National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

MIGRANT HEALTH
ISSUE BRIEF

PART OF THE **DETERMINING HEALTH** SERIES

National Collaborating Centre
for Determinants of Health

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EXECUTIVE SUMMARY

Immigration status is a significant yet often overlooked determinant of health. Migrants — people living, working and studying in Canada with temporary resident status or no status —experience precarious status due to the insecurity of their legal standing and exclusion from the full rights, protections and benefits granted to permanent residents and citizens. The distinction between having permanent resident status or not has profound implications for health and health equity.

This issue brief provides an overview of the health impacts of immigration status to build understanding and guide public health planning, policy and action. Using a determinants of health framework, it shows how structural determinants shape social position (including immigration status), the conditions of daily life (social determinants), and resulting health outcomes and health inequities experienced by people with precarious status in Canada.

Structural determinants, such as exclusionary laws, policies and world views rooted in structural racism, oppression and capitalism, deny some people permanent resident status in Canada. Key structural barriers include the multi-tier immigration system that has increasingly restricted migrants to temporary resident status; the transitory and precarious nature of their status (with limited or no access to permanent status); and structural racism and discrimination contributing to criminalization and illegalization of migrants.

Immigration status is a social position resulting from structural determinants that put individuals into different immigration categories, fundamentally affecting their rights, protections and consequently health. It intersects with other social positions, such as race, gender identity, country of origin and religion, to uniquely shape migrants' conditions of daily life.

Available evidence about the conditions migrants face focuses mostly on employment and working conditions, housing conditions, and access to health care and public health services. Workers with precarious status in Canada are exposed to precarious employment, hazardous working conditions, and employer exploitation and control. Many migrant farm workers live in substandard and overcrowded housing provided by their employers. Particularly for migrant workers with closed work permits (i.e., tied to a single employer), they are hesitant to report poor or unsafe conditions, injuries, or ill-treatment from employers because they fear they will lose their jobs, and consequently their immigration status, and be deported. People without permanent status are often excluded from publicly funded health care coverage, which is a significant barrier to accessing health care and public health services. Out-of-pocket costs and financial concerns lead many to delay until it is an emergency or avoid seeking care at all.

Structural determinants, social positions and the conditions of daily life intersect to shape health outcomes and health inequities for migrants with precarious status. Their unstable legal, social and economic positions often lead to health challenges, including poor mental health outcomes (e.g., depression, anxiety, stress) and physical health issues stemming from unsafe working conditions, inadequate housing, and delayed or inaccessible health care.

The issue brief concludes with broad directions — and related actions for public health and the health sector in collaboration with migrant-led organizations — to advance migrant health and justice:

- Recognize immigration status as a foundational determinant of health
- Ensure permanent status, full protection and rights, and health care for all
- Foster responsive and inclusive public health and health care systems
- Strengthen research and data while ensuring safety and confidentiality

INTRODUCTION

"Whatever a person's motivation, circumstance, origin or migratory status, we must unequivocally reiterate that health is a human right for all, and that universal health coverage must be inclusive of refugees and migrants."

Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization[1(pv)]

Immigration status is a significant, and often overlooked, determinant of health. As a result of exclusionary laws, policies and world views that are rooted in structural racism, oppression and capitalism, people living, working and studying in Canada with temporary resident status or no status are excluded from the full rights, protections and benefits of permanent residence and citizenship. Status, therefore, can profoundly impact conditions of daily life.

While migrant-led organizations and public health are working in pockets across the country to support the health and well-being of all individuals, public health has a responsibility to bring issues relating to immigration status to the forefront.[1,2] **Health is a human right**,[3,4] and public health must take action to ensure that all people, regardless of immigration status, have what they need to be healthy and thrive, and receive equitable access to health care and social services.

To support public health action, this issue brief provides an overview of how immigration status interacts with the structural and social determinants of health and health status in Canada specifically. It focuses on people with temporary or no immigration status — in other words, those with precarious status. Drawing on academic and grey literature, the purpose of this issue brief is to:

- define key terms and differentiate between types of immigration status **(SECTION 1)**
- provide a framework describing how structural determinants shape social position (including immigration status), the conditions of daily life and consequently health outcomes for people with precarious status **(SECTION 2)**
- explore the structural determinants of health that impact people with precarious status **(SECTION 3)**
- consider how immigration status intersects with other social positions to shape the experiences of people with precarious status **(SECTION 4)**
- summarize evidence about the conditions of daily life for people with precarious status **(SECTION 5)**
- review evidence on the health status and outcomes of people with precarious status **(SECTION 6)**
- identify ways for public health and the health sector to address health inequities with and for people with precarious status **(SECTION 7)**

In developing this issue brief, we first identified review articles in the MEDLINE database via Ovid and extracted findings that focused on the social and structural determinants and health outcomes of undocumented migrants, uninsured migrants, temporary foreign workers and international students once they arrive in Canada. To supplement gaps in the published review articles, we relied on single studies and grey literature, including reports from migrant-led and migrant-serving organizations. We developed and used a determinants of health framework to organize and analyze the findings synthesized in this issue brief.

This resource does not explore the health needs and experiences of refugees, refugee claimants and asylum seekers. While refugee populations do experience exclusion and barriers in Canada, they navigate different programs and channels to arrive and get status. Additionally, this resource does not address the needs of immigrants with permanent resident status.

How to use this resource: This issue brief provides an overview and starting point for public health practitioners, decision-makers and organizations to understand the health impacts of immigration status and to guide public health planning, policies and practice. Immigration laws and policies, as well as provincial and territorial laws and policies, change often. As such, it is imperative to develop an understanding of your local context and build relationships with migrant-led and migrant-serving groups in order to adequately understand the needs and priorities of migrant populations in your jurisdiction.

1.0

KEY TERMS AND CONCEPTS

"Work and migration regimes, bolstered by … societal, political, economic, and legal structures that overtly construct and reinforce categories of differences—status vs. non-status, citizen vs. non-citizen—are mechanisms for the distribution of power, privilege, and access to health and wellbeing."[5(p2)]

This section describes key concepts and terms that will be used throughout the document. It differentiates between two overarching categories: having permanent resident status and not having permanent resident status (i.e., having temporary or no immigration status). These "categories of differences" are important for public health and the health sector to understand because they have significant implications for health and health equity.[2,5]

MULTI-TIER IMMIGRATION SYSTEM:

In Canada, our elected officials and governments have put in place a **multi-tier or two-tier immigration system** where some people arriving from other countries receive permanent resident status on arrival while an increasing proportion of migrants can only obtain temporary resident status without access to the full rights, protections and social benefits of permanent residents.[6,7]

TEMPORARY IMMIGRATION STATUS:

A **temporary resident** or person with **temporary immigration status** has permission to stay in Canada on a temporary basis via a work or study permit or visitor visa.[8] In some cases, certain family members may also have temporary status (e.g., spouses and children). There are different groupings of temporary residents based on the kind of permit they have:

- **International students** who have study permits are allowed to live, work and study in Canada for a fixed amount of time.[9] International students face restrictions on where, when and how many hours they can work.[10]

- **Migrant workers with open work permits** are allowed to work for any employer. This grouping includes eligible graduated international students with post-graduation work permits, the spouses of students and certain temporary foreign workers, refugees and refugee claimants, workers with humanitarian work permits, and workers with International Mobility Program permits.[11,12]

- **Migrant workers or temporary foreign workers with closed work permits** through the Temporary Foreign Worker Program are only allowed to work for a specific employer, and their ability to legally stay in Canada is tied to their work with that employer. Temporary foreign workers meet labour needs and work as farm workers, caregivers, seafood or meat processing plant workers, restaurant workers, and more.[5,13]

NO IMMIGRATION STATUS:

A **person without immigration status** or who is **undocumented** refers to someone living in Canada who has been unable to obtain permanent or temporary resident status due to exclusionary immigration laws, despite having employment, family or roots in Canada.[8] The majority of undocumented people in Canada arrived with temporary immigration status and have since fallen out of status (e.g., as a result of an expired work or study permit or visitor visa, employment breakdown, rejected refugee claim).[2,5,14]

MIGRANT:

In Canada, the term **migrant** is commonly used to refer to people without permanent resident status, including people with temporary status.[2,5,13,15] This often intersects with the concept of **precarious status**, which describes the conditionality and insecurity of an individual's legal standing in Canada and their limited access to or exclusion from the rights, protections and benefits that come with citizenship and permanent resident status.[2,13,15]

PERMANENT RESIDENT STATUS AND CITIZENSHIP:

A **permanent resident**, often referred to as an **immigrant** in Canada, has received permanent resident status. This means they are authorized to live, work and study anywhere in Canada and have access to most of the social benefits, rights and protections that Canadian citizens do.[8,16] A **Canadian citizen** has received citizenship by birth or descent or through naturalization (i.e., a permanent resident who has applied for and received Canadian citizenship).[17]

2.0

DETERMINANTS OF HEALTH FRAMEWORK

"Refugees and migrants are affected by the same health determinants that affect the rest of humanity. However, their migratory status can add a layer of complexity that, when combined with other determinants, makes them particularly vulnerable and affects their health."[1(p9)]

A structural and social determinants of health framework is essential for understanding the health outcomes and health inequities experienced by people without permanent resident status in Canada. The structure of this issue brief reflects a determinants of health framework (see Figure 1) that we developed to organize the literature on migrant health. Our framework is informed by the World Health Organization's conceptual framework on social determinants of health[18] and further refined and updated by recent work by Heller et al.[19] and the National Collaborating Centre for Determinants of Health[20,21] on the structural and social determinants of health.

This determinants of health framework brings together various factors that impact health outcomes for people without permanent status. Figure 1 first presents the **structural determinants**, which include (a) laws, policies, regulations and budgets; (b) values, beliefs, world views, culture and norms; (c) governance; and (d) institutional practices, and which shape how power relations and hierarchical systems manifest in society. Heller et al. defined the structural determinants of health as:

> 1) the written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups in the conditions that affect health, and 2) the manifestation of power relations in that people and groups with more power based on current social structures work—implicitly and explicitly—to maintain their advantage by reinforcing or modifying these rules.[19(p351)]

Structural determinants are interconnected. For example, laws and policies, as well as institutional practices, are influenced by values, beliefs, world views, culture and norms, and values in turn are shaped by the laws and institutional practices that are put in place.[19]

Structural determinants result in socially constructed stratifications, divisions and **social positions**: "groupings that we as a society have created based on perceived difference for the purpose of benefiting members of some of those groups."[19(p355)] In Canada, laws, policies and other structural determinants result in migrants being denied permanent resident status — a social position — that fundamentally shapes their rights and protections. An intersectional approach highlights how an individual's lack of permanent status intersects with other social positions, such as race, gender and

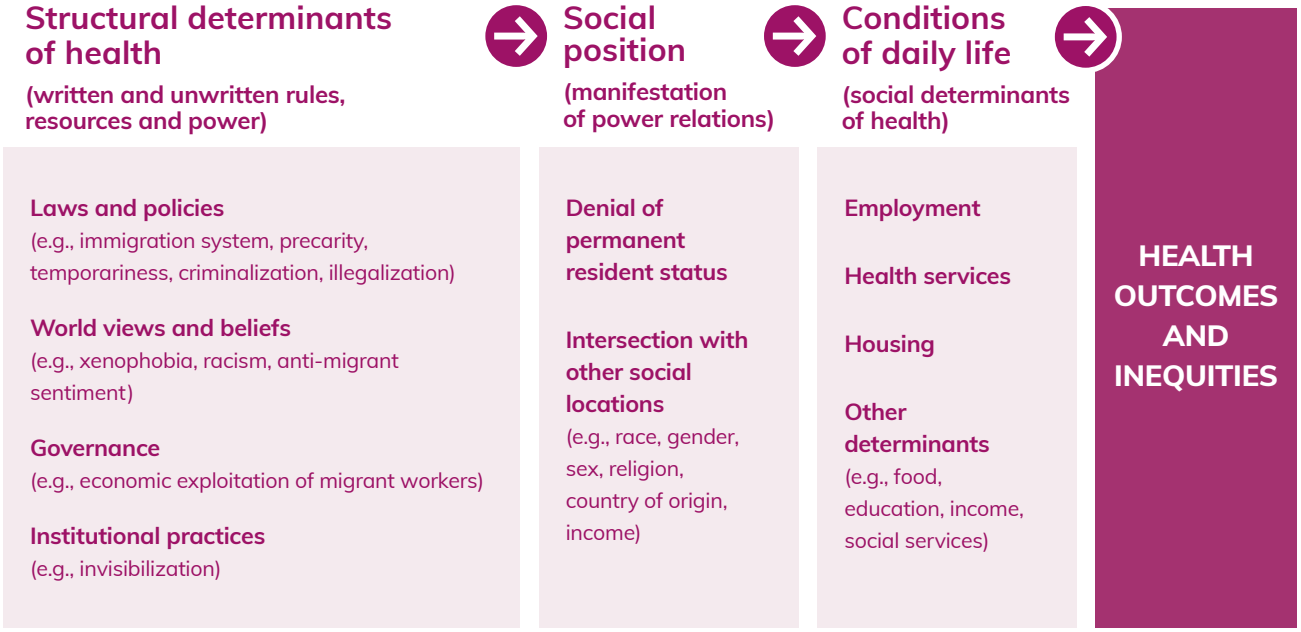
gender identity, country of original, religion, income and sexual orientation, to further shape their experiences.[21]

Stratifications and the structural mechanisms that drive them give rise to **conditions of daily life** unique to an individual's location on the social hierarchy. These are the conditions in which "people are born, grow up, live, work, play, learn and age,"[20(p5)] and they include health services, housing, education and more.

Finally, the intersection of power and hierarchy, social status and the conditions of daily life creates unique health inequities and differences in **health outcomes**.

It is important to note that the structural determinants shaping status and consequently the daily conditions and health outcomes of individuals are deeply engrained and interwoven with structural racism and other forms of oppression. The structures of power privilege some while oppressing others, and in the context of this paper, privilege those with permanent resident status over those without, perpetuating racialized, class-based health inequities.[19]

FIGURE 1: DETERMINANTS OF MIGRANT HEALTH FRAMEWORK



3.0

STRUCTURAL DETERMINANTS

"History shapes the structures we exist within now, and each day, we build a history that we are collectively responsible for, whether we are intentional or not. We must acknowledge that doing nothing is in fact still an active contribution. People acting collectively have created the structures that cause inequity, and people acting collectively have the power to change those structures in ways that advance equity. The future of public health practice requires a focus on the structural determinants and for public health professionals to engage in power and politics undeniably."[19(p362)]

This section provides a high-level overview of how the structural determinants of health — laws, policies, world views, governance, institutional policies — impact people without permanent resident status in Canada. This is an important starting point because of the ways that these structural factors fundamentally impact the social position, conditions of daily life and health outcomes of migrants (explored in Sections 4, 5 and 6).

LAWS, POLICIES AND WORLD VIEWS

Laws and policies, the "instruments used by governments … to achieve their objectives and shape context and behavior,"[19(p358)] are often interwoven with world views, societal values and beliefs, which form our perspective of the world around us and in turn influence our actions.

Canada's immigration system past and present

The Canadian immigration system is historically rooted in racist, capitalist and colonial policies and world views.[17–19,22–24] While this has played out differently over time, racism has persisted in varying forms. In order to understand the issues facing migrants with precarious status in the present, it is important to first look to the past and examine the evolution of Canada's immigration policies and how they have influenced the current system.

Within Canada's settler colonial framework, immigration has served as a tool for colonialism, where selective immigration policies have been used to build the nation's economy while maintaining racial hierarchies and to exploit migrant labour while displacing and marginalizing Indigenous Peoples. The recruitment of a controllable racialized labour force is and was a means of nation-building. It aided the White supremacist capitalist colonial agenda and filled the need for cheap labour to promote economic growth while "maintaining a sense of national identity."[22(p2),23,25]

From the early 1900s to the Second World War, Canadian immigration policy was explicitly racist. It was rooted in the beliefs of scientific racism and aimed to build a "White Canada" nation-state.[24] Migration of racialized workers was often only permitted at certain times to meet Canada's labour needs, and racialized workers were met with xenophobia and racism.

Racism and xenophobia were embedded in Canada's immigration system and policies in many ways. For example, around 17,000 Chinese migrant workers came to Canada to build the Canadian Pacific Railway between 1881 and 1885 without opportunities to bring their families or access full citizenship rights, and the Chinese Head Tax in 1885 aimed to end migration from China following completion of the railway.[24] Further examples include the rejection of 379 Punjabi refugees on the Komagata Maru ship in 1914; immigration officials' use of "remarkable efforts" such as deception, bribery, fees and selective enforcement of regulations to discourage and prevent Black immigrants from the United States in the early 1900s; and refusal to provide safe haven to 900 Jewish refugees on the MS St. Louis in 1939.[24]

In the aftermath of the Holocaust and following decolonialization efforts around the world and the establishment of international human rights principles, Canada could no longer justify immigration policies that overtly discriminated on the basis of race and began slowly changing them. However, in the following decades, nationality, ethnicity and other criteria based on racist and xenophobic stereotypes about who could easily assimilate were still used to give preferential treatment to White immigrants and to limit Black and other racialized immigrants who were deemed undesirable.[24]

In 1962, Canada introduced the points system, still in place today, that supposedly shifted away from exclusion based on race, ethnicity, geographic origin or nationality and towards determining admissibility for permanent resident status based on specific skills and qualifications or family reunification instead.[24] However, discrimination was not eliminated; it just became more subtle. For example, the immigration department decreased the size of case-processing offices in "non-desirable" countries of origin and limited the distribution of staff and resources to them.[24] Further, temporary migration programs continued to discriminate against some migrant groups whose labour was judged to be low-skilled but essential:

> According to scholars, there would not be a temporary program in the absence of a merit-based system that favours a profile of the ideal immigrant viewed as potentially "successful." This creates a second tier of immigration, in which migrants, officially classified as low-skilled in receiving countries, but "key" to core industries, are treated along a differential standard.[24(p47)]

In 1973, a framework to regulate the entry of temporary workers was introduced. The Non-Immigrant Employment Authorization Program is one precursor to today's Temporary Foreign Worker Program. It shifted immigration policy towards migrant workers as the main source of migrants in Canada and away from immigrants with access to permanent residence and citizenship. This program legally restricted migrant workers to work

for a particular employer within a particular field for a specified period of time, after which they would be forced to leave the country.[24,26] This was one representation of unfree labour created by the settler-state, which also created a division between migrants, categorizing them based on temporary and permanent resident status.[22,24,26]

Structural violence faced by individuals in the Global South, as a result of resource extraction, wars and exploitation of natural disasters by the Global North, has led to unsafe environments and "accelerated dispossession," forcing many to leave their countries and accept high-risk, unsafe working and living conditions in the Global North.[13,22,23]

Temporariness and precarity

In Canada, migrants currently navigate a complex system, often transitioning between different types of temporary resident status and undocumented status as their immigration situation shifts. Migrants often enter the country with temporary status such as a work or study permit and have only complex, lengthy and limited (or no) options for obtaining permanent residency.

While most people in the Global South have no access to migrating to the Global North, those that do find that temporary status is still easier to get than permanent residency. Consequently, in 2023, 3.5 times the number of migrants came to Canada with temporary work permits (through the International Mobility Program and Temporary Foreign Worker Program) compared to permanent residents through the economic stream.[27] This provides an exploitable workforce for employers and a source of revenue for public institutions such as universities and colleges and via taxes while also reducing government spending on benefits such as health care.[2]

Although some migrants might be able to apply for permanent residency, many have their permits expire in the meantime or their applications denied, resulting in them losing their status and becoming undocumented.[2] For temporary foreign workers with closed work permits, their permits may last from 6 weeks to 2 years depending on the nature of their employment. Their legal status is tied to a single employer, and leaving an exploitative employer or being fired means losing their immigration status.[28] Similarly, people arriving on a study permit may fear expiration of their temporary status in Canada, inability to get another study or work permit, and subsequent deportation.

The temporary nature of migration status creates a precariousness that poses many difficulties for migrants that have cross-cutting implications for their health and conditions of daily life, which will be explored throughout this document.

As an illustrative example of this precarity, temporary migrant farm workers with closed work permits often experience extremely harsh work and living environments. But fear of repatriation — of termination of their employment, revocation of their immigration status and mandatory return to their home country — deters them from speaking up about these conditions or seeking health care. Further, their health care insurance coverage and access to health care are largely determined by the temporariness of their

immigration status and controlled by their employers.[13] Thus, immigration policies that tie a worker's immigration status to a single employer can lead to exploitative situations and barriers to accessing needed services.[13] These and other conditions of daily life will be discussed in further detail in Section 5.

The COVID-19 pandemic exacerbated the precarity and temporariness of status. When businesses shut down under the lockdowns, many migrant workers lost their jobs (e.g., in retail and restaurant sectors). As a result, many slipped from temporary status to undocumented.[5,29]

Precarity and temporariness result in migrants experiencing limited protection, income security and job opportunities. Precarity is a structural mechanism that deprives temporary and undocumented migrants of predictability and stability and produces conditions of exploitation and ill health.[5]

Discrimination, criminalization and illegalization

"We believe that studies about immigration must take into account the principles of destruction and violence that operate in modern democracies, where imperialist, neoliberal capitalist competition among nation-states, aiming at wealth concentration, simultaneously promotes irregular migration and leads to criminalization of unauthorized immigrants."[2(p1030)]

Precarious migration status has been intentionally tied to criminality as a result of government laws, policies and decision-making; law and immigration enforcement; and groups advancing anti-migrant sentiment. People with precarious status are often seen as not following the law and abusing the system by not arriving through the "correct" and "regular" channels. The stigmatization and criminalization of migrants can result in illegalization, a process described as "excluding migrants from the benefits associated with being members of a nation-state."[30(p192)] As one example, governments use the illegalization of migrants with precarious status as rationale for failing to uphold their right to health care coverage.[2]

It is important to recognize that racism and xenophobia are often at the root of criminalization and illegalization of migrants with precarious status.[2,5,14] As a result, migrants who are racialized are more likely to be seen as taking advantage of the system and are ostracized by society.[2] These world views shape the actions of health care providers, employers and governments.[2,5,14]

For example, views tying criminality and undeservingness to migrants with precarious status are often held by health care professionals, leading to the exclusion of migrants from health care and unmet health needs[14,31] (explored in more detail in Section 5). Additionally, migrant farm workers often face structural discrimination and harsh working conditions as a result of racist and exclusionary practices. Multiple studies have noted that

employers often use racial slurs, dehumanize workers, treat them with aggression and threaten to deport them.[32] Workers also report experiencing racial profiling by law enforcement.[22,32] Caregivers, another group of temporary migrant workers, experience isolation and face verbal abuse from employers holding prejudiced views.[32]

This discrimination is not solely an interpersonal or individual issue, but rather a reflection of government laws and policies. "Temporary migrant workers' position in the labor market is governed by structurally racist practices and neoliberalism principles that tend to situate them as voiceless assets, prone to [being] exploited, but not granted equitable access to health-promoting resources."[22(p9)] Employers take advantage of the systems and structures in place that support this exploitation. Racist structural practices are the backbone of precarity and exploitation, excluding migrants with precarious status from exercising rights that those with permanent status can use.[22]

The practice of immigration detention — detaining refugee claimant and migrant children and adults in jails and detention centres for non-criminal purposes — continues in Canada and is an extreme example of the criminalization of migrants without immigration status.[33,34] People in immigration detention can be held indefinitely, face mistreatment and rights violations, and suffer significant mental health impacts.[34] Moreover, there is evidence that racialized migrants, and Black men in particular, are detained for longer periods of time and in more restrictive conditions, and that people with disabilities and mental health issues experience discrimination throughout the detention process.[33]

GOVERNANCE

The laws, policies and world views that shape social structures and power dynamics are reinforced through many forms of governance. Governance is the means by which society manages economic, political and social affairs through interactions between the state, civil society and the private sector. This includes the ways that governments make decisions, implement policies and respond to external influences such as business interests and lobbying.[19]

For example, as a result of the desire for temporary and exploitable labour, pressure from external organizations and employers shapes government actions.[18] Migrant farm workers experience persistent substandard housing conditions that can be attributed to several systemic factors such as weak regulatory and enforcement regimes and powerful agribusiness lobbying.[28] Provincial and municipal governments, health departments and public health practitioners often have responsibility for inspecting and enforcing adequate housing conditions for migrant farm workers. In Ontario, for instance, public health inspectors at local public health units have direct responsibility for this role,[35] whereas the Department of Health and Wellness inspects migrant farm worker housing in Prince Edward Island.[36]

In Canada, administration of the Temporary Foreign Worker Program involves both government entities (such as immigration and labour policy-makers) and non-governmental actors (like employers and labour unions) across provincial lines. These jurisdictional challenges result in fragmented policy-making

that negatively impacts the health and well-being of temporary foreign workers.[13]

Employment and Social Development Canada, a federal government department, is responsible for implementing the Temporary Foreign Worker Program and coordinating its administration across jurisdictions. It launched a National Housing Study in 2018 with the intention of establishing a cohesive housing standard for agricultural workers in the Temporary Foreign Worker Program.[28] The study raised a number of concerns, including health and fire safety concerns, and provided recommendations, such as establishing a housing standard consistent across jurisdictions, improving jurisdictional coordination, and implementing stronger training and certification for housing inspectors.

However, lobbying by grower organizations against the creation of national housing standards resulted in Employment and Social Development Canada stating that it would be difficult to standardize housing requirements across Canadian jurisdictions and reiterating employers' concerns about the costs of meeting a national standard.[37] This example illustrates the major influence the private sector has on government policy concerning people with precarious status and the need for public health action, advocacy and enforcement.

Government decisions that lead to economic exploitation of international students are another example of how governance shapes and reinforces laws and policies. In a number of provinces and territories, international students are often forced to purchase private health insurance from their institutions because they are excluded from public health coverage.[38,39] This adds to their tuition and living costs, which are already much higher than what students with permanent status pay.[39] This prioritization of revenue over full rights and protections has negative consequences on the health of international students.

INSTITUTIONAL PRACTICES

Institutional practices refer to how members of an institution carry out their roles through established rules, behaviours and procedures such as decision-making, communication, evaluation and resource allocation.[19] Migrants with precarious status are often rendered invisible within these institutions — federal, provincial and territorial governments, health care systems and researchers rarely consider their needs.[2,40] This invisibility has been "ascribed … by the host country via exclusionary practices resembling social death."[41(p501)]

For example, researchers have highlighted that international students often "live within the shadows of Canadian society" and their issues are either ignored or dismissed as personal concerns.[42(p424)] The absence of data makes it difficult to assess health outcomes or health care usage among medically uninsured migrant populations at a population level, pointing to gaps in data collection or reporting at an organizational level.[43]

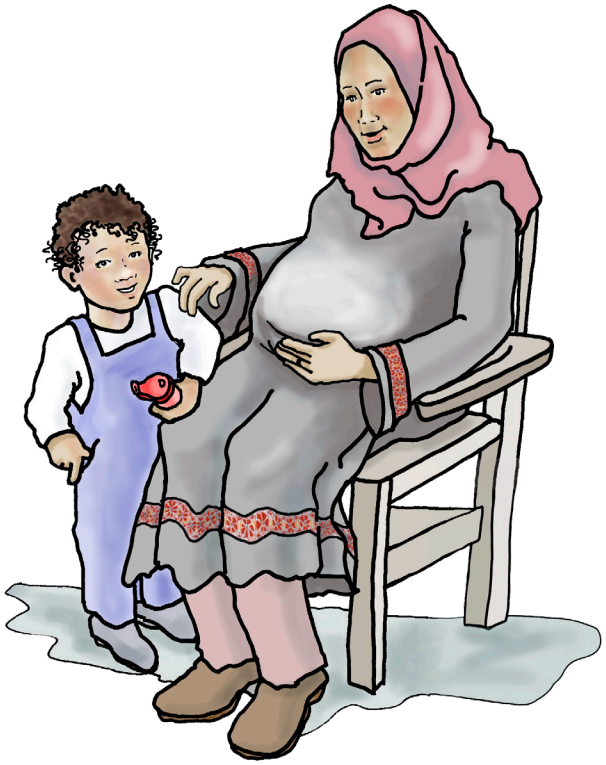
4.0

SOCIAL POSITIONS AND INTERSECTIONALITY

As outlined in our determinants of health framework, immigration status is a social position. As a result of structural determinants (e.g., laws, policies, world views), individuals fall into different immigration categories that fundamentally impact rights, protections and consequently their health. Immigration status intersects with other social positions to uniquely shape migrants' conditions of daily life. "In Canada, where neocolonial and neoliberal political-economic logics for social stratification are dominant, racialized individuals and immigrant groups have limited access to social and material resources and bear a greater burden of health damaging conditions as a result."[2(p1030)]

The intersection of patriarchy, racialization, xenophobia and economic exploitation, among other structural systems of oppression, leads to compounding and overlapping of social positions that put migrants without permanent resident status at the lower end of the social hierarchy gradient, which ranges from "extreme privilege to profound disadvantage."[2(p1030),44] For example, structural racism embeds and reinforces practices that normalize inequities experienced by racialized migrants. Temporary migrant workers experience exploitation in the workplace as a result of practices and work environments that enable their othering, ill-treatment and silencing.[22]

This issue brief focuses on the experiences of migrants in Canada. However, it is important to note that an individual's health will be impacted by past migration. The migration process itself exposes migrants to a unique set of circumstances and often to inadequate conditions that can increase their vulnerability to poor health.[1,45]



5.0

CONDITIONS OF DAILY LIFE

The interaction between structural determinants and social position creates specific conditions of daily life, or social determinants of health, that can "directly or indirectly influence health outcomes."[20(p3)] This section reviews evidence about the conditions migrants face. Most of the available literature focuses on employment and working conditions, housing conditions, and access to health care and public health services. When available, evidence is reported for different subpopulations: people without immigration status, migrant workers and international students.

EMPLOYMENT AND WORKING CONDITIONS

There is significant evidence across the academic and grey literature that workers with precarious immigration status in Canada are exposed to precarious employment, hazardous working conditions, and employer exploitation and control, all of which are harmful for their health and well-being. These conditions increased workers' exposure to COVID-19 and reduced the effectiveness of public health responses. Workers' employment and working conditions are shaped by their status and occupation. To account for these nuances, we summarize the evidence for different subpopulations below.

PEOPLE WHO ARE UNDOCUMENTED

Without a work permit and a valid Social Insurance Number, undocumented workers are the most at risk of employer exploitation. To survive and make a living, undocumented workers must find employers who will ignore their lack of work permit, pay them in cash or employ them as independent contractors.[15] Workers must navigate the risk of their employers exposing their lack of immigration status, which could lead to detention or deportation, and might accept and not speak up about precarious and hazardous conditions.[2,15] Multiple studies reported that undocumented workers experience health-harming and exploitative conditions at work, including low or below-minimum-wage pay, unpaid wages, gendered pay discrimination, long hours, lack of protection from workplace injury or illness, and sexual exploitation.[2,15] Experiences of precarious work, deskilling (where skills and education are not recognized) and devaluing can have long-term consequences for workers' careers even if they gain permanent status.[2,15]

Additionally, undocumented workers who fear being reported do not have viable pathways to enforcing their employment rights or accessing benefits.[46] Undocumented workers face considerable barriers to accessing Employment Insurance if they are unemployed, and they were excluded from federal income supports during the COVID-19 pandemic that were designed to support workers who lost their jobs or were sick.[2,15]

A recent study in Montréal highlighted how precarious employment specifically impacts undocumented workers when they are pregnant and new parents. In order to survive and save money to cover their hospital delivery costs and parenting costs, all the people in this study worked throughout their pregnancy "as long and as much as possible before they were forced to stop,"[47(p194)] even in situations where the physical workloads became too strenuous. Also out of necessity, they all returned to work after birth extremely early (i.e., 2 weeks to 2 months). This precarity and financial pressure was compounded by their exclusion from pregnancy-related benefits (federal Employment Insurance for sickness leave, occupational health and safety preventive leave); health care coverage; parental leave (i.e., Quebec Parental Insurance Plan); and subsidized childcare and family benefits.[47]

TEMPORARY FOREIGN WORKERS WITH CLOSED WORK PERMITS

"The [United Nations] Special Rapporteur retains the view that the Temporary Foreign Worker Program serves as a breeding ground for contemporary forms of slavery, as it institutionalizes asymmetries of power that favour employers and prevent workers from exercising their rights."[48(p5)]

Multiple reviews emphasized that, for workers with closed work permits, the tying of workers' immigration status to a single employer puts them at heightened risk of employer control and exploitation, precarious employment, and hazardous working conditions.[5,13,32] There is evidence that some employers threaten temporary foreign workers with firing and deportation, and workers accept these conditions because they fear they will be deported or future employment and permanent resident applications will be jeopardized if they speak up.[32]

As a result, temporary foreign workers experience contract breaches, unpaid wages, unpaid overtime, working without breaks and below-minimum-wage pay. They are exposed to hazardous and unsafe working conditions, lack personal protective equipment, and are required to work beyond their skills or responsibilities.[5,13,32] Furthermore, some workers are dissuaded by employers from reporting, seeking health care and accessing workers' compensation if they are injured at work as a cost-saving strategy.[32] During the COVID-19 pandemic, many workers were not adequately protected by employers and were unable to comply with public health directives. For example, self-isolating put workers at risk of losing not only their income and employment but also their legal status in Canada.[5]

Union responses to temporary foreign workers have varied. In some cases, unions have restricted workers to second-tier union membership, limited their access to union protections, and failed to understand and prioritize their uniquely precarious position.[13,49] In other cases, unions have actively welcomed temporary foreign workers, recognized their unique needs as a result of their precarious legal status, and advocated for their needs and rights at work and beyond.[32,49]

Farm workers with closed work permits

Farm workers in particular fear they may not be rehired the following season or may be medically repatriated (i.e., get fired, lose their status and get deported) if they report occupational illnesses or injuries.[13,28] Because of these fears, farm workers often accept unsafe working environments and hide injuries from employers while continuing to work long hours.[13] Furthermore, farm workers often have limited bargaining power; in fact, in Ontario, they cannot unionize at all.[28] Racism is often very much intertwined with exploitative employment practices, and farm workers have described experiencing various forms of employer discrimination and control, including racial slurs, threats of deportation, and differential treatment based on their gender and country of origin.[22,28]

"Being tied to a single employer leads them to a life of indentured labour because they are not free to circulate in the labour market."[5(p2)]

Migrant farm workers are exposed to distinct occupational hazards as a result of their farm work (and lack of adequate protection), which results in occupational injury and illness. They are at higher risk of work-related injuries as they often work with poorly maintained equipment and face hazards such as falling off machinery. Many workplaces do not provide workers with health and safety training, nor do they provide them with the necessary personal protective equipment. Language and communication barriers create additional problems and increase work-related injuries.[13] For example, a study found that Ontario's occupational health and safety legislation and policy had a significant gap when it came to protection of migrant farm workers. These workers are undertrained and ill-equipped to work with the hazards they encounter on a daily basis in their workplace.[13,50] In addition, bathroom and handwashing facilities are often lacking in workplaces, resulting in health hazards and inadequate hygiene and sanitation.[13]

"They are not only pushed into indentureship, but also impelled to be silent about their experiences of abuse due to their employers' power to control their pathways to citizenship."[5(p2)]

During the COVID-19 pandemic, some employers restricted farm workers' movement and communication by, for example, enforcing curfews, using excessive surveillance and preventing farm workers from leaving their housing during their contract period.[22] Workers were afraid to access COVID-19 testing and report symptoms to employers as they feared

SPOTLIGHT: COMMUNITY ORGANIZING FOR MIGRANT JUSTICE

"When they got out of the hospital and returned to work, they came back to the farm and their bags were packed. They were being deported."

Sarom Rho[78(p8)]

Check out Season 1, Episode 4 of the NCCDH's Mind the Disruption podcast to learn more from Sarom Rho, an organizer with Migrant Workers Alliance for Change and the Migrant Rights Network, about how a lack of permanent resident status results in unsafe working and housing conditions for migrant workers, and how public health practitioners, decision-makers and organizations can support migrant-led calls for change.

losing their jobs or getting deported as a result of being ill. Some employers underpaid workers during periods of quarantine or considered those payments as loans. These exploitative practices resulted in inadequate implementation of COVID-19 prevention measures and jeopardized the health and safety of migrant farm workers.[22]

Caregivers with closed work permits

Migrant caregivers, who are hired by families and granted temporary work permits to provide in-home childcare, elder care and other home care, similarly report employer abuse and exploitation, difficult and hazardous working conditions, long hours, and deskilling.[32,51] During the COVID-19 pandemic, migrant caregivers across Canada reported significant hardship and employer exploitation that included longer hours, unpaid work and no sick leave.[29] Some migrant caregivers with closed work permits lost their jobs and faced considerable challenges finding a new employer (a process requiring the employer to complete a lengthy Labour Market Impact Assessment and then the worker to apply for a work permit). Furthermore, any work interruptions delayed their applications for permanent resident status and family reunification with children.[29]

INTERNATIONAL STUDENTS

Many international students are workers, although they face restrictions on where, when and how many hours they can work.[10] Many rely on employment income to cover high tuition, housing, private health insurance and general living costs.[39] In addition, international students often depend on employment to be able to transition from their study permits to work permits or permanent residency after they graduate.[42] Research during the COVID-19 pandemic found that many international students in Canada lost their jobs or faced reduced hours. For students who relied on employment income to meet their basic food and housing needs, this resulted in significant hardship.[22]

HEALTH CARE AND PUBLIC HEALTH SERVICES

Canada's Medicare system, which provides residents with publicly funded health care services, is made up of 13 provincial and territorial health care insurance plans, each with its own eligibility criteria.[43] Across Canada, as a result of government decision-making, people with precarious immigration status are often excluded from publicly funded health care insurance plans, which is a significant barrier to accessing health care and public health services. The following sections provide an overview of health care coverage eligibility and evidence about access to health care and public health services for undocumented and uninsured migrant populations, international students, and migrant workers.

In most of the reviewed literature, the focus is on access to health care services rather than access to public health services. The exception is research on access to COVID-19 assessment, vaccination and treatment, which could provide insight into the barriers that migrants with precarious status experience when accessing public health services more broadly.

As well, we include evidence about the experiences of uninsured populations in this issue brief. Medically uninsured is an umbrella term used in Canada to refer to people who do not have publicly funded health insurance coverage through a provincial or territorial plan or through federal programs (e.g., Interim Federal Health Program).[43] While uninsured populations are heterogenous, they tend to include a significant number of people without immigration status or with temporary status.[43]

Most migrants will be uninsured at some point in their life course as a result of waiting periods, restrictions and exclusions from health care coverage. As a result, research exploring the health care and public health experiences and outcomes of uninsured populations can help illuminate the experiences of migrants with precarious status.

PEOPLE WHO ARE UNDOCUMENTED AND MIGRANTS WHO ARE MEDICALLY UNINSURED

Health care coverage eligibility and available health care services

People living in Canada without immigration status are largely ineligible for publicly funded health insurance coverage.[2,5,14] There are some very limited exceptions. Alberta, for example, provides a short-term extension of health care coverage to people who are renewing an expired work or study permit or visitor visa.[5,52] Since 2021, Quebec has provided health care and drug coverage to children whose parents are undocumented or who have temporary status.[53]

Without health care coverage, people who are undocumented or uninsured have no systematic, universal or equitable pathways to access health care services, unless they pay out of pocket.[2,5,14] There are some small community clinics, mostly in large Canadian cities, that provide free primary care, HIV care or midwifery care to people without status that are run by volunteers, networks of health care providers, and/or funded by donations and grants. These various services, by nature, are not able to respond to the level and complexity of needs.[2,5] Action Canada and National Abortion Federation Canada rely on donation-

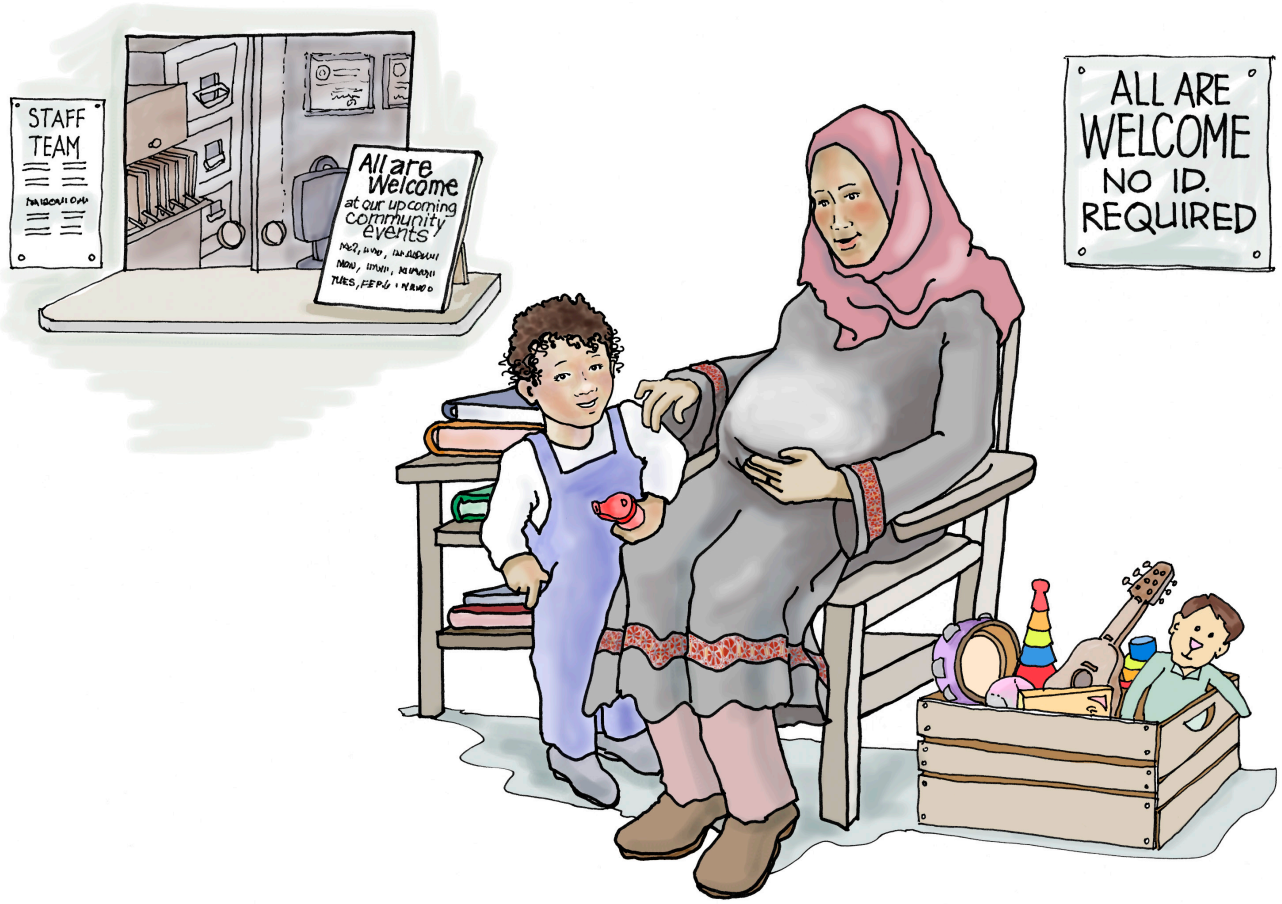
based funding and a network of health care providers to support access to sexual and reproductive health services and cover some abortion procedure costs for people who are undocumented and people without health coverage more broadly.[54]

Some provinces provide limited pathways to care for people without immigration status.[2] In Ontario, 75 publicly funded community health centres can provide free primary health care and health promotion services to people without status, and registered midwives can provide care for anyone living in the province regardless of their immigration status or health coverage.[5,55] In response to the COVID-19 pandemic, the Ontario government expanded access to free hospital services and some physician services for all Ontario residents, regardless of immigration status and health care coverage. Despite evidence of positive health outcomes and significant community advocacy, the government ended the funding in March 2023.[56,57]

Access and use of health care and public health services

"Lack of coverage is directly associated with limited access to healthcare."[2(p1038)]

As a result of their lack of health insurance coverage, people without immigration status are less likely to access primary health care, prenatal care, emergency care and medications compared to people with permanent status.[2,5,58] When people without status do access care, they experience lower quality of care, including



reduced continuity of care, tests, referrals and follow-up.[2] A number of studies reported gaps in adequate prenatal care for this population.[2] Action Canada and sexual health centres across Canada observed considerable barriers to sexual and reproductive health care for people with precarious immigration status. Additionally, they found that the majority of individuals who were unable to access abortion were undocumented.[54] A scoping review about access to palliative end-of-life care only found U.S. studies but highlighted that people without status in Canada are not eligible for government-funded end-of-life home care and might be forced to rely on emergency departments for care needs.[14]

Multiple studies have reinforced how lack of health care coverage negatively impacts health care use among uninsured populations.[43] Uninsured children experience delays in accessing surgeries, mental health care and developmental disabilities supports.[43] Uninsured people arrive at emergency departments with more severe health issues, likely as a result of barriers to care. Also due to barriers to care, uninsured pregnant people experience higher rates of inadequate prenatal care compared with insured populations, including no prenatal care at all, fewer prenatal visits, fewer prenatal routine screenings and care only later in their pregnancies.[43,44] Lack of coverage also shapes the kind of pregnancy and delivery care uninsured people seek and receive: uninsured people are more likely to see a midwife, less likely to see an obstetrician, more likely to deliver their baby at home and more likely to have shorter stays if they deliver in hospital.[43,59]

Barriers and facilitators

For people who are undocumented or uninsured more broadly, cost or fear of costs is a major barrier to health care access and a reason for health care avoidance or delay due to having to pay out of pocket for care.[2,43] When migrants access health care — often in emergency situations — out-of-pocket health care costs can be prohibitively expensive, resulting in inability to pay, going without care, medical debt and long-term financial strain.[2,5] For example, pregnant people can face thousands of dollars in hospital bills to cover their delivery.[5] Financial barriers are a main barrier to accessing abortion care for people without immigration status; for example, medical abortions can cost up to $1,000.[54] As noted in previous sections, undocumented people are more likely to be in precarious and low-wage employment, which can make taking time off work to seek health care and paying out-of-pocket costs even more difficult.[2,5]

Another major barrier to health care and public health services that results in unmet health needs for people without status is fear that health care providers, institutions and systems will share their confidential personal information with immigration authorities or police, potentially leading to deportation, family separation or compromised immigration applications.[2,5,43,44,58,60] Multiple reviews found that undocumented people protect themselves from these real and perceived risks by avoiding a wide range of services, including primary care, hospital and emergency care, COVID vaccination, mental health services, and sexual and reproductive health care services.[2,5,43,44,60]

Provider ideology is cited in the literature as both a barrier and a facilitator to health care access for people without status or health care insurance coverage.[2,5,14,43,44,58] There are health care providers, community clinics and hospitals that are motivated by moral, ethical and professional obligations to provide care for those in need regardless of status or health insurance coverage. While this can facilitate access to health care for some people who are undocumented or uninsured, it is not a substitute to universal coverage and often requires additional or unpaid work and navigation, as well as coordination from providers.[2,5,58]

Compounding the issue of access to health care, there is well-documented existence of xenophobic, racist and religious prejudice among health care providers against people who are undocumented or uninsured that results in discrimination, unwillingness to provide care, incomplete assessments, inadequate care, exclusionary practices, and stigmatizing or culturally unsafe treatment.[2,14,44,58] Finally, people who are undocumented or uninsured can face additional barriers to health care as a result of navigation challenges, language barriers and lack of culturally competent care.[43,44]

COVID-19 response

Research into barriers to COVID-19 assessment, vaccination and treatment provides insight into the barriers undocumented people face to public health services in Canada more broadly.[5] Fear of deportation and identification card and health card requirements were barriers to accessing COVID-19 vaccines for people without status.[5] While the Public Health Agency of Canada announced vaccinations would be available for people without status or health coverage, provinces and territories determined modes of vaccination delivery and specific identification requirements.[5]

In provinces like Ontario that eventually stated vaccination would be available for people without provincial health coverage, there were still systemic barriers to access (e.g., requiring health card numbers to book a vaccine and get proof of vaccination through the province's online portal).[5] In an effort to reduce barriers to accessing the COVID-19 vaccine, some clinics in Calgary, Edmonton, Montréal and Toronto did not ask for proof of provincial health cards or identification; Quebec designated particular clinics to deliver free COVID-19 diagnosis and treatment; and migrant organizations, advocates and community organizations partnered to provide accessible community and workplace vaccination clinics.[5]

INTERNATIONAL STUDENTS

Health care coverage eligibility

International students' health care coverage varies across the country. In Ontario, Manitoba and the Yukon, international students are completely ineligible for provincial/territorial health coverage. In other provinces and territories, international students are eligible for health coverage if they meet various criteria (e.g., length of study permit, full-time enrolment, waiting periods).[38,39]

Access and use of health care and public health services

In Ontario, Manitoba and the Yukon, international students are required to pay for medical insurance coverage in addition to high international tuition fees, resulting in a number of financial and navigational barriers to health care and public health services.[38,39] For example, most college insurance plans in Ontario only cover pregnancy and birth-related health care costs if the pregnancy began after the coverage start date or 30 days prior, contributing to high out-of-pocket costs, stress and delays in seeking health care.[61] The Ontario HIV Treatment Network and other providers have highlighted that international students in Ontario face financial and navigation barriers to HIV prevention and treatment, with some insurance plans providing partial or no coverage for HIV prevention and treatment medications and laboratory services (e.g., blood tests).[62]

Since the Manitoba government excluded international students from provincial health coverage in 2018, international students, student organizations and a broad community coalition have documented that international students now experience significant financial burden and stress, fear and uncertainty when accessing health care, which has resulted in delays in seeking health care and large out-of-pocket expenses.[39] An analysis of student experiences highlighted that, in addition to the expensive costs of procuring private insurance coverage, the coverage is not comprehensive. This has resulted in students paying out of pocket for medical services that are not covered or paying for health care upfront and waiting for partial or full reimbursement because of their insurance or because providers could not or would not direct bill.[39]

Out-of-pocket medical expenses are a source of strain for students and their families, contribute to debt and negatively impact their studies. Due to significant fear and uncertainty about what will be covered, potential out-of-pocket costs, and challenges navigating a public system with private insurance, students often decide not to seek health care when needed and wait until emergency situations. There also have been some accounts of hospitals sharing students' confidential patient information with border authorities despite denouncement from advocacy organizations in Manitoba recently and historically across the country.[39]

COVID-19 response

In Ontario, international students and other migrants lacked timely, streamlined access to COVID-19 vaccination and proof of vaccination. Initially, the Ontario government did not clarify whether people without provincial health care coverage could access the COVID-19 vaccine despite advocacy pressure to do so. The federal government later announced that international students and migrant workers would be eligible for vaccines but did not provide information about how to access them.[42]

The Ontario online portal to book vaccination appointment appointments required health care numbers, excluding international students. Later, low-barrier community mobile clinics were set up, including some that did not require provincial health card numbers, but information about clinic locations and timing was not always easy to access. Even as vaccine supply increased, information from the federal and Ontario governments about how international students could access the vaccine remained limited and unclear. Furthermore, students faced challenges obtaining proof of vaccination (which was required to access non-essential businesses and travel) via the online portal or alternative options at local public health units.[42]

Similar to the situation in Ontario, international students and other migrants in Manitoba faced barriers in accessing COVID-19 services. Many people were not aware that testing and treatment were free despite commitment from Manitoba Health. Initially, international students faced barriers accessing COVID-19 vaccinations without a provincial health card; later, they experienced delays in getting proper vaccination records, leading to exclusion from public spaces, services, etc.[39]

MIGRANT WORKERS

Health care coverage eligibility

Migrant workers with valid work permits face various exclusions from timely provincial/territorial health coverage eligibility, significant barriers to getting their health cards in practice, and consequently considerable barriers to health care access.[38,58] For example, in a number of provinces, workers with open work permits are not eligible for provincial health coverage if they do not have full-time work, and workers with work permits of less than 6 months are often ineligible.[38] In many provinces and territories, workers with either open or closed work permits have to wait for 3 or more months before they are eligible for health coverage.[38] There is evidence that, even when they are eligible, migrant workers face gaps and delays in getting health cards.[58]

Access and use of health care and public health services

Once migrant workers have health cards, they still encounter considerable additional structural barriers to accessing health care, many of which are related to the temporariness and precarity of their legal status and employer control over health care access.

Fear of losing their job and future work opportunities and being deported or repatriated are fundamental barriers to accessing health care for temporary foreign workers with closed work permits, including migrant caregivers and farm workers.[13,51,58] These fears are well founded as employers can and do terminate migrant farm workers' employment as a result of illness or injury, which results in workers losing their status in Canada and being deported.[50,51] As a result, workers avoid seeking health care;

hide illness and injury from their employer and Immigration, Refugees and Citizenship Canada; only seek emergency care for major health concerns; and rely on social networks and health professionals in their country of origin for support.[13,32,51,58,60]

For migrant farm workers working in isolated rural areas, getting to health care services can be challenging due to clinics being far away, long work hours, lack of access to public transportation, lack of knowledge of what health care is available, language barriers, and reliance on their employer for transportation and health care navigation.[13,28,32]

COVID-19 response

Temporary foreign workers faced barriers to COVID-19 vaccination and public health information because of language barriers, lack of internet access, inaccessibility of clinics, lack of targeted public health messaging and fears around accessing health care.[5]

HOUSING

Many migrants with precarious status often live in poor, overcrowded housing provided by their employers, leading to significant physical and mental health issues. Agricultural workers endure unsafe living conditions, exposure to chemicals and restricted autonomy. Migrant caregivers who live with their employers experience privacy violations, long hours and isolation. Both groups are vulnerable to exploitation and fear retaliation if they report problems. These substandard housing conditions, explored in more detail below, contribute to stress, isolation and various health risks.[28,32]

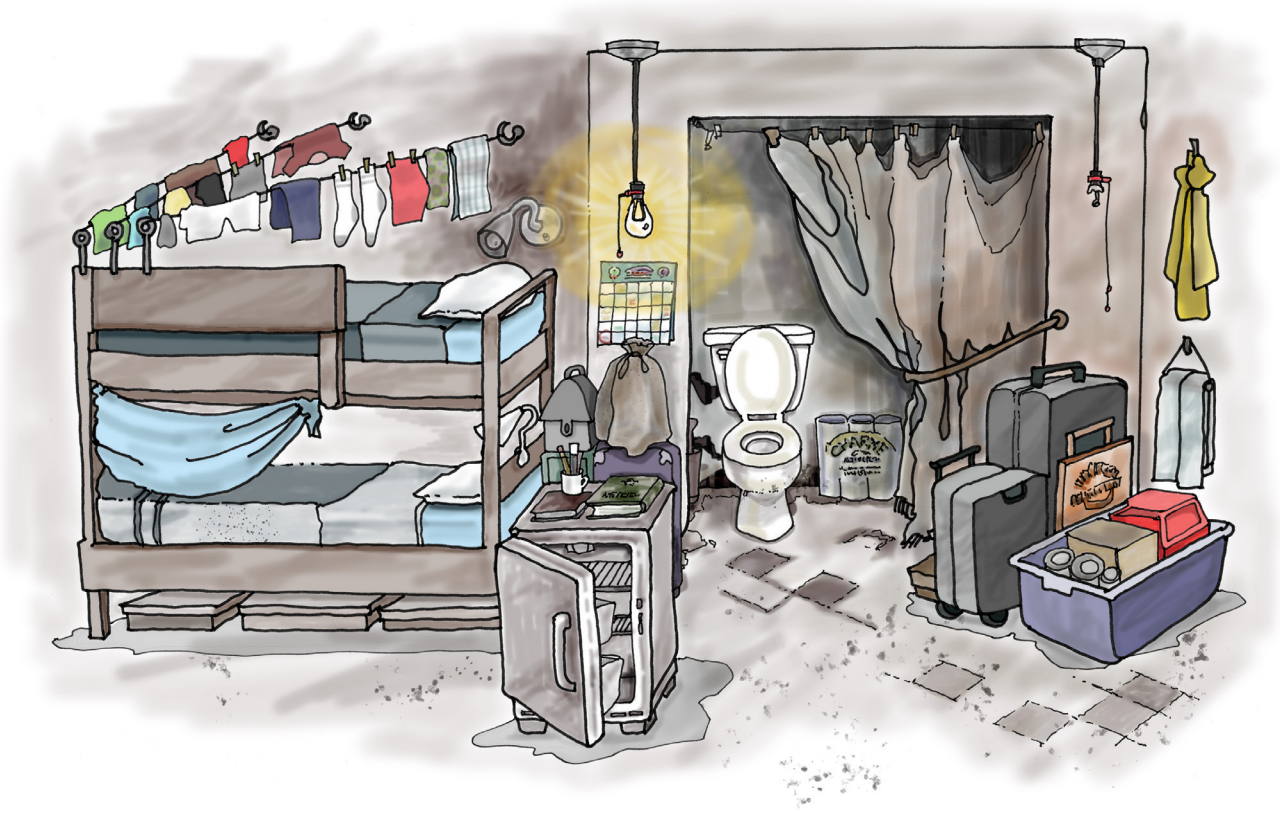
TEMPORARY FOREIGN WORKERS WITH CLOSED WORK PERMITS

Caregivers with closed work permits

Many migrant caregivers with temporary status live with their employers, although the live-in requirement was removed by the Canadian government in 2014. This is a result of the high cost of living, as well as the employers' preferences and job requirements.

Living with their employers can cause migrant caregivers significant psychological stress due to a lack of privacy. Caregivers are often not allowed to lock their bedroom doors, their movements are monitored, and they are not given personal space, with children of the host families disturbing and overwhelming them. Live-in arrangements can lead to blurred boundaries between caregivers' work and personal life, long hours and isolation from the outside world. These conditions, in addition to the remote locations of some homes and lack of transportation access, limit caregivers' ability to socialize and interact with others beyond their employers.[32]

Restrictive living and working conditions also impact the physical and mental health of live-in migrant caregivers.[51] During the COVID-19 pandemic, migrant caregivers across Canada reported being forbidden to leave their employer's house, use public transit, send remittances home or access health care.[29] Despite eviction bans during the pandemic, migrant caregivers who lost their jobs were not protected from losing their housing.[29]



Farm workers with closed work permits

Literature on the housing of seasonal agricultural workers reveals inadequate living conditions with an overabundance of factors that contribute to ill health.[13,22,28] The living arrangements of most farm workers are provided by their employers on the farms where they work.[22,28] These farms, often found in rural and isolated locations, are far from basic services such as clinics and grocery stores. With no safe or affordable transportation, workers cannot leave the farm and must rely on their employers to access essential services. This isolation puts them in a vulnerable position with their employers, impacting their privacy and deterring them from accessing services such as health care when their employers will know about it.

Living in close proximity to their employers blurs the lines between workers' personal and work spaces and enables increased surveillance and arbitrary rules set by employers and supervisors. This also increases the pressure and strain on workers as they may have to be constantly on call for work.[28] Examples of suppression by employers reported by migrant workers include being locked in their housing after work and being instructed to not communicate with anyone outside the farm.[28,63–65] A lack of internet access, a particularly jarring restriction, prevents them from communicating with their families back home or seeking e-health care. This control and restriction of their autonomy leads to a host of mental health stressors and puts both their physical and mental health at risk.[28]

In addition to living under the control of their employers, the spaces that agricultural workers live in are often overcrowded, limiting their privacy and movement and resulting in poorer mental health outcomes.[28] For example, one study reported that 45 workers were sharing three trailers and two working toilets.[63] Farm worker housing also often has inadequate heating and cooling.[28] Compounded by overcrowding, these living conditions can be unsafe in the hot summer months.

These living arrangements are made worse with a lack of hygiene and sanitation facilities, such as adequate washrooms, handwashing stations, laundry access and clean drinking water.[13,28] All aspects of farm workers' housing, including kitchens, bedrooms and furniture in communal areas, are often in disarray and decrepit.[28] Further, many cases have been documented of employers neglecting to maintain or clean workers' housing between seasons, leading to pest infestation.[28,36]

In a report by the Migrant Rights Network, over 50% of migrant farm workers interviewed emphasized the importance of privacy.[66] They said that small, overcrowded housing prevented them from being able to take care of their physical and mental well-being. Further, nearly one in three farm workers indicated that their quality of life — including housing with clean drinking water, proper ventilation, and furniture and kitchen appliances in good condition — should be made a priority.

Farm workers are also exposed to a number of agrochemicals and pesticides, with hazardous materials often stored in close proximity to their living accommodations.[13,28] A housing study commissioned by Employment and Social Development Canada as part of its Primary Agriculture Review[37] found that "approximately 40% of worker housing is part of a dual-purpose building such as storage facility or machine shed."[67(p13)] The combination of inadequate housing facilities, sanitation and food storage and exposure to toxic chemicals and animal- and insect-related diseases has significant impacts on workers' health and makes it difficult for them to work, sleep and rest.[28]

These housing conditions increased farm workers' risk of contracting COVID-19 as key prevention measures were not possible during the pandemic. Workers living in overcrowded housing with improper ventilation, a lack of hygiene, and no ability to quarantine or physically distance resulted in farm-based outbreaks. Farm workers also reported worsening employer control over their housing during the pandemic.[68] To make matters worse, workers often feared that reporting their symptoms could result in them losing their job and their housing and being deported, so many hid their conditions from employers, leading to further transmission.[22,28,68]

Migrant farm workers' vulnerability to exploitative conditions is exacerbated by inadequate oversight and lack of proactive, unannounced inspections and enforcement by governments and regulatory bodies, including public health organizations and environmental and public health inspectors. For instance, employers are often informed of workplace inspections in advance, enabling them to temporarily conceal hazardous and poor conditions.[32] There have been reports that some employers stage housing prior to inspections, for example, temporarily adding more stoves in the homes of farm workers to create an illusion of compliance with housing standards.[28,64] The lack of regulation further enables employers to control and manipulate workers, with some workers voicing experiences of illegal wage deductions or being forced to pay for heating and electricity, even though employers are contractually required to bear these costs.[28]

Although migrant farm workers experience substandard housing conditions and ill-treatment from their employers, they are often hesitant to complain or reach out for legal help for fear of losing their jobs and consequently their immigration status. With their status tied to their employment, they frequently have no choice but to remain with employers they are bound to despite the abuse and unsanitary conditions.[28]

OTHER DETERMINANTS

Although we found some research on other social determinants impacting the health of migrants with precarious status, such as food, education and social services, research in these areas remains limited.

Food

TEMPORARY FOREIGN WORKERS WITH CLOSED WORK PERMITS

Several studies have found that farm workers experience food insecurity, increased risk of food-borne illness and limited access to nutritious food because of inadequate employer-provided housing conditions, including inadequate food storage and refrigeration, limited space and utensils needed for food preparation, and limited eating space.[28] During the COVID-19 pandemic, migrant farm workers reported inadequate access to food during mandatory quarantine periods.[68]

PEOPLE WHO ARE UNDOCUMENTED

A small number of studies have found that women without immigration status experience food insecurity.[2,47] Despite the limited research on this topic, undocumented individuals experience low-wage and precarious employment that is a driver of food insecurity.[2,15]

Education

INTERNATIONAL STUDENTS

International students pay very high tuition fees, are ineligible for publicly funded scholarships and fellowships, and experience uncertainty and precarity related to their immigration status both during their studies and post-graduation.[39,42] For example, international students pay three and a half times the tuition and five times the living expenses of domestic students in Manitoba.[39] Students' immigration status, and often health care coverage, is contingent on maintaining full-time enrolment and good academic standing.[39,42] International students often come to Canada with strong educational skills, networks and resources, but they have to navigate high tuition, living and health care costs; racism and discrimination; employment restrictions; a new education system; and changing immigration requirements.[39]

PEOPLE WHO ARE UNDOCUMENTED

People without immigration status face barriers to accessing education and obtaining official educational accreditation.[2]

Income supports and social services

PEOPLE WHO ARE UNDOCUMENTED

People without immigration status are often ineligible or face obstacles applying for income supports and social services such as workers' compensation, Employment Insurance, social assistance, federally funded settlement services and language classes.[2] Undocumented parents are not eligible to receive the federal Canada Child Benefit — an important child poverty reduction measure — regardless of whether their child is a Canadian citizen or not.[69,70]

PEOPLE WITH TEMPORARY RESIDENT STATUS

People with temporary status are not always eligible for government programs.[9] Eligibility can be complex to navigate and can vary by type of visa, length of time in Canada and other factors. For example, to be eligible for the Canada Child Benefit, one parent must have lived in Canada for more than 18 months.[69]

6.0

HEALTH OUTCOMES

Health outcomes refer to the physical and mental well-being of individuals, and they are shaped by various structural determinants and conditions of daily life.[20] Migrants with precarious status often face significant health challenges due to their unstable legal, social and economic positions. These challenges include poor mental health outcomes like depression, anxiety and post-traumatic stress disorder (PTSD), and physical health issues stemming from delayed or inaccessible health care, unsafe working conditions, and inadequate housing.[2] These outcomes underscore the negative impact of precarious status on both the mental and physical health of migrants.

PEOPLE WHO ARE UNDOCUMENTED

Research, especially quantitative studies, on the health status and outcomes of undocumented populations is limited, reflecting the structural invisibility and precarity of these populations. However, there are studies showing the negative physical and mental health impacts of delayed health care and precarious status for people who are undocumented.[2] There is also evidence of how not having status harms mental health and well-being, including depression, anxiety, PTSD, suicidal thoughts, stress, fatigue and substance use.[2]

The literature reveals poor maternal health outcomes and increased risk of birth complications for pregnant people who are undocumented.[2,5] Despite limited studies about the health outcomes of undocumented children, there is some evidence that children's health is at considerable risk due to lack of status.[71]

For example, a chart review of pediatric emergency departments in Toronto and Montréal found that undocumented children were more likely to present with very urgent health issues, as well as injuries, trauma and mental health issues, when compared to children who were refugee claimants.[72]

TEMPORARY FOREIGN WORKERS WITH CLOSED WORK PERMITS

Poor occupational health is the most reported concern across multiple studies for seasonal agricultural workers with closed work permits. These workers experience a range of health risks, including vehicle accidents, repetitive strain injuries, skin conditions, falls, exhaustion, musculoskeletal injuries and pain.[13,28] A review of 787 health-related repatriations (i.e., job loss and deportation) in Ontario between 2001 and 2011 found that 41.3% of seasonal agricultural workers were repatriated for medical or surgical reasons (mostly commonly

musculoskeletal and gastrointestinal conditions) and 25.5% were repatriated due to external injury, including poisoning.[50] During that time, 25 workers were repatriated due to mental health conditions.[50]

Migrant farm workers experience adverse impacts on their nutrition and food security, as well as increased risk of food-borne illness, due to inadequate employer-provided housing conditions and distance from basic amenities like groceries stores.[28] Some research has highlighted structural vulnerabilities and unmet needs related to sexual health, HIV/AIDS and other sexually transmitted infections for migrant workers.[13] Multiple reviews have revealed negative impacts on migrant farm workers' mental health, including depression, anxiety, high levels of stress, fatigue and sleeping difficulties, and powerlessness that are linked to poor working and housing conditions, loneliness and family separation, and fear of repatriation.[13,28]

Finally, migrant workers in general faced both physical and mental health concerns during the COVID-19 pandemic due to hazardous working conditions, loss of income and employment, and exclusion from or barriers to health systems.[5,73]

INTERNATIONAL STUDENTS

A review of mental health service access for international students identified negative mental health outcomes resulting from racism, religious and cultural discrimination, limited social supports, poverty, high tuition fees, and unemployment.[9] In this study, a quarter of international students reported experiencing racism and close to a third (29%) reported cultural or religious discrimination. Non-profit organizations and migrant-led organizations have expressed grave concern about international students who have died by suicide.[74]

MIGRANTS WHO ARE MEDICALLY UNINSURED

Poor mental health outcomes for people who do not have federal, provincial or territorial health care coverage are reported across multiple studies.[2,43] For example, a study of Toronto and Montréal emergency department visits found that uninsured children presented with higher rates of depression, PTSD, suicidal thoughts and substance use.[72] In a study of Ontario emergency department visits, uninsured patients presented with a higher prevalence of mental and behavioural issues (10.5%) compared to insured patients (2.5%).[75]

A review study found that uninsured women were at higher risk of poor obstetric outcomes compared to insured women, including emergency Caesarean sections, preterm births and postpartum hemorrhages.[43] Multiple studies have shown lower Caesarean section rates for uninsured women in general, but being uninsured was one of the greatest risk factors for emergency Caesarian section.[43,76] There also were higher rates of obstetrical complications among uninsured people presenting at emergency departments compared to insured people (5.6% vs. 2.7%).[75]

While research is limited, there is some evidence of the association between being uninsured and other negative health outcomes such as injuries, HIV and lower self-perceived health.[2,43] For example, people who were uninsured were more likely to arrive at emergency departments with more severe health issues and to experience negative outcomes, including leaving untreated and death.[75] Uninsured children and youth were more likely to present to emergency departments with more preventable conditions (i.e., ambulatory care sensitive conditions such as hypertension, asthma, chronic obstructive pulmonary disease, coronary heart failure, diabetes or angina).[75]

7.0

ADVANCING MIGRANT HEALTH AND JUSTICE

This section includes broad directions moving forward and specific action areas for public health and the health care sector that are informed by recommendations from the academic and grey literature, World Health Organization and migrant-led organizations across Canada.

RECOGNIZE IMMIGRATION STATUS AS A FOUNDATIONAL DETERMINANT OF HEALTH

"Only by recognizing racism, discrimination and migratory pathways as social determinants of health will it be possible to take action to reduce social inequities in health."

Direction régionale de santé publique de Montréal (Montreal Regional public health department) [77(p1)]

Immigration status is a profound, and under-recognized, determinant of health and health equity.[1,2,13,28] To advance population health and health equity, it is imperative that the public health and health care fields recognize how structural factors — exclusionary laws, policies, practices and world views — profoundly shape the conditions of daily life and health outcomes of people living in Canada with temporary or no immigration status.[2,5,13,28]

WE WANT TO HEAR FROM YOU!

We worked collaboratively with Migrant Workers Alliance for Change (MWAC), a migrant-led organization, to identify public health roles to advance health equity and migrant health found in this section. MWAC is available for advice, meetings, trainings and consultations. Requests can be sent to info@migrantworkersalliance.org.

Do you have an example where public health has played a strong role in advancing migrant health and justice? Please send any questions, feedback and stories from the field to nccdh@stfx.ca.

ENSURE PERMANENT STATUS, FULL PROTECTION AND RIGHTS, AND HEALTH CARE FOR ALL

"We all want to live in a fair society, and a fair society is one where everybody has the same rights. And the only way for everyone to have equal rights is to have equal status, which is full and permanent immigration status. So everybody must have health care, that means everybody must have equal status. Everybody must have the ability to be with their families, that means everybody must have equal status. And everybody must have the ability to assert our rights at work, and that means everybody must have equal status. We deserve full and permanent immigration status for all without exclusion, without exception."

Sarom Rho, migrant organizer
Migrant Workers Alliance for Change[78(p13)]

To improve the health of migrants with precarious status, it is necessary to advocate for and implement policies that address the underlying structural and social determinants of health that shape health outcomes. This focus on addressing root causes is recommended in the literature, by the World Health Organization and by migrant rights organizations in Canada, including the Migrant Rights Network, a coalition of migrant-led and migrant-serving organizations.[1,2,79]

As discussed in this issue brief, a range of interconnected structural determinants and conditions of daily life affect health, many of which are outside the direct influence of the health sector. Thus, the health sector must collaborate with other sectors to develop policies that improve the health of migrants with precarious status.[1]

There are limited opportunities for migrants with precarious status to receive permanent resident status. Key policy recommendations to address this are (a) provide permanent resident status for all undocumented people living in Canada (i.e., regularization) and (b) provide permanent resident status to all migrants with temporary status living in Canada.[57,80] Additionally, providing permanent residency on arrival for new migrants (rather than temporary resident status) would reduce the precarity they currently face, giving them full rights and protections and improving their daily conditions and ability to access health care.[2] The conversations regarding obtaining permanent residency must shift away from individual responsibility to structural policy change.[2]

As a prime example, providing seasonal agricultural workers with permanent residency could address the imbalance of power between them and their employers and eliminate fears of medical repatriation as a result of injuries. With permanent status, they would not be afraid to seek medical attention for injuries and illness, and they could be vocal about their rights and advocate for themselves without fear of repercussions from employers.[28]

Policies also must be put in place to ensure temporary foreign workers have decent work, full protection in the workplace and improved housing conditions.[79] Strong immigration and labour laws and policies that protect the rights of migrant workers, and that do not tie workers to single employers through closed work permits, are necessary to prevent their exploitation by employers.[13] Additionally, enforceable national housing standards are needed to raise the quality of housing provided for migrant workers. A whole-of-government approach would ensure that these standards are followed consistently.[28]

Every individual, regardless of immigration status, deserves equitable access to health care — this is essential for functional universal health care and public health systems.[1] The health care needs of migrants with precarious status are not being met.[14] Therefore, a key policy recommendation is to extend publicly funded health care coverage to all people living in Canada regardless of immigration status without exclusions.[1,14,39,57,76,79]

As described in Section 5, a few jurisdictions provide some access to health care for people without immigration status. However, these policies are limited and their very existence as separate pathways reinforces the notion that there is a difference between those with and without status.[2] Further, linking health care coverage to study or work permits is insufficient, and it often puts migrants with precarious status in dangerous positions and forces them to avoid care.[5,28,39] Clear, comprehensive and non-discriminatory health care coverage for all people living in Canada is necessary and essential.[1,2,14,39,57,79]

PUBLIC HEALTH ROLE

Participating in policy development, supporting community organizers and advocating for healthy public policy are important public health actions to advance health equity.[81] To support migrant health, public health practitioners, decision-makers and organizations can advocate for healthy public policies, including universal health care coverage regardless of immigration status, permanent resident status for all, improved employment rights, and the creation and enforcement of robust housing standards for farm workers in consultation with migrant-led groups.

Developed in collaboration with Migrant Workers Alliance for Change.

FOSTER RESPONSIVE AND INCLUSIVE PUBLIC HEALTH AND HEALTH CARE SYSTEMS

"Investing in the health of refugees and migrants must take place not only because it is a sound public health strategy but also because health is a basic human right."[1(p28)]

Public health and health care organizations, practitioners and decision-makers have a responsibility to identify and respond to health inequities experienced by migrants by developing action plans, policies, programs and services that recognize and respond to the needs of, and structural barriers faced by, migrants with precarious status.[1] This is a key recommendation from the World Health Organization.[1] It includes, for example, modifying policies and program requirements that exclude residents on the basis of identification requirements, Medicare coverage or immigration status; fostering clinical and program environments that are safe and inclusive for people with precarious status; and developing tailored, targeted public health initiatives to reach people with temporary or no immigration status.[1,14,58]

Effectively responding to the needs of this population requires that public health and health care organizations build trusting relationships and collaboration with migrant-led groups and organizers, as well as with other intersectoral partners, to identify and overcome structural barriers to services and benefits.[1,13,14,22,28]

PUBLIC HEALTH ROLE

Modifying and orienting services and interventions to reduce inequities has been identified as a key public health role for improving health equity.[81] To advance health equity and migrant health, public health organizations can ensure that all their services and interventions are accessible to all people regardless of their immigration status or health coverage.[1]

Developed in collaboration with Migrant Workers Alliance for Change.

PUBLIC HEALTH ROLE

Public health organizations involved in the inspection and enforcement of migrant farm worker housing can improve health outcomes by:

- updating public health guidelines for migrant farm worker housing in consultation with migrant-led groups, building on recommendations from the Migrant Rights Network[66]
- establishing a transparent complaints and enforcement mechanism where migrant workers and community organizations can make complaints about substandard housing and employers are held accountable
- conducting proactive, unannounced enforcement visits and creating a publicly accessible annual report of housing inspections and results for their region

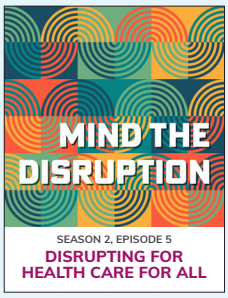
Developed in collaboration with Migrant Workers Alliance for Change.

STRENGTHEN RESEARCH AND DATA

Research and data collection efforts often mask, make invisible and ignore the existence, experiences and health needs of migrants with temporary or no immigration status in Canada and around the world.[1,2,14,51,82] This underscores the need to evaluate data sources at community, provincial and national levels. Gaps in existing data need to identified while also considering how best to collect data from uninsured individuals without creating more barriers to accessing services and supports.[43] As such, there is a need for robust research and data collection that accounts for the impacts of structural and social determinants of health — including xenophobia; racism; and exclusion from rights, protections and health and social services — on people without immigration status, migrant workers and international students across Canada.[1,2,13,58,82]

Research and data efforts pose unique risks and barriers to services for individuals with precarious status (i.e., fear and risk of deportation) and can cause harm through further stigmatization and discrimination. Therefore, research should be done in collaboration with migrant-led organizations and prioritize confidentiality and individual, family and community safety when collecting and analyzing data and sharing research findings.[2]

SPOTLIGHT: MOBILIZING FOR HEALTH CARE FOR ALL



After years of work, a coalition of advocates in Quebec achieved policy change that extended health care coverage to the children of parents with precarious immigration status.

Advocates, including health care and public health practitioners, are now working to extend health care coverage for sexual and reproductive health services for women with precarious status, highlighting that a lack of coverage is "a public health and gender equality issue with serious, frequent, and preventable societal consequences."[83(p26)]

Learn more about health care for all efforts in Quebec and Ontario in "Disrupting for health care for all," Season 2, Episode 5 of the NCCDH's Mind the Disruption podcast.[84]

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