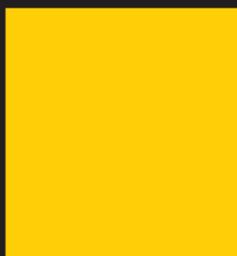


Immigrants and Growth: A Look at Health and Employment In Waterloo Region



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Executive Summary

Waterloo Region is a culturally diverse community with 21 percent of our population being immigrants. Over the next 25 years it will become even more diverse as Statistics Canada projects that between 27 to 32 percent of our population will have been born outside of Canada. This dramatic increase may be even more pronounced when considered in the context of recent Provincial population projections. Furthermore, recent immigrants seem to settle in clusters across the Region and services need to be delivered accordingly.

The health of immigrants is a critical concern on the level of individual health and the health of the broader community.

When they come to Canada, immigrants tend to be healthier than individuals born in Canada – but they lose this health advantage the longer they are in Canada. Enabling immigrants to stay healthy should be a primary focus for Public Health and our community.

Employment is a key determinant of health. While immigrants tend to be well educated and skilled, they often have a harder time finding work and have lower incomes than Canadian-born individuals. Research suggests that this disconnect between the skills of immigrants and the employment they find is increasing.

Significant steps in these areas are currently underway. For the health of our community and our economy it is imperative that we ensure accessibility of supports and services, maintain the “health advantage” for immigrants, and address the gap between immigrant skills and employment.

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1.0 Immigrants and Growth as Public Health Issues

Waterloo Region is, and will increasingly become, a multicultural community. Immigrants – those who were born outside of Canada and have been granted the right to be permanent residents of Canada – are a key piece of that multicultural character.

Currently, one in five residents in Waterloo Region is an immigrant¹ and the Waterloo Region area has the fifth highest per capita immigrant population of all urban areas in Canada. Statistics Canada predicts that in 2031, the proportion of immigrants will increase to be between 26.6 and 32.2 percent of the total population. This dramatic increase may be even more pronounced when considered in the context of Regional total population forecasts as established by the provincial *Places to Grow* legislation. Immigration will clearly be the primary driver of future population growth.

The health of any segment of the population, including a segment as significant as immigrants, needs to be a concern for the Region of Waterloo. For immigrants, national research has shown that they tend to be healthier than non-immigrants upon arrival in Canada but that they lose this “health advantage” over time.

The health of individuals and communities is affected by a range of social, economic, and environmental factors. Some factors – such as employment, education, living and working conditions, and social support – can provide challenges for newcomers to Canada. Some of the challenges newcomers face in settling and becoming a part of this community include:

- finding employment in their field and getting their foreign credentials recognized,
- understanding the Canadian health system and accessing needed services,
- finding affordable and appropriate housing,
- learning a new language,
- learning local cultures and how to adapt family or personal ways,
- facing discrimination and barriers to services.²

Not only do these barriers affect the health and well-being of immigrants and their families but they also affect the health of the community as a whole. Engaging newcomers in meaningful employment ensures that their international perspectives and connections will contribute to Waterloo Region’s involvement in the global marketplace. It also ensures that future labour needs will be met. Through recognizing and integrating the richness of skills and experience that newcomers contribute, it demonstrates that our society gives equal support to all and embraces cultural diversity³.

In 2004/2005 Region of Waterloo Public Health produced a series of three fact sheets highlighting and exploring certain immigrant and newcomer issues in Waterloo Region.^{4,5,6} This report follows up on those fact sheets by:

- summarizing some of the data
- adding new data regarding the distribution and projected population of immigrants in Waterloo Region
- discussing what has been done since the fact sheets were produced, and
- exploring the implications of growth in the immigrant population on delivery of human services in Waterloo Region.

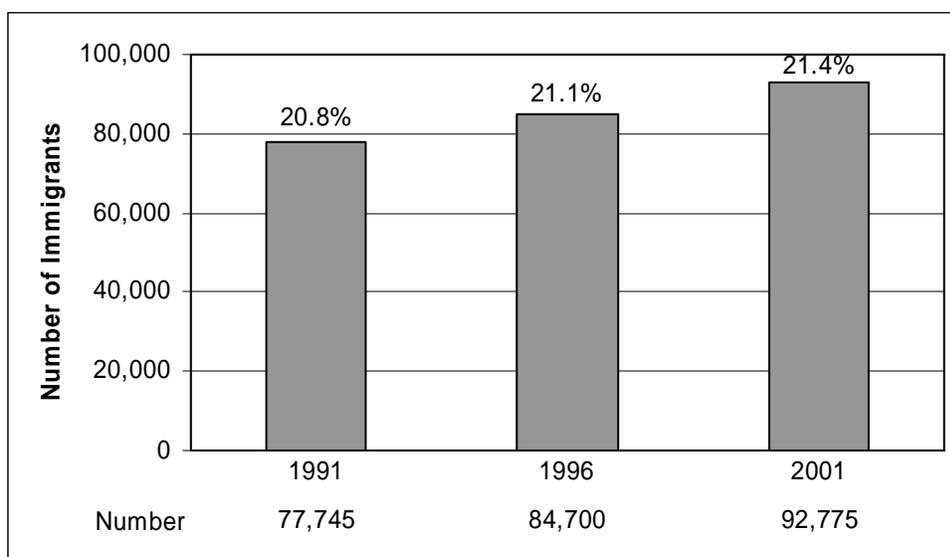
2.0 Demographic Profile of Waterloo Region

2.1 Increasing Number of Immigrants

According to the 2001 Census, Waterloo Region was home to 92,775 immigrants – more than one-fifth (21.4 percent) of the Region’s total population. In 2001, the Waterloo Region area had the fifth highest per capita immigrant population in Canada behind Toronto, Vancouver, Hamilton, and Windsor.

Immigration is a source of population growth in Waterloo Region. Not only has the number of immigrants in Waterloo Region increased, but immigrants make up an increasing proportion of our population – increasing from 20.8 percent to 21.4 percent in ten years (see Figure 1).

Figure 1: Total Numbers of Immigrants in Waterloo Region (1991-2001)

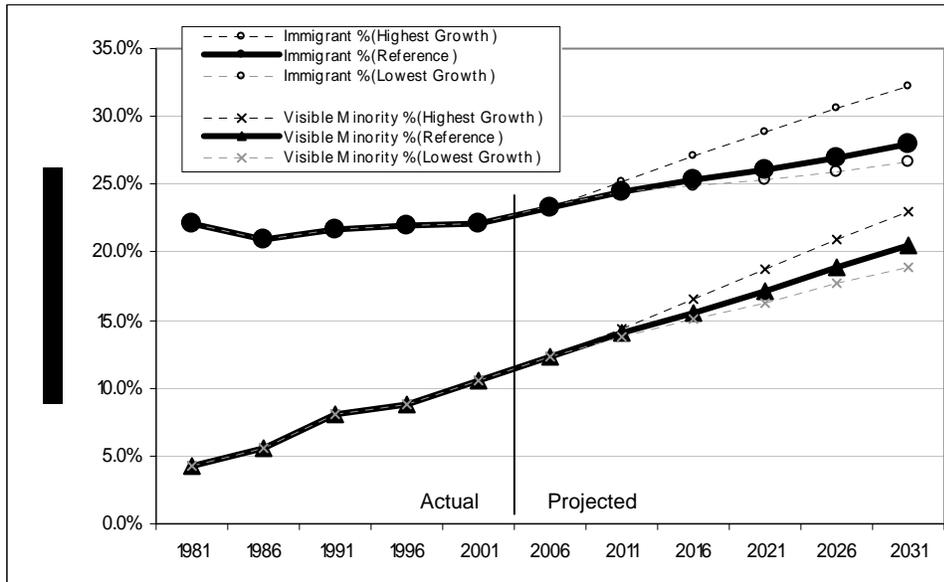


Source: Statistics Canada, 1986-2001 Censuses, Prepared by HDPE, Region of Waterloo Public Health

Statistics Canada population projections suggest that this trend will continue and predict that by the year 2031, the proportion of immigrants in Waterloo Region will be between 26.6 percent and 32.2 percent of the total population (see Figure 2).⁷ This means that the actual number of immigrants in Waterloo Region will increase dramatically and is likely to double by 2031. This increase in the number of immigrants may be even more pronounced when applied to Regional forecasts since the Regional forecasts are even higher than the Statistics Canada total population projections used in this report.

Not only is the proportion of immigrants estimated to increase, the proportion of individuals in Waterloo Region who are visible minorities⁸ (some of whom may have been born in Canada) is estimated to increase as well - from 10.5 percent of the population in 2001 to between 18.9 percent and 23.0 percent in 2031 (see Figure 2).

Figure 2: Immigrants as a Proportion of the Population, Waterloo Region (1981-2031)

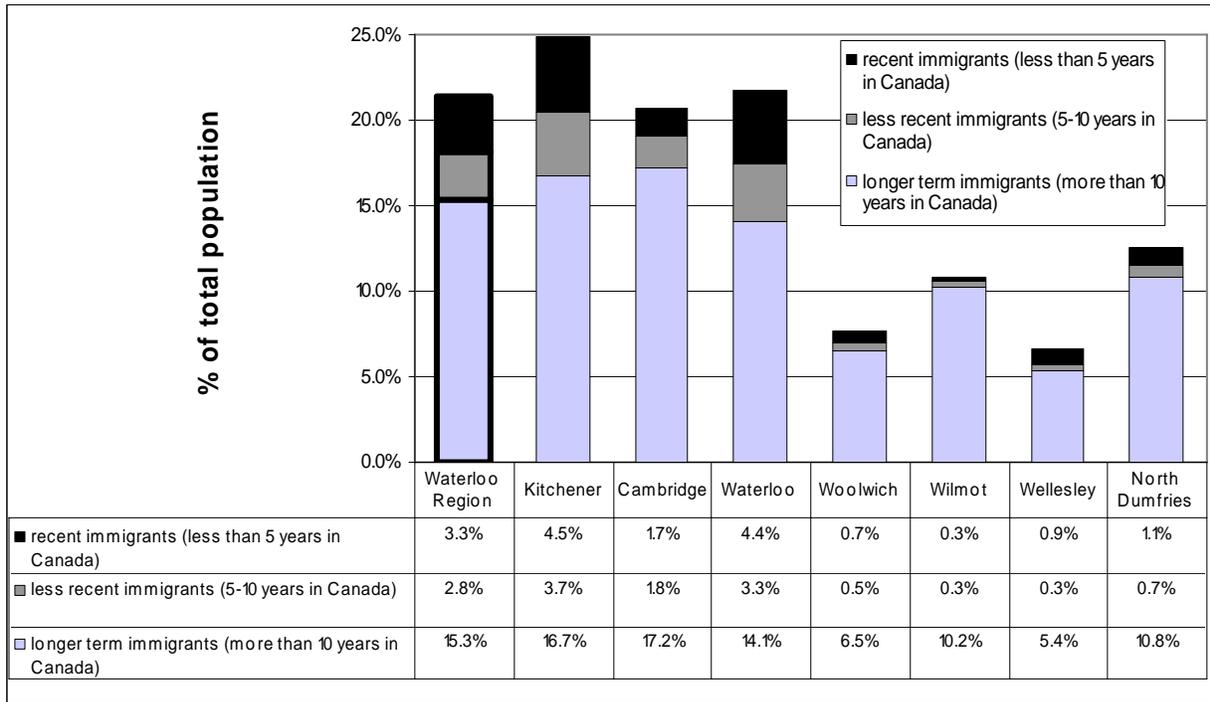


Source: Statistics Canada, 2006, Prepared by HDPE, Region of Waterloo Public Health

2.2 Distribution of Immigrants in Waterloo Region

Within the cities and townships of Waterloo Region, the proportion of immigrants and new immigrants varies (see Figure 3). The townships in Waterloo Region had the highest proportion of individuals that immigrated before 1971, whereas Cambridge tended to have higher proportions of those that immigrated in the 1970s and 1980s. Kitchener and Waterloo both had higher proportions of those that immigrated in the 1990s, when compared to the other cities and townships in Waterloo Region.

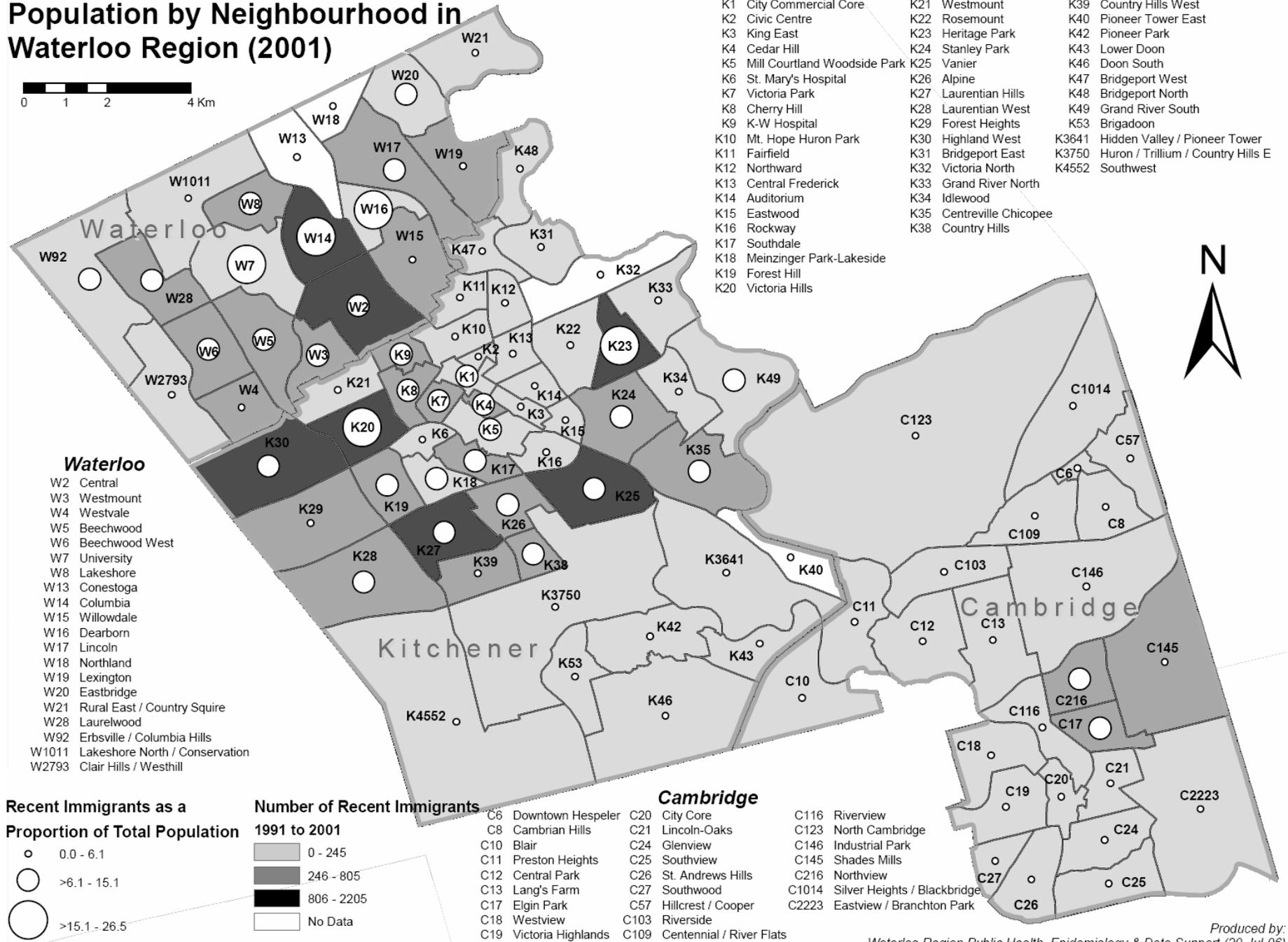
Figure 3: Recent⁹ (5 and 10 year) Immigrants and Longer Term Immigrants as a Percentage of Total Population by Municipality, Waterloo Region, 2001



Source: Statistics Canada, 2001 Census, Prepared by HDPE, Region of Waterloo Public Health

Recent (10 yr) immigrants are also not evenly distributed across urban neighbourhoods. Figure 4 shows the urban neighbourhoods across Waterloo Region with the number as well as the proportion of recent immigrants. Neighbourhoods in which there are a large number of recent immigrants and in which recent immigrants make up a large proportion of the population are of special interest. More research would be required to explain the current pattern of clustering.

Figure 4: Distribution of Recent (10yr) Immigrant Population by Neighbourhood in Waterloo Region (2001)



Produced by: Waterloo Region Public Health, Epidemiology & Data Support (20-Jul-06)

2.3 Secondary Migration

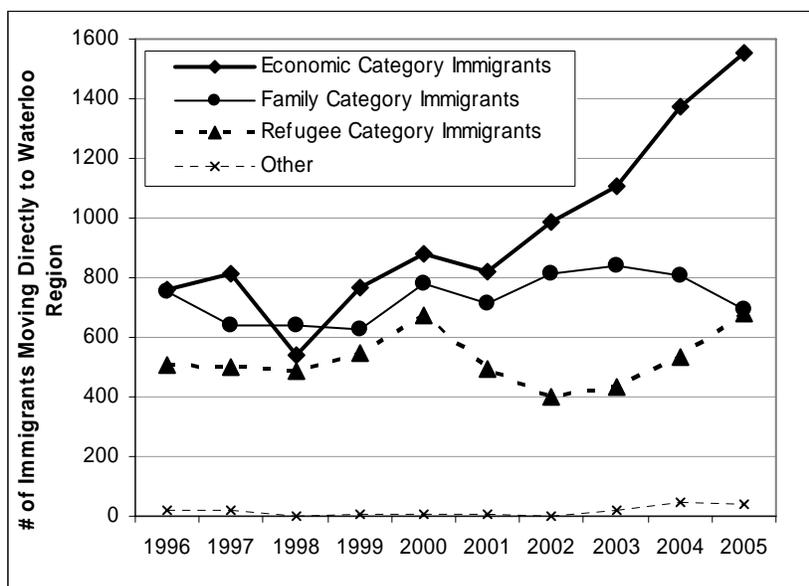
Waterloo Region not only receives many individuals who immigrate directly to the area but also several thousand immigrants who move from other areas within Canada. At least 20 percent of recent immigrants in Kitchener and Cambridge originally immigrated to other areas in Canada and then moved to Waterloo Region. The City of Waterloo attracts an especially high number of immigrants through this “secondary migration”, with an estimated 40 percent of recent immigrants who have moved to Waterloo from other areas in Canada.¹⁰

2.4 Categories of Immigrants

Immigrants can be accepted into Canada in one of three main categories. Economic immigrants come as skilled workers, entrepreneurs, or investors. Refugees come to flee persecution in their home country and are either sponsored by the government or a group in Canada. Family-class immigrants come to join a partner or parent who is already a permanent resident in Canada.

In 2005, of all immigrants who immigrated directly to the Waterloo Region area¹¹ more than half (52.4 percent) were accepted in the economic category (1554 immigrants). Those accepted in the family category made up 23.4 percent of the total (695 immigrants), and 22.8 percent (677 immigrants) were accepted in the refugee category (see Figure 5).

Figure 5: Immigrant Categories (1996-2005 Arrivals)



Source: Citizenship and Immigration Canada, Data Warehouse Services, 2006. Prepared by HDPE, Region of Waterloo Public Health

Notes: “Other” includes Humanitarian & Compassionate / Public Policy, Permit Holders Class, and ‘Other’ immigrants.

The Waterloo Region area has a higher proportion of refugees than the Canadian average. In 2005, 13.6 percent of all Canadian immigrants were accepted as refugees,

whereas 22.8 percent of immigrants initially destined to Waterloo Region were accepted as refugees.¹²

2.5 Countries of Origin of Immigrants

Immigrants in Waterloo Region come from a wide variety of countries. In 2001, the countries of birth of *all* immigrants were, in order of percentage, the United Kingdom, Portugal, Germany, and Poland. The shift from these countries of birth is evident when this is compared to the countries of birth of *recent* immigrants. In 2001, the most frequent countries of birth of those who had immigrated during 1996-2001 were Yugoslavia, China, Bosnia and Herzegovina, and India. Table 1 highlights the number of immigrants from 1996 to 2001 from each of the top ten countries.

Table 1: Countries of Origin of Recent Immigrants in Waterloo Region (1996-2001)

Country of Origin	# of recent immigrants	% of recent immigrants
Yugoslavia	1480	10.3%
China	1355	9.5%
Bosnia and Herzegovina	1275	8.9%
India	1005	7.0%
Romania	925	6.5%
Pakistan	550	3.8%
Croatia	520	3.6%
United States	510	3.6%
Iran	425	3.0%
United Kingdom	365	2.6%
Total Recent Immigrants	14305	

Source: Statistics Canada, 2001 Census, Prepared by HDPE, Region of Waterloo Public Health

Waterloo Region is undoubtedly a diverse community in which immigrants from a wide variety of countries and experiences are expected to continue to make up a greater proportion of our population. This brings richness of experience and contributes to the overall health of our community but it also requires that we ensure that immigrants are welcomed, that we adapt services, and address challenges that determine the health of this population.

3.0 General Health of Immigrants

3.1 “Healthy Immigrant Effect”

National research on the health of immigrants shows that, upon arrival and even after living in Canada for up to ten years, immigrants are in better health than Canadian born individuals. They tend to have lower rates of chronic conditions, levels of disability, and certain harmful health related behaviours. After ten years of being in Canada this health

advantage is lost and their health becomes similar to that of Canadian born individuals. This has been called the “healthy immigrant effect”.^{13,14}

Much of the initial health of immigrants has been attributed to the Canadian immigration screening process that does not normally admit people with serious medical conditions into Canada.¹⁵ It has been suggested that the decline in health outcomes after ten years is explained by the effects of the experiences of immigration and resettlement. Changes in diet, exposure to new diseases or viruses, stress, frustration, inter-racial conflict, communication difficulties, and poverty can take their toll on some immigrants’ health.¹⁶ In addition, immigrants may abandon good health behaviours and may acquire the bad habits of the receiving society.^{17,18}

3.2 Access to health services

Nationally, immigrants report many similar barriers to accessing health care as Canadian-born citizens report – long waiting lists, high costs, and an inability to find a doctor accepting new patients. In addition, immigrants face language barriers which complicate finding information.¹⁹

Locally, those involved in giving support to new immigrants have suggested that finding health information and becoming familiar with Canadian interventions are also barriers. They have also suggested that there may be differences in what they expect the health care system to provide and what it actually does.²⁰

Newcomer mental health is the topic of a current five-year study in Waterloo Region and Toronto (*Taking Culture Seriously in Community Mental Health*) exploring how to best provide community based mental health supports which are effective within multicultural Canada. A preliminary summary of the literature on the project website highlights several barriers which may hinder people from seeking mental health services including: a lack of understanding of the culturally-specific meanings and customs attached to mental health and mental illness; service costs; stereotypical attitudes; discrimination or subtle racism; or the stigma attached to mental illness in North America. Many newcomers lack access to appropriate community mental health services or receive inadequate diagnosis and treatment because of these barriers.²¹

3.3 Social Support and Inclusion

Immigrants leave families and social support networks when they come to Canada. They also leave familiar systems and familiar cultural patterns. Building up a new social support network is difficult and takes time and energy. The lack of social support, time, energy, or opportunity to build new systems of support can leave immigrants isolated, lonely, and more susceptible to mental health issues. Immigrant women are more likely than men to feel isolated.²²

Discrimination based on race or country of origin can also hinder the building of a new social support network. Discrimination prevents immigrants’ full inclusion and participation in their new community. Some studies have reported that immigrants who experience higher rates of racial discrimination experience higher rates of depression.²³ Other studies have shown that support from one’s ethnic community is associated with positive mental health.^{24, 25}

In Waterloo Region, immigrants rate their sense of belonging to their community similarly to Canadian born individuals.²⁶ This may be due to the high proportion of longer term immigrants included in the data (73.3 percent have lived in Canada for more than ten years).

Volunteering and voting are two indicators of social inclusion. Across Canada, 41 percent of immigrants volunteer for non-profits and charitable organizations, compared to 48 percent for the Canadian born population. Volunteer activity does not appear to be directly related to the length of time that immigrants have lived in Canada although those who have lived here since 1984 tend to volunteer more hours than those who immigrated after 1984²⁷. Sixty five percent of immigrants and 75 percent of the Canadian born population said that they had voted in a recent election. Some of this difference can be accounted for by the fact that immigrants cannot vote until they become Canadian citizens and this may take several years.²⁸

4.0 Employment for Immigrants in Waterloo Region

Immigration is vital to Canada's labour force. Statistics Canada projects that by 2011 virtually 100 percent of Canada's labour force growth will be dependent on immigration.²⁹ However, many immigrants face difficulties finding employment that not only provides sufficient income to meet basic needs, but also allows them to use the skills in which they were trained. Employment is a key determinant of the health of all individuals – including immigrants. The successful match of skills and employment for immigrants is a key determinant of the health of our community. Meaningful work provides a sense of identity and purpose, social contacts, and opportunities for personal growth.^{30 31} The successful match of skills and employment for immigrants ensures a workforce for Waterloo Region in the future.

Finding employment is reported as the most difficult challenge to settlement for newcomers and was rated as the highest priority by newcomers. Of recent immigrants entering the Canadian labour force, 70 percent reported difficulty seeking employment due to issues related to transferring foreign qualifications, lack of networks or contacts, and language barriers.³²

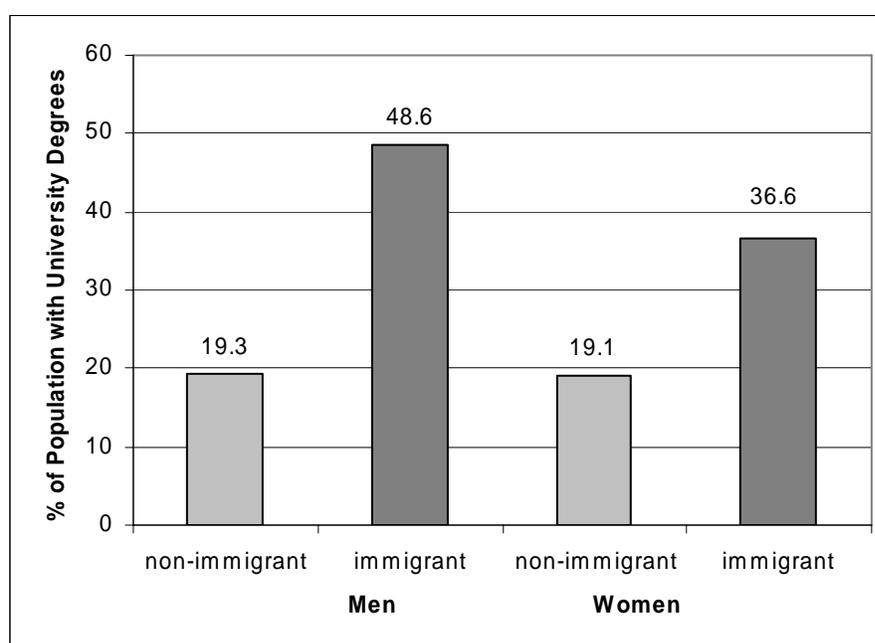
4.1 Recent Immigrants: More likely to be unemployed

In Waterloo Region³³ in 2001, the unemployment rate for recent immigrants was higher than that of Canadian-born individuals (13.7 percent vs. 5.0 percent). The unemployment rate refers to the percentage of the population that is available and looking for work yet is without paid work. Another employment measure used in the Census is based on whether or not an individual worked for pay at all during the previous year. In Waterloo Region in the year 2000, while 3.5 percent of Canadian-born men aged 25-54 did not work for pay at all, almost three times as many recent immigrant men in the same age group did not work for pay at all (9.8 percent). Eleven percent (11.1 percent) of Canadian-born women did not work for pay at all compared to 32.5 percent of recent immigrant women.

4.2 Recent Immigrants: More highly educated

Recent immigrants tend to be more highly educated than those who have been here longer. In Canada, the proportion of recent immigrants who had a university degree rose from 19 percent to 42 percent between 1981 and 2001³⁴. According to the Longitudinal Survey of Immigrants to Canada, 76 percent of Canadian newcomers had credentials higher than a high school diploma. Not only are they more highly educated than longer term immigrants but also are more likely to have university degrees than the Canadian-born population (see Figure 5). Immigrants have valuable skills which can be beneficial to employers and the Canadian workforce if they are effectively utilized.

Figure 5: Proportion of Non-immigrants vs. Recent Immigrants with University Degrees, Kitchener CMA, 2001



Source: Statistics Canada, 2001 Census, Prepared by HDPE, Region of Waterloo Public Health

4.3 Unrecognized Professional Credentials and Foreign Experience

The processes of transferring professional credentials and getting work experience recognized by prospective employers are lengthy and are the main challenges to finding appropriate employment for newcomers.³⁵ Research suggests that some employers undervalue foreign work experience and education compared to the same level of experience and education gained in Canada.^{36,37} The result is frustration for job seekers and significant underutilization of valuable skills in Waterloo Region and across Canada.

In 2003, a survey of 198 recent immigrants in Waterloo Region³⁸ revealed that over half were highly educated in professions needed locally, but were unable to find employment due to problems in transferring credentials or lack of Canadian experience. Only one person out of 29 newcomer professionals was working in his or her field of training, while others were either working in positions unrelated to their profession or unemployed. Upwards of 146 foreign-trained physicians are living in Waterloo Region

and are unable to practice while Waterloo Region is experiencing an estimated shortfall of 24 physicians.³⁹

4.4 “Survival Jobs”

Due to difficulties obtaining employment in their field, many newcomers will accept “survival jobs” in order to pay the bills while they look for jobs in their qualified fields. Sixty percent (60 percent) of immigrants who participated in the Longitudinal Survey of Immigrants to Canada were not working in the same field as before coming to Canada, and 46 percent were looking for another job.

Similar trends are seen in Waterloo Region. Of those recent immigrants who were employed 45 percent were in positions entirely unrelated to their educational background.⁴⁰ Only 37 percent of employed recent immigrants worked full-time.

A study by Statistics Canada⁴¹ showed that recent (10 yr) immigrants were more likely to be overqualified for their current job than their Canadian born counterparts. More than one half (52 percent) of recent immigrants with a university degree worked in a job requiring only a high school education at some point during 1993-2001. This was almost twice the proportion found in the Canadian born population.

4.5 Skills Development

Even though immigrants face obstacles to employment, they are often prepared to pursue further education to increase their chances of employment. In 2001, 45 percent of newcomers to Canada sought training within six months after immigration. The majority of this group took language courses (58 percent) – an indication that improving English skills is a high priority for newcomers to Canada⁴². For immigrants who came to Canada within five years of the 2001 census, only 10 percent did not speak either official language. Women are more likely than men to be unable to speak either official language leading to more severe barriers to employment and accessing training and other needed services.

Of those newcomers who sought training, 28 percent took courses leading to a degree or certificate and 12 percent took job-related training or workshops. Language efficiency and financial constraints were major barriers to pursuing further education.

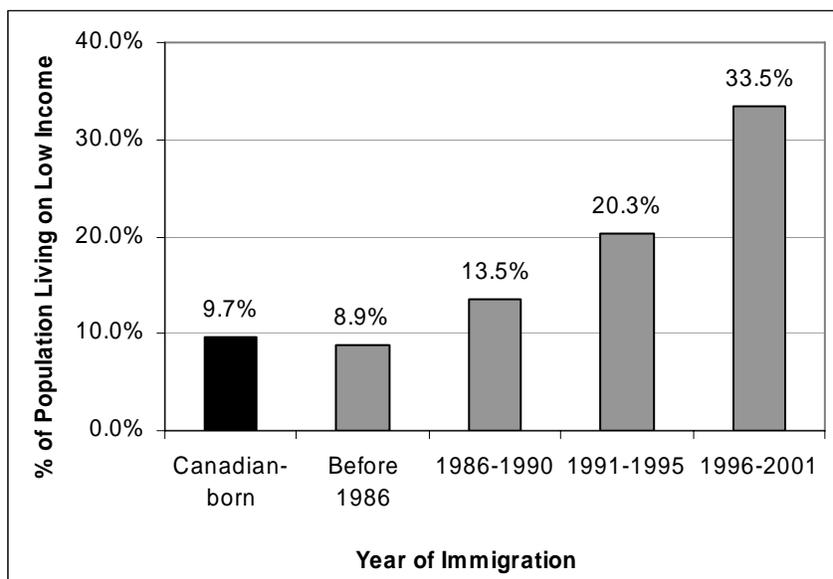
4.6 Income for Immigrants in Waterloo Region

Given the struggles new immigrants have in finding appropriate employment, lack of adequate income is a direct implication. Lack of adequate income affects people’s access to appropriate housing, nutritious and culturally acceptable food, and also limits people’s ability to fully participate in society.⁴³ The stress associated with lacking adequate income can negatively affect mental health.⁴⁴

4.7 Low-Income Rates

In 2000, the low income cut-off (LICO) for Waterloo Region was \$15,757 for one person and \$29,653 for a family of four. The LICO is the level below which people are considered to be living in poverty. Figure 6 shows that a higher percentage of immigrants who have arrived since 1986 are living on a low income than the Canadian-born population.

Figure 6: Immigrants Living on Low Income by Year of Immigration, Waterloo Region, 2001



Source: Statistics Canada, 2001 Census, Prepared by HDPE, Region of Waterloo Public Health

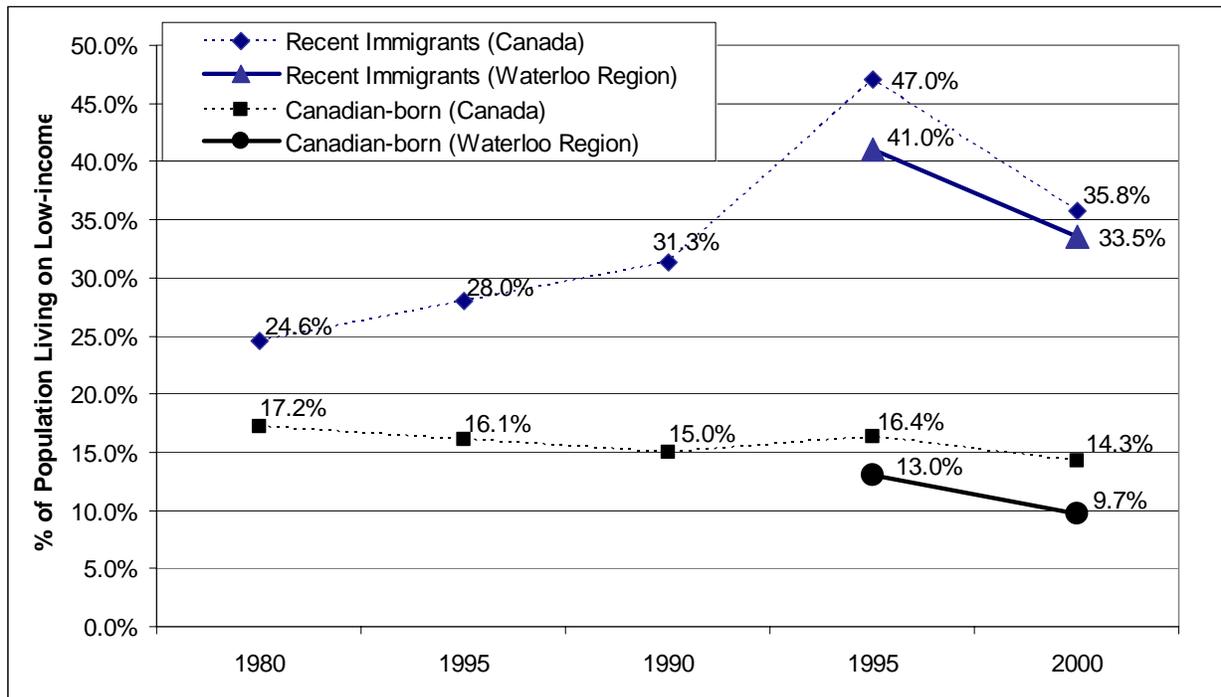
Not only are recent immigrants more likely to live on low-income when compared to Canadian-born individuals, but their overall earnings are lower than the earnings of Canadian-born individuals according to Statistics Canada 2001 Census data. In Waterloo Region recent immigrant men (aged 25-44 years) earned an average of \$33,000 compared to \$51,000 for Canadian-born men, and recent immigrant women earned \$18,000 compared to \$30,000 for Canadian-born women. These figures include all employment earnings regardless of type of work, education level, or amount of work/week.

4.8 Low-Income Trends

While the low-income rate for Canadian-born individuals has decreased over the last two decades, the low income rate for recent immigrants has increased. In 1980, 24.6 percent of recent immigrants had earnings below the low income cut-off compared to 35.8 percent in 2000. Comparatively, 17.2 percent of Canadian-born persons had incomes below the cut-off in 1980, and only 14.3 percent were below in 2000. The gap between recent immigrants and Canadian-born individuals has widened in the last two decades.

In Waterloo Region, a very similar income gap between Canadian-born and recent immigrants also exists, with immigrants experiencing higher rates of low-income than Canadian-born individuals according to the 1996 and 2001 Censuses. However, in Waterloo Region, low-income rates for both immigrants and Canadian-born individuals were below the national averages (see Figure 7).

Figure 7: Recent Immigrants and Canadian born persons living below the Low Income Cut Off, Canada 1980 - 2000, Waterloo Region 1995 - 2000



Source: 2001 Census; Picot, 2003

Notes: Local data is only available for 1996 and 2001 censuses.

Increases in low-income rates among recent immigrants over the last two decades are seen in all education levels, age groups, language types, and family types. This trend is particularly prevalent among individuals from Africa, Southern Europe, and most of Asia. Immigrants from South East Asia and Western Europe, however, experienced a decline in low income rates.⁴⁵

According to Statistics Canada, there are three key factors which explain this gap in income. Part of the decline of the economic wellbeing of new immigrants is because immigrants are increasingly a) coming from non-traditional source countries (i.e. fewer immigrants coming from Western European countries), b) have non-English mother tongue languages, and c) are visible minorities. Secondly, part of the decline is because foreign work experience of immigrants arriving from non-traditional source countries is increasingly not valued as much as it used to be. Lastly, all people entering the labour market for the first time in the 1990s, whether immigrant or Canadian-born, have had lower labour market outcomes.⁴⁶

Discrimination has also been identified as a possible factor in the gap between incomes of recent immigrants and individuals who are born in Canada. According to a report by Canadian Policy Research Network, discrimination, linguistic, and professional barriers may worsen the impact of poverty and unemployment among immigrants⁴⁷. Higher levels of unemployment and underemployment⁴⁸ as well as lower wages among groups of recent immigrants that have educational backgrounds and knowledge of official languages equal to their Canadian-born counterparts suggest the possible presence of discrimination in hiring and promotion procedures.⁴⁹ A Cambridge survey of 71

newcomers who accessed settlement services confirms this issue by finding that almost 30 percent reported experiencing some form of discrimination in Canada – most often employment related.⁵⁰

5.0 Current Momentum

There is significant interest and momentum around the disconnect between immigrant skills and their employment status in Canada at both federal and provincial levels. For example, in April 2005, the Government of Canada announced the Internationally Trained Workers Initiative and the latest provincial budget (February 2006) increased its contribution to newcomer settlement programs.⁵¹ In June 2006, the provincial government announced proposed legislation that would require Ontario's 34 regulated professions to ensure their licensing process is fair, clear, and open. They would also be required to assess credentials more quickly.⁵²

There has also been strong momentum on a local level. In April 2005 Waterloo Region hosted an Immigrant Skills Summit⁵³, sponsored by 16 organizations including the Regional Municipality of Waterloo. This half-day event brought together a cross-section of 179 community members, including representatives from labour, business, government, education, community-based organizations, and immigrant groups. The goals were to invite input and obtain commitment to a set of action plans to attract and integrate immigrant skills into the Region's labour market.

Many of the individuals and groups involved in the Immigrant Skills Summit reinforced the need for a number of initiatives to enhance the ability of this community to recruit and retain skilled immigrants and to connect skilled immigrants with interested employers. They also reinforced the need for an organization to facilitate and coordinate these initiatives on a comprehensive, Region-wide basis.

The Centre for Research and Education in Human Services (CREHS) and the Greater Kitchener-Waterloo Chamber of Commerce have been co-leading the follow-up from the Immigrant Skills Summit. This process has led to establishment of a Waterloo Region Immigrant Employment Network (WRIEN)⁵⁴. This group will work to:

- Facilitate the development of a comprehensive overall regional strategy for immigrant attraction and employment
- Table and assist in the resolution of overlaps and gaps in service delivery
- Act as a clearing-house of information on immigrant employment programs/services
- Provide a framework from which priorities and strategic choices can be made
- Act as a catalyst (not a bureaucracy) to encourage the efforts of existing programs
- Coordinate and integrate (not duplicate) the many community initiatives promoting immigrant employment
- Facilitate partnerships among all stakeholders
- Advise funders to ensure efficient allocation of financial resources
- Lever more investment from senior levels of government for regional immigrant employment initiatives

- Lobby senior levels of government and professional bodies to make legislative changes that facilitate more immigrant employment.

As of the spring of 2006, WRIEN has developed terms of reference, a website, and a three year mandate. It has also secured funding from local sources, has active participation on its five work groups and steering committee from the six stakeholder segments: immigrants, business, education, government, community organizations, non-governmental funders. It is envisioned and hoped that the partnerships, programs, and strategies created during this period would be incorporated into the annual budgets and program plans for employers, the community based organizations, and government agencies involved in this issue.

Within the Regional of Waterloo Public Health there have been a number of exciting initiatives to improve access to services for the multicultural population. A few examples include:

- Family Health Prenatal Health Fairs have greatly expanded the demographic of families that attend by having translators and immigrant service providers available at the event.
- The Family Visitor Program (as part of Healthy Babies, Health Children program) has over the last two years expanded the languages in which it can offer services. Currently the program employs family visitors who collectively can speak 36 languages.
- New Canadian foreign trained health professionals are being employed in an innovative peer smoking cessation program to reach out to new Canadians.
- The Peer Program has also added a new stream – New Canadians who are trained as Peer Health Workers to reach out to other New Canadians.
- Volunteers and staff of community agencies that work with new immigrants partnered with Public Health to plan culturally appropriate community dental clinics focusing on children in new immigrant families
- Public Health has organized a working group with managers and access and equity committee members to establish a policy with principles and guidelines about interpretation and translation.

6.0 Implications of Growth: Objectives and Strategies

Waterloo Region will become increasingly culturally diverse over the next 25 years. More immigrants will be settling in Waterloo Region and they will be making up an increasingly large proportion of the population. This growth will mean our population will have more varied employment experiences and different sets of credentials to sort through. There will be a greater diversity of lifestyles, norms, and expectations of public services. There will be different ways of engaging with service providers and government. Waterloo Region will have more connections around the world.

For the sake of our community's health we need to adapt services, focus on maintaining the immigrant's health advantage, and ensure that immigrants are able to find employment which uses the skills they bring with them. It is critical for local services, and our community as a whole, to become more inclusive.

In order to adapt to and capitalize on the increasing diversity of our community the following objectives are suggested:

6.1 Ensuring Accessibility of Services and Supports

Services of all kinds are essential to ensure the successful integration of immigrants into this community. In offering these services, and designing the policies that support them, it is important to incorporate flexibility, encourage equity and accessibility for all, and to involve both newcomers and those supporting them in the process.

This may include strategies such as taking note from which countries new immigrants are immigrating, studying their geographic settlement patterns, and ensuring that the service provider workforce is representative of the people being served.

Immigrants make many contributions to the well-being of our communities. Therefore it is necessary not only to provide immigrants with appropriate access to services but also to engage them socially and civically in their new society. Our experience and learning from the Access and Equity training offered to new employees in Public Health could be shared more broadly with others.

6.2 Maintaining the “Health Advantage” for Immigrants

In order for immigrants to maintain the health advantage that they have when they arrive in Canada several strategies are important. These may include ensuring that health services continue to be made more accessible and in some cases more targeted to newcomers. Increasing the cultural sensitivity of the health care services would help newcomers navigate through the system and get the care they need. A peer model may be useful in finding ways to bridge the gap between the health care system and new immigrants.

Isolation can be a barrier to good health for many newcomers to Waterloo Region. Strengthening formal and informal social supports, language training, and employment opportunities within the community can be critical to alleviating this barrier.

Within the community as a whole there needs to be a culture of awareness and acceptance – or a diversity mindset. Failure to be culturally aware and appreciative can lead to distrust, disrespect, stereotyping, miscommunication, and increased conflict.⁵⁵

6.3 Addressing the Gap between Immigrant Skills and Employment

Part of the reason that immigrants lose this health advantage after they have been in Canada for a while may be the stresses associated with the low income levels and underemployment they experience. The challenge is to ensure that the conditions that enable them to stay healthy - such as social support, employment, and housing - are in place. Adequate income is essential for sustaining basic necessities such as housing, food, clothing, and other essentials. It is optimal if appropriate income can be obtained through adequate employment which is a source of self esteem and contributes to newcomers' overall health and well-being.

English language classes, as well as other training opportunities, are critical to increasing the employability of some newcomers. Support for language programs is essential and should continue to be available to immigrants upon arrival, as well as on an on-going basis and in the workplace.

In spite of the many skills and qualifications immigrants bring to the region, they sometimes accept jobs out of necessity that do not make use of their skills. Accepting “survival jobs” reduces their ability to not only earn an adequate income, but also to reach their full potential. This underemployment impacts the overall community. Valuable skills that could help the local economy prosper and fill employment gaps in various sectors are not being utilized.

Transferring foreign qualifications to Canadian standards and gaining recognition for foreign work experience are important if the disconnect between newcomer skills and their employment status is to be addressed. Newcomers require settlement, career, and financial support to pursue professional reintegration.

Improving the integration of immigrant skills into the Canadian workforce is complex and requires increased collaboration and work among all levels of government, regulatory bodies and organizations, business, immigrant leaders, academic institutions, and community-based organizations. The needs of skilled immigrants will best be addressed at a systems level by the various stakeholders involved. The Waterloo Region Immigrant Employment Network (WRIEN) is a significant step in that direction.

This background report contains information that impacts the health of immigrants, organizations, and businesses across Waterloo Region, the Regional Municipality of Waterloo, and the broader community and, as such, the report can inform future program and service planning.

Endnotes

¹ Unless otherwise indicated, data is from the 2001 Census and Statistics Canada.

² Fontana, J. (2003). Settlement and Integration: A sense of belonging “Feeling at Home” Report of the Standing Committee on Citizenship and Immigration

³ Centre for Research and Education in Human Services. (2003) Voices for Change: Making use of Immigrant Skills to Strengthen Waterloo Region. Kitchener: Centre for Education and Research in Human Services.

⁴ Region of Waterloo Public Health. (2004). A Profile of Immigrants in Waterloo Region

⁵ Region of Waterloo Public Health. (2004b). Health Status of Immigrants in Waterloo Region

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⁷ Statistics Canada. (2006, May). Population projections by visible minority groups and immigration status, 2031. Custom data. The population projection range as noted is based on a population projection model by Statistics Canada that uses five scenarios with different migration, fertility and mortality variables. The scenarios range from a lowest growth scenario to a highest growth scenario. A base “reference” scenario reflects the effects on projected population of recent demographic trends. These population projections are based on the Kitchener Census Metropolitan Area (CMA) which encompasses all of Waterloo Region except for Wilmot and Wellesley Townships.

Note that the Interim Population Forecast (adopted by Regional Council Feb. 7, 2006) uses a somewhat different definition of 'total population' and has assumptions regarding immigration that differ from these custom projections by Statistics Canada. The Regional Interim Forecast of total population is significantly higher, therefore, than the Statistics Canada estimates in this report. Regional population forecasts are now governed by the provincial Places to Grow Act, 2005 (S.O. 2005, c. 13) and associated Regulations. This requires the Region to plan for a total population of 729,000 in 2031, which represents approximately 686,000 in the Kitchener CMA (as currently defined). After adjustments for differences in definitions, this translates to additional population amounting to approximately 89,000 over the Statistics Canada 'reference scenario' total population, and 38,000 over the 'high scenario' total population. A very substantial proportion of these differences would be expected to be immigrants.

⁸ Statistics Canada defines visible minorities as individuals, other than Aboriginal persons, who are not white in race or colour. Statistics Canada (2003). 2001 Census Dictionary. Ottawa: Ministry of Industry.

⁹ Unless otherwise indicated, all references to recent immigrants refer to those who came between the years 1996 and 2001. When indicated, “10 year immigrants” refers to individuals who arrived between 1991 and 2001.

¹⁰ These secondary immigration figures compare Citizenship & Immigration Canada (CIC) arrivals data with census data over similar time periods. The CIC data only tracks primary migration – the initial intended destination of immigrants, whereas the census

data on recent immigrants counts all recent immigrants currently residing in an area. Comparing the two can give a rough idea of secondary migration.

¹¹ This data is for the Kitchener Census Metropolitan Area (CMA) which encompasses all of Waterloo Region except for Wilmot and Wellesley Townships.

¹² Citizenship and Immigration Canada, Data Warehouse Services, 2006.

¹³ Hyman, I. (2001). Immigration and Health. Health Policy Working Paper Series 01-05 Ottawa: Minister of Public Works and Government Services Canada.

¹⁴ Chen, A.V., Ng, E., and Wilkins (1996). The health of Canada's immigrants in 1994-1995. Health Reports 7(4): 33-45.

¹⁵ Kinnon, D. (1999). Canadian Research on Immigration and Health: An Overview. Cat. No. H21-149/1999E Ottawa: Minister of Public Works and Government Services Canada

¹⁶ Region of Waterloo Public Health. (2004b). Health status of immigrants in Waterloo Region

¹⁷ Ali, J.S., McDermott, S., and R.G. Gravel. (2004). Recent research on immigrant health from Statistics Canada's population surveys. Canadian Journal of Public Health. 95(3) 19-13

¹⁸ Ng, E., Russell, W., Gendron, F., and J.M. Berthelot. (2005). Dynamics of immigrants health in Canada: evidence from the National Population Health Survey. Cat. No. 82-618-MWE2005002. Ottawa: Ministry of Industry

¹⁹ Chui, T. (2003). Longitudinal Survey of Immigrants to Canada: Process, Progress, and Prospects. Cat. No. 89-611-XIE. Ottawa: Minister of Industry

²⁰ Kramer, T. (1991). Services for all: Access in a multicultural community. Social Planning Council of Kitchener-Waterloo.

²¹ The "Taking Culture Seriously in Community Mental Health" study is a Community University Research Alliance project that is exploring multicultural mental health services in Waterloo Region and Toronto. More information about the study can be found at the study website: <http://www.crehscura.com/index.php>.

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²⁴ Hyman, I. (2001). Immigration and Health. Health Policy Working Paper Series 01-05 Ottawa: Minister of Public Works and Government Services Canada.

²⁵ Chen, A.V., Ng, E., and Wilkins (1996). The health of Canada's immigrants in 1994-1995. Health Reports 7(4): 33-45.

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- ⁵³ The Immigrant Skills Summit was led by the Centre for Research and Education in Human Services (CREHS) and more information can be found at: <http://www.crehs.on.ca/skills-summit.html>
- ⁵⁴ The Waterloo Region Immigrant Employment Network (WRIEN) was launched May 30, 2006 and is hosted by the Greater Kitchener Waterloo Chamber of Commerce. More information can be found at: <http://www.wrien.com/en/index.shtml>
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