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MANITOBA

Communities are Partners

Workers' Occupational Health and Safety Rights with Newcomers

By Dorothy Wigmore

JUNE
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**Communities are Partners:
Workers' Occupational Health and Safety
Rights with Newcomers**

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About the Author

Dorothy Wigmore is a long-time occupational health and safety specialist based in Winnipeg. With training in occupational hygiene, ergonomics and work organization/stress, she has been a practitioner, educator, researcher and writer in Canada, the United States and Mozambique. The MFL Occupational Health Centre's first occupational hygienist, she has worked with/for governments, unions, NGOs and universities.

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Introduction — Why This Report?

The MFL Occupational Health Centre (OHC) is a unique facility, offering information, training, medical assessments and support to workers since 1983. It is the oldest labour-linked occupational health centre or clinic, and one of the few in its speciality, in Canada.

For 20 of those years, its Cross Cultural Community Development Program has provided first-language workshops to migrants.¹

In them, Community Trainers, who have gone through a train-the-trainer program, cover basic occupational health and safety and work-

By Estina Sabastian-Geetan

Oh, Immigrant and Refugee Women!
Why did you leave your native land?"
Was it to find a better life?
What did you expect to find my friend?

Be prepared!
Precarious jobs are waiting for you
Minimum wage or even less
No paid sick days or benefits for you

You'll be living below the poverty line
Unpredictable hours, it's struggling time
Welcome to survival jobs!

Expect the unexpected!
Depression and failing health
Family life is on hold
Inflation, discrimination and much more...

Solution time!

Know your rights! Speak out!
Let your voices be heard!
Discover your strengths and overcome all the challenges!
Let's aim for a better tomorrow

Today!

"Working so hard and still so poor!"

**A public health crisis in the making:
The health impacts of precarious work on
racialized refugee and immigrant women.**

Available at <https://drive.google.com/file/d/oB7HYn4Iqons4RINizHJGyjhKaXc/view>

ers' compensation rights in Manitoba. Despite reaching thousands of newcomers, the Program remains unknown to many health and safety and community development activists and others in the province and country.

With limited staff, no one has had time to compile the Program's history, take an overall look at its accomplishments and challenges, and consider the policy implications of its unwritten history, power-challenging community development model, and newcomers' health and safety needs that the work brings to light.

This report — with a time line and background/context document — is an attempt to do all that.

It was prepared by reviewing available materials and talking to members of the Cross Cultural Community Advisory Committee, OHC staff working on the Program, and some current Community Trainers. Background

information to set the context came from the author's knowledge/experiences and a variety of searches.

The result is two documents. One about the context — about occupational health and safety, community development, and data and services available to newcomers to Manitoba and Winnipeg — is in a separate document. The main report — this document — provides a summary of each topic to frame the history, analysis and recommendations.

In the spirit of community development principles and practices, the Program's Advisory Committee and OHC staff working with them reviewed versions of both documents and reviewers provided valuable feedback about this one. Their comments were essential and taken to heart. The author is responsible for the final versions of both documents.

Background

Occupational Health and Safety

What's It All About?

The goal of occupational health and safety (OHS) is to prevent people getting sick, hurt or killed because they earn a living. The topic is complex, intertwined with the minefield of workplace “employment relations” and “management rights”.

The law often is a starting place when discussing health and safety. All Canadian OHS laws clearly state employers are responsible for their employees’ health and safety. Employers must provide healthy and safe jobs and fix hazards; it is a duty, a requirement. Workers’ responsibilities are much less: report hazards, and use the protective procedures, measures or gear provided.

One of the most progressive in Canada, Manitoba’s *Workplace Safety and Health Act* specifically names the prevention goal and employer’s duties, saying that:

- “health” is “the condition of being sound in body, mind and spirit, and shall be interpreted in accordance with the objects and purposes of this *Act*”;
- workers have four rights — to know, participate, refuse work dangerous to themselves or others, and no

discrimination for health and safety activities; and

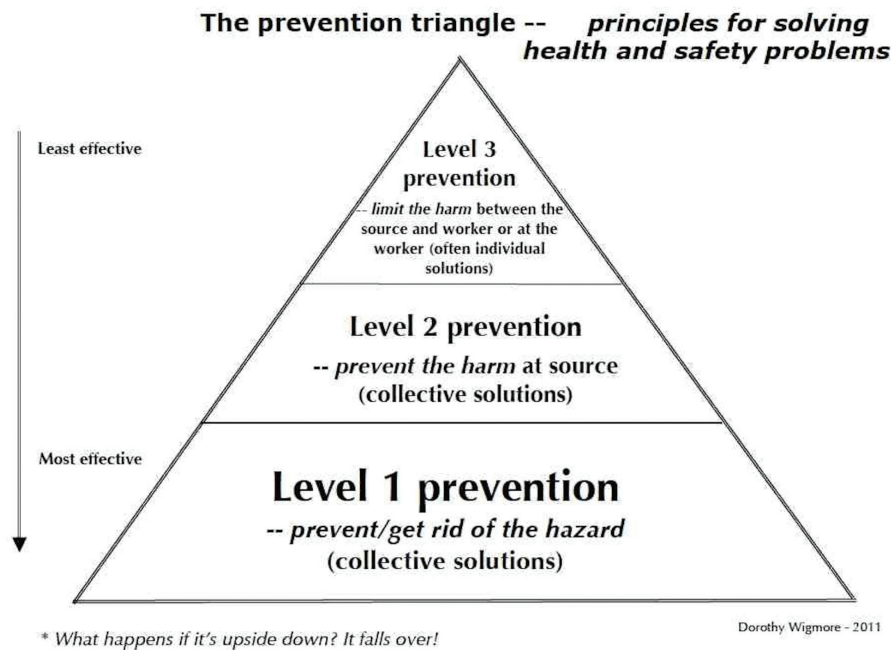
- government officials have the authority to order employers to obey the law and fix hazards, and fine or charge them if they don’t.

Despite the goals and clearly-stated duties, Manitoba government publications and practices emphasise the “internal responsibility system” (IRS). Often used to describe a “shared responsibility” for OHS,² the approach is about the “workplace parties” sorting out health and safety issues on their own, usually through joint health and safety committees. Mandated in workplaces with 20 or more regular employees, employers must “consult and co-operate” with the committees (where workers are at least half the members) about OHS issues. “External responsibility” — i.e., government enforcement — is to be a last resort. Activists sometimes call the IRS “the eternal responsibility system” and talk about being “consulted to death”.³

Revisions to the *Act* require that employers give all “new”⁴ workers an orientation to the specifics of their tasks, including:

- the employer’s duties, and worker’s legal rights and responsibilities;

FIGURE 1 The Prevention Triangle



SOURCE: Wigmore, D. (2008) The prevention triangle. <https://www.wigmorising.ca/prevention-principles/>

- the hazards to which the worker may be exposed (e.g., chemicals, safety, ergonomic design, stressors) and the prevention and/or control measures provided (e.g., isolation, ventilation, protective gear, breaks);
- procedures to report hazards, illnesses and injuries; and
- how to refuse dangerous work and reach the safety and health committee or representative (if either exist).⁵

However, the *Act* and its consolidated regulations are just tools to achieve worthwhile goals. They set minimum expectations about general and specific topics.

Too often, discussion of occupational health and safety (OHS) is restricted to this legal framework, or addressed as a technical, and/or economic issue from management's perspective. We are told it is "just part of the job" when someone is hurt or gets sick, or dies from a work-related

injury, illness or disease. Sometimes, it is "the price of doing business" or the result of "worker carelessness", an "accident".⁶ The costs of fixing hazards — rather than the cost of the "problem", those hazards — dominate discussions about preventive measures.

Other views place OHS in the political labour relations minefield. They link job-related health and safety to workplace democracy, human rights, and public health.⁷

Robert Sass is one who does this. The former Saskatchewan Occupational Health and Safety Branch Executive Director introduced workers' health and safety rights and consolidated Canadian OHS laws in the 1970s. Informed by the Italian Workers Model of health and safety (it coined the phrase, "Our health is not for sale"⁸) and — like others — Scandinavian laws, writings, and practices, he wrote about "inalienable" rights and workplace democracy.⁹

The United Nations Special Rapporteur for toxic substances takes a similar tact, emphasising

that OHS is a human (and therefore inalienable) right, easily promoted but difficult to achieve.¹⁰

Like the best public health solutions, primary prevention requires eliminating the hazard or finding an “informed substitute” product or method.¹¹ “Awareness” is necessary but not sufficient (see Figure 1); “knowledge activism” is a good start.¹² The most effective changes are the result of enforcement with penalties¹³ and a systemic prevention program approach, grounded in the commitment of top management. These programs acknowledge that protective gear is the last resort; like other “controls”, they only limit harm.

OHS and other working conditions also are components of the invisible “social determinants of health”.¹⁴ Some now call working conditions a commercial¹⁵ or corporate¹⁶ determinant of health. Others have proposed being upfront about these corporate influences, calling them political determinants of health (while not touching on occupational health).¹⁷ As one author put it:

the root causes of health and, thus, health disparities are driven as much by policy— and politics— as by any other cause.¹⁸

His own experiences of these activities led Sass to say the three R’s (rights) have been replaced by the three C’s: corruption, collusion and criminality (of manufacturers, governments, employers).¹⁹

Another result of corporate lobbying, labour laws give employers “management rights” — i.e., power — to run their operations as they see fit, with few limits.²⁰ Health and safety laws accept this, with two exceptions. With its broad scope, a worker’s right to refuse dangerous work in Manitoba (for themselves or someone else) offers possibilities to stand up to management’s power and force change.

The other terrain is “participation” in the mandated joint health and safety committees, where management has its first “kick at the cat” about OHS issues in the “internal responsibility system”. In the end, many employers still dictate what, when, where, and how things are done,

constrained only by that duty to “consult and co-operate” with the committee — and sometimes unions — about OHS.²¹

Therefore, those who take on OHS issues at work usually are confronting management’s powers to control the health and safety — and lives — of those they employ, their families and communities. Workers may not always frame it as such, or talk about workplace democracy, but employers’ sometimes-vehement resistance makes it clear how much is at stake.

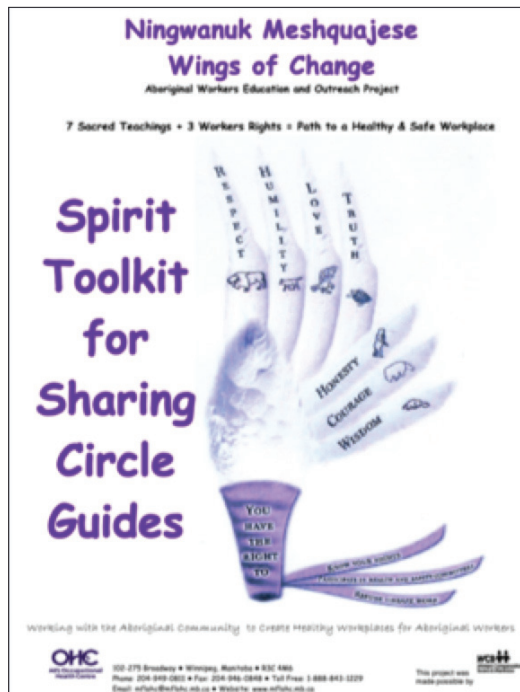
What Does it Mean for Newcomers?

Newcomers are in a vulnerable position due to many systemic factors (e.g., gender, racism/racialisation,²² immigration status) and situations they face in the nature of their jobs (e.g., low wages, few or no benefits, little job security or say about what they do).²³ Unfamiliar with Canadian or Manitoban laws, workers’ rights and the many struggles to win them, not to mention fears of deportation or other retaliation for speaking up, it’s understandable if migrants just keep working to have income, while taking their chances at injuries and illness.²⁴

Like others new to a job, recent newcomers are more likely to have a job-related injury than other workers; immigrant men are twice as likely to seek medical care for work-related injuries than Canadian-born men.²⁵ Temporary workers — i.e., those employed in precarious jobs — and those facing serious hazards also are more likely to be hurt or get sick.²⁶

Data under-estimate the toll. The underlying assumption is that injured or sick newcomers make it to, and through, the workers’ compensation system. However, they have difficulties accessing the system and using it, because of language barriers, poor knowledge about their rights, lack of information from employers about reporting systems, and mismatches between jobs and education.²⁷

A 2019 study pulls together some of the complex intertwined challenges facing most newcomer workers, including:



- many end up in “survival jobs”, ones they had never done before, concentrated in non-unionised sectors, often part-time or temporary, and without benefits like pensions or health insurance;
- the jobs were often hazardous, more likely to be in physically-demanding and involve shifts; and
- refugees “often end up in the most precarious work situations”, especially if their flight didn’t give them a chance to prepare for work and living in Canada.²⁸

Power is an important aspect of these challenges.²⁹ Combined with other factors, the “power differential” creates a “perfect storm” that “may make recent immigrants and refugees particularly vulnerable to poor working conditions and work injury”. Knowing one’s “rights and responsibilities and OHS does not guarantee that newcomers will be safe at work”.³⁰

There are parallels between this reluctance and that of Indigenous workers in the Occupational Health Centre’s Wings of Change project.

In the latter case, it was a common remnant of residential school experiences, where speaking up or speaking one’s language could have serious adverse consequences. The learning is found in the *Spirit Tool Kit*.³¹

A lot of Canadian research about newcomers’ health and safety comes from the Institute for Work & Health (IWH). Its researchers developed the *OHS Vulnerability Measure*³² that could be “a driver of OHS vulnerability” to help identify and improve the conditions for newcomers’ health and safety.³³ (They define vulnerability as exposure to hazards without protection.) Hazards (including harassment/bullying) are combined with:

- inadequate workplace policies and procedures to prevent/reduce hazards;
- lack of worker awareness about hazards and their OHS rights and responsibilities; and/or
- worker “empowerment” to protect themselves (e.g., speaking up or refusing dangerous work, without fear of retaliation).³⁴

The MFL Occupational Health Centre

The MFL Occupational Health Centre (OHC) opened in 1983. Now a community health centre funded by the Winnipeg Regional Health Authority (WRHA), its mandate is to provide occupational OHS services to all Manitoba workers, wherever they work. The unique organisation is one of the few occupational health centres/clinics in the country.

The OHC is largely the labour movement’s response to the failure of company doctors and the Manitoba Workers’ Compensation Board to prevent and/or properly inform workers about lead poisoning in local foundries. The original idea came from Luis Rufo, who became the local business agent for the International Moulders Union — those most affected — shortly after the *Workplace Safety and Health Act* passed in 1976.



Manitoba Premier Howard Pawley, MFL President Dick Martin, and OHC's first Executive Director, Lissa Donner, at the OHC's 1983 opening.

Smith, D. (2008) *An injury to all. A history of the occupational safety and health movement in Manitoba*, 2nd edition

In a classic example of union solidarity, he worked with Manitoba Federation of Labour president (and former Thompson Steelworker health and safety activist), Dick Martin, and others, to establish a workers' occupational health clinic.³⁵

Staff now includes two occupational health doctors, two nurse practitioners, an ergonomist, an office administrator, a resource centre co-ordinator, and an executive director. A new health educator works on a five-year sexual harassment project. A Health Educator and Community Development Worker run the Cross Cultural Community Development Program (CCCDP). Program-related activities topped the OHC 2018–2019 training and education numbers; 31 percent of all participants — 735 — were in workshops about/for migrants and newcomers.³⁶

Community Development Methods

The Cross Cultural Community Development Program (CCCDP) deliberately uses a “community development” model, focused on capacity building, and using community leaders to de-

liver first language workshops after their own train-the-trainer (TTT) workshops. The approach guides its process and activities.

At its core, community development is about community, relationships, and values. It goes beyond individual situations to take on structural issues of power, participation, and democracy. It's about the less powerful having an effective and respected voice that contributes to, and makes, decisions affecting their lives. It's about confronting “power-over”, being truly empowered (i.e., having power) and trusted and recognised for your experience-based knowledge). The “community” defines tasks and evaluates the results.³⁷

Table 1 explains the difference between community-based work and community development work.

Participation is directly related to power. Sherry Arnstein's “ladder of participation” (Figure 2) demonstrates that it is “the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future.” The result can lead to “significant social reform” allowing the citizens to share social benefits.³⁸

Michael Lerner's “surplus powerlessness” model of occupational “stress” (explained on page 15) fits with this understanding of participation too.³⁹

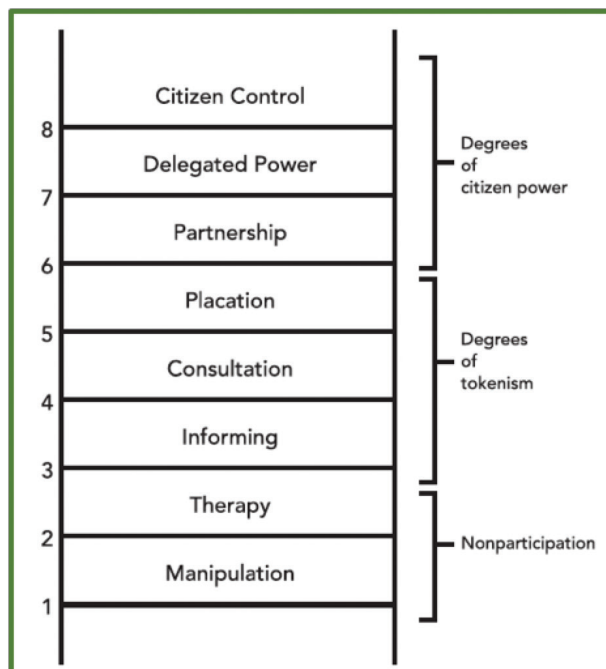
There is a long history of using community development approaches in OHS activities amongst Canadian and other unions, and community-based worker-focused activities.⁴⁰ They include train-the-trainer and participatory methods. For example, the CCCDP inspired the Alberta Workers' Health Centre to develop TTT workshops to train peer “brokers” to do workshops with “new Alberta workers”, also in first languages.⁴¹

TABLE 1 Comparing Community-based with Community Development Work

| Community-based Work | Community Development Work |
|---|--|
| An issue or problem is defined by agencies and professionals who develop strategies to solve the problem and then involve community members in these strategies. Ongoing responsibility for the program may be handed over to community members and community groups. | Community groups are supported to identify important concerns and issues, and to plan and implement strategies to mitigate their concerns and solve their issues. |
| Characteristics: | Characteristics: |
| <ul style="list-style-type: none"> • decision-making power rests with the agency • the problem or issue is defined by the agency | <ul style="list-style-type: none"> • power relations between agency and community members are constantly negotiated • the problem or issue is first named by the community, then defined in a way that advances the shared interests of the community and the agency |
| <ul style="list-style-type: none"> • there are defined timelines • outcomes are pre-specified, often changes in specific behaviours or knowledge levels | <ul style="list-style-type: none"> • work is longer term in duration • the desired outcome is an increase in the community members' capacities behaviours or knowledge levels • the desired long-term outcomes usually include change at the neighbourhood or community level |

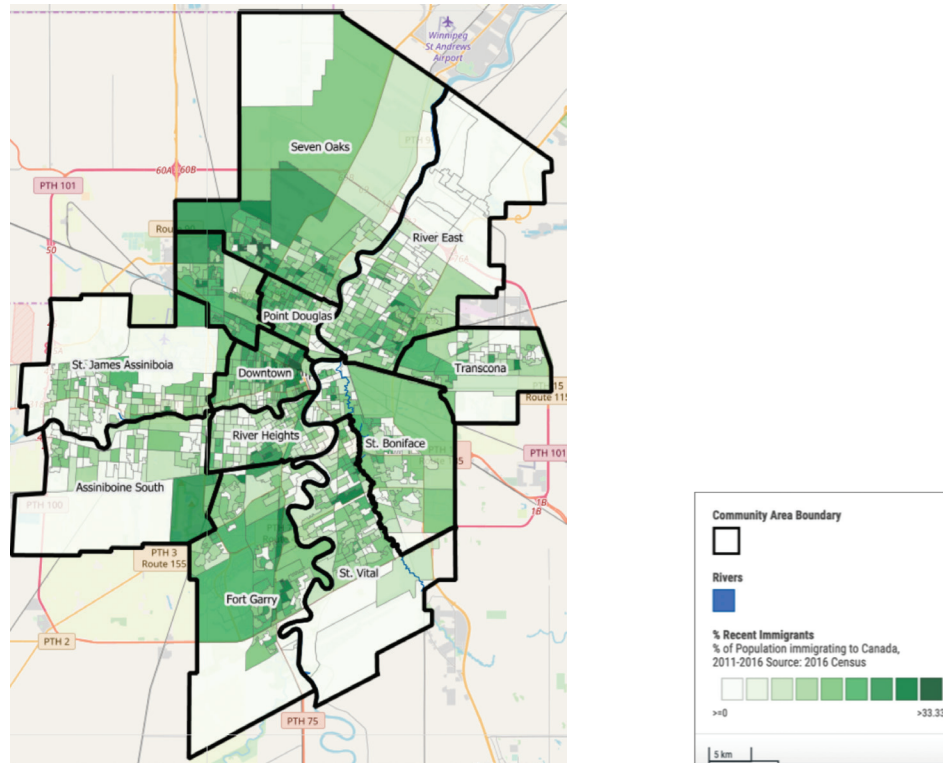
SOURCE: Global Community Development Exchange (2019) *What is community development?* Adapted from Labonte, R., 1999. Found at <https://globalcommunitydevelopmentexchange.org/2019/03/25/what-is-community-development-2/>

FIGURE 2 The Ladder of Participation



SOURCE: Arnstein, S. (1969) The ladder of participation, *A Ladder of Citizen Participation*.

FIGURE 3 Recent Immigrants to Winnipeg Percentage of City Population Immigrating to Canada, 2011–2016 — by Neighbourhood Cluster (2016 Census)



SOURCE: Community Data Map, Winnipeg Health Region 2019. A product of the Manitoba Collaborative Data Portal (MBCDP), April, 2018. Found at <https://mangomap.com/cgreenwpg/maps/61783/commun#>

Evaluations confirm their effectiveness of TTT and participatory approaches, especially in OHS activities.⁴² The evidence shows effective “worker education must focus on empowerment for collective action to remove workplace hazards”.⁴³

Newcomers: Who’s Coming to Manitoba/ Winnipeg? Who Works with Them?

Manitoba is a relatively-popular province for people migrating to Canada. They include a mix of government- and privately-sponsored refugees, international students and visa holders, people coming under the federal Temporary Foreign Workers/TFW program, and others.

In 2017 alone, 14,700 permanent residents chose Manitoba; about 80 percent arrived in Winnipeg.⁴⁴ By the end of October, 2019, 16,530 new

permanent residents had arrived in the province since January, most under the Provincial Nominee Program; 1,120 were in the categories of “resettled refugee” or “protected person in Canada”.⁴⁵ Newcomers are concentrated in several areas of the city, not just the core (Figure 3).

The top six of the 30 languages tracked in the 2016 census are Tagalog, Portuguese, German, Vietnamese, Cantonese and Somali.⁴⁶ Among Manitoba’s permanent residents in 2017, the top 10 languages spoken — Tagalog, Punjabi, Chinese, English, Tigrinya, Gujarati, Russian, Arabic, Yoruba and Urdu — accounted for about 65 percent of all languages spoken.⁴⁷

Some newcomers look to settlement services for help when they arrive. Manitoba has 12 such agencies outside Winnipeg and many within the capital city. Often funded by the federal govern-

ment's Immigration, Refugee and Citizenship Canada (IRCC), they include:

- Manitoba Start, which provides centralised intake;
- Altered Minds Inc. (AMI), which offers a four-week, half-day Entry Program, and may be closing (thanks to funding cuts);
- Manitoba Association of Newcomer Serving Agencies (MANSO), an umbrella organisation with 70-some members across the province; and
- Immigration Partnership Winnipeg (IPW), housed at the Winnipeg Social Planning Council, with website employment service links.⁴⁸

Depending on the source, there are at least 50 ethno-cultural organisations, which also play an important role in helping to settle newcomers.⁴⁹

The numbers of “recent immigrants” — especially those who might join the workforce — and languages spoken have serious implications for disseminating information about relatively-complex topics such as workers’ rights, health and safety laws, and workers’ compensation “rules”. Providing English-only materials and websites effectively denies many newcomers and new citizens access to information they need and are supposed to get. Yet some variation of that situation is common for Manitoba newcomers.

At the Manitoba Workers’ Compensation Board (WCB) website, front page links to basic worker information in seven languages other than English

are not obvious. Vietnamese, Amharic, Somali, Cantonese, and Portuguese speakers — whose languages are more common amongst Manitoba newcomers than some of those used — may not find information in their mother tongues.

SAFE Work Manitoba is responsible for health and safety consultations and information. Its resources about workers’ rights and employers’ responsibilities for training and orientation in 19 languages can be difficult to find or use.⁵⁰ The agency also has funded campaigns (e.g., *Safety is a language we can all speak*) and worked with others to produce materials for newcomers (e.g., *Being safe at work guide*). Its *Health and Safety 101* is only on the government’s ImmigrateManitoba.com website. The newcomer toolkit, *Prevention is the best medicine*, is only on the WCB website, where its fact sheets for learners and teachers’ lesson plans are all in English.

The Workplace Safety and Health Branch enforces the *Workplace Safety and Health Act* and its regulations. Now part of the provincial Finance Department’s Labour & Regulatory Services, it “targets high-risk hazards and sectors, as well as repeated or willful non-compliance”. Inspectors (safety and health officers) can issue orders that employers fix job-related hazards and issue administrative penalties of up to \$5,000 for “wilful, severe, or repeated non-compliance”.⁵¹ The Branch website is in French or English. There is no indication that any staff speak other languages or can offer translation for calls about refusals, or other issues.⁵²

The Cross Cultural Community Development Program⁵³

Why the Program?

The OHC's mandate is to provide occupational OHS services to all Manitoba workers, wherever they work. Its guiding principles say the Centre will recognise, respect and accommodate the diversity amongst workers, and their needs related to gender, language, culture, economic status, education level, and immigration status (amongst other things).

In its early days, unionised patients and group work with unions were common. By the 1990s, OHC staff were very aware that they were not ful-

filling the mandate, since about 65 percent of the provincial work force was not unionised.⁵⁴ The staff wanted to reach those unorganised workers, and migrants in particular, but were unsure about the best way to proceed.

After the Health Educator hired in 1999 organised focus groups and had other conversations, she developed a plan to train newcomers about health and safety and workers' compensation rights. (For more about the history, see page 15.)

The project still has the same goal: provide newcomers with information and skills related

Guiding Principles

The Occupational Health Centre (OHC) is a worker-centred community health centre committed to ensuring that workers' health is always our main priority.

OHC is committed to providing accessible services and programs for all workers in Manitoba and to reduce barriers workers experience in their workplaces.

OHC believes workers should always participate in decisions that affect their health and safety. We recognize workers are diverse and have particular needs according to their gender, language, culture, religion, physical or mental ability, economic status, level of education, and immigration status and are committed to respecting, and accommodating these differences appropriately.

MFL Occupational Health Centre, 2020

to some of their job-related rights in Manitoba, while increasing their sense of belonging to their own cultural community and the larger one. The latter comes from sharing experiences with people who share their language, culture and concerns, making it possible to learn from each other and get the social support needed to successfully settle in their new surroundings.

The logic model framing the work sets an overall goal of supporting newcomers to develop equitable relationships in their lives in Canada. Its objective is to provide newcomers from many different communities with a chance to learn about worker rights and job-related health, in their first language.

The long-term desired outcome is to build capacity in newcomer communities so participants can better relate to broader Canadian structures. They should get a better sense of their rights, have improved access to resources and community connections, and have the confidence to use what they learn. The Program recognises the need to respond to community needs, and adapt where necessary.

The changing nature of work has made the project even more essential. As described earlier, newcomers compose an increasing part of the Manitoba workforce, with racialised workers often employed in unorganised workplaces.

How Does it Work?

The initial “Immigrant workers education and outreach” program was part of the OHC’s outreach and education program. Now in its 20th year, and re-named the Cross Cultural Community Development Program (CCCDP), it reaches hundreds of newcomers in the inner city and other parts of Winnipeg annually. It also has operated in the food processing sector in Neepawa and Brandon. 20+ cultural communities have been involved, including:

- Afghani
- Bhutanese
- Burundi
- Chinese

- Congolese
- Eritrean
- Ethiopian
- Filipino
- Indian (Hindi-speaking)
- Karen (Burma)
- Latin American (Spanish-speaking)
- Nepali
- Punjabi
- Somali
- Sudanese
- Syrian
- Vietnamese
- Yazidi

The nine-person Advisory Committee, with representatives from newcomer community groups and service organisations, meets every two months to oversee and guide the project. One member also sits on the OHC Board of Directors. (There were two from 2003 until 2016.) A few have been there since the project began. Members represent the different cultural communities involved over the years.

Two OHC staff—a Health Educator and a Community Development Worker—support the Program and the Community Trainers. The Health Educator works with, and takes direction from, the Cross Cultural Community Advisory Committee. She provides program development, management and evaluation, prepares grant proposals and reports, develops evaluation processes, and (co)writes policy and position papers.

A social worker by training, the Community Development Worker hired in 2008 runs the TTT program, recruits participants, does outreach OHS information presentations, meets agencies, and follows up with existing and new Community Trainers. She also helps injured workers with WCB appeals and provides short-term counselling to them, as needed.

Each year the Advisory Committee and staff review how many Trainers there are from each community, along with suggestions for potential new ones. A call goes out to the relevant communities for anyone interested in being a trainer. OHC support staff and Advisory Committee members interview applicants using cri-

teria developed over the years, to ensure there is a good fit.

Selected individuals now go through a 10-week 25-hour TTT program in English. (The initial time was 14 hours.) The current funding agreement provides a \$300 stipend to attend all 10 of the 2.5-hour sessions.

The goal is to provide sufficient background so that Community Trainers are well-versed in the basics about OHS and workers' compensation, and comfortable about the resources available for individual workers they will meet. Topics focus on OHS principles, workers' rights, identifying hazards, ergonomics, human rights, workers' compensation, the role of unions, and resources. OHC staff and outside resource people deliver the workshops, depending on the topic.

After "graduation", Community Trainers work with the Community Development Worker to set up workshops with newcomers in their cultural communities. The hope is to have two or three two-hour workshops in participating communities each year, covering workers' health and safety rights, what to do if you get injured at work, and local resources. Trainers now receive \$22/hour to a maximum of 10 hours per workshop.

The Trainers find a location, organise the food, bus tickets and deal with other support or incentives available. They follow up as needed after presenting the workshop. It may involve one-on-one help for individual workers. They may refer them to the Worker Advisor Office for help with a WCB claim, the OHC for a medical assessment, or provide other information.

As a community development project, sessions take place in the community. The first year, sites were a Sikh temple (gurdwara), Catholic church, the International Centre, a garment factory and a community member's home.

The pattern has been followed during the Program's 20 years, adding restaurants, schools, the Immigrant & Refugee Community Organization (IRCOM), a Chinese seniors complex, English as Additional Language (EAL) classes, recreation

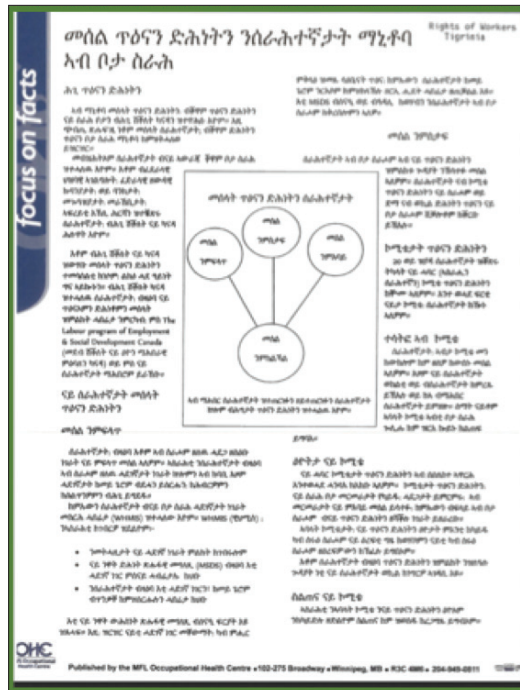


Cross Cultural Community Program Advisory Committee, 2016

centres, other churches and even on a community camping trip. The sites usually are culturally relevant to the group involved (e.g., the Sudanese Community Centre, a new Somali restaurant), providing safe spaces for open conversations.

Every year, there is a continuing education session for Community Trainers about a new or important workers' health topic. Here, the Trainers also share experiences in their communities. The annual Volunteer Appreciation Picnic for all Community Trainers and Advisory Committee members also encourages building cross community relationships. The Advisory Committee itself is a primary vehicle to dealing with issues from the perspective of many different communities.

The basic *Workplace safety and health rights for Manitoba workers* hand-out — used at all workshops — has been translated into 10 languages: Amharic, Chinese, French, Karen, Punjabi, Somali, Spanish, Tagalog, Tigrinia, and Vietnamese. They are given out at other occasions (e.g., the 2006 Philippine Folklorama pavilion, where Community Trainers distributed more than 1,000 copies). They also are used at Manitoba Start's Entry Program — where Community Trainers have made monthly presentations at the settlement orientation program for newcomers to Winnipeg since 2006 — and presentations in other settings. Fact sheets about chemical haz-



titles. One each was made for the Eritrean (Arabic and Tigrigna, with Bilen, Tigre and Kunama incorporated into various sections), Punjabi, and Ethiopian (Amharic) communities. Available on the OHC website, they are used at community workshops, outreach meetings and education activities. (All were funded by the provincial Immigrant Integration Program; the federal Citizenship and Immigration department also contributed to the Ethiopian video.)

The Trainers, Advisory Committee members, and OHC staff also provide information sessions throughout Winnipeg, sometimes about OHS, sometimes about the Program. They also have collaborated around OHS and workers' compensation policy issues. Using their own experiences and stories from workshops and communities, they have prepared and made presentations to public hearings about the WCB and submissions to reviews of the Act and its regulations.

ards, ergonomics, repetitive strain injuries, stress, shift work, and respectful workplaces are available in multiple languages.

An information sheet, *Health & safety issues in meat processing plants* was developed in 2015 and translated into Nepali and Amharic as a response to migrants being recruited into that industry. It also reflects the Program's work in the sector that started in 2003.

In another innovative approach, the Trainers and OHC staff worked with professional film makers to produce three videos with English sub-

What About Funding?

Funding comes from multiple sources. The Program is not part of the OHC's operating budget. Instead, the OHC — which gets its core funding through the WRHA — provides in-kind support to the project through the time spent on the Program by the Health Educator, whose wages and benefits come from the WRHA. The Community Development Worker was first hired with funding from Manitoba Labour & Immigration.

The Manitoba WCB provided the initial three-year grant in 2001. When it ended, the Winnipeg United Way provided two years of interim money. In 2006, Manitoba's Department of Labour and Immigration began supporting the project. By 2014, funding responsibility was transferred to the federal Citizenship and Immigration Department, now Immigration, Refugee and Citizenship Canada (IRCC).

One result of the federal funding is the strict enforcement of eligibility; only permanent residents and "Convention refugees" can receive

This clip is from the Eritrean video about workers' OHS rights



services. This excludes new Canadian citizens, migrant workers (including those under international work permits and many under the Temporary Foreign Worker program), and international students. Strict requirements about providing child care also made it too difficult to keep providing this support to workshop participants.

To off-set federal restrictions, especially about eligibility, the OHC and CCCDP have successfully proposed two-year projects to the provincial WCB's Research & Workplace Innovation Program (RWIP). It also has funded related projects (see below).

Late in 2019, the OHC successfully negotiated a new five-year (2020–2025) agreement with IRCC. The federal department will still fund the Community Development Worker and Community Trainer stipends. However, it has cut the stipend Trainers receive to participate in the TTT program. They also will no longer pay for refreshments at community workshops or the Volunteer Appreciation summer picnic, citing Treasury Board guidelines that discourage purchasing food unless “necessary”. The OHC is currently considering how to respond to this shortfall for items important to the CCCDP's success (e.g., food).

Related Projects

The Program has evolved with related participatory approaches (e.g., the Support for Action Group model) and work with migrant workers.

Based on OHC's experience from a garment workers group, the “Support for Action” method provides workers with opportunities to share their workplace experiences with people like themselves. The idea is that when they find commonalities and patterns in their collective experiences, it is easier for participants to move from self-blame to taking action to improve their own health and working conditions.

It is informed by Michael Lerner's “surplus powerlessness” approach to job-related stress



Volunteer Appreciation Picnic, 2019

There's a lot of pain in the working class and its institutions, much more than can be fixed by educational interventions, however skilled and sustained. Educators don't have easy access to the sources of people's hurt or anger or caution, but the scars are on display in classes, in meetings, and in the corridors of the union bureaucracy. No doubt the origins of these conflicts lie in the subordination of workers and their organizations, in what Michael Lerner calls “surplus powerlessness,” how people who are hurt in the hierarchies of our society turn those familiar weapons on one another.

Bev Burke, Jojo Geronimo, D'Arcy Martin, Barb Thomas and Carol Wall, *Education for changing unions*, 2002

and strain, that workers often believe they have less power than they actually do. This can prevent them from taking individual and/or collective action to improve their lives; sometimes it means they turn on others with whom they have much in common.⁵⁵

“This key understanding informs our work with newcomers in general,” the Health Educator said. “While it is very true that knowing your health and safety rights and responsibilities does not guarantee newcomers will be safe or healthy at work, understanding surplus powerlessness is important in our work with newcomer workers and provides a more complete picture of how power dimensions are at play in our work.”

The Centre used the model several times with food processing workers from different cultural communities. There were 10-week sessions with Vietnamese community participants in 2013 and 2014 and a two-year project with Eritrean and Chinese community workers (all permanent residents) at Brandon's meat processing plant from 2017 to 2019. The TTT program also inspired and informed the *First language health & safety training for newcomer workers project* from 2014–2016.⁵⁶ (See more details in the next section.)

Building on the CCCDP experiences, in 2018 the OHC successfully proposed a two-year project to improve health and safety awareness of nail salon workers and owners from Winnipeg's

Vietnamese community. The Healthy Nail Salon Worker project started in 2019. Again, the WCB RWIP is providing the funding, so OHC staff can work with an Outreach Worker from the Vietnamese community (also a Cross Cultural Community Advisory Committee member) and an outside occupational health specialist and educator.

History

This history has been culled from reports to funders, OHC annual reports, and conversations with OHC staff, Community Trainers and members of the Advisory Committee. The timeline (see

MFL Occupational Health Centre

Cross Cultural Community Development Program — History

1983

OHC OPENS

- MFL Occupational Health Centre (OHC) opens to provide quality, accessible, and comprehensive job-related health and safety services. It is partly labour's response to doctors and companies who didn't tell workers about lead poisoning or didn't take it seriously.

1999

IMMIGRANT WORKER NEED ASSESSMENT DONE

- Immigrant worker project idea starts by hiring new health educator who looks at possibilities. First step is needs assessment — talking to service providers and workers in three sectors. Idea emerges for training in own language by trusted people.

2000

IMMIGRANT WORKERS EDUCATION AND OUTREACH PROJECT STARTS

- First project advisory committee is mostly union reps. After difficulty reaching workers, OHC adopts community development approach with Salvadoran and Punjabi leaders and service providers on advisory committees.

- Committees oversee development of health and safety Train the Trainer (TTT) program for their communities. Goal is to build participants' skills so they can deliver workshops in their first language about health and safety rights and community resources.

- Funding comes from Manitoba Workers' Compensation Board.

2001

PUNJABI, SALVADORAN COMMUNITIES GET TRAINING

- After mapping where community members work and gather, OHC staff and invited resource people deliver 14-hour training programme to eight Punjabi community members and five Salvado-

reans. About 100 people participate in six workshops the Trainers promote and deliver. Translated fact sheets and other written resources are provided.

- OHC staff also work with Filipino community on a community panel and media about job-related health issues, and develop plans for next year.
- Relationships develop with outreach to potential service delivery agency partners (e.g., International Centre, UFCW Training Centre, Employment Projects of Winnipeg)

2002

OHC BOARD ADDS ADVISORY COMMITTEE REPS

- Two programme Advisory Committee members join the OHC's Board of Directors.

2003

CROSS CULTURAL ADVISORY COMMITTEE ESTABLISHED, VIETNAMESE AND FILIPINO COMMUNITIES INVOLVED, FIRST MIGRANT WORKERS EFFORTS

below) provides a summary. This narrative fills in cracks and provides background where possible.

The First Years

The CCCDP grew out of concerns in the 1990s amongst OHC staff and the Executive Director of the day, Judy Cook, that the Centre was not fulfilling its mandate to provide services to all Manitoba workers, particularly immigrants/newcomers.

One of the first tasks for the Health Educator hired in 1999 was to do an assessment to find out the OHS education needs amongst these workers. She organised focus groups with immigrant workers in three sectors and newcomer service providers. The conversations developed into a



Punjabi Community Trainers from the Program's first year

- Advisory committees combined into cross cultural one, leaders from other communities asked to participate.
- With Manitoba Workers' Compensation Board funding, committee chooses five trainers from the Filipino and Vietnamese communities to join program. They go through Train the Trainer sessions.
- Eight Salvadoran, Punjabi and Filipino trainers serve as Community Health and Safety Promoters, giving one-on-one help to 25 workers in a year. Also represent OHC at different events (e.g., guest speaker at U of M medical school class).
- Salvadoran community trainers deliver workshops to migrant workers in Brandon food processing industry. Workers ask OHC doctor come to see people with job-related health concerns. He sees 10 migrant workers with musculoskeletal pain; Spanish-speaking Advisory Committee member interprets. WCB accepts one workers' claim.
- OHC makes recommendations about some of their key issues to union representing the migrant workers.

2004

VIETNAMESE AND FILIPINO COMMUNITIES, MEAT PROCESSING WORKERS TRAINED

- Five new Filipino and Vietnamese trainers recruited and trained. From April to September, they organise and deliver three workshops, distributing fact sheets in first languages.
- Based on work with Spanish-speaking promoters, OHC partners with UFCW, which represents immigrant meat processing workers. Promoters help survey workers about pain, interpret, at OHC doctor appointments and follow-up.
- Presentation to provincial Minister of Labour highlights health and social issues affecting immigrant workers and ethics of sending migrant workers "home" after repetitive strain injuries.
- Cross Cultural Advisory Committee and OHC staff prepare and make only presentation about immigrant workers to WCB public hearings.
- WCB funding ends. Winnipeg United Way provides two-year interim programme funding.

2006-07

NEW TRAINERS RECRUITED, SESSIONS HELD, STUDENTS REACHED, REGULAR ENTRY PROGRAM SESSIONS BEGIN

- Outreach brings two Eritreans to the Advisory Committee. Community recruits two women and two men for November, 2006 TTT program. OHC fact sheets translated into Tigrinia. Eritreans work on a health and safety video in first languages, to be shown at community's monthly movie nights.
- TTT delivered in eight evening sessions in November/December for six new trainers. They work with six cultural communities: Eritrean, Filipino, Punjabi, Somali, Spanish-speaking, Vietnamese. 16 workshops organised and delivered to more than 240 people.
- Conversations with Salvadoran magazine editors and Colombian community lead to workshop at Mount Carmel Clinic.
- Trainers distribute 1,000+ copies of *Workplace health and safety rights* at Philippine Folklorama pavilion.

plan to train newcomers about health and safety and workers' compensation rights in their first language, using people they trusted — those from their own cultural community.

Initial recruiting efforts through unions associated with the OHC were not very successful; they had few connections with newcomers at the time. Knowledgeable about community development, in 2000 the Health Educator proposed to the Executive Director of the day, Sheila Braidek, that the program use the approach. However, she was concerned the Centre might not be ready to fully accept or embrace the model; she explained her reluctance to Braidek, saying perhaps they could try a hybrid version. The “piv-

otal moment”, she said, was the ED’s response: “If you’re doing community development, you’re going to do it properly.”

In 2001, two advisory committees were set up using Braidek’s connections to immigrant communities through the Sexuality Education Resource Centre Manitoba (SERC, formerly Planned Parenthood Manitoba), and some of the Health Educator’s links in other communities.

The Punjabi and Salvadoran committees worked with the Health Educator to develop a Train-the-Trainer (TTT) program, reached out to their communities, recruited participants, and helped set up a pilot TTT and follow-up activities. The outreach activities were based on map-

- Outreach to EAL programs leads to one-hour school workshop in six languages. Start monthly evening workshops to Entry Program newcomer participants in May.

- Manitoba Department of Labour & Immigration funds program in 2006.

- Two Advisory Committee members make immigrant workers presentation to Manitoba Minister’s Advisory Committee on Workplace Safety & Health. Committee also makes written and oral presentation to the Employment Standards Code Review.

- In 2007, first summer evening Volunteer Appreciation Picnic held for all community trainers, Advisory Committee members and families. This becomes annual event.

- Migrant farmworkers brochure developed in Spanish, distributed to workers.

- Advisory Committee develops draft Employment Equity Policy to propose to OHC Board of Directors. Concern about wording, policy referred to the Board’s policy committee.

2008

CROSS CULTURAL COMMUNITY DEVELOPMENT WORKER HIRED, FIRST (ERITREAN) VIDEO MADE

- Full-time Community Development Worker hired with funding from Manitoba Labour & Immigration. She will co-ordinate Train the Trainer program, continue information sessions with current and new trainers. Does two TTT sessions.
- Eritrean community video produced.
- Cross Cultural Community Advisory Committee makes written submission to Workplace Safety & Health Act Review.

2009–10

NEW TRAINERS, LARGE NUMBERS REACHED, PUNJABI VIDEO LAUNCHED, DEVELOPMENT WORKER SERVICES EXPANDED

- Ten individuals are chosen for fall TTT programme: four members each from the Eritrean and Filipino communities and two from a high-hazard workplace (via UFCW union). All finish it.
- Estimated 11,050 newcomers reached indirectly in the year. Workshops and pres-

entations directly reach 2,250. Trainers set up and deliver 41 workshops or meetings with community members in the Afghan, Chinese, Eritrean, Ethiopian, high-hazard, Punjabi, Somali and Sudanese communities; two include workers talking about their experiences of job-related injuries.

- Project’s Punjabi health and safety video is launched May 23 and used at all workshops in the community. All Eritrean workshops also use their own first-language video.

- New trainers from Afghan and Spanish communities identified, interviewed, selected. Connections with Burmese community made.

- Development Worker expands services to include short term counselling helping 12 injured workers with support and access to resources.

- Advisory Committee successfully nominates Rob Hilliard, former Chair of OHC Board of Directors, for Dick Martin Award. Recognise his work advancing immigrant workers’ needs/concerns as OHC Chair and later at United Food and Commercial Workers (UFCW) Local 832.

ping where community members worked and gathered. OHC staff and invited resource people delivered the 14-hour training program to eight Punjabi community members and five Salvadorans. After “graduating”, the Community Trainers held six workshops, reaching about 100 people with translated fact sheets and other resources.

Shortly after the pilot, the advisory committees were amalgamated into the Cross Cultural Community Advisory Committee, reflecting how Committee members saw themselves. They invited individuals from communities where the OHC and others wanted to work, or those who were interested in working with them. And the Program began using the word “newcomer” in-

stead of “immigrant”, to better describe recent arrivals to Canada.

Early efforts included giving more money to one person who had gone through the TTT program, using a “promoter and organiser” model. However, it was too much work in the hours available and hard for the person to get time away from their regular job to carry out the assigned responsibilities. A full-time Community Development Worker was the answer.

More Recent Times

Since 2001, the successful TTT and community workshops have been repeated with thousands of newcomers. Workshop participants now get

2010–11

MORE TRAINERS, OUTREACH, AND WORKSHOPS, ETHIOPIAN VIDEO STARTS, TRAINERS DISCUSS PROGRAM

- Twelve of 13 participants complete fall TTT program: four members each from the Spanish-speaking and Karen communities, three from the Afghan community and a Francophone newcomer agency staff member.
- Workshops and presentations directly reach 1,322 newcomers, estimated 7,932 indirectly. Trainers organise and present 33 workshops for Afghan, Chinese, Eritrean, Filipino, Karen, Punjabi, Somali, Spanish-speaking, and Sudanese communities. OHC staff and Community Trainers deliver 10 Entry Program presentations for 575 newcomers.
- Outreach to community agencies leads to free French translation of *Workplace health and safety rights* hand-out and presentation offers.
- Literacy Partners of Manitoba do “Communicating in clear language” workshop for Community Trainers.

- Ethiopian health and safety video starts. Script translated into Amharic. Two work-places allow filming community members on the job.
- The Community Development Worker helps 12 injured workers with resources and support.
- Advisory Committee successfully nominates member Martha Chicas to provincial Ethno-cultural Advisory and Advocacy Council, providing another route to bring up issues affecting newcomer workers.
- Ten Community Trainers participate in focus group facilitated by two Advisory Committee members, discussing what works well and improvements needed in program.
- OHC offers Migrant Farmworkers Clinic in Portage la Prairie. Despite promotion and interpretation provided, no workers show up. Lessons about need to build relationships and trust with this group of workers.

2011–12

TRAINERS IN 10 CULTURAL COMMUNITIES, 9000 NEWCOMERS REACHED INDIRECTLY, ETHIOPIAN VIDEO DONE

- Presentations and workshops get directly to 1,500 newcomers; estimate 9,000 indirectly.
- Trainers and staff continue presentations at Entry Program and other settlement services; 23 sessions reach +960 newcomers. Other workshops/presentation reach 94 newcomers at Success Skills, Dalhousie School and William Whyte Residents Association’s Neighborhood Immigrant Settlement Program.
- Trainers deliver 29 workshops to + 540 people in 10 cultural communities: Afghan, Chinese, Eritrean, Ethiopian, Filipino, Karen, Punjabi, Somali, Spanish-speaking and Sudanese.
- 25 Community Trainers attend sessions to learn about helping injured workers. 18 go to one about employment standards.
- Support for Action group tried out for Vietnamese and Vietnamese Chinese food processing workers. Few attend without honoraria (which funders will not provide).
- Culturally appropriate Ethiopian health and safety video produced *Workers’ health and safety rights* fact sheet translated into Karen (Burma).

a certificate to recognise their participation and new-found knowledge. 163 people have become Community Trainers; about 60 still participate in some way, while some others are supporters through their positions in settlement agencies and service organisations.

For financial reasons, the Program has focused on Winnipeg, except for funded activities with food processing workers in Brandon and Neepawa. The OHC used the community development model several times with food processing workers from different cultural communities in those cities, often partnering with Local 832 of the United Food and Commercial Workers Union (UFCW) and Westman Immigrant Services.

Ten-week sessions with Vietnamese community participants in 2013 and 2014 laid the groundwork for a two-year project from 2017–19 in Brandon. The WCB's RWIP funded this *First language health & safety training for newcomer workers* project.⁵⁷ Inspired and informed by the TTT approach, it allowed the OHC to hire a part-time co-ordinator to focus on temporary foreign workers and other newcomers in Brandon and Neepawa food processing plants. 14 Trainers from five language/cultural groups completed the in-depth TTT program and went on to deliver workshops to co-workers.

Starting in 2017, RWIP also supported activities with 25 Eritrean and Chinese community

- Community Development Worker helps 24 injured workers with short-term counselling and resources. Meets/presents at several organisations.
- OHC staff and Advisory Committee meet WCB about communications, program, funding. WCB uses Committee's recommendations about languages for translation of their materials.
- In scan of OHS programs for recent immigrants, Institute for Work & Health identifies program as promising practice.

2013–14

FEDERAL FUNDING AFFECTS RECRUITING, PROGRAM INSPIRES OTHERS

- Workshops delivered to 746 newcomers. 20 workers referred to other resources (e.g., WCB, Worker Advisor, union, OHC doctor).
- Successfully integrate social work student for first time, consistent with community development framework.
- In 2014, funding transferred from provincial government to Canada Citizenship and Immigration. Stricter enforcement

of eligibility criteria means services only for permanent residents, excluding new Canadian citizens and migrant workers. Strict new requirements stop child care support to workshop participants.

- Second 10-week Support for Action Group with Vietnamese community food processing workers. Presentation about Group at SAFE Work Manitoba conference for health and safety committee members.
- Health in Common helps OHC develop Evaluation Framework to improve ability to measure community capacity.
- Focus Group with Ethiopian community trainers to better understand how program builds community capacity. Learn it built capacity in this community in six of nine domains: participation, leadership development, organizational building, problem assessment, resource mobilization, and strengthening links to other organizations and people. Conversations clarified need to be explicit about capacity building and use program as model from which others can learn.

- Alberta Workers Health Centre consult staff and observe training sessions, interested in a similar programme.
- With difficulties identifying eligible newcomers (i.e., permanent residents) try other ways to recruit participants by developing relationships with other community agencies serving newcomers when they first arrive.
- Evaluations about effectiveness continue to be very positive.

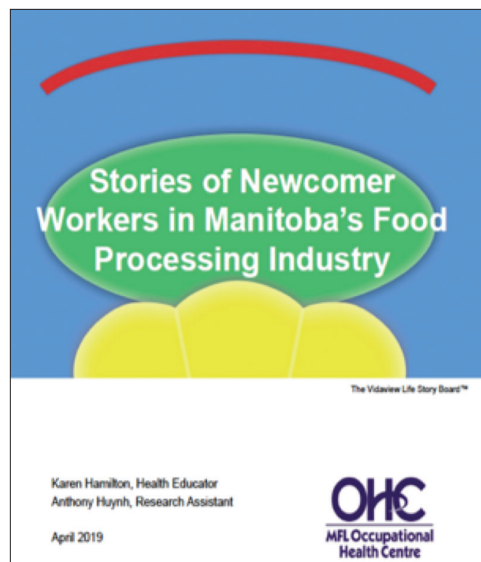
2015

FIRST LANGUAGE HEALTH AND SAFETY TRAINING FOR NEWCOMERS IN FOOD PROCESSING INDUSTRY, PROJECT REPORTS SUCCESSES, SECOND TRAINERS FOCUS GROUP

- Inspired and informed by Train the Trainer Program, new project hires part-time co-ordinator to focus on temporary foreign workers and other newcomers in Brandon and Neepawa food processing plants. WCB's Research and Workplace Innovation Program funds it; UFCW Local 832 is partner. 14 trainers from five language/cultural groups complete in-depth

food processing workers in Brandon, all permanent residents. (About 85 percent of the plant's workers are newcomers. They include hundreds of people on the federal Temporary Foreign Workers program, usually with limited English language ability. These migrant workers have limited rights and protections. Some participants were the wives of former TFW program participants.) A part-time co-ordinator was based in Brandon. Facilitators speaking the relevant languages used the support group model. After the support groups ended, 11 workers used the Vidaview Life Story Board to recount their stories.

The final report, *Stories of newcomer workers in Manitoba's food processing industry*,⁵⁸ in-



TTT program so they could deliver *Health & Safety Rights & Resources* workshops to co-workers.

- Given industry's recruitment of newcomers to food processing, OHC develops *Health and safety issues in meat processing plants* fact sheet, translated in Nepali and Amharic.
- Trainers deliver 16 workshops, directly reaching 160 newcomer workers in five languages. Numbers reached indirectly estimated to be significant percentage of regional sector's newcomer workforce.

2016

OHC BOARD REDUCES CROSS CULTURAL ADVISORY COMMITTEE REPRESENTATION, COMMITTEE MAKES CULTURAL COMPETENCY RECOMMENDATIONS

- Westman food processing project report recommends continuing the effort, dealing with on-going issues to "build the trust and confidence of newcomer workers in existing health and safety organizations and systems", improved WCB translation services, investigation of claims suppression, and injury reporting awareness campaigns.

- Program does second focus group with community trainers in Winnipeg, asking what works and what improvements needed. Facilitated by Advisory Committee member. Successes include increased health and safety rights and rules awareness among trainers and participants. Continuing challenges with funding restrictions (e.g., permanent residents only, inadequate incentives and food budget, no child care coverage).
- Community Trainers reach more than 800 newcomers in community settings, in multiple languages. Continue monthly presentations at Entry Program.
- OHC Board reduces Advisory Committee representation on Centre Board of Directors from two members to one. In response, Cross Cultural Community Advisory Committee makes presentation to Board about their work. Recommends on-going diversity training for all OHC staff and board, reinstatement of second Advisory Committee representative on OHC Board, and increase Committee's participation in OHC policy review, policy development and hiring practices.

2017

NEW FOOD PROCESSING PROJECT USING SUPPORT FOR ACTION AND UFCW PARTNER, MORE TRAINERS ADDED, WORKSHOPS DELIVERED

- Community trainers deliver 29 *Workers' Health and Safety Rights and Resources* workshops in multiple languages to 350 members of their newcomer communities. Another 343 newcomers get presentations in English at orientation, language, and job training programs.
- The Train the Trainer Program graduates 12 new community trainers from the Somali, Syrian, and East Indian communities. New trainers start recruiting for, and delivering, workshops to their community members.
- Community trainers and Advisory Committee focus group provides input into OHC's submission to *Workers' Compensation Act* Review.
- *Building Support for Newcomer Workers in the Food Processing Industry*, using Support for Action Group model. Targets newcomer workers in food processing industry from Brandon's Eritrean and

corporates community development principles with the stories of 11 workers from the support groups. The workers and the project team make recommendations to the employer, union, local settlement agency and government. For example, the workers ask the employer to provide interpreters and “Give workers opportunity to raise concerns & listen to them”, while asking the union to be stronger advocates for them. It’s translated into Chinese and Tigrinya.

Evaluations with Community Trainers and participants show the Program is working. The current intricate protocol has seven objectives with numerous indicators, with questions addressed to participants, Trainers and Program staff.

- Trainers talk directly to participants at the end of each session and a few months after the workshop; the Program co-ordinator (the Health Educator) also may do the six-month evaluation.
- Trainers talk to the co-ordinator on monthly calls, reporting numbers in their workshops and referrals made, and are asked to participate in periodic trainer focus groups.
- The Community Development Worker tracks the number of workshops, participants, and permanent residents attending, the workshop evaluations and money spent.

Chinese communities. Funded by Workers Compensation Board of Manitoba, Research and Workplace Innovation Program. UFCW Local 832 is partner.

2018

CURRENT TRAINERS TOTAL 83, BRANDON FOOD PROCESSING WORKERS PROJECT STARTS

- Somali, Syrian, and East Indian community trainers recruit for, and deliver, workshops in their languages. People from Ethiopian, Nigerian, and Yazidi communities go through Train the Trainer workshop. Total of involved Community Trainers hits 83, from more than 20 Winnipeg cultural communities.
- Community Development Worker continues to offer counselling and resources to injured or ill newcomers.
- Occupational health support groups continue for food processing workers in the Eritrean and Chinese communities with workshops in first languages. Meat plant worker interviews use *Life Story Board* to collect stories and recommendations from Brandon Eritrean and Chinese workers

- Responding to the Truth and Reconciliation Commission’s *Calls to action*, OHC hosts Kairos Blanket Exercise for Community Trainers, to build understanding between newcomer communities and Indigenous peoples.
- OHC partners with five other organizations to host panel with Francisco Rico Martinez, from Toronto’s FCJ Refugee Centre. About 85 attend to discuss challenges facing undocumented migrants and people with precarious immigration, build support for those in Winnipeg. (Undocumented people include temporary foreign workers, refugee claimants, trafficked peoples, and some international students.)
- OHC participates in first Information Fair for Migrant Farm workers in Portage la Prairie. About 40 workers from seven local farms attend. Information shared in Spanish.



2019

- *First language health & safety training for newcomer workers* project ends. Final report published. *Stories of newcomer workers in Manitoba’s food processing industry* documents stories of 11 workers interviewed along with 21 recommendations for those with responsibility for workers’ health and safety and settlement needs, including the union, employer, and government.
- Community trainers recruit for, and put on, 29 workshops in multiple languages to almost 400 newcomers. Program reaches another 200 newcomers in monthly presentations at Entry Program.
- OHC successfully pilots new participatory workshop designed by outside occupational health specialist and educator. Newcomers from Filipino community learn about health effects of long hours of work. University of Manitoba Faculty of Social Work student involved, as part of his field placement at OHC.
- Start two-year project to improve health and safety awareness of nail salon workers and owners in Winnipeg. Outreach and education work again funded by WCB RWIP.

OHC understands that communities are partners while other organizations don't see this.

2011 evaluation with Community Trainers

- The Health Educator analyzes the results in annual reports.

Consistent themes are:

- the Program is a success in many ways;
- the community development model — with its participatory methods, train-the-trainer approach, first language delivery, community-based advisory committee, partnership relationships with cultural communities, and capacity-building goal — are responsible for the Program's success;
- using first languages and trainers from the community leads to fuller discussions, sharing experiences, more questions, and participants feeling respected;
- the approach contributes to the Trainers' commitment, the learning, and ideas for improvements;
- the Program is a two-way street, helping Trainers and participants alike to be more confident about speaking up and/or asserting their OHS and workers' compensation rights;
- knowing more about OHS and workers' compensation and their related rights makes a difference, with most participants retaining the information six months later and some are able to use it;
- newcomers and their communities recruit others, and spread the word about workers' rights and programs like the CCCDP;
- the permanent resident restriction (from the IRCC funding) leaves behind others who also need the Program (e.g., migrant

workers, newcomer citizens who don't know their rights, international students who also work);

- incentives help recruit participants or make it possible for them to attend (e.g., child care, bus tickets, gift certificates); and
- food is an essential part of many communities' gatherings, and should be provided according to those practices (i.e., snacks for some, more substantial for others).

As the Health Educator said:

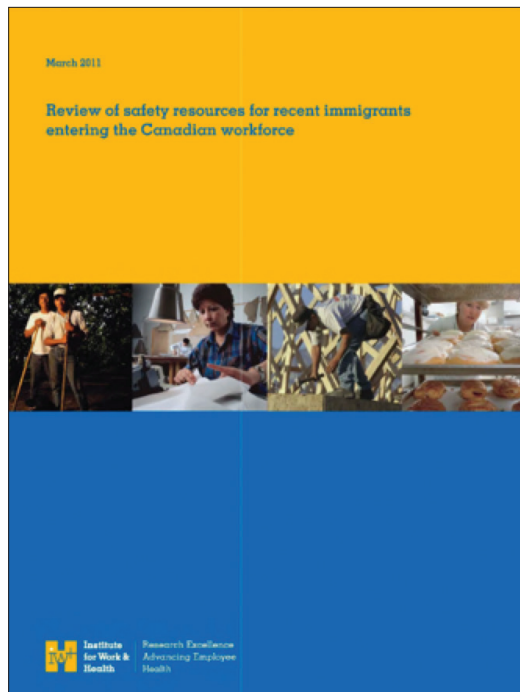
The model continues to work. The initial advice from the first focus groups was very important. Lots of organisations are reluctant to use train-the-trainer programs because they feel lots of resources are needed. We're different because it works, it's effective, and we put resources into it. It's also been welcomed by the communities with which we work.

.. The Advisory Committee makes us accountable. Some original advisory committee members still participate, so they're very invested now, they expect that (commitment) of the OHC.

What Impact Does the CCCDP Have On the OHC?

Few unions or health and safety activists and practitioners in the province — much less the country — seem to know about the CCCDP. Mentioned regularly in OHC annual reports, it has not yet been the topic of presentations at health and safety conferences or public health events.

However, the Program has earned respect and been recognised in several quarters for its unique community development model, bringing praise to the organisation itself. For example, Accreditation Canada is an independent non-governmental organization affiliated with Health Standards Organization (HSO). It provides a third-party as-



assessment of best practices in health care facilities in Canada and elsewhere. After an intensive review of OHC's programs and practices as a health care facility in 2011, its "Primer for the MFL Occupational Health Centre" said:

The Organization's community partners and advisory committee members tell of the agency's willingness to listen and to be a 'real' partner in meeting the challenges. Of particular note is the work done with immigrants and migrant workers. By way of a very collaborative approach to these two issues, MFL-OHC has developed programs and met challenges while keeping client needs at the center of decision-making.

About the same time, the Institute of Work & Health 2010–2011 scan of resources for newcomers to Canada also cited the CCCDP.

(A)nother interesting initiative comes out of the Manitoba Federation of Labour Occupational Health Centre (MFL OHC). This seems like a unique approach to delivering OHS messages to new Canadians. While there are initiatives where OHS information is delivered in basic English,

and initiatives where translated materials or interpreters are used to deliver information, or where OHS information is delivered by an employee of a settlement service organization who speaks multiple languages, this is an example of an initiative that uses community "insiders" (who don't appear to be employees of the MFL OHC) to deliver information.⁵⁹

Like government and primary funders, the Alberta Worker Health Centre admires the CCCDP. The Manitoba Program was "really informative" when the Alberta Centre was designing its *New Alberta Workers* (NAW) project.⁶⁰ Its latest *Health and safety rights. Guide for new Alberta workers* borrows materials from the CCCDP.

The successes were recognised internally in 2002. Consistent with the community development approach, the OHC Board of Directors asked to have two Cross Cultural Community Advisory Committee members join them. The Committee chose those representatives. Committee members also were involved on OHC hiring committees for Program-related positions (e.g., the Health Educator's maternity leave replacement, the Community Development Worker).

Five years later, the Advisory Committee representatives brought a proposed Employment Equity Policy to the Board of Directors. Concerned about the wording, Board members referred it to the their (now defunct) policy committee. It has not re-appeared since.

In 2016, something changed. The OHC Board reduced the Advisory Committee's representation from two members to one. In response, Committee members made a presentation to the Board about their work. They also recommended re-instatement of a second member, on-going diversity training to all OHC staff and Board members, and increased Committee participation in the OHC's policy review and development, and hiring practices.

The result was a cultural competency training in 2017, presented by Fadi Ennab from Mount

Carmel Clinic. All of those on staff at the time, and two Board members, attended. However, the session has not been repeated for new staff or Board members who missed the 2017 workshop. There appear to be no plans to adopt the Advisory Committee's other recommendations.

Asked about the CCCDP, Manitoba Federation of Labour president and OHC Board chair, Kevin Rebeck, said it "is a really great program that connects people that need help, looking to find rights they have." The workshops provide "safe spaces for them to learn important information" about their rights and "people to help protect them", with materials in their own languages.

Funding is always an issue, he said, and more communities need to be reached. Unions also could use the model, he added, pointing to the UFCW Local 832's Training Centre in Brandon as one that has become a hub for newcomers, many of them working at the local Maple Leaf meat processing plant. However, translating materials—including collective agreements—is expensive, especially without a "critical mass". "It's a great model," Rebeck said. "It needs to be done more. Resources are always the biggest factor."

The praise is deserved, based on the Program's evaluations and feedback from participants, Trainers, and others. There is potential to build on the positive feedback for the model to support further implementation of a true community development approach.

The community development model is about much more than cultural community members taking a TTT workshop and then delivering workshops in their first language. It's not just about telling workers about their OHS and workers' compensation rights, and providing resources to help newcomers use them. By definition (see page 7), effective community development expands the ability of communities without power to influence and participate in decisions affecting them. In this case, the organisations involved are the participants' workplaces and the sponsoring OHC.

In the OHC context, it is why the CCCDP has an Advisory Committee, why all Committee members are representatives from local cultural communities, and why the Committee gives directions to the OHC staff, and makes decisions about the Program's activities. It is why the Health Educator and Community Development Worker work collaboratively with the Committee, using their collective experience and insights for advocacy with agencies and government bodies, to improve the lives of migrants in the workforce.

Interviews with Committee members, and their feedback about the draft report, made it clear that they "own" the Program and are loyal to it and the OHC staff involved. Those features are part of the Program's success. At the same time, the Committee members feel deeply discouraged by the OHC Board's decision to reduce their representation and lack of follow-up to their 2007 policy proposal.

There is a parallel within health and safety—the political nature of the topic, including workplace democracy, in which workers aim to effectively participate in an "engaged" way about OHS issues. Even though the goal may not be described as "workplace democracy", studies show that high levels of control (i.e., power), participation and respect (related to power) are key to healthier and safer workers.

Whether it is effective and respectful health and safety programs or using a community development model, a cultural shift is required to respond to the challenge to share power in organisations that reflect the dominant culture. It is not easy. Sharing power is about true "empowerment". OHS activists and community development practitioners have learned that, without a willingness to share power and change practices, organisations fail to make full use of positive, transformative possibilities. Like Arnstein's "ladder", in a health equity framework,

(beyond consulting people, participation can only be inclusive where economic barriers

to participation are alleviated and where we alter the governance structures of policy processes to ensure the communities affected by policy decisions have a meaningful voice that influences outcomes in these processes.⁶¹

What's Worked Well? What are the Successes?

This section is based on interviews with Advisory Committee members, Community Trainers and documents from past evaluations. All quotes are from the 2019 interviews, unless otherwise noted.

Partnerships, Community Trainers, Train-the-Trainer and Participatory Approaches Work Well

Not easy to achieve, the Trainers are seen as knowledgeable and credible resources in their communities. This is the result of the unique community development model that integrates a TTT program for cultural community members, partnerships with ethno-cultural and settlement organisations, and first language delivery of OHS and workers' compensation information to newcomers in Manitoba. Writing up the results of the 2013 Program evaluation, the Health Educator said the CCCDP:

.. both benefits from and builds capacity in the community. It is a mutual relationship between OHC and the community. At its best, it is a



Ethiopian Community Trainers and friends, 2012

partnership where both parties contribute and both gain from the relationship.

The 2011 evaluation made a similar point, noting how connections to, or delivering workshops with, established groups or other community programs helps to promote the events, as does offering them in places of worship.

First Language Delivery is Essential

For the Ethiopian Community Trainers in 2013, a positive aspect of the Program is that the combination of first languages and Community Trainers make information accessible. Participants can express themselves, sometimes with difficult questions. The 2019 feedback makes similar points.

I was interested when I heard about this program, and what is most important is that most newcomers, they have language issues. If I'm there, then, to provide information in their mother tongue, it is very helpful. They get more information. They trust what we're talking about. They see that there are people to help them, to navigate resources. Whenever they have an issue, they know someone they can go to.

Another thing I like is that I can use Mandarin to deliver the workshop, so people who have language barriers, they have a chance to learn this.

(I like) the fact that it's given in first language to people in the community. A lot of people don't understand English, especially if they work in factories. They haven't had an opportunity to go and learn English and improve their English. So the information is given in first language, in a way they can understand. Which is a lot easier than to learn it in English. Because this is a very complex language, it's a very unique vocabulary, when you're talking about the law, about rights, about making a claim.

I like it just because I'm bringing awareness to my people, in my language. So it's easy and they understand. They're getting the right information

from the right source. ... When it comes from us, people in the community are getting an orientation here, and they bring it back to the community, it's way better (than hearing about it from others who don't know much).

The Cross Cultural Community Advisory Committee Helps Guide the Program

Having a cross cultural advisory committee helps guide the Program, especially because they get an overview:

For me, I believe that education is the key. When you educate people, they know how to make good choices for their life. And then you're involved not only with your community, but with other communities. Being on the Advisory Committee, I also see people from other communities. These are the complexities of this work.

The Community Trainers got Involved Because they Care About Their Communities and the Topics, Wanted to Learn

In a focus group, Trainers explained why they got involved. Several are very active in their communities, including holding jobs in settlement organisations. Others work around health-related issues as volunteers or paid employees (e.g., sexual health, nutrition), and saw this as an opportunity to learn more about health topics. Many wanted to help others in their communities, learning about topics few knew much about while seeing the need for them.

(At my job) I've seen a lot of refugee claimants working in factories, who just have a work permit. They can take any job. They think they have no rights. That's one of the reasons I wanted to do this (trainer) job, to tell them exactly what their rights are if they get injured, what the steps are, don't be afraid, you don't lose your job.

I work in an organisation promoting health. A lot of people I work with will come to me, saying this and this has happened. Or "My husband has

been injured. Where can I go? What can I do? He cannot work."

I worked as a career coach (in a settlement program). I got involved because I wanted to know as much information as I can regarding the community resources. Because sometimes my clients will ask me, "If I get hurt in a workplace, where can I go?" When I work for my clients, I also want to know. That's why I get in the training, and learned more information

For some, the connection was more personal:

I worked in a factory. I got hurt many times at work. I never knew that I do have some rights. When this opportunity came, it was perfect for me. Not for me personally, but for me to teach others how to take care of themselves when they are at work, especially in a factory job. Which is most of the newcomers. Most of them start at a factory job. So it was the right time for me to be able to pass on or teach others, how to take care of themselves at work.

I was curious, I too didn't know my rights .. I put myself out there, and I was thinking of newcomers too, I see them in my office every day, who have no idea about what's going on.

For others, it was the injustice involved when newcomers don't know their rights:

They didn't have any idea that they can apply for disability, or they can have a process. A lot of people actually left, they went home (to Central American countries). They thought there was not hope for them. ..They left without realising that they can have compensation. Yes, you can even go home, but you can still receive something. For me that was heart-breaking to see that people would make that decision or choice to go empty-handed and be sick back home and not receive any compensation at all or any support for them to continue living.

I came from a country where there is no union. I didn't know there is something called "union"

that can fight for your rights. I had to have someone tell me. .. So for those who are new, they don't know the system, they don't know how it works. They may tell you what happened to them. That's a golden opportunity for you to pass on information that's useful to them.

OHS is Important, as is Education about it and Workers' Compensation

Whether or not they knew much about it before getting involved, the Community Trainers and Advisory Committee members believe OHS is important.

For me, I think you have to be safe and healthy to work. .. My husband works as an electrician. He told me a lot of stories about people getting hurt at work. We have to be healthy, to protect the whole family.

Mainly we focus on physical health. In the teaching field, there's also the mental health. .. If you're not healthy mentally, you cannot work. So, you need to be good physically and mentally in order to be able to work.

The training was an eye-opener for me (as someone who used to deal with chemical cleaning products)... Many employers, they don't take the step to explain to the new immigrant, this is what you're supposed to know about. It was good for me to learn, and to pass the information to my community members. It helped me personally, and it was good for me to help others. Today my concern is about the employers; I don't know if they know or don't know but they really don't inform the new employees about their safety at work. .. So it's up to the employees to ask "What do I need to be safe to do this kind of job?"

I've known a lot of people within the Spanish community who went to work and they ended up developing or having injuries, being on disability and not getting the right information, or not even getting the right support — where to

go for services, or what to do with an injury. A lot of people had many, many issues.

The Community Trainers are Committed, Feel Rewarded

It was clear from past evaluations and the 2019 conversations that the Trainers and Advisory Committee members are committed to the Program. Many also talked in some way about feeling rewarded for their efforts and commitment.

It's really important to bring the awareness to our community to newcomers (...) In the last workshop (I sent someone to get help for an injury). It's really rewarding to know that people are learning and listening and appreciate it.

Most of my community were from refugee camps. They have very low level of literacy.. They don't understand their rights and responsibilities. They want someone to speak in front of them, to receive information. So it is very important to give this information to my clients — they're my clients as well as my community people. It is very important to me too. If I get lots of information, I can give it to my other clients from other countries.

When they sent me a poster for this program, I was really interested because I think it's health related. That's always the job I wanted to do. .. The Chinese community is very large here; we have a lot of newcomers, every day. When we held the workshop, there's always some people who are talking, "I didn't know that", "Oh, that's so new for me." That's the best thing I can hear.

Everyone is Learning, Capacity Building is Happening

At the 2011 focus group, facilitated by Advisory Committee members, Trainers said the workshops reach a mix of people (gender, education, employment status, time in Canada), providing an opportunity for those who have been in the country longer to share experiences with more

recent arrivals. Positive moments included learning their own rights, especially the right to refuse dangerous work.

The 2013 evaluation with Ethiopian Community Trainers — all settlement or other social service workers — focused on community capacity building. Everyone is learning, they said, whether they're a trainer or participant.

Feedback indicated that, for this community, the Program meets six of nine “domains” linked to community capacity. It improves participation, develops local leadership, builds organizations, mobilizes resources, strengthens links to other organisations and people, and helps assess and solve problems. Participants and Trainers alike also gain confidence and knowledge. As the Health Educator says:

It suggests that our approach helps develop the capacity of newcomer communities to tackle other issues, beyond workers' health and safety. The same people involved in our work often will be involved in other leadership, organising and service roles for their communities. Over the years, OHC staff also regularly have given job and academic references for Community Trainers, to help them to pursue new and better possibilities.

In each evaluation, there are stories of confidence building, about people returning to a job to talk with employers about hazards, or others getting treatment for injuries. In 2013, a story came out about a woman who was mistreated while working for eight years at a cleaning company. When the employer found out she had complained, he fired her. After telling her story at the unemployment office, with help from a Community Trainer:

... the employer changed their story, took her back, and relocated her to a different work site to avoid the conflict that was at the root of the problem. Saba .. says she has no problems at work now. And in fact, she reports that her employer is now afraid of her because she spoke up. For eight years Saba worked without saying



Syrian Community Trainers, 2019

anything, but now she knows her rights and is not afraid to speak up, and her employer treats her with more respect. She also informs others in the community who are planning to take a job with this company. She lets them know what to expect and how important it is for them to speak up if they have concerns.

Another said:

When you see that the information changed their life, made it so much easier, it gives me such joy. I don't care if I don't get paid. I will do it anyway.

From the 2019 conversations:

In my work, most people have the experience of being oppressed, so they don't talk much about what they want or to ask for their rights. Therefore, when they get a job here, especially because they struggle to find a first job, they try to continue under any circumstances, even if they get hurt. ... At least based on my experience, many people learn about their rights and how to go about it, and they were regretting they didn't know about it (in telling stories of what happened in their jobs). Education is a very good skill for the community to integrate more in the Canadian community.

Some Trainers go beyond the traditional workshop content, adapting their presentation to the types of workers involved:

When we attended the training, we got the knowledge, we got the detailed knowledge. Depending upon the community we are working with, and the background or the work they are doing. based on that, we can trim the workshop and deliver what they are looking for. That is something.

OHS and Workers' Compensation Information Makes a Difference — and it's Not Just the Content

After learning some of the “rules” and OHS and workers' compensation resources, participants can use the information when they feel able, share it with family and others in their community, or follow up with their union, supervisors or co-workers. In the interviews with Community Trainers, one spoke about a woman who was putting labels on packages in a factory, a job her employer considered “very light”.

But that repetitive work hurt her wrist. It got worse and worse, and she saw the doctor. Her family doctor didn't give her strong support for the hurt and how it related to her job. She submitted a claim and they rejected it. ..She joined my workshop two years after that claim. I referred her to (the Community Development Worker), and she saw the (OHC) specialist, and they decided to re-do the claim for her. She's very happy. She told me, that no matter the success or not, she's really feels helped. There are a lot of people supporting her.

In another instance, people in a workshop talked about a woman who'd had an incident at work.

Because the people who attended the workshop heard about her story, they went to her. They gave her all the information, the brochure, everything we give to them when we conduct these workshops. And they helped the lady to get help. So when we had the workshop, they talked about how she got help. They were appreciating our program, saying that this

program helped this lady. She didn't know anything about it. So if we didn't attend this program, we were not able to help her.

Others have gained confidence to report incidents:

(A key success is) people learning that they need to report an incident right away, to get the benefits. .. People saying, “Okay, I know that if I get hurt, I have the right to say, and I cannot hide it, or I cannot be afraid”. I can go to the supervisor and say, “I got hurt, I need to make an incident report” and get benefits .. That's something I hear very often.

When people come back and report to you about what happened in their work, and what they did when that happened. It's a success, because if it wasn't for the training, these people would not have that knowledge to be able to use it when they need it.

Knowing about the right to refuse can be transforming for some. It becomes an informed choice they can make.

In my community, a lot of people talk a lot about their rights at work. But no right to be trained, the right to refuse. Especially the right to refuse, they don't know that they have that right. .. The right to say “No, I don't want this job, because it's affecting me.” It's captured the hearts of people. I don't know why but a lot of people, they have a lot of comments about the right to refuse a job that is dangerous for you. So it's something that they really appreciate because they didn't know about it before. .. And it happens to be my favourite too. Because I didn't know that before, when I worked at (a local company), I didn't know I had those rights. ... These things can make a difference in somebody's life. ..

(In my country) people will take whatever job is offered, under any circumstances, because there is a need. They need to survive, they need to feed their family, and they need to live. If

you transfer one of those people here, that's what they know and that's what they're going to do. They won't ask anything because they need a job and they need to survive. That's their background. So "I'm here, I will do whatever they ask me to do, without questioning." So that right to refuse is a big one. It really resonates with people. They really welcome those rights because otherwise they will end up doing things that are awful for them.

An Advisory Committee member added that she has learned "people will use the information, when it's the right time for it".

Even a simple thing like a certificate after the workshop can make a difference. In one case, a participant asked the Trainer if he could take the certificate to work and show his boss. She next saw him a week later.

"What happened?", he said. "This machine, I've been using it every day. The minute I show my certificate, they changed my machine. What does it mean?" I said, "It means something was wrong with that machine. And now that you have the knowledge, you couldn't continue with that machine, in case of accident or anything." For me, it's a success that they have that knowledge.

Learning the information makes a difference in other ways, the Health Educator says. It goes beyond just having "knowledge", reflecting the Italian Workers' Model of OHS expression, "Our health is not for sale".⁶²

The key thing I think we do, that is more important than the information about rights and resources — because not everyone uses them or has the opportunity to do that — is the message we're delivering.

It's completely contrary to the narrative of the current economic system where newcomers are exploited, and their health isn't respected. It's very powerful to be in a room of newcomers

The key thing I think we do, that is more important than the information about rights and resources — because not everyone uses them or has the opportunity to do that — is the message we're delivering.

.. Newcomers really *do* value their own health. Being in a group where we discuss health, we value it. Talking about ways to protect it, it's a very important counter-narrative.

OHC Health Educator

when we acknowledge that it makes a difference for people. It's important to them.

When we started, there was this assumption that newcomers are willing to make whatever sacrifice is needed. The human reality is that it's not true. Newcomers really do value their own health. Being in a group where we discuss health, we value it. Talking about ways to protect it, it's a very important counter-narrative.

I know that's encouraged people to do things that aren't related so much to their health and safety. I strongly remember, in the first years, this woman from the Punjabi community was so quiet and soft-spoken. When we tried to get people up to the front of the room, she was so uncomfortable, having the attention on her.

After the training program, I learned that she was working in a personal care home, where she was constantly given shifts that were not great and she was being asked to do things the other workers weren't asked to do. She was always very obliging. But she felt the injustice of it,

After participating in our program, the next time they asked her, she spoke up, saying "I understand my rights and I feel you're not treating me fairly, the other workers aren't being asked to do the same." The management felt terrible, and said, "You're right, I'm sorry" and changed the practice, and respected her

from that point forward. So it just gave her that confidence. It's the nature of the work. It's not just the content, it's this narrative.

Newcomers Spread the Word, Come to Community Trainers for Help

In the 2011 evaluation, the Trainers talked about the advantages of being part of a community, how they were increasing awareness and providing information informally beyond the workshops, increasing capacity within their community:

As a Trainer, we have this high expectation in the community and a responsibility to members of our community. We can't just leave [an injured worker] like that. We feel like we've started something and we can't just leave them alone.

If we don't do any follow-up, we don't even know if the injured worker has contacted their doctor or taken any of the necessary steps.

In 2019, Community Trainers talked about the follow-up involved. For example:

After a workshop, one participant came to me regarding a concern, so I referred her to (the Community Development Worker), and we had a meeting. After that, I thought this is not only just a workshop to give people some kind of useful information. But you get them to think what is really important related to the safety and health in your workplace. Sometimes they have a fear to talk to the supervisor, or the manager or boss, because they don't want to lose their job. But when we give them the information, there's a trust between us, and the participant will come to us, and say "I want to talk to someone."

They also explained how the workshop information gets spread beyond a session:

The certificate makes them motivated, they have the knowledge, and they pass the knowledge. ... They're so excited about the language, that makes them understand more. And what I like

is that they are also trainers; they tell the rest of the community about this, and they invite others to come to a workshop.

I like to pass on this information about safety. For newcomers, you help them with many kinds of information, not just safety. ... When you give them the information, they share it. For example, there are welders. But the employer gives them just a dust mask, some of them they give just that. They don't know about that. When you tell them you have to wear this kind of equipment, they say, "Oh, we didn't know. So we're going to talk about it."

Advisory Committee members added:

They are comfortable. For them, it's easy because we are from the same community, and they can get that knowledge from the community members. It speaks louder for them. They can ask you at any time, even after the program's done. .. If I'm not able to answer that question, I always come back to (the OHC), and then ask "The person has asked about this. Or the person has struggled with this. Where would they go? Or can someone follow up with them?" That's one of the good things. People really appreciate it.

People knowing, getting information of where to go, if something happens. Different resources in their community. Also learning they also can access interpreters if they need to go to different places, they don't have to go alone, they have people to support them. That's another great positive aspect of the program.

Trainers and Advisory Committee members alike talked about participants sharing their knowledge:

The word of mouth is so powerful. There are some people who didn't take the training, and if they know someone who took the training, and if they say "This is what happened to me", someone who took the training might tell them what to do. And that is helpful.

People talk. This happened to this person, that's what this person did. If that person did it, you can too.

If you want to know anything, you go to the supermarket. .. That lady is well aware of everything. She sends a lot of people to me. Also the hairdressers. .. There is one in particular in our community, she is so knowledgeable. .. She is an advocate, she informs people, she directs people to places, where to go, who to call.

The Health Educator added:

It's the strength of working with newcomer communities in this way because, by making sure people in the community now understand and are trained in this, and we know this is how newcomer communities work, they talk to each other. .. The kind of information we're interested in can spread. So it makes a lot of sense to use that. .. It would be so different (in the dominant culture); it wouldn't be as effective because people would come and then go off on their own. But newcomer communities stay connected.

Program Sustainability

Over the years, communities have benefitted from budgets that allowed child care, bus tickets, and refreshments to be provided. Now, the very complex process and "rules" mean the Program no longer provides child care.

At the Trainers' suggestion, participants now get certificates to recognise their attendance and knowledge. Bus tickets are also useful incentives, making it possible for many to attend who otherwise have no transportation. For some participants, incentives are useful if they don't see the value of the workshop, or lack work experience, Trainers said in the 2011 evaluation.

Food is an essential part of many communities' gatherings. Trainers say there isn't enough money for meaningful types and amounts of refreshments or food. Now, federal funders have

said food can't be covered in activities they fund, i.e., the workshops or the annual volunteer appreciation picnics.

What Have the Challenges or Questions Been?

Like many previous evaluations, everyone interviewed named the IRCC's restrictions as key challenges. The permanent resident (PR) requirement — to possess a Permanent Resident card or evidence of status as a permanent resident — came first, followed by lack of child care support. Inadequate incentives to attract or support participation go hand-in-hand with these concerns.

Permanent Resident "Rules"

There are several aspects to the permanent resident issue. One is the federal funding limitation to those with that status. It is a challenge to recruit participants with "PRs" when they are not working or are very focused on getting a job to have income to support their family. Some don't want to attend until they have one, or until they improve their English. As the Community Development Worker explained it:

Working with permanent residents is a challenge. Sometimes they don't think workplace health and safety is that important.

It's not an attractive topic to them. .. They need the job, whether it's safe or not. Forgetting about citizens is not a good idea.

Others apply for citizenship as soon as possible (after three years), especially when they are allowed to have dual citizenship. Some are wary of sharing their "PR numbers", fearing identity theft, amongst other things. Trainers expanded on the issues:

There are those who become citizens but aren't even aware of their rights here. The program doesn't cover those ones too. There are so many young people who grew up here, who

come with their parents. By the time we do the training, they're too young, they didn't attend, and when they become citizens, they're out of the program already. It's also a challenge. We really need to help them, to get this information, but according to the sponsor, they don't allow citizens to attend.

The restrictions mean many who need this kind of workshop are missing out, they said.

In my community, it's a big number. .. People who came as adults, the process of learning any language is difficult. It takes long for them to learn the language, more than even five years. But the moment they become a citizen, they have their passport, they can't attend those government programs. If they attend, they have to pay from their own pocket. And they don't want to pay. So they're stuck. Working is a problem because of the language barrier. This kind of training, they cannot attend, we can't even help them in their local language. Yet the government says they can't attend the program because they're already citizens.

(Agreeing it's a policy issue) We need to let them know about it, and hope we can make changes.

Once they become citizens, there are other consequences. Newcomer citizens also are no longer eligible for English language classes, even when they need them. Others such as international students on visas — with rights to work 20 hours a week — cannot attend the free training because they don't have “the PR”. They also often don't know their rights. The same applies to those here on work permits.

For example, many in the Bengali community in Manitoba are working in IT on these permits. Hired by a company in India and working here for a Canadian company, they are not covered under Manitoba health or employment standards laws.

They are not aware of workplace health and safety. At times they are given extra work, they

work for extra hours but they don't even get paid. .. If we deliver the workshop (to them), it doesn't count for funding because they don't have a PR card number. They're here to work so it's important for them to know the rules of the land, workplace safety, that they have to follow here. It's really important if it could be delivered to the people with work permits as well.

This workplace health and safety program is actually applicable for everybody who has work. It's not only for the permanent resident. The citizens also work. They're also entitled to the protections, to know. The same for the study permit students.

Some Trainers said participants are reluctant to provide their PR number for the workshops. Some participants go to extremes to avoid providing the number, providing excuses and/or avoiding the Trainer. Trainers sometimes send these participants to the Community Development Worker. In the Punjabi community, the gurdwara at which workshops were held has taken care of registration.

Child Care is Needed

Child care came up regularly in past and recent evaluations. In 2011, Trainers said that lack of, or insufficient, child care keeps some away, especially women. In 2013, others said it is essential; some were paying for childminders themselves. It was a theme in 2019 too:

Child care is the biggest challenge because newcomers come with families, they have children. If they want to attend a training, if there is child care, for sure it will be a lot easier for them to attend.

It's hard for mothers, especially, to attend the training because there's no child care for the little ones. It was there in the beginning which made our work easy, but they cut that. You tell women, “We have have this workshop coming up. Would you be able to come?” The first thing

they will ask you is “Do you have child care?” .. We do training at the weekend (when they don’t have child care). If there’s no child care, maybe the men can come but the women cannot come.

Incentives are Needed, Including Appropriate Food

Some communities need incentives (perhaps for financial reasons, because of living conditions, etc.). Others expect incentives because other programs have them.

They may get them at other programs. They know we are paid, they want also to get something, an incentive. Some programs give \$20 vouchers. So they expect to get something.

Participants have been getting two bus tickets and free food. Some Trainers “feed them first, give them the bus ticket, and then begin” the workshop. But the food budget is small. Some communities get together around food, one Trainer said.

Serious food, the local food; it’s not finger food. The budget is really so small, what I do personally, I use my own money. I can’t (do otherwise). Those people will be like, “Oh, she’s so cheap; they give her money but she didn’t cook”. .. I add the \$50 or \$60 to what I had to do as an expense. For me, it’s getting together. They’re coming, they’re getting information. Even if I have to spend my own money, it’s okay.

In addition to reasonable types of food, in appropriate quantities, suggested incentives included Human Rights Museum tickets (they sometimes are available and distributed in draws) or tickets to other venues they might not otherwise be able to attend (e.g., the ballet).

Recruiting and Finding Locations can be Difficult

Individuals cannot repeat the workshop. Federal funding rules say they are not allowed to take it

again, even if they want to return or need a refresher. At the same time, Trainers also can run into problems recruiting 10 permanent residents, the minimum needed for one of the 30 workshops provided each year. That may reflect the smallness of a cultural community, the Trainer’s skills at recruitment (as opposed to facilitating), the state of immigration from a particular country, or what brought the individuals to Canada (e.g., job, university).

There are other reasons recruiting participants can be difficult.

With some groups, outreach is challenging because people work. They’re working and having the time to attend the training, having the time to gather people together and provide information, it’s not easy.

Outreach is not easy. That’s what takes most of the time for the people doing the training. It requires a lot of time, a lot of commitment, to talk to people to motivate people. Because it’s not just talking to them. You have to follow up with phone calls. “We have a training today. Are you coming? We’re waiting.”

For me to aim for 10 people to participate, I have to do more than 10 calls, in case someone drops out. They might change their mind. One might have a problem at the last minute. .. We’re always on the phone. We don’t even document how many hours we’re on the phone.

Finding a location also can be difficult. It needs to be a comfortable and safe space, within easy reach, and free or inexpensive. Organisations like Welcome Place and the Immigrant Centre help with free space if it’s booked ahead of time.

Other Concerns

In earlier evaluations, Trainers’ concerns also included:

- community members here for a longer time tend to distrust workshops;

- political divisions within communities and the Trainers' identities/affiliations may determine who responds or participates;
- the content and format are too generic or dry for some, while the limited time can prevent hearing people's experiences or covering all the information;
- different dialects of the same language present barriers;
- frustrations with the WCB leads to distrust, Trainers wishing they could do more to help individuals, and some claimants being so exhausted they return to work still injured;
- workshops need more time or repetition once newcomers are less occupied with other settlement needs; and
- it's hard to convince newcomers they are not to be fired for refusing a task.

Employers are Not Obeying the Law, Newcomers Fear Losing Jobs if They Speak Up

The law says employers must provide orientation and training for employees; the required content is extensive. But that's not happening. The findings of various Canadian studies are being repeated in Manitoba. (See the background document.)

When I went into my workplace, I saw OHC leaflets were over there. The orientation was being done at the workplace but nobody talked about what is workplace safety or why those pamphlets are over there. I knew it because of the program I was attending. .. The new employees are often the new immigrants.

Employers need to know they "need to care for their employees," one Trainer said, eliciting laughter from others. Dealing with this is a challenge for some Trainers.

That's one of the challenges I face. Most of the participants have been disappointed. Whenever they receive the information, if they want to

practice it in the factory, in the chicken factories or other factories, they're not allowed any rights or any workplace safety procedures. When they get injured or have any health problems, there's not any policy to protect them. So the employers are not following procedures, they're not listening to employees. One of the participants came to me, saying that "You give me information but I can't exercise my rights. I'll get kicked out."

This led to a quick back-and-forth about the lack of sick pay for the first few months of work, the employer not providing information about a union or workers' compensation, so injured workers don't know they have that right or could get union help. Supervisors at one place are strict, and the workers don't want to complain about injuries or employment standards, because they'll be fired. "They can't. .. They just want to work, have some income. They just want to survive."

This fear is "deeply in their mind", one said. "As new immigrants, it is difficult to find a job, and once they have one, they don't want to lose it just because of a cut. That's not a big deal."

In my community, there was one question that participants ask very frequently. "If I get hurt at work, will my boss be punished if I claim. He might get angry." It's really hard for them to find a job and once they do, they don't want to lose it because of a minor injury.

Others heard from participants that supervisors at a chicken factory don't take much time to explain tasks to workers.

Workers are scared of asking questions. So they help each other, when they have somebody who speaks the same language as they do. So when there are mistakes, or anything like that, the supervisor will be pointing to them, saying they don't know what to do. When I heard that, "How do they know if they don't teach them?" What they're looking for is just having a job to survive. .. They don't have any other source of income,

so they have to hold to that, regardless of the treatment they get.

How do the Trainers deal with knowing the rules, caring about these workers' rights, and hearing this from participants?

For me, I just provide as much information as they need. If they have an issue with their employer, I say here's a place that will help you

or protect you (pointing them to Employment Standards to make a complaint). ..

They always tell us, "Thank you very much for this information, but we don't want to lose our job." At the extreme is when they can seek this assistance; otherwise they don't want to lose their job. They say if they lose their job, they don't get another one easily.

What Is To Be Done?

Introduction

Participants, the Trainers, the OHC annual reports and outsiders acknowledge it: the CCCDP and its Advisory Committee are a credit to the organisation in many ways. OHC's guiding principles about worker health and their implications for health equity are consistent with the transformative potential of the CCCDP model. The community development practices, lessons learned, and individuals involved have much to offer others — inside and outside the OHC. The Program itself also can grow and improve with open discussion about those practices and lessons.

The CCCDP needs a variety of supports to do that. The recommendations lay out some possibilities. The Cross Cultural Community Advisory Committee will play an important role by reviewing them and coming up with others.

The suggestions and recommendations below are based on the OHC's history, previous Program evaluations, the 2019 conversations, documents and papers reviewed in the "context" report that accompanies this one, and the author's own knowledge and experiences in 35+ years of OHS activities. They also deal with provincial workers' compensation and OHS laws, regulations and policies and practices around the two

topics, as well as the earlier point that both are human rights issues.

Past Evaluations Lay Foundation for Possible Changes

Over the years, evaluations by Community Trainers and workshop participants have suggested wide-ranging improvements or changes, from program content and practicalities to government policies. The 2019 conversations reinforced many of these suggestions, and added some. On the former end, ideas included:

- pay more attention to the fourth right — no discrimination or retaliation;
- workshops to provide regular updates and add topics like harassment, racism (there is an annual "continuing education" session now);
- better tools for low literacy participants,
- customise workshops to participants' demographics (e.g., where they work);
- let potential participants know ahead of time about incentives (e.g., snacks, bus tickets, child care);

- fewer forms to be filled out (there now are four); and
- review the rules about what a “community” is, since there can be languages in common and overlaps in geography.

Some require more explicit funding for the Program itself:

- increase the number of hours for which Trainers can be paid to prepare and deliver workshops, and follow-up time allowed, especially for those needing extra help;
- since they are seen as a “go-to” person, provide more training for Trainers about general labour standards, advocacy, and coaching/mentoring;
- provide more and better incentives (e.g., child care, gift certificates, “real” food, \$10 for referrals);
- bi-annual meetings to network and share experiences (the annual picnic has been one opportunity to do this);
- provide workshops to schools (perhaps in conjunction with the Workers of Tomorrow program), WRHA interpreters and others doing that work, and parenting programs;
- consider combining the OHS workshop with one about other topics relevant to newcomers entering, or in, the workforce or work with those doing them to attend their workshops and promote the OHS one (e.g., job searching);
- annual focus groups to document participants’ stories and Trainers’ capacity; and
- rent space when necessary.

When it comes to the model, recommendations included:

- have explicit capacity building objectives and critically review each program activity for that potential; and

- promote CCCDP as a model of community capacity building from which others can learn.

Some changes require funders to change their policies:

- make workshops open to any newcomers who are in, or trying to join, the provincial workforce, however temporary their status or whether or not they are citizens;
- find simpler ways to provide child care;
- allow previous participants to take the workshop again; and
- OHC working with others to establish a verifiable/enforced system requiring OHS training for everyone before they get a job (this is the rationale for the “new worker” orientation and general “right to know” provisions in the *Workplace Safety and Health Act*).

Recommendation #1: The Advisory Committee, Program staff, and OHC should compile and review the details in all past evaluations, along with suggestions and recommendations in this report, to consider possible changes, set priorities, etc.

What About Employers’ Responsibilities and Enforcement?

Despite all the good work, some questions need to be asked:

- What are employers doing to train workers and fix hazards?
- What are the provincial government authorities responsible for occupational health and safety, workers’ compensation, and labour standards, doing to inform employers and enforce the law?
- If employers were obeying the law and enforcement authorities making sure that happens, would the CCCDP be needed, at least in its current form?

- this report to the provincial government, with a short briefing note, pointing out recommendations that are particularly relevant to government, and asking for a meeting with relevant staff to discuss the report and its recommendations.

The recent addition of promoting workers' rights as a goal of Manitoba's *Workplace Safety and Health Act* is only required in "new worker" orientations. There are no rules saying all workers' rights — and employers' duties — must be part of the general training and information employees get. Or that signs must be posted spelling out the rights and how to use them (this is the law in Ontario and elsewhere). OHS programs (required in all but small workplaces) do not have to mention workers' rights explicitly or explain how they are implemented. It could be argued that the "general duty" clauses requiring employers to protect those they employ applies. One duty is to:

... provide to all his workers such information, instruction, training, supervision and facilities to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all his workers.⁶³

Furthermore, unlike the United States, Manitoba's law does not explicitly require training to be effective, nor does it recognise the need to use language familiar to workers (for literacy reasons or because it is their first language).⁶⁴

Recommendation #2: The Advisory Committee, Project Staff and OHC submit

- Recommendation #3.1: The provincial *Workplace Safety and Health Act* should explicitly state that:**

- employers must display an approved poster explaining employers' duties and all workers' rights, in appropriate multiple languages, in a prominent place in each work site under their control;
- employers must provide all workers with written and oral information about their rights as part of training and information requirements, in appropriate languages;
- all training, instruction and supervision must be delivered in an effective way, accounting for workers' first languages and literacy levels, and ensuring that workers understand the content; and
- OHS programs include all the above provisions.

Recommendation #3.2: The provincial *Workers' Compensation Act* needs similar provisions about its rules and processes.

The *OHS Vulnerability Measure* could inform government enforcement and information strategies and practices. It would be worth supporting a short action research program/project that involves the *CCCDP*, settlement organisations and those agencies and looks at the possibilities and infrastructure required.

Recommendation #4: The Workplace Safety and Health Branch, SAFE Work Manitoba, the WCB and Worker Advisor Office should work with the Institute for Work & Health to determine the best way to use the OHS



***Vulnerability Measure* in their activities (especially enforcement), in consultation with the CCCDP. Other government departments dealing with newcomers also should be involved, with the Manitoba Federation of Labour and unions with large numbers of newcomer members (e.g., UFCW 832).**

It is difficult for inspectors (SHOs) to properly inspect or investigate OHS issues or incidents, or enforce the law, if they cannot get information from workers involved. Given the fear of reprisals and lack of knowledge about their job-related rights amongst newcomers, breaking down language barriers would be one way to instill trust and increase the likelihood of workers providing accurate information about their situations, especially if they have gone through the CCCDP workshop.

Recommendation #5: The Workplace Safety and Health Branch should ensure SHOs can either speak relevant languages during inspections or investigations, or arrange for independent interpretation (i.e., not provided by the employer) while maintaining confidentiality. The procedure for answering calls — and the recorded phone message for the general number — also need to be clear about access to interpretation when it is needed.

Recommendation #6: The Workplace Safety and Health Branch also should:

- make it a priority to effectively enforce employer duties under the *Workplace Safety and Health Act*, so that all workers, and particularly newcomers, are well-aware of, and able to, use their rights under the laws, without fear of retribution;
- linked to the above recommendation, focus on sectors and workplaces where newcomers are typically employed to ensure the “orientation” requirements of the law are fulfilled;

- instead of focusing its inspections and enforcement efforts on “high-hazard” workplaces, target sectors and individual sites with high concentrations of newcomers⁶⁵ — including those with complicated reporting arrangements, like those using temporary workers — whatever the employer’s record (since “some employers may not file claims and instead may try to manage injuries internally”⁶⁶);
- increase inspections and enforcement campaigns at workplaces and sectors where vulnerable female newcomers are concentrated;⁶⁷ and
- make it clear that the law and regulations apply to all workers, regardless of their legal status.

SAFE Work Manitoba provides information that employers and workers need, and SHOs could distribute during inspections and investigations. They should be available in print at the many locations that migrants frequent.

Manitoba workers need dedicated resources that develop a continuum of worker-focused, accessible and culturally appropriate legal information/education, advice and representation for new workers and other marginalized and precarious workers. Small employers — in particular those owned and/or operated by newcomers — need similar materials about their responsibilities and resources.

Recommendation #7: SAFE Work Manitoba should:

- establish a “champion” within the organisation to co-ordinate provincial OHS programming for newcomers (whatever their legal status), in partnership with the CCCDP and OHC, and in co-operation with the Manitoba Federation of Labour, employer associations and settlement agencies;⁶⁸

- develop a campaign similar to “Work shouldn’t hurt” (very visible, with an effective message) about vulnerable workers, informed by the *OHS Vulnerability Measure* and CCCDP experiences;
- ensure that the programming includes multilingual worker-focused messages and materials about workers’ rights, prevention and reduction of hazards, and resources available for more information and support, including the OHC, unions and other worker organisations;
- provide training and resources to employers who hire newcomers (with a focus on small businesses — especially those owned/operated by newcomers) to ensure they know their OHS responsibilities and have the resources to help them carry them out, especially around workers’ rights and fixing hazards;
- increase the number of languages in which materials are produced (keeping up with immigration patterns) and distribute them via ethno-cultural community organisations, migrant agencies and services, government websites aimed at newcomers, advertisements, libraries, health care facilities and public transportation;⁶⁹ and
- make multilingual resources more visible on their website, in fonts at least as large as the regular type on the page, with a pointer to them at the top (for an example of the current problematic format, see *Bulletin 193, Right to refuse* at <https://www.safemanitoba.com/Resources/Pages/bulletin-193.aspx>.)
- translate claim forms into multiple languages (besides the current ones) and distribute them to settlement organisations, community health centres, other health facilities, libraries, and ethno-cultural community organisations;
- keep track of interactions with non-English speakers, especially newcomers (whatever their legal status), and which claims involve them, to analyse for improvements — in consultation with the CCCDP, Occupational Health Centre health care practitioners, and others;
- protect workers who file a claim, providing information about alternative income-support programs and community supports; and
- ensure newcomers have access to free, legal information in their first language (or, at least, access to high quality interpretation services).

Some activities need to be co-ordinated across provincial government departments and agencies.

Recommendation #9: The provincial government should:

- investigate models of integrating multilingual multi-cultural approaches into all its activities that may affect/involve newcomers;
- integrate workplace rights awareness training into all newcomer program requirements, funding non-profits and public interest groups to provide more detailed first-language training about those rights;
- expand the Worker Advisor Office so it can advocate for, and support, workers to navigate occupational health and safety, employment standards, the WCB and other job-related government systems and resources in multiple languages;

Recommendation #8: The WCB should:⁷⁰

- offer interpretation services systematically at the start of a claim, and at regular intervals throughout the process;

- ensure that all government agencies and departments dealing with job-related issues provide easily-accessible information and services in multiple languages with culturally appropriate materials;
- provide mandatory cultural competency, anti-oppression, and human rights education to all staff (and board members where they exist) in Workplace Safety and Health, *SAFE Work* Manitoba, Employment Standards, the Worker Advisor Office, the Workers' Compensation Board and the Labour Relations Board, to support their ability to work more appropriately and empathetically with new Manitoba workers and other workers in vulnerable positions; and
- have the provincial Labour Relations Board, the Workplace Safety and Health Branch and the Worker Advisor Office collaborate to ensure that policies, procedures, and systems are in place to ensure, to the extent possible, that reprisal complaints for any migrant workers who may be repatriated are heard and decided prior to that action, and that any appeals or hearings involving migrant workers are done with timely translation of documents, proceedings and decisions.

Funding

The solution for many challenges facing the CCCDP is obvious: on-going and increased funding without problematic restrictions.

Trainers' honoraria could be increased to recognise their hard work. \$50 grocery gift cards could make a difference for many newcomers who participate. The Program could reach newcomers outside Winnipeg, in places like Steinbach, Thompson and (more in) Brandon. For those working shifts, or for whom food is a cultural

norm at gatherings, refreshments could make a difference; for others, "real" food is an important part of building and sustaining community.

For the Community Development Worker, counselling gives her a chance to take a holistic approach. "You need to pay attention to the whole family," she said. "Paying attention to one worker won't help." She wants to be able to do more follow-up, using that holistic approach.

Then there is the question: why does WRHA core funding not cover any of the CCCDP budget? The health authority's recent release of data about life expectancy differentials and other social determinants of health provide an opportunity to raise the value of prevention activities and newcomer health. OHC's "active participation in MACH (Manitoba Association of Community Health Clinics) and nationally on the board of CACHC (Canadian Association of Community Health Centres)" (as described in the OHC's 2019 *Annual report*) might help make these arguments.

On a larger scale, an adapted version of the *New Alberta Workers* recommendation could be implemented, to enable community organizations, non-profits and community health centres to develop and support collective and community-based networks for newcomer workers, to facilitate information sharing and address emerging work-focused issues.⁷¹ This is consistent with suggestions that the OHC needs to expand the CCCDP beyond Winnipeg's borders.

Recommendation #10: The provincial government should use all the mechanisms at its disposal to:

- provide long-term sustainable funding to the OHC and CCCDP to continue and expand the Program's education and outreach work with migrants, especially those not eligible currently for federally-funded settlement programs;
- use this funding to improve on and replace monies from the WCB's RWIP (scheduled

to make key changes in its funding criteria) after providing two-year project funding several times in the last 20 years;

- work with the federal government to ensure settlement and migrant workers' organisations can carry out the recommendations aimed at them, with training and funds to do so; and
- sustainably fund health authorities, community organizations, non-profits and community health centres to develop and support collective and community-based networks for all migrant workers, to facilitate information sharing and address emerging work-focused issues.

On the national scale, the federal government says its goal is successful settlement for newcomers. To achieve this, it is crucial that IRCC (and other federal departments) continue to fund and support programs like the CCCDP, to ensure all newcomers in the workforce get the necessary information and support to protect their health, and settle themselves and their families. (The two are connected, as the studies discussed in the background context document show.)

The government's restrictions on child care, food, and who can participate seem petty and uninformed compared to the importance of these issues to the success of programs like the CCCDP and migrants' needs. Change could come with strategies such as advocacy with local Members of Parliament and provincial officials and representatives.

Recommendation #11: The federal government should:

- keep funding and supporting the CCCDP, so it can continue and expand its important work;
- allow projects or activities funded through the IRCC to provide reasonable incentives and food to participants, to encourage/

support their ability to participate in meaningful and respectful ways;

- provide funds for workshop participants to pay for child care or develop more flexible child care requirements for community-based activities for newcomers that are offered for short-time periods in multiple sites;
- make it easier in funding agreements and other "rules" for agencies to co-operate around providing child care (e.g., SERC has collaborated with other organisations with IRCC-approved child care in place, like the West Central Women's Resource Centre and Family Dynamics); and
- continue to support activities that allow OHC staff, Community Trainers and Advisory Board members to meet, share experiences, evaluate CCCDP activities and plan future ones.

Participation Criteria and Recruitment

The federal IRCC should be more supportive of migrants' job-related rights, particularly around health and safety. They should expand the eligibility criteria for settlement programs to allow all newcomers who need it — whatever their status — to attend workshops about job-related rights and issues.

Recommendation #12: The federal government also should:

- provide information about employment standards, occupational health and safety rights, and workers' compensation in materials provided to newcomers preparing to come to Canada or very shortly after they do;⁷²
- change the rules that apply to IRCC-funded projects so that all migrant workers (citizens or not), international students and others in the country on work permits, can be included in employment programs,

especially about their rights, and OHS and workers' compensation issues;

- insist that newcomer programs it establishes, operates or funds include workers' rights training, to be provided by independent non-profits in the first languages needed, using the CCCDP or those trained by them; and
- increase support for the Canadian Immigrant Settlement Sector Alliance so that settlement programs, including those like the CCCDP, can better share resources, information, lessons, etc. and advocate for effective funding.

The Role of Settlement Organisations

Manitoba settlement organisations and others working with migrants can be more effective if they work collaboratively with the CCCDP around job-related issues (if they do not already), and are more aware of the implications of their job-search strategies and information.

Recommendation # 13: Settlement organisations should:

- train staff about the basics of employment standards, occupational health and safety, and workers' compensation, so they are aware of workers' rights and resources like the CCCDP;
- work with the CCCDP to integrate information about employment standards, OHS (rights and basic information) and workers' compensation into job-search, language training classes and other programs;
- regularly use the OHC Community Trainers to provide first language workshops with specific information about OHS (including rights), workers' compensation and resources, so participants can get accurate answers to

their questions without worrying about losing their jobs;

- train staff to be aware of how their programming may reinforce cultural and gender stereotypes (e.g., offer women "from all cultures access to the same employment programs as men, regardless of background, opens opportunities"⁷³), including that female-dominated jobs (e.g., child care, cleaning) are just as hazardous than male-dominated ones;
- follow up job placements to find out about working conditions, health and safety training, and how workers' compensation claims are handled, and report illegal practices;
- recognise differences between immigrants and refugees, especially for women, with specialized job-related services, not "homogenized programming" for all newcomers;⁷⁴ and
- have the appropriate budgets to carry out these activities.

The MFL Occupational Health Centre

The CCCDP is a unique and important project with a long history within the MFL Occupational Health Centre, itself an important occupational health institution.

Tensions about the project's methods and the roles of its Advisory Committee and Trainers underline the original wariness about using a community development model for a migrant workers OHS program. They are not unusual when this power-challenging model is used. Putting issues on the table, and dealing with them, in respectful, facilitated conversations could provide a useful example — and lessons — for organisations in similar situations or considering using the model.

The CCCDP now has five-year funding from the IRCC, with increased restrictions that will

require more fund-raising, perhaps in novel and/or new ways. At the same time, the funding recommendations above are unlikely to be implemented easily with the current provincial or federal governments. They certainly won't happen unless the Program has full support from OHC staff, management and Board of Directors, and other allies (e.g., community health centres, unions with which it has worked).

Recommendation #14: The OHC and CCCDP should build into its workplans doing outreach with Manitoba settlement and migrant worker organisations, unions, community health centres, and other potential allies, about:

- providing the OHS workshops at employment-related events and trainings, using the Community Trainers, supplemented by CCCDP staff (and others who have been through the train-the-trainer program); and
- offering programs about basic OHS, workers' OHS rights and workers' compensation awareness for staff doing any kind of employment-related work with newcomers.

Recommendation #15: On an on-going basis, OHC and the Cross Cultural Community Advisory Committee should have facilitated conversations to support the CCCDP's, learn about its successes and deal with its challenges.

Facilitated conversations and other activities should cover topics such as:

- a review of the timeline to better understand the model and the Program's history, accomplishments, and challenges;
- how to better integrate the CCCDP methods, lessons, and Advisory Committee into the OHC's activities, policy development, hiring and decision-making;

- regular, on-going cultural competency, anti-oppression training for all Board and staff members;
- promoting the CCCDP and its approach to other community health centres, unions and other community organisations;
- funding to expand the Program outside Winnipeg and to do outreach;
- how to ensure the CCCDP has the human and financial resources necessary to continue, regardless of funders' decisions;
- developing a TTT approach in other OHC training and education activities; and
- working with the Manitoba Federation of Labour's Health and Safety Committee to promote and support unions to use culturally-appropriate TTT models in their OHS education programs, especially to reach newcomers.

The Advisory Committee and the Health Educator have worked together over the years to prepare submissions about the concerns and priorities of newcomer workers to public reviews of health and safety, employment standards and workers' compensation legislation. Advisory Committee members also met with, and did presentations to, various government officials and committees. This essential work should continue, to advocate for improved policies, laws and programs that affect the health of newcomer workers at a systemic level.

Recommendation #16: The OHC and CCCDP should ensure that Cross Cultural Community Advisory Committee members and staff working with them continue their collaborative efforts to advocate for, and influence, government policies, laws and programs that affect newcomer health in a systemic way.

Finally, a blue sky idea that comes from the work behind this report. A meeting or gathering of

some sort (not necessarily a full-blown conference) could help promote the CCCDP, its train-the-trainer and empowerment models, and increase the OHC's — and the Program's — profile. It also could increase its support amongst, and collaboration with, local unions, community and occupational health centres, settlement and migrant worker organisations, ethno-cultural community groups, public health organisations, and government departments and agencies, with academics.⁷⁵

Government representatives should include Health Canada officials who are contemplating how to deal with “vulnerable” groups and an “integrated strategy” about occupational health and worker protection in the Chemicals Management Plan (CMP) as the *Canadian Environmental Protection Act* comes up for review in 2020.⁷⁶ Proposals for the latter topic include working with provincial governments and entities in several ways.

The goals of this kind of gathering would include:

- examine the job world of migrants as vulnerable workers, particularly in terms of health and safety and workers' compensation issues;
- present information (with Community Trainers) about the CCCDP's methods, successes and challenges, and similar information about the New Alberta Workers project, in participatory discussions and activities;

- learn about the *OHS Vulnerability Measure* and other potentially-useful tools that help understand the reality of vulnerable work for newcomers (e.g. the new OHCOW StressAssess materials);
- look for possible collaborations amongst those in the room, as a starting point, and possible funding mechanisms;
- do some kind of SWOT (strengths, opportunities, weaknesses and threats) and/or power analysis, along with the PSAC's “Spectrum of allies” activity, to assess those possibilities; and
- decide on some preliminary first steps forward.

Recommendation #17: Relatively soon, the OHC, CCCDP and others should organise a gathering of those working with migrants in Manitoba, those interested in worker health and safety in the province and elsewhere, and others interested in either field/topic, to raise the OHC's and CCCDP's profile and look for collaborations to provide long-term sustainability for the Program and others like it.

The idea can be considered, promoted and/or discussed at conferences (including two already planned for 2020), the Advisory Committee's and Program staff's involvement with settlement organisations and other community groups, and OHC staff participation in union, general community, and other activities.

Endnotes

- 1 Migrant is a general term that does not distinguish the status of people who have come to Canada. OHC defines “newcomers” as the broad range of permanent residents, refugees, refugee claimants, migrant workers/temporary foreign workers (TFWs), new Canadian citizens, international students and undocumented migrants in Canada. The federal government’s Immigration Refugees & Citizenship Canada (IRCC) restricts funding to programs for permanent residents and refugees. OHC has used other funding sources to do work with other types of newcomers (e.g., migrant workers). This report uses the OHC definition, and alternates between “newcomer” and “migrant” to emphasise the definition.
- 2 For one explanation, see the Canadian Centre for Occupational Health and Safety’s version at <https://www.ccohs.ca/oshanswers/legisl/irs.html>.
- 3 Smith, Doug (2000) Consulted to death. How Canada’s workplace health and safety system fails workers. ARP Books, Winnipeg.
- 4 The *Act* defines new workers in section 2.2.1(1) as not just those new to the workplace but people who have done different tasks elsewhere in the workplace, come from another workplace with different processes or hazards, or are returning to a job where the processes and/or hazards have changed in their absence.
- 5 SAFE Work Manitoba (2014) *Safety and health orientation requirements*. Found at https://www.safemanitoba.com/Page%20Related%20Documents/resources/bltn_255_swmb_dec_2014.pdf.
- 6 An “accident” is an unanticipated event — sometimes with dire consequences — that could not be prevented. Since health and safety hazards can be prevented, the term is inaccurate. (The current SAFE Work Manitoba campaign: *Safe workers aren’t born, they’re trained. Sending a worker to do a job without training is like sending a young child to do that same job* makes this clear.) It implies the harm could not be avoided. “Incident” is one alternative. The word “accident” often is linked to using the phrase “careless workers” to explain incidents, even though studies make it clear hazards are the real issue. Finally, the term is said to have been deliberately introduced with early workers’ compensation laws, to alleviate employers’ responsibilities for working conditions.
- 7 Levy, B. & Wegman, D., Editors (2000) *Occupational Health. Recognizing and preventing work-related disease and injury*. 4th Edition.
- 8 Wigmore, Dorothy (2005) “A common goal: Union and researcher collaboration celebrate the work of June Fisher, M.D.”, *New Solutions*, 15 (1): 3–14. Also see the 1978 NFB film, *Our health is not for sale* and Misiti, R., & Bagnara, S. (1985) “Participation in health control at the workplace: the Italian experience”, in: Bagnara, S., Misiti, R., & Wintersberger, H. (Eds.) *Work and Health in the 1980s*. Experiences of direct workers’ participation in occupational health, pp. 31–106.
- 9 Sass, Robert (1987) “Alternative policies in the administration of occupational health and safety programs”, *Economic and Industrial Democracy*, 8: 243–257; Deutsch, S. (1981) “Work environment reform and industrial democracy”, *Sociology of Work and Occupations*, 8 (2): 180–194.

- 10 United Nations Human Rights Council (2019) *Principles on human rights and the protection of workers from exposure to toxic substances. Report of the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes*. Found at <https://digitallibrary.un.org/record/3823886>.
- 11 Stoffman, L., Thorpe, B. & Wigmore, D. (2015) *Tools for informed substitution. How do you find safer chemicals for the workplace?* Found at <https://www.wigmorising.ca/cleaning-products-can-be-green/>.
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