## Seven Oaks Newcomer Needs Assessment (SONNA, 2012)

## Jana McKee & Seven Oaks Settlement Program

Seven Oaks Healthy Living

Healthy Together Now: Capacity Building Funds

Seven Oaks School Division

This research was funded by Seven Oaks Healthy Together Now. This was done in partnership with Seven Oaks Diversity Committee and Seven Oaks Healthy Living and the Seven Oaks School Division. The research was supported by the Seven Oaks Settlement Program.

### Rationale for Research

- MB Immigration Facts, 2010
  - Population growth, Economic growth, Labour market shortage
  - 15,809 chose Manitoba, Winnipeg top destination with 12,263
- 7 Oaks welcomes the largest number of new immigrants in Manitoba

Manitoba has the most aggressive immigration policy in Canada

Ways to immigrate: 3 broad categories

- 1. Refugees (a) government sponsored [UNHCR] recognized refugees are federally sponsored for 1 year- processed through the Welcome Place and therefore if they move into 7 Oaks the NISW is made aware, (b) privately sponsored by family or other, (c) refugee claimants
- 2. **Temporary workers** chicken farms, slaughter houses (Manitobans typically don't want these jobs)
- 3. Immigrants- people who choose to come to this country
- a) <u>Provincial nominees largest group.</u> Generally well educated/skilled and have at least some English.
- b) <u>Federal Skilled Workers</u> can settle anywhere in Canada and are highly education with good English skills which will enable them to work right away.

Many bring their family members who may not have strong English skills or language proficiency

Seven Oaks welcomes the largest number of new immigrants in Manitoba every year as shown by the next slide.

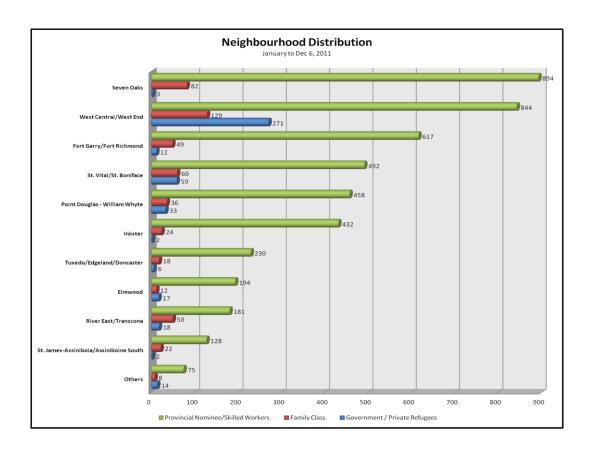


Chart provided by Manitoba Labour and Immigration. Chart highlights settlement by neighbourhood in Winnipeg from January to December, 2011.

Seven Oaks is fastest growing neighbourhood and school division; 50% of the immigrants are children.

## Participants and Methods

- 8 Interpreters
- 40 Participants (ages 19 70 years)
  - -Steering Committee (7 members)
  - Five 1:1 in depth interviews
  - Four Focus Groups
  - ☐ Majority of participants had children

### Steering Committee- comprised of 7 settled immigrants in Seven Oaks

- -met with committee four times
- -established the framework and guiding questions for interviews
- -helped recruit interview participants

### Interviews (5)

- 1:1 interviews and 1 hr in duration
- represented 4 dominant ethno-cultural groups in 7 Oaks: India, Philippines, Ukraine/Russia, Vietnam

### Focus Groups (4)

- -ranged from 4 months to 33 years settled
- -represented 5 ethno-cultural groups in 7 Oaks: from India, Philippines, Ukraine/Russia, Vietnam, and Africa

The majority of the research participants had children. Which makes sense since approximately 50% of the immigrants to Winnipeg are children.

- •75% if participants came from India (40%) and the Philippines (35%)
- •72% of participants were females, 28% were males

## **Focus Group Research Tools**

Service Needs Continuum (0-5 years settled)

- Dot-mocracy
- Recreation & Leisure Survey

#### **Service Needs Continuum**

- -broke into smaller groups consisting of 3-4 people.
- -identify service and resource needs of newcomers during the settlement process over a 5 year period

### **Dot-mocracy**

-participants were asked to identify the top ten services needed by newcomers and services actually used

### **Recreation and Leisure Survey**

-participants were asked to identify recreation and leisure activities that their children, their family and they themselves would like to participate in; all under the context "all barriers removed" which includes time, money, transportation, etc.

## Research Highlights

- · Needs change over time
- Resources & Services
- Transportation
- Networking- social and professional perspective
- Education & Training
- Employment & Volunteering
- Language Proficiency
- Qualification Recognition
- Health
- · Information dissemination

All themes are interconnected and it is difficult to discuss them separately.

# Social Determinants of Health (SDOH)

- 25% of the health of a people can be ascribed to the health care system
  - at least 50% is determined by the economic and social conditions people live in.

(Raphael, 2009)

The Social Determinants Of Health (Raphael, 2009) are used to help frame and guide the presentation.

\*The Western model of health is more reactive and can involve doctors, band-aids, one's physical health, and when you are ill vs. Preventative.

Studies as early as the mid-1970's have shown that the living conditions, or the social conditions and economic forces people experience have a much larger impact on their health than lifestyle choices, such as using tobacco or alcohol (Raphael, 2010).

### What are the SDOH?

### Can include, but are not limited to:

- Income
- Education
- Employment
- Conditions of childhood
- Food security
- Housing
- Services and Social Supports

(Richmond & Ross, 2008; Raphael, 2009; Raphael, 2010)

Income is the one of the most significant determinants of health as it affects a persons or families access to numerous resources.

Income is not only a determinant of health it also impacts the quality of early child development, education and social networks.

Income inequality is a key SDOH as it determines ones ability to access food, housing, childcare, education, clothes and recreation.

The most marginalized group are women newcomers (Ghorayshi, 2010).

### 7 Oaks stories

- Women from Punjabi community
  - "Women are our worst enemy" (cultural perspective)
- Seniors
- Host families
- · Addictions and violence
  - Child abuse
  - Children abusing elders (aunties, etc.)
  - Taboo subject "hiya"
- One women's story: she talked about a class and cast system still existing in India and in Manitoba, including dowry's and arranged marriages, and how some men ensure economic dependency by placing property ownership into patriarch side of family in Canada.
- Seniors are very isolated. One woman shared about how older newcomers get part time jobs and all the money earned goes to their adult child's mortgage, leaving them trapped inside the house with no resources or networks.
- We heard of a Host families shunning the guest family by not eating food that was made.
- "We are a protective and quiet community hampered by some cultural values, such as 'hiya' or ashamed of being embarrassed or looked down upon, stopping us from being able to integrate fully into Canadian society." (community leader)

### Networking

#### Professional

- Mini-workshops with take home packages
- Mentorship model for the workshops
- Workplace unwritten rules, Canadian Culture
- Hidden job market

#### Social Safety Net

- Mental Wellness
- "mixing cultures is good, helps with understanding different accents"
- Organized events, e.g. Family Friendly Events
- Cooking classes and Festivals

All the participants in our needs assessment expressed a desire to meet Canadianized people. They want a wider and larger network base, for personal and professional reasons. They find that their networks are other immigrants, often from their own culture.

Measuring poverty using income alone will not take into account the social aspects of poverty such as social deprivation and social capital (Auger & Alix, 2009)

Social exclusion has negative impacts on health and is the result of the systems and processes of inequality amoung groups or communities.... "The lack of social connectedness and belonging is known to be a primary barrier to well-being and learning" (Raphael, 2009)

Galabuzi (2009) states that "social exclusion defines the inability of certain subgroups to participate fully in Canadian life due to structural inequalities in access to social, economic, political and cultural resources" (p. 254). Social exclusion is both a process and an outcome.

A social safety net includes support services and *who* people surround themselves with, their social supports. Increasingly, the social safety net is an important determinant of health outside of the health care system (Raphael, 2009).

### Results and suggestions from Focus Groups:

### **Professional and Social Networking**

Mental Wellness

"if immigrant spirit is low", "support group with people from your ethnic group", "stress and culture shock" (participants)

"Advertise the events to the public so they know about them...I ambored going to work and just coming home"

## Volunteering

- "I volunteer in my child's school...it builds networks, I know it will have a good impact later on"
- "Volunteering will help with English and to get a reference"
- "No one is willing to give experience, but I can volunteer to get experience"
- "Volunteering is tantamount to Canadian experience"
- "want in 7 Oaks area, close to home"

Newcomers NEED Canadian reference & Canadian experience. Employers expect this and for many newcomers volunteering is the only way to access this.

To engage newcomers in community we need to provide meaningful volunteer opportunities as a way to draw them in- but this will need a personal touch, including providing clear volunteer job descriptions (include the NISW's as they can be the bridges for newcomers to become involved in communities). Newcomers bring with them second languages and skills, most were trained professional in their home countries.

Give people an opportunity to work/volunteer in community and other sectors, this will strengthen our communities, but this requires planning, job descriptions, and must be purposeful. Being aware that there are cultural differences and language proficiency challenges. To build their capacity they need to increase social networks that extend beyond their family and community.

Employment: relevant to experience/training

"Yes" to **entry level** and the **service industry** (e.g. call centre and merchandiser)

"No, I had to work a survival job, but now I am working towards my profession"

70% of participants looked for employment when they first moved to Winnipeg. Of those that didn't look for employment they stayed home because of children or family circumstances.

We asked those who looked for employment if there employment or job was relevant to their experience/training from there home country, for most it was not.

Those that said yes found employment in entry level jobs and in the service industry, for example, working in a call centre or as a merchandiser.

"No, I had to work a *survival job*, but now I am working towards my profession"

## **Employment**

Income = Health

Higher Education = Higher Income

No Credential Recognition = Underemployment

Underemployment + Unemployment = Poor Health

Unsatisfactory, insecure jobs, under-employment and unemployment affects our health, both physical and mental. "Parttime jobs mean less income and fewer or no benefits, and make it considerably more difficult to qualify for Employment Insurance" (Fernandez & MacKinnon, 2010, p. 187).

"The attendant illnesses that arise from being jobless or precariously employed add to the costs of our healthcare system, and the despair arising in many communities [newcomer] leads to higher levels of addictions, violence and suicide" (Fernandez & MacKinnon, 2010, p. 191).

Stories of abuse and addictions are now being heard by Seven Oaks public health nurses and settlement workers.

Participants referred to using a "fake resume" to get any form of employment. Deleting education and experiences in order to get an interview at Tim Horton's for example.

## Qualification Recognition

- 80% of participants do not have their qualifications recognized.
- 1/3 of those did not know anything about qualification recognition.

"When you apply to Canada as a provincial nominee you need certain qualifications, but when you get here it is not recognized...so what is the point of the point system for the PNP?"

Qualification Recognition is ambiguous and murky and systemic. It also depends on the career, industry, sector. It can cost money and only be part recognized.

- Employer owns it (formalized process through government of MB-although currently not accepting new applications)
- 2. Employers are demanding it as we see qualified adults trying to get their MB mature diploma (who already meet the MB Grade 12 Diploma Equivalency, thus a human right violation).

Qualification Recognition: "...college closed and management shifted...so that is why it is not available on internet". Said one participant, who also wrote a letter to the education institution in India and has been waiting over a year to hear back.

# Significant GAP identified in research in Qualification Recognition!

### Needs change over time

- Understand what immigrants are originally focused on in years 1 & 2
- Barriers transportation, childcare, time (shift work- parents), language, lack of confidence, isolation, limited resources
- Culture shock

Important for schools to understand what immigrants needs are in first 2 years:

year 1-2: place to live (not with nominee family), 'survival' job -they are not thinking about health (mental) and balance, many live in poverty.

**year 3-4**: money to buy car, going back to school/upgrading/better job, knowledge about growth and living standards, enjoyment

**year 5 +**: social life, confidence, job security, health insurance, money to buy home, "Able to have a great life as a Canadian", post-secondary education for children, speak good English

**Culture shock:** one participant expressed the desire to participate in school activities but doesn't and can't explain why?! (even with an interpreter present)

Culture shock is a sense of not belonging and not understanding the new environment which he or she finds themselves in. Often people in culture shock feel isolated, tired, sad, have a lack of appetite and motivation. It is a process they have to move through, whether it is 6mths or 6yrs. Many need personal invitations to participate in school/community activities.

(Muecke, A., Lenthall, S. & Lindeman, M., 2011)

# Language Proficiency from a student perspective

- Regular Admission Requirements PLUS
- English Requirements for EAL students
  - U of M: Graduation from MB high school: 5 credits at gr. 12 level, including 2X English 40S (average 75%), or
  - 3 year secondary school program- English primary language, or
  - Test: CanTest, TOEFL, IELTS

We hear many stories of high school graduates who meeting academic requirements but not admitted based on language proficiency requirements.

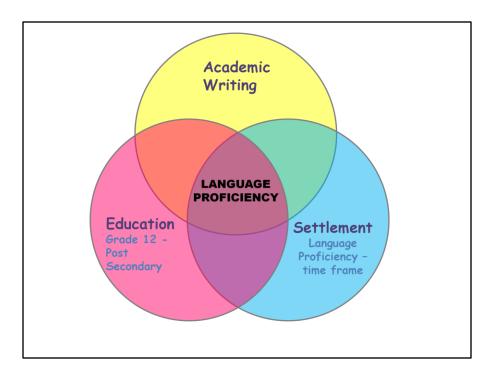
For students entering grade 11, staying an extra year helps not only with language proficiency, academic writing but post-secondary entrance requirements.

For students entering grade 12, an extra 2 years or focus on academic writing to find greater success with Language Proficiency tests. What about those who are 19 yrs plus?

### Suggestions:

- 1. High School Summer School- offering ACADEMIC WRITING option or component
- 2. Community EAL classes- evening session ACADEMIC WRITING to support ALC students
- 3. High school (Sept-June) ACADEMIC writing supports

There is a disconnect with what we are offering at the ALC and what post-secondary requirements are. There is a GAP, "ALL know of gap, but nothing is being done about it". **Many are falling through the cracks.** 



LANGUAGE PROFICIENCY: Age -related challenges and is multi-layered and effects high school & adult education students and their families.

CONTEXT FOR ADULTS: CLB's and Welarc for 18 years plus (free assessment for economic growth, not for school purposes) **ALC-it is recommended they have CLB of 7 or higher**, this is when their thought processes are in English.

### What we see at the Adult Learning Centre:

- (1) 19yrs switch from high school to ALC,
- (2) 21-25 yrs with post-secondary from own country-but little to no work experience, QR from post secondary perspective, that is, U of W, RRC and U of M have their own departments that assess qualifications.
- (3) adults with a lot of work experience and post-secondary qualifications whose employer wants Canadian education and asking for Mature Diploma (human right violation and social justice issue)
- -Many speak English language well, but lack the academic writing skills and therefore cannot pass the English 40S and therefore cannot attain a gr. 12 diploma
- -"Education is different here in Canada". Educational cultures are different. For students from India, plagiarism and referencing is a challenge. They need to learn academic writing from Canadian perspective.

From a settlement perspective time needs to be adjusted to learn and acquire English language and academic writing skills in the Canadian context. Many students and newcomers are frustrated because school takes much longer then they expect due to language proficiency development.

# Post-secondary landscape from newcomer parents perspective

- Post-secondary options
- Academic requirements
- Language proficiency requirements
- Time frame
- Financial- RESP, Student Aid, Scholarships

Story of mom of adult learner at ALC & research- parents want to learn for themselves as children don't catch all information or ask questions that parents need answered. Need information sessions targeted for parents of young adults for post-secondary.

We are creating series of presentations for newcomer parents which incorporate plain language, and where needed/possible interpreters. The key is to collaborate with high schools.

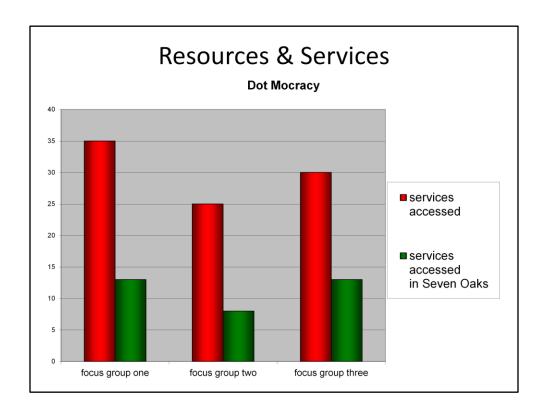
Even though there is information on how to set up an RESP, the process is not so simple and can be daunting. The Seven Oaks Settlement Program is working on developing, in partnership with SEED, a hands on process for newcomer families to learn and set up RESP's for their children and therefore accessing the free money that the federal government is providing for children born after 2004, and for families in middle to low income. Many of our newcomer families struggle financially.

### **Resources & Services**

- "look for relevant job...satisfactory...stable job"
- "own a car...own a house"
- Upgrading education for themselves
- Information on post-secondary opportunities for their children
- "Recreation...community support group"
- "own business...a good and profitable business"
- "Social life...confident"
- "Able to have a great life as a Canadian"

As newcomers settle, some of the goals they would like to achieve with in 2 to 5 years of their settlement experience include what is stated in the slide.

Data obtained from the Service Needs Continuum.



\*Seven Oaks community has limited services/agencies/organization due to the centralized process.

The key to building is understanding the **newcomer perspective** 

We need to recognize what we are doing well, and what we can do differently to truly engage new families to our community

- •information dissemination, language proficiency & translation, context of understanding/learning, personal invites (shyness & uncertain what to expect), networks are limited
- •There is a huge barrier when it comes to accessing services and language proficiency. Example of Interpreters- the WRHA has one of the only recognized training programs with limited access for wider community use outside of hospitals (still not accessible or well known, quote later on), but it is at a high level of confidentiality. We need training programs to develop a pool of interpreters that can support newcomers accessing services, levels are needed vs. the highest level offered by WRHA for schools, banks, dentists, doctors visit, etc.
- consider some of the barriers mentioned earlier- transportation, childcare, time

	12 most used services
	Income related
1	Service Canada
1	EAL classes
2	Entry Program
3	MPI Drivers License
3	WELARC
3	Wpg Harvest
3	Shelter Benefit
4	Cheer Board / Christmas Hamper
5	MB Child Benefit
5	NISW
5	MB Start
6	Library
6	Employment Agency

"Hope to buy more food/groceries with my own money"

(Service Continuum in 2-4years)

Highlighted in the pink are services that are related to income, or low income.

Food banks are accessed by many families living in low SES. One in ten households in Manitoba is food insecure from a moderate to severe degree (Health Canada, 2007 chart on food security insecurity, p. 152).

Low income or poverty is the key cause to food insecurity. Healthy food options are not always accessible as families in low SES must make difficult choices, prioritizing paying rent and choosing shelter over purchasing healthy (more expensive) food options. Access to healthy foods is an important determinant of health (Fernandez & Tonn, 2010).

Quote: One group who completed the Service Continuum stated that in 2-4 years of being settled in Winnipeg they hope to buy more food/groceries with their own money.

## Wants: resources & services

- Information: childcare, winter, housing
- "One stop office where everything is there, we are kind of lost"
- Volunteer work
- EAL classes 4 days a week
- More activities for children
- Social enterprises for stay at home moms
- "I want to see Job fairs in 7 Oaks"

(Information retrieved from dot-mocracy task; participants where asked what do they want/need in terms of resources and services)

### Information:

- 1. Childcare a challenge:
  - "when attending employment programs"
  - "if I worked part time, it wouldn't pay for daycare"
  - "daycare, no room, they are all full"
- 2. Information on proper winter clothes and what brands to trust
- 3. "Rent Aid, didn't know about it", "want a housing advisor"

Entry and starter programs wanted in Seven Oaks. "Everything is downtown"

"Volunteer work...would love to"

### **Children:**

- -information on children's activities (music, sports, art)
- "more activities for children"
- "recreation, swimming for my son"

## Transportation- good news

- "once we know route, we don't have to wait long time"
- "first year used bus-it is good service. It was only late once"
- "In the beginning I relied on relatives to drive me downtown. I can do everything I want by bus except buy rice, it's too heavy"

### Transportation-challenges

- "Bus difficult because of waiting times, cold, I have stroller but my child wants to be carried and this is very uncomfortable to take both at the same time"
- "sometimes I didn't want to go downtown on a bus because is fare is too much with children. \$10 return."
- "hard to read bus schedule."

Two biggest challenges with taking the bus in Seven Oaks:

- 1) Family
- 2) Winter (lack of bus shelters)

\*buses don't go to parks.

\*No bus access on Sunday's to go to church, "it was easier to go all the way downtown".

### **Recommendation:**

"have summary for bus route, many areas people go to"
"there are no shelters in Seven Oaks" and "Seven Oaks needs

"there are no shelters in Seven Oaks" and "Seven Oaks needs heated bus shelters"

-bus training, hands on/experiential training

# <u>Some learning pains:</u> (bus training may help in some of these areas)

"I am unaware of bus stop times and directions"

"First time gave too much money because I didn't know and bus driver was busy"

"need help explaining bus transfers"

### Health

- Healthy Immigrant Effect
- Challenges
  - Finances
  - Time is a rare commodity
  - Transportation
  - And lack of timely information

"I want my son to go swimming, but didn't know programs before. Now I do because they just told me."

When new immigrants arrive they are healthier then the average Canadian, but with in 10 years there health advantage is lost (Chen, J., Ng, E & Wilkins, R., 1996).

To maintain the healthy immigrant effect we need to focus on health, recreation and leisure from the beginning by providing them information and opportunities to learn about and experience recreation and leisure. Our research has identified that newcomers want experiences in and out of doors, this includes within city limits and beyond. For example, in the city many participants enjoyed visiting local parks including the zoo and expressed a desire to explore more of Manitoba. The participants in our study who have been here over three years talked about visiting Grand Beach, Whiteshell and Clear Lake.

Some of the challenge or barriers experienced by new immigrants in Seven Oaks include, finances, time, childcare and transportation.

"I want my son to go swimming, but didn't know programs before, now I do because they just told me."

(They referring to the focus group facilitators)

Valking, running, hiking		Child(ren)	Family	
3.	17	11	13	
Park, picnic	12	9	15	Top Activities
Reading, listening to music	14	9	12	10p Activities
vatching TV/movies, video games	13	11	14	
				Blue 80%
ym, yoga, fitness classes	12	8	8	Pink 60%
oike riding	7	12	9	
oller blading, skate boarding	5	12	4	Yellow 50%
Coo, museum	8	7	13	
Skiing	8	11	5	
Shopping	12	6	11	
Cooking classes	11	2	4	
estivals, movies, concerts	10	9	13	
	+			
occer (football)	3	9	1	
Basketball Swimming, sunbathing, beach	3	9	3	
•	8	8	9	
ishing, hunting Bardening	9 11	6 5	9	
pargening pird watching, visiting farm	8	6	8	
Skating	5	9	9	
ibrary	10	9	4	
Ausic lessons	6	9	5	
	1 0		,	

This chart was the synopsis of the Recreation and Leisure survey. Blue 80%, Pink 60%, Yellow is 50% responded they want this experience.

What is interesting to note, the activities that have been highlighted as the most desired or popular has minimal cost involved and little to no equipment necessary.

We are using this data as a foundation to provide opportunities to for newcomers to experience recreation and leisure, within the Seven Oaks community and beyond.

Many participants spoke about enjoying festivals and being in the 'country or farm' and beaches in their country, and wanting to experience this here.

## Challenges: Recreation & Leisure

Winter or weather

"Want to learn skiing but too cold"

"Equipment, don't have winter equipment"

Money, Stress in Jobs, Working, Tired, & Childcare

"childcare, no time to do with husband"

"kids want different things for fun than the adults"

# Winter is the biggest challenge to accessing recreation and leisure for participants in research.

- "Love snow"
- •"1st time experiencing winter, still adjusting to temperature"
- •"no equipment for tobogganing"
- •"Looking through flyers from [local elementary school], I am aware but have *no finances* to go through them"
- •"I don't know about free programs in Seven Oaks". Participants in our study did not refer to the Leisure Guide, even when prompted and were not aware of the "Priceless Fun" which highlights free programming through out the city. Most find it hard to read/understand.

One goal is to provide outdoor recreation/leisure opportunities for the family and individuals to be able to participate in; with little to no cost, equipment and transportation provided. The Seven Oaks Settlement Program offers 4 Seasonal Outdoor Family Fun Days through out the year. Our Winter Family Fun Day held February, 2012 had over 70 participants.

## Health

- Seasonal challenges, "swelling in my body in winter"
- "want healthy cooking in Canada"
- Leisure Guide- "I read it, but don't know where it is or how to access it"
- · Mental health

All of our participants spoke of gaining weight after arrival, more so in the winter because they were house bound unsure what to do in the winter.

Mental Health- we are hearing more stories of addictions and abuse from Public Health Nurses, Seven Oaks Needs Assessment Steering Committee, and Settlement Workers (SW).

We have started the process of setting up a steering committee to help facilitate the process to develop support groups in Seven Oaks that are culturally and gender sensitive, and community lead.

Two pilot gendered group sessions, one for men another for women, have started in November 2012 and will be complete in February 2013, funding for this pilot is provided by Seven Oaks Healthy Living committee.

### Mental Health

"Mental health refers to emotional and social wellbeing in which the individual realizes their own abilities, can cope with normal stresses of life, can work productively and is able to make contributions to their community"

(Mental Health Literacy Network, 2009)

In 1990 the World Health Organization listed the ten most disabling mental health disorders, Depression tops the list as number one disorder that creates the most disability.

- 1 in 3 Canadian will have a mental health problem at some point in their life
- 1 in 5 will have a mental health problem in a given year
   of those experiencing mental ill health, 70-80% will go on to
- -of those experiencing mental ill health, 70-80% will go on to make a full recovery

Currently the push is more from a **community level** in terms of recognizing, addressing and focusing on mental health, by providing proactive opportunities to create healthy people and communities.

# Language Proficiency... a reoccurring theme

- "There is a stereotype that if you don't know English, you are not intelligent."
- "Basic English is not a problem, but idiomatic English is, in order to understand the culture. It can make you feel outside the culture"
- "Writing is difficult...I have all credits I need to graduate, but English level is low so I (still) can't graduate"
- "Health Science Centre-I can understand but can't explain. I wish I can speak to them"
- "You need good English to argue with people, example the bus driver"

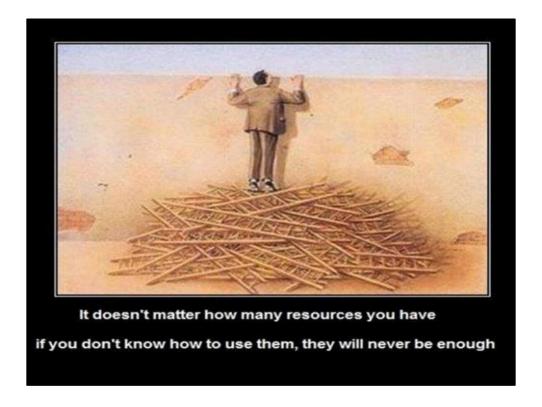
We have to get beyond the accent, as accents are part of the fabric of our province.

In our research we have found that language proficiency effects every aspect of life and settlement: education, academic writing, pride and self-confidence, privacy, health, employment and so on.

We have enlisted a Conversation Circle concept that is filtered through out programming to ensure participants understand what is being shared and to increase their capacity and confidence in sharing with others their stories and experiences.

## Dissemination: Suggestions from data

- Priority given to sessions or events that offer English language development opportunities
- Word of Mouth (work, family, friends)
- Cultural newsletters
- Cultural community organizations
- Emails & websites
- •Offer social activities and recreation opportunities that incorporate language learning and building diverse networks, both professional and personal.
- •ALL opportunities should be accessible by bus, or provide transportation
- Cultural newsletters:
  - •Metro, Filipino Gazette, Des Pardas, Telegram English, Filipino Journal,
  - School newsletters
- •Cultural community organizations (churches, temples, cultural stores/restaurants, PCCM, community centre)
- Advertise on buses, bus stops
- •Translate key phrases in document versus the whole document



When are you no longer an immigrant?

### The last stage of the Settlement Process is Integration:

"When an immigrant attains a stable means of livelihood and a sense of connectedness to Canada and their community, functions independently and confidently and participates actively as a contributing member of society, reasonably satisfied with life and status". (Guruge, S., Collins, E., & Bender, A., 2008).

## References

- Auger, N. & Alix, C. (2009). Income, Income Distribution, and Health in Canada. In D. Raphael (2<sup>nd</sup> Ed.), Social Determinants of Health (pp. 61-74). Toronto, Canada: Canadian Scholars Press Inc.
- Carter, T. (2009). An Evaluation of the Manitoba Provincial Nominee Program. Manitoba Labour and Immigration, Immigration Division.
- Chen, J., Ng, E & Wilkins, R. (1996a). The health of Canada's immigrants in 1994-1995. *Health Reports*, 7 (4), 33-45
- Chen, J., Ng, E. & Wilkins, R. (1996b). Health expectancy by immigrant status. Health Reports, 8 (3), 29-37
- Fernandez, L. & MacKinnon, S. (2010). Unemployment and Precarious Employment as Social Determinants of Health. In Social Determinants of Health in Manitoba (pp 183-194). In Fernandez, L., MacKinnon, S. & Silver, J. (Eds.), Social Determinants of Health in Manitoba (pp. 151-160). Canadian Centre for Policy Alternatives-Manitoba.
- Fernandez, L. & Tonn, N. (2010). Food Security as a Social Determinant of Health. In Fernandez, L., MacKinnon, S. & Silver, J. (Eds.), *Social Determinants of Health in Manitoba* (pp. 151-160). Canadian Centre for Policy Alternatives-Manitoba.
- Galabuzi, G. E., (2009). Social Exclusion. In D. Raphael (2<sup>nd</sup> Ed.), *Social Determinants of Health* (pp 252-268). Toronto, Canada: Canadian Scholars Press Inc.
- Ghorayshi, P. (2010). Listening to Newcomers in Winnipeg's Inner City: Unpacking the Health Needs of Immigrants and Refugees. In Fernandez, L., MacKinnon, S. & Silver, J. (Eds.), Social Determinants of Health in Manitoba (pp. 173-182). Canadian Centre for Policy Alternatives-Manitoba.

## References

- Guruge, S., Collins, E., & Bender, A. (2008). Working with Immigrant Women: Guidelines for Mental Health Professionals.
- Muecke, A., Lenthall, S. & Lindeman, M. (2011). Culture shock and healthcare workers in remote Indigenous communities of Australia: what do we know and how can we measure it? Rural and Remote Health 11: 1607. Retrieved 2 from <a href="http://www.rrh.org.au">http://www.rrh.org.au</a> (April 9, 2012).
- Raphael, D. (2009). Social Determinants of Health: An Overview of Key Issues and Themes. In D. Raphael (2<sup>nd</sup> Ed.), Social Determinants of Health (pp 2-19). Toronto, Canada: Canadian Scholars Press Inc.
- Raphael, D. (2009). Social Structure, Living Conditions, and Health. In D. Raphael (2<sup>nd</sup> Ed.), Social Determinants of Health (pp 20-40). Toronto, Canada: Canadian Scholars Press Inc.
- Raphael, D. (2010). An Overview of the Social Determinants of Health. In Fernandez, L., MacKinnon, S. & Silver, J. (Eds.), The Social Determinants of Health in Manitoba (pp. 7-28). Canadian Centre for Policy Alternatives-Manitoba.
- Quinto, J. & Rajwan, S. (2010). Community Health Nursing: Assessment of Aggregate Needs. Community Health Assessment Paper, University of Manitoba.
- West Central Health Assessment Project: Final Report (2006)
- Working with Immigrant Communities: A Guide for Service Providers. The Improving Access Project-March 2008. Retrieved 2 from <a href="http://www2.immigratemanitoba.com/asset">http://www2.immigratemanitoba.com/asset</a> library/en/partners/improvaccess09.pdf (April 2, 2012).