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INVISIBLE PATIENTS OF RURAL CANADA

POLICY OPTIONS TO IMPROVE HEALTHCARE ACCESS FOR TEMPORARY FOREIGN WORKERS IN RURAL COMMUNITIES

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Research Interns | Jan-Jun 2026
Publication Date: 30 June, 2026

Background

Temporary Foreign Workers (TFWs) play a critical role in sustaining Canada's economy, particularly in sectors experiencing persistent labour shortages such as agriculture, food processing, construction, and healthcare. Since the establishment of the Temporary Foreign Worker Program (TFWP) in 1973, Canada has increasingly relied on migrant labour to support essential industries across the country (House of Commons, 2016). In recent years, TFWs have contributed substantially to the Canadian economy, including significant participation in rural industries where labour shortages remain acute (Employment and Social Development Canada [ESDC], 2025).

Rural communities have become increasingly dependent on TFW labour. Approximately 40% of approved TFW positions in 2024–2025 were located in rural regions, particularly within agriculture and food production sectors (ESDC, 2025). In agriculture and forestry alone, TFWs represent nearly 17% of the workforce (Statistics Canada, 2024). Despite their economic contributions, many TFWs experience systemic barriers to healthcare access, especially in rural and remote communities where healthcare infrastructure is already limited.

The COVID-19 outbreak at the Cargill meat-processing plant in High River, Alberta, exposed these vulnerabilities publicly. In 2020, the outbreak became one of the largest workplace COVID-19 outbreaks in North America, with more than 1,500 cases linked to the facility and three worker deaths (Dryden & Rieger, 2020; Rieger, 2020a). Investigations revealed unsafe working conditions, barriers to timely healthcare access, overcrowded living arrangements, and fear among workers of reporting illness due to employment insecurity (Dryden & Rieger, 2020). The incident highlighted how immigration and labour structures can create conditions that undermine both worker health and public health preparedness.

Although temporary policy reforms and public attention emerged during the pandemic, many structural barriers remain unresolved. Existing policies continue to place many TFWs in precarious employment relationships that restrict healthcare access and increase vulnerability to exploitation. Addressing these inequities is therefore both a labour rights issue and a public health priority.

Structural Barriers to Healthcare Access

Employer Dependency and Restrictive Work Permits

One of the primary structural barriers affecting TFW healthcare access is the use of employer-specific, or "closed," work permits. Under this system, workers are legally tied to a single employer for the duration of their permit (Government of Canada, 2026). Losing employment may also jeopardize immigration status and future employment opportunities, creating significant dependency on employers.

Research demonstrates that this dependency discourages workers from reporting unsafe conditions, workplace

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injuries, or health concerns due to fear of termination, deportation, or repatriation (Cole et al., 2019; Preibisch & Otero, 2014). In many rural workplaces, workers may feel pressured to continue working despite illness or injury because of economic necessity and fear of retaliation.

The power imbalance created by closed work permits can also affect access to urgent medical care. During the High River outbreak, reports emerged of injured workers being discouraged from seeking hospital treatment and instead being redirected toward employer-controlled healthcare services (Dryden & Rieger, 2020). Such incidents illustrate how immigration policy can indirectly shape healthcare access and worker autonomy.

Inflexible Work Schedules and Geographic Isolation

TFWs in rural industries frequently work long and physically demanding hours. Agricultural workers, for example, may work between 50 and 90 hours per week during peak seasons (Narushima & Sanchez, 2014). These schedules often overlap with limited rural clinic operating hours, reducing workers' opportunities to seek preventative or primary healthcare services (Caxaj et al., 2023; Lozanski & Baumgartner, 2020).

Geographic isolation further intensifies these barriers. Rural healthcare systems already experience physician shortages, transportation challenges, and limited specialized services. For TFWs who may not possess driver's licenses, personal vehicles, or knowledge of local healthcare systems, accessing care becomes particularly difficult.

Limited access to culturally and linguistically appropriate healthcare information contributes to unmet healthcare needs among migrant workers

Language barriers and limited health-system navigation support also contribute to delayed care-seeking behaviours. Many workers are unfamiliar with provincial healthcare systems, eligibility requirements, or available services, particularly upon arrival in Canada. Research has shown that limited access to culturally and linguistically appropriate healthcare information contributes to unmet healthcare needs among migrant workers (Naidoo et al., 2026).

Workplace Injuries and Delayed Care

TFWs are disproportionately represented in physically demanding and high-risk occupations, increasing their exposure to workplace injuries. However, many workers avoid reporting injuries or seeking treatment because of fears surrounding job security and immigration consequences (Cedillo et al., 2019).

Delayed treatment of workplace injuries can result in worsening health outcomes, prolonged recovery periods, and increased use of emergency healthcare services. In rural communities where healthcare resources are already strained, these delays can place additional pressure on emergency departments and acute care systems.

Importantly, barriers to healthcare access among TFWs affect not only individual workers but also broader community health outcomes. Delayed treatment of communicable diseases, untreated injuries, and inadequate occupational health protections may increase public health risks and healthcare system costs over time.

Policy Context

Both federal and provincial governments share responsibility for the conditions shaping TFW healthcare access. While healthcare delivery falls primarily under provincial jurisdiction, immigration and work permit regulations are federally governed through Immigration, Refugees and Citizenship Canada (IRCC).

In Alberta, both closed and open work permit holders may qualify for provincial healthcare coverage if residency requirements are met (Government of Alberta, n.d.). However, formal eligibility does not necessarily translate into meaningful access to healthcare. Structural barriers associated with employer dependency, transportation limitations, and precarious legal status continue to prevent many workers from obtaining timely care.

In response to concerns regarding abuse and exploitation, IRCC introduced the Open Work Permit for Vulnerable Workers (OWP-V) policy in 2019. This policy allows workers experiencing abuse or risk of abuse to apply for an open work permit, enabling them to leave unsafe employers (IRCC, 2024).

Although the OWP-V policy represents an important protection mechanism, several limitations remain. Researchers and migrant advocates have identified concerns regarding narrow definitions of abuse, lengthy application procedures, privacy concerns, and unequal power dynamics between workers and decision-makers (Weeks, 2024). Consequently, many vulnerable workers remain hesitant or unable to use the program.

Current policy approaches therefore remain largely reactive rather than preventative. Structural reforms addressing employer dependency and healthcare accessibility are needed to reduce long-term inequities.

Policy Recommendations

1. Implement Sector-Based Work Permits

The federal government should pilot sector-based work permits in rural high-demand industries such as agriculture and food processing.
Unlike employer-specific permits, sector-based permits would allow workers to move between employers within the same industry without risking their legal status. This model would reduce employer dependency while still supporting labour market needs in sectors experiencing workforce shortages.

Sector-based permits could improve healthcare access by allowing workers greater autonomy to leave unsafe conditions, seek medical treatment, and report workplace concerns without fear of deportation or job loss. Reduced dependency may also encourage earlier reporting of injuries and illness, improving both worker outcomes and public health protections.

Implementation should involve collaboration between IRCC, Employment and Social Development Canada (ESDC), provincial governments, and labour organizations. Pilot programs should include protections ensuring continuity of healthcare coverage and employment rights during job transitions.

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2. Expand Rural Healthcare Access Supports for TFWs

Provincial governments should strengthen healthcare accessibility for TFWs through targeted rural health supports. These supports should include:

- culturally and linguistically appropriate healthcare information;
- interpretation and healthcare navigation services;
- transportation assistance for medical appointments where feasible;
- outreach clinics and mobile healthcare services in high-TFW regions; and
- partnerships with community organizations serving migrant workers.

Improving healthcare navigation and accessibility may reduce preventable emergency department use, support earlier intervention, and improve continuity of care in rural communities.

3. Strengthen Occupational Health Protections and Reporting Mechanisms

Federal and provincial governments should strengthen protections for workers reporting workplace injuries or unsafe conditions.

This includes improving anonymous reporting mechanisms, increasing workplace inspections in high-risk industries, and ensuring workers can access healthcare independently of employer approval. Policies should also ensure that reporting injuries or seeking healthcare cannot negatively affect immigration status or future employment opportunities.

Federal and provincial governments should strengthen protections for workers reporting workplace injuries or unsafe conditions.

Greater oversight and enforcement may reduce exploitative labour practices while improving workplace safety outcomes for both workers and employers.

Conclusion

Temporary Foreign Workers are essential to Canada's rural economy, yet many remain structurally excluded from equitable healthcare access. Existing barriers are not simply the result of rural healthcare shortages but are deeply connected to immigration and labour policies that create dependency and vulnerability.

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Improving healthcare access for TFWs requires coordinated policy action that addresses both healthcare delivery and the structural conditions shaping worker precarity. Sector-based work permits, expanded rural healthcare supports, and stronger workplace protections represent practical policy options that can improve worker health, strengthen rural healthcare systems, and support more equitable labour practices across Canada.

By addressing these systemic barriers, governments can better protect the health and dignity of migrant workers while strengthening the sustainability of rural communities and public health systems.

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Heny Panghulan is a dedicated community organizer and advocate based in Calgary, Alberta, focused on student empowerment, climate action, and the power of human connection in advocacy. She actively channels her passion into leadership roles across several impactful organizations, including the Sustainable Development Goals Alliance (SDGA), Refugee Immigrant Student Empowerment (RISE) for Health and Wellness, and the Faith and Spirituality Centre (FSC) at the University of Calgary.

Acknowledgments

The authors would like to express their sincere gratitude to community leader **Pauela Deris** for her invaluable guidance, insight, and steadfast support throughout the development of this policy brief. Her grassroots expertise and commitment to community well-being were instrumental in shaping the depth and focus of this research.

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This CONTENT was produced by TIES Centre for Immigrant Research.

Citation:
Masiclat, R., & Panghulan, H. (2026, June 30). "*Invisible patients of rural Canada: Policy options to improve healthcare access for temporary foreign workers in rural communities*". TCIR Research Internship Insights Series (Policy Brief). Calgary: TIES Centre for Immigrant Research (TCIR).

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