does Nova Scotia's responsibility to take care of this population. The first objective of this study was to determine the extent and content of the health and safety information available to FSFWs in Nova Scotia. The second objective was to examine FSFWs' access to health care. These objectives were achieved through a document analysis and semi-structured interviews with farmers, FSFWs, and local seasonal farm workers. The document analysis suggested that high reading levels of and inconsistencies between documents make online documents pertaining to the health and safety of FSFWs difficult to access. Analysis of interviews suggested the following issues impact FSFWs' access to and experiences with health care: limited interaction with the health care system, incomplete knowledge of health insurance and workers' compensation insurance, the disconnect in farmers' perceptions of FSFWs, and FSFWs' vulnerability.

## **List of Abbreviations Used**

ASL	Average Sentence Length
ASW	Average Syllables per Word
BC	British Columbia
CPP	Canadian Pension Plan
EI	Employment Insurance
FARMS	Foreign Agricultural Resource Management Service
FSFW	Foreign seasonal farm worker
MSI	Medical Services Insurance
MSP	Medical Services Plan
OHIP	Ontario Health Insurance Plan
PEI	Prince Edward Island
PPE	Personal Protective Equipment
PTAT	Programa de Trabajadores Agrícolas Temporales (Translation: Seasonal Agricultural Workers Program)
SAWP	Seasonal Agricultural Workers Program
TFW	Temporary Foreign Worker
TFWP	Temporary Foreign Worker Program
USA	United States of America
WCB	Workers' Compensation Board
WSIB	Workplace Safety and Insurance Board

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# CHAPTER 1: INTRODUCTION

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In this chapter, I give a brief background of the program under which foreign seasonal farm workers come to Canada and some of their known health issues and challenges. I then identify my research questions and objectives, and briefly describe the population upon which I focused my research. Finally, I outline what will be presented in the following five chapters.

## **1.1. Background**

Long hours, hard labour, seasonal availability, low pay, pesticide use, and equipment related injuries tend to make agricultural work an unattractive vocation for many Canadians. Consequently, seasonal farm jobs are largely filled by foreign seasonal farm workers (FSFWs) under the Employment and Social Development Canada Temporary Foreign Worker (TFW) program. (1) Under this program, workers come to Canada from Mexico and Caribbean countries primarily through the Seasonal Agricultural Worker Program (SAWP). In 2013, 34,045 Canadian seasonal agricultural positions were filled by SAWP workers from Mexico and Caribbean countries. (2) 1,310 of those positions were in Nova Scotia. (2) Pysklywec et al. (3) noted that the FSFW population in Canada struggles with musculoskeletal injuries and pain, ocular and dermatological problems, as well as psychological and sexual health issues. Although all migrant farm workers who come to Canada through SAWP are expected to be registered for provincial or private health insurance plans, (1) their knowledge about coverage and accessibility to these services are often limited. (4–6) These limitations are exacerbated by social isolation due to the location of their employment being rural areas and language barriers which are accentuated in such locations. Lack of research-based evidence on this population's individual-level health and my own personal experience witnessing health hazards among migrant farm workers in Vermont, USA, has convinced me of the need for research on the health experiences, practices, and outcomes that focuses specifically on this population. This includes research on their occupational health and safety as well as their access to health care services and health insurance programs in Canada.

To date no scientific information on the health and wellness of migrant farm workers in Nova Scotia and the factors contributing to their health and access to services have been published in the research literature. As a result there is a lack of evidence-informed education, program, and policy initiatives to protect, maintain, and improve their health and wellness standards. My research will contribute to filling this gap. The findings will provide evidence to inform policies and program development to improve FSFWs' health.

## **1.2. Goals and Objectives**

The goal of this research was to investigate foreign seasonal farm workers' access to information and resources regarding their health and occupational safety and their access to health care in the form of health services, health insurance, and workers' compensation insurance.

My research questions were:

- What online health and safety information and resources are available to FSFWs?
- What is the nature and extent of FSFWs access to health care?
- What are the self-perceived factors contributing to foreign seasonal farm workers' access to health care?

To answer the above questions, I set two objectives.

1. The first objective was to determine the extent and content of the health and safety information available to FSFWs in Nova Scotia and identify themes and gaps in the available information.
2. The second objective was to examine FSFWs' access to health care (health services, health insurance, and workers' compensation insurance) from the experiences and encounters of FSFWs, local seasonal farm workers, and farmers.

To meet objective one, I conducted a document analysis that included 26 informative government documents, regulations, contracts, and brochures. This document analysis informed recommendations to improve the accessibility of FSFW health and safety information. To meet objective two, I qualitatively explored participants' experiences

with and knowledge of accessing health care and the factors that contributed to workers' capacity to access health care. The data provide insight into potential strategies to improve FSFWs' access to health care in Nova Scotia.

There are four streams through which Canadian employers can hire temporary foreign agricultural workers: SAWP, Agricultural Stream, Stream for Low-wage Positions, and Stream for High-wage Positions. (1) However, because the majority of FSFWs come to Nova Scotia through SAWP, I have focused my research specifically on this population and only interviewed FSFWs that have come to Nova Scotia through SAWP. Workers that come to Canada through SAWP come only from Mexico and Caribbean Commonwealth countries. (1)

### **1.3. Researcher Positionality**

In qualitative research, the researcher is the primary tool for data collection, interpretation, and analysis. As such, it is important to recognize the characteristics of the researcher and the influence those characteristics may have on the research objective, methodology, and findings. Therefore, the following is a self-reflection on my own characteristics and how I believe they may have affected my research.

Before initiating my graduate studies, I worked in Vermont, USA teaching English to Mexican migrant farm workers. The nature of my employment was that I visited Mexican workers in the housing provided by their employers on dairy farms. In the course of this work, I witnessed issues around housing, sanitation, communication, labour regulations, payment of wages, and access to health care. It was this experience that inspired me to focus my master's thesis research on the health, safety, and access to health care of FSFWs in Nova Scotia. While I recognized that the Nova Scotia FSFW population would likely be different than the Mexican migrant farm workers in Vermont, my experience teaching in Vermont most certainly influenced the focus of my interview guide and my expectations of what would occur in the interviews.

I completed my undergraduate degree in Anthropology and Peace and Conflict Studies. Coming from a strong qualitative and social science background, I entered into this

research with a social constructivist point of view, whereby I recognize that knowledge and truth are constructed within context and exist within the interpretations and perceptions of individuals. (7) This point of view affected how I analyzed the qualitative interview data collected to address my second objective. My anthropology undergraduate background also steered my methods toward primary data collection and the use of qualitative interviews. In addition, the courses I took as part of the requirements for my master's degree in Community Health and Epidemiology also influenced my data analysis in that it guided me toward looking at issues as systemic rather than solely at the individual level.

Beyond my experiences, my personal characteristics of being a young, white, university-educated female are worth mentioning as these characteristics would certainly have influenced my recruitment, my approach to recruitment, the logistics of interviews, and how I was perceived by interview participants during recruitment and interviews. It is unclear whether my status as a young white female increased male farm workers interest in speaking to me thus improving my success at recruitment, or decreased their interest in the study and their perception of its legitimacy in comparison to if I had been an older male with a more similar cultural and ethnic background. In addition, the logistics of setting up interview locations and times was made difficult by my status as a young woman. In the interest of protecting farm workers' confidentiality, the Research Ethics Board prevented me from interviewing participants in visible public locations. However, my own concern for my safety (again as a lone young woman) prevented me from interviewing farm worker participants in their homes or in locations that were too private. These considerations made arranging interviews challenging and even prevented me from interviewing additional farm workers.

During my recruitment and interviews with Mexican FSFWs, I spoke advanced but imperfect Spanish. My ability to speak Spanish made recruitment and interviews with Mexican FSFWs possible. However, because my Spanish was imperfect I missed certain subtleties of tone and culture present during interviews. However, I sought to make up for this lack by having a translator fluent in Spanish and English transcribe and translate

the interviews. In addition, I had in-depth conversations with the translator regarding tone and Mexican cultural characteristics that emerged in the interviews.

While my prior experiences and preconceived ideas influenced my research objectives and interview guide, I attempt to minimize the influence of these during analyses through the techniques discussed in Chapter 4. Due to these techniques, constant reflection, and constant input from committee members, I feel the findings presented are truly grounded in the data and reflect the experiences and views of the participants interviewed in this study.

#### **1.4. Organization of Thesis**

In the following chapters I present my research and findings. In Chapter 2, I present a literature review and the conceptual model that I developed and then used to guide data collection and analysis. In Chapter 3, I explain the methods used in my document analysis addressing objective one, display the analytical framework and document analysis protocol I developed, and present and discuss the three themes that emerged from the analysis. In Chapter 4, I outline the methods used in data collection and analysis for the qualitative interviews addressing objective two and explain and discuss the resulting themes that emerged from the analysis. In Chapter 5, I bring together and discuss the key findings that emerged from the triangulation of the document analysis and interview data. In Chapter 6, I present conclusions and recommendations, discuss the strengths and limitations of the study, and provide potential directions for future research.



## CHAPTER 2: LITERATURE REVIEW AND CONCEPTUAL MODEL

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In this chapter, I present the findings from the literature review and explain my study rationale. I then explain how I incorporated those findings into an adapted conceptual model.

### **2.1. Literature Review**

A review of the literature has shown a variety of different health outcomes, behaviours, practices, and occupational health and safety issues, as well as numerous barriers to maintaining good health among FSFWs. The majority of the studies done on the FSFW population have been done in the United States (USA). There is a limited amount of Canadian data on this population. While the FSFW population in the USA is undoubtedly different from the FSFW population in Canada and Nova Scotia, it is plausible that both populations are faced with similar circumstances and hence similar health outcomes.

#### **2.1.1. Health Outcomes**

One of the most common health outcomes noted in the literature regarding migrant farm workers is mental health issues. Hovey and Magaña (8) note in their study of Mexican migrant farm workers in the Midwestern United States, that rates of depression (based on the Center for Epidemiologic Studies Depression Scale) were much higher (39%) among their sample than among the general population (18%). Researchers suggest that the experiences of being a migrant farm worker, including aspects of marginalization and social isolation, influence psychological status. (8) Appelgren and Spratt's (9) findings among a sample of families of migrant farm workers in South Carolina indicated increased prevalence of high stress levels and depressive symptoms, noting specifically feelings of loneliness, sadness, and hopelessness. Duke (10) also noted high levels of self-reported boredom and loneliness amongst migrant farm workers in the Connecticut River Valley due to being separated from friends and families. Studies in Ontario have

also found symptoms related to depression and anxiety among the FSFW population. (5,11)

Another commonly reported health issue among migrant farm workers in the United States is musculoskeletal pain and disorders. Farmers and farm workers in general report high rates of shoulder, low back, and upper extremity disorders due to the nature of their work. (12) Davis and Katowski's (12) review showed that these musculoskeletal disorders may disproportionately affect migrant workers and farm youth due to the types of tasks typically assigned to these two groups. Of the 83 migrant farm workers interviewed at pro bono medical clinics in South Georgia, 81.9% of participants reported pain, 57.4% reported low back pain, and 52.9% reported mid back pain. (13) Luque et al.'s (14) assessment of work-related injuries and illnesses among a migrant farm worker population in Georgia identified musculoskeletal problems as the third most reported health problem after hypertension and eye problems, while Baker and Chappelle's (15) study in northern Vermont found back/neck pain to be the most common health issue reported. In a cross-sectional study conducted in California of 970 hired farm laborers, 41% of males and 40% of females reported persistent pain in their feet, hands, shoulders, knees, neck, and back. (16) In a study comparing two migrant farm worker communities, prevalence of back pain was found to be 24% in Kankakee, Illinois and 39% in Homestead, Florida (17). McLaughlin's (18) study on the health of Mexican and Jamaican seasonal workers in Ontario noted that both acute injuries such as falls and accidents, as well as chronic problems resulting from repetitive strain injuries resulted in many musculoskeletal pain and disorders.

In addition, other issues and conditions that have been identified among the migrant farm worker population include HIV, (19,20) dental health, (15) obesity, (21–23) anemia and stunting in children, (22) eye injury and symptoms, (14,16,17,24) skin problems, (14,17,25,26) hypertension, (14,23) diabetes, gastrointestinal disorders, (14) stomachaches, (16) cancer, (27) Chagas disease, (28) heat illness, (5,29) tuberculosis, (30,31) hearing loss, (32) high serum cholesterol, (23) food and waterborne diseases, respiratory illness, (5) sleeplessness, symptoms related to pesticide exposure (5,18), and injuries (5,11,16,24,33–35)

### 2.1.2. **Health Behaviours and Practices**

There are a variety of health behaviours and practices that may contribute to the unfavourable health outcomes found among this population. Unhealthy diet is a risk behaviour that often results from food insecurity. Food insecurity has been reported amongst the migrant farm worker populations, which may spring from migrant farm workers' state of poverty and dependency on their employers (21) or from lack of sufficient kitchen appliances and access to fresh produce. (36) McLaughlin (18) provides additional reasons for the degeneration of dietary habits upon moving to North America, including lack of time, lack of cooking skills (especially among men), lack of access to familiar and nutritious foods from home, and inadequate cooking and storage areas.

Alcohol consumption may also be a contributing factor for unhealthy outcomes. Steinhorst, Dolezal, Jenkins, Snyder, and Rotondo (37) noted in their study of trauma amongst migrant farm workers in North Carolina, that 66% of injuries were due to circumstances involving alcohol consumption. Dependency on alcohol or drugs may spring from constant feelings of isolation, exclusion, stress, and loneliness. (11) Self-medication is also a common health practice amongst the migrant farm worker population. (38,39) Horton and Stewart (38) point out that this may be due to cultural preference, lack of access to health care, and/or occupational vulnerability.

Among this population it has been found that workers often do not use personal protective equipment (PPE). (17,32,40,41) This may be due to a lack of provision of safety gear by employers, discomfort, perceived lack of protection, interference with vision, undesirable appearance, slowing down of the work pace, a lack of mandate from the employer, high cost of equipment, or a lack of knowledge regarding occupational risks (either by worker or employer). (17,18,40,41) Sanitary practices are often not observed due to lack of field sanitation (access to toilets, soap, water, etc.). (6,10,17) This can be especially harmful when occupational exposure to pesticides occurs and there are no facilities to wash the chemicals off. (17) This can further be exacerbated by insufficient sanitation in workers' homes, where a lack of laundry and washing facilities may result in the spread of chemicals into living areas. (18)

### 2.1.3. **Occupational Health and Safety**

Agricultural work is a dangerous occupation. It is one of the top ten most dangerous occupations in Canada. (42) Agriculture workers can be exposed to pesticides, extreme weather conditions, hard labour, repetitive activities, and injuries.

Pesticide exposure is one of the most common causes of chronic and acute illnesses among agricultural workers (43) and has been found to be a common problem among migrant farm workers. (32) Migrant workers are exposed to pesticides by working in fields while chemicals are applied, returning to fields while fields are still wet with chemicals, drift of chemical sprays within fields or from nearby fields, and mixing, loading, and applying chemicals. (17,18) Studies have demonstrated symptoms such as itchy eyes, blurred vision, skin irritations, headaches, and nausea associated with pesticide exposure among migrant farm workers. (5,16) A study in Florida noted that while federal and state laws exist to protect workers from chemical exposures, the inadequate implementation and weak policy design are insufficient to protect workers from these hazards. (44) Exposure to pesticides is magnified in the migrant farm worker population by a lack of knowledge of the risks, varying beliefs regarding the dangers of pesticide exposure (in both workers and farm owners), lack of language or literacy skills to read directions of chemical use or participate in training, insufficient safety training, inadequate use of PPE (for the reasons addressed in Section 2.1.2 Health Behaviours and Practices section), and fear of job loss if complaints are brought to the attention of the employer. (5,6,18,41,45)

Agricultural workers are also exposed to extreme weather conditions, the most serious of which is working long hours in intense heat. In a study of 281 Latino migrant workers in North Carolina, 94% of respondents reported working in extreme heat and 40% reported symptoms of heat illness. (29) The rate of heat-related deaths of foreign-born crop workers in the USA is 20 times higher than that of the American population. (18) Working in high temperatures can be exacerbated by insufficient water consumption and breaks. In addition, workers' fears that complaining or asking for water breaks will displease the employer and thus result in not being invited back to work the following year prevent workers from attempting to improve their own situation. (18)

Agricultural injuries are very common and are recognized as a significant health issue in rural populations. (46) The most common injury found among migrant workers is joint and muscle strains. (47,48) Workers may end up with fractures or sprains from heavy lifting, carrying, prolonged stooping, or falls from equipment and ladders. (49) In a statewide cross-sectional survey in California, Villarejo and McCurdy (16) found that 2% of female workers and 6% of male workers reported a farm workplace injury within the previous twelve months, while 40% of female workers and 41% of male workers reported persistent pain in the hands, feet, shoulders, knees, neck, back, or multiple body parts. Foreign workers may be more vulnerable to injuries because they may choose not to report them and instead continue working while injured which can worsen the problem. Workers may not report injuries because they fear displeasing their employer and either not being invited back the following year or being sent home because they are unable to work. (5,6,18) Whether these fears are justified or not depends on individual employers. However, between 2001 and 2011, 170,315 migrant workers came to Ontario, 787 of which were repatriated. 25.5% of those workers were repatriated due to external injuries and poisoning, while 41.3% were repatriated for surgical or medical reasons. (50)

#### 2.1.4. **Barriers to the Maintenance of Good Health**

Migrant farm workers face many barriers to good health practices and behaviours and the resulting good health outcomes. As many workers come from Latin America, language barriers can cause isolation, inhibit access to health care, prevent reading of safety labels and directions, and worsen the impact of hearing loss. (6,15,18,32,41,51,52) Studies have also identified cultural differences and acculturative stress as barriers to positive health outcomes. (8,43,51) Another barrier to good health is a lack of knowledge, education and resources regarding good health behaviours and access to health care. (51) Further, gaps in knowledge and safety training regarding pesticide use and protective gear result in a lack of safe occupational practices. (6,18,40,41,44,45) Low levels of knowledge regarding the transference of STIs has also been identified amongst the migrant farm worker population. (20,53)

Another major barrier to good health for migrant farm workers is living in substandard housing. Living in homes without air conditioning, with low humidity, and/or in

temperatures in the range of thermal discomfort have been associated with skin conditions such as pruritus, rash, and scaling. (25) Housing without appropriate sanitation and laundry facilities hinders workers abilities to clean pesticides off of their bodies and clothing, thus increasing the amount of time exposed to harmful chemicals. (18) Heat stress from working long hours in hot fields is aggravated by returning to houses that are also overheated. (18) Overcrowding in houses (often several people per bedroom) can result in disrupted sleep, high stress levels, and increased spread of infectious diseases. (18) Nutrition is sometimes negatively affected by access to cooking equipment and food storage space. (18,36) Housing is usually provided by the employer, thus workers do not have the freedom to choose their own dwellings. (18) Substandard housing has been identified as a common problem amongst migrant farm workers in both the USA and Canada. (5,6,10,18,25,54,55)

Another barrier to health for FSFWs in Canada is their dependency on the employer and lack of control over their living and working circumstances. Many workers fear (whether justified or not) that complaints or suggestions for change regarding safety procedures, working and housing conditions, transportation, and/or their own personal health may result in displeasing the employer and therefore either the loss of their employment or the loss of an invitation to return to work the following year. (5,6,18,56) Foreign workers lack the freedom to leave unsavory living and working conditions in favor of searching for an alternative because their legal status in Canada is tied to their employment. (18) As a result, there is likely underreporting of health problems and dangerous conditions among this population.

#### 2.1.5. **Access to Health Care**

Researchers have identified many factors that prevent or complicate FSFWs access to health services in both the USA and Canada. Language barriers, cultural differences and communication issues prevent FSFWs from communicating effectively with healthcare professionals and can discourage workers from even requesting appointments.

(3,5,6,18,57) Long work hours and rural and remote living can make it difficult for FSFWs to find the time and the transportation to travel to clinics and hospitals.

(3,5,6,13,18,38,57) High rates of illiteracy amongst FSFWs and a lack of knowledge and

information around available healthcare resources and how to access them can also serve as barriers. (3,5,6,13,18) Fear of losing employment or risking repatriation due to requests for time off from their employers to consult a physician is a strong deterrent for FSFWs to access available healthcare resources. (5,6,11,13,38,57) Many FSFWs prioritize working and earning money over seeking medical attention for illnesses or injuries. (13,38) In addition, many FSFWs are dependent upon their employers to access both health services and their health insurance. Requests to employers may be met with delays or even ignored. (3,5,6) Finally, healthcare centres are not always equipped with the knowledge and resources to meet the specific needs of FSFWs and healthcare professionals' attitudes and even racism may act as deterrents to migrant farm workers seeking care. (5,6,57)

These same barriers can prevent FSFWs from accessing workers' compensation insurance, despite their eligibility to collect it. Language barriers, low literacy, and lack of understanding regarding how workers' compensation systems function and one's own eligibility for it prevent many FSFWs from reporting injuries and illnesses and filing workers' compensation claims. (5,6,11,23,57) In addition, FSFWs' fear of requesting days off from their employers, and inclination to work and earn money as often as possible, make it difficult to take the time to make a workers' compensation claim. (5,6,11,57) Some FSFWs have been injured or become ill while performing work tasks outside the realm of their job description or while working for someone other than their employer, and therefore found they were not eligible for workers' compensation. (57) The need for a workers' compensation claim may be missed by health care professionals due to their lack of knowledge regarding FSFWs' eligibility and the necessary procedures to be followed. (6,11,57) FSFWs' tendency to move often and return (or be deported to) their home countries make filing claims and long-term communication with appropriate doctors and workers' compensation offices difficult. (11,57) And finally, because employers' workers' compensation fees increase with greater amounts of claims, FSFWs may be discouraged by their employers to file claims. (11,57)

Another significant barrier to accessing health services is the health insurance (or lack thereof) of migrant farm workers. Many FSFWs in the USA do not have health

insurance. (23) In Canada SAWP workers are required to have some form or another of health insurance. However, the form of health insurance varies from province to province. In some provinces, SAWP workers have private health insurance. However, some private health insurances are not universally recognized by all healthcare facilities or may not completely cover the cost of treatments. (6,57,58) In addition, some health insurance companies require workers to pay upfront fees before receiving care that they can then be reimbursed for later. (6) These large upfront fees can serve as a deterrent to workers seeking care. (6) In Ontario, FSFWs are eligible for provincial health insurance: Ontario Health Insurance Plan (OHIP). However, it has been documented that some workers are never brought to the appropriate government office to collect their OHIP card and other workers have had their OHIP cards withheld from them by their employers. (5) Finally, as with workers' compensation claims and access to health services, lack of information and understanding about what they are entitled to and the process of using their health insurance can be a significant barrier to FSFWs using health insurance to access health care. (6)

#### 2.1.6. **Study Rationale**

Many researchers have investigated the health outcomes, behaviours, occupational health and safety practices, access to health care, and barriers to maintaining good health for FSFWs in the USA, and some studies have been done in Canada. However, the FSFW population in Nova Scotia differs from these USA and other Canadian FSFW populations in a few key ways. First, the legal status of FSFWs in Nova Scotia is tied to their occupational status. In the USA, migrant farm workers' legal status ranges from undocumented to documented temporary worker to citizen. Therefore, while some FSFWs' immigrant status may be tied to their employers, others' may not. Their access to health insurance and health services also varies, which is at least partially based on their legal status in the country. Within Canada, FSFWs' access to provincial health insurance varies by province, and use of health insurance (provincial or private) and access to health services may vary greatly from farm to farm.

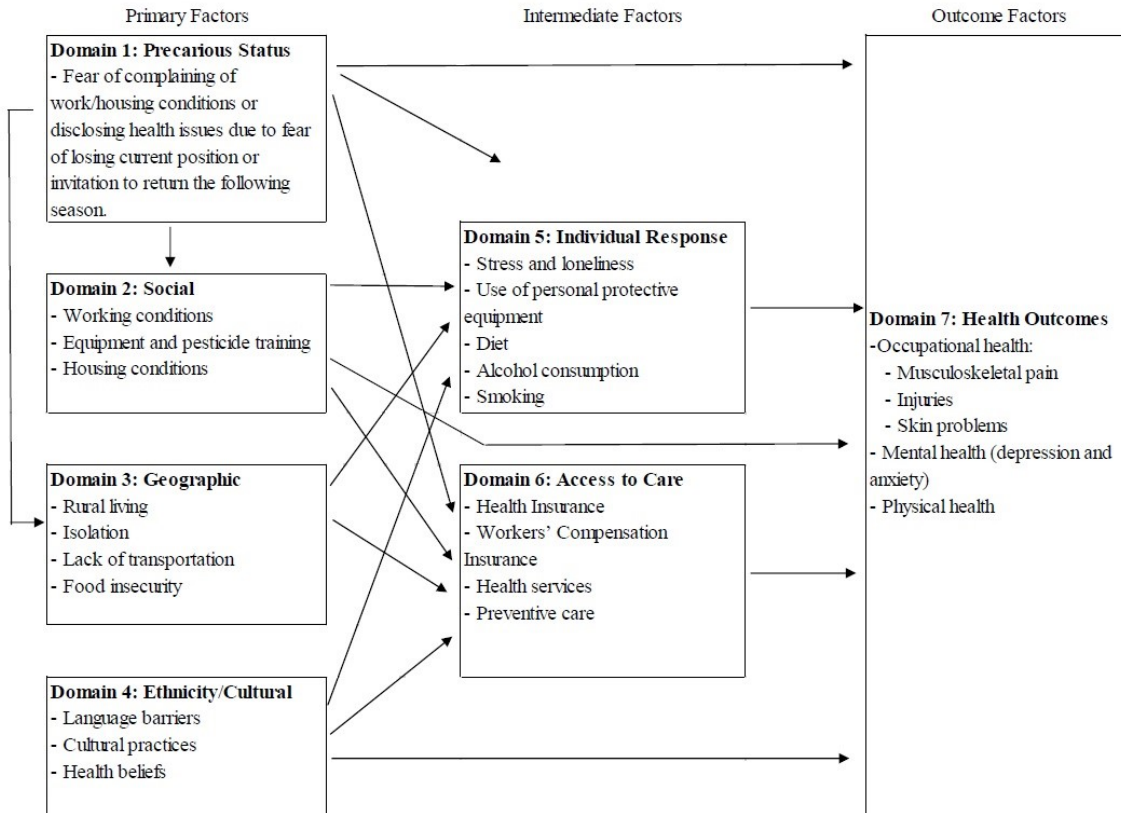
Further, in many locations, both in the USA and Canada, there are organizations that focus specifically on the needs and health of FSFW populations. For example:



Occupational Health Clinics for Ontario Workers, (59) Justicia for Migrant Workers in Ontario and British Columbia, (60,61) National Center for Farmworker Health in Texas, (62) and Bridges to Health in Vermont. (63) To the author's knowledge, there are no such organizations active in Nova Scotia. It is therefore paramount that research be done on the health outcomes, behaviours, practices, access to health care, and occupational health and safety of Nova Scotian FSFWs so that necessary education, programs and policies can be put into place to support their health and well-being.

## **2.2. Conceptual Model**

Data collection and analyses were informed by the conceptual model shown in Figure 1, which was adapted from the model presented by Brock et al. (13) in their study on musculoskeletal health in South Georgia farm workers, which they adapted from the ecological model of Hispanic farm worker health developed by Ward. (64) Factors determined from the literature and expected to surface in the data analysis were categorized into primary factors, intermediate factors, and outcome factors, and further divided into seven domains. Primary factors include precarious status (domain 1), the social domain (domain 2), the geographic domain (domain 3), and ethnicity/cultural domain (domain 4). Intermediate factors include individual responses (domain 5) and access to care (domain 6). Finally, outcome factors include health outcomes (domain 7) such as occupational health, mental health, and physical health.



**Figure 1. Conceptual model adapted and modified from Brock et al. (13,64)**

Precarious status refers to how foreign workers' legal status in Canada is tied to their employment status, thereby making them dependent on employers. (56) In risking the goodwill of their employers, workers risk not only their jobs, but also their future job prospects in Canada, their current living situation, and their legal status in Canada. Workers do not have the autonomy to leave, and may fear requesting changes to their work or housing situations, requesting time off when sick or injured, or requiring a trip to access healthcare services. This precariousness affects their work and housing conditions (domain 2), their access to transportation and food (domain 3), their stress levels and diet (domain 5), their access to health services and preventive care (domain 6), and thereby their health outcomes (domain 7).

The social domain (domain 2) includes working conditions such as equipment and pesticide training, access to sanitation facilities in the fields, use of PPE, pesticide exposure, long hours, repetitive motions, hard labour, and extreme weather conditions. This domain also includes housing conditions such as sanitation facilities in workers'

homes, overcrowding, extreme heat, and sufficient cooking areas and food storage. The social domain (domain 2) can have direct effects on health outcomes (domain 7). For example: long hours without breaks can lead to musculoskeletal strain, lack of training in equipment use can result in injuries or skin problems due to pesticide exposure, and overcrowded living conditions can affect mental health. The social domain can also affect intermediate factors which mediate the effect on health outcomes. For example, one's living and work conditions may lead to stress and food insecurity (domain 5), and long work hours may make it difficult to access health care and services (domain 6).

The geographic domain (domain 3) includes rural living and lack of transportation, food insecurity, and isolation. These situations can lead to stress, loneliness, unhealthy diet, and excessive use of alcohol (domain 5) which may lead to unfavourable mental and physical health outcomes (domain 7). Rural living and lack of transportation can also make accessing health care difficult (domain 6) which can in turn affect individual health outcomes (domain 7).

The ethnic/cultural domain (domain 4) such as language barriers can make communication difficult and thus make access to healthy foods (domain 5) and doctor appointments (domain 6) a challenge. This in turn may result in problems with physical health (domain 7). Further, isolation created by language barriers can impact individual responses (domain 5), such as feelings of loneliness and stress, which may lead to mental health issues (domain 7). Cultural beliefs regarding pesticides can result in less use of PPE (domain 5) and greater exposure to pesticides resulting in problematic skin conditions and other physical health problems (domain 7). All these factors and domains are very much interrelated and therefore should be considered not only on their own, but also as part of a dynamic whole.

While health outcomes, behaviours, practices, and occupational health and safety all deserve further research among the FSFW population in Nova Scotia, I have focused the analysis of the interview portion of my thesis on access to health care, specifically accessing health services, health insurance, and workers' compensation insurance. Therefore, the analysis in Chapter 4: discusses access to health care (domain 6, Figure 1) and those factors that contributed to workers' abilities or inability to access health care

(domains 1, 2, 3, and 4, Figure 1). I have chosen to do so both for the feasibility of this master's thesis as well as because of the importance of health care access to the maintenance of good health. By virtue of the contracts they sign, FSFWs are entitled to health care services, health insurance, and workers' compensation insurance in Canada. (65,66) Therefore, it is important to determine whether these stipulations in the contracts are indeed being upheld in reality.

## CHAPTER 3: DOCUMENT ANALYSIS OF ONLINE RESOURCES AVAILABLE TO FOREIGN SEASONAL FARM WORKERS IN NOVA SCOTIA

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In this chapter, I explain the methods and analysis carried out in my document analysis of online resources. I then present and discuss the three themes that emerged from my analysis and the information gaps present in these documents.

### **3.1. Goals and Objectives**

The literature review identified a lack of knowledge regarding health care coverage and accessibility as a barrier to accessing health care for FSFWs in Canada. (4,5,18) In addition, there is a lack of evidence regarding what existing policies, regulations, and programs are available to FSFWs in Nova Scotia. Therefore, the goal of the first part of the study was to review documents that contain policies, procedures, and regulations that guide health, access to health care, and occupational safety of FSFWs in Nova Scotia. I carried out a document analysis to understand the nature of the guidance available to FSFWs in Nova Scotia. The document analysis was guided by the literature review and conceptual model presented in Chapter 2.

The objective of the document analysis was to determine the extent and content of the health and safety information available to FSFWs in Nova Scotia, and identify themes and gaps in the available information.

### **3.2. Methods**

#### **3.2.1. Research Design**

To accomplish my first objective, I conducted a document analysis of online documents that refer to health and/or safety-related topics regarding FSFWs. This included documents that I thought would be accessible to FSFWs, such as contracts, recruitment documents, and information available on relevant governmental and non-governmental websites.

### 3.2.1.1. Document Search Criteria

I identified 26 documents covering health and/or safety information relevant to FSFWs in Nova Scotia. Farmers recruit SAWP workers through Foreign Agricultural Resource Management Services (FARMS). Therefore, I started my search on the FARMS website where I found documents one through seven (listed in Table 1). By searching “seasonal agricultural workers in Nova Scotia” in Google, I found document eight on the Employment and Social Development Canada website, document nine on the Human Resources and Social Development Canada website, and document 13 on the Nova Scotia provincial website. I also searched the same term in Spanish “trabajadores temporales agrícolas en Canadá” and discovered document 10 on the Government of Mexico website. I then searched the term “temporary foreign workers in Canada”, which led me to documents 11 and 12 on the Government of Canada website. Finally, based on the suggestion of a colleague who works in the Nova Scotia agriculture sector, I explored the documents available on the Farm Safety Nova Scotia website and discovered documents 14-26 (see Table 1).

**Table 1. Documents identified and included in the document analysis.**

	Document Title	Website where found
1	Agreement for the Employment in Canada of Seasonal Agricultural Workers from Mexico – 2015 (65)	Foreign Agricultural Resource Management Services (FARMS)
2	Agreement for the Employment in Canada of Commonwealth Caribbean Seasonal Agricultural Workers – 2015 (66)	Foreign Agricultural Resource Management Services (FARMS)
3	Health & Safety – Health Card Services - OHIP (67)	Foreign Agricultural Resource Management Services (FARMS)
4	Health & Safety – WSIB (67)	Foreign Agricultural Resource Management Services (FARMS)
5	Health & Safety – Pesticide Safety Training for Farm Assistants (67)	Foreign Agricultural Resource Management Services (FARMS)
6	Health & Safety –Personal Protective Equipment (67)	Foreign Agricultural Resource Management Services (FARMS)

7	Seasonal Farm Worker Housing Guidelines <sup>1</sup> (68)	Foreign Agricultural Resource Management Services (FARMS)
8	Hiring Seasonal Agricultural Workers (1)	Employment and Social Development Canada
9	Seasonal Agricultural Worker Program (Brochure) (69)	Human Resources and Social Development Canada
10	Programa de Trabajadores Agrícolas Temporales México – Canadá (PTAT) (70)	Government of Mexico
11	Temporary Foreign Workers – Your Rights are Protected (71)	Government of Canada
12	Understanding Your Rights – Foreign Workers (72)	Government of Canada
13	Farm Labour – Resource Kit for Nova Scotia Farmers (73)	Nova Scotia Canada
14	Farm Safety NS Manual (74)	Farm Safety Nova Scotia
15	Health and Safety Policy (75)	Farm Safety Nova Scotia
16	Rights & Responsibilities (76)	Farm Safety Nova Scotia
17	Communication (77)	Farm Safety Nova Scotia
18	Farm Health and Safety Rules (78)	Farm Safety Nova Scotia
19	Small Farms, Safety Representatives & Joint Committees (79)	Farm Safety Nova Scotia
20	Training (80)	Farm Safety Nova Scotia
21	Emergency Preparedness (81)	Farm Safety Nova Scotia
22	Confined Space on the Farm (82)	Farm Safety Nova Scotia
23	Personal Protective Equipment (83)	Farm Safety Nova Scotia
24	Slips, Trips and Falls (84)	Farm Safety Nova Scotia
25	Hazard Identification and Risk Assessment (85)	Farm Safety Nova Scotia
26	Farm Inspections (86)	Farm Safety Nova Scotia

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<sup>1</sup> Recommendations for minimum requirements resulting from a consultation with Ontario Fire Marshal’s Office, Ontario Ministry of Agriculture, Ontario Ministry of Municipal Affairs and Housing, Foreign Agricultural Resource Management Services, Human Resources and Skills Development Canada, and several local Ontario health units and the Ontario Ministry of Health and Long-Term Care. (68)

In doing my Google search, I did not find any documents specific to SAWP workers health and safety in Nova Scotia. Therefore, I had to broaden my search significantly. I included any documents that I found that addressed the health and safety of SAWP or TFWs in Canada. I included documents relevant to Canada and to Nova Scotia, but did not include documents specific to other provinces. Documents eight through 12 were a result of this. Based on the assumption that FSFWs are granted the same rights and responsibilities as local agricultural workers, I also broadened my search to include any documents that addressed the health and safety of agricultural workers in Nova Scotia, regardless of whether workers were temporary, seasonal, full-time, foreign, or local. This resulted in documents 13 through 26 (Table 1).

Based on this iterative process, the criteria for inclusion in this document analysis were documents that addressed the health and/or safety of:

- SAWP workers in Canada
- TFWs in Canada
- Agricultural workers in Nova Scotia

### 3.2.2. **Analytical Framework**

Data extraction was supported by the conceptual model developed from the literature review. Using the conceptual model shown in Figure 1 (Chapter 2), I used a theoretical approach to identify 10 components from domains 2, 5, and 6 that I expected to be included in documents pertaining to the health and safety of FSFWs. These 10 components were then grouped into three separate groupings: access to care, general health, and occupational health (Table 2).

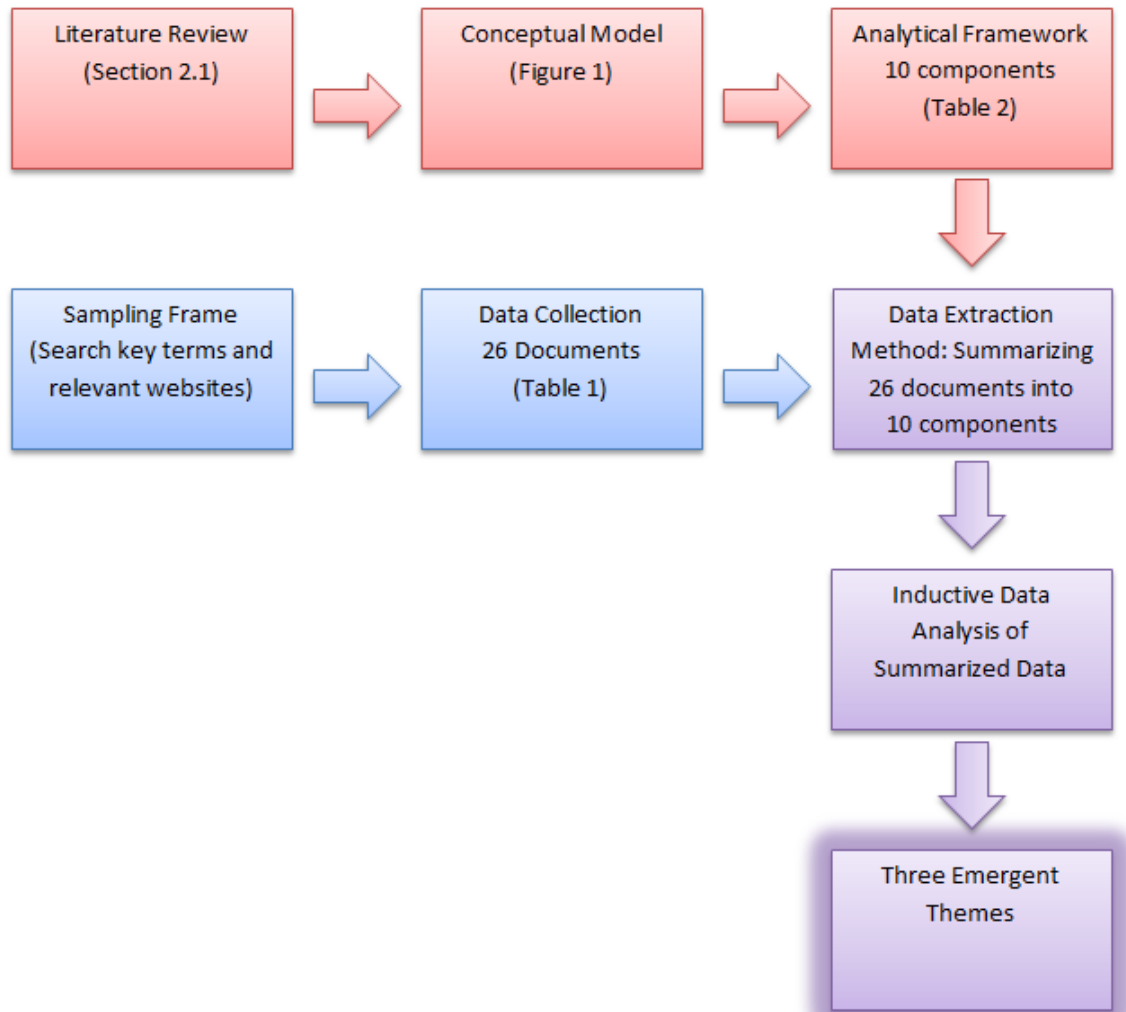


**Table 2. Analytical framework: components and groupings that guided information extraction in the document analysis.**

Groupings	Components	Domain (conceptual model)
Access to Care	Health Services	Domain 6
	Health Insurance	Domain 6
	Workers' Compensation Insurance	Domain 6
General Health	Food and Diet	Domain 5
	Housing	Domain 2
	Labour Regulations	Domain 2
	Sanitation	Domain 2
Occupational Health	Occupational Safety	Domain 2 and 5
	Injury	Domain 2 and 5
	Pesticide Exposure	Domain 2 and 5

### **3.3. Analysis**

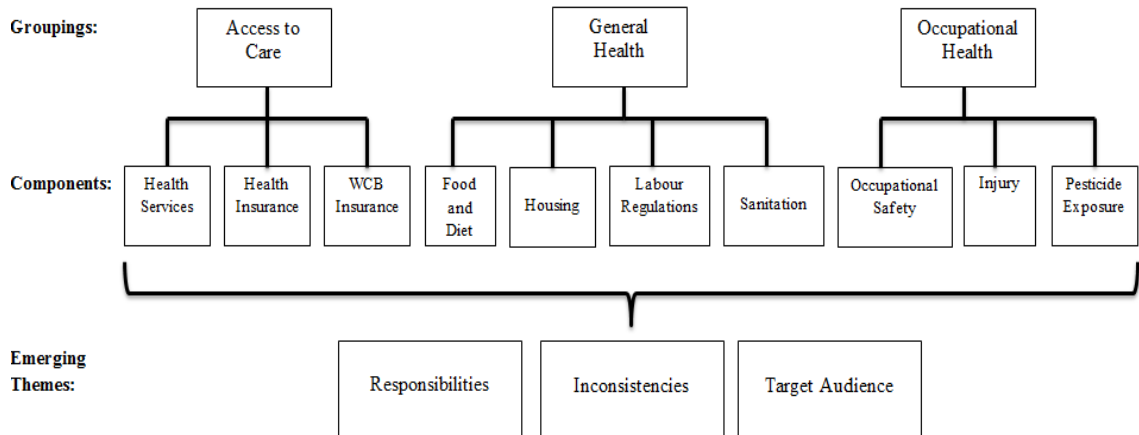
I developed a document analysis protocol (Figure 2) to aid the process of information extraction and analyses. This protocol illustrates how the conceptual model (Figure 1), informed the analytical framework (Table 2) used in the document analysis. The protocol includes the search strategy, which resulted in the sampling frame that included the 26 documents presented in Table 1. Summary data for each component in Table 2 were then extracted. These raw data, developed deductively from the 10 components, comprised the sample database of primary data used for the document analysis. These data were then analyzed inductively, whereby themes and theories were allowed to emerge from the data on their own, separate from any preconceived theories or pre-existing themes. This inductive analysis resulted in three emergent themes.



**Figure 2. Document analysis protocol**

An in-depth review and inductive analysis of these data indicated two common overarching themes: responsibilities and inconsistencies. All documents stated specific responsibilities of the employers, the employees, and/or additional third parties. Going through the data again, I pulled out and listed all responsibilities of these three groups. In the process of this, I discovered that not all documents state the same facts nor provide consistent guidance. Therefore, I also went through the summary data and pulled out all instances of inconsistent statements and grouped them under the 10 components shown in Figure 3. Upon further review, I identified a third emerging theme: target audience. Each document was written and targeted toward a specific audience, which affects the accessibility of these documents to FSFWs. Figure 3 shows the analytical framework and

thematic coding that emerged through the dual processes of a theoretical (components) and inductive (emerging themes) approach.



**Figure 3. Thematic coding including components determined through a theoretical approach and emerging themes determined through an inductive approach.**

### 3.3.1. **Reading Level Assessment**

As part of the third theme, target audience, I analyzed each document in order to determine the reading level at which it was written. To do so, I assessed the readability with the Flesch Reading Ease score using Microsoft Word 2010. The Flesch Reading Ease score is determined by the quantity and length of the sentences and words in the document. (87) ASL is equal to the average sentence length and ASW is equal to the average syllables per word. Thus, the Flesch Reading Ease formula is:

$$206.835 - (1.015 * ASL) + (84.6 * ASW)$$

This formula gives a score between zero and 100 where a score of 100 is very easy to read and a score of zero is nearly impossible to read. For a more detailed description of the scores see Table 3.

**Table 3. Flesch Reading Ease Score Description and School Grade Level. (87,88)**

Flesch Reading Ease Score	Description of Score	School Grade Level
0 to 30	Very difficult	College <sup>2</sup> graduate
30 to 50	Difficult	College
50 to 60	Fairly difficult	Grade 10-12
60 to 70	Standard	Grade 8-9
70 to 80	Fairly easy	Grade 7
80 to 90	Easy	Grade 6
90 to 100	Very easy	Grade 5

To determine the reading level of Spanish language documents, I used the Fernandez Huerta formula, an adaptation of the Flesch Reading Ease formula. (89) This score is not available through Microsoft Word and therefore the score was calculated by hand. To determine the Fernandez Huerta score, one must count the number of syllables, words, and sentences. The Fernandez Huerta formula is:

$$206.84 - (0.60 * P) - (1.02 * F)$$

In this formula, P is equal to the number of syllables per 100 words and F is equal to the number of sentences per 100 words. (89) Words were counted using word count in Microsoft Word. I counted syllables and sentences twice to minimize error. To see the meaning of each score, see Table 4.

**Table 4. Fernandez Huerta Readability Score Description and School Grade Level. (89)**

Fernandez-Huerta Readability Score	Description of Score	School Grade Level
0 to 30	Very difficult	University (w/ specialization)
30 to 50	Difficult	Selected courses
50 to 60	Fairly difficult	High school
60 to 70	Normal for an adult	Grade 7-8
70 to 80	Fairly easy	Grade 6
80 to 90	Easy	Grade 5
90 to 100	Very easy	Grade 4

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<sup>2</sup> Although college is listed here, it is important to note that in the United States, the word “college” is used interchangeably with university.

To determine the reading level of the documents, I first deleted all website addresses and mailing addresses. For longer documents with many sections, I randomly selected three sections of the document using an online random number generator. The Caribbean contract has 13 sections and the Mexico contract has 12 sections. Based on random selection, I used sections two, eight, and 12 to determine the Flesch Reading Ease score for each contract. There are 11 sections in the document *Seasonal Farm Worker Housing Guidelines*. Using an online random number generator, I analyzed sections five, six, and eight. There are six sections in the *Programa de Trabajadores Agrícolas Temporales México – Canadá (PTAT)* document. To determine the readability score, I randomly selected three of these six sections: two, three, and six.

### **3.4. Results**

My inductive analysis resulted in three emerging themes: responsibilities, inconsistencies, and target audience. In this section, responsibilities are presented under each of the 10 deductively determined components (for a list of components see Table 2). The second theme, inconsistencies are presented under the four different types of inconsistencies and then further separated into the three groupings shown in Table 2. The third theme, target audience, is presented as related to each individual document within the document analysis (for a list of documents see Table 1).

#### **3.4.1. Theme 1: Responsibilities**

All documents discuss the responsibilities of the involved parties. I summarized these responsibilities under the three headings: 1.) worker's responsibilities, 2.) employer's responsibilities, and 3.) third party responsibilities. Third parties who were assigned responsibilities regarding health and safety aspects of foreign seasonal farm workers in these documents include: the government of the worker's home country, the Canadian government, provincial governments, the government liaison officer (Caribbean countries), the workers' home government agent, workers' compensation insurance organization, Employment and Social Development Canada/Services Canada, local

employment or labour standards offices, Nova Scotia Labour and Workforce Development from the Occupational Health and Safety Division, the farm owner (if different from the employer), the police, the Department of Labour, and Health Canada.

#### **3.4.1.1. Access to Care: Health Services**

##### Worker's responsibilities:

- To inform the employer when he/she requires medical attention. (65,69)
- To inform the Mexican consulate within 48 hours if he/she requires medical attention (Mexican workers only). (65)

##### Employer's responsibilities:

- To help the worker access medical services (65,66,69)
- To inform the government agent (Caribbean country government liaison office or Mexican consulate) within 24 (Caribbean) or 48 (Mexican) hours of any injuries or illnesses of the worker that require medical attention.(65,66,69)
- To inform the Worker's Compensation Board of any work-related injury or illness of the worker that requires medical attention. (69)

#### **3.4.1.2. Access to Care: Health Insurance**

##### Worker's responsibilities:

- Pay for health insurance organized by home country governments through payroll deductions. (1,65,66,70)
- Inform their home country's government liaison officer if their employer does not provide health coverage.(69)

##### Employer's responsibilities:

- Submit upfront payments for health insurance organized by the home country governments of their employees. (1,65,66,70)
- Deduct amounts from employees' wages to compensate for upfront payments for health insurance organized by the home country governments of their employees. (1,65,66,70)

- Sign workers up for provincial/territorial health insurance as soon as they become eligible (1) or as dictated by provincial/territorial regulations.(65,66)

Third party responsibilities:

- The government of the worker's home country is responsible for arranging health insurance to be paid for by the employer which the employer later deducts from the wages of the worker. (1,65,66)
- Some provincial governments are required to provide health insurance for the temporary farm workers employed in their province. (1,69) This includes Ontario, (67) but excludes Nova Scotia.
- If contacted by a worker, the government liaison officer is responsible for ensuring that workers are provided with health coverage. (69)

**3.4.1.3. Access to Care: Workers' Compensation Insurance**

Worker's responsibilities:

- Inform their supervisor and visit a doctor if they have an accident at work and feel they need medical attention. (71,72)
- Contact their home government liaison officer if they do not have workplace safety insurance. (69)

Employer's responsibilities:

- Purchase and provide workplace safety insurance for their workers (either provincial or private) as dictated by the provincial government. (1,65,66,69,71,72)
- State in the employment contract if workplace safety insurance is not provided. (72)
- Report employee's workplace injury or illness to Workers' Compensation Board within five days of the incident. (69,90)

Third party responsibilities:

- Workers' Compensation insurance is required to provide insured workers with medical and wage benefits if they are hurt on the job or become ill as a result of their work. (69,71,72)

- The provincial government is required to dictate whether employers must purchase workplace safety insurance. (65,66)
- If contacted by a worker, the home government liaison officer is responsible for ensuring that workers are provided with workplace safety insurance. (69)

#### **3.4.1.4. General Health: Food and Diet**

##### Worker's responsibilities:

- Pay up to \$6.50 daily from wages if provided with meals (Mexican workers). (65,69,70)
- Pay up to \$10.00 daily from wages if provided with meals (Caribbean workers). (66)

##### Employer's responsibilities:

- Provide workers with meals or appropriate facilities, space, utensils, and fuel to prepare their own meals. (65,66,69,70)
- Provide Mexican workers with a written agreement regarding provision of meals and charges to be deducted from wages (if providing meals to workers). (65)
- Provide a minimum of 30 minutes for meal breaks. (65,66,70)
- Provide sufficient kitchen facilities for the amount of occupants in each dwelling consistent with the housing guidelines. (68)
- Provide sufficient potable water for the amount of occupants in each dwelling consistent with the housing guidelines. (68)

#### **3.4.1.5. General Health: Housing**

##### Worker's responsibilities:

- Maintain cleanliness of dwelling provided by employer. (65,66)
- If fail to maintain cleanliness, permit employer to deduct cost of cleaning from wages (where approved by the government agent of the employee). (65,66)
- Contact home country liaison officer if employer fails to provide suitable housing. (69)

##### Employer's responsibilities:



- Provide SAWP employees with free, suitable<sup>3</sup>, and approved on the farm or off-site housing. (1,65,66,69–72)
- If housing is off-site and the employer is not the owner of the housing, provide a signed contract between the housing facility and the employer. (1)
- If necessary, provide transportation from the workers' housing to the workplace. (70)
- Provide proof of inspection of housing by appropriate authorized inspector. (1)

Third party responsibilities:

- Appropriate provincial/territorial/municipal body or an appropriate authorized private inspector or the government agent of the home country of the worker must annually inspect and approve farm worker housing. (1,65,66)
- The home government agent of the workers must pass judgement on whether an employer can deduct the cost of cleaning from the wages of his/her employees. (65,66)
- If contacted by a worker, the home government liaison officer must ensure that workers are provided with free and suitable housing. (69)

**3.4.1.6. General Health: Labour Regulations**

Worker's responsibilities:

- Stay in Canada for no more than 8 months. (65,66)
- Return to home country after the contract period is completed, no later than December 15th. (65,66,70)
- Do not work for an employer other than the one(s) to whom assigned. (65,66,70)
- Do agricultural work for the entire period of the contract under the supervision and direction of employer. (70)
- Comply with the rules set by the employer in regard to safety, discipline, care, and maintenance of property. (70)

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<sup>3</sup> To see a full definition of what constitutes suitable housing, see Appendix D. Suitable Housing.

- Contact home government liaison office for information regarding labour standards or if employer fails to comply with contract. (69)
- Contact local employment or labour standards office if want to know more about provincial and territorial regulations regarding labour standards or if employer doesn't comply with labour standards. (71,72)

Employer's responsibilities:

- Pay workers the same wages and benefits as local Canadian and permanent resident workers doing the same job. (1,70,73) This should be the highest rate of the following three options: (65,66,69)
- The provincial or territorial wage for agricultural workers.
- The annually determined rate by Employment and Social Development Canada for the specific type of agricultural worker.<sup>4</sup>
- The rate paid by the employer to his/her non-foreign seasonal farm workers employed in the same type of work.
- Provide workers with 30 minute meal breaks and two 10 minute rest periods, one mid-morning and one mid-afternoon. (65,66)
- Provide one day of rest after every six consecutive days of employment (with exceptions in times of urgency<sup>5</sup>). (65,66,70)
- Provide normal 8-hour workdays (with exception in times of urgency<sup>6</sup>) (Mexico only). (65,70)

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<sup>4</sup> For the Nova Scotia minimum wage in 2016 for seasonal agricultural workers see Appendix E. Minimum Wage by Commodity in Nova Scotia for Seasonal Agricultural Worker Program in 2016 (1).

<sup>5</sup> Times of urgency refer to times when the completion of farm work cannot be delayed. In such times, the employer may request that the worker postpone his/her day off until another day that is mutually agreed upon by the employer and the worker. (65,66)

<sup>6</sup> In such times of urgency, the working day should not exceed 12 hours. The employer may request that the FSFW work longer than the set 8 hour day, but must remain in accordance with the spirit of the program and the customs of the district, and must maintain the rights of a Mexican worker as equal to those of a Canadian worker. (65)

- Provide a minimum of 240 hours of work over a term of six weeks or less and a maximum of an eight month contract. (65,66,70)
- Provide an average minimum work week of 40 hours or provide an average weekly income to the worker of greater than or equal to a 40 hour work week over the period of employment. (65,66,70)
- Provide a reasonable advance to the worker to account for personal expenses during times when there is not enough work available for the worker. (65,66)
- Provide employees that have five or more consecutive years of experience working with the same employer a recognition payment at the completion of the contract equal to \$4 per week, up to \$128. (65,66)
- Provide vacation pay in accordance with the provincial or territorial legislation. (65,66) This is not required in Nova Scotia. (73)
- Allow Employment and Social Development Canada/Services Canada to access farm records and information in order to ensure compliance with the contracts. (65,66)
- Do not transfer worker to another place of employment or employer without first obtaining the consent of the worker and written approval from ESDC/Services Canada and the home government agent of the employee. (65,66)
- Keep accurate records of the earnings and deductions of employees' wages. (70)
- Provide advanced notice and/or termination pay when dismissing a worker prior to the end of the contract, as dictated by the province or territory (exception if worker is dismissed due to repeated absences without good reason or serious misconduct). (69,72)
- Provide a safe workplace. (71,72)

Third party responsibilities:

- Employment and Social Development Canada/Services Canada must ensure compliance of farmers with the contract through access to employers' records and information. (65,66)

- The worker's home government liaison office supplies support for workers who require information regarding labour standards or have employers that fail to follow the contract. (69)
- The Local employment or labour standards office must provide support and have information available regarding labour standards if contacted by a worker. (71,72)

### **3.4.1.7. General Health: Sanitation**

#### Worker's responsibilities:

- Maintain cleanliness of dwelling provided by employer. (65,66)
- If fail to maintain cleanliness, allow employer to deduct cost of cleaning from wages. (65,66)

#### Employer's responsibilities:

- Provide suitable<sup>7</sup>, free, clean, and sanitary living accommodations to foreign seasonal agricultural employees. (65,66)
- Keep work areas, service rooms, storerooms, and passageways in a clean, orderly, and sanitary condition. (84)

#### Third party responsibilities:

- Home government agent must assess and approve accommodations. (65,66)
- Accredited body responsible for health and living conditions or the appropriate government authority in the province/territory must annually assess and approve accommodations. (65,66)

### **3.4.1.8. Occupational Health: Occupational Safety**

#### Worker's responsibilities:

- Determine for self whether one's workplace is safe. (71,72)

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<sup>7</sup> To see a full definition of what constitutes suitable housing, see Appendix D. Suitable Housing.

- Refuse to do jobs that he/she feels to be too dangerous or feels that he/she is not trained sufficiently to accomplish safely. (71,72) To do so the worker must follow the appropriate steps: (76)
  1. Report the concern to a supervisor immediately.
  2. Remain on the job site in a safe area while waiting for the supervisor to investigate the concern.
  3. Return to work if the concern is deemed safe by the supervisor.
  4. Or if the worker still believes the concern is valid, report the concern to the Joint Occupational Health and Safety Committee or to the Employee Safety Representative.
  5. Return to work once the concern has either been fixed or deemed safe by the Joint Occupational Health and Safety Committee or Employee Safety Representative.
  6. Or if the worker still believes there is a danger, report it to the Occupational Health and Safety Division of Labour and Workforce Development.
- Contact local employment or labour standards office if he/she would like to report an unsafe workplace. (71,72)
- Share the responsibility of maintaining the health and safety of individuals in the workplace with the employer and other parties. (74,75)
- On farms with between one and four employees, help create a safe and healthy workplace for employees, family, and visitors to the farm. (74)
- On farms with between 5 and 19 employees, select at least one non-management employee to be an Employee Safety Representative<sup>8</sup>. (74,76,79)

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<sup>8</sup> An Employee Safety Representative must not be connected to management and must take on the duties and roles similar to those held by the Joint Occupational Health and Safety Committee on larger farms. (79) These roles include obtaining information about and identifying workplace hazards, recommending counteractive actions, helping in the resolution of work refusal cases, investigating accidents, participating in workplace inspections, making recommendations regarding how to resolve health and safety concerns, and acting as an advisory body. (79).

- On farms with 20 or more workers, select employees to be on the Joint Occupational Health and Safety Committee<sup>9</sup>. (74,76,79)
- Work in accordance with the Occupational Health and Safety Act<sup>10</sup>, its Regulations, the Health and Safety Policy, the Health and Safety Program, and set workplace safety standards. (76)
- Take all necessary precautions to protect and avoid endangering oneself or others. (76)
- Cooperate with individuals exercising power or doing a duty imposed by the Act or its Regulations<sup>11</sup>. (76,86)
- Use the appropriate personal protective equipment, machine guards, and safety equipment as dictated by the standards and the employer. (76)

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<sup>9</sup> The Joint Occupational Health and Safety Committee's purpose is to advance occupational health and safety on the farm and to allow employers and employees to have an active role in doing so. (79) It is the employer's responsibility to create and maintain the Joint Occupational Health and Safety Committee, which should be made up of the employer and employees (half of which should be non-management and selected by the employees). (79) The amount of people required to be on the committee is determined by the committee itself, but should be small enough to be manageable and large enough to represent all the different groups of employees that might have different occupational safety and health concerns. (79)

<sup>10</sup> The Occupational Health and Safety Act is based on an Internal Responsibility System which assume that 1.) the health and safety of individuals on the farm is a responsibility shared by all parties in the workplace, 2.) this responsibility is shared according to the authority and ability of the parties, and 3.) the Act provides a framework through which information can be transferred between parties, parties can participate in workplace health and safety, unsafe work can be refused, and parties can comply with the Act and Regulations. (74)

<sup>11</sup> The Occupational Health and Safety Act requires employers and employees to cooperate with any inspector that is acting on a duty or a power granted by the Act or its Regulations. (86) During normal inspections a Department of Labour inspector can go onto a farm, inspect the workplace, conduct tests, and make examinations at any reasonable hour of the day or night. (86) The inspector may also request to see and copy documents and information regarding the health and safety of the workplace, its employees, or any prior investigation or inspection. (86) Further, inspectors may take photos, video or recordings of the workplace, obtain or produce a search warrant to seize items or equipment relevant to an investigation, question any individual at the workplace, and issue orders to stop work or have unsafe conditions corrected. (86)

- Immediately report all illnesses, injuries, and dangerous incidents to the supervisor. (76)
- Work towards resolving health and safety problems. (76)
- Participate in health and safety activities. (76)
- Do not interfere, displace, or remove workplace safeguards. (76)
- Read, sign, and return to the employer a copy of the farm rules provided by the employer. (78)
- Assist the employer with the development of farm rules. (78)
- Complete Confined Space Entry and Rescue Training before entering confined spaces<sup>12</sup>. (80)
- Use fall arrest protection and complete fall protection training when necessary<sup>13</sup>. (80)
- Take time when working, be aware of surroundings, adjust stride to a pace appropriate with surroundings, and wear, clean, and maintain slip resistant footwear in order to avoid slips, trips, and falls in the workplace. (84)
- Help keep work areas free from ice, snow, clutter, holes, loose boards and tiles, splinters, protruding nails, excess water, uneven walking conditions, rocks, and other foreign objects. (84)
- Be aware of potential foreseeable future conditions while walking and working in the workplace and maintain a clear line of sight while carrying or pushing items so as to avoid spills or obstructions. (84)

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<sup>12</sup> A confined space is defined as a space that has restricted exit or entry, is not generally used for regular human occupancy, and can be hazardous to an individual due to its construction, design, atmosphere, location, or the substances housed within it. (82) Some examples of confined spaces on the farm are an empty water well, septic tank, silo, manure pit, tanker trailer, grain bin, air seeder tank, combine body, holding tank, vat, culvert, and sprayer. (82)

<sup>13</sup> A worker must have fall protection training when he/she is at risk of a falling hazard in a work area that is above an open vat, tank or pit that contains hazardous substances, is above something that could cause injury to the worker upon contact, or is greater than 3 metres above water or another safe surface. (80) Fall protection training covers fall safety measures including the proper care and use of personal fall protective equipment. (80)

- Use the steps provided and maintain three point contact when dismounting from farm machinery. (84)
- Be familiar with the hazard identification process, use it in the daily work routine, and report safety issues and hazards to the supervisor. (85)

Employer's responsibilities:

An employer has extensive responsibilities in maintaining the occupational safety of his/her workers, regardless of whether they are foreign or local. Because the list of employer's responsibilities was so exhaustive, for the sake of brevity and readability, I grouped these responsibilities into eight categories:

- 1.) Create and maintain a safe workplace
- 2.) Share information
- 3.) Create safety plans, policies, procedures, programs, and statements
- 4.) Ensure adequate training
- 5.) Respect the Occupational Health and Safety Act
- 6.) Create and ensure abidance of rules, standards, and practices
- 7.) Ensure employee representation
- 8.) Acquire and/or carry out appropriate inspections, assessments, and permits

A complete list of the employer's responsibilities regarding occupational safety separated into these eight categories can be found in Appendix F. Complete List of Employers' Responsibilities Regarding Occupational Safety Separated into Eight Categories

Third party responsibilities:

- The local employment and labour standards office must assist workers that report an unsafe workplace. (71,72)



- Nova Scotia Labour and Workforce Development, Occupational Health and Safety Division must administer, coordinate, enforce, and promote the Occupational Health and Safety Act. (74)
- The farm owner must provide and maintain the land or premises such that it complies with a safe and healthy workplace as directed by the Act. (76)
- The farm owner (if not also the employer) must provide information to the employer regarding identification, control, or elimination of hazards at the workplace that may put the health and safety of individuals at risk. (76)

### **3.4.1.9. Occupational Health: Injury**

#### Worker's responsibilities:

- Report all injuries that require medical attention to the employer and request medical assistance. (65,69)
- Report all injuries that require medical attention to the government agent within 48 hours (Mexican workers only). (65)
- Immediately report to supervisors any dangerous incidents, injuries, or illnesses. (76)
- Be forthcoming when asked questions by an officer investigating an incident. (90)
- Involved workers and Joint Occupational Health and Safety Committee members or the Employee Safety Representative should participate in the investigation of an incident. (90)

#### Employer's responsibilities:

- Where an employee requires medical attention, report the injury or illness to the home government agent (liaison office or consulate) of the employee within 24 hours (Caribbean worker) or 48 hours (Mexican worker). (65,66,69)
- Promptly assist workers to access medical assistance if worker is injured or ill. (65,66,69)
- Where the farm is covered by Workers' Compensation Insurance, inform the Worker's Compensation Board within 5 days of an incident where a worker is injured or made ill at the workplace. (69,90)

- In the event of an injury or fatality on the farm, prove that he/she has taken appropriate measures to practice health and safety on the farm. (74)
- Provide written notice to the Department of Labour within 7 days of an incident that involves fire or bodily injury to a worker.(90)
- Provide written notice to the Department of Labour within 24 hours of an incident involving an explosion, a fatality, or a potentially fatal accident. (90)
- Where applicable, provide a copy of the investigation and the results of the investigation to the Joint Occupational Health and Safety Committee or Employee Safety Representative. (90)
- In the case of a fatality or serious injury, ensure that the scene of the incident is not altered until it can be investigated by an officer. (90)
- Be forthcoming when asked questions by an officer investigating an incident. (90)
- Investigate incident to determine where, how, and why the Safety Program failed and make adjustments to the Safety Plan to prevent a similar incident from happening again. (90)
- Have an Accident Response Plan<sup>14</sup> developed with the assistance of legal counsel so that parties are prepared for possible fatal incidents. (90)
- Ensure that workers are trained in the Accident Response Plan. (90)

Third party responsibilities:

- The Workers' Compensation Board must provide wage and medical benefits and possibly employment insurance if a worker is injured or ill from a work-related incident. (69)
- In the event of a fatality or serious injury, police should investigate for the purposes of assembling evidence to prepare for legal action. (90)

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<sup>14</sup> The purpose of an Accident Response Plan is to prepare workers and employers to manage the consequences of an incident and should include steps to preserve the scene of the incident, Occupational Health and Safety reporting and notification requirements, and steps that will be taken to conduct an on-farm incident investigation. (90) Employers should ensure that workers are trained on the Accident Response Plan so that they fully understand their rights and responsibilities during a fatal incident investigation. (90)

- In the event of a fatality or serious injury, the Department of Labour will investigate in order to determine accountability for the incident. (90)

### **3.4.1.10. Occupational Health: Pesticide Exposure**

#### Worker's responsibilities:

- Protect oneself from pesticides and chemicals by: (67,69)
  1. Wearing clothing that covers one's skin
  2. Washing one's hands and face often, especially before eating, drinking, smoking, or using the washroom
  3. Reading pesticide safety labels and instructions
  4. Limiting contact of exposed clothing to other clothing.
- If the worker is a Farmer Assistant<sup>15</sup>, then he/she must complete training on how to handle pesticides safely through a recognized training program every 5 years. (67)
- Follow the instructions on the pesticide labels. (67)
- Wear PPE<sup>16</sup> when mixing, loading, applying, cleaning up, repairing, handling equipment used to apply pesticides or items that have been treated by pesticides,

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<sup>15</sup> A Farmer Assistant is defined as an individual under the supervision of a Certified Farmer who works on the farm and handles Class 2 or 3 pesticides. (67) A Farmer Assistant must be at least 16 years old and must have completed training on how to handle pesticides safely through a training program recognized by the Ontario Ministry of Environment and Climate Change. (67) This training must be renewed every 5 years and is available through the Grower Pesticide Safety Course (cost: \$105) or can be delivered at an on-farm training performed by an On-Farm Instructor. (67) A Farmers Assistant may load, mix, and apply Class 2 and 3 pesticides. (67) However, a Farmer Assistant may not: 1.) select, recommend or purchase pesticides, 2.) select the rate of application, means of storage, or means of disposal of empty pesticide containers, 3.) calibrate equipment for the application of pesticides, 4.) dispose of or transport pesticide waste, or 5.) use a Class 2 pesticide in buildings if that Class 2 pesticide produces a suspension in the air. (67)

<sup>16</sup> Eye protection, which comes in the form of safety glasses with side shields, goggles, and full face protection, is recommended where there is a risk of particles, sprays, or liquids entering the eyes. (83) Where an individual is handling chemicals or spraying liquid pesticides, body protection such as an apron, coveralls, or a full rain suit may be necessary. (83)

and when entering areas that have been treated by pesticides as recommended by the safety label instructions. (67)

- Avoid inhaling pesticides, applying more than is stated on the label, using it for anything other than its intended use, storing it in unlabelled containers, or disposing of it by pouring it down the drain or burning it. (67)

Employer's responsibilities:

- Provide free personal protective equipment (PPE) to employees when pesticides or chemicals are used. (1,65,66,69,70)
- Ensure use of PPE provided to employees. (83)
- Provide informal and formal training to employees when pesticides or chemicals are used. (1,65,66,70)
- Where required by law, provide supervision of employees when pesticides or chemicals are used. (1,65,66,70)
- Notify workers when dangerous chemicals or pesticides are used. (1,69)
- Abide by the appropriate provincial or territorial laws in regard to pesticide and chemical use. (1,69)
- Be responsible for all pesticide use and handling on the farm. (67)
- Determine the appropriate respiratory protective equipment where necessary<sup>17</sup>. (83)
- Keep eye wash/flush facilities available in the work area where chemicals or pesticides are used. (83)
- Examine safety data sheets and manufacturer's instructions that are provided with hazardous chemicals. (85)

Third party responsibilities:

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<sup>17</sup> To determine the appropriate respiratory PPE, the employer should consider 1.) the nature, likely concentration, and toxicity of the contaminant, 2.) the amount of time the worker is likely to be exposed to the contaminant, 3.) the concentration of oxygen in the area, 4.) the warnings associated with the contaminant, and 5.) the necessity of an emergency escape. (83)

- Health Canada must determine the type of PPE required when using specific pesticides by reviewing scientific research<sup>18</sup>. (67)

### 3.4.2. **Theme 2: Inconsistencies**

The inconsistencies theme is descriptive in nature. In this results section, I describe the inconsistencies I found while analyzing the documents, without claiming whether these inconsistencies are significant or not. I chose to describe rather than interpret these inconsistencies because the objective of this document analysis was to determine the extent and content of the online available health and safety information. I interpret those inconsistencies that I deem relevant in the discussion sections of this thesis (Section 3.5 and Chapter 5:).

I identified four types of inconsistencies in this document analysis. Those inconsistencies were:

- 1.) Differences between the two contracts
- 2.) Discordant statements between documents
- 3.) Variances in regulations in different provinces
- 4.) Differences in labour regulations between industries

First, there were differences between the two contracts. Given that Mexican workers and Caribbean workers come to Canada to do the same job under the same circumstances for the same rate of pay, divergences between the two contracts are worth noting.

Second, I found that there were discordant statements between documents. Although these statements do not quite contradict each other, they also don't quite agree with one another. This can lead to confusion regarding the expectations of both employers and employees.

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<sup>18</sup> The type of PPE required is determined by extensive scientific review conducted by Health Canada and takes into account the toxicity of the chemical, the formulation of the pesticide (ex: liquid or dust), how the pesticide is used (ex: loading, mixing, or spraying), and the amount of time exposed. (67)

Third, regulations vary somewhat depending upon the province in which the SAWP workers are employed. Again, the workers are coming from the same locations and partaking in the same type of employment. Differing benefits between provincial regulations is therefore worth noting.

And finally, workers in the agricultural industry (regardless of whether they are foreign or local) are treated differently than workers in other industries in Nova Scotia. Although it is likely these differences are based on the history of the industry, it is unclear if such regulations are appropriate.

#### **3.4.2.1. Differences between Two Contracts: Access to Care**

One inconsistency between the two contracts is in regard to the purchasing of health insurance. Employers of Mexican SAWP workers are required to submit monthly payments to the insurance company that is engaged by the Government of Mexico to provide health insurance for their workers. (65) According to the Employment and Social Development Canada website, payments must be submitted to Great West Life Assurance Company. (1) These premiums can then be reclaimed by the employer through the deduction of \$0.94 per day from the workers' wages. (65) This insurance covers the expenses for non-occupational medical insurance such as hospitalizations, sicknesses, accidents, and death benefits as well as other expenses agreed upon by the Government of Mexico and the insurance company. (65) In contrast, employers of Caribbean Commonwealth SAWP workers must submit payments of 25% of their workers' wages to the liaison services of the workers' home government to pay for medical insurance, other administrative costs, and to go towards the personal savings of the workers. (1) These payments are then deducted by the employer from the workers' wages. (1)

#### **3.4.2.2. Differences between Two Contracts: General Health**

Both contracts state that SAWP workers are entitled to one day of rest for every six consecutive days of employment. (65,66) The exception to this is if farm work urgently needs to be finished, upon the request of the employer, the employee and employer can agree to a postponement of the day of rest until a mutually agreed upon date. (65,66) However, only the Mexico contract outlines the acceptable amount of working hours per

day. The Mexico contract notes that a normal working day should be eight hours per day, but can be extended to 12 hours in a day if agreed upon by the employer and employee in situations where work urgently needs to be done. (65) The Mexico contract also states that this should be done in a way that respects the rights of Mexican workers in the same way that the rights of Canadian workers are respected. (65)

Both contracts further state that in the case where there is no work available for the worker, the employer must provide a reasonable advance to the worker to account for his/her personal expenses. (65,66) But only the Mexico contract goes on to note that this advance can be deducted by the employer from the worker's wages before his/her departure from Canada. (65)

Employees with five or more consecutive years of experience working with the same employer must be given a recognition payment at the completion of the contract equal to \$4 per week, up to \$128. (65,66) The Caribbean contract notes that this payment is not included when calculating the 25% remittance that comes out of a Caribbean worker's wages and goes to the Caribbean government agent. (66) The Mexico contract does not specify this because Mexican workers are not subject to the 25% remittance. However, the Mexico contract does specify that this recognition payment is only necessary in provinces or territories where no vacation pay is applicable. (65)

Employers are required to provide their workers either with meals or the facilities, utensils, and fuel necessary to prepare their own meals. (65,66,69) Those employers who choose to provide meals for their employees may deduct a set amount from workers' wages in order to cover the cost of meals. According to the Mexico contract, up to \$6.50 per day can be deducted from the workers' wages to cover the cost of meals, provided the worker agrees in writing to the provision of meals and the wage deduction ahead of time. (65) However, the Caribbean Commonwealth contract states that deductions for meals can be up to \$10.00 per day and does not stipulate that an agreement must be made in writing between the worker and the employer. (66)

### **3.4.2.3. Differences between Two Contracts: Occupational Health**

Both contracts note that the employer is required to inform the government agent of any injury sustained by a worker that requires medical attention. (65,66) Under the Caribbean Commonwealth contract this must be done within 24 hours (66) whereas under the Mexico contract this must be done within 48 hours. (65) In addition to this, the Mexico contract further states that it is also the responsibility of the injured worker to inform the government agent within 48 hours of any injuries that requires medical attention. (65) The Caribbean Commonwealth contract makes no mention of this.

### **3.4.2.4. Discordant Statements between Documents: Access to Care**

In addition to differences between contracts, there are also discordant statements between documents. One discordant statement identified was the requirements around provincial health insurance. According to the Employment and Social Development Canada website, workers must be signed up for provincial/territorial health insurance as soon as workers become eligible. (1) The SAWP brochure also states that employers are responsible for getting their employees registered with provincial health insurance. (69) Both contracts note that employers must bring their workers to obtain health coverage based on provincial/territorial regulations, (65,66) but do not note whether this coverage should be provincial/territorial or through a private insurer. This is of particular importance because in Nova Scotia, a temporary foreign worker must have a valid work permit for at least one year from the date of his/her arrival in order to be eligible for Nova Scotia Medical Services Insurance (MSI). (91) Seasonal farm workers who come to Canada through SAWP are allowed to stay for a maximum of 8 months. (1,65,66) Therefore, although it is stated that employers are responsible for signing workers up for provincial/territorial health insurance when they become eligible, SAWP workers in Nova Scotia never become eligible for MSI. Further, in another document entitled *Temporary foreign workers – Your Rights are Protected* from the Government of Canada website, it is stated that employers of temporary foreign workers are responsible for providing private health insurance until the employee becomes eligible for provincial/territorial health insurance. (71) However, in the case of Nova Scotia, SAWP workers never become eligible for MSI. Therefore, it is unclear whether employers of SAWP employees in Nova Scotia are expected to provide additional private health



insurance for their workers because they are not covered by the provincial insurance. Based on this information, one might assume that employers are expected to do so. However, if workers are already paying for health insurance through the deduction on their wages made by their employers which are then sent either to their government liaison office (Caribbean Commonwealth workers) or directly to Great West Life Assurance (Mexican workers), then it would be redundant for employers to also provide a private insurance for these same workers. The discordant statements in these documents, while not drastic, can be misleading and lead to confusion regarding the responsibilities of employers to their employees with regard to the provision of health insurance.

Another fact presented that was discordant across documents was in regard to workers' compensation insurance. The *Temporary Foreign Worker – Your Rights are Protected* document states that employers are required to register with provincial or territorial workplace safety insurance (71), while the *Understanding Your Rights – Foreign Workers* document states that depending on the province or territory employers may not have to sign their employees up for workers' compensation. (72) This document further goes on to point out that if employers do not purchase workers' compensation insurance, it should be stated in the employment contract. (72) Meanwhile, both contracts state that if there are no existing laws that require the provision of payment for work related injuries or diseases, then the employer is responsible for obtaining a form of compensation insurance that is deemed acceptable by the government agent. (65,66) It is further stated in the SAWP brochure and the *Hiring Seasonal Agricultural Workers* document, that employers must provide some form of workers compensation insurance for their SAWP employees. (1,69) The FARMS website also discusses workers compensation insurance but it focuses specifically on Workplace Safety and Insurance Board (WSIB) information which administers workers compensation insurance for Ontario workplaces only. (67,92)

#### **3.4.2.5. Discordant Statements between Documents: General Health**

Both contracts state that employers must provide their workers with free housing. (65,66) However, the document *Understanding Your Rights – Foreign Workers* notes that if provided with housing, employers may deduct part of the cost from the worker's pay.

(72) The document *Temporary Foreign Workers – Your Rights Are Protected* from the Government of Canada website and the document from the Employment and Social Development Canada website agree with the contracts that temporary foreign workers that come to Canada under SAWP must be provided with free housing by their employer, however both documents list British Columbia as the exception to this rule. (1,71) Thus, there is an inconsistency here where workers in British Columbia may have deductions taken from their wages to pay for their housing even though it is stated in the SAWP contracts that housing must be provided without cost.

Further, there are references to the deduction of costs related to housing but they are not consistent amounts. The two documents from the Government of Canada website merely state that most provinces limit the amount that can be deducted from a temporary foreign worker's wages to compensate the employer for provided meals and board. (71,72) Whereas the PTAT document from the Government of Mexico website states that costs related to the housing can be deducted from the workers' wages at a rate of no more than 6% and cannot exceed a total of \$5500 during the workers' stay. (70)

As mentioned previously, the contracts do not agree on how much can be deducted per day to cover food costs when an employer provides meals to FSFWs. In addition to this inconsistency, the SAWP brochure states that an employer may deduct from the workers' wages no more than \$6.50 per day to cover food costs. (69) This amount is in agreement with the amount stated by the Mexico contract, but is different than the amount stated in the Caribbean Commonwealth contract (\$10.00). The SAWP brochure is written in English and therefore more likely to be targeted to Caribbean workers than to Mexican workers. However, the inconsistency between the SAWP brochure and the Caribbean Commonwealth contract may be attributed to the fact that the brochure comes from the year 2008 and may not have been updated as often as the contracts.

#### **3.4.2.6. Variance in Regulations in Different Provinces: Access to Care**

There are also variances in regulations between the different provinces. One inconsistency worth noting is the fact that some provinces provide their SAWP workers with provincial health insurance while other provinces do not. For example, Ontario

provides SAWP workers with OHIP, but Nova Scotia does not provide SAWP workers with MSI.

#### **3.4.2.7. Variances in Regulations in Different Provinces: General Health**

Another inconsistency between provinces is found in the two contracts. Both contracts state that the employer may deduct utility costs from the wages of the worker of \$2.21 dollars per working day (subject to change every year). (65,66) However, these costs can only be recovered by employers in the provinces of Prince Edward Island, New Brunswick, Ontario, Manitoba, Saskatchewan, and Alberta, (65,66) and therefore not in Nova Scotia.

In addition, as mentioned previously, although housing is expected to be provided to SAWP workers free of charge, the document from the Employment and Social Development website and the *Temporary Foreign Workers – Your Rights are Protected* document state that British Columbia is an exception to this rule. (1,71)

#### **3.4.2.8. Differences in Labour Regulations between Industries: General Health**

The document entitled Farm Labour – Resource Kit for Nova Scotia Farmers lists five ways in which farm workers<sup>19</sup> (regardless of whether they are foreign or local) are treated differently than most labourers in non-agricultural industries. First, workers who harvest vegetables, fruit, or tobacco on a piecework basis and farm workers under the age of 16 years are not required to be paid minimum wage. (73) Second, farm workers are not required to be paid overtime for their overtime work. (73) Third, there is no requirement that farm workers must be given workers holidays or that they must receive holiday pay when employed on holidays. (73) Fourth, employers of farm workers are not required to give their workers one day off per week. (73) And finally, while most workers must be paid for at least three hours of work at the rate of minimum wage when they are called in outside of regular work hours, this rule does not apply to agricultural workers. (73)

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<sup>19</sup> The Farm Labour – Resource Kit for Nova Scotia document defines a farm worker as a person who is employed on a farm and whose work is directly related to the production of fruits, vegetables, tobacco, seeds, grain, Christmas trees, Christmas wreaths, eggs, milk, pigs, cattle, poultry, sheep, animal furs, honey, or maple products. (73)

These rules are not inconsistent with other documents' statements; however they are inconsistent with the regulations associated with other industries.

### 3.4.3. **Theme 3: Target Audience**

These documents are not necessarily all intended to be read by FSFWs. The target audience of these documents will affect 1.) the relevance of the document to FSFWs, 2.) the readability of the document, and 3.) the language of the document. All of these characteristics affect how accessible the information is for FSFWs.

1. Although all of the documents discuss the health and safety of farm workers, not all documents are necessarily specifically targeted to FSFWs in Nova Scotia. As a result, although the information within the document is pertinent to their health and safety, its very format of not targeting FSFWs, makes it less likely to be accessed by FSFWs.
2. The reading level of a document can be a significant barrier to its accessibility to a person or population. The fact that many FSFWs did not complete high school or even elementary school<sup>20</sup> suggests that the reading level of a document likely serves as a very large and even insurmountable barrier to accessing the information contained within.
3. The language of the document is another potential barrier to accessing these documents. Although the official language of all Caribbean Commonwealth countries included in the program is English, the official language in Mexico is Spanish. Therefore, documents provided only in English are not accessible to most Mexican FSFWs. The document *Programa de Trabajadores Agrícolas Temporales México – Canadá (PTAT)* is, as is clearly seen in the title, in

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<sup>20</sup> Based on statistics from the Secretaría del Trabajo y Previsión Social (STPS), in 2006 approximately 96.5% of Mexican SAWP workers had some elementary or junior high school education but only about 3% had high school or greater. (18) Using Russell's self-reported data, McLaughlin notes that although about 54.7% of Jamaican SAWP workers had attended some high school, approximately 26% had either only attended elementary school or had had no formal education at all. (18) Based on her own qualitative research, McLaughlin suggests that the Jamaican numbers are likely an overestimate that may be due either to a wish on the part of the workers to exaggerate their level of education to get into the program or to reports of years of schooling that were actually attended inconsistently. (18)

Spanish. Further, the *Agreement for the Employment in Canada of Seasonal Agricultural Workers From Mexico* is also available in Spanish and is entitled *Contrato De Trabajo Para Trabajadores Agrícolas Temporales Meicanos En Canadá*. (93)

A summary of the target audience and readability scores for all documents included in the document analysis is presented in Table 5.

**Table 5. Summary of target audiences and readability scores for documents.**

<b>Document</b>	<b>Target Audience</b>	<b>Readability Score</b>
Agreement for the Employment in Canada of Commonwealth Caribbean Seasonal Agricultural Workers - 2015	Farmer and FSFWs	College Graduate (23.5)
Agreement for the Employment in Canada of Seasonal Agricultural Workers from Mexico - 2015 (English)	Farmer and FSFWs	College Graduate (25.9)
Agreement for the Employment in Canada of Seasonal Agricultural Workers from Mexico - 2015 (Spanish)	Farmer and FSFWs	High School (57.9)
FARMS - Health & Safety - Health Card Services - OHIP	Ontario farmers	College (39.3)
FARMS - Health & Safety - WSIB	Ontario farmers	College (37.9)
FARMS - Health & Safety - Pesticide Safety Training for Farm Assistants	Ontario farmers	Grade 10-12 (53.2)
FARMS - Health & Safety - Personal Protective Equipment	Ontario farmers	Grade 10-12 (53.9)
Seasonal Farm Worker Housing Guidelines	Ontario public health agencies and farmers	College (33.6)
Hiring Seasonal Agricultural Workers	Farmers	College (30.2)
Seasonal Agricultural Worker Program (Brochure)	Potential employers and FSFWs	College (38.9)
Programas de Trabajadores Agrícolas Temporales México - Canadá (PTAT)	Unclear	Grade 7-8 (63.0)
Understanding Your Rights - Foreign Workers	Foreign workers	Grade 10-12 (59.4)
Temporary Foreign Workers - Your Rights are Protected	Temporary foreign	College (45.8)

Farm Labour - Resource Kit for Nova Scotia Farmers	NS farmers	College (39.1)
Farm Safety - Farm Safety NS Manual	NS farmers	College (34.2)
Farm Safety - Health and Safety Policy	NS farmers	College (35.6)
Farm Safety - Rights & Responsibilities	NS farmers	College (33.8)
Farm Safety – Communication	NS farmer	College (39.0)
Farm Safety - Farm Health and Safety Rules	NS farmer	College (46.8)
Farm Safety - Small Farms, Safety Representatives & Joint Committees	NS farmer	College (30.8)
Farm Safety – Training	NS farmer	College (36.9)
Farm Safety - Emergency Preparedness	NS farmer	College (36.1)
Farm Safety - Confined Space on the Farm	NS farmer	College (47.4)
Farm Safety - Personal Protective Equipment	NS farmer	College (46.0)
Farm Safety - Slips, Trips and Falls	NS farmer	Grade 10-12 (54.1)
Farm Safety - Hazard Identification and Risk Assessment	NS farmer	College (45.2)
Farm Safety - Farm Inspections	NS farmer	College (34.5)

#### **3.4.3.1. The Contracts**

This includes the documents:

- *Agreement for the Employment in Canada of Seasonal Agricultural Workers From Mexico – 2015 (English and Spanish)*
- *Agreement for the Employment in Canada of Commonwealth Caribbean Seasonal Agricultural Workers – 2015*

The target audience for these two contracts is the employer and the employee. This is based on the fact that these are the two individuals (along with a witness) who are expected to sign the contract at the bottom of the last page. As such, FSFWs would certainly have access to these documents because they are required to sign them before leaving their home countries.

The Flesch Reading Ease score for the Caribbean contract was 23.5. The Flesch Reading Ease score for the Mexico contract (in English) was 25.9. Half of the target audience of these documents (FSFWs) would have spent only some time in elementary school, with a few having done some high school as well, and others having done no elementary school at all. (18) And yet the reading level of these documents is at a college graduate level, far more advanced than most FSFWs would have achieved.

Language is not a barrier to this document because the *Agreement for the Employment in Canada of Seasonal Agricultural Workers From Mexico* is also available in Spanish. Using the Fernandez Huerta formula, we determined that the readability score of the Mexico contract is 57.6. While this score is certainly an improvement over the English version of the contract, it suggests that individuals need at least some high school education in order to read it. As only about 3% of Mexican SAWP workers had a high school education or greater in 2006 (18), it is unlikely that many Mexican FSFWs would be able to easily read the contract they sign.

#### **3.4.3.2. The Foreign Agricultural Resources Management Services (FARMS) Website**

This includes the documents:

- *Health & Safety – Health Card Services – OHIP*
- *Health & Safety – WSIB*
- *Health & Safety – Pesticide Safety Training for Farm Assistants*
- *Health & Safety – Personal Protective Equipment*

FARMS is the organization through which many Nova Scotian farmers hire FSFWs. As such, the target audience of the documents on this website is farmers interested in hiring SAWP workers. Statements such as “if your worker has never had a photo health card,

take the worker to the nearest ServiceOntario centre...” (67) and “as a certified farmer, you are responsible for all pesticide use and handling on your farm...” (67) make it very clear that, although anyone can read this website, it is designed to inform employers about how to manage the FSFWs they hire. In addition, this website is specifically targeted toward Ontario farmers. The FARMS website provides plenty of information to farmers about how to get health insurance for their workers, details around workers compensation insurance, as well as information about pesticide safety training. However, all of these are specifically focused on Ontario programs such as the Ontario Health Insurance Plan (OHIP), ServiceOntario, the Workplace Safety and Insurance Board (WSIB), and the Ontario Pesticide Education Program. FARMS offers information to Ontario farmers. However, as this organization serves farmers in provinces other than Ontario (such as Nova Scotia, PEI, and New Brunswick), there is a gap in the information they provide.

The first document, Health & Safety – Health Card Services – OHIP had a Flesch Reading Ease Score of 39.3. The second document, Health & Safety, WSIB had a score of 37.9. The third document, Health & Safety – Pesticide Safety Training for Farm Assistants had a score of 53.2. And the fourth document, Health & Safety – Personal Protective Equipment scored 53.9. Therefore the first two documents were at the reading level of some college education and the second two documents were at a high school reading level. Although these documents were clearly targeted towards Ontario farmers, they could be a source of information for FSFWs as well. However, their high reading level makes them less of a useful option for most FSFWs.

Finally, the information available on the FARMS website is only available in English, thereby making it inaccessible to most FSFWs coming from Mexico.

#### **3.4.3.3. Seasonal Farm Worker Housing Guidelines**

Also available on the FARMS website were the *Seasonal Farm Worker Housing Guidelines*. The target audience of these guidelines (as is stated on the first page of the document) is the local public health agencies for the purpose of offering assistance in the assessment of seasonal agricultural worker housing. (68) Although not specifically stated, phrases such as “Buildings used for housing seasonal occupants shall comply with



the provisions of the Ontario Fire Code” (68, p. 5) suggest that these guidelines were designed for public health agencies in Ontario. As this document is made available on the FARMS website, it is likely that farmers also make use of these guidelines to ensure that the housing they provide for their FSFWs is sufficient and will pass inspections by the appropriate public health agencies. Again, by focusing the guidelines on Ontario farms, the document is less applicable to Nova Scotia.

Although not targeted towards FSFWs, workers could potentially access this document to determine the acceptable standards for the housing provided to them. However, the same barriers as discussed with regard to the other FARMS documents might stand in their way. The fact that it is not provided in Spanish and the high reading level (Flesch Reading Ease Score = 33.6) make it potentially difficult for FSFWs to access.

#### **3.4.3.4. Hiring Seasonal Agricultural Workers**

The document entitled *Hiring Seasonal Agricultural Workers* from the Employment and Social Development Canada website is also targeted at farmers or employers of SAWP workers. This is clear because the document not only explains the program, but also gives information on the expectations of employers and the employers’ side of the application process. Again, although this document is targeted at SAWP employers, the information is relevant and could potentially be useful for FSFWs.

The relevant sections of this document are entitled: 1. Overview, 2. Program Requirements, and 3. Wages, working conditions and occupations. Using the Microsoft Word 2010, the Flesch Reading Ease score of these three sections was 30.2 (college level). Thus, again the reading level of the document would serve as a barrier for interested FSFWs. Further, its availability only in English would also serve as a barrier for most Mexican FSFWs.

#### **3.4.3.5. Seasonal Agricultural Worker Program (Brochure)**

The *Seasonal Agricultural Worker Program* brochure appears to be targeted towards both potential employers of SAWP workers and potential SAWP workers. This document offers information of interest to both parties, including the expectations of both employer and employee. It also supplies information that would be of specific interest to potential

SAWP workers, such as the collection of the Canadian Pension Plan (CPP), eligibility for Employment Insurance (EI), and what to do if the employer fails to respect the contract. (69) However, in spite of the fact that this document is likely targeted at FSFWs, the Flesch Reading Ease score is still very low (38.9; college level) and as far as could be determined by the researchers, this document is not available in Spanish.

#### **3.4.3.6. Programa de Trabajadores Agrícolas Temporales México – Canadá (PTAT)**

The document *Programa de Trabajadores Agrícolas Temporales México – Canadá (PTAT)* is a Government of Mexico report that describes the SAWP (PTAT) and the results of the program over the years 2004, 2005, and 2006. Therefore, its target audience may be individuals in governmental positions in Mexico, however it is unclear. The document is in Spanish which suggests it is targeted towards Mexican individuals specifically. Although this document is likely not targeted specifically to SAWP workers, it has a great deal of information that would be pertinent to Mexican SAWP workers.

By using the Fernandez Huerta formula, I determined the readability score to be 63.0. This puts it at a reading level of grade 7-8 (see Table 4). Although this reading level is much lower than many of the reading levels of the other documents in this analysis, it is likely that only some Mexican SAWP workers would find it readable.

#### **3.4.3.7. Government of Canada Website**

This includes the documents:

- *Understanding Your Rights – Foreign Workers.*
- *Temporary Foreign Workers – Your Rights are Protected*

The *Understanding Your Rights – Foreign Workers* document is targeted at foreign workers, as evidenced by the beginning statement: “Canadian laws protect every worker in Canada. This includes foreign workers like you.” (72) The *Temporary Foreign Workers – Your Rights are Protected* document is also targeted at temporary foreign workers as evidenced by the statement: “Canadian law protect all workers in Canada, including temporary foreign workers like you.” (71) Although not specifically focusing

on SAWP workers, these documents are intended to provide information about the rights of foreign workers in general. Both documents also make reference at certain points to the special circumstance of SAWP workers.

Both documents are available only in English, which limits its accessibility to non-English speaking foreign workers, including Mexican SAWP workers. Further the Flesch Reading Ease score of *Understanding Your Rights – Foreign Workers* was 59.4 and of *Temporary Foreign Workers – Your Rights are Protected* was 45.8. Thus, the first document was written at a high school level and the second was written at a college level. This could significantly impede the use of these documents by SAWP workers.

#### **3.4.3.8. Farm Labour – Resource Kit for Nova Scotia Farmers**

The *Farm Labour – Resource Kit for Nova Scotia Farmers* is, as is clearly stated in the title, targeted toward Nova Scotia farmers. This document does not specifically focus on SAWP workers or foreign workers. Instead, it informs Nova Scotia farmers of the differences between the regulations regarding treatment of workers (regardless of nationality) in agriculture versus those of workers in other industries. This document has information that would be useful to SAWP workers, although arguably less so than the other documents as it does not focus on foreign workers specifically.

Since this document is targeted to farmers it is not available in Spanish, thereby limiting its accessibility to Mexican SAWP workers. In addition, the Flesch Reading Ease score for this document was 39.1, suggesting that it would be difficult to comprehend for SAWP workers without some college education.

#### **3.4.3.9. Farm Safety Nova Scotia Website**

This includes the documents:

- *Farm Safety NS Manual*
- *Health and Safety Policy*
- *Rights & Responsibilities*
- *Communication*
- *Farm Health and Safety Rules*
- *Small Farms, Safety Representatives & Joint Committees*

- *Training*
- *Emergency Preparedness*
- *Confined Space on the Farm*
- *Personal Protective Equipment*
- *Slips, Trips and Falls*
- *Hazard Identification and Risk Assessment*
- *Farm Inspections*

Farm Safety Nova Scotia is made up of registered farm members of the Nova Scotia Federation of Agriculture whose purpose is to advance “workplace health and safety within the Nova Scotia agricultural industry”. (94) To do so, they seek to advocate on behalf of farmers, (95) build awareness in the farm community around regulatory requirements and risks associated with farming operations, (96) and coordinate educational opportunities and trainings for their members. (97) Thus, the Farm Safety Nova Scotia website is a website by farmers and targeted at farmers. This website provides several documents providing a great deal of information regarding occupational safety regulations and guidelines in Nova Scotia. Like the website, these documents are primarily directed towards farm owners and operators.

Although these documents are primarily directed towards farmers, they have the potential to be useful to FSFWs. However, the fact that they are not available in Spanish limit their accessibility to Mexican FSFWs. In addition, the Flesch Reading Ease scores from these documents range from 30.8 (*Small Farms, Safety Representatives & Joint Committees*) to 54.1 (*Slips, Trips and Falls*). Twelve of the documents fall in the college category (30 to 50) and only one falls in the high school category (50 to 60). Thus, even if a FSFW spoke English, it is likely that few would find these documents easy to read.

### **3.5. Discussion**

Although there were many inconsistencies found in this document analysis, many were minor. Some of these minor inconsistencies were likely the result of documents being published in different years. For example, the SAWP brochure (2008) states that employers can deduct up to \$6.50 per day for meals provided, whereas the Caribbean

contract (2015) states that employers can deduct up to \$10.00 per day for meals provided. Other inconsistencies may be due to different methods of carrying out similar processes. For example the contracts differ on their statements regarding the provision of and deductions related to health insurance because Caribbean Commonwealth countries provide a liaison office service to their SAWP workers, whereas Mexico does not. However, some of the inconsistencies found are worth discussing in a little more detail.

One inconsistency worth noting is the difference between the contractually stated allowable amounts of deductions for meals provided by employers. SAWP workers from Mexico can be charged up to \$6.50 per day for meals provided by employers, whereas SAWP workers from the Caribbean can be charged up to \$10 per day. Workers are hired to perform the same jobs for the same wage, regardless of what country they come from. Therefore, regulations pertaining to Canadian standards should be consistent between contracts.

I will further discuss the readability of documents, the variances between provinces in provision of provincial health insurance, and the differences in labour regulations between industries in Chapter 5 with additional input from the data collected through semi-structured interviews with FSFWs and farmers.

### 3.5.1. **Information Gaps**

In the process of analyzing the 26 documents, I discovered a few notable information gaps. One pertains to the material provided by the FARMS website. Although FARMS mediates and handles farmers' requests for SAWP workers for Ontario, Nova Scotia, New Brunswick, and PEI, the FARMS website only supplies information specific to Ontario. The FARMS website offers great detail on how farmers can access OHIP, WSIB, and pesticide safety training in Ontario. The greater quantity and size of farms in Ontario result in a greater need for foreign seasonal labour and therefore many more requests for SAWP workers. Therefore, it is understandable that they have focused their literature towards Ontario farmers. However, just because Maritime farmers represent a much smaller proportion of their consumers does not mean that they should be ignored.

Greater information should be made available specific to the needs of employers of SAWP workers in Nova Scotia, New Brunswick, and PEI.

Another area where there is an information gap is with regard to the provision of health insurance. Two forms of health insurance are referred to in these documents: private health insurance provided by the home governments of the workers and provincial/territorial health insurance provided by the Canadian provinces/territories. The home governments of SAWP workers provide a private non-occupational health insurance for FSFWs. Farmers deduct 25% of their Caribbean workers' wages and send it to their specific countries' liaison offices. The payments for the private health insurance are taken from this 25%. (66) Farmers deduct \$0.94 per day from their Mexican workers' wages to compensate for the payment to the private health insurance company organized for workers by the Mexican government. (65) Thus, as stated by the two contracts, the Employment and Social Development Canada website, and the PTAT document, all SAWP workers are covered by a private non-occupational health insurance through their respective home governments. (1,65,66,70)

However, according to the Employment and Social Development Canada website and the SAWP brochure, in addition to this employers are expected to assist their workers in signing up for provincial/territorial health insurance once they become eligible. (1,69) These statements are problematic because in Nova Scotia, a temporary foreign worker must have a valid work permit for at least one year from the date of his/her arrival in order to be eligible for Nova Scotia Medical Services Insurance (MSI). (91) Seasonal farm workers who come to Canada through SAWP are allowed to stay for a maximum of 8 months. (1,65,66) Therefore, although it is stated that employers are responsible for signing workers up for provincial/territorial health insurance when they become eligible, SAWP workers in Nova Scotia never become eligible for MSI. In addition, the document *Temporary Foreign Workers – Your Rights are Protected* from the Government of Canada website states that employers of temporary foreign workers are responsible for providing private health insurance until the employee becomes eligible for provincial/territorial health insurance. (71) However, it is unclear whether the private health insurance from the home government of the worker is sufficient or whether there is

a need for additional private health insurance. Again, documents are focused on the provision of information for Ontario (where SAWP workers are eligible for the provincial health insurance plan), leaving an information gap for other provinces.

## CHAPTER 4: EXPERIENCE AND KNOWLEDGE IN ACCESSING HEALTH CARE IN NOVA SCOTIA

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In this chapter, I describe the participants, processes of recruitment, and analysis of the interview component of my research. I then explain the resulting four themes and discuss and compare them to the pre-existing literature on FSFWs' health in Canada.

### **4.1. Goals and Objectives**

The goal of the second part of this research was to explore FSFWs' experiences with and knowledge of accessing health care in Nova Scotia and identify the factors associated with those experiences and knowledge.

The objective was to examine FSFWs' access to health care (health services, health insurance, and workers' compensation insurance) from the experiences and encounters of FSFWs, local seasonal farm workers, and farmers.

### **4.2. Methods**

#### **4.2.1. Research Design**

This study uses qualitative inquiry to explore FSFWs' access to health care services, health insurance, and workers' compensation insurance. Qualitative methods allow researchers to focus on the 'hows' and 'whys' of their research and are used to understand specific groups, individuals, situations, or moments. (98) In doing so, qualitative researchers can explore, describe, and interpret complex ongoing social processes. (98) Using qualitative interviews allows researchers to describe and reconstruct events that they have never experienced. (98) "By putting together descriptions from separate interviewees, researchers create portraits of complicated processes". (98, p. 3) This can help individuals and groups better understand the experiences of people coming from different backgrounds or situations.

My objectives for the second part of this thesis were exploratory in nature. Because of this, I chose to use one-time semi-structured qualitative interviews with FSFWs, local



seasonal farm workers, and farmers who employ FSFWs. Rubin and Rubin (98) point out that qualitative methods are especially useful when the processes that are being explored are unseen. The FSFW population is somewhat invisible in Nova Scotia and their experiences very much unknown to the general population. Qualitative interviews seemed the most appropriate research method to use for my chosen research objectives and population.

Many qualitative analysis methods use a deductive approach, where the themes and concepts are determined before the analysis and then the interviews are coded accordingly. (98) In contrast to this, grounded theory is largely inductive in nature, whereby themes and concepts are not predetermined and instead are allowed to emerge directly from the data. (98) As a result, themes and concepts are created and modified throughout the coding process. (98) By not selecting codes in advance, concepts that are unexpected are allowed to be included in the analysis, and the richness of the data is not lost. (99)

I used both a deductive and inductive approach to my qualitative research. Interview guides were developed deductively based on the concepts found in the literature review. However, during analysis, I chose to use a grounded theory inductive approach. Because my objective was exploratory and because the FSFW population in Nova Scotia had not previously been studied in depth, I did not want to limit my codes to those found in the literature review of FSFWs in other parts of Canada and the USA. Therefore, I used grounded theory with the intention of capturing themes and concepts that exist within the FSFW population in Nova Scotia but did not emerge in the literature review.

#### 4.2.2. **Farm Worker Participants and Recruitment**

Eight foreign and four local seasonal farm workers were recruited and interviewed. I strove to recruit a balanced variety of participants including both males and females, foreign workers from Mexico and Caribbean countries, as well as participants of a variety of ages.

I recruited key informant farm workers in public areas such as malls, farmer's markets, grocery stores, and parking lots by approaching them, explaining my study, and

requesting their assistance. Contact cards and flyers advertising the study and requesting participants were posted in local grocery stores but did not result in any contacts. Once key informants were recruited, snowball sampling was used to engage additional farm worker participants. Participants were compensated \$25 per interview to compensate for transportation and work time lost. Recruiters were additionally compensated \$25 per successful interview accomplished due to their assistance. Participant compensation was provided by the Workers' Compensation Board of Nova Scotia. The provision of this funding was stated on consent forms. Individuals who were approached for interviews but refused to participate were queried on their reasons for not participating, which were used to better understand recruitment bias. Refusal to participate was primarily due to not having time and not having transportation from the farms to a public place to conduct the interviews. Interviews lasted between 40 minutes and one and a half hours, not including time spent reading, discussing, and signing the consent form.

#### **4.2.2.1. Inclusion Criteria**

- Individuals who come to Nova Scotia from their home country for the specific purpose of seasonal agriculture work (less than 8 months per year) through SAWP under the TFW program were eligible to participate in the study.
- Individuals who are seasonal (less than 8 months per year) agricultural workers and reside in Canada full-time were eligible to participate in the study. This included Canadian citizens from Nova Scotia or any other province and non-citizens who are full-time residents of Canada.
- Individuals 18 years of age or older.
- Both female and male FSFWs were eligible to participate in the study.
- Participants had to be able to speak either English or Spanish to participate in the study.

#### **4.2.2.2. Exclusion Criteria**

- Individuals under the age of 18 years (for consent purposes).
- Individuals did not speak English or Spanish (for communication purposes).
- Individuals who engaged in agricultural work for more than 8 months per year.

#### 4.2.3. **Farmer Participants and Recruitment**

Six farmers were recruited and interviewed. I identified farmers who employ FSFWs by talking to people in the community and visiting farm websites. I then called or emailed farmers and requested their participation. Where a successful interview was conducted, I occasionally requested names of other farmers who the interviewee felt might be interested in participating in the study (snowball sampling).

##### 4.2.3.1. **Inclusion Criteria**

- Farm owners/operators in Nova Scotia who employ both foreign and local seasonal agricultural workers were eligible to participate in the study.
- Individuals 18 years of age or older.
- Both female and male farmers were eligible to participate in the study.

##### 4.2.3.2. **Exclusion Criteria**

- Individuals under the age of 18 years (for consent purposes).

#### 4.2.4. **Data Collection and Management**

Ethics approval was obtained from the Dalhousie University Health Sciences Ethics Review Board. Consent was sought and obtained from all participants. I explained in detail that participants' anonymity would be protected and no names or identifying characteristics would be reported. Participants were reminded they could skip questions that they were not comfortable answering and withdraw from the study at any time. Participants signed a consent form giving permission for myself and my committee to review and analyze their transcripts, and use direct quotes from those transcripts to illustrate concepts in the final report.

I conducted in-depth interviews to collect details on seasonal farm workers' knowledge of and experiences with accessing care in Nova Scotia. Qualitative data "document the world from the point of view of the people studied" (100, p. 165) and therefore provide important insight into how people make sense of their experiences. This inquiry was guided by the principle of grounded theory. In total, I conducted interviews with 18 participants: eight with FSFWs, four with local seasonal farm workers, and six with

farmers. Data were collected through semi-structured interviews with open-ended questions (Appendices A, B, and C). After developing the conceptual model presented in Figure 1 (Chapter 2), questions were structured to encompass each of the seven domains. While the model guided the interviews, their semi-structured nature allowed me to explore other pertinent issues that arose during interviews. Therefore, interview guides were updated as new themes and topics emerged. Interview guides addressed all seven domains presented in Figure 1 (Chapter 2). Farm worker interviews focused on health outcomes, experiences, practices and behaviours, occupational health and safety, knowledge and attitudes towards health, access to health care, and barriers and enablers of maintaining good health. Farmer interviews focused on their own personal perspectives on and concerns about the health of their workers and any differences they perceive between FSFWs' and local seasonal farm workers' health outcomes, practices, and behaviours. This guide was developed to explore many more topics than was within the scope of this thesis. This thesis focuses on those topics within the interview pertaining to domain 6, access to health: health services, health insurance, and workers' compensation insurance. Each interview question was designed to facilitate conversation and included a series of prompts to encourage engagement. Following the principles of grounded theory and recognizing it is best not to over-rely on pre-existing conceptual frameworks or assumptions, (101) questions were further developed based on the findings of the first few interviews to address gaps created by insufficient or inaccurate questions. Semi-structured interviews were used to allow departure from interview questions to explore emerging concepts, which were sometimes incorporated into later versions of the interview guides. This is consistent with grounded theory. (101) I translated the interview guide for seasonal workers into Spanish, which I then later had edited by a fluent Spanish speaker. We discussed the meaning and purpose of questions thereby ensuring the language and phrasing would resonate with participants and they would comprehend the meanings of the language used. Further, English and Spanish interview guides for farm workers and farmers were pilot tested on two participants from each group (English speaking farm workers, Spanish speaking farm workers, and farmers) to ensure readability, understandability, flow, and content. Appropriate adjustments were then made to the interview guide to improve its quality. The

participants granted permission for those pilot interviews to be included in the overall qualitative data. The interview guides presented in Appendices A, B, and C are versions of the interview guide that have been adjusted based on the preliminary interviews.

Theoretical saturation occurs at a point of diminishing returns. “The point of diminishing returns comes when (and only when) theoretical constructs fit with existing data and the comparison of theoretical constructs with new data yields no significant new insights.” (102, p. 86) According to Guest, Bunce, and Johnson (103) twelve interviews are usually enough to reach theoretical saturation, where very few new codes are introduced after the first twelve interviews. (103) In addition, basic elements for metathemes, or higher level overarching themes, can be determined after only six interviews. (103) In contrast, Hagaman and Wutich (104) found that 16 interviews or fewer were sufficient to determine all themes in a relatively homogenous group of individuals. However, 20 to 40 interviews were found to be necessary to identify metathemes across four different groups of individuals. (104) Marshal et al. (105) reviewed 83 qualitative information systems articles with the intention of creating guidelines to determine appropriate sample size for qualitative studies. However, they were unable to do so because studies ranged so greatly in sample size (under 10 to over 100) and failed to use sufficient rigor in their justification of sample sizes. (105)

Given that there are few guidelines to establish whether one has reached theoretical saturation and no concrete number has yet been determined, I based my intended sample size on those presented by Guest, Bruce, and Johnson. (103) I aimed to conduct six to 10 interviews with each group to ensure that all overarching themes were identified as well as the majority of minor themes. However, because recruitment proved to be extremely challenging, I settled for eight foreign seasonal workers, four local seasonal workers, and six farmers. I believe that although I did not reach complete theoretical saturation in terms of new codes, I did reach theoretical saturation with regard to metathemes.

Interviews were audio recorded. I conducted interviews in both English and Spanish, dependent on the language preference of participants. Interviews were carried out with farm workers in public libraries, university meeting rooms, and grocery store community rooms. These locations were specifically chosen to be both private (to protect workers’

confidentiality) and public (to protect the safety of the interviewer). Farmer interviews were carried out in farm offices or in farmers' homes. Confidentiality was guaranteed and reiterated to participants. I transcribed all English interviews. A research assistant was hired to transcribe and translate Spanish interviews. Upon review of her work, her transcription proved to be unsatisfactory. Therefore, another research assistant was hired to transcribe and translate two Spanish interviews, while I transcribed and translated the third.

#### 4.2.5. **Strategies for Increasing Theoretical Sensitivity and Rigour**

Theoretical sensitivity is “the ability to ‘see’ with analytic depth what is there.” (106, p. 76) To increase theoretical sensitivity, techniques are used to open up thinking about the phenomena being studied. (106) Concepts and themes found in the existing literature to focus interview questions can also help simulate theoretical sensitivity. (106) Thus, to enhance theoretical sensitivity, initial interview guides were based on the conceptual model which was developed from the findings and themes discussed in the literature review. Questions were developed through an iterative process and designed to be open ended with the intention of removing interviewer biases and eliciting a variety of viewpoints. Findings from initial interviews resulted in some minor adjustments of interview questions and prompts to improve their understandability.

To increase rigour of interview questions, field notes were taken during interviews and recruitment. Interviews were piloted with seasonal farm workers and farmers to determine whether questions were valid and targeting the correct issues. Piloting was also used to ensure that the overall interview flowed well. Participants who completed the pilot interviews were asked if their accounts could be used in the data analysis and report. Permission was obtained and all interviews were included. Clarification was requested of participants in situations where I was unclear of the participants' statements and opinions. I also tried to clarify questions with participants to ensure that participants understood what was being asked of them. In addition, direct quotes were used to illustrate key points and demonstrate the perspectives of participants.

I conducted all interviews and transcribed all English transcripts thereby providing consistency of the interview processes. After having a translator translate and transcribe all Spanish interviews, I audited the transcripts to determine how well the audio matched with the written transcript. Transcripts proved to be missing pieces and translations were too interpretive. Upon finding that the translations were unsatisfactory, I hired a different translator to retranslate and transcribe the Spanish interviews. These translations were satisfactory. Therefore, the second translator completed two out of the three Spanish transcripts, while I completed the third. In addition, conversations were had with the second translator to discuss tone and subtle cultural influences found within interviews.

From an interpretive standpoint, qualitative rigour is made up of confirmability, credibility, dependability, and transferability. (102) In order to enhance confirmability, assumptions and frameworks were made explicit before data collection ensued and during analysis all emerging concepts and models were documented and justified (i.e., I maintained an audit trail). Further, I endeavored to maintain self-awareness and engage in self-reflection during data collection and analysis, so as to minimize my own personal biases. To enhance credibility, multiple meetings were had with committee members to review and question findings. Data were triangulated across groups of participants and between interviews and documents included in the document analysis. To protect dependability the processes through which findings were derived were also made explicit, and all stages of the analysis were recorded. Clear documentation was maintained regarding methodological and analytic decisions to determine codes and categories. Finally, to ensure transferability, constant comparison was used to ensure that conceptual theories were consistent with new data as they were collected.

#### 4.2.6. **Ethical Issues**

The main ethical issue I was confronted with was regarding the job security of farm workers. I had originally planned to recruit farm workers (both foreign and local) through individual farmers. However, in doing so, I would not be able to ensure the anonymity of farm workers. As discussed in the literature review (Chapter 2), FSFWs depend on the good will of their employers to ensure they receive an invitation to return to work the following year. Therefore, if a farmer were to discover that a farm worker

had revealed something to me through interviews that the farmer did not like (or suspected as much) it would likely endanger the FSFW's future prospects of work in Canada, and possibly current work prospects as well. For these reasons, I would also expect FSFWs to be less honest in their interviews and therefore give me biased results. Therefore, I decided to recruit FSFWs through public locations, separate from farmers.

To protect the reputations of participants, anonymity of both workers and farmers has been preserved. True names, locations, farm names, and identifying features have not been used in the reporting of this research. To avoid creating stereotypes based on nationality, FSFWs' countries of origin has not been associated with specific traits or comments in this thesis. Such stereotypes could result in preferential treatment to one nationality over the other on the farms or in regards to invitations to work in Canada. Further, I have not and will not share the names of interview participants with other participants.

#### 4.2.7. **Privacy and Confidentiality**

All interview participants were given ID numbers with which their information was de-identified. To maintain confidentiality, all names and other identifiers were removed from transcripts. Only I and my supervisor have access to the master list of participants and the number with which they are coded. No names, farms names, or locations appear in this Master's thesis nor will they appear in any publications that occur as a result of this study. Farms and towns are referred to as farm A, farm B, town X, town Y, etc. Any quotes used are anonymous and participants have been given fake names.

All audio recordings and transcripts with identifying information are kept on a password protected computer. All study materials related to personal interviews are kept in a locked filing cabinet in the Community Health & Epidemiology department on the Dalhousie University campus. Only I and my supervisor have access to these materials.



### **4.3. Analysis**

The data were analyzed using a grounded theory approach as described by Strauss and Corbin (106) to uncover categories and themes that provide an in-depth understanding of FSFWs' knowledge of and experience with accessing health care in Nova Scotia.

Interviews were transcribed (and translated to English where necessary) by myself and a paid research assistant. Transcripts were then analyzed using the principles of grounded theory and open, axial, and selective coding. Open coding involves categorizing data into general concepts, sometimes informed by the existing literature, and developing a topic guide or list of codes. (102) Axial coding is used to determine the relationships from the concepts obtained through open coding, thereby relating structure to process. (102) Selective coding involves the refining and integrating of categories to create core categories, which in turn develop the overall theory. (102)

I first conducted open coding by hand. To increase rigour, one of my committee members with expertise in qualitative data analysis separately coded and analyzed the first six interviews (two farmer interviews, two foreign seasonal farm worker interviews, and two local seasonal farm worker interviews) to assist with the development of a codebook and the application of codes. We then reviewed and compared our codebooks together. For the most part, we were very consistent. Where there were discrepancies, the code was discussed until consensus was achieved.

After completing open coding, I entered all transcripts and codes into the qualitative data analysis software, QSR NVivo 10. In doing so, I refined codes while conducting axial coding and thereby establishing relationships between codes. I continued axial coding while downsizing the codes to those relevant to my topic: access to health care. I grouped those codes based on their relevance to each other and came up with three groups or categories: 1.) Barriers and mediators to access to health care (includes Group 1A: the disconnect), 2.) Health care experience, and 3.) Health insurance. The last three codes remained ungrouped. See Table 6 for access to health care codes include in analysis.

**Table 6. Access to health care codes**

<p><b><u>Code Group 1: Barriers and Mediators to Access Health Care</u></b>          Workplace practices – Hours          Transportation          Communication</p>	<p><b><u>Code Group 1A: The Disconnect</u></b>          Difference from others – Complain          Fear – Reporting sick          Health beliefs          Quick to care</p>
<p><b><u>Code Group 2: Health Care Experience</u></b>          Health care experience          Difference from home – Doctors          Other provinces – Injury          Personal practices – Doctor visits          Recommendations – Travelling clinic          Recommendations – Physio          Responsibilities</p>	<p><b><u>Code Group 3: Health Insurance</u></b>          Health insurance          Concerns – Health insurance costs          Health card (provincial)          Recommendations – Health card (provincial)</p>
<p><b><u>Ungrouped</u></b>          Pills          Where to treat          Workers’ Compensation</p>	

Access to health care codes and their associated coded interview quotes were then shared with my supervisor and committee. Three researchers, two committee members and myself, conducted selective coding to identify emerging themes in a daylong meeting. The four themes were identified based on consensus of the three researchers. Comparisons were made between FSFW, local seasonal farm worker, and farmer data. Concepts were discussed in depth; when disagreements arose, the data and interpretations were further deliberated until consensus was achieved. Later, themes and subthemes were further developed with constant input by the two committee members. Themes and subthemes are discussed in the results section.

## **4.4. Results**

### **4.4.1. Participant Demographic Profiles**

#### **4.4.1.1. Foreign Farm Workers**

Interviews were successfully conducted with eight FSFWs. Thirty-eight percent of FSFW participants were from Jamaica, and 62% were from Mexico. All were men and their ages ranged from early-30s to early-50s. All FSFW participants were either married or in a common law partnership. All FSFW participants had children, ranging from two children to six children. Education level ranged from completing grade six to completing grade 11. FSFW participants had been coming to Nova Scotia to work in seasonal agricultural jobs for between two and 10 years. Most (62%) had also worked additional years in other parts of Canada. FSFW participants worked in Nova Scotia between four and eight months in the year they were interviewed (2015). All FSFW participants worked full time, between 8 and 12 hours per day, six or seven days per week. Thus, hours ranged between 48 and 84 per week.

#### **4.4.1.2. Local Farm Workers**

Interviews were successfully conducted with four local seasonal farm workers. All local worker participants were Canadian citizens and either married or engaged. Half were women and half were men. Local worker participants ranged in age from mid-20s to mid-50s. Seventy-five percent had children, ranging from one child to three children. Seventy-five percent had some high school education and 25% had some university education. Local participants had been working as seasonal agricultural workers in Nova Scotia for between one and 11 years. Twenty-five percent had also worked seasonal agricultural jobs in other parts of Canada. Local seasonal worker participants worked on farms in Nova Scotia between four and eight months in the year they were interviewed (2015). Seventy five percent worked full time, between nine and twelve hours, six or seven days per week. Thus, full time hours ranged from between 54 and 84 per week.

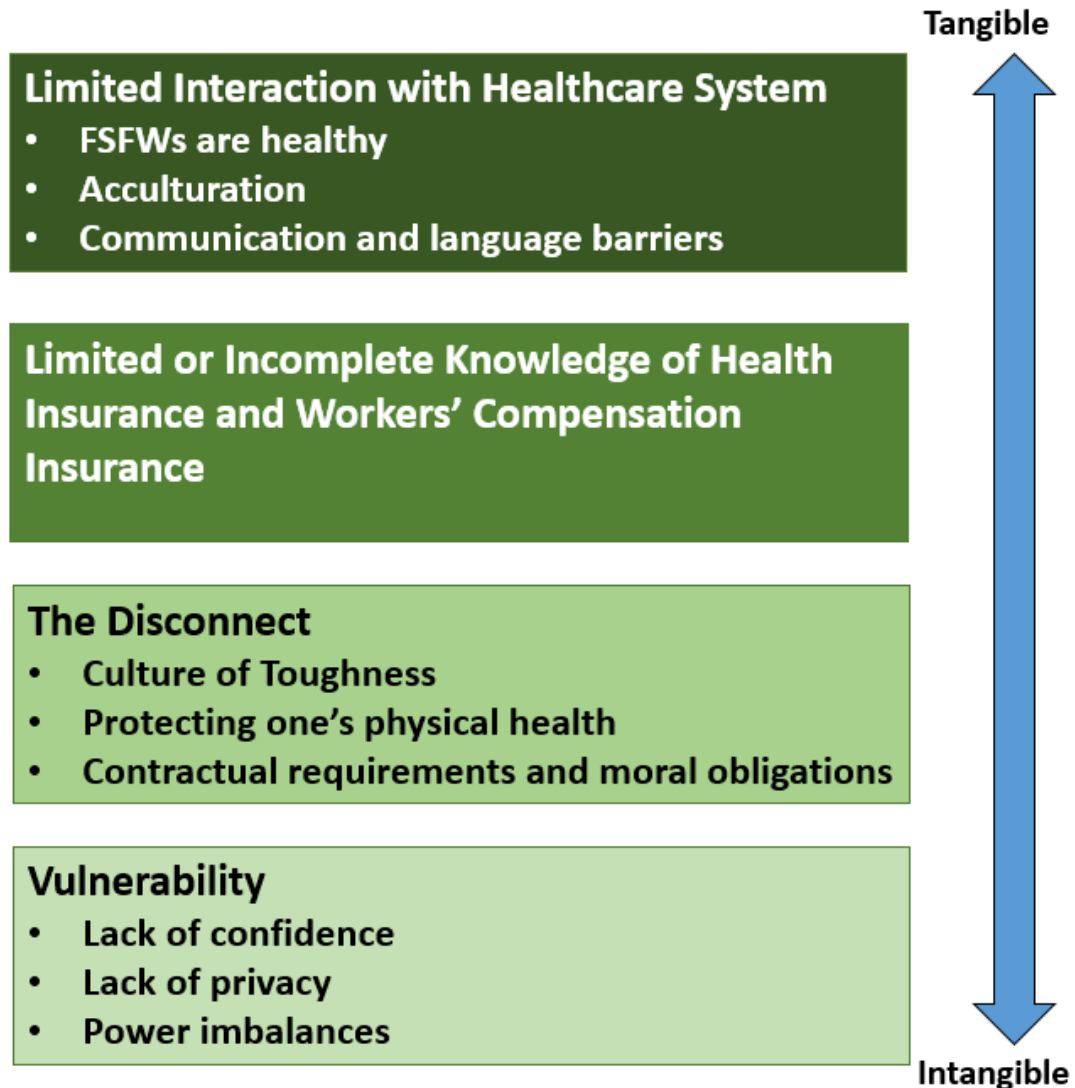
#### **4.4.1.3. Farmers and Farms**

Interviews were successfully conducted with six farmers on five farms. Seventeen percent of farmer participants were women and 83% were men. All farms produced

fruits and/or vegetables. All farmer participants' farmed greater than 100 acres of land. All farmers have been hiring FSFWs for more than a decade and 80% of farms have been in business for over 30 years. Farmer participants hired between 10 and 100+ FSFWs, and all farmers hired less than 15 year round employees.

#### 4.4.2. **Themes**

Four overarching themes emerged from the analysis of interviews. The first theme illustrates FSFWs' *limited interaction* with the health care system. The second theme illustrates the *limited knowledge* that FSFWs have of their health insurance and workers' compensation insurance. The third theme addresses the *disconnect* between how farmers view their FSFWs as dependable hard-working employees but also as individuals who are quick to require medical attention. And the fourth theme highlights the *vulnerability* of the FSFW population. This vulnerability is systemic in nature and permeates FSFWs' work and life experiences in Canada. It therefore influences their access to health care and threads through the other three themes presented here. Themes and subthemes are presented in Figure 4.



**Figure 4. Themes and subthemes presented on a continuum of tangible to intangible**

Themes are shown in Figure 4 as on a continuum of tangible to intangible. Starting at the top, FSFWs have a limited interaction with the health care system. This theme is tangible (or visible) in nature in the sense that FSFWs do not visit hospitals or doctors' offices very often. Becoming less tangible is the second theme. FSFWs limited and incomplete knowledge of health insurance and workers' compensation insurance is less visible or concrete, but certainly exists in terms of understanding of how the health system in Nova Scotia works. Less tangible still is the disconnect between farmer participants' perceptions of their FSFWs. Finally, at the bottom of Figure 4, is the least tangible theme: vulnerability. This theme is systemic in nature and thereby less visible or

concrete, yet clearly exists within the policy environment and regulatory frameworks within which the participants live and work.

#### **4.4.2.1. Theme 1: Limited Interaction with the Healthcare System**

FSFW participants have very limited interaction with the health care system. Farmers pointed out that although FSFWs insist on visiting the doctor frequently for minor illnesses or injuries (see Theme 3), FSFWs take few to no sick days. One farmer stated, *“In all the employment days that we have had with these [foreign] workers since we started, I haven’t lost ten days employment. Ten man days in the thousands of man days that they’ve put in”* (Farmer #3). Of the eight FSFWs interviewed, 75% had never accessed health services while working in Nova Scotia. Therefore, while farmer participants perceived FSFW were constantly accessing health care services (Theme 3), most FSFW participants stated they never accessed medical services. Four possible reasons for FSFWs’ limited interaction with the health care system emerged from the data: 1.) FSFWs are healthy, 2.) FSFWs become acculturated to Canadian ways of viewing and managing illnesses and injuries, 3.) communication and language barriers, and 4.) FSFWs have limited or incomplete knowledge of the health care system (Theme 2).

##### FSFWs are Healthy

Interview data indicated FSFWs tend to be healthy and therefore do not require frequent access to healthcare services. Both farmers and farm workers pointed out that FSFWs must go through a medical exam and pass a medical screening before being accepted into the program, and therefore tend to be a healthy population when they arrive. One farmer said: *“Well, if they pass a medical that... is required of them to be on the program, I don’t think they could have any health issues in them. Because it’s a pretty rigorous program that they, or medical program, that they have to go through, to pass”* (Farmer #3). One FSFW participant stated: *“I mean, when we came here to Canada, we passed a medical examination there in [Country A], they check us, everything, the blood and all that, so that we were healthy when coming here”* (FSFW #6). This appears to be related to both the healthy worker effect and the healthy immigrant effect. The healthy worker effect refers to how workers, by virtue of their being able to work, are healthier than the general

population. (107) The healthy immigrant effect refers to the observation that individuals who have newly immigrated to Canada tend to be healthier than their comparable Canadian counterparts. (108) Another farmer described them in this way:

*Provided that they are doing physical work, they're in pretty good condition and working physically and eating well and they're naturally pretty healthy to begin with and so all those things translate out into very low sick days or missed days for health reasons. (Farmer #4)*

### Acculturation

The data suggested FSFWs limited interactions with the healthcare system may relate to acculturation as they come to Nova Scotia every year. That is, FSFWs become more acculturated to Canadian ways of managing common illnesses and minor injuries. Acculturation was evident in two ways: understanding the natural course of minor illnesses and use of over-the-counter medication to deal with discomforts associated with minor illnesses and injuries. For instance, one farmer noted that although FSFWs feel the need to visit the doctor every time they get the flu, over several years coming back to Canada they learn the flu is not as scary as it may have seemed upon first getting it: *“But now they have figured that out now. Over time that, you know, you don't have to go to the hospital if you get the flu”* (Farmer #2). Farmer participants also suggested that in their home countries, FSFWs were not familiar with the ease of access to such medications as Tylenol and antihistamines. Upon discovering easy-to-access over-the-counter medications, FSFWs learned how to self-medicate for ailments such as colds, flus and sore muscles, thus decreasing the need to visit doctors and hospitals. The same farmer described it this way: *“So they have figured out you know how to deal with that, with over-the-counter stuff so they have learned how to look after themselves a bit better through the pharmacies”* (Farmer #2). One FSFW, who has been coming to work in Canada for several years, describes his experience with a cold: *“A cold and coughing and... want to have to get something for me, I could ask let's go to pharmacy, get some medication for it... that's the only time I feel sick... I take a day off and get medication and get self better for the other day”* (FSFW #1).

### Communication and Language Barriers

Communication issues and language barriers is another factor that may limit FSFWs' interactions with the healthcare system. One farmer describes: *"A lot of times there's communication barriers between the hospital and the guys, both ways, them understanding what people are saying to them and people understanding what they're being told."* (Farmer #1) Farmers noted that while often difficult to understand, Jamaican workers (whose first language is English) learn over time to speak in a way that is more understandable to Canadians. One farmer stated:

*You know most of 'em, most of my fellas have learnt and I guess just through force of habit because I make it very clear to them. That they've learnt to, if they speak slow and plain, then I'll understand. And if I'm talking to them I'll try to speak as slow and plain as I can, so that they understand.* (Farmer #3)

Therefore, Jamaican FSFWs new to SAWP may have some difficulty communicating with medical professionals. One farmer noted:

*The guys that have been coming up with us, a lot of them have been coming up for 15, 20 years. So their English is pretty good. But when some of the new like, you know, we do have one person... he's been on the program for three years or so, yeah he would have a problem for sure.* (Farmer #2)

Mexican FSFWs speak Spanish (and sometimes Indigenous languages) and most have limited or no English language skills. Of the FSFW participants who were from Mexico, only 20% felt able to say some phrases in English, and none were able to speak English fluently. Farmer and Mexican FSFW participants noted they were able to communicate with each other through the assistance of a translator who was another Mexican worker employed on the same farm. One farmer explained communication with Mexican FSFWs in the following way:

*There's always at least one that speaks, you know pretty good English and can translate back and forth quite well. And most of the Mexicans have some rudimentary understanding of basic English and that coupled with an... attitude that's like 110% that they just plain want to, they really want to do what you want and try to you know really understand.* (Farmer #4)

One Spanish-speaking FSFW stated: *"When I arrived there is one [farm worker] there who speaks a little English and he explains it all"* (FSFW #6). One farmer describes how when Spanish-speaking FSFWs go to the hospital, they send the FSFW that works as a translator on the farm to the hospital as well: *"Maybe in Halifax it might be different but*



*here in [County A], they [the hospital] don't have any, there's nobody that can do that [translate]. You might have a chance that somebody knows a bit but... it can't be done so they need a translator"* (Farmer #6).

While informal translators must have enough English vocabulary to translate conversations regarding farm-related topics, it is unknown whether they also have the capability to translate discussions regarding medical issues. As a result, inability to communicate with medical professionals could act as a deterrent for FSFWs to access health care services. In addition, in cases where translators do have sufficient vocabulary to translate medical visits, workers may not feel comfortable discussing medical conditions through a translator who is also their co-worker and bunkmate. This is especially relevant for female FSFWs who may only have access to male translators.

#### **4.4.2.2. Theme 2: Limited or Incomplete Knowledge of Health Insurance and Workers' Compensation Insurance**

The data strongly demonstrated FSFWs' limited or incomplete knowledge of health insurance and workers' compensation insurance. FSFW participants displayed evidence of confusion and incomplete knowledge when questioned about health insurance and workers' compensation insurance. The variety of responses suggested that not all FSFWs received the same and/or complete information regarding how their health insurance is paid and what the health insurance provides for them. One basic example of this is the provision of a health insurance card. All FSFW participants agreed that they have health insurance. However, 62% of FSFW participants stated they are provided with a health insurance card, while 38% stated that they are not provided with a card and are instead provided with a paper stating their health insurance number. This discrepancy is not based on the countries from which FSFW participants originate. Upon being asked how he comes to have health insurance, one FSFW stated: *"Yeah I know we have it, the boss brings it to us. I know we're insured but we don't know who pays for the insurance. Well if it's part of the government or the boss pays or it's free. Yeah, I don't know"* (FSFW #10). After asking who paid for his visit to the doctor, one FSFW responded: *"I don't know really but the government, the [Country B] government and the Canadian*

*government they are, they do their thing, I don't know about. They say we are free, to go to the doctor"* (FSFW #3).

Knowledge about workers' compensation insurance appears to be as inconsistent as knowledge about health insurance. Employers of SAWP workers are required to provide FSFWs with workers' compensation insurance. (65,66) However, only 25% of FSFW participants were confident that their employers had workers' compensation insurance. Most expressed uncertainty regarding whether their employers had workers' compensation insurance and confusion regarding how it worked. One FSFW participant explained how another FSFW who collected workers' compensation after being required to take some time off work was paid half his usual pay. He stated: *"Like if he makes \$700, he got paid \$350. This is what the boss gave him, but we don't know the rules"* (FSFW #11). Another FSFW participant, after relating his knowledge on how disability pay works in his home country, stated: *"Here, I don't know for how many days for general sickness or for a work accident. I don't understand it"* (FSFW #10). In addition to those FSFW participants who had some partial knowledge of workers' compensation, 38% had never heard of workers' compensation insurance even after the program was described to them.

Evidence of confusion and incomplete knowledge regarding FSFWs health insurance was also seen among farmer participants. On being questioned about how FSFWs health insurance was paid for or what it covered, most farmer participants made reference to needing to clarify with someone else on the farm and made incorrect statements that they later changed based on that clarification. Therefore, FSFWs who are confused about their health insurance but interested in learning about it might not be able to gain such information from his/her employer. This lack of complete knowledge seen in both FSFW and farmer participants could also serve to limit FSFWs interactions with the health care system.

Data from local seasonal farm workers also suggested confusion and incomplete knowledge regarding how their provincial health insurance and workers' compensation functions. After being asked if she had a good understanding of her provincial health insurance, one local farm worker stated: *"I don't know. I mean I think so, but not really"*

*though... I don't know exactly what it covers and what it doesn't cover"* (Local Worker #12). After being asked if he felt he understood how workers' compensation insurance worked, another local worker stated: *"Not really no. I never had to, you know, utilize so as I haven't really looked into it or had a second thought about it or anything"* (Local Worker #7).

#### **4.4.2.3. Theme 3: The Disconnect**

All farmer participants clearly appreciated the value of SAWP and the FSFWs who work for them every year. For example, one farmer stated:

*I don't think we understand the value of the people we bring in to the economy or to the food source that we have. Because I think if you checked very carefully in your cupboards and in your fridge, you see everywhere, I think there are a lot of fingerprints on there that aren't Canadian* (Farmer #5).

Another farmer stated it simply: *"If we didn't have access to those guys [FSFWs], I don't know what we'd do"* (Farmer #6). Farmers described FSFWs as dependable, able-bodied, experienced, physically conditioned, and hardworking. Farmer participants also perceived that FSFWs are more willing to do the type of hard labour that accompanies agriculture work and less likely to complain about it than local Canadian employees or Canadians in general. Conversely, when queried about health care experiences most farmer participants discussed how FSFWs often complained about physical ailments and were quick to request a trip to visit the doctor or hospital. An example of these disconnected views is when one farmer states, *"they tend to be a people that, I don't know, that very quick to let pain bother them, but yet they'll keep on going with it"* (Farmer #3). This contrasts with farmer participants' comments about how few to no sick days are taken by FSFWs (see Theme 1). The data suggest three contributing factors to the apparent disconnect between farmers' appreciation of the work ethic and strength of foreign workers and their perception that foreign workers are *"very whiney"* (Farmer #3) with regard to minor ailments.

#### Culture of Toughness

There is a "culture of toughness" present on farms and among the people who work there. Farmers expressed how FSFWs would require trips to the hospital for ailments that they

personally or “*the typical Canadian*” (Farmer #6) would just ignore until it went away. One farmer stated, “*I get a hurt leg, well I just keep on limping until it gets better*” (Farmer #3). Another farmer noted that FSFWs would “*even go [to the hospital] if it’s one stitch to have it removed... The typical Canadian person would pull it out themselves probably*” (Farmer #6). From the latter farmer’s point of view, this culture of toughness goes beyond just the farm setting and includes Canadians in general. One local seasonal farm worker, new to the farming industry, noticed the presence of this culture of toughness and stated, “*It was often rainy and below 12 degrees, so everyone’s hands were numb but there was no, no like, I sort of got the initial vibe of like toughen up*” (Local Worker #12). Thus, farmers may perceive that FSFWs request health care more than necessary because in their view, FSFWs are not living up to this pre-existing culture of toughness.

### Protecting One’s Physical Health

Different priorities present among FSFWs may also contribute to the disconnect. FSFWs rely on their physical abilities to work, make money, and support their families. Therefore, their physical health is integral to their autonomy and livelihood. Much like a pianist protects his hands, a FSFW might protect his physical health. One farmer described it: “*The offshore labour way is to any little thing yeah get it checked out right away because that’s their bread and butter, is their physical health*” (Farmer #6). For a FSFW, getting injured or ill in Nova Scotia means not only being unable to work and earn money to support one’s family, but it also means being unwell alone and far from one’s friends and family. One FSFW described how he is careful not to get injured because there would be no one around to check up on him or visit him in the hospital.

*I try my best to, that’s why I don’t drink, I try my best to be conscious. I try my best to... I try to do it the right way, anything can happen to you, but I try to be conscious, to try to anything I’m doing I’m try to think before I take a step, that’s I can do what I have to do. I see it’s hard here. I think if I’m injured here, I’m not gonna have no one to look at me” (FSFW #1)*

Related to this, FSFWs may not be familiar with sicknesses common in Nova Scotia. One farmer described how FSFWs want to go to the hospital when they feel flu symptoms because they are unfamiliar with the flu and are concerned that it is something

serious. The same farmer states: “*The guys often will be quite afraid if there’s if they’re starting to not feel very good, I think has been the experience*” (Farmer 1). The pairing of a greater protectiveness of their bodies as well as an unfamiliarity with Nova Scotia illnesses may lead to greater requests to visit doctors than deemed normal by farmers or in comparison to local seasonal farm workers.

### Contractual Requirements and Moral Obligations

Adding to the disconnect may be the fact that farmers are contractually required to mediate FSFWs’ access to health services. (65,66) This is necessary because without the assistance of farmers (in the form of rides, drivers, vehicles, etc.), FSFWs would find it difficult to travel from the farms where they work to a hospital or clinic. Farmer and worker participants’ were in agreement that employers provide transportation to clinics or hospitals when a FSFW is injured or ill. This transportation is facilitated either by the farmer, the farmer’s spouse/partner, a driver (another employee on the farm), or the provision of a farm vehicle. In addition to the contractual obligation of providing transportation to ill and injured FSFWs, the data suggest there is also an underlying moral obligation that some farmer participants feel with regard to making sure FSFWs successfully navigate the health care system. One farmer describes how his responsibilities for an injured FSFW are different than those for an injured local seasonal farm worker:

*...whereas a foreign worker we would have had somebody from here [who] would be involved in all that. And through to whatever the final you know conclusion or... whatever the interventions are with the medical systems, somebody from here would be with the foreign worker, versus the local you know there probably wouldn’t be. (Farmer #4)*

Upon asking if that extra responsibility was solely because workers’ would need transportation, the farmer responded:

*That’s a big driver yeah, because some, most of the guys can’t drive... and aren’t allowed to. But then there’s just, you know, making sure they get into the system, you know, properly or at the right, you know, navigate through the system to get where they need to be properly and so on. (Farmer #4)*

Farmer participants expressed annoyance at these additional responsibilities but also recognized them as necessary and acted accordingly. One farmer adequately described the feeling of additional responsibility to his FSFWs as well as the annoyance of the extra burden: *“The odd time that it might be a pain in the butt, ‘cause really they just they need a Tylenol cold and sinus pill... that’s all they need but they you don’t want to deny them a visit to the doctor in case it is important”* (Farmer #6). These responsibilities, multiplied by the tens or hundreds of FSFWs on the farm, may lead farmer participants’ to perceive that FSFWs complain about minor injuries and frequently request visits to health care services. In contrast, farmers do not have the same obligations to local workers, who access health care services independent of their employer. *“He [injured local farm worker] drove himself over, talked to the... outpatients, the doctor, whatever, did all that. And... we had no intervention on that at all”* (Farmer #4).

#### **4.4.2.4. Theme 4: Vulnerability**

The data suggest that FSFWs are more vulnerable than their local Canadian counterparts in three ways. First, FSFWs in Nova Scotia do not have provincial health insurance coverage which can instil a certain level of confidence of being protected, regardless of one’s level of knowledge of it. Second, FSFWs’ access to healthcare services is mediated by their employer, thereby creating issues around privacy. Third, the two parties to which a FSFW could potentially request assistance and advice regarding access to health care (employers and liaison office/consulate) also have the power to deport them home and affect their future job prospects in Canada.

#### Confidence

Although there was some confusion among local seasonal farm workers about their provincial health coverage, there was also a feeling of confidence that even though they didn’t understand it, local workers knew that as Canadians, they had health insurance and it would take care of them. As one local worker stated: *“I know when I didn’t have my MSI, I was receiving bills for physiotherapy, but as soon as I presented my MSI card, it just disappeared”* (Local Worker #7). The same local worker followed up with: *“I always thought that I was covered on that end for the health care system”* (Local Worker #7). In contrast, most FSFW participants displayed doubt when speaking about their

health insurance, and spoke in hypothetical terms because they personally had never used it before. One FSFW said: “*Yes, that’s the information that we have been given. Tell the owner if anything happens, because we have the insurance and that is what covers our back every time we have an illness*” (FSFW #5). Another FSFW participant stated: “*I have to say I’m happy with it because I don’t know much about it*” (FSFW #3). Another FSFW participant described how he purchased medication, sent the receipts to the liaison office expecting to be reimbursed, never heard back nor received reimbursement, and did not understand why this was the result or what to do about it.

### Privacy

Except in unique circumstances, employees in Canada expect to have the right to privacy and do not expect to have to share medical information with their employers. (109) However, due to the structure of the SAWP system, FSFWs do not enjoy this right. In order to access health care, FSFWs must request transportation from their employer, thereby disclosing some level of medical information (e.g., their health status) to their employer. Although the contractual requirement for farmers to mediate FSFWs’ access to health was likely intended to protect FSFWs, the reality is that it results in a constant invasion of their privacy. Though employers may not be particularly interested in the personal medical details of the FSFWs on their farms or the effect it will have on their ability to work, it is employers’ responsibility to arrange transportation for workers to get to health appointments. Given this, farmers have an interest in knowing the reason behind workers’ requests for rides so as to determine whether it is an emergency or not or even to determine if the trip is necessary. One farmer participant states:

*If they have a medical problem, we take them to the doctor, that’s part of the contract. If it’s seen as an emergency, we do it right this moment. If it’s seen as something else, we do it like on a Tuesday or a Thursday night or whatever. About nine tenths of the time it’s just a sore muscle... because they haven’t used them. Especially new people that aren’t used to the work.* (Farmer #5)

By virtue of the system set in place to protect them, FSFWs must share personal health information with their employers merely to access the health care to which they are entitled.

Once a FSFW has shared their personal health information with his/her employer, the employer cannot discriminate against him/her based on that information. The Nova Scotia Human Rights Act forbids discrimination for physical or mental disability in employment. (110) However, this would likely be unknown to most FSFWs. Canadians are more likely to be aware of this safeguard (to some degree) and therefore would have a level of confidence that there are others looking out for their interests that would be absent from most FSFWs (related to the subtheme: confidence, discussed above).

### Power Imbalance

FSFWs have two options to which they may turn for assistance and information about accessing health care. They have their employers and they have their government agent. However, there are power imbalances between SAWP workers and these two parties that make FSFWs vulnerable. Employers have the power to fire the worker. Because SAWP workers' legal status in Canada is tied to their employment status, when a SAWP worker is fired, he/she must return home. Being sent home early not only results in a loss of employment and income for the year but can also jeopardize a FSFW's chances of being invited back on the program. One farmer noted that once off the program, even for reasons unrelated to a bad review from a farmer or government agent, it can be very difficult to get back on again:

*In [Country B], if you get off the program it's just hard to get back on. And I get phone calls once in a while from guys that have been here four or five years ago. And... I could even show you an email on my phone from a guy... who was on the program eight years ago and he's trying to get back in. And he was an okay worker, he's a nice guy, but for me to bring him on I'd have to keep another guy home and there's nobody I want to do that to. And he's off so he's calling me because he can't get on. So it's a big deal. (Farmer #6)*

For Jamaican SAWP workers, the government agent is the Jamaican liaison office. For Mexican SAWP workers, it is the Mexican consulate. Both also have the power to keep SAWP workers from returning to Canada via SAWP. FSFWs may perceive that their employer or government agent may remove them from the program, regardless of whether either party would actually do so. One farmer participant described how one FSFW previously employed on his farm had to spend a week or more in the hospital. Because that employee ended up using a lot of money for health care, the liaison office



refused to allow him back onto the program. The farmer stated, “*When he went back home they just kind of banned him from the program. ‘Cause he used up so much of that insurance money.*” (Farmer #3) He followed up with, “*Because he was a good worker, we tried to get him back a couple of times since then*” (Farmer #3).

For fear that they may be sent home or removed from the program, FSFWs may not want their employers or government agents to perceive them as being unhealthy or overusing healthcare services. Therefore, this vulnerability can severely limit their access to health care and health care information.

## **4.5. Discussion**

### **4.5.1. Themes**

#### **4.5.1.1. Theme 1: Limited Interaction with the HealthCare System**

In this study, FSFWs appear to have limited interaction with the healthcare system. One explanation that emerged from the data was that FSFWs are healthy and therefore do not need to interact with the healthcare system. Both farmer participants and FSFW participants felt that this was the case, and both populations referred to the pre-departure medical exam and screening that was required by all FSFWs to be accepted into the program. Narushima and Sanchez’s (111) interviews with farmers in Southern Ontario, Canada drew similar conclusions. Farmers presented the health of the FSFWs employed on their farms as good and attributed such fitness to the medical screening required by SAWP. (111)

The second explanation for FSFWs limited interaction with the healthcare system that emerged from the data was FSFWs learned behaviour of self-medication. Farmer participants described how FSFWs discovered over-the-counter medications and learned how to self-medicate for minor illnesses and injuries, thus decreasing their need to access health care services. In contrast to this, McLaughlin (18) describes how FSFWs in Ontario are unimpressed with the effectiveness of Tylenol as a “Canadian” remedy and consider doctors’ recommendations for Tylenol as a dismissal of their concerns.

Another explanation for FSFWs' limited interactions with the healthcare system was communication and language barriers. Unfortunately, limited reported interaction on the part of FSFW participants with the healthcare system made it difficult to determine whether FSFWs are in fact experiencing communication and language barriers when accessing healthcare services. However, based on descriptions of how FSFWs communicate with their employers (from both farmer and FSFW participants) it is likely that FSFWs would have difficulty communicating with healthcare professionals. Studies in Canada on FSFWs' health show that FSFWs in Ontario and BC experience communication problems and language differences as significant barriers to accessing health care. (4–6,18) McLaughlin (18) described Spanish-speaking FSFWs in Ontario hospitals as being unable to communicate with their doctors and nurses other than a few basic phrases. FSFWs leave medical visits feeling misunderstood, confused, and frustrated. (18) McLaughlin (18) also described a lack of certified, independent translators in Ontario hospitals where FSFWs are primarily dependent upon volunteer translators whose presence is sporadic. Otero and Preibisch (6) describe similar circumstances in British Columbia. McLaughlin (18) noted this lack of independent translators increases Spanish-speaking FSFWs dependence on employers and supervisors to translate healthcare interactions. As seen from my interviews with FSFW participants in Nova Scotia, in general Spanish-speaking FSFWs are dependent upon a co-worker to translate instructions from the employer. These same co-workers are also responsible for translating medical appointments.

There are two potential problems with having a co-worker translate medical appointments for Spanish-speaking FSFWs. First, although these translators may be adept at translating on-the-farm instructions, their ability to adequately translate a conversation between a doctor and patient is unknown. Second, issues of privacy and potential embarrassment make co-workers less than ideal options for translators. This second issue presents itself in other studies done in Canada. (5,18) McLaughlin (18) described one female Mexican FSFW's distrust of the male translator on the farm who was also close with the employer and how his presence at her doctor's appointment affected the decisions she made there. The FSFW was later horrified to discover that the translator had shared intimate details about her appointment with her co-workers. (18) Therefore,

the lack of privacy and confidentiality may serve as a deterrent for Spanish-speaking FSFWs that would like to access health care services in Nova Scotia.

No description of the provision of language and interpreter services at hospitals was described in interviews with FSFWs or farmers. However, upon further investigation, Nova Scotia Health Authority states that it provides interpretation services through the use of a telephone service called Language Line, and occasionally also offers face-to-face interpretation through the Halifax based non-profit organization: Nova Scotia Interpreting Services. (112) It is unknown whether medical professionals are offering these services and whether Spanish-speaking FSFWs in Nova Scotia are aware of or are using them. Further research would need to be done to determine the effectiveness of these services.

The subtheme describing FSFWs as healthy is similar to the ideas presented in Narushima and Sanchez's (111) interviews with employers of FSFWs in Ontario. The subtheme illustrating FSFWs acculturative self-medication practices was not seen in the literature. The third subtheme, communication and language barriers was suggestive of the conclusions drawn in Ontario and BC studies regarding communication and language differences as barriers to accessing health care. However, to determine whether these communication and language differences are really serving as barriers to health care for FSFWs in Nova Scotia, further research must be done.

#### **4.5.1.2. Theme 2: Limited or Incomplete Knowledge of Health Insurance and Workers' Compensation Insurance**

FSFW participants' limited or incomplete knowledge of both health insurance and workers' compensation insurance has been identified as a barrier to accessing health care in both Ontario and British Columbia. (5,6,18) McLaughlin (18) noted how this lack of knowledge can be exacerbated by language differences, where Spanish-speaking FSFWs cannot ask questions about their health insurance or even read their health insurance cards. Hennebry, Preibisch, and McLaughlin's study (5) showed that 93% of FSFWs interviewed did not know how to claim workers' compensation and 85% did not know how to make claims to their health insurance. In comparison to this, 62% of FSFW participants in my study had partial knowledge of workers' compensation and 38% had

no knowledge of it. For health insurance, 25% of FSFW participants in my study had successfully used it, 62% had never tried to use it, and 13% had tried to use it and failed.

McLaughlin (18) points out that access to health care and knowledge regarding rights and the means of attaining benefits is often mediated by employers. As seen in this study, FSFWs access to health care is mediated by the farmer and it appears they are also the main source of information regarding health care. However, farmer participants have also displayed incomplete knowledge of FSFWs' health insurance. This suggests that FSFWs would not be able to obtain complete information on their health insurance even if they felt comfortable discussing these issues with their employer.

#### **4.5.1.3. Theme 3: The Disconnect**

The third theme that emerged from the data was the disconnect between how farmers valued their FSFWs as dependable hard workers, but were also of the opinion that FSFWs are quick to let ailments bother them and request visits to the doctor. In interviews with employers of FSFWs conducted by Narushima and Sanchez (111) in Southern Ontario, four overarching categories were identified. The first of these categories was employers' positive view of SAWP and their dependence upon SAWP workers. (111) These views were very similar to those presented in interviews with Nova Scotia farmer participants (see section 4.4.2.3).

Farmer participants' interviews illustrated the additional responsibilities that come with hiring FSFWs. Farmer and farm worker participants agree that farmers shoulder the responsibility of helping to mediate access to healthcare services. However, the additional burden this creates for farmers is seen in the disconnect where they believe their workers are hard-working and will work through pain, but also are "*whiney*" (Farmer #3) and for "*any little thing they want to go in to the doctor*" (Farmer #6). While farmer participants felt that FSFWs' requests to visit doctors were often unnecessary, they also recognized that it was their job to mediate those doctor visits and therefore acted accordingly. Narushima and Sanchez (111) also identified the extra duties for farmers that come with employing FSFWs. These duties were expressed in interviews with employers in that two-thirds of employer participants referred to extra responsibilities to their FSFWs carried out through helping them with paper work,

transporting them to grocery stores and doctors' appointments, and translating medical instructions. (111) McLaughlin (18) discusses the additional burden on farmers having to transport their FSFWs to medical appointments, where both employer and employee lose hours or sometimes days' worth of work time. This is especially frustrating in agriculture where work is often time sensitive and dependent upon weather conditions.

The additional responsibility on farmers to mediate FSFWs access to healthcare services, along with the pre-existing culture of toughness and FSFWs protectiveness of their physical health can lead to farmers undervaluing FSFWs ailments and injuries.

McLaughlin (18) described how some Ontario employers' undervalued their FSFWs health concerns and went so far as to impede or ignore their requests to access health services. Although farmer participants in Nova Scotia may undervalue their FSFWs health concerns, there was no evidence that farmers were impeding or ignoring FSFWs requests to access health services. Of the FSFW participants that had tried to access health services, all were provided transportation. However, 75% of FSFW participants had never requested access to health services from their employers. Therefore, further research may be necessary to determine whether FSFWs access to health services is being mediated appropriately.

#### **4.5.1.4. Theme 4: Vulnerability**

The vulnerability of the FSFW population in Canada has been well documented. (4–6,18,56) The vulnerability of this population is innate within the structure of SAWP. First, farmers mediate FSFWs access to health care. As a result, it is difficult to maintain FSFWs right to privacy with regard to their health status. Lack of privacy from employers has been described in studies of FSFWs in Ontario. (5,18) Although individual farmers may not be interested in the personal health of their workers, they may be interested in what is bothering the FSFW in order to determine whether it is an emergency and therefore a trip must be made immediately, whether it is something that can be treated with over-the-counter medication and therefore a trip can be avoided, or whether it is a concern that can be put off to another more convenient day. The disconnect discussed in theme 3 may lead farmers to undervalue the concerns of FSFWs, thus increasing their wish to know what the concern is before granting transportation to

the hospital or doctor's office and thereby decreasing FSFWs opportunity for privacy and increasing their vulnerability.

FSFWs' vulnerability is heightened by the power imbalance systemic in SAWP between FSFWs and their employers. Binford (113) describes how upon termination of the contract season, farmers complete an evaluation of FSFWs comportment and performance and state whether they would like each individual worker to return the following year to work. These evaluations significantly affect FSFWs ability to remain on SAWP, and negative reviews may result in a suspension or expulsion from the program. (113) Because FSFWs are so dependent upon the good evaluation of their employers, the rights guaranteed by their contracts are undermined. (113) Although FSFWs are guaranteed the same rights as local workers, those rights are difficult to exercise when by exercising them, FSFWs may find themselves deported and/or taken off the program. (4)

Farmer participants repeatedly referred to their FSFWs as dependable in their work ethic. Their dependability is what makes them such excellent employees, especially in relation to the unreliability farmer participants perceived in many local seasonal farm workers. Binford (113) suggests that this dependability and desire to please is not so much a trait of the FSFWs themselves, but a result of the structure of SAWP whereby FSFWs must receive good reports from their employers in order to stay in Canada and to be able to return in the future. For example, requests from employers to work longer hours or extra days are often met with an affirmative, regardless of whether FSFWs actually want the extra hours and pay instead of the time off. (113) FSFWs know that refusal to work extra hours, complaints, frequent illnesses, and communication with government agents can lead to a bad evaluation from employers and thereby potential suspension or expulsion from the program. (113)

Regardless of whether FSFW employers would actually give a negative evaluation for reasons such as frequent illness or use of health services, their power to do so is what makes FSFWs vulnerable. The vulnerability associated with FSFWs' precarious status due to the power imbalance between FSFWs and employers has been noted in the FSFW populations in Ontario and BC (4,5,18) and seen in Horgan and Liinamaa's (56)

interviews with FSFWs who have settled in Nova Scotia. Preibisch and Otero (4) describe how a common response by employers to injuries or illnesses among FSFWs was to fire and deport the injured or ill FSFW. FSFWs in Ontario have described how the fear of being labeled a “trouble maker” is enough of a deterrent to prevent them from making a workers’ compensation claim or even requesting an appointment with a doctor. (11) FSFWs in BC have also described how they will work while sick or injured and chose not to report their health concerns because they fear a bad evaluation. (6) Orkin et al. (50) state that 41.3% of repatriated FSFWs in Ontario between 2001 and 2011 were repatriated for surgical or medical reasons and 25.5% were repatriated for external injuries. Orkin et al. (50) also notes that in those years there were 787 repatriations out of 170,315 FSFWs in Ontario. McLaughlin (18) notes that even if repatriation rates are low, the threat of repatriation and bad evaluations are enough to keep FSFWs controlled and thereby vulnerable.

SAWP workers have government agents who are meant to assist FSFWs while in Canada and intervene on their behalf if necessary. For Caribbean workers this government agent is the liaison office, an organization created specifically to mediate Caribbean FSFWs needs while in Canada. For Mexican workers, this government agent is the Mexican consulate. However, power imbalances that lead to loss of employment make it difficult for FSFWs to access and utilize this third party to facilitate access to health care. Binford (113) notes that because Mexico is in competition with Caribbean nations to supply FSFWs to Canada and because Canadian employers have the right to choose from which countries they hire FSFWs, Mexican consular representatives are under pressure to maintain good relationships with Canadian employers. Therefore, if the government agent advocates too strongly for their FSFWs, employers may choose to bring in FSFWs from other nations. (113) Even if the government agent refuses to supply FSFWs to an abusive employer, that employer would likely be able to obtain FSFWs from another country. (113) In addition, government agents feel pressured to place as many FSFWs from their country as possible. (113) As a result, FSFWs may view their government agent as siding too much with the employer. (113) In addition, consulates and liaison offices also wield the power to deport FSFWs or bar them from the program. (11) Therefore, FSFWs may be reluctant to contact their government agent for assistance. (18)

The Canadian healthcare system can be difficult to navigate. For many Canadian workers there are resources available (e.g., human resources offices within their workplaces) which can help them navigate their employment based health insurance and workers' compensation claims. Canadians can also call their provincial health insurance office to clarify how the system works and to ask questions about their coverage. In many jurisdictions, hospitals have developed navigation programs and/or patient navigators to help individuals navigate the health care system. (114) For most FSFWs, these resources are likely not accessible. Navigating these systems in Canada is made even more difficult because it is new and unfamiliar and because there are additional language and cultural barriers.

The government agent designed to advocate for FSFWs and to help them navigate the complex Canadian establishment is weakened by the system within which it was created and potentially mistrusted by the FSFWs it is meant to represent. Because government agents are accompanied by power imbalances, there are no third parties in Nova Scotia for FSFWs to call upon to assist them with accessing health services, health insurance, and/or workers' compensation insurance. This was seen in my interviews where some FSFW participants expressed their frustration with their lack of knowledge regarding health care as well as in my experiences dealing with FSFWs outside of their interviews. The lack of a third party mediator contributes to FSFWs' vulnerability and acts as a barrier to FSFWs' access to health care. Hennebry, Preibisch, and McLaughlin note that among Ontario FSFWs, the lack of independent monitoring of safety violations and health and the lack of representation, support, and information further contribute to the vulnerability of FSFWs in Canada. (5)

My first vulnerability subtheme, confidence, suggests that local Canadian workers are in possession of a level of confidence in their health insurance that is missing from FSFWs. I did not see any evidence of this topic in the previous literature. The second vulnerability subtheme examined the issue of right to privacy from one's employer that is not upheld in the SAWP system. This issue was seen in the FSFW population in Ontario, however in Ontario this problem was more extreme. McLaughlin (18) describes situations in Ontario where FSFWs not only had to share their health information with



employers' in order to access transportation to health services, but in some cases, also had to do so in order to gain access to their own health cards. The third vulnerability subtheme, power imbalance, was only hinted at from farmer participants' interviews in their discussions of the difficulty for FSFWs to get back on the program once they had gotten off it, and in their descriptions of FSFWs getting kicked off the program by their own government agent. There were no blatant descriptions of fear of the employer in the FSFW participants' interviews. In contrast, studies in Ontario and BC provide stronger and specific instances of FSFWs choosing not to access health care or file workers' compensation claims because they were afraid their employers would give them bad reviews. (4,11)

#### 4.5.2. **Travelling Clinics**

Farmer participants were asked if they had any recommendations on what could be done to possibly improve FSFWs health. One farmer suggested the use of travelling clinics to provide some preventive care to FSFWs. This farmer stated: *"I think it would be really great if you could have a health clinic that would go from farm to farm. And the reason is that not everything is an emergency, right? Like sometimes you just need preventative [care]"* (Farmer #1). There are travelling health clinics that cater to the health needs of FSFWs in Ontario. One example of this is the Occupational Health Clinics for Ontario Workers Inc. (59) Although full travelling health clinics might be difficult to implement in Nova Scotia, certainly the idea of having one or a few medical professionals travelling from farm to farm deserves some further consideration.

Medical professionals such as doctors, nurses, and/or nurse practitioners that travel on a regular basis from farm to farm in Nova Scotia serving the FSFW population would address nine areas of concern.

- 1.) Easy access to medical consultation could prevent FSFWs' minor health issues from becoming larger more problematic health issues. This would improve FSFW health, decrease the demand on hospital emergency departments, and decrease the demand on farmers to transport FSFWs to hospitals and guide them through the medical system.

- 2.) By bringing medical professionals to the farms, accessing health care would be easier for FSFWs. This is especially relevant because FSFWs work long hours and are reluctant to miss work hours in order to visit a doctor. This reluctance to take time off is seen both in the literature (3,6,13) and is described by farmer participants in this study. One farmer stated: “*Some farms they work seven to seven, seven days a week... They usually don't like to go [to the clinic] during the day because they do like to get all their hours in*” (Farmer #2).
- 3.) By providing FSFWs with a regular doctor, FSFWs would less often need to use emergency departments for non-emergent health issues, which is an inefficient use of health services.
- 4.) By having a regular doctor, FSFWs would receive higher continuity of care where they would be repeatedly seeing the same doctor who would be familiar with their ailments and maintain a chart for individual patients.
- 5.) By removing the farmer as a mediator to FSFWs' access to health care, FSFWs would be able to maintain their right to privacy regarding their health status and health concerns.
- 6.) By removing employers' as the sole way of accessing care, the disconnect seen in farmers' participants views of FSFWs and the resulting undervaluing of their health concerns might be decreased.
- 7.) The power imbalance that can lead to FSFWs' fear of requesting doctor appointments from their employer would be minimized because FSFW would not require the permission of their employers to access all health services.
- 8.) Medical professionals who regularly serve FSFWs would become familiar with their specific health issues and occupational health problems and be better able to guide them. Medical professionals would also be able to provide health and safety information specifically focused on the FSFW population and their concerns, resulting in a better quality of care.

9.) If travelling medical professionals were fluent in Spanish or were provided with a translator, issues surrounding communication and language barriers would also be mediated.

Although there are many potential benefits associated with the idea of travelling health clinics or medical professionals, further research would need to be done to determine specific needs of the population and to determine the feasibility of such a plan.

## CHAPTER 5: TRIANGULATION OF METHODS AND FINDINGS

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One common form of triangulation is the use of more than one method to examine the same question. (7) By using triangulation, researchers incorporate more than one perspective on the topic of interest (7) and thereby create a richer understanding. In this chapter, I triangulated my research findings by bringing together the findings from the document analysis and interview data analysis components of my research. This involved an iterative process of reviewing, questioning, and discussing the thematic findings from each method in light of their similarities, differences, and relationships to one another. Some of the findings from the two research methods complemented each other in such a way that I was able to expand upon the understanding of some of the key concepts. One key output from this triangulation is a refinement of the conceptual model presented in Chapter 2 whereby the findings from both methods of this study are incorporated and presented in the health and safety framework at the end of this chapter.

### **5.1. Provincial Health Insurance**

One inconsistency found in the document analysis was the variance in regulations in different provinces regarding the provision of provincial health insurance to SAWP workers. SAWP workers that work on Ontario farms are eligible for OHIP upon arrival. (115) However, SAWP workers who are assigned to Nova Scotia farms are not eligible for MSI. Between these two extremes, SAWP workers in British Columbia (BC) become eligible for the BC Medical Services Plan (MSP) after they have resided in BC for three months, before which they are expected to purchase private health insurance. (6) Otero and Preibisch (6) state that in BC not all health care providers recognize the FSFWs private health insurance and that the coverage is limited. In addition, FSFWs in BC are dependent upon their employers to enroll them in MSP. In their study, Preibisch and Otero (4) note that out of the 100 Mexican FSFWs in BC that were interviewed, only eight had been signed up for public health care.

A number of employers in Otero and Preibisch's (6) BC study recommended SAWP workers be provided with MSP upon arrival. Similarly, several farmers interviewed for this project recommended that FSFWs be eligible for MSI in Nova Scotia. When asked what might be his recommendation, one farmer participant stated:

*I would say MSI, I think they should just be have the same opportunity as, I mean these guys... they been here like 10 years, 8 months. I mean they're contributing to this community as much as myself or anyone else in this community so I'm not sure why they. And they pay in, you know they pay income tax, they do all the stuff that needs to happen, I'm not sure why they couldn't, I think that would be a major step. (Farmer #2)*

Another farmer commented that having FSFWs on MSI would decrease the inconvenience of the paperwork involved with the private health insurance. In addition, he suggested that the cost to Nova Scotia to include FSFWs on MSI would not be high.

*"One of the reasons is just the paperwork that's involved. From our standpoint it's just strictly, you know if you go in to outpatients and you got MSI... you take the MSI number and you keep on going. If you go in there and you don't, then oh here's a handful of forms you know when you get them filled out and come back and we'll put give you a number and put you in line. It's just the cumbersome; it's not the cost of it or anything else... And I guess part of it is just... showing respect to the workers, that they're appreciated for what they're doing for the economy and stuff. I mean it would be a very small cost... for the amount that they're adding to the economy of Nova Scotia." (Farmer #3)*

## **5.2. Vulnerability**

### **5.2.1. Labour Regulations**

As discussed in Chapter 4:, FSFWs' are made vulnerable by the system through which they come to Canada. However, they are also made vulnerable by their status as agricultural workers in Nova Scotia. As presented in Chapter 3:, there are five ways in which the labour regulations of agricultural workers are different from the labour regulations of other industries in Nova Scotia. These regulations affect not only FSFWs but also local farm workers that work both seasonally and permanently. While these differing labour regulations may be based in the history of the agriculture industry, the end result for current farm workers is that they do not have the rights afforded to workers

in other industries. This makes farm workers in Nova Scotia vulnerable, while also increasing the already existing vulnerabilities of FSFWs.

In describing how employers may request additional hours over the regular 8 hour work of Mexican SAWP workers, the Mexico contract states that it must be done in a way that gives “the same rights to Mexican workers as given to Canadian workers”. (65, p. 1) The Mexico contract also states that Mexico SAWP workers must be paid “the rate being paid by the employer to his Canadian workers performing the same type of agricultural work”. (65, p. 2) It appears that the Mexican government put provisions in their contract to protect their workers from being treated differently from Canadian workers. However, if Canadian workers are already vulnerable, these provisions may not be as helpful as one would initially perceive.

#### 5.2.2. **Access to Information**

The readability scores for the 25 English documents ranged from 23.5 (college graduate) to 59.4 (high school grade 10-12). Eighty-four percent of those documents received a readability score of college level or above and 8% required the reader to be a college graduate. Studies have shown that only 54.7% of Jamaican SAWP workers have attended some high school or greater. (18) Thirty-three percent of the Jamaican interview participants in this study had not gone to high school and 67% had attended high school. None of the Jamaican participants had studied in college or university. It is likely that documents written at such a high reading level would be very difficult for most English-speaking FSFWs to read. Of particular importance is the Caribbean Commonwealth contract which earned a readability score of 23.5 (college graduate), which was the most difficult document to read out of the 25 English documents.

The two Spanish documents included in this document analysis had much more reasonable reading levels. The PTAT document had a readability score of 63.0 (grade 7-8) and the Spanish version of the Mexico contract had a readability score of 57.9 (high school). Only about 3% of Mexican SAWP workers have a high school education or above. (18) In this study, of the Mexican FSFW participants that were asked about their education level, none had attended school beyond grade six. Therefore, it is likely that

the PTAT document may be readable for some Mexican FSFWs. However, it is unlikely that many Mexican FSFWs would be able to easily read their work contract.

Based on these readability scores, most FSFWs would not be able to easily read and comprehend the contracts that they are expected to sign before coming to Canada to work. If FSFWs cannot fully understand their contracts, they cannot fully comprehend their rights as SAWP workers in Canada, nor their responsibilities to their employers.

As discussed in Chapter 4:, the data demonstrate that FSFW participants' have limited or incomplete knowledge of health insurance and workers' compensation insurance which can serve as a barrier to accessing health care. Based on the analysis of available online documents, this is not surprising. While there are some documents that provide information about FSFW health insurance and workers' compensation insurance, most documents are written at a reading level that would make them very difficult to access by FSFWs. Therefore, even a FSFW that took the initiative to search online for information about his/her health insurance and workers' compensation insurance, would find it difficult to increase his/her knowledge. In addition to this, the discordant statements between documents would likely lead to additional confusion.

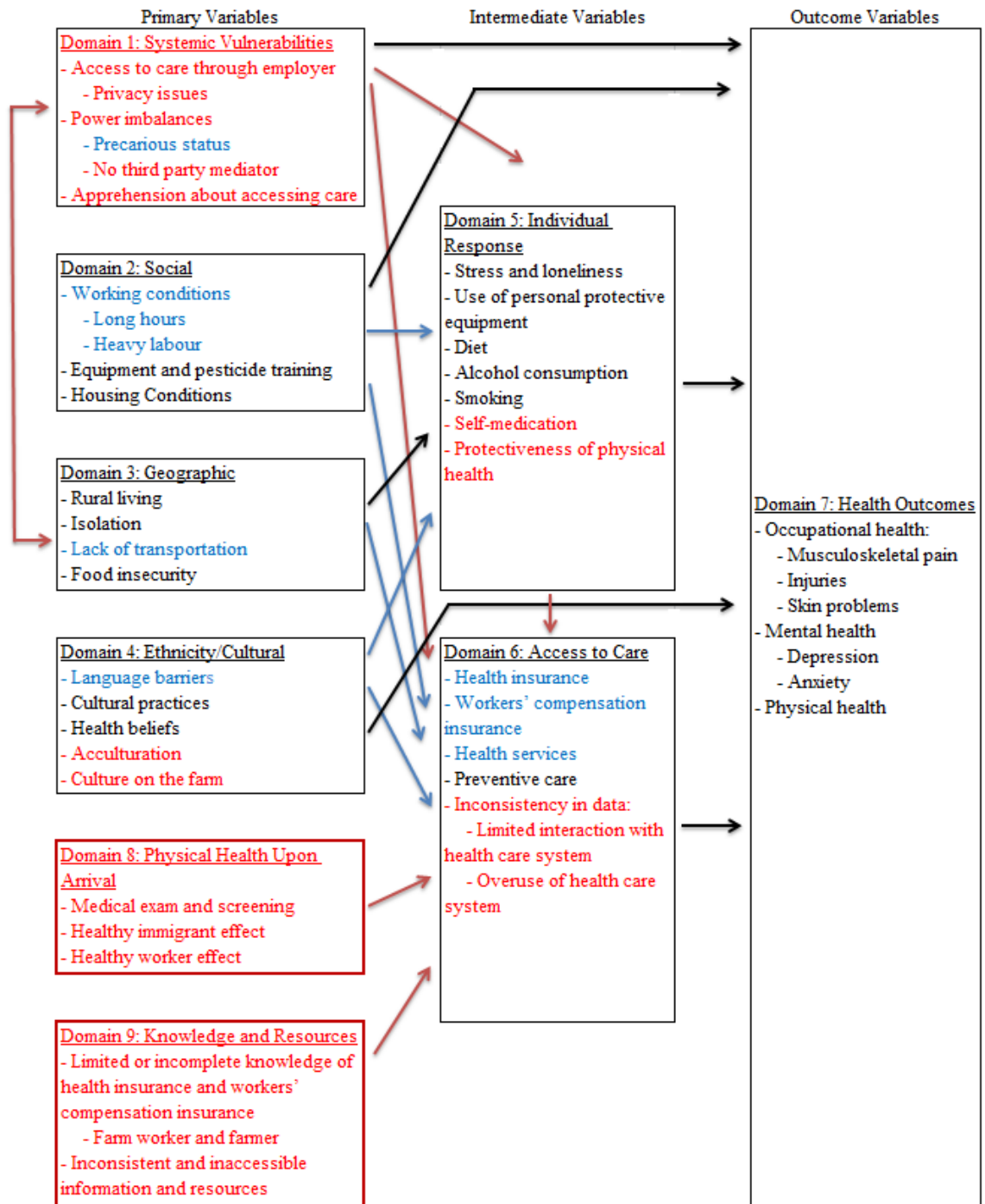
This lack of accessible information and resources for FSFWs to draw upon further increases FSFWs vulnerability. Lacking both third party mediators to help them navigate the health care system and resources with which they can educate themselves, FSFWs have only their employers and government agents (and the accompanying power imbalances) to provide them with information on access to health care.

### **5.3. Health and Safety Framework**

I originally modified the conceptual model presented in Figure 1 (Chapter 2) from Brock et al.'s model (13) based on their findings surrounding musculoskeletal health in South Georgia farmworkers. During study conception and design, I adapted their model to fit the findings from my literature review (Figure 1). Following data analyses, I further adapted the model to create a health and safety framework that includes the findings of both the document analysis and interview portions of this thesis. The health and safety

framework is presented in Figure 5. Indicators and domains in the colour black were present in my original model and did not emerge from my analysis of documents and the access to health care portion of my interviews. Many of these indicators appeared in my interviews but did not appear in this thesis because it focused specifically on access to health care. Indicators and domains in the colour blue were present in my original model and also appeared in my analysis. Indicators and domains in the colour red were not present in my original model but emerged from the analysis of documents and the access to health care portion of my interviews. Similarly, black arrows represent relationships in the original model that did not show up in my analysis. Blue arrows represent relationships in the original model that also surfaced in my analysis. And red arrows represent new relationships that surfaced in the analysis but were not included in the original conceptual model.





**Figure 5. Health and Safety Framework**

The first major change was made to domain 1. In the original model, domain 1: precarious status came out in the Canadian literature on health of FSFWs in Canada. FSFWs' status in Canada is tied to their employment status. Thereby, if a FSFW were to lose his job and/or the goodwill of his employer, then he/she would also lose his status in

Canada, and be required to return to his/her home country immediately. As a result, FSFWs fear asking for changes with regard to working or housing conditions, requesting rides or time off to visit a doctor, showing illness or weakness and/or losing the goodwill of their employers because the end result could potentially mean losing their current working position, being sent back to their home country early, and/or not being able to return the following season. The interview data provided evidence of this precarious status but it presented itself less as an individual domain, and more as a part of the larger systemic vulnerabilities present in SAWP.

Therefore, I changed domain 1 from precarious status to systemic vulnerabilities. In my analysis four systemic problems emerged that contribute to the vulnerability of the FSFW population. First, local seasonal farm workers' confidence in their health insurance in comparison to the apprehension displayed by FSFWs shows how FSFWs are vulnerable in that they have no sense of security of what would happen if they were to become ill or injured. Second, because employers are contractually obligated to mediate FSFWs access to health care and there are limited options to travel to health care services without the assistance of the employer, FSFWs' right to privacy regarding their health status is breached. Third, because both employers and government agents of FSFWs have the power to terminate FSFWs' employment and thereby their legal status in Canada, as well as influence FSFWs' ability to return to Canada on the program, there is a power imbalance that results in FSFWs' precarious status and their fear of making requests and showing weakness. Fourth, because of these power imbalances, there are no health care mediators to assist FSFWs with accessing health services, health insurance, and workers' compensation insurance. These systemic vulnerabilities (domain 1) make it more difficult for FSFWs to access care (domain 6).

The dependency on employers for transportation to health services paired with FSFWs precarious status and potential fear of making requests may result in a lack of transportation (domain 3). As well, the lack of other means of transportation (domain 3) makes FSFWs reliant on their employers for transportation and thus contributes to FSFWs vulnerability (domain 1). Further, these systemic vulnerabilities (domain 1) paired with the heavy labour required in their jobs (domain 2: social) can lead to the

protectiveness they have of their physical health (domain 5). Being protective of one's physical health (domain 5) keeps FSFWs healthy and capable of work. They thereby avoid showing weakness and displeasing the employer and are able to protect their employment status and future job prospects in Canada.

The working conditions presented in domain 2 (long hours and heavy labour) showed up in the analysis of interviews. Long hours may make it difficult for FSFWs to find the time to access health services (domain 6). The heavy labour required by the type of jobs done in the agriculture industry requires FSFWs to keep their bodies in good shape. This can encourage their protectiveness of their physical health (domain 5). By protecting their physical health, FSFWs may have less of a need to access health services (domain 6).

As seen both in the literature and in my analysis of interviews language barriers (domain 4) can serve as a barrier for accessing health care (domain 6). In addition, interviews suggested that acculturative practices (domain 4) such as self-medication (domain 5) can lead to fewer interactions with the healthcare system (domain 6). Another cultural indicator that appeared in interviews, but not in the literature review, related to farm culture. The culture of toughness found on the farm (described in section 4.4.2.3) may serve as a barrier to accessing health care (domain 6).

Domains 8 and 9 are completely new domains that were not in my previous conceptual model. Domain 8 refers to the physical health of FSFWs upon arriving in Canada. Both farmers and FSFWs referred to the medical exam required of FSFWs as a screening process through which FSFWs had to prove themselves fit and able for the physically demanding jobs on the farm. The FSFW population appears to be affected by both the healthy immigrant effect and the healthy worker effect. Thus, upon arrival FSFWs are healthy (domain 8) and may have less need to access health care (domain 6).

Domain 9 refers to the knowledge of both FSFWs and farmers and the resources available to them. Based on the document analysis, there may not be many resources for FSFWs with regard to their health and safety. Those resources that are available may not be consistently accurate or accessible to FSFWs. Farm workers and farmers both

displayed limited and incomplete knowledge of health insurance and health services. In addition, FSFWs also displayed incomplete knowledge of workers' compensation insurance. Both the lack of resources and incomplete knowledge of services (domain 9) can limit FSFWs ability to access care (domain 6). Although this domain was not presented in the original conceptual model presented in Chapter 2, there were references in the literature to limited knowledge of health services, health insurance, and workers' compensation insurance as a barrier to accessing health care. (5,6,13,23)

## CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

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In this chapter, I make my conclusions and recommendations based on the research presented in this thesis. I go on to discuss the strengths, limitations, and biases found within this research study. I conclude by presenting further research directions in the area of FSFWs in Nova Scotia.

### **6.1. Conclusions**

This study explored health and safety documents relevant to FSFWs in Nova Scotia. It also investigated issues surrounding FSFWs' access to health care from the perspectives of Jamaican seasonal farm workers, Mexican seasonal farm workers, local seasonal farm workers, and employers of Jamaican and Mexican seasonal farm workers. To date, no studies have been done on the health and safety of FSFWs in Nova Scotia.

Three themes inductively emerged from the document analysis: responsibilities, inconsistencies, and target audience. Responsibilities were categorized under those of the employee, the employer, and other third parties. Four types of inconsistencies were identified in this document analysis: 1.) differences between the two contracts, 2.) discordant statements between documents, 3.) variances in regulations between provinces, and 4.) differences in regulations between industries. The target audience of each document was often not FSFWs. As such, the accessibility of the documents was compromised by its targeting towards farmers and/or Ontario-only farmers, as well as the documents' language and readability. There are existing information gaps in these documents with regard to information specific to Nova Scotia and information clarifying the requirements surrounding health insurance.

In-depth interviews revealed that FSFWs have limited interaction with the healthcare system due to healthy immigrant and healthy worker effect, acculturation to use of over the counter medications for minor illnesses, and communication and language barriers. I found that FSFWs have limited or incomplete knowledge of health insurance and workers' compensation insurance and there is a disconnect of how farmers perceived

their FSFWs' health and need to access health care. Finally, my interview data revealed that FSFWs are vulnerable due to a lack of third party health care mediators and confidence in their health insurance, as well as systemic issues around privacy and power imbalances within SAWP.

Recommendations from farmers were explored and put into context. From my analysis of the literature review, document analysis, and interviews, I developed a detailed health and safety framework which can be utilized in guiding further research on the FSFW population in Nova Scotia.

## **6.2. Recommendations**

After completing my document and interview analyses I make the following recommendations:

1. SAWP contracts (i.e., the *Agreement for the Employment in Canada of Seasonal Agricultural Workers from Mexico* and the *Agreement for the Employment in Canada of Commonwealth Caribbean Seasonal Agricultural Workers*) should be edited and adjusted to ensure they are readable for the workers who are expected to sign them.
2. Documents that are targeted to FSFWs, such as the *Seasonal Agricultural Worker Program brochure* and the *Understanding Your Rights – Foreign Workers* and *Temporary Foreign Workers – Your Rights are Protected*, documents should be edited and adjusted to a more appropriate reading level so that FSFWs are able to more easily read and understand them.
3. Documents written specifically for SAWP workers to inform them of their rights and responsibilities regarding the health, safety, and access to health care should be made available online, provided in both English and Spanish, and be written at an appropriate reading level.
4. The FARMS website should provide information relevant to all the provinces the organization serves, not just Ontario.
5. Documents should be made more consistent. Discordant statements between documents can lead to confusion.

6. Provincial housing guidelines should be developed for FSFW housing in Nova Scotia and should be made available online.
7. SAWP workers should be made eligible for Nova Scotia provincial health insurance (MSI).
8. Complete information regarding health insurance and workers' compensation insurance should be prepared and shared with FSFWs so that they can fully access the services available to them. This knowledge should be shared both verbally and in documents written in the appropriate language and at the appropriate reading level of the FSFWs targeted.
9. Alternative forms of accessing health care services should be made available to FSFWs, separate from their employers. A possible format to explore would be travelling health clinics or travelling medical professionals.
10. An organization should be developed to serve as a health care mediator to assist FSFWs with health and safety issues. This organization should stand outside the power imbalances intrinsically intertwined within SAWP. This organization should provide translation services and information services regarding access to care, health care services, health insurance, workers' compensation insurance, and rights and responsibilities of both FSFWs and farmers.
11. Future research on the health and safety of FSFWs in Nova Scotia should be conducted (see Section 6.4. Future Research Directions).

## **6.3. Strengths and Limitations**

### **6.3.1. Strengths**

The major strength of this study is that it is the first step towards filling the very large gap in knowledge about the FSFW population in Nova Scotia and their health and safety issues. This study has created a baseline upon which future research can begin and expand. This study has used primary data collection to obtain new data on a group of people who are currently understudied.

Another strength of this study was that data were collected from a hard-to-reach and vulnerable population. In addition, data were collected from non-English speaking FSFWs. Data were also collected from farmers who, in the interest of avoiding bad press, tend to be private with regard to FSFWs.

Another important strength of this study is that I was able to triangulate data across different data collection methods (document analysis and interviews). In addition, data were triangulated across interview participant groups (farmers, FSFWs, and local seasonal farm workers).

Another strength of this study is that it ensures confidentiality through several protection measures including recruitment of workers separate from the farmers and use of code names for individuals, farms, and locations.

### 6.3.2. **Limitations and Biases**

#### 6.3.2.1. **Limitations**

I recognize the limitation of using a readability score to determine the reading level of each document. As the Flesch Reading Ease score is based on the amount of syllables in the words and the amount of words in a sentence, it would be possible to obtain a score that suggests a low reading level by writing short sentences of nonsensical but short words. (116) However, while the Flesch Reading Ease score and the adapted version of this formula developed by Fernandez-Huerta may not be perfect, their use serves to draw attention to the fact that reading level should be taken into account when creating materials for groups of people with low levels of education. This is especially true when the documents are contracts that individuals with low reading levels are expected to sign.

One limitation of this study was its method of recruitment of farm workers which resulted in a limited number of foreign and local seasonal farm worker participants. In order to protect the confidentiality of workers, I chose not to recruit workers through farmers or on farms. I was unable to identify any organizations that cater to the needs of seasonal farm workers in Nova Scotia that could potentially help me identify potential participants. So instead, I recruited farm worker participants by approaching them in front of grocery stores and in parking lots. This proved to be very challenging. After the initial few farm



workers were recruited and interviewed, I was able to snowball sample by asking participants to help me find other farm workers to interview. This was initially difficult but in the end successful in helping me to acquire new participants to interview. However, I was not able to reach as diverse a group of workers from a greater variety of farms as I would have liked.

Another limitation of this study was the small sample size. Although I aimed to interview between six and 10 individuals from each group (FSFW, local seasonal farm worker, and farmer), I only interviewed eight FSFWs, four local seasonal farm workers, and six farmers. These lower than intended numbers were due to difficulty recruiting and the resulting increased amount of time it took to recruit and conduct the 18 interviews.

#### **6.3.2.2. Biases**

Recruitment bias: During recruitment, I asked participants who refused to participate why they were not interested in participating. The most common reasons were they did not have time, followed closely by the fact they did not have transportation to get them to a public place where we could conduct the interview. Indeed, these were both significant challenges that had to be overcome to interview the farm workers who were successfully interviewed. Therefore, it is likely there is some recruitment bias in that those farm workers who did agree to participate might have had more flexible schedules or easier access to transportation. This easier access to transportation could be due to the fact that they were allowed to drive farm vehicles or felt comfortable asking someone else who could. Therefore, it is possible that my sample of FSFWs was made up of individuals from farms with more relaxed employers and/or who had convenient contacts with drivers.

Selection bias: There was also a high risk of selection bias with regard to farmer recruitment. Although I called and emailed farmers without knowing their views or practices regarding FSFWs, it is likely that only farmers with favourable opinions towards FSFWs and more fair-handed practices in the management of their employees would be interested in participating in my interviews. In addition, snowball sampling from participants already interviewed likely resulted in the recommendation of other like-minded farmers.

Response bias: There was also a risk of response bias from both farmers and farm workers. Farmers might have emphasized the positive, for fear of being portrayed in an unfavourable manner, while farm workers might have underemphasized the negative for fear of their employers discovering what they had reported. To address both of these potential response biases, I reassured both farmers and farm workers that I would keep their identifying information confidential and their names, farms, locations, and characteristics would not be identified in my report.

Interviewer bias: There was a risk of interviewer bias because I knew whether workers were foreign or local, and therefore I might have recorded or interpreted information differently dependent on their status. To address this, I attempted to remain self-aware and strove to separate any preconceived beliefs that I had from my interviewing and analysis techniques.

#### **6.4. Future Research Directions**

1. In the document analysis, I identified documents available online through Google searches. However, further research should be done among employers, FARMS, FSFWs' home government programs, consulates, and/or liaison offices to determine which documents and materials are actually provided directly to SAWP workers.
2. Research should be done to determine if FSFWs are: accessing the documents available to them, accessing the documents identified in this analysis, able to read the documents, able to understand the information in the documents, and find the information in the documents to be useful. This research is of particular importance with regard to the contracts they are required to sign before being allowed to work in Canada. It should be ensured that workers are able to comprehend their contracts before they are expected to sign them.
3. Research should also be done to determine if the conditions stipulated in documents are being met or enforced.
4. Research should be done regarding communication problems and language differences as barriers to accessing healthcare services. The point of view of

health professionals who serve FSFWs, FSFWs who serve as translators on the farm, and FSFWs who have greater experience accessing health services in Nova Scotia should be explored. This research would help to determine to what extent communication problems and language differences serve as a barrier to accessing health care for FSFWs in Nova Scotia, as well as to determine whether Mexican FSFW translators have sufficient skills to translate conversations surrounding medical issues.

5. Further research should also be done with regard to whether FSFWs access to health services is being mediated appropriately. To do this, interviews with FSFWs with more experience in accessing or trying to access health services in Nova Scotia should be conducted.
6. Further exploration should be undertaken into the vulnerability of FSFWs and the impacts this vulnerability has on FSFWs' health and well-being.
7. Finally, a needs assessment, cost analysis, and an evaluation of feasibility should be done with regard to the idea of the provision of a travelling clinic or travelling medical professionals to go from farm to farm to attend FSFWs in Nova Scotia.

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## APPENDICES

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### **Appendix A. Interview Guide for Local and Foreign Seasonal Farm Workers (English)**

1. Demographic information
  - How old are you?
  - Where are you from?
  - Are you married? Do you have kids? Where are your kids/spouse?
  - What was the last grade you completed in school?
  - How long have you been in Nova Scotia?
  - How many years have you been coming to Nova Scotia? To Canada?
  - Are you here under the Seasonal Agricultural Workers Program? Other program? FARMS?
  - Do you have a cell phone? Access to the internet? Do you use email or facebook?
2. Can you describe to me about a typical day on the farm.
  - How many days per week do you work?
  - How many hours do you work each day?
    - Breaks? Lunch break?
  - What kind of jobs do you do?
    - Probe:
      - drive a tractor
      - operate other farm equipment
      - machines in packing areas
  - Have you been trained to use equipment?
    - By whom? Tell me about it.
      - Provided with safety training or safety information. By whom?
        - Chemical safety
        - Equipment safety
        - First aid
  - Have you heard of or do you know about a farm safety committee on your farm?
  - Do you ever come in contact with pesticides? Tell me about it.
    - Go in fields where pesticides have been sprayed.
    - How long do you wait before going in field?
    - Who tells you not to go in field? When you can?
  - Do you use personal protective equipment? Why or why not?
    - Probes: face mask, gloves, eye protection
    - Who provides you with the equipment?
  - Housing – Where are you staying? How is it?
    - Do you sleep well here?

- How does it compare to back home?
  - What do you believe are some differences between your day and that of local (or foreign) workers?
- 3. What do you think about your health?
  - What do you do to protect your health? What do you do to keep yourself healthy?
    - Probes:
      - Nutrition
      - hydration (in field)
      - sun protection
      - breaks during work
      - hand washing (in field) Are their washrooms in the fields? Are there hand washing facilities in the fields?
      - alcohol use
      - tobacco use
    - Question workers about whether their health practices/behaviours differ between here and back home.
  - Are you experiencing any health problems?
    - Probes: Pain. Back. Skin problems.
- 4. What do you like about here? What don't you like?
  - Do you miss your family? How do you deal with that?
  - Do you miss other things from back home?
  - Do you ever feel sad?
  - Do you worry about things back home?
  - Do you worry about things here? About your job?
  - Do you plan to come back next year?
- 5. Have you ever been injured? Have you ever been injured at work? What happened?
  - Have you ever been sick here?
  - Or do you know anyone who has? (Foreign or local?)
  - Did you go to a doctor?
    - If no, why not?
    - If yes, how did you get to the doctor?
    - Tell me about it.
      - Probes: communication with doctor/nurse, payment, transportation, discrimination
      - Is your experience with the doctor different here than back home?
    - Do you have to inform the liaison officer of your doctor visit? Did you?
  - Do you go to a doctor here for checkups? Vaccinations? Ex: flu shot
  - Do you have health insurance? What is your understanding of it?
    - If not, why not? Is this a problem?

- If yes, do use it? Why or why not?
  - What do you think of it?
- Do you know if your boss has work injury insurance (WCB) for you? What is your understanding of it?
  - Have you ever used it or know someone who has? (Foreign or local?)
  - Tell me about it.
  - Did you get the help you needed?
- 6. What does the liaison office do?
  - Have you ever used their services? Tell me about it.
  - Can you explain to me what happens to the 25% taken off your paycheck?
- 7. Is there anything else that we haven't talked about that you would like to bring up?

## **Appendix B. Interview Guide for Foreign Seasonal Farm Workers (Spanish)**

1. Información demográfica
  - Cuantos años tiene usted?
  - De dónde es usted?
  - Está usted casado? Tiene hijos? Dónde están sus hijos/esposa?
  - Cuál fue el último nivel que usted completó en la escuela?
  - Por cuanto tiempo ha estado en Nueva Escocia?
  - Cuantos años ha estado viniendo a Nueva Escocia? A Canadá?
  - Usted está aquí con el programa Seasonal Agricultural Workers Program (programa de trabajadores agrícolas temporal, PTAT)? Otro programa?
  - Usted tiene un teléfono celular? Usted tiene acceso al internet? Usted usa correo electrónico o Facebook?
2. Dígame de un día típico en la granja (huerta).
  - Cuántos días trabaja a la semana?
  - Cuántas horas trabaja cada día?
    - Descansos durante el día? Descanso para comida?
  - Qué tipos de trabajo usted hace?
    - Probe:
      - maneja un tractor
      - opera otros equipos agrícolas
      - máquina de embalaje
  - Ha sido entrenado en cómo usar los equipos?
    - Por quién? Dígame de eso.
    - Se le ha proporcionado con entrenamiento de seguridad o información de la seguridad? Por quién?



- Seguridad de productos químicos
  - Seguridad de equipos
  - Primeros auxilios
  - Sabe si hay un Comité de seguridad en la granja?
  - Se ha expuesto a los pesticidas? Cómo fue?
    - Entra un campo donde hay pesticidas?
    - Cuanto tiempo espera antes entra el campo donde hay pesticidas?
    - Quien dice si puede entra al campo? Quien dice cuándo puede entra al campo?
  - Usa usted equipo de protección en el trabajo? Por qué o por qué no?
    - Probes: mascara facial, guantes, protección para los ojos
    - Quién le proporciona el equipo de protección?
  - La casa – Dónde vive usted? Cómo es?
    - Duerme bien aquí?
    - Es diferente que en su país?
  - Cuáles cree usted que son algunas diferencias entre su día del trabajo y el de un trabajador local.
3. Qué piensa usted de su salud?
- Qué hace usted para mantener su salud?
    - Probes:
      - nutrición (come sano)
      - toma agua (en el campo)
      - protección al sol
      - descanso durante el día en el trabajo
      - lava los manos (en el campo) Hay baños en los campos?  
Hay lugares para lavar los manos?
      - toma alcohol
      - fuma cigarrillos
    - Sus hábitos de salud son diferentes aquí que en su país? Cómo?
  - Tiene usted algún problema de salud?
    - Probes: Dolor. Dolor de espalda. Problemas de la piel.
4. Qué le gusta de aquí? Qué no le gusta de aquí?
- Extraña a la familia? Cómo hace frente a eso?
  - Extraña otras cosas de su país?
  - Usted se siente triste a veces aquí?
  - Se preocupa de cosas en su país? De las cosas aquí? De su trabajo?
  - Planea usted regresar aquí el próximo año?
5. Se ha lastimado aquí? Ha estado lastimado durante el trabajo? Qué pasó?
- Ha estado enfermo aquí?
  - Conoce a alguien que ha estado herido o enfermo aquí?
  - Fue a la consultorio del doctor?
    - Si no, por qué no?
    - Si sí, cómo fue al doctor?

- Y dígame de eso.
      - Probes: se comunicó con el doctor o enfermera, como pagó, transportación, hubo discriminación.
      - Es su experiencia diferente aquí que en su país?
    - Tiene que informar una oficina de su gobierno cuando visita un doctor? Lo hizo?
  - Visita usted el doctor para un revisión medica? O para vacunas? Ej: vacuna contra la gripe?
  - Tiene seguro de salud? Cuál es su comprensión del seguro de salud?
    - Si no, por qué no? Es una problema?
    - Si sí, lo usa? Por qué o por qué no?
    - Qué piensa del seguro de salud?
  - Sabe si su empleador tiene seguro de remuneración de los trabajadores? Cuál es su comprensión de eso?
    - Lo ha usado o conoce alguien que lo ha usado? (Extranjero o local)
    - Dígame de que paso.
    - Usted (o la otra persona) recibió la ayuda que necesitaba?
- 6. Que hace la oficina del gobierno?
  - Ha utilizado sus servicios? Dígame de eso.
- 7. Hay algo más que no hablamos que quisiera hablar?

### **Appendix C. Interview Guide for Farmers**

1. Tell me a little about your farm operations.
  - What do you grow or produce?
  - How long have you been farming?
  - How big is your farm?
  - How many seasonal workers do you employ? Foreign vs local?
2. Tell me about your experience with hiring seasonal workers on the farm.
  - Do your foreign seasonal workers come through the Seasonal Agricultural Workers Program (SAWP)?
  - Do you hire workers through the Foreign Agricultural Resource Management Services (FARMS)?
  - When did you begin hiring foreign farm workers? Why?
  - Do you feel there are differences between foreign and local workers? If so, how so?
3. Tell me about how you orient farm workers when they first arrive.
  - What type of orientation or training sessions do you have for your workers?
  - What safety information or resources do you provide for your workers? In what form (paper, online?)
  - Is there a farm safety committee on your farm?

4. From your perspective, what are the differences between the health of foreign vs local workers?
  - Probes: mental health (longing for home, missing family, feeling sad, etc), alcohol or drug use, use of doctors/hospitals, use of preventive services (e.g. flu shot), diet/nutrition, use of personal protective equipment, hydration/water consumption.
5. What are some things that you do here on the farm, to help keep your workers healthy?
  - Probes: personal protective equipment, training, food, housing, access to healthcare services, social activities/events, encourage contact with home/family.
6. Do you have any concerns about the health of your workers? If so, what are they?
  - Probe concerns regarding: foreign vs local
7. Tell me about a time when a foreign worker was injured or became ill on the farm. What happened?
  - Did he/she go to a doctor? How did he/she get there? Was he/she able to communicate with the doctor/nurses?
  - Was he/she insured? Did his/her insurance cover the doctor visit? Or any extra services if necessary? Ex: medication, physiotherapy, ER
  - If work-related, did he/she get coverage through workers' compensation?
  - How does this experience compare to that of an experience where a local worker was injured or became ill on the farm?
8. Can you explain to me how the foreign workers' health insurance works?
  - Who is it through?
  - What do you have to do to get it?
9. Do you believe there is room to improve your workers' health or access to health services? If so, what are your suggestions on ways we might try to do this?
  - Probe: Policies and programs
10. Is there anything else that we haven't talked about that you would like to bring up?

### **Appendix D. Suitable Housing**

According to both the Mexican and the Caribbean contracts, suitable housing should include sufficient cooking facilities and utensils as well as sufficient cooking fuel. (65,66) Specific to the Caribbean contract, suitable housing must include adequate laundry facilities or the employer must provide free weekly transportation to a laundromat. (66)

Suitable housing is further defined in the housing guidelines listed as document 7 (Table 1). The guidelines state that farm worker housing must be weatherproof and constructed with smooth, waterproof, tightly fitting, readily cleanable floors, walls

(minimum 7 feet), and roofs and have adequate lighting, ventilation, and screens on openings to the outside between May 1 and November 1. (68) Buildings must be located on well drained ground and be at least 100 feet away from any building that may house animals which would likely cause environmental conditions that are either offensive or hazardous to one's health. (68) Dwellings should not be connected to any other buildings where highly flammable materials are stored or used and where there are multiple housing buildings there should be at least 10 meters of space between each dwelling. (68) In addition, mobile homes should be provided with skirting for rodent control. (68)

For each individual living in the building there must be at least 80 square feet of floor area and each individual must have at least 300 cubic feet of air space in the sleeping area, not including the floor area in washrooms. (68) The housing must be able to maintain a minimum of 20°C, all safety hazards should be eliminated, and washrooms should not open directly onto a room where food is stored, prepared, or served. (68) Combustion heaters and stoves must be directly vented to outside air and it is the responsibility of the owner to ensure that any new construction, renovations, or additions to farm worker housing must be in compliance with the Ontario Building Code. (68)

Each bunk in a bunkhouse must sleep only one person and be separated from other bunks by at least 18 inches. (68) Each bunk must be well constructed, sit no less than 12 inches above the floor, and must come with a clean mattress, a pillow, and one locker or shelf. (68) An appropriate amount of space must be both above and below each bunk and bedrooms should be separated from other living areas by walls. (68) Employers must provide a supply of clean sheets, pillow cases, and blankets when the worker arrives. (68) Further, housing must include furnishings such as beds, chairs, and tables adequate for the maximum occupancy, and a kitchen with sufficient food cooking, preparing, and storing facilities as well as a potable water supply. (68)

Each bunkhouse must include a washroom that is supplied with consistent hot and cold water, drying facilities for laundry, and no less than one laundering tub for every fifteen bunks (or the equivalent). (68) At least one wash basin must be provided for every seven occupants and at least one shower and toilet facility for every ten occupants. (68) Applicable regulations must be followed in regard to sewage disposal. (68) Flush toilets must be maintained in good repair and function efficiently, and other toilet facilities (such as portable toilets) must be appropriately maintained and kept in a sanitary and clean condition. (68) All toilet facilities must be equipped with appropriate privacy barriers. (68)

Employers must provide an adequate supply of garbage containers that are rodent proof and can be easily cleaned and sanitized for all housing buildings and garbage must be collected at least once a week. (68) Accommodations must be equipped with functioning smoke detectors and fire extinguishers and must also be kept free from

chemical substances that may be harmful to the occupants. (68) Finally, it is the owner/operator’s responsibility to ensure that buildings used for housing comply with the Ontario Fire Code and have properly located, operational, and securely mounted fire alarms and fire extinguishers. (68)

**Appendix E. Minimum Wage by Commodity in Nova Scotia for Seasonal Agricultural Worker Program in 2016 (1)**

Product	Position	Current minimum wage (\$/hour)
Fruits, vegetables, flowers, nursery-grown trees		10.60
Sod and tobacco		10.86
Pedigreed canola seed		12.60
Apiary products	Technician	13.03
	Worker	11.90
	Labourer	10.86
Mushrooms	Labourer	11.50
	Worker	12.60
Bovine, dairy, duck, horse, mink, poultry, sheep, swine	Lower-skilled	10.60
	Higher-skilled	12.65

**Appendix F. Complete List of Employers' Responsibilities Regarding Occupational Safety Separated into Eight Categories**

Create and maintain a safe workplace:

- Ensure a healthy and safe workplace for employees. (71,72,76,80)
- Promptly correct hazardous conditions discovered on the farm. (76,84,85)
- Share the responsibility of maintaining the health and safety of individuals in the workplace with employees and other parties. (74,75)
- Provide and maintain materials, machinery, equipment, and their accompanying safety devices. (76)
- Identify hazardous conditions in the workplace. (76)
- Ensure that the workplace has a sufficient provision of first aid supplies. (80)
- Address immediately any acts of violence between employees to prevent further violence and escalation. (80)
- If a task is deemed too unsafe for an employee to carry out, continue to pay the worker until the hazard is corrected and the worker can resume the task. (71,72)

- Prevent unauthorized entry into confined spaces when there is no need to enter through the use of signage, locks, prohibition of entry, etc. (82)
- Clearly mark confined spaces and outline their hazards. (82)
- Take all measures to accomplish tasks without having workers enter confined spaces. (82)
- Ensure that work areas are kept free from ice, snow, clutter, holes, loose boards and tiles, splinters, protruding nails, excess water, uneven walking conditions, rocks, and other foreign objects. (84)

Share information:

- In the workplace, post<sup>21</sup> a copy of:
  1. The Occupational Health and Safety Act. (74,77)
  2. The Farm Occupational Health and Safety Policy<sup>22</sup>. (74,75,77)
  3. Any notice of appeal, deviation, decision, compliance notice, or order that is issued by the Department of Labour and Workforce and Advanced Education that relates to the employer and workplace. (77)
  4. The current names and contact information of the Joint Occupational Health and Safety Committee or Employee Safety Representative (if applicable). (77)

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<sup>21</sup> In this case posting means that the information must be easily visible and in a readable condition in a location where employees have free access or available on a computer network or intranet if employees have sufficient computer skills and are made aware of where to find the information and can easily access it. (77) In the case where a workplace is too small to permit the required postings, the information may be posted in the administrative farm office, however all employees should be provided with hard copies of the information as well. (77)

<sup>22</sup> The written policy should state the employer's reasons for his/her commitment to health and safety, the employer's assurance to work with employees towards creating a healthy and safe workplace, and the responsibilities of the employer, employees, and supervisors to carry out this commitment to health and safety. (75) It should also 1.) acknowledge that all workers have the right to work in a healthy and safe workplace, 2.) prioritize safety in comparison to other work policies and goals, 3.) recognize the necessity of conforming to the requirements of the Occupational Health and Safety Act and accompanying regulations, 4.) state safety principles, goals, and the management's commitment to eliminating or minimizing hazards, 5.) encourage the cooperation of all employees, and 6.) be signed and dated by the employer or owner. (75) The Health and Safety Policy should be used as a guide for action for improving health and safety in the workplace. (75) It should be easy to understand and simply written, only a few paragraphs long, posted on the farm where employees and visitors will see it, provided and explained to employees, given the same weight as any other farm policies, and followed by all employees, management, and family members. (75)

5. The minutes of the most recent Joint Occupational Health and Safety Committee meeting (if applicable). (77)
6. The current contact information for the Department of Labour and Advanced Education. (77)
  - Make the Occupational Health and Safety Act and other legislation available<sup>23</sup> to employees within 24 hours of a request. (74)
  - Inform employees of hazards in the workplace. (76)
  - Provide appropriate facilities, supervision, training, instruction, and information (including legislated safety and health information) to employees such that they can do their jobs safely. (74,76,77,80)
  - Provide new employees with a copy of the farm rules.(78)
  - Ensure that controlled products have up-to-date material safety data sheets (MSDS) and are readily available to the workers, Employee Safety Representative, and Joint Occupational Health and Safety Committee. (80)
  - Ensure that containers holding controlled products have legible labels identifying the product. (80)
  - Inform employees of who is responsible for the controlled product storage area, the handling of chemicals, and the emergency procedures for exposures and spills. (80)
  - Provide all employees with information about confined spaces and their hazards. (82)
  - Ensure that workers are familiar with any personal protective equipment that they should use to protect themselves on the job. (83)
  - Ensure that workers receive appropriate information, instruction, and supervision regarding personal protective equipment. (83)
  - Post caution signs around areas that have been identified as hazardous. (84)

Create plans, policies, procedures, programs, and statements:

- Prepare, annually review, and display at the workplace an Occupational Health and Safety Policy in consultation with employees, the Employee Safety Representative, or Joint Occupational Health and Safety Committee. (74–76)
- On farms with 20 or more employees, create and maintain a written Occupational Health and Safety Program<sup>24</sup> to be used to implement the Act and

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<sup>23</sup> Available to workers means that although it does not need to be posted, the farm owner, supervisor or manager should have easy access to it and should be able to provide it within 24 hours to employees that have made a request. (77)

<sup>24</sup> Legislation requires that a farm's Health and Safety program include procedures and schedules for identifying possible workplace hazards and regular workplace safety inspections. (85) It must also include a written method for the reporting of hazards to the owner or employer and the reporting of hazards and the steps taken to minimize the hazards to family, employees, and the Joint Occupational Health and Safety Committee

its Regulations and the Occupational Health and Safety Policy. This should be done in consultation with the Joint Occupational Health and Safety Committee and should be adapted to the particular circumstance of the farm. (74,76)

- Include a section regarding hazard identification and risk assessment in the farm's Health and Safety Program. (85)
- Allocate sufficient resources to the successful implementation of the workplace Health and Safety Program. (76)
- Create a Violence Prevention Statement. (80)
- Develop a Violence Prevention Plan<sup>25</sup>. (80)
- Include an Emergency Plan<sup>26</sup> in the Health and Safety Program. (81)

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or Employee Safety Representative. (85) Further, the health and safety program must identify accountability for the individuals expected to correct identified hazards and include a written method for recording the hazard analysis and any accompanying observations. (85)

<sup>25</sup> A Violence Prevention Plan should include how violence affects workers and the proper procedure for dealing with the repercussions of violence in the workplace.(80) The development of this plan can be simplified with the clear and easy instructions provided by the Violence in the Workplace Regulations and Guidelines to the Regulations.(80)

<sup>26</sup>This emergency plan can serve to demonstrate the employer's commitment to worker safety, increase safety awareness, clarify workers' roles and responsibilities, reduce potential damage, identify effective and safe procedures and practices, highlight deficiencies, and help smooth the transition between pre-emergency to emergency to post-emergency. (81) The purpose of Emergency Preparedness is to protect employees, family, visitors, animals, neighbouring farms, property, the environment, and the continuation of farm operations. (81) An emergency plan should include a first aid kit, emergency phone numbers, contact procedures, correct addresses, directions to and locations of first aid kits, and directions for the most direct route to the nearest hospital. (81) An emergency plan should include elements of emergency prevention, preparedness in case of an emergency, appropriate response to an emergency, and the details of recovering from an emergency. It should outline a process to identify all potential emergencies and the accompanying consequences, risks, written procedures, required actions, and available resources. (81) It should also include a list of employees along with their responsibilities, duties, and telephone numbers and a written procedure regarding the appropriate response to identified emergencies. (81) Drills should be regularly held to give employees the opportunity to practice the procedure they have been trained in, and a process should be outlined to ascertain the location and quantity of controlled products on the farm. (81) Signs should be posted regarding emergency information and evacuation plans and employees should be trained for emergency situations, special needs should be identified, and necessary arrangements should be made with other farmers, organizations, and government agencies. (81) Maps regarding floor plans, evacuation routes, service conduits, equipment lists, and the locations of



- Identify individuals to be responsible for first aid and the direction of emergency vehicles in case of emergency. (81)
- Develop a First Aid Remote Location Plan where required<sup>27</sup>. (80)
- Establish and follow standard procedures regarding entry into and use of confined spaces. (82)
- Create and maintain a written Confined Space Plan before allowing a worker to enter a confined space. (82)
- Make pre-entry procedures if a worker must enter a confined space in order to accomplish a job. (82)
- Review work procedures to ensure that work is being done in a way that minimizes risks. (84)

Ensure adequate training:

- Ensure that supervisors and managers are trained and have fulfilled their health and safety requirements. (76)
- Participate in Hazard Identification Training, which teaches employers the correct methods for recognizing, recording, and correcting workplace hazards. (80)
- Ensure that all workers who are likely to come in contact with controlled products<sup>28</sup> receive Workplace Hazardous Material Information Systems (WHMIS) training and education. (80)

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barns, silos, grain bins, wells, and other potentially hazardous or beneficial characteristics on the farm should be made available and included in the emergency plan. (81)

<sup>27</sup> In the situation where one or more employees spends more than 10% of their time in a four week period at a remote location where a hazard has been identified, a first aid remote location plan is required. (81) In the situation where one or more employees spends more than 25% of their time in a four week period at a remote location where a hazard has been identified, the first aid remote location plan must be written. (81) However, a written first aid remote location plan is not necessary if the employer can ensure that the closest emergency care location is within 30 minutes of the remote location, there are a sufficient amount of first aid attendants and first aid facilities at the remote location, and there is a means of transporting an injured worker and a means of requesting assistance at the remote location. (81) If there are less than 20 workers at the remote location, either one or more workers must have a standard first aid certificate or at least 30% of workers at the remote location must have an emergency first aid certificate. (81)

<sup>28</sup> Controlled products are specified in the Hazardous Products Act paragraph 15(1)(a) and include compressed gas, flammable and combustible material, oxidizing material, poisonous and infectious material, corrosive material, and dangerously reactive material. (80)

- Review the WHMIS training instruction at least yearly or more often in order to ensure that employees have adequate knowledge and training and to keep up to date if available hazard information or work conditions change. (80)
- Ensure that the appropriate amount of employees has the adequate level of first aid training given the amount of employees working per shift<sup>29</sup>. (80)
- Pay for the first aid training of first aid attendants and the regular wages of the worker while he/she is being trained. (80)
- Ensure that workers who enter confined areas have received the second level of confined space training<sup>30</sup> and that they renew that training every two years. (80)
- Ensure that workers receive fall protection training when necessary. (80,84)
- Ensure that employees at significant risk of violence are trained in their rights and responsibilities, the Violence Prevention Statement, what has been done to minimize the risk of violence, how to recognize and respond to possible violent

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<sup>29</sup> There are three types of first aid certification. An emergency first aid certification requires the successful completion of a 6.5 hours first aid instruction course from an approved organization. (80) A standard first aid certification requires the successful completion of a 13 hour first aid instruction course from an approved organization. (80) An advanced first aid certification requires the successful completion of a 35 hour first aid instruction course from an approved organization. (80) All of these require recertification every three years. (80) In a case where a full time employee is working alone such that there is not another person around to administer first aid and assistance would not be available within an acceptable amount of time, it is the employer's responsibility to ensure that that employee has a valid emergency first aid certificate. (80) When a regular shift consists of between one and 19 employees, at least one of those employees should have a valid emergency first aid certificate. (80) When a regular shift consists of between 20 and 99 employees, at least one of those employees should have a valid standard first aid certificate. (80) And when a regular shift consists of greater than 99 employees, at least one of those employees should have a valid advanced first aid certificate. (80)

<sup>30</sup> There are three levels of confined space training available through qualified safety training organizations in Nova Scotia. (80) The lowest level is Confined Space Awareness training can be found online and is suitable for upper management and supervisors who should have knowledge of safety in confined space but would not enter and work directly in or around confined spaces. (80) The middle level of confined space training has different names depending on through which organization the course is offered. (80) Therefore, the middle level is called either Confined Space Entry Awareness, Confined Space Entrant/Attendant, or Confined Space Entry Level II, and is a 16 hour course required by anyone who enters confined spaces at the workplace. (80) The highest level of confined space training is called Confined Space Rescue/Recovery Training and is useful for helping employers develop and personalize a rescue and recovery plan. (80)

situations, how to obtain help when faced with a violent incident, and how to report, document, and investigate violent incidents.

- Ensure that employees with assigned tasks under the workplace Violence Prevention Plan receive training on the plan in general and also on their specific tasks. (80)
- Provide additional training to employees where warranted<sup>31</sup>. (80)
- Train employees in the emergency plan and have drills so that employees can practice emergency procedures. (80)
- Ensure that workers who enter confined spaces have completed Confined Space Entry and Rescue Training. (82)
- Provide the entrants of a confined space with access to emergency responders, a life line, a full body harness, the appropriate respiratory equipment, and all relevant information regarding the work to be performed and entry into the confined space. Further provide all necessary training, procedures, and equipment to the attendants so that they can rescue workers in the confined space without actually entering it themselves. (82)
- Train employees in safety and inspection procedures, cleaning operations, and slip, trip, and fall hazards.(84)

Respect the Occupational Health and Safety Act:

- Understand and enact the Occupational Health and Safety Act 1996, Chapter 7 and its accompanying amendments and regulations on the farm. (74)
- Fulfill the responsibilities and duties as outlined in the Occupational Health and Safety Act – Duties and Responsibilities, section 13, subsections 1-2. (74)
- Cooperate with individuals exercising power or doing a duty imposed by the Act or its Regulations. (76,86)
- Complete the requirements written out in Section 12 of the Occupational Safety General Regulations, Confined Space Entry. (82)

Create and ensure abidance of rules, standards, and practices:

- Ensure that workers follow the set workplace safety standards. (76)
- With the assistance of employees, develop farm rules<sup>32</sup> based on the Occupational Health and Safety Act. (77)

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<sup>31</sup> Some examples of additional training that might be warranted are: new employee orientation, animal handling awareness, chemical handling, tractor use training, forklift operator training, ladder use awareness training, violence in the workplace awareness training, fall protection, and farm emergency training. (80)

<sup>32</sup> These rules should be founded in the Occupational Health and Safety Act, but developed by the farm owner with the assistance of the farm employees. (78) These safety rules should achieve a purpose and be focused on the objectives described in the

- Create safe practices to minimize or eliminate workplace hazards. (76)
- Ensure the safe handling, storage, use, and transportation of hazardous materials. (76)
- Clearly communicate and consistently enforce farm rules. (78)

Ensure employee representation:

- On farms with between one and four employees, encourage employees input regarding farm health and safety. (79)
- On farms with between five and 19 employees, employers must ensure that workers select at least one non-management worker to be an Employee Safety Representative. (74,76,79)
- On farms with 20 or more employees, establish and maintain a Joint Occupational Health and Safety Committee made up of the employer and employees. Half of the employees on the Committee should be non-management and selected by the workers. (74,76,79)
- Respond in writing to the recommendations of the Joint Occupational Health and Safety Committee within 21 days either to accept the recommendation, explain the reasons for not accepting the recommendation, or provide a reasonable explanation for why there is a delay of an appropriate response and state when an appropriate response will be provided. (76,77)

Acquire and carry out appropriate inspections, assessments, and permits:

- Initiate workplace inspections. (76)
- Develop and use an appropriate process to identify, analyze, and correct hazards in the workplace. (80)
- Carry out a Violence Risk Assessment of the farm. (80)
- With the assistance of a competent person<sup>33</sup>, assess and identify all potential confined spaces on the farm. (82)

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safety policy. (78) They should also be consistently enforced, clearly communicated to all, realistic, and fair. (78)

<sup>33</sup> The document Confined Space on the Farm defines a competent person as one who is qualified, trained, and experienced in the specified work such that he/she can act in a way that ensures the safety and health of individuals in the workplace and is also knowledgeable about the potential dangers of the assigned work and the provisions of the Act and regulations regarding the assigned work. (82) A competent person must complete, sign, and date a written hazard assessment prior to every entry into the confined space. (82) This assessment must include the general hazards of a confined space along with the specific hazards that exist or may develop within the confined space while the worker is in it. (82)

- Have a competent person complete a written certificate regarding the conditions of the confined space. (82)
- Obtain a permit<sup>34</sup> prior to entry of workers into a confined space. (82)
- Keep records of farm inspections and accidents that occur in the workplace. (84)
- Conduct and document farm inspections<sup>35</sup> to identify workplace hazards. (85,86)

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<sup>34</sup> This permit must state the location of the confined space, the date and time period which the permit covers, any results of testing done in the confined space prior to entry, a list of tasks to be completed while in the confined space, and a list of workers who will enter the confined space and the times of their entry and exit. This permit must be signed by the competent person that is certifying the entry into the confined space and one or more trained attendants must remain outside the confined space while workers are completing their tasks within the confined space. (82)

<sup>35</sup> According to the document entitled Farm Inspections on the Farm Safety Nova Scotia website farm inspections are useful to identify unsafe actions and hazardous conditions on the farm, prevent the development of unsafe working conditions, identify, create, and carry out corrective procedures, and monitor corrective measures so that new hazards do not develop. (86) Farm inspections should try to determine who might be injured or killed, what might result from the situation or action, where and when unsafe incidents might occur, why unsafe incidents might occur, how unsafe incidents occur, and what can be done to prevent further unsafe incidents in the future. (86) The Farm Inspections document presents four different types of inspection that can be used on farms. The first is the ongoing walk-about inspections discussed in the Hazard Identification and Risk Assessment document which should be done regularly and can be done by the employer, family member, or supervisor with input from employees. (86) The second type of inspection is pre-operation equipment inspections which are done by the worker or equipment operator immediately prior to the use of machinery, tools, and equipment. (86) The third type of inspection is periodic inspections by outside parties. This type of inspection is generally carried out by qualified individuals for specific purposes such as a confined space inspection and by the Department of Labour as routine or as the result of a serious incident. (86) The fourth type of inspection is a special inspection. (86) This inspection is generally done by the employer to investigate an incident or malfunction to determine whether or not it is safe to resume work. (86) Special inspections can also be requested by the Joint Occupational Health and Safety Committee or Employee Safety Representative. (86) Equipment inspections and regular planned inspections should be conducted and then documented by the employees, safety representative, and employer. (86) Documentation of inspections is important because it can help to plan accident prevention, preventive maintenance, and corrective action. (86) Some examples of inspection reports that are used on farms are hazard identification checklists, near miss analysis, health and safety representative reports, joint occupational health and safety reports, farm workplace inspection reports, and vehicle maintenance reports.(86)

- Identify and analyze hazards<sup>36</sup> to determine the appropriate type and degree of personal protective equipment necessary<sup>37</sup>. (83)

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<sup>36</sup> Some situations where PPE may be necessary are in dusty environments or on elevated work surfaces, where dealing with extremes in temperature and climate, where there is risk of flying debris, falling objects, or chemical splashes, where there is a possibility of coming in contact with electricity, sharp objects, radiation, or other hazardous substances, and where there are high levels of noise or vibration. (83)

<sup>37</sup> The Personal Protective Equipment document lists and discusses eight types of protection: hearing protection, respiratory protection, eye protection, foot protection, hand protection, head protection, body protection, and fall protection. (83)