

2016-17
Occupational Health
and Safety Prevention
and Innovation Program (OHSPiP)

Delivering Workplace Health and Safety Education to Nail Salons

Final Report

1. Instructions

In accordance with your Transfer Payment Agreement (TPA), the Ministry of Labour requires a final narrative report on the results of the OHSPiP funded project. This template provides the desired narrative format, as well as guidance on the completion of the final report.

In addition, recipients are required to submit a final financial report using an Excel workbook that will be provided separately.

Please submit this report electronically to your MOL contact with a copy to preventiongrants@ontario.ca by the date specified in section F1.0 of Schedule F of your TPA.

Project Number 16-H-004		Name of Organization Parkdale Queen West Community Health Centre	
Name of Project Delivering Workplace Health and Safety Education to Nail Salons			
Contact Name / Position Bronwyn Underhill/ Director of Health Promotion and Wellness		Phone 416-537-2455 ext. 1310	Email Address Bronwyn.underhill@pchc.on.ca
Grant Year 2016-17	Approved Funding \$199,018	Amount of funding spent \$199,018	

2. Self-evaluation (maximum 5 pages)

a) With reference to Schedule C of your TPA, please provide a narrative summary of the results of the project (**up to and including the date specified in section F2.2 of Schedule F of your TPA**) by completing the table below.

If any project commitments were not fulfilled, please provide a brief explanation.

If required, please attach additional documentation.

<i>Project Commitment</i>	<i>Results</i>
<p>Develop multilingual information resources, training modules, and workshops in three subject areas:</p> <ul style="list-style-type: none"> • ergonomic issues and musculoskeletal disorders • inhalation exposures and respiratory issues • reproductive health risks <p>Note: Please see OHS Health and Safety in Nail Salons – Training and Workshop Guide (provided as separate attachment) for the full set of information resources, training modules, and workshops in three subject areas.</p>	<p>Project partners and external experts contributed to content development. Key materials were consolidated into three training modules (Ergonomics, Reproductive Health and Respiratory Health) used to train the peers, and to inform the development of an issue-specific resource (booklets or posters).</p> <p>Multilingual educational handouts were created for each module to assist in workshop delivery in salons.</p> <p>Sixty-five peer-led workshops were delivered in one of three languages (English, Vietnamese, Chinese):</p> <p>Reproductive module = 70 participants (22 workshops) Ergonomic module = 66 participants (23 workshops) Respiratory module = 74 participants (20 workshops)</p> <p>Peer-led workshops reached 29 salons across Toronto. 18 salons participated in more than one module. All salons that were offered more than one module accepted. In cases where salons did not receive subsequent workshops, it was because of external factors such as salon closure or peers choosing to outreach to a different salon. In each module, there were more salons that wanted the workshops than we could respond to, due to limited resources.</p> <p>Each participating salon received sample items (e.g., proper masks, nitrile gloves, and skin cream), educational handouts, and issue-specific resources. Upon completion of workshops, they were also provided with a framed certificate indicating the salon had received the training. Most hung them on their walls.</p>

Project Commitment

Results

Develop a comprehensive resource on health and safety awareness and worker rights, customized for the nail salon industry

Note: Please see separate attachments provided for the four resources listed here.

The initial commitment was for one OHS resource and informational handouts. We expanded that into three issue-specific resources, accompanying educational handouts, plus one OHS Guide to share with other potential stakeholders/organizers which compiles all of the training modules, handouts and access to resources in an overview of the project as a whole.

The following new resources were created:

1. STRETCH: Preventing Stress and Pain While You Work (For Nail Salon Technicians) (2-sided 8.5"x14" poster); (available in: ENG, CH, VN)
2. Reducing Risks to Reproductive Health – A Resource for Nail Technicians (12 pp) (available in: ENG, CH, VN)
3. Reducing Risks to Respiratory Health: A Guide for Nail Technicians (12 pp) (available in: ENG, CH, VN)
4. Occupational Health and Safety in Nail Salons – Training and Workshop Guide (108 pp)

Disseminate resources and findings to Toronto Public Health (TPH) and Workplace Safety and Prevention Services (WSPS).

TPH: Early in 2017, we secured a meeting with Councillor Joe Mihevc, Chair of the Toronto Board of Health. We shared our project work, goals and resources with him and his staff, and reception was positive. We made a specific request of the Medical Officer of Health to take on an evaluation of best practices in nail salons (esp. San Francisco, Boston and New York) and create primary prevention strategy for Toronto based on the research. Councillor Mihevc brought this request to the MoH who responded that this issue could not be given priority because it was an occupational health issue which was out of the purview of the Board of Health.

In addition to our overture to the Board of Health, we have had ongoing contact and communication with the head of the BodySafe program within Toronto Public Health. This office is responsible for ensuring consumer protection and safety within personal service settings such as nail salons. They do on-site inspection of salons as well as run workshops on infection prevention and control (IPAC). We have requested that they distribute our resources at their (IPAC) workshops and are waiting to hear if the request is approved. We continue to dialogue with them on ways that worker protection messaging can be integrated into their consumer protection focus.

WSPS: In a meeting with staff from WSPS, interest

Project Commitment

Results

	<p>was expressed in looking for sources internally to help circulate our project resources. Particular interest was noted in the OHS Guide for Nail Salons. WSPS conducts a high school awareness program where WSPS volunteers speak to high school students about OHS issues in jobs they may go on to and indicated that integrating some of our information about nail salons (from a teens-as-users perspective) was possible. WSPS is working on an initiative on “building a business case for OHS” and inquired about using a nail salon as a case study, an idea which will be explored further.</p>
<p>Conduct a Provincial Roundtable session with nail salon workers and owners, members of the Healthy Nail Salon Network, and expert advisers to review the project and identify opportunities to replicate this initiative in other municipal jurisdictions.</p>	<p>In March of 2018, we hosted an invitational Provincial Roundtable workshop in the offices of the Canadian Environmental Law Association. In addition to members of the Healthy Nail Salon Network, individuals working in the community health, legal clinic, and settlement/newcomer integration sectors in Hamilton, Guelph, Kingston and the GTA also participated. Project staff and peer outreach workers presented information about the work of the Healthy Nail Salon Project, the Nail Technicians Network, and updates on relevant research. Ideas and resources were exchanged on how to further this work to other municipalities throughout the province. Commitments were made to disseminate information in the communities represented at the Roundtable.</p> <p>Since the Roundtable, we have met community health centre staff in Ottawa, settlement workers in Guelph and Scarborough, and staff from Occupational Health Clinics for Ontario Workers (OHCOW) in Hamilton and Ottawa. We had also connected with OHCOW staff in Windsor earlier in the project and have ongoing contact with OHCOW provincial office (Toronto).</p> <p>Although not within Ontario, we were approached by the Winnipeg-based Occupational Health Centre for counsel on how to replicate our program there. We supplied them with our resources and wrote a letter of support for a provincial funding application to carry out essentially the same model as ours in Winnipeg salons. No word on their funding to date.</p>

b) What difference did this project make in/ for the community/population you are serving? Please discuss evidence of project effect *Note: If you have evaluation materials that document outcomes and impact of your work, please attach them.*

Please see the full Evaluation Report (provided as separate attachment), created by Alison Govier, Program Evaluation Consultant, for how this project affected the main communities served: nail technicians and salon owners. A summary report was also created (provided as separate attachment) and will be translated into Chinese and Vietnamese to bring back to participating salons.

In addition to the in-salon workshops and the resources produced for these, project staff, peer outreach workers and members of the Healthy Nail Salon Network met throughout the year to strategize around additional issues relevant to OHS in nail salons. A Nail Technicians Network was expanded with support from the Chinese and Southeast Asian Legal Clinic and continues to meet and make links with nail technicians throughout the GTA. Their focus is on connecting nail technicians, language training, and employment issues. Peers were also involved in public speaking engagements throughout the term of the project, speaking to cultural community agencies, as well as to the federal government's Chemical's Management Plan staff. Leadership and advocacy capacity building have been significant outcomes for the peer educators within this project. This has been expressed by the peers and observed by project staff and partner agency staff.

c) How have you involved knowledge users in the project and how have they benefited from it?

Knowledge users for this project include: nail technicians, salon owners, and relevant community and public agencies. Nail technicians and salon owners have been the primary focus of the project and they have been involved as peer educators, participants in the peer-led workshops, participants in our program evaluation (through surveys and interviews), and in shaping our future plans for the Nail Salon Workers Project more broadly. They have benefited by gaining **increased awareness** of and **practical strategies** for how to a) protect their health at work (see Evaluation Report for more in-depth accounts of these impacts), b) connect with other nail technicians to build community and strategies for change, and c) access resources used in the project to help improve the immediate conditions in nail salons.

Community agencies (defined broadly to include any organization currently or wanting to support people involved in the nail salon industry) have been involved as project partners and in advisory roles, and have readily accessed our resources and materials as they are available. Agencies involved have benefitted by gaining increased awareness of the issues facing nail technicians and improving their ability and capacity to respond to these issues and support increased prevention activities in the workplace. They have also gained increased access to a network of agencies and people to support this work.

The challenges of reaching small businesses and workplaces/situations where workers are vulnerable are known. This project provided a practical contribution to the current knowledge of how innovations could be made to occupational health and safety interventions, both in terms of a peer-led model and by situating occupational health and safety interventions in the community health centre setting. Positive outcomes and limitations of these approaches have been identified in detail in the Evaluation Report and can be used for intervention planning in the future. While this project was focused on the discount nail salon industry, other types of industry in the service sector characterized by small businesses and vulnerable work may also benefit from these lessons learned.

d) Describe collaborations/partnerships, if any, related to the work funded by this grant and how they benefited the project.

The support of the agencies within the Healthy Nail Salon Network, particularly the Centre for Research Expertise in Occupational Disease, the Occupational Cancer Research Centre, The Lung Association, OHCOW, and the Chinese and South Asian Legal Clinic have been critical to the success of this project. Their issue-specific expertise and broad connections within the OHS and worker communities have made significant contributions to the quality of the work done and reach of our project outcomes. Because of the commitment of these partners, we were able to test and learn from an innovative approach to OHS prevention work.

Linkages were made with those doing work in the dry-cleaning sector early in the project. The Toronto Environmental Alliance (TEA) had been successful in 2016 in engaging Toronto Public Health to notify the public about harms from toxic chemicals in dry-cleaning. Comparisons with the nail salon sector are limited, where a number of chemicals are problematic in contrast with the one chemical - perchlorethylene, which has a safe alternative - in the dry-cleaning sector. Nonetheless, we were able to glean helpful ideas from TEA on ways to engage the public and appealing to Public Health.

Other sectors with high hazard exposures and a workforce of vulnerable populations were identified throughout the course of our project: auto body shop workers, lab technicians, roofers, office cleaners, and some facets of food manufacturing and packaging. A further exploration of these sectors could be useful work for the Ministry to consider funding.

e) Were there any unanticipated results, either positive or negative, that you have not already described in question b above? If yes, please describe the implications.

As a result of ongoing contact with counterpart agencies in California and New York, we were fortunate in being asked to participate in an invitational, international gathering of nail salon workers and their advocates in Oakland, California in January, 2018. We were able to secure funding from the Atkinson Foundation (Rapid Release Fund) for seven of our group to attend, including our four peer outreach workers. As noted in our funding application, work being done in both California and New York has served as a model for us in Toronto, so this was an exceptionally fruitful experience for all. The peer outreach workers in particular found the experience of meeting many nail technicians from other cities helpful in informing the work they are doing in Toronto.

Within each module, especially with the most recent respiratory health module, workshop participants are requesting supplemental information about ventilation, alternative salon products, and personal protective equipment. They have identified that they don't know where else to access this information and we have tried to meet their needs with additional research, handouts, etc., and to communicate their desire for additional training opportunities to a wider audience.

Project staff were invited to participate in MOL-led conversations about vulnerability in the workplace. We were grateful to have the opportunity to contribute ideas and frontline perspectives to the conversation and look forward to a continued conversation about the role of what we have learned and can continue to offer from our position in the community.

3. Proposed Change to Project (maximum 2 pages)

- a) Describe what you learned based on the results/outcomes reported in your self-evaluation?

In the early stages of salon recruitment, we learned that pre-existing relationships between peer educators and salon owners as well as referrals from participating salons was invaluable in securing potential workshop sites. Additionally, we found that it took time to develop trust with salon owners, and to clarify misunderstandings about the purpose of the workshops. We were also aided by the fact that two of the peer educators were doctors in their home countries and their knowledge of the industry and professional status were definite strengths.

Salon owners interviewed expressed appreciation for the unique training opportunity, reporting that they have had to train all of their employees in-house with no other occupational health and safety training options. That workshops could be delivered in the two main languages of the salons we visited - Vietnamese and Chinese - were also key to the success we experienced. On-site workshops was also a plus: with some nail technicians working up to ten hours a day, six days a week during peak seasons, having to go elsewhere on off-hours for training would have been an impossibility for some.

- b) What, if any, programmatic or organizational changes you will make based on your results/outcomes?

Should we decide to continue carrying out workshops in salons, we will have a better understanding of the salon environment as a result of the work we have currently completed. For example, in underscoring the importance to salon owners of improving their environments to minimize toxic exposures, we know that costs, customer preference and lack of alternative options were seen as barriers to making the necessary improvements (e.g. ventilation, less toxic nail polish). Participants who were interviewed identified including more training for salon technicians, public awareness and customer education, and equipment subsidy programs as means to help minimize these barriers.

With respect to training and awareness, our survey data revealed that at least 25% of workshop participants had not thought about how working in a nail salon might affect their respiratory, reproductive or musculoskeletal health; those who were more aware but had not acted on it cited not having time, not knowing how to deal with their concerns, and being unfamiliar with alternative options as barriers.

A desire for improved public awareness about the issues was also an important new finding from our evaluation. Although many owners and nail technicians are aware that changes in products could make a difference in the quality of the work environment, of those asked, 37% said "customer preference for certain products" keeps them from making those changes. This finding directs us to the critical need for public awareness campaigns and educating customers of the potential health risks associated with certain products to complement the work of technician education.

One salon owner felt that salons need to do a better job of working together to promote healthier environments for clients and employees, *"If we work together we could raise prices and afford better products. All salons should have to make the positive changes. If we work together, there wouldn't be the undercutting. If I raise my prices, the customer will just go next door. I use better products but I can't move the prices up. We have to work together. If I try to tell [the customer]*

why, they think I'm just selling. We need to educate clients... get more salons involved, and work together. Learning always makes better."

Some survey respondents were aware of the government incentive program available in California that provides subsidies to salon owners for ventilation upgrades. We learned from in-person interviews with salon owners in our survey that a government subsidy program to help with ventilation upgrades would help overcome the cost barriers most of them experience.

Because our external evaluation report suggested that the workshops were successful in changing attitudes and increasing protective behaviours among nail technicians, there is value in continuing with this model in future work, possibly with other language groups in the GTA. In assessing our options going forward, we will consider the following:

1. Who are the target audience(s) for future work and what strategies can be used to reach each group?
2. What resources would be required to meet the demand (e.g., peer educators, translation services, and staff time)?
3. What culturally sensitive evaluation approaches could be used to monitor outcomes and improve processes (i.e., taking into account cultural norms, power dynamics, language barriers and literacy levels)?
4. How can we promote fidelity to the peer-led model as interventions are replicated or scaled up within the nail salon industry or other relevant industries?
5. In what ways can stakeholders continue to advocate for system level change (e.g., incentive programs, licensing/regulation)?
6. To what extent would training around workers' rights and ESA help to improve the nail salon working environment?

4. Knowledge Dissemination (maximum 1 page)

Please describe how you will communicate the project's outcomes and lessons learned to stakeholders (clients, partners, employees, etc.)?

Over the 2 years of this project, a good deal of interest has been generated amongst community agencies with a connection to this issue. Some were mentioned in our original proposal and other connections have been made since then. Many are represented on the Healthy Nail Salon Network. All have some degree of interest in circulating the resources produced during the project and disseminating information about the work in their respective communities.

The host agency, PQWCHC, is the primary disseminator of information about this work, to the catchment community, as well as to other CHCs and community agencies across the province. As well as housing the physical resources produced, PQWCHC will maintain a website for the project (www.pqwchc.org/nails - currently under construction due to agency merger) which will be our primary source for diffusing information externally.

Agencies involved in workplace/occupational health and safety have also indicated a willingness to disseminate our resources within their respective jurisdictions. Specifically, we have met and discussed outreach and information dissemination with Occupational Health and Safety Clinics for Ontario Workers (Toronto, Ottawa and Hamilton) and Workplace Safety and Prevention Services (Toronto).

Agencies focused on labour and employment rights, as well as legal clinics, have been partners in our work and will assist in disseminating information. These include Worker's Action Centre, Chinese and Southeast Asian Legal Clinic (CSALC), with whom we are also currently collaborating on a joint proposal for further work. The CSALC has also spawned the Nail Technicians Network - Toronto (<https://www.facebook.com/NailTechniciansNetworkToronto/>) who have been going in to salons to facilitate connections among nail technicians (NTs), conduct ESL conversation circles and organize social events for NTs as well as disseminate our literature.

The occupational disease research community has a number of partner agencies we are working with including Centre for Research Expertise in Occupational Disease and the Occupational Cancer Research Centre. They share our materials and help disseminate summaries of the work of our project through conferences, workshops and meetings of occupational health professional groups, academic researchers and clinicians in related fields. Similarly The Lung Association has been a strong ally and has helped to fund our work on respiratory health which they will disseminate to community groups and practitioners with particular interest in lung health.

We are in the midst of discussion with Toronto Public Health's BodySafe program (which inspects Toronto-based salons and other personal service settings) about circulating our materials within the salons they visit.

Other community-based organizations with the Healthy Nail Salon Network, the Chinese Interagency Network Labour Committee, the Working Women Community Centre and the Vietnamese Association of Toronto, will disseminate the findings and tools created from our research to their member agencies.

5. Project Sustainability (maximum 2 pages)

- a) If you will be continuing this project, what are the plans for sustaining or expanding it, including a future funding plan?

With the materials created through this project, it is possible to continue sharing OHS information to nail technicians. The limitation of the model we have been using is the cost of paying peer educators, who have been essential for being welcomed into salons, gaining the trust of owners and technicians, and for communicating the information in the appropriate languages. We are reliant on project funding or new streams of partnership funding to continue this model. As a community health centre, we will continue our commitment to support these precarious workers by engaging and supporting settlement, legal and cultural community agencies in disseminating the resources and exploring opportunities to work together.

We are also in conversation with OHCOW Ottawa about the potential of making videos of the peer-led workshops to increase accessibility of the information to a wider audience.

Through additional funding, we would like to expand the communities served through this work. For example, we know of Spanish-speaking, Tibetan, and Korean communities involved in the discount nail salon industry.

We are also submitting a proposal to continue to engage and learn from nail technicians about their priority concerns and how we can best support them in action toward healthier and just workplaces. We would seek to move beyond the health and safety focus of the work so far, and include information and awareness-raising about employment standards.

Part of our long-term vision is to develop a consumer campaign, informed by the needs and priorities of nail technicians. This is based on a) nail technician feedback about the power that the consumer holds in making changes in the salon, and b) the recognition that a broader base needs to be engaged to fully realize the many aspects of change needed in discount nail salons.

We are additionally exploring possibilities with educators and parents about developing curriculum modules for young girls about health issues in nail salons, as the increase in younger and younger women and girls using salons on a regular basis has become apparent to us in the course of our research. We will approach relevant funding agencies as this plan is formalized.

Other options we are exploring that will be dependent on funding potential include: 1) tailoring a curriculum designed for training community health workers and community-based physicians and other health care workers about what to look out for in patients who work in nail salons (a workshop was created by our California peers but needs to be adapted for a Canadian audience); 2) with Public Health Ontario, further explore ways that this issue can be re-framed as a public health issue; 3) working with initial data provided through the BodySafe program, compile a demographic profile of the nail salon industry in Toronto: number of salons, inventory of who works in them, owned by whom, main languages spoken, etc. in order to facilitate other research.

Having participated in the MOL Conversations About Vulnerability meetings where discussion involved the need for community-based activities and partnerships to carry out prevention and enforcement - we plan to share the findings from this project with the intention of further conversation about how it can provide an example to learn from, and how we can continue to be a part of future planning for more responsive and community-based OHS prevention and intervention.