

Occupational Health Clinics for Migrant Farm Workers

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Today ...

- Background on Migrant Agricultural Workers in Ontario
- OHCOW experience
- Some of the lessons learned
- Some important stories
- Implications for the future

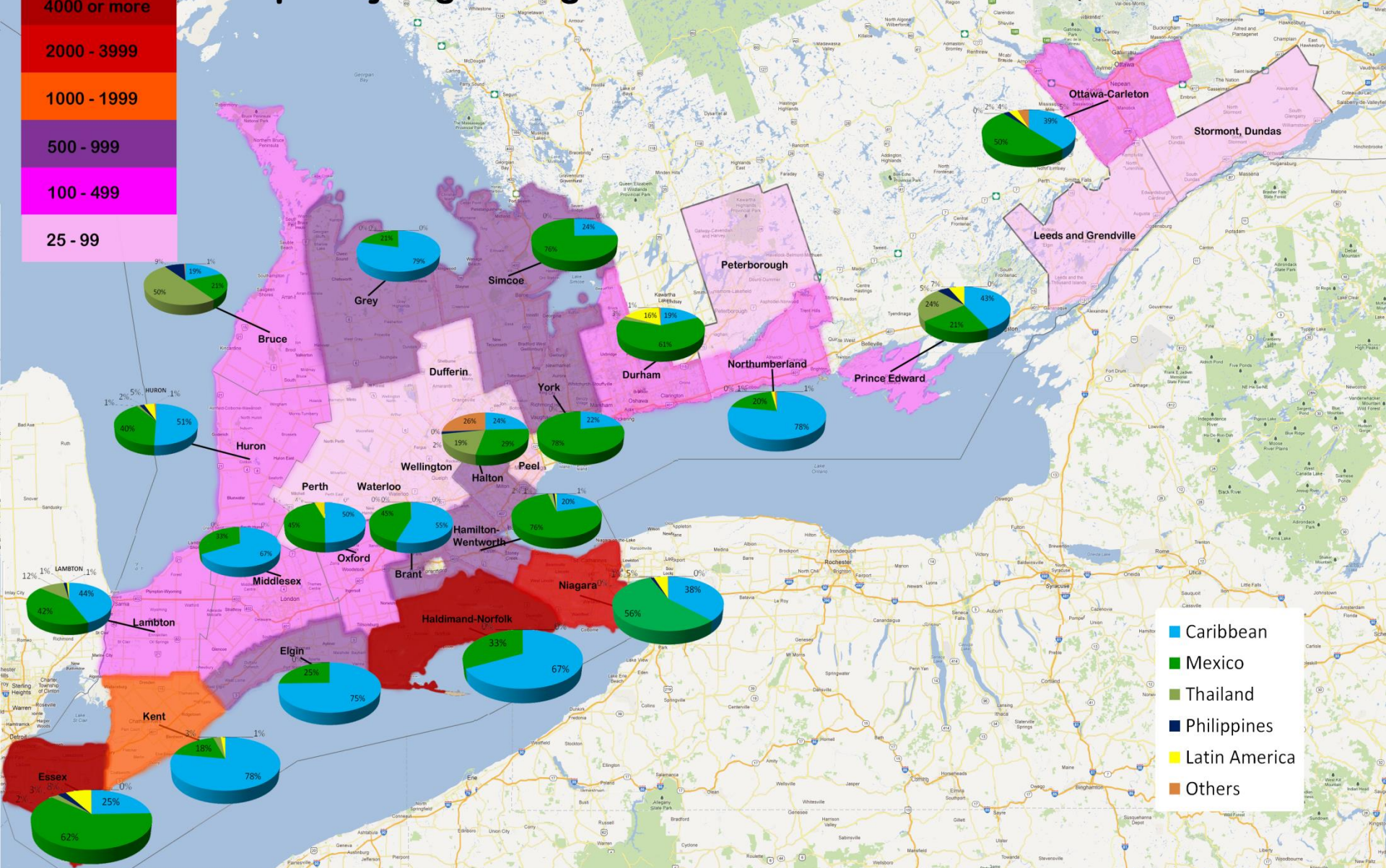
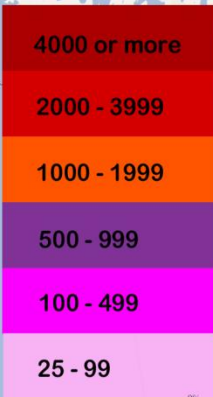


Migrant Farm Workers in Canadian Agriculture

- Every year, hundreds of thousands of foreign workers come to Canada for work in skilled and labour jobs as part of Temporary Foreign Worker programs under contracts regulated by Service Canada
- A proportion of these workers are employed in agriculture (~ 30,000)
 - Seasonal Agricultural Program (SAWP) ~ 1966
 - Low skill Pilot Project (LSPP) ~ 2002
- Vital part of the economic viability of agriculture in certain parts of Canada



Temporary Migrant Agricultural Workers in Ontario (SAWP and NOC C & D 2011)



General Profile of Migrant Farm Workers

Majority of Migrant Farm Workers:

- Are young or middle aged men (some single mothers)
- Come from developing countries (low income)
- Have dependents who rely on their income
- Have low levels of education
- Speak different languages
- Come from rural areas
- Lack of social support/integration
- Have precarious immigration and employment status:
 - Lack of power to change negative/unhealthy circumstances
 - Fear of repatriation is ever present.



Working Context

- Usually work from 6-7 days a week, 8-12 hours a day, though these hours can increase substantially during the high season
- Often lack sufficient breaks
- Often lack health and safety training and personal protective equipment



What about Rights and Benefits?

Benefits and Limited Safeguards:

- CPP
- EI (Limited benefits)
- Some employment standards (e.g. Minimum wage)
 - No overtime pay
- Occupational Health & Safety Act (since 2006)
- Housing standards

Restrictions:

- Family is left behind and no opportunity for visiting
- Closed work permits
- Live in employer-provided residence (SAWP)
- No pathway to citizenship



Health and WSIB Coverage



- All Migrant farm workers are eligible for OHIP
 - SAWP - from the day they arrive
 - LSPP - 3 month wait (employers must provide a form of health insurance)
 - Employers in the SAWP are responsible for arranging for workers' OHIP coverage
 - Delays and denials (19% of nearly 600 workers surveyed didn't have card)
 - Supplementary insurance will vary by country
- All MFWs are covered by WSIB
 - Extended coverage – 24/7 while on the farm where they live and work



Principal Health Hazards Among Migrant Farm Workers

Occupational hazards

- Ergonomic
- Chemical exposures
- Work sanitation/hygiene
- Climate

Unsafe transportation

- Bicycles (lacking reflectors, helmets, etc.).
- Unsafe vehicles (lacking seatbelts, etc.).

Poor/variable living conditions

- Housing conditions



Background...

OHCOW and farm worker issues

- minor involvement with migrant farm workers in the mid-1990's, which increased in early 2000s in Leamington area
- OHCOW Hamilton Clinic began outreach clinics in 2006 and continues with clinics during MFW season
 - Virgil, NOTL, St. Catharines, Simcoe, Bradford, Leamington, Niagara Falls
 - Expanded to Beaverton, Durham, Carlisle (2013-14)



Overview of MFW Project

Clinical

- OH issues
- Access to service
- Capacity for maintaining health

Prevention

- Development and collection of tools and programs
- Farms and Community
- Collaboration

Community Development

- Partnerships , networks and communication
- Capacity
- Consultation

Advocacy

- Individual
- Community
- Systems
- Vulnerable Workers



Barriers to Health Care Access



- Communication and language difficulties
- Lack of access to family docs (rely on ERs and WICs)
- Lack of OHIP access
- Not wanting to take off work due to loss of income or fear of disappointing employer
- Lack of confidential services
- Distance and lack of transportation
- Lack of knowledge (also low literacy)
- Long wait times for care
- High mobility and difficulties with follow-up
- Cultural differences
- Financial barriers
- Employer reluctance to facilitate care

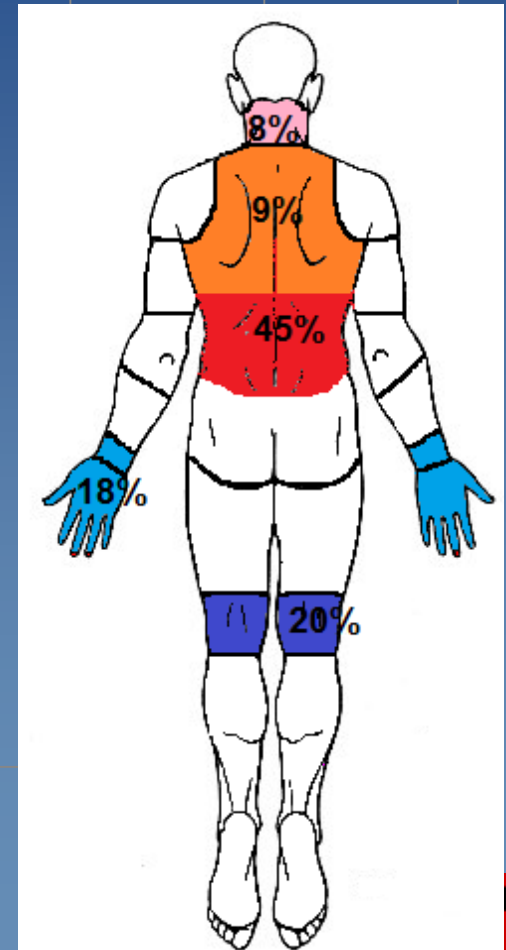
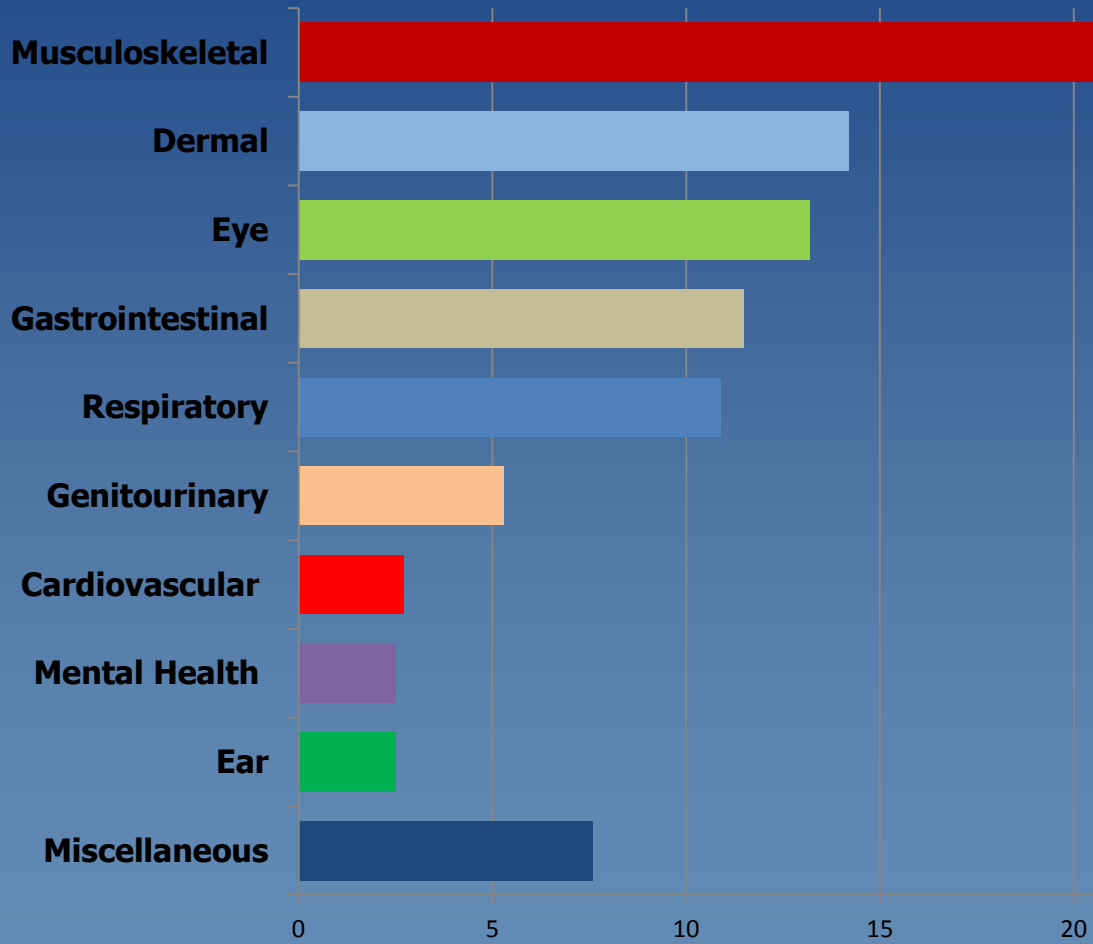


Clinical Consultations

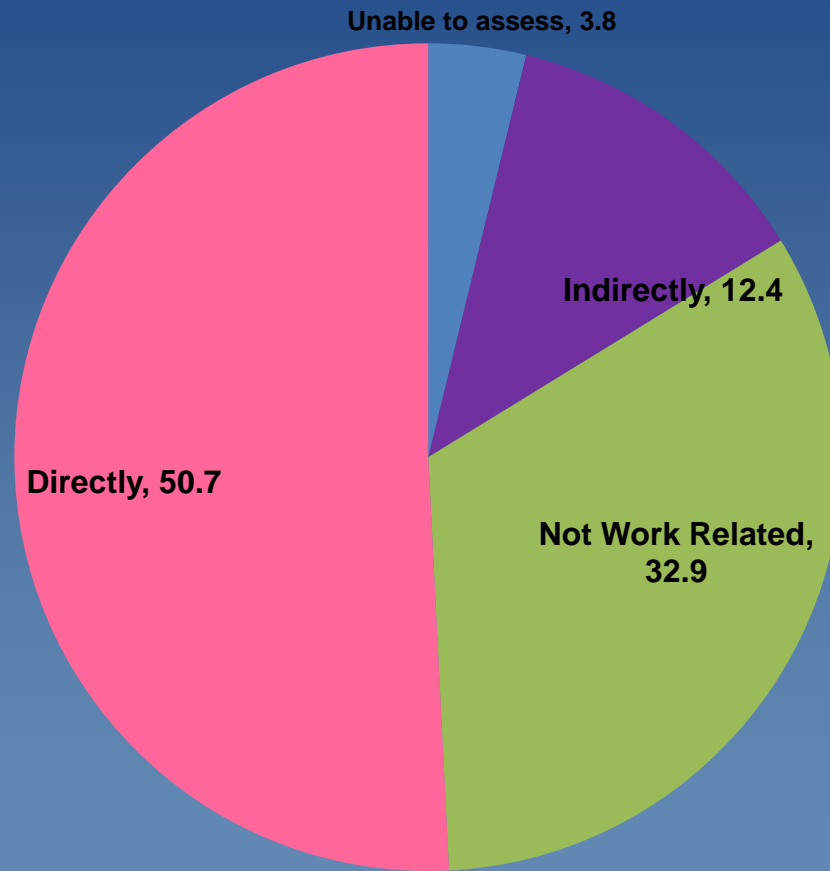


Presenting Health Issues

(2006-2011 N=515)



Work relatedness of cases (%)



Other Prevention Activities

- Workshops
 - Eye injury prevention project/ workshop
 - Hygiene and Pesticides
 - Back care and Ergonomics
 - Sun Safety / Heat Stress
 - General health and safety
- Community Outreach
 - Health Fairs
 - Consultation
 - Farm visits (Sarnia/ Lambton)
- Stakeholder meetings
 - Community, multi-ministry, employer, labour, clinicians, advocates
- Distribution of Multilingual resources
 - Distribution of pesticide DVD, occupational health resources for treatment and prevention to CHCs and community partners
- Research
 - 2 WSIB funded projects with WLU researchers, 1 MOL submission





What we have learned from our experience

- Large numbers suggest interest in health care: **location** is key
- Better sense of health/occupational health concerns of migrant workers: musculoskeletal, ocular, skin, GI;
 - many are at pre-WSIB stage e.g. “leading indicators”
- Basic understanding of **barriers** faced in seeking health care
- Identification of **gaps** in access to health care
- Workers are unaware of some basic information related to health and safety
 - Confused or unaware of hazards and appropriate controls
 - Many identify little if any training – others identify quite a bit



Bigger lessons

1. Workers for the most part will not do anything that will jeopardize their work status - power imbalance
 - Reporting, prevention activities from worker level almost non existent
2. Trust is imperative
 - Grateful for help but concerned about reporting
3. We can't do this alone!
 - Partnerships are needed
 - Government, volunteer, union, academic, service,



Partnering

- WSIB
- Ministry of Labour
 - Vulnerable Worker Specialist, Call Centre, Inspection Branch, Operations Branch
- Ministry of Health and Long Term Care
- HB LHIN
- OMAFRA (policy setter for agricultural centres)
- Ontario Pesticide Education Program
- Consulates and liaison officers, with Trinidad, Mexico, Jamaica, Barbados etc.,
- Association of Ontario Health Centres (AOHC)
- Agriculture Canada
- Agricultural workers alliances/ UFCW
- Local government
- Religious/ Faith groups
- Cultural groups e.g. Enlace
- Niagara Migrant Workers Interest Group
- Waterloo Migrant Workers Interest Group
- Ontario Fruit and Vegetable Growers Association (i.e., “edible”, not flowers – includes grape growers) has 6,000 growers, most are horticultural
- F.A.R.M.S. (Foreign Agricultural Resources Management Service, private/Ontario) acts as an agent for the federal government, composed of representatives from the growers associations
- Wine growers and makers, processors
- Pesticide Management Regulatory Agency – Health Canada
- LAMP
- International Migration Research Centre
- Community Health Centres – Niagara Falls
- Chatham Kent Community Health Centre
- Oshawa CHC
- AIDS Niagara
- ACAS
- Karen Kirkwood White - United Way
- James Foster - Cultural Coalition of C-K
- Lek van Koeverden – Thai Outreach
- Marie Carter - Diocese of London
- Justicia 4 Migrant Workers
- IAVGO
- Welcome group – Niagara – Jane Andres
- Brock University
- Public Health – Niagara + Simcoe + Grey Bruce
- Chronic Disease program – public health Niagara
- Simcoe Walk in Clinic
- Norfolk General Hospital
- Faith group/ church Bradford
- Father Murphy – LaSalette
- Knights of Columbus – Simcoe
- Frontier College
- Delhi Family Health Team
- Wilfrid Laurier University
- Quest CHC
- LHIN
- Grand River CHC
- Brock CHC
- University of Connecticut MFW program
- McMaster University School of Rehab Sciences
- McMaster School of Medicine
- McMaster School of Nursing - MACSOC
- Ontario BeeKeepers Assoc
- IWH
- Public Health Ontario
- AIDS Committee of Durham
- Guelph Community Health Centre
- AIDS Committee of Guelph-Wellington.
- Immigrant Services Guelph-Wellington.
- Ryerson University School of Nursing
- Canadian Mental Health Assoc



Some OHCOW stories

HNHB LHIN funds migrant agricultural worker health services

Community Health Centres in St. Catharines and Brantford to receive new funding

Grimsby Lincoln News



MFW need more than diagnosis

Problem :

- **Workers needed treatment** e.g. Rx, OTC, rehabilitative exercis
 - *there were few if any options*
 - OHCOW did not provide treatment

OHCOW response:

- Clinicians identified ability and willingness to provide appropriate limited treatment
- Management eliminated barriers

Outcome so far ..

- Program was developed/ modified to meet the needs of these workers
- Workers were able to improve health, continue to work, relieve some stress regarding repatriation



MFW need primary care

Problem :

- Workers needed primary care services that were confidential and accessible in a timely manner
 - Acute problems and chronic problems
 - All MFWs health issues are related to their work



OHCOW response:

- Repeated lobby efforts Individually and with many partners over many years to local and provincial parties
- Partnered with Association of Ontario Health Centres for proposal to MOHLTC + WLU partner (Dr. J. M.) to lobby Niagara LHIN + 2 CHCs

Outcome so far ..

- 2014 – funding for MFW specific clinics in Virgil and Simcoe
- OHCOW participated in provision of service and occupational health resources



Farms need flexibility and resources to provide Prevention information ...

Problem

- In Sarnia area, farmers identified lack of time and demands of workload were barriers to engaging workers in occ health educational sessions

OHCOW response

- OHN involved farmers and workers in selection of educational topics and provided “bit” sessions at lunch and break times as well as at farm social events

Outcome so far ..

- 187 workers participated in workshops
- Repeat sessions requested for next year



Workers fear Pesticides

Problem:

- Pesticide related concerns are widespread among migrant farm workers.
 - Little or no training

OHCOW response

- One on one interviews, and focus group interviews with workers to identify areas of concern.
- Connected with government regulatory agencies (e.g. PMRA, MOL, OPEP) to identify resources, gaps and workers concerns.
- Amassed a broad range of pesticide safety resources and materials.



Workers Fear Pesticides

Outcome so far ..

- PMRA-Health Canada
 - started attending migrant worker health fairs across Ontario.
 - developed pesticide safety poster for non-English speaking workers.
 - identified interest in collaboratively looking at the issue of pesticide drift.



OHCOW Seen as Resource on Migrant Worker Issues

- Recognition of OHCOW's extensive experience working with this population.
- A recognized resource for other agencies and organizations beginning to offer services and resources to this group of workers.
 - MOL's Vulnerable Worker Specialist Program
 - Ontario Council of Agencies Serving Immigrants (OCASI)-Provincial Guide for migrant farm workers.
 - York University Study on the mental health concerns of migrant workers.



A Focus on Vulnerable Workers

- Taking what we have learnt to better support other vulnerable workers in Ontario.
- Expert Advisory Panel on Occupational Health and Safety, 2010 Tony Dean report.
 - Young workers, recent immigrants, workers new to their jobs or in new firms, temporary foreign workers, low wage and multiple part-time workers, and those in the temporary staffing industry.



A Focus on Vulnerable Workers

- Immigrant/ newcomer workers
 - Experience many of the same barriers as MFWs
 - Immigrant Cleaners in Guelph, Kitchener and Waterloo.
 - Guelph Newcomer Health fair.
 - Immigrant workers in Hamilton



“More bigger lessons ...

- Trust and partnerships are key to getting anything done
- Working with vulnerable populations requires a grass roots, community based development approach
 - Networking and “showing up” is essential – if you’re not at the table, you’re not in the game
- Low tech / high resource
- Solutions are not “one size fits all”



Thank you

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