

Social Determinants of Health of Migrant Farmworkers in Canada



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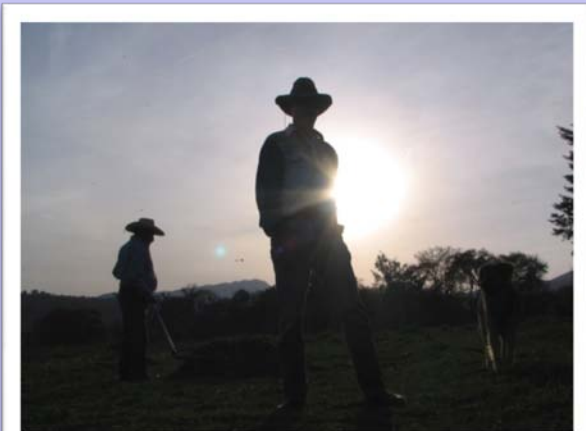
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Why Social Determinants of Health (SDH)?

- WHO (2008). ***Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health***. Commission on Social Determinants of Health.
- Public health is best described as “the organized efforts of society to improve health and well-being and *to reduce inequalities in health*” ...
“Society is only as healthy as the least healthy among us” - Dr. David Butler-Jones, Chief Public Health Officer (2008). *Report on the State of Public Health in Canada*.

Research Methods

- **Ethnographic research** (participant observation, interviews, occupational health clinics) with over 500 workers and others in Canada, Mexico and Jamaica since 2005
- **Multi-database literature review** on SDH among adult migrant farmworkers (MFWs) in the US and Canada



Literature Review

- **Databases:** Medline, Embase, CAB Global Health, CINAHL, and Sociological Abstracts from 1990 to 2009
- 1110 unique articles retrieved
- 194 articles selected for SDH relevance
- **Primary categories:** working conditions (62) and access to health services (54)

Principal Canadian Studies

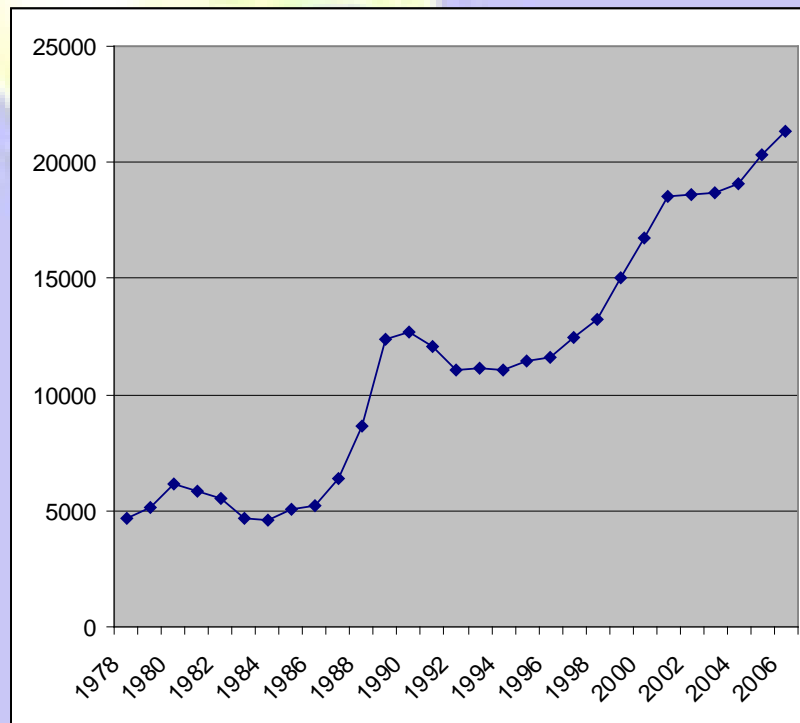
- **Health focused studies of MFWs in Canada:** McLaughlin (2009); Hennebry (2010); Otero and Preibisch (2009)
- **Many other studies focusing on MFW context in Canada:** e.g. Basok (2002); NSI (2003), Preibisch (2004), Hennebry (2006)

Key Reference Documents:

- *Background Document on the Social Determinants of Health Among Migrant Farm Workers in Canada (J. McLaughlin, PHAC, 2009)*
- *International Agricultural Migration and Public Health: Examining Migrant Farm Worker Health (J. Hennebry, PHAC, 2008)*

Background on MFW Population

- Seasonal Agricultural Worker Program (SAWP)
- Temporary Foreign Worker Program (TFWP)



Demographics of Population

- Average age: 37-38 years
- 97% male (SAWP)
- Most low SES, education, etc.
- SAWP: Mexico, Jamaica, Caribbean
- TFWP (Low-skilled program):
e.g., Guatemala, El Salvador, Thailand,
- Particular needs of minority groups
(e.g. Indigenous workers, women)



SDH – Primary Findings

- Employment and Working Conditions
- Income / Social Status
- Social Support and Connectedness
- Environment and Housing
- Access to Health Care and Health Literacy



Employment and working conditions

- High demand and low control
- Risks of farm work (exposure to agrochemicals, machines, soil, plants, climatic extremes, awkward and repetitive ergonomic positions, etc.)
- Poor and inconsistent occupational health and safety (OHS) protections and training
- Precarious nature of contracts
- Potential health implications: occupational health concerns (e.g. MSD, pesticide-related illness)



Income / Social Status

- Low, seasonal incomes with numerous deductions
- Exclusion from some benefits
- Potential health implications: e.g., affordability of nutritious food, safe transportation, etc.



Social Support and Connectedness

- Isolation and lack of services in rural areas
- Language and cultural barriers
- Dislocation from families and traditional support networks
- Restrictive nature of living conditions
- Potential health implications: mental and emotional health, lack of coping mechanisms



Environment and Housing

- Inconsistent conditions
- Little control; MFWs do not feel empowered to make complaints
- Potential health implications: poor sleep habits, susceptibility to infectious disease, compromised food and water safety, stress

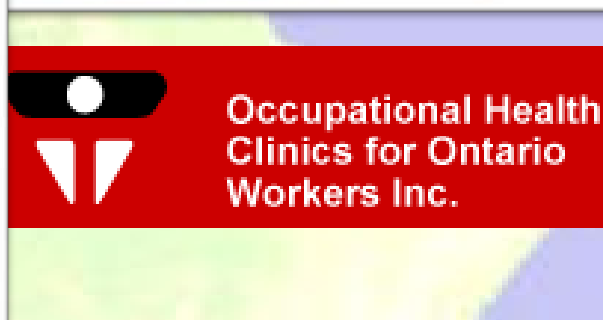


Access to Health Care and Health Literacy; Barriers Include:

- Inconsistent health card access
- Isolation / lack of transportation
- Fear of reporting concerns
- Language, literacy
- Lack of rural doctors and occupational specialists
- Limited understanding of rights/entitlements
- Many sick or injured workers repatriated
- Health care and communication among mobile populations
- Potential health implications: untreated or mistreated illness and injury



OHCOW Migrant Worker Health Project



Policy Implications

- Working conditions and terms of employment
- Transportation options
- Support programs
- Training of health care providers
- More accessible health care services and long-term health insurance
- Improved and enforceable housing guidelines
- Further research in Canadian context

THANK
YOU!

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