First Nations Occupational Health and Safety:
A Discussion Paper

First Nations Centre
November 2006

I. Introduction

The First Nations population has been growing more quickly than other groups in Canada and this trend has accelerated in the past 10 years. Furthermore, the proportion of the population of First Nations communities that is under 20 year of age is almost double that of the Canadian population as a whole.[1] With a growing and comparatively young population, it is evident that there will be many more First Nations people entering the workforce in the years to come.

First Nations health and, to a lesser extent, First Nations employment are both recognized as legitimate areas of research and inquiry, but rarely are these two topics considered together. This paper will identify and discuss occupational health and safety (OHS) issues which may be of particular relevance to First Nations people and recommendations for future research will be suggested.

II. Occupational Injury and Disease among First Nations and Aboriginal Workers

Although studies have shown that First Nations and Aboriginal people in general report much higher rates of injury than the general population, there is no evidence that these injuries are work-related.[2] National and provincial/territorial statistics on workplace injury, disease and fatality do not report ethnic or racial identity of claimants.[3] Despite the lack of First Nations, or even Aboriginal-specific research on occupational injury and disease, there are some reasonable assumptions that can be made based on general characteristics of the First Nations labour force.

There are certain types of work in which Aboriginal people (and by implication, First Nations people) are over-represented compared to the general population. These are:

- public administration;
- construction; and,
- non-renewable resource extraction.[4]

Goods-producing industries, which include construction and non-renewable resource extraction, generally have higher injury rates than service industries.[5] The construction sector in particular has not only among the highest rates of workplace injury, but also of occupational disease, due to diseases caused primarily by asbestos exposure.[6] Across all sectors, statistics also show that young workers (age 15-24) are at a higher risk for occupational injuries than older workers.[7]

Therefore, it can be reasonably extrapolated that the First Nations workforce, by virtue of a presumed concentration in two comparatively high-risk industries and its younger demographic composition, may have a higher overall risk of occupational injury and possibly occupational disease compared to the general Canadian population.

Some research has been conducted on occupational health and safety issues among Australian indigenous workers. A 1996 study investigated patterns of occupational injury

and disease among Aboriginal workers in Queensland. The study found that the Aboriginal workforce was strongly concentrated in two main areas: unskilled labour and "liason jobs" in the social service sector. A notable increase in the severity of musculo-skeletal injuries was detected among Aboriginal labourers, and Aboriginal people working in the service sector – particularly as teachers, welfare workers and police liason officers – were found to experience markedly higher levels of stress.[8]

A longer-term study conducted in South Australia explored occupational health and safety themes among Aboriginal workers from various human service sectors: health, education, management and the criminal justice system. Using a combination of qualitative and quantitative methods of data analysis, researchers measured levels of work-related stress and exhaustion, and identified associated determinants that were related to respondents' Aboriginal identity. Some of the findings were common to all groups of workers, such as: experiences of racism as an occupational stressor; a strong sense of commitment to their Aboriginal community or client group; stress associated with real or perceived responsibilities to mediate between cultures and; less awareness of the occupational health and safety "umbrella". Other findings were specific to certain sectors. For examples, health workers reported feeling intense pressure from their community to meet expectations for improved health, especially in the context of "more intense and visible social relationships in remote and rural communities".[9] Aboriginal education workers often felt immense pressure to increase cultural safety for students, in the context of a non-Aboriginal (and frequently racist) school system. Aboriginal managers in the study were the most at-risk group for high levels of stress and stress-related illness. Researchers theorized that this resulted from "a situation where they have high demand jobs but…can have low levels of control because they are continually frustrated by the demands of non-Aboriginal superiors and Aboriginal board members".[10]

This Australian study offers convincing evidence that there are occupational health trends or issues that are specific to the Aboriginal workforce. As such, it substantiates the need for further research in this area. More specifically, the study identifies issues which may also be relevant to the First Nations workforce in Canada.

III. Other Suggested Correlates of First Nations Occupational Health and Safety

Cultural Safety

Discrimination and harassment in the workplace are generally not assumed to be occupational health and safety issues, but human rights issues. As such, these problems are addressed through legal frameworks and processes established by the Canadian Human Rights Act which applies to organizations and sectors within federal jurisdiction. All provinces and territories have similar human rights legislation for matters within their jurisdictions.

While it is encouraging that the most overt instances of cultural or racial discrimination are prohibited and punishable by law, it is almost certainly the case that many such instances go unreported. Some people may be intimidated by the quasi-legal processes

that are involved in filing a human rights complaint, while others may be reluctant to invite further conflict or confrontation. In any case, there is more to cultural safety than the absence of overt harassment or discrimination.

Cultural safety is a recent term that has generally been used in analyzing Aboriginal peoples' experiences with health care providers. Culturally unsafe practices can be defined as "any actions that diminish, demean or disempower the cultural identity and well being of an individual".[11] This could range from crude racial slurs, to contempt or disrespect for traditional practices, to "talking about someone as if they weren't there". Though the term may appear synonymous with "cultural awareness" and "cultural sensitivity", there is a difference: cultural awareness and sensitivity are *behaviours*, whereas cultural safety describes a social *environment*.

There is a growing body of research which shows that the psychosocial conditions that characterize families, workplaces or communities can be strong determinants of health, and that different types of social and personal relationships can impact health.[12] A theory known as Sociobiological Translation describes "a mechanism by which human beings receive messages about the social environment and convert the messages to biological signals that trigger the process of disease development".[13] This theory is substantiated by strong evidence linking stress, depression, anxiety and anger to an increased risk of a variety of health problems including cardiovascular disease, osteoporosis and infectious diseases.[14]

Racism is a reality for many First Nations people. According to the *First Nations Regional Longitudinal Health Survey 2002/03* (RHS), roughly 2 out of 5 respondents reported experiences of racism. Furthermore, reported incidence of racism was higher among those who were employed (42.3%) than those who were not (33.5%).[15] This seems to indicate that a sizable number of First Nations people experience racism in the workplace. Given the aforementioned evidence that "social environment" can influence health, and that racism and other types of culturally unsafe conditions could undoubtedly create a poisonous work environment for First Nations workers, there is good reason to view cultural safety, including but not limited to discrimination and harassment, as an occupational health issue.

<u>Literacy</u>

An article in *Occupational Health and Safety*, published by the Alberta Department of Human Resources and Employment, considers the relevance of literacy and English as a Second Language (ESL) to occupational health and safety. The author begins by posing the question: "How do you keep employees safe when they don't speak English or are unable to read the safety manual?"[16] A recent study by the National Literacy Secretariat revealed that 40 per cent of Canadians don't have the language skills they need to work effectively and safely. Older workers may have lost their language skills over the years, while increasing numbers of foreign workers have limited or no English-language skills at all. With respect to First Nations workers, it is noted that the strong resource economy

in northern Alberta has increased employment opportunities for Aboriginal workers, but has also revealed "some literacy problems in [the Aboriginal] community".[17]

Research has shown that lower literacy levels correlate with higher rates of occupational injury.[18] The reasons for this correlation are intuitive. As noted above, an employee who can't read the safety manual or signs in the workplace is very likely less aware of workplace safety concerns and procedures. It is also suggested here that workers with lower literacy levels may not be as aware of their legal rights, such as the right to refuse unsafe work and the right to compensation. It may also lead to under-reporting of workplace injuries because of the onerous (written) procedures involved in filing formal claims.

Whether due to lower levels of educational attainment or a non-English mother tongue, it is generally accepted that First Nations people, as a group, have lower literacy levels than the non-First Nations population.[19] While the issue of literacy and workplace safety is clearly not exclusive to First Nations workers, it should be flagged as an issue of potential relevance when considering further research or program initiatives in this area.

Under-reporting of Occupational Injury and Disease

Beginning in 2003, the Manitoba Federation of Labour Occupational Health Centre (MFLOHC) implemented an Aboriginal Workers Education and Outreach Project (see also Section IV, below). Based on survey results and community meetings, the project's Advisory Board concluded that "Aboriginal workers will often prefer to quit their jobs rather than raise workplace concerns with their employer or fellow workers".[20] It was further suggested that this behaviour may be associated, in part, with the emotional consequences of residential school where children learned that "they could end up with more punishment if they complained".[21] The reluctance of Aboriginal workers to report health and safety concerns was identified as the "overriding issue facing a significant number of Aboriginal workers".[22]

Other research has indicated that economically vulnerable workers tend to under-report occupational injury and disease.[23] Workers can be described as economically vulnerable if one or more of the following conditions apply to them: their jobs are seasonal or temporary; they are relatively unskilled; or they live in a region with a high rate of unemployment (i.e. few alternative jobs available are available). It was previously noted that First Nations workers are over-represented in construction and non-renewable resource extraction; both sectors (particularly construction) employ a large proportion of unskilled labour. Furthermore, a relatively large proportion of First Nations people reside in rural and remote areas which are often characterized by high unemployment.[24]

In light of the aforementioned points, it appears likely that under-reporting of occupational injury and disease, and/or workplace health and safety concerns, may be an issue of concern for the First Nations workforce.

IV. First Nations-Specific Occupational Health and Safety Initiatives

A preliminary review of provincial and territorial OHS programs and resources revealed that only two provinces – Manitoba and Saskatchewan – have implemented any First Nations-specific occupational health and safety initiatives.

In Manitoba, the Anokiiwin Training Institute (an Aboriginal owned and operated training company) was contracted to develop health and safety curriculum for conventional and online delivery. The curriculum provides culturally relevant and reality-based training for Aboriginal youth and other workers through a series of workshops.

The Manitoba Federation of Labour Occupational Health Centre (MFLOHC) sponsored a two-phase project, scheduled for completion in 2007, called the Aboriginal Workers Education and Outreach Project. During the first phase, a consultative survey was used to identify priority occupational health and safety issues among Aboriginal workers. The top three issues identified were: challenges faced by young workers and their families; cultural awareness for employers; and, reluctance to report health and safety concerns. The next phase of the project will develop a strategy to address these issues, which incorporates traditional Aboriginal teachings.[25]

As part of it's *Ready for Work* program, the Education and Training Services Branch of the Saskatchewan Department of Labour cooperates with First Nations communities, the Federation of Saskatchewan Indian Nations, Indian and Northern Affairs Canada and community school administrators to deliver general orientation sessions on occupational health and safety as well as labour standards to Aboriginal youth and teachers. According to a 2004 report, more than 3000 students and teachers in over 40 communities had participated. The Branch also actively promotes Aboriginal awareness training for workers throughout the province.[26]

V. Summary and Recommendations

Due to its low overall birth rate, Canada relies on immigration to supply enough labour to meet the demands of a growing economy. A recent report for the Canadian Labour and Business Centre notes that, "[f]rom the standpoint of the country's future economic prospects, increased reliance upon the Aboriginal workforce can provide part of the solution to meeting its skills and labour needs"[27]; in order to maximize Aboriginal participation in the Canadian economy, governments, service delivery organizations and the private sector must "broaden their understanding of…facts of relevance to the Aboriginal workforce".[28]

There is a relative scarcity of research or statistics on First Nations occupational health and safety issues. However, a review of relevant or related information has identified several areas that warrant further inquiry in order to investigate or confirm patterns of occupational health, safety and disease among First Nations workers. The results of this research may substantiate the need for First-Nations specific occupational health and safety programs.

Therefore, it is recommended that future research could address the following issues of potential concern:

1) Rates of occupational injury and disease among First Nations workers;

2) Occupational health/stress among First Nations workers in human services sectors;

3) Cultural safety as an occupational health issue;

4) First Nations literacy and occupational health and safety; and,

5) Under-reporting of occupational injury and disease among First Nations workers.

ENDNOTES

[1] First Nations Regional Longitudinal Health Survey and First Nations Centre, *First Nations Regional Longitudinal Health Survey (RHS) 2002/03: Results for Adults, Youth and Children Living in First Nations Communities* (Ottawa: First Nations Centre, 2005), p. 24.

[2] First Nations Regional Longitudinal Health Survey and First Nations Centre, *RHS*, pp. 78-80.

[3] Canadian Centre for Occupational Health and Safety, *Workplace Injury Statistics: What types of statistics are available?* Retrieved 8/23/06 from http://www.ccohs.ca/oshanswers/information/injury_statistics.html

[4] Francois Lamontagne, *The Aboriginal Workforce: What Lies Ahead?* (Canadian Centre for Labour and Business, 2004), p. 4.

[5] F. Curtis Breslin, Smith, Koehoorn and Lee, "Is the workplace becoming safer?" *Perspectives on Labour and Income,* v.7 (Ottawa: Statistics Canada, July 2006), p. 21.

[6] WorkSafeBC, *Statistics 2005,* pp. 21-24, 48. Retrieved on 09/15/06 from www.**worksafebc**.com/publications/reports/**statistics**_reports/assets/pdf/stats2005.pdf; Work Safe Alberta, *Occupational Injuries and Diseases in Alberta: Lost-Time Claims and Claim Rates 2005 Summary*, p. 30. Retrieved on 09/15/06 from www.hre.gov.ab.ca/documents/WHS/WHS-PUB_OID_2005.pdf; Work Safe Alberta, *Occupational Disease Fatalities January 1 to December 31* 2004. Retrieved on 09/21/06 from www3.gov.ab.ca/hre/whs/**fatalities**/pdf/occdisfatal_2004.pdf; National Institute for Occupational Safety and Health, *Worker Health Chartbook 2004*, Figure 2-74. Retrieved on 09/27/2006 from http://www2.cdc.gov/NIOSH-Chartbook/ch2/ch2-7.asp; Construction Safety Association of Ontario, *Occupational Disease in Construction – Part 1*. Retrieved on 09/21/06 from http://www.csao.org/UploadFiles/magazine/vol12no4/disease.htm.

[7] Breslin et. al., *Is the workplace becoming safer?* p. 18.

[8] Claire Mayhew and Lynne Vickerman, "Aboriginal and Torres Strait Islander occupational health and safety: a pilot study". *Journal of the Australian Institute of Aboriginal and Torres Strait Islander Studies*, no. 2 (1996).

[9] Claire Williams and Bill Thorpe, *Aboriginal Workers and Managers: History, Emotional and Community Labour and Occupational Health and Safety in South Australia* (Henley Beach, South Australia: Seaview Press, 2003), p. 58.

[10] Williams and Thorpe, p. 108.

[11] Nursing Council of New Zealand, *Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice* (2005), p.4. Retrieved on 09/21/06 from www.nursingcouncil.org.nz/**Cultural**%20**Safety**.pdf

[12] Health Canada, *Fairness in Families, Schools and Workplaces: Implications for Healthy Relationships in these Environments* (Ottawa: Public Works and Government Services Canada, 2001), p.5.

[13] Tarlov (1996) cited in Health Canada, *Fairness in Families, Schools and Workplaces*, p.7.

[14] Health Canada, *Fairness in Families, Schools and Workplaces*, Appendix 1.

[15] First Nations Centre, *RHS*, p.140.

[16] Norma Ramage, "Literacy and ESL Challenges at Work", *Occupational Health and Safety Magazine* (Edmonton: Alberta Human Resources and Employment, May 2006), p.6.

[17] Ramage, "Literacy and ESL Challenges at Work", p. 8.

[18] Irving Rootman and Barbara Ronson, *Literacy and Health Research in Canada: Where have we been and where should we go?* (Canadian Institute for Health Research, 2003), p.37. Retrieved from www.igh.ualberta.ca/RHD/Synthesis/**Literacy**.pdf

[19] Statistics Canada, *Building on our Competencies: Canadian Results of the International Adult Literacy and Skills Survey* (Ottawa: Minister of Industry, 2005), pp. 55-64; Priscilla George, *First Nations Literacy in Ontario*, p.8. Retrieved on 09/27/06 from http://www.chiefs-of-ontario.org/education/manifesto/First%20Nations%20Literacy%20in%20Ontario.doc

[20] "Aboriginal Workers Project Completes First Stage", *Focus on Occupational Health and Safety,* vol. 16 no. 2 (Winnipeg: MFL Occupational Health Centre, April 2004), p.1. Retrieved from www.**mfl**ohc.mb.ca/newsletter_folder/2004/April%202004.pdf

[2121] Ibid.

[22] Ibid.

[23] James (1993) cited in Mayhew and Vickerman, "Aboriginal and Torres Strait Islander occupational health and safety", 62.

[24] 2001 census showed that 49% of the Aboriginal population lived in urban areas (www12.statcan.ca/english/**census**01/Products/Analytic/companion/abor/canada.cfm), compared with only 20% of the non-Aboriginal population (http://www40.statcan.ca/l01/cst01/demo62a.htm?sdi=rural).

[25] Workers Compensation Board of Manitoba, *Occupational Health and Safety Resources for Manitoba's Young Workers*, pp. 1, 5. Retrieved on 09/21/06 from www.safe**manitoba**.com/pdf/programs_ohs_**young**_workers.pdf

[26] Saskatchewan Department of Labour, *Education and Training Services Branch* (August 2004) pp. 6-7. Retrieved on 09/21/06 from www.readyforwork.sk.ca/downloads/**Update**2004.pdf

[27] Lamontagne, *The Aboriginal Workforce: What Lies Ahead*, p. 1.

[28] Ibid.