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FOCUSED
Community Health Assessment
REPORT (2010-001)

Health of Immigrants and Refugees in the Winnipeg Health Region:

A Community Health Assessment Resource for Health Services Planning

November 2010

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Key Messages

Part One: Setting the Context

- One needs to be acquainted with what is meant by "immigrant", "refugee", "status" and "classifications" describing how an immigrant or refugee arrives in Manitoba to understand how immigration is affecting Manitoba.

- Several sources of data on immigration, both federal and provincial are available; however, data sources evolve and one must make the distinction between recent arrivals and the overall "immigrant population" over time when using data for health planning purposes.

- Federal and provincial immigration policies and initiatives help to provide a framework for cooperating on immigration targets; provincial policies, specifically, help to identify and nominate prospective individuals.

- Manitoba now has the highest rate of immigration in the country. In 2008, the province welcomed over 11,000 new immigrants: 76% settled in Winnipeg and majority of those (69%) immigrated as economic class immigrants. Most of Winnipeg's immigrants (65%) come from Asia and 21% come from Africa and the Middle East (2008).
- Six demographic variables have significant implications for health care planning: (1) size of immigrant & refugee populations, (2) indicators of socio-economic status, (3) source or country of origin, (4) English language fluency, (5) age & gender and (6) proportion of refugees within a newcomer population

Part Two: Developing an Evidence-informed Response

- Recent research has highlighted how quickly after arrival in Canada the health of some immigrant and refugee groups declines; also, the relationship between increasing poverty, decline in health status, and non-European country of origin is evident in the literature.

- Organizational diversification strategies are needed to respond to our society's increasing diversity, and provision of services to meet the specialized needs of some new arrivals.

- Failure to address immigrant and refugee needs on arrival will contribute to both declining health and additional challenges for adaptation by new immigrants, and additional costs to the health system in the future.

- Unaddressed barriers to care result in increased risk of preventable illnesses and conditions, exacerbation of underlying problems, inappropriate use of health services, and ultimately, higher health care utilization.

Executive Summary

The report on the **health of immigrant and refugees** in the Winnipeg Health Region (WHR) is the first in a series of focused Community Health Assessment reports produced as a part of the WHR's community health assessment process. Part of the purpose of a focused report is to help identify community health assets and issues to assist in setting health objectives. It also identifies "community" as populations sharing common interests, characteristics or experiences relevant to understanding health services needs.

Part One: Setting the Context

Manitoba now has the highest *rate* of immigration in the country, even though the number of immigrants to Manitoba may be small compared to many other larger Canadian centres.

- Total numbers have been increasing rapidly over the past decade despite being significantly lower than in other provinces. Manitoba has not felt the same urgency in developing immigrant/refugee specific health services, in part, because of the smaller total numbers of arrivals. Regardless, a number of issues are requiring a proactive, programmatic response.

- Immigrants arriving in centres where there are fewer individuals from their community of origin (i.e., where communities of origin in the adopted country are less "institutionally complete") may face significantly greater barriers to access, due to a greater likelihood of cultural and linguistic barriers and inadequate social support. As a result, immigrants and refugees are less likely to have access to health providers from their community of origin, and settlement and interpretation services may be more limited. In other words, although total numbers may be lower, individual needs may be more complex and acute.

Demographic data can provide insights as to needed health services

- The highest proportion of all immigrants is in their child-bearing years. Reproductive health and pediatric services are therefore two areas where changes in demographics due to an influx of immigrants and refugees may be most felt.

- The proportion of refugees and immigrants from war affected countries, gives some indication of the need for specialized mental health services.

- The increasing numbers of immigrants from non-European countries presents additional needs for specialized health services, particularly related to tropical/infectious diseases, and health system orientation.

- Many new arrivals do not speak English or French on arrival; also, many Francophone immigrants also face significant barriers to care. Ongoing attention is needed to develop language access services which are culturally safe.

- Most of the increase in provincial immigration is the result of the Provincial Nominee program. These Economic Class immigrants, while needing some additional services, do not generally bring the complex health issues of Refugee or Family Class immigrants. Increasing proportions of the Economic Class immigrants are also settling outside the Winnipeg area.

Immigrants to Manitoba are diverse

- Immigrants arriving in Manitoba are not a homogenous population; they represent all world areas, numerous languages, all ages, and a variety of life experiences.

- Planning must reflect the many populations and diverse health needs within this group. Not all immigrants have similar health issues or service needs. For example, a university professor recruited to Canada from the U.S. or Australia would not have the same health needs as a refugee with limited formal education from a war-affected country.

- Planners should assume significant diversity *within* a group from a particular country – in education, language, culture, and immigration experience. Cultural training programs must prepare health and language services providers for this diversity.

- Immigration experience, or immigration category, is but one aspect of an individual's experience. Individual immigrants or refugees may or may not belong to other underserved groups; that is, they may be members of indigenous groups from other parts of the world, face language barriers, live with disabilities, be of a visible minority, be poor, or of alternate sexual orientation.[a] The fact that an individual is an immigrant or refugee is just one aspect of their identity and health and social services needs.

- Another important aspect of diversity is "length of time" since arrival in Canada; that is, the needs of those recently arrived may be different from the needs of those who have been in Canada for some time.

Part Two: Developing an Evidence-informed Response

Part Two outlines the key health issues affecting immigrants and refugees and identified priorities and key principles for development of service responses in the Winnipeg region.

There is growing evidence that some populations do not experience equitable access or treatment either from publicly insured services (as specified in the principles of the Canada Health Act, 1985) or extended health services. Some newcomer populations to Canada are among these underserved populations.

Many factors contribute to the health (or, as recent research indicates, the declining health) of Canada's immigrants; the health system is but one determinant. However, health

[a] Stephens, S. 1993. Community based programs for a multicultural society: A handbook for service providers. Winnipeg: Planned Parenthood Manitoba.

services (and access barriers to them) function as important determinants of health. Health systems that fail to provide equitable care have the potential to exacerbate social disparities and contribute to lower health status.

Recent research has highlighted how quickly after arrival in Canada the health of some immigrant and refugee groups declines. It has shown the relationship between increasing poverty in immigrants and refugees, decline in health status, and non-European country of origin. Organizational diversification strategies are needed that respond to the increasing diversity of our society. Services need to meet the specialized needs of some new arrivals.

Addressing identified gaps will require resources. Failure to address needs on arrival will contribute to both declining health and additional challenges for adaptation by new immigrants, and additional costs to the health system in the future. Unaddressed barriers result in increased risk of preventable illnesses and conditions, exacerbation of underlying problems, inappropriate use of health services, and ultimately, higher health care utilization. The overall strategy suggested by this review of the evidence minimizes costs to address current needs, as it:

- minimizes duplication through a single point of access, and avoids development of a parallel service structure
- focuses on issues where both the research and community evidence indicate priority needs and service responses, and
- focuses resources "upstream" with the intent of minimizing utilization of higher intensity services.

Immigration will continue to increase; there is no other alternative for societies, such as Canada's, that are facing an aging population along with low fertility rates. The majority of immigrants (who also play a vital role in health service provision) will be arriving from countries of the developing world--increasing the likelihood of differences in language, culture, religion and life experience between patients and their providers.

The challenges currently experienced by both newcomer communities and the providers caring for them can be expected to increase. Although we have lagged behind other cities in our response to the needs of newcomers, the **opening up of the WRHA-operated, BridgeCare Clinic** (opened November 23, 2010) is helping to mitigate this.

At the same time, Winnipeg has:

1) lead the country in provision of trained health interpreter services across the continuum of care;
2) approved the development of a framework for responding to our diverse society;
3) completed a coordinated, evidence-informed response to planning for immigrant and refugee health services; and,
4) developed productive partnerships with Manitoba Labour and Immigration as well as numerous community settlement services.

Although these initiatives will position the region to respond to current needs in immigrant and refugee health, we must remain vigilant about how responsive we are to meeting the demand of the increasing numbers of immigrants and refugees to Manitoba.

Background of Focused WRHA
Community Health Assessment (CHA) Reports

This report on the health of immigrant and refugees in the Winnipeg Health Region is the first in a series of **Focused Community Health Assessment Reports** (2009-001) produced as part of the Winnipeg Regional Health Authority's ongoing community health assessment process.

The aim of Community Health Assessment (CHA) is to identify community health assets and issues to assist in setting health objectives and monitoring progress towards those objectives.

The Winnipeg Regional Health Authority (WRHA) is a large and complex health services organization, with over 27,000 employees serving a large and diverse population. This size presents unique challenges in designing community health assessment activities that engage all communities appropriately, while supporting broad-based health services planning. Over the past few years the Research and Evaluation Unit has been redesigning the region's approach to community health assessment in order to address these challenges. As a result, there are four principal CHA activities:

A. **The CHA Comprehensive Report.** The WRHA is mandated to submit a final comprehensive CHA report to the Department of Manitoba Health and Healthy Living every five years. This report contains an analysis of core indicators selected for comparison between RHAs in Manitoba. It also contains information that synthesizes the key priorities and themes that emerge over the course of the five-year cycle in the *Focused CHA Reports* and in the *Community Area Profiles*.

B. **Community Area Profiles**. Community Area Profiles relate to the geographic communities within the Winnipeg Health Region, and are based on a ***geographic*** definition of community. Information is provided by each of the WRHA 12 Community Areas, and where available and relevant, by the 25 Neighbourhood clusters making up these Community Areas. These profiles are a web-based resource and include community-level data resources. Profiles are continually updated as new data becomes available. Further development of the Profiles is in progress.

C. **Focused CHA Reports.** Unlike Community Area profiles that are based on a geographic definition of community; focused reports identify community as populations or individuals sharing common interests, characteristics or experiences relevant to understanding health services needs. These reports focus on specific health conditions (e.g. mental health, chronic disease) or populations with specific demographic characteristics, experiences, or health conditions. Topics for these focused reports are determined by the WRHA Community Health Assessment Committee. This Committee, which has representation from all key WRHA program areas has as a major objective the identification of health disparities and guidance in addressing them.

D. **Integration into WRHA planning.** A number of activities have been implemented to promote the usefulness of CHA activities, and promote the integration of the CHA into regional planning processes.

Additional information on the WRHA Community Health Assessment can be found on the CHA web site: (www.whra.mb.ca/research/cha/index.php).

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Introduction

Despite Canada's health system being ranked among the top 20 in the world (WHO, 2006) and the adoption of the Canada Health Act (1984) that focused on equalizing health care access for all residents of Canada, distinct health disparities continue to exist in this country. Typically **health** disparities are defined as differences in disease burden (morbidity and mortality) among specific population groups (e.g., First Nations Peoples and other Canadians).

Although health care is only one of a number of factors affecting health disparities, this determinant, unlike other determinants, can be addressed directly by the health care system. Health **care** disparities result from differential access to preventive and primary care services, to availability of specialized services needed by specific populations, and from differences in understanding of both technical and interpersonal treatment (including language congruence between provider and patient) at the point of care.

Newcomers to Canada, both immigrants and refugees, have been recognized as a population group at risk for health *care* disparities that may in time result in actual health disparities. Concern for newcomers is amplified by the fact that, after Switzerland (22.9%) and Australia (20.3%), Canada accepts a greater proportion of their national populations of immigrants and refugees (18.9%) than other developed countries.[b] In addition, provincially Manitoba has a policy commitment of increasing its immigrant population---largely in an effort to enhance the available skilled labour pool in the province.

In spite of evidence of important health disparities among some segments of the immigrant and refugee population, the Canadian health care system has, until recently, taken limited initiatives to address them. This lack of action is the result of the convergence of a number of historical and cultural factors that have often resulted in reliance on the settlement (rather than the health) sector to deal with a broad array of needs of new arrivals.

However, this situation has been changing across Canada, and many cities have developed specific health strategies to respond to the needs of new arrivals. A number of recent developments have contributed to the need for a focused report on immigrant and refugee health issues for the Winnipeg Health Region. Four of the major contributing factors are:

- ***The recent increases in immigration to Manitoba.*** Since the late 1990s, the government of Manitoba has made assertive efforts to increase the number of immigrants settling in the province. As a result annual immigration has increased 201% since 1999 (see Table 1, page 20).

- ***Increasing complexity of health needs of newly arrived refugees.*** Changes resulting from the 2001 *Immigration and Refugee Protection Act* have had a direct impact on the complexity of health needs presented by *refugees* arriving in the province. Since 2001, refugees and other protected persons are to be accepted into Canada even if they have

[b] United Nations, Department of Economic and Social Affairs, Population Division (2009). International Migration Report 2006: A Global Assessment. Accessed on 02 November 2009 at http://esa.un.org/migration

health conditions that would have otherwise made them ineligible for immigration. Many are arriving with acute and complex health problems.

- ***Changes in patterns of immigration.*** The shift in source immigration countries over the past three decades (from countries of Europe, the U.S. and the British Commonwealth, to countries of Asia/Pacific, Middle East, Africa and Latin America) has resulted in a greater likelihood of:

    - differences in health beliefs and practices between new arrivals and their care providers;
    - language barriers between patients and their health care providers;
    - lack of provider experience with diseases "new" to Canada – (e.g., malaria, intestinal parasites);
    - lack of specialized services for such diseases and conditions (including specialized mental health services for children subjected to civic unrest and military action); and,
    - potential for provider stereotyping and/or discrimination.

- ***Results from ongoing local community and staff consultations and research activities.*** A number of Winnipeg community consultations[1-11] and research activities[12-13], combined with the challenges reported by many direct care providers in caring for these patients have highlighted important and specialized health needs faced by newcomers to the region, gaps in service, barriers to access; patient safety risks; and lack of health system responsiveness to the needs of this population.

Ultimately, these factors contributed to the decision of the Winnipeg Regional Health Authority (WRHA) Community Health Assessment (CHA) Committee to identify immigrants and refugees as populations requiring a special focus in the CHA process.

Report's Purpose

The purpose of this report is to assist regional health planners to integrate evidence-informed responses to immigrant/refugee issues into ongoing strategic and health planning. As such the report provides the following:

- ***Key definitions and concepts*** related to immigrant and refugee health, including a glossary of terms.

- ***Current demographic data*** on Winnipeg's immigrant and refugee populations, and background on the local service context.

- ***A synthesis of evidence*** on immigrant and refugee health issues, including local data where available.

- ***Evidence on effective strategies*** for addressing identified health care disparities experienced by this population to assist in preparing a regional response.

- ***Guidance in identifying priority health issues*** and populations within the immigrant and refugee community.

Structure of the Report

This report is divided into two parts with dependent but separate foci. **Part One** of the focused report sets the context for understanding fundamental issues regarding the immigrant and refugee populations in the region as well as the province and the country overall. **Part One: Setting the Context** is organized into five sections.

SECTION 1 is a *glossary of terms* with key definitions and concepts essential to understanding immigrant and refugee health issues as well as the information contained in the rest of the focused report.

SECTION 2 summarizes the data sources used in this focused report, including an identification of the strengths and limitations of the data sources.

SECTION 3 describes the immigrant and refugee populations in Winnipeg by comparing migration trends with those of both the province and Canada as a whole.

SECTION 4 summarizes implications of the demographic characteristics of immigrants and refugees in relation to health and health care. This section serves as a foundation for the second part of this focused report.

SECTION 5 provides some cautionary guidance in interpreting and using data of immigrants and immigration.

Part Two: Understanding the Health Status of Immigrants & Refugees of the focused report describes what is presently known about the health status and factors influencing immigrant and refugee health. Part Two also summarizes the evidence on effective strategies for addressing identified disparities experienced by immigrants and refugees, as well as guidance in identifying priority health issues and priority populations within the immigrant and refugee community.

Part One: Setting the Context

Understanding the Health and Health Issues of Immigrant and Refugee Populations

in Winnipeg, Manitoba and Canada September 2010

Section 1

Key Definitions and Concepts for Defining and Describing Immigrants and Refugees

The following definitions and concepts are in addition to specific glossary entries in the Citizen and Immigration Canada website at:
http://www.cic.gc.ca/english/resources/statistics/facts2009/index.asp
The reader is encouraged to access this website for any particular definitions which Immigration Canada uses and which are not defined below.

A. Migrants

This term, while less used in Canada, has seen increased use in other countries. UNESCO defines migrant as "*any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country*".[c] However, there are differences as to whether this umbrella term, while including both immigrants and temporary residents (e.g., students and temporary foreign workers) also applies to those who were forced into exile (e.g., refugees). UNESCO considers that the definition does not apply to refugees, displaced or others forced or compelled to leave their homes. Rather, **migrants** are people who make choices about when to leave and where to go, even though these choices are sometimes extremely constrained. Indeed, some scholars make a distinction between voluntary and involuntary migration.[b]

B. Immigrant and Refugee

Although the terms "immigrant" and "refugee" are often coupled, there is an important distinction between these two categories: Immigrants are people who *choose* to come to Canada; refugees are those who are *forced* to flee their country of origin to seek safety in Canada. It is important to note that many refugees do not identify themselves as immigrants since they had no intention of leaving their country – they were forced into exile. Because of the difference in migration experience (and the implications of this experience for health) it is useful to differentiate between immigrants and refugees in health services planning. These definitions, however, do not necessarily align with **definitions of immigrant status** that we use in Canada (see below).

[c] United Nations Educational, Scientific and Cultural Organization (UNESCO). Glossary on Migration. Accessed on September 25, 2010 http: www.unesco.org/shs/migration/glossary

C. Immigrant Status

Immigrant status refers to the policy category under which either an immigrant or refugee is designate as they arrive in Canada. These categories are more useful as indicators rather than as experiential categories. Immigrants come to Canada either as a) **permanent residents**, or as b) **temporary residents** (Figure 1). Permanent residents were formerly referred to as *landed immigrants*, and this term is still sometimes used interchangeably with *permanent resident*.[d] Commonly, a landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities.

1. **Permanent residents** come to Canada in one of three categories: Economic Class, Family Class, or Refugee Class. Provincial and federal immigration policies have a direct bearing on the number of persons coming to Canada within each category. All persons admitted under one of these three categories have the same legal status and civil rights; only the "reasons for acceptance" differ.

    a. Economic Class: business immigrants, federal skilled workers, live-in caregivers, and, in Manitoba, participants in the Manitoba Provincial Nominee Program (MPNP).
    b. Family Class*:* immigrants who have been sponsored by family members already living in Canada. The family sponsor is financially responsible for these new immigrants for their first ten years in Canada.
    c. Refugee Class*:* convention refugees[e] and others in refugee-like situations that require protection under international law. This category includes both government-assisted and privately sponsored refugees.

    Given the three categories of permanent residents, it is possible that both voluntary immigrants and refugees seeking asylum could arrive from the same country, leaving behind or escaping similar circumstances, and land in Canada as differently categorized permanent residents. For example, a person landing in Canada as a refugee may, after becoming a citizen, apply to sponsor other family members using a Family Class application. Hence, even though all members of the family may have had the same war-related experiences, they would have been accepted as permanent residents to Canada through different immigration categories. Recent Quebec research, for example, found that 61% of economic and 50% of family class immigrants indicated that they left their homeland because of the political situation there[f].

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[d] Immigration and Refugee Board of Canada. (2006) Immigration and Refugee Board of Canada: An Overview. Accessed on September 25, 2010 at http://www.irb-cisr.gc.ca/Eng/brdcom/publications/oveape/Documents/overview_e.pdf

[e] A convention refugee is a person who by reason of a well-founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group or political opinion, (a) is outside each of their countries of nationality and is unable or, by reason of that fear, is unwilling to avail themselves of the protection of each of those countries, or (b) not having a country of nationality, is outside their country of former habitual residence and is unable or, by reason of that fear, unwilling to return to that country.

[f] Rousseau, C. and Drapeau, A. (2004). Premigration exposure to political violence among independent immigrants and its association with emotional distress. *Journal of Nervous and Mental Disease.* 192 (12) 852-855.

2. **Temporary Residents** of Canada include: international students, foreign workers, and *refugee claimants*. Refugees who are accepted as permanent residents (the vast majority of those arriving in Manitoba) should not be confused with "refugee claimants" or "asylum seekers". Refugee claimants arrive in Canada *asking to be accepted* as refugees. They apply for refugee status once in country and while waiting for their immigration application to be processed. While waiting to hear on their application for permanent residency, refugee claimants ***do not*** have the same rights as permanent residents. As a result, they are not covered by Canada's universal health insurance program--Medicare. However, they are covered for 12 months by the Interim Federal Health (IFH) program.[g] The program covers essential services only.

   Temporary residents coming to Canada have been increasing in recent years, as part of a national strategy to respond to labor market needs. Temporary workers and foreign students do not have the same health care coverage as permanent residents. Eligibility for health coverage depends on the duration of stay, and varies although the minimum time period is generally one year. Many temporary workers eventually apply for landed immigrant status, and then qualify for the same coverage as other landed immigrants. In the meantime, they are usually covered by private insurance purchased by their employers, which is then deducted from their wages.

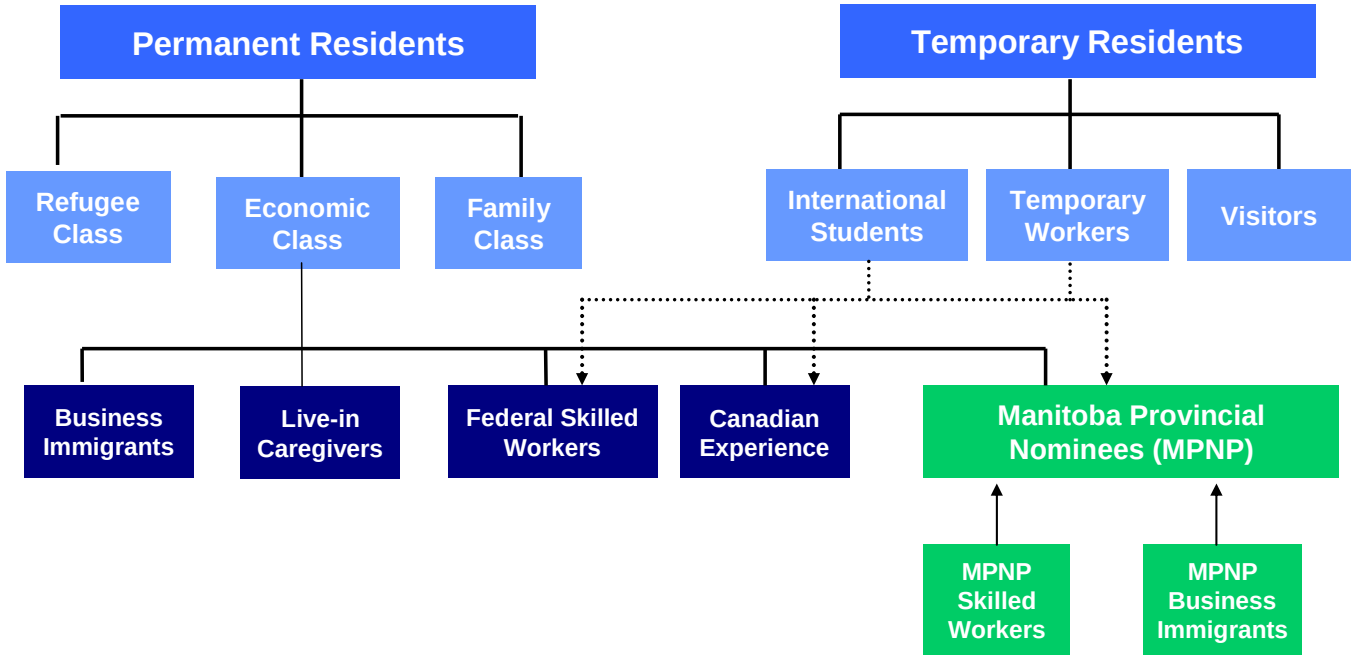
D. Newcomers

This term, applicable to both immigrants and refugees, refers to the time frame of arrival in Canada. For policy purposes there is no standard definition of newcomers. However, immigrants and refugees who are permanent residents are considered eligible for government settlement services programs during their first year in Canada. Canadian permanent residents are also eligible to apply for citizenship after residing in Canada for three years.

Some data sources, such as the Census, use longer time frames like 5 years and 10 years to distinguish new arrivals from other immigrants. In health services planning it is important to consider using the term *newcomers* to distinguish between those immigrants who have been in Canada for a significant length of time, and those who may still be facing the more immediate challenges of adaptation and acculturation to meet their basic needs. Length of time living in Canada is not the only factor that affects the adaptation and acculturation process and immigrant and refugee health, therefore other factors, such as source country and official language ability, must also be considered in strategic and health services planning.

[g] The Interim Federal Health (IFH) is administered by Citizenship and Immigration Canada. More information can be found at http://www.servicecanada.gc.ca/eng/goc/interim_health.shtml (accessed 25 September 2010) and at the website for the FAS Health and Benefit Administrators at http://www.fasadmin.com/IFH%20Client%20Info%20english.asp.

Figure 1. How Immigrants Come to Manitoba[h]



[h] Accessed on September 28, 2010: http://www2.immigratemanitoba.com/asset_library/en/resources/pdf/mif08.pdf

E. Visible Minority

The Canadian Employment Equity Act of 1986 defines visible minorities as: "persons, other than Aboriginals, who are non-Caucasian in race or non-white in colour".[i] Visible minorities are designated as a protected group under the Canadian Employment Equity Act. Also, Statistics Canada [and the Census] use the term as a demographic category in connection with multiculturalism policies. The term, however, is controversial, as demonstrated in March 2007 when the United Nations Committee on the Elimination of Racial Discrimination raised concern about the concept. For planning purposes it is important to note that many visible minority individuals in Canada **are *not*** immigrants, but were born in Canada.

F. Immigrant and Refugee "Communities"

It is often assumed that networks within immigrant and refugee-receiving communities are vital sources of social support and can have mitigating effects on health in a number of ways. This is often true, and ethno-cultural communities can play an important role in assisting with settlement and adaptation.

Communities that are more "institutionally complete" can ease the transition to a new country in many ways. "Institutionally complete" communities are those that can provide an array of professional (including health) and commercial services to newcomers through providers who share their ethnic or language background. Unlike large cities such as Vancouver or Toronto, where some new arrivals can conduct much of their daily business in their native language, and receive services with which they are familiar few such communities exist in Manitoba. Arrivals from "newer" source countries will find fewer of such supports.

However, it is important to recognize that "newcomers" do not belong to one homogenous group, but originate from many diverse ethnic groups and many different countries. Even those who come to Canada from the same country do not arrive as an already constituted community, but as individuals whose only commonality may be country of origin.

For these reasons, caution is needed in assuming that this shared country of origin makes a "community". Many newcomer communities are not communities in the sense of being complete and self sufficient. Nor are they necessarily communities in the sense of being cohesive and supportive (Bowen, 1993). The term "community" can mask deep divisions and conflicts that are variously political, social, religious and/or cultural. Refugees in particular may not find their ethno-cultural community a safe or supportive place, for example, it often happens that both sides of a violent conflict arrive into the same so-called

[i] Statistics Canada, 2006 Census Dictionary. Accessed on September 25, 2010: http://www12.statcan.ca/english/census06/reference/dictionary/pop127.cfm

"community". Indeed, it is partly because of this absence of established community that special services are often needed.

G. Status Incongruity

Status incongruity is a conceptual term from anthropology describing the impact of culture change on individuals' well-being. Specifically, status incongruity describes the quantitative associations between exposure to nontraditional, Western ways of living—through migration or local change—and self-reported symptoms of physical and emotional distress or physiological measures of stress.[j]

H. Receiving Community

The community or country deemed to be receiving refugees or immigrants. Attributes of a receiving community are important to those arriving from 'sending' countries.[k] Simplistically, from the receiving community's point of view, it is about the community's absorption capacity; that is, the extent to which the community is willing and able to absorb an influx of refugees and/or immigrants. Ability is distinct from willingness. Structural ability is determined by such variables as economic capacity and international/national assistance. Willingness is influenced by beliefs and attitudes about refugees and immigrants, by the community's historical experience with refugees and immigrants and by the perceived permanence of the refugees and immigrants. Local absorption capacity is largely determined then by two factors: economic capacity and social receptiveness. Both of these variables can change over time so a receiving community's capacity is never static.

However, increasingly the focus is on what the refugee or immigrants 'makes' of the receiving community. Hence, one has seen a more recent focus on the dynamics of social inclusion and the identification of refugees and immigrants with the receiving country/community.[l] For example, refugees and immigrants may now find themselves increasingly in transnational communities; that is, communities where individuals' identities are not primarily based on an attachment to a specific territory but rather solidarity with their homeland and elsewhere.[m] Formerly conceptualized as exile diasporas, transnational communities are likely becoming the predominant form of "belonging" for refugees and immigrants and are the 'receiving communities' of the future. See the concept of

[j] For example, Graves TD, Graves NB. Stress and health among Polynesian migrants to New Zealand. *J Behavior Med* 1985;8:1-19 and Pollard TM, Ward GA, Thornley J, et al. Modernization and children's blood pressure: On and off the tourist trail in Nepal. *Am J Human Biol* 2000;12:478-486.

[k] Jacbosen K. Factors influencing the policy responses of host governments to mass refugee influxes. *Int Migration Rev* 1996;30(3):655-678.

[l] Walters D, et al. The acculturation of Canadian immigrants: determinants of ethnic identification with the host society. *Can Rev Sociol Antropol* 2007;44:1 and Pillai R, et al. The reception and integration of new migrant communities. London UK: IPPR 2007.

[m] Castles S. Migration and community formation under conditions of globalization. *Int Migration Rev* 2002;36(4):1143-1168.

'institutional completeness' below as an explanation of how refugees and new immigrants are coping.

I. Institutional Completeness

Somewhat related to the above discussion of 'receiving community' is the idea of "institutional completeness" a term originally coined by Breton (1964) to refer to the *development of extensive ethnic organizations that enable immigrants to function primarily within their own communities rather than having to utilize mainstream services.*[n]

Maintaining close ties to one's ethnic community may be a matter of choice for some; however, considering the multiple barriers facing newcomers, it is not surprising that many immigrant communities have had to rely on their own kinship and ethnic ties to establish a new life in Canada. Although immigrant communities in Canada vary in their degree of institutional completeness, such a concept is relevant to the issue of integration as a dependency on the social capital of ethnic enclaves is often perceived as incomplete integration.[o]

Institutional completeness then provides economic opportunities, welfare services, and information resources to which new immigrants may not easily gain access in the host society as they can be limited by their lack of financial and human capital. Although Breton argues that the major drawback of relying on ethnic associations is the lack of contact with the host society, without convenient and effective mainstream alternatives that meet their initial settlement needs, new immigrants may struggle even longer to adjust to life in a new country if they do not take advantage of ethnic networks.[p]

[n] Breton R. Institutional completeness of ethnic communities and the personal relations of immigrants. *Am J Sociol* 1964;70(2):193-205.
[o] Wong W, Poisson Y. From immigration to participation: a report on promising practices in integration. Ottawa ON, Public Policy Forum, 2008.
[p] Ibid.

Section 2

Sources of Data on Immigration

There are three main sources of data on ***immigration*** to Canada. Each of the three data sources, described below, has strengths and limitations in assisting with strategic and tactical health planning.

A. Census Data

These data are produced by Statistics Canada and updated every five years. Census data provide a statistical snapshot of the immigrant population, focusing primarily on demographic characteristics, and socio-economic indicators often used in analyses regarding population health (e.g., income, education).

Census data are broken down by Census Metropolitan areas, and by geographical sub-regions. In the census data, the immigrant population is defined as: "*people who are, or have been, landed immigrants in Canada*". Some of these people may have been in Canada for a short while at the time of the census, and others could have been in Canada for many years, or even decades. Some census data are available that are categorized by length of time in Canada (e.g., <5 years, <10 years). For health planning purposes it is often more useful to use data on more recent arrivals rather than the overall "immigrant population".

1. **Strengths of <u>Census</u> data:**

    a. Have the potential to capture data in small geographic areas, such as Community Area and Neighbourhood Cluster.

    b. Have the potential to capture differences in health determinants and population health indicators between immigrants (newly arrived and long term) and non-immigrants,

    c. Provide detailed information on characteristics such as native language, knowledge of official languages, and place of birth.

2. **Limitations of <u>Census</u> Data:**

    a. While census data provide demographic information that may be informative to health planners, no specific health information is collected by the Census.

B. Citizenship and Immigration Canada (CIC) data (Fact and Figures Reports)

Citizenship and Immigration Canada data is the central repository for national administrative data on immigrants and refugees. Additional information can be found at: http://www.cic.gc.ca/english/resources/statistics/facts2009/index.asp.

Statistics on the four main categories of permanent residents: family class, economic immigrants, refugees and other immigrants are provided in the Permanent Resident Data System (PRDS). Statistics on temporary residents are derived from the Client-Based Data System (CBDS) and includes information on the four primary status groups of temporary residents based on the individual's primary motivation for being in Canada—foreign workers, foreign students, humanitarian cases (including refugee claimants) and other cases (see Figure 1, page 11).

1. **Strengths of CIC data:**

   a. Provides the basis for national, provincial and large urban center comparisons of immigrant and refugee landings.

   b. Provides a larger array of variables than are reported provincially.

2. **Limitations of CIC data:**

   a. The smallest geographical unit at which some of the variables are reported is the provincial level. Insofar as CIC data is the source of data for Manitoba's Department of Labour and Immigration, it is often more useful to use provincial landings data for local planning.

C. Landings Data

In Manitoba, provincial data reports on immigrant and refugee landings are made available by the Manitoba Government Department of Labor and Immigration. These reports are based on data received from Citizenship and Immigration Canada. "Landings" data capture key demographic variables on each immigrant arriving in Manitoba, including the location of their original settlement.

1. **Strengths of Landings data:**

   a. Provides demographic data on every individual who arrives in the province, including the town or city in which they initially settle.

   b. Provides for annual reports on landings with up-to-date information.

c. Provides information on key demographic variables, such as source country, language.

2. **Limitations of <u>Landings</u> data:**

a. Captures data at the time of landing only. Since many new arrivals do not remain in the town or city in which they land or initially settle, a true estimate of migration patterns is difficult to ascertain.

b. Several years of data must be combined to provide useful information for planning purposes. This is particularly the case for the variable "source country of immigration" since these can change significantly from one year to the next.

c. Population growth is not captured with Landings data (e.g., children born to new arrivals). Most immigrants and refugees arrive in their child bearing years and may have children soon after the arrival date. These children are not included in the landings data.

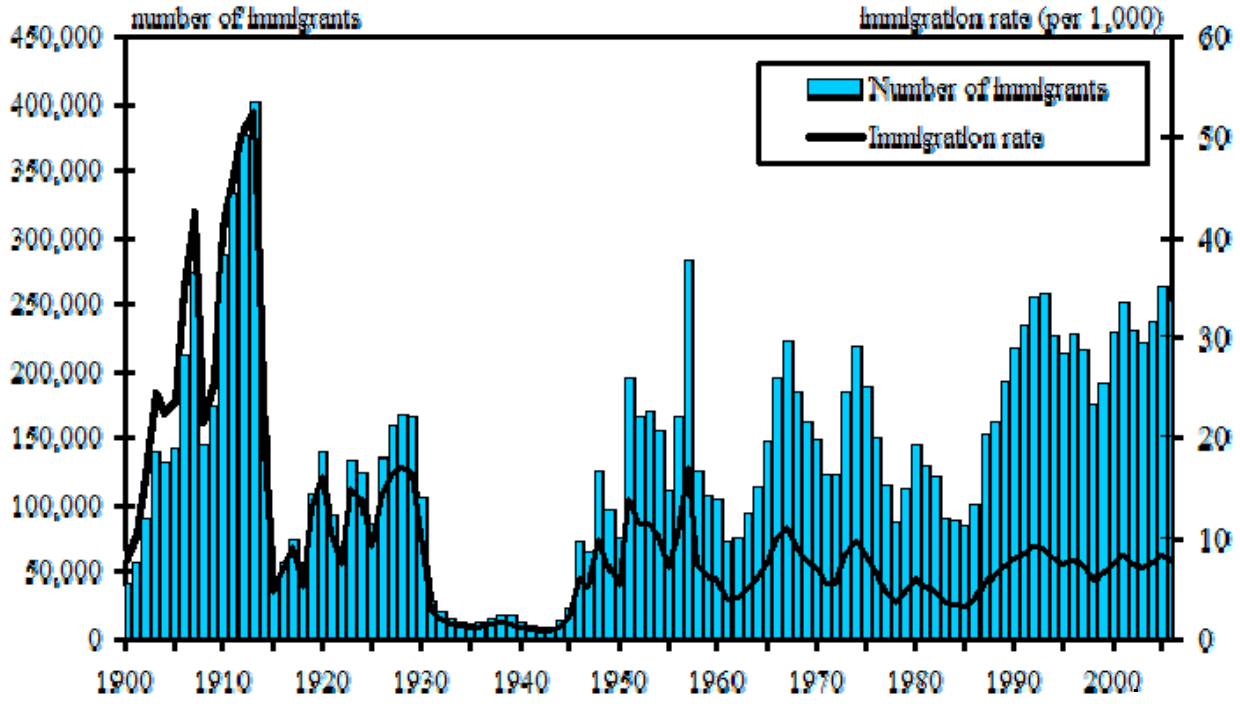
Section 3

Demographic Snapshot of Immigrants and Refugees in Manitoba

A. The Canadian Context

Canada has always been dependent on immigrants, but the importance of immigration continues to grow given the falling birth rate and Canada's aging population. Until the early 1990s, most population growth was due to natural increase (births minus deaths). However, in the mid-1990s, a reversal occurred: migration became the main source of Canadian population growth. In 2006, international migration accounted for two-thirds of Canadian population growth, compared to one third from natural increase in the years prior to 1990.

Figure 2. Number of immigrants and immigration rate in Canada, 1900 to 2006



Data sources: Statistics Canada, 2006, *Report on the demographic situation in Canada 2003 and 2004,* Statistics Canada Catalogue number 91-209-XIE; and Citizenship and Immigration Canada.
Figure source: Statistics Canada, 2007, Canadian Demographics at a Glance, Catalogue number 91-003-XWE.

It is predicted that by about the year 2030, deaths will start outnumbering births. From that point forward, immigration would be the only growth factor for the Canadian population. Immigration, therefore, will increase in importance and continue to have important economic and social impacts.[q] This scenario will result in continued competition to attract immigrants and, because many European countries are also going through the same demographic changes related to an aging population and low birth rate as is Canada, it is predicted that the trend to recruitment from "southern" or developing countries is likely to continue.

B. Impact of Manitoba Immigration Policies

In concert with provinces, territories and other relevant stakeholders, the Canadian government annually plans immigration targets. As a result of this planning process, Manitoba has developed immigration policies to significantly increase the annual number of immigrants and refugees settling in the province. Two strategic initiatives established by the province to increase immigration are: 1) the Canada-Manitoba Immigration Agreement, and 2) the Provincial Nominee Agreement. The first has provided a framework for federal/provincial cooperation on immigration issues and the second has provided Manitoba with shared authority to identify and nominate prospective individuals destined to settle in the province.

In 2003, as part of its overall immigration strategy, the provincial government began setting immigration targets, with an initial target of 10,000 new immigrants annually. Increment targets were also set to 20,000 new immigrants by 2017. In 2006, the province not only met but exceeded its initial annual goal of 10,000 new immigrants (Table 1). Seventy-six percent (7641) of the 10,051 new immigrants landing in Manitoba in 2006, settled in Winnipeg (Table 1). The majority of those, 5299 (69%), were permanent residents immigrating as economic class immigrants (Table 1).

[q] Statistics Canada, 2008. Canadian Demographics at a Glance. Catalogue no. 91-003-X

Table 1. Landing Immigrants by Category (1999-2008)

Geographic Area	Immigration Category	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Winnipeg	Family Class	862 (29.6%)	921 (25.3%)	901 (24.3%)	808 (21.4%)	915 (17.9%)	904 (15.3%)	940 (15.3%)	1080 (14.1%)	1091 (13.0%)	1135 (14.1%)
	Economic Class	1309 (44.9%)	1742 (47.8%)	1656 (44.7%)	2004 (53.0%)	2953 (57.7%)	3712 (63.0%)	4086 (66.6%)	5299 (69.3%)	6063 (72.3%)	5871 (72.9%)
	Refugees	741 (25.4%)	977 (26.8%)	1147 (31.0 %)	969 (25.6%)	1207 (23.6%)	1231 (20.9%)	1051 (17.1%)	1200 (15.7%)	1144 (13.6%)	949 (11.8%)
	Other	1 (0.0%)	1 (0.0%)	0 (0.0%)	1 (0.0%)	45 (0.9%)	44 (0.7%)	57 (0.9%)	62 (0.8%)	88 (1.0%)	98 (1.2%)
	Total	**2913 (100%)**	**3641 (100%)**	**3704 (100%)**	**3782 (100%)**	**5120 (100%)**	**5891 (100%)**	**6134 (100%)**	**7641 (100%)**	**8386 (100%)**	**8053 (100%)**
Manitoba	Family Class	1028 (27.6%)	1065 (23.0%)	1097 (23.9%)	881 (19.1%)	1042 (16.0%)	1117 (15.0%)	1192 (14.7%)	1332 (13.3%)	1320 (12.1%)	1384 (12.3%)
	Economic Class	1918 (51.5%)	2547 (55.0%)	2337 (50.9%)	2680 (58.0%)	4079 (62.7%)	4999 (67.3%)	5724 (70.7%)	7375 (73.4%)	8328 (76.0%)	8697 (77.5%)
	Refugees	778 (20.9%)	1022 (22.0%)	1159 (25.2%)	976 (21.1%)	1234 (19.0%)	1252 (16.9%)	1094 (13.5%)	1241 (12.3%)	1170 (10.7%)	972 (8.7%)
	Other	1 (0.0%)	1 (0.0%)	0 (0.0%)	82 (1.8%)	147 (2.3%)	58 (0.8%)	86 (1.1%)	103 (1.0%)	136 (1.2%)	168 (1.5%)
	Total	**3725 (100%)**	**4635 (100%)**	**4593 (100%)**	**4619 (100%)**	**6502 (100%)**	**7426 (100%)**	**8096 (100%)**	**10051 (100%)**	**10954 (100%)**	**11221 (100%)**
Canada	Family Class	55277 (29.1%)	60613 (26.6%)	66795 (26.6%)	62280 (27.2%)	65112 (29.4%)	62260 (26.4%)	63357 (24.2%)	70506 (28.0%)	66232 (28.0%)	65567 (26.5%)
	Economic Class	109251 (57.5%)	136292 (59.9%)	155720 (62.1%)	137862 (60.2%)	121045 (54.7%)	133744 (56.7%)	156310 (59.6%)	138257 (54.9%)	131244 (55.4%)	149072 (60.3%)
	Refugees	24398 (12.8%)	30094 (13.2%)	27919 (11.1%)	25122 (11.0%)	25984 (11.7%)	32687 (13.9%)	35768 (13.6%)	32492 (12.9%)	27955 (11.8%)	21860 (8.8%)
	Other	1031 (0.5%)	460 (0.2%)	207 (0.1%)	3787 (1.7%)	9210 (4.2%)	7133 (3.0%)	6804 (2.6%)	10394 (4.1%)	11322 (4.8%)	10742 (4.3%)
	Total	**189957 (100%)**	**227459 (100%)**	**250641 (100%)**	**229051 (100%)**	**221351 (100%)**	**235824 (100%)**	**262239 (100%)**	**251649 (100%)**	**236754 (100%)**	**247243 (100%)**

Data Source: 1) Manitoba Labour and Immigration; 2) Facts and Figures 2008 Citizenship and Immigration Canada

Figure 3. Immigrants Landed in **Winnipeg** by Category (1999-2008)

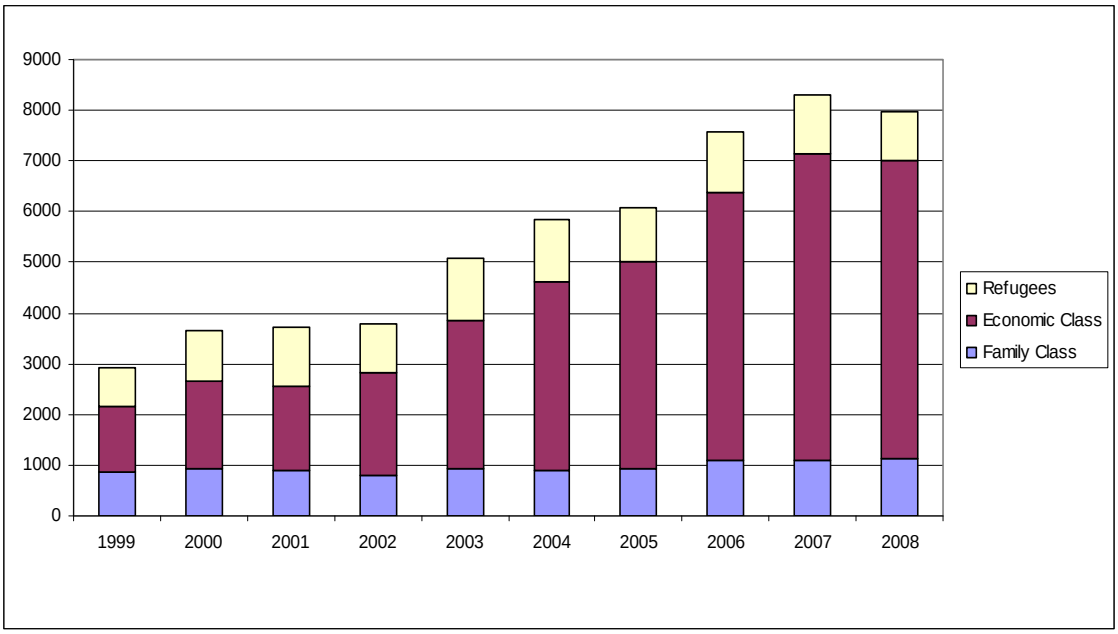


Figure 4. Immigrants Landed in **Manitoba** by Category (1999-2008)

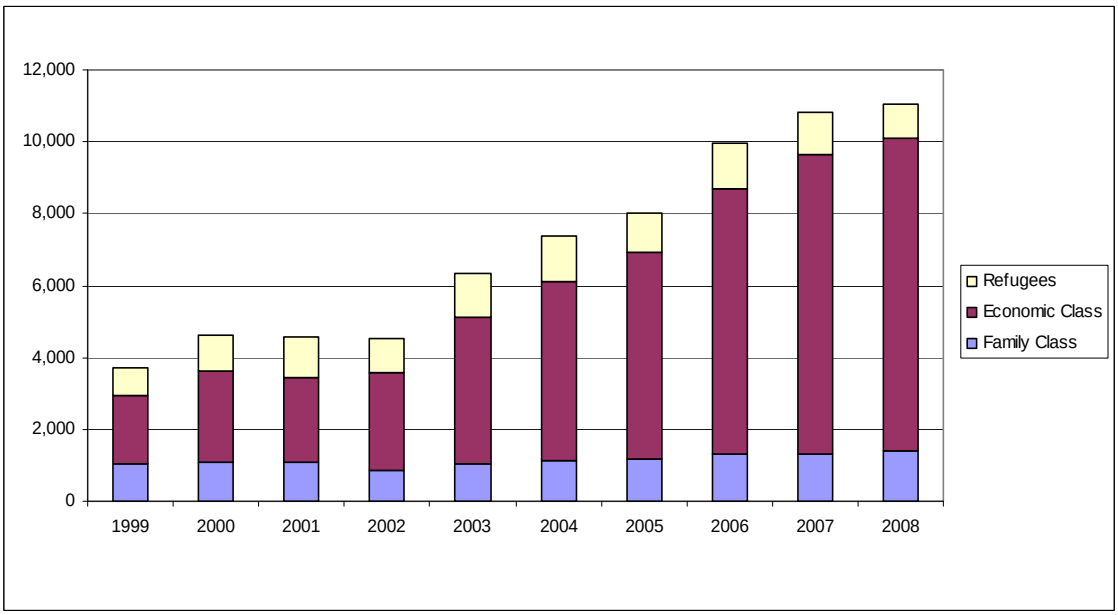
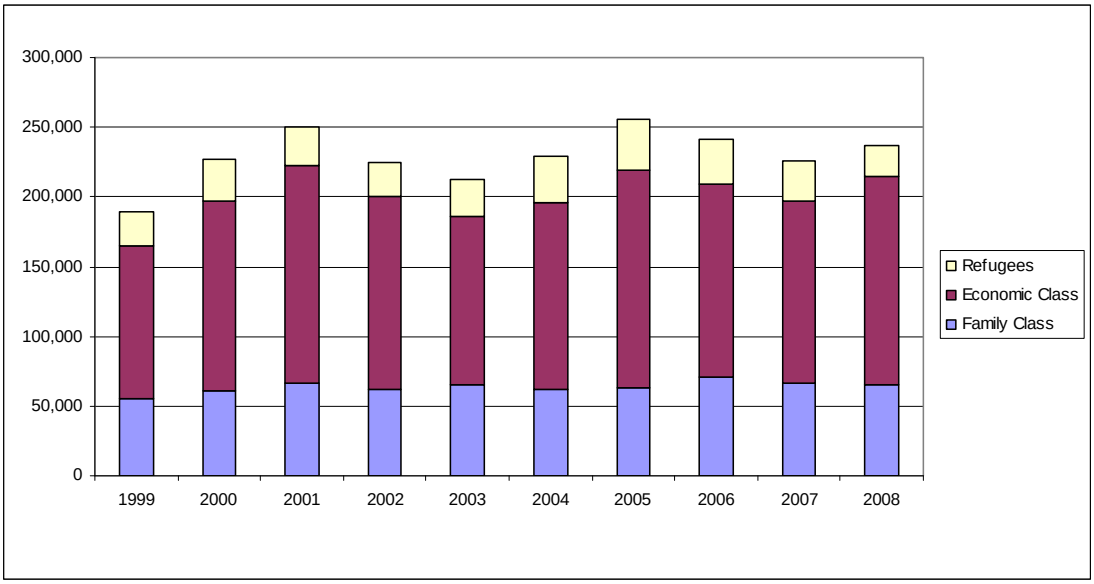


Figure 5. Immigrants Landed in **Canada** by Category (1999-2008)



Due largely to these provincial efforts to increase immigrant settlement to Manitoba, in 2006 the province became the fifth ranked immigrant-receiving province in the country---exceeded only by Ontario, Quebec, British Columbia and Alberta (Table 2, Figures 6 and 7). It is noteworthy that as these other provinces have a larger population and larger urban centres than Manitoba, they would attract immigrants in larger numbers per capita regardless of other factors.

However, by 2008 Manitoba recorded the highest immigration rate per capita in the country. A new record was set in the fourth quarter of 2008, when Manitoba posted its strongest population growth for a fourth quarter since 1984. So, while the total ***numbers*** of immigrants remain smaller than some of the larger provinces, the Manitoba now has the highest ***rate*** of immigration (new immigrants per capita) (Statistics Canada (2009) Quarterly Demographic Estimates October to December 2008. Catalogue no. 91-002-XWE)

Table 2. Immigrants per capita by Province/Territory and City

Geographic Area	Number of Landing immigrants			Population of Census year			Per Capita (per 100 person)		
	1996	2001	2006	1996	2001	2006	1996	2001	2006
Canada	226,072	250,641	251,649	28,528,130	29,639,035	31,241,030	0.79	0.85	0.81
Nunavut	0	13	9	24,665	26,665	29,325	0.00	0.05	0.03
Newfoundland and Labrador	583	393	511	547,160	508,075	500,610	0.11	0.08	0.10
Yukon	95	65	65	30,650	28,525	30,195	0.31	0.23	0.22
New Brunswick	717	798	1,646	729,625	719,710	719,650	0.10	0.11	0.23
Northwest Territories	100	95	98	39,455	37,100	41,055	0.25	0.26	0.24
Saskatchewan	1,815	1,704	2,724	976,620	963,150	953,850	0.19	0.18	0.29
Nova Scotia	3,224	1,700	2,585	899,970	897,570	903,090	0.36	0.19	0.29
Prince Edward Island	150	134	565	132,860	133,385	134,205	0.11	0.10	0.42
Quebec	29,797	37,601	44,677	7,045,090	7,125,575	7,435,900	0.42	0.53	0.60
Alberta	13,889	16,408	20,717	2,669,200	2,941,150	3,256,355	0.52	0.56	0.64
Manitoba	3,933	4,593	10,051	1,100,300	1,103,695	1,133,510	0.36	0.42	0.89
British Columbia	52,024	38,474	42,079	3,689,760	3,868,875	4,074,385	1.41	0.99	1.03
Ontario	119,717	148,640	125,914	10,642,800	11,285,545	12,028,895	1.12	1.32	1.05
Calgary	7,059	10,184	11,827	816,000	943,310	1,070,295	0.87	1.08	1.11
Winnipeg	3,366	3,757	7,698	657,000	661,730	686,040	0.51	0.57	1.12
Vancouver	46,529	34,336	36,271	1,813,940	1,967,475	2,097,965	2.57	1.75	1.73
Toronto	97,757	125,132	99,263	4,232,910	4,647,960	5,072,075	2.31	2.69	1.96

Data Source: 1) Manitoba Labor and Immigration 2) Facts and figures 2008, Citizenship and Immigration Canada
3) Census 2006, Census 2001 and Census 1996, Statistics Canada

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Figure 6 Immigrants Landed in Canada in 2006 by **Province/Territory**, per capita

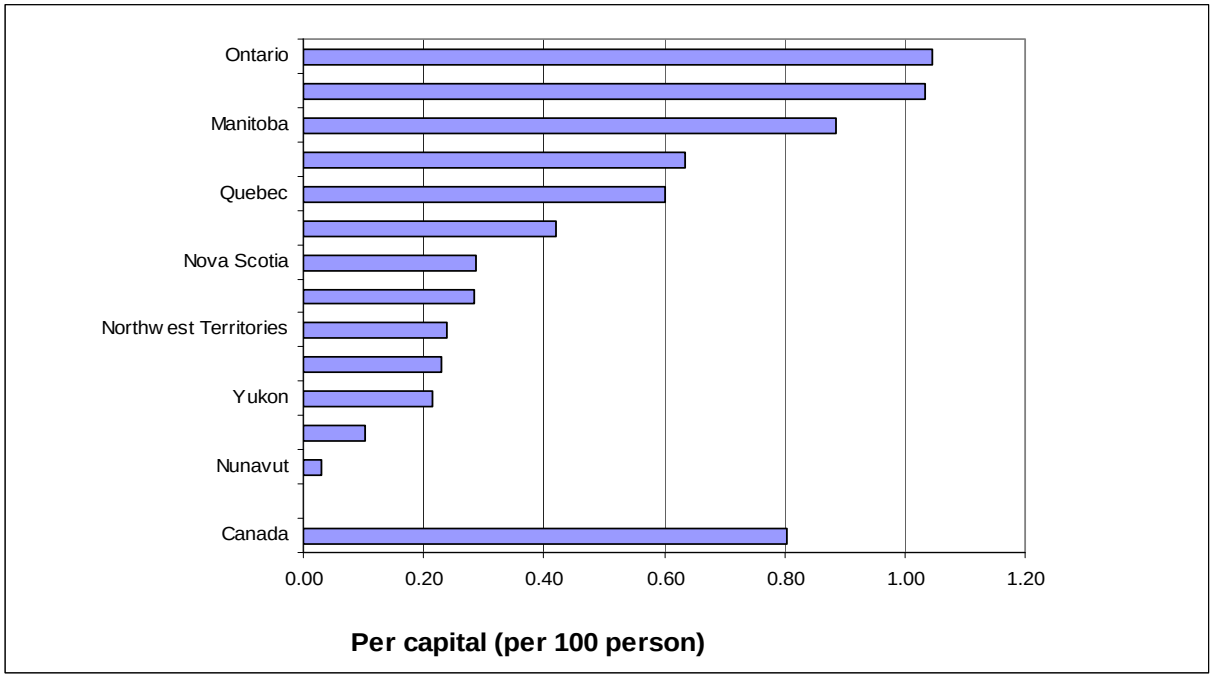
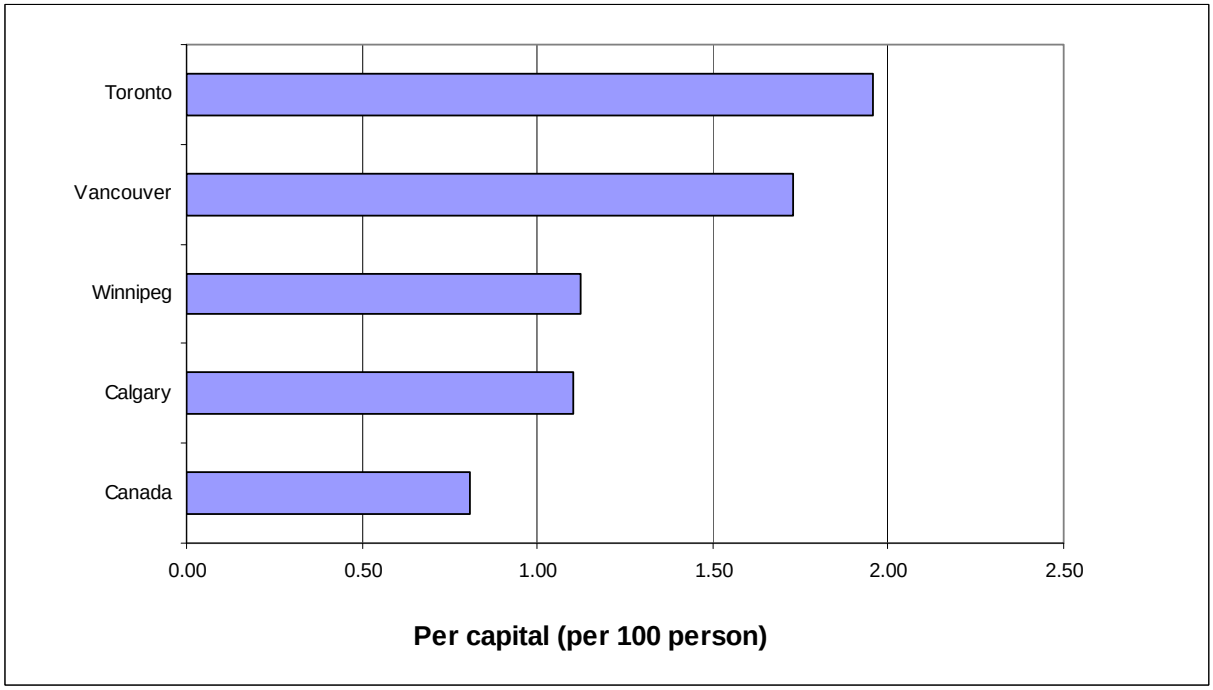


Figure 7 Immigrants Landed in Canada in 2006 by **City**, per capita



C. Data used in this section

The data used in the sections that follow are provided both for the City of Winnipeg and the province of Manitoba, often in comparison with pan-Canadian data. While Winnipeg data may be of more interest to the WRHA, it is important to consider the Winnipeg data within the total picture for the province:

- For some specialized services, Winnipeg may be the primary or only source for the service and Manitoba data should be used for planning purposes.

- Some sub populations within the immigrant/refugee category are more likely to secondarily migrate after landing. For example, there is a tendency for members of smaller non-English speaking newcomer groups to flow towards larger centres where there is more likely to be an established community. Therefore, Winnipeg data for some groups tends to approximate the Manitoba data over time.

- Proportion of immigrants by class often varies between Winnipeg and Manitoba, as illustrated in Table 3. For example, while about half of temporary workers reside outside Winnipeg, in 2008, the vast majority (914 of a total 932) of government and privately sponsored refugees landing in Manitoba, settled in Winnipeg.

Table 3 Description of 2008 Immigrants and Refugees by Category and Residency Status

Newcomer Categories			Winnipeg n (%)	Manitoba n (%)	Canada n (%)
Permanent Residents	Non-Refugees	Family Class	1135 (14.1)	1404 (12.5%)	66414 (26.9%)
		Economic Class	551 (6.8%)	639 (5.7%)	116177 (47.0%)
		Live-in Caregiver	82 (1.0%)	92 (0.8%)	10511 (4.3%)
		Provincial Nominee	5238 (65.0%)	7968 (71.0%)	22418 (9.1%)
	Convention Refugees	Government Sponsored	436 (5.4%)	439 (3.9%)	7295 (3.0%)
		Privately Sponsored	478 (5.9%)	493 (4.4%)	3512 (1.4%)
		Dependents Abroad	8 (0.1)	11 (0.1%)	4059 (1.6%)
		Landed in Canada	27 (0.3%)	29 (0.3%)	6994 (2.8%)
	Other Immigrants*		98 (1.2%)	146 (1.3%)	9863 (4.0%)
	Total		**8053 (100%)**	**11221 (100%)**	**247243 (100%)**
Temporary Residents	Non-Refugees	Workers	2009 (57.5%)	4192 (69.1%)	192519 (62.1%)
		Students	1412 (40.4%)	1730 (28.5%)	79509(25.7%)
	Humanitarian population**	Adult (>18 years of age) refugee claimants	60 (1.7%)	124 (2.0%)	36851 (11.9%)
		Other humanitarian cases	15 (0.4%)	22 (0.4%)	945 (0.3%)
		Subtotal	75 (2.1%)	146 (2.4%)	37796(12.2%)
	Total* **		**3496 (100%)**	**6068 (100%)**	**309824 (100%)**

* Other Immigrants includes retirees, DROC /PDRCC (deferred removal orders and post-determination refugee claimants) Humanitarian and compassionate cases etc

** Humanitarian population includes adult refugee claimants and Other humanitarian cases

*** Did not include these temporary residents do not hold a work/study permit, a permit processed under special programs established to handle refugee–like cases nor have they ever filed a refugee claim.

Data Source: 1) Manitoba Labour and Immigration; 2) Facts and Figures 2008 Citizenship and Immigration Canada

D. Economic Class Immigrants

Most of the increase in immigration to both Winnipeg and Manitoba has been due to economic class immigrants made possible largely by Manitoba's Provincial Nominee Program. The Manitoba Provincial Nominee Program establishes guidelines for the promotion, recruitment and nomination of skilled individuals who can provide significant industrial and economic benefits to Manitoba. Almost 89% of the economic class immigrants settling in Winnipeg in 2006 were Provincial Nominees. In 2008, these nominees made up 71% of the total Manitoba immigration, and 65.7% of those arriving in Winnipeg yet only 9.1% of the total immigration to Canada (Table 3).

Although Canada overall experienced a slight decline (approximately 10,000 people) in immigration in 2006, both Manitoba and Winnipeg experienced an increase. Figures 3 and 4, respectively, display the number and proportions of permanent resident immigrants settling in Winnipeg and Manitoba over a ten year period (1999-2008). As the figures illustrate, economic class immigrants constituted the largest class (73%) followed by refugees as a distant second (12%) in 2008. This is a distinctly different pattern from the national one where refugees constitute a distant third group to economic immigrants and family class immigrants hold second place (Table 1, page 20).

E. Refugees

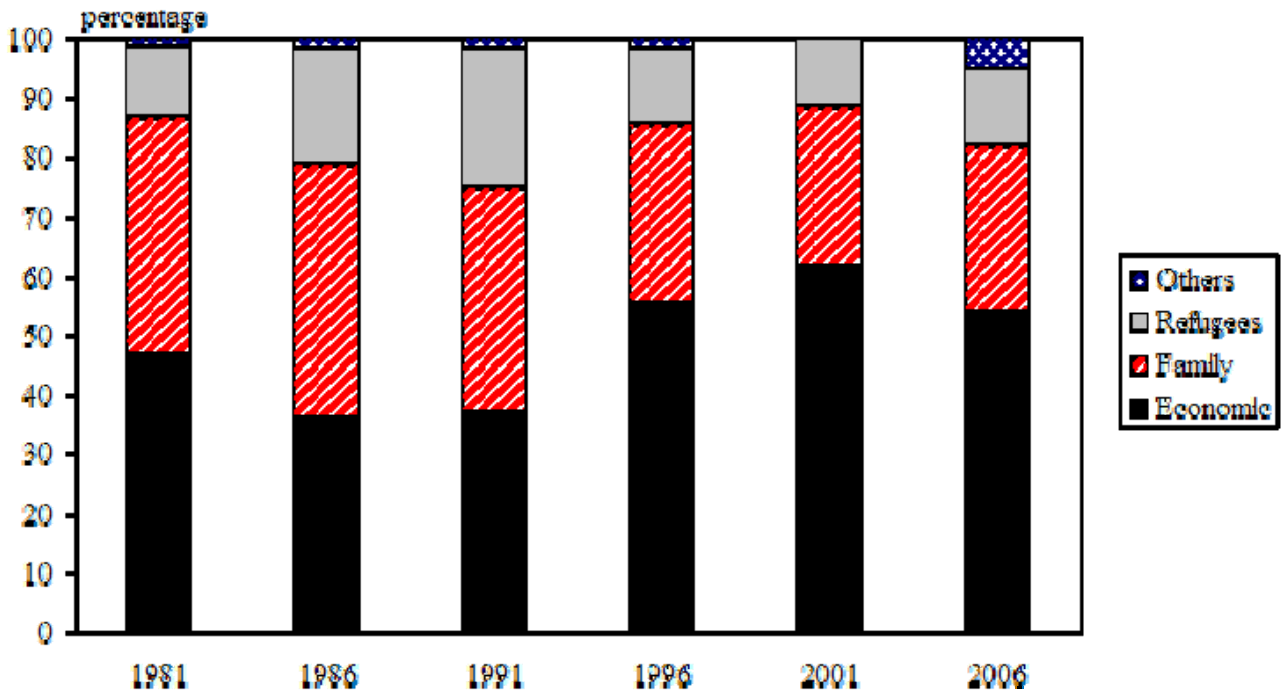
Refugees as proportion of Canadian immigration has, over the past 25 years, varied from 9.1% to 23.2% (Figure 8). Manitoba has tended to accept a larger proportion of refugees than the Canadian average (Figure 9). In 2008, for example, the percentage of immigrants who were government or privately sponsored refugees was 4.4% (Canada), 8.3% (Manitoba), and 11.3% (Winnipeg) (Table 3). The proportion of refugees arriving in Winnipeg was 11.7%, and in Manitoba was 8.7 % (Table 3). The proportion of privately sponsored refugees has been rising from just over 12% in 1998 to over 50% in 2006.

Table 4. Classes of Refugees, Manitoba 1998-2006

	1998		1999		2000		2001		2002		2003		2004		2005		2006		1998-2006	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
PSRs	80	12.3	176	22.8	361	35.5	552	47.6	360	36.7	597	48.3	608	48.6	493	45.1	633	51.0	3860	41.1
GARs	517	79.7	554	71.9	603	59.3	517	44.6	580	59.1	539	43.6	548	43.8	492	45.0	522	42.0	4872	21.2
Refugees Landed in Canada	39	6.0	29	3.8	48	4.7	82	7.1	31	3.2	91	7.4	63	5.0	90	8.2	61	4.9	534	5.6
Dependents Abroad	13	2.0	12	1.6	5	0.5	9	0.8	11	1.1	8	0.6	33	2.6	19	1.7	25	2.0	135	1.4
Refugees TOTAL	649	100	771	100	1017	100	1160	100	982	100	1235	100	1252	100	1094	100	1241	100	9401	100

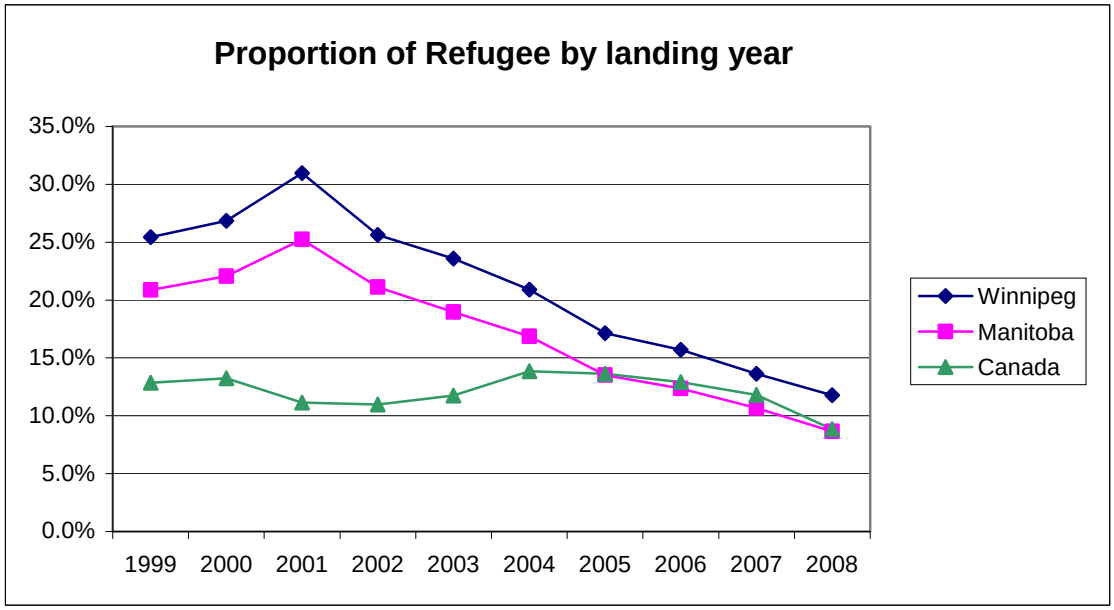
Source: Prepared by Manitoba Labour and Immigration April 2007
PSRs: privately sponsored refugees
GARs: government-assisted refugees

Figure 8. Immigrants to Canada by category, 1981 to 2006



Note: The category "Others" includes deferred removal order class, post-determination refugee claimant class, temporary resident permit holders and humanitarian and compassionate/public policy cases.
Data sources: Statistics Canada, 2006, *Report on the demographic situation in Canada 2003 and 2004,* Statistics Canada Catalogue number 91-209-XIE; and Citizenship and Immigration Canada.
Figure source: Statistics Canada, 2007, Canadian Demographics at a Glance, Catalogue number 91-003-XWE.

Figure 9. Proportion of Refugee of Immigrants landed in Canada, 1999-2008



F. Age and Gender as Immigration Factors

While annually since 1999 more women have immigrated to Canada than men, almost equal numbers of male and female immigrants settle in Winnipeg (see Table 5 and Figures 10, 11 and 12). On average 1 in 9 immigrants (about 11%) settling in Winnipeg over the past 10 years have been ≥ 45 years of age. They have constituted the smallest proportion of immigrants by age group. Approximately 1 in 4 immigrants have been children ages 0-14 years. The majority of females immigrating to Winnipeg annually since 1999 have been of child bearing age (15-44 years). The gender and age migration patterns to Manitoba overall are similar to those found for Winnipeg.

Figure 10. Immigrants landed in **Winnipeg** by Gender and Age Group 1999-2008

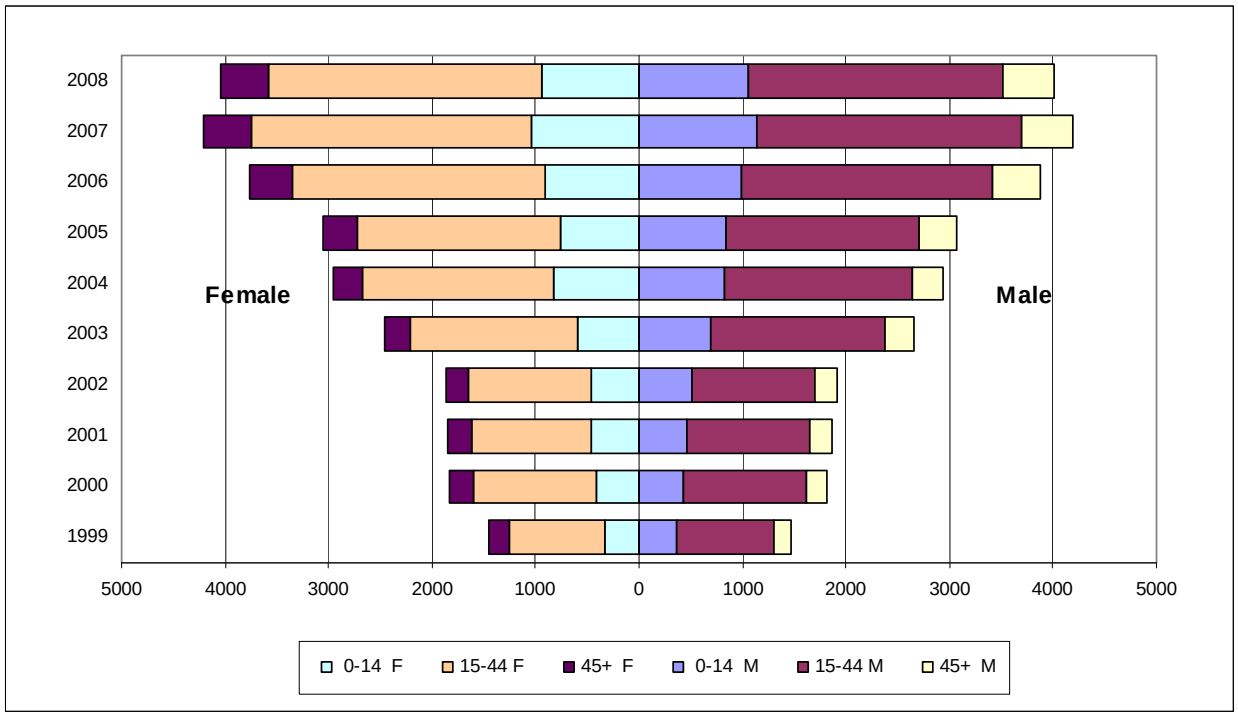


Figure 11. Immigrants landed in **Manitoba** by Gender and Age Group 1999-2008

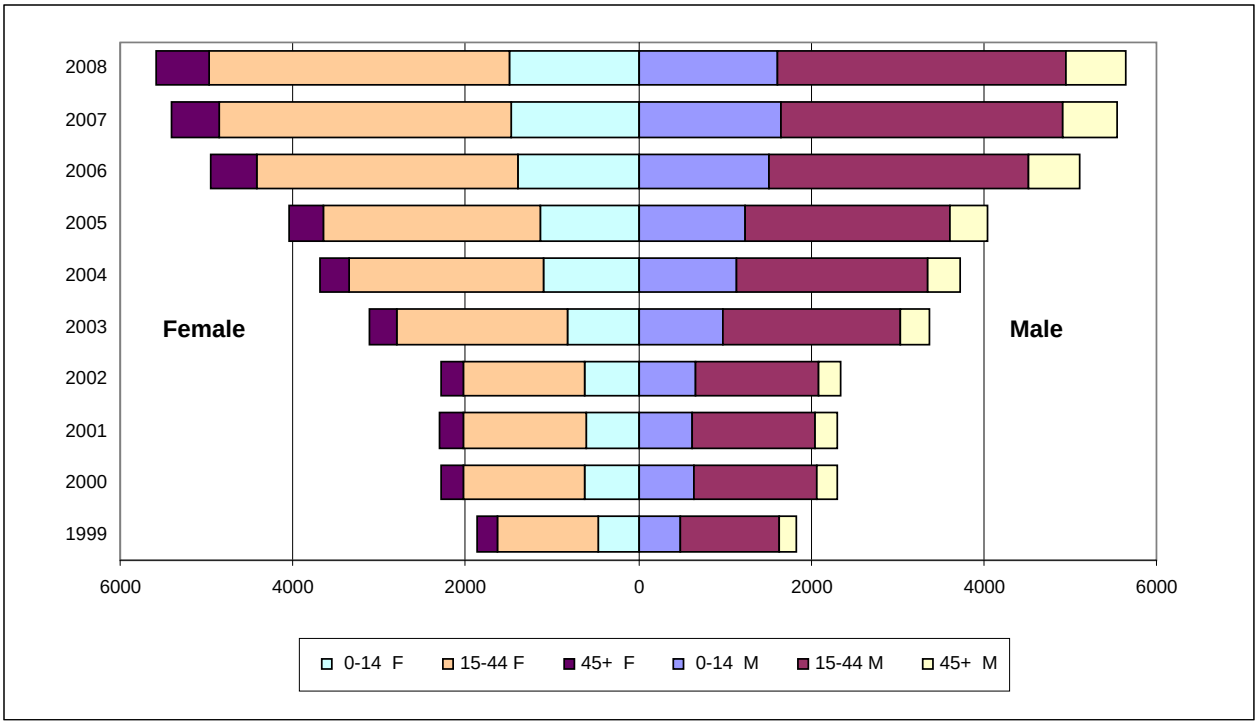


Figure 12. Immigrants landed in **Canada** by Gender and Age Group 1999-2008

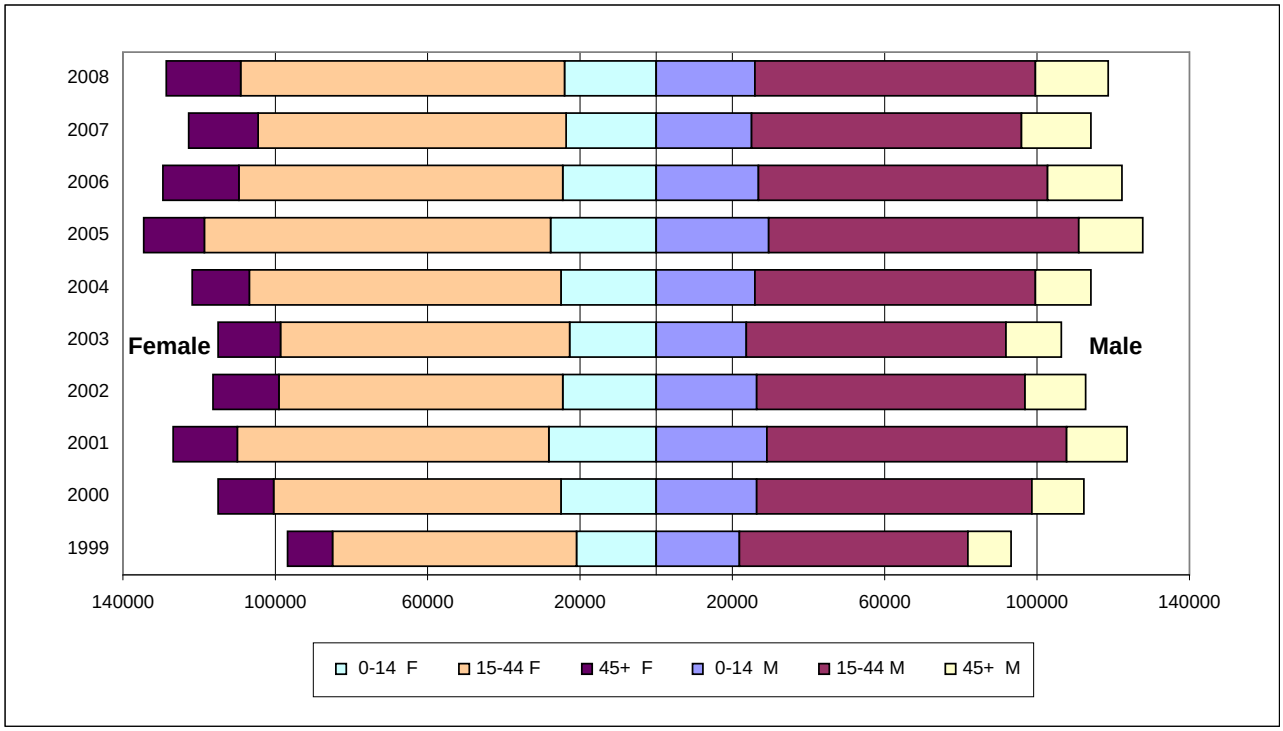


Table 5 Landing Immigrants by Gender, Age Group (1999-2008)

Number

Geographic Area	Age Groups	1999		2000		2001		2002		2003		2004		2005		2006		2007		2008	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Winnipeg	0-14 years	362	327	435	420	454	459	513	457	691	592	828	822	838	757	995	909	1146	1034	1051	941
	15-24 years	230	251	324	372	328	324	316	324	421	462	459	493	489	572	614	645	596	692	591	684
	25-44 years	704	678	856	806	870	833	865	864	1271	1158	1361	1357	1386	1400	1807	1791	1956	2015	1868	1949
	45-64 years	140	149	162	188	162	176	197	179	247	189	258	237	336	299	417	370	447	400	463	406
	65+	26	46	33	45	43	55	23	44	29	60	33	43	27	30	42	51	41	59	45	55
	Total	**1462**	**1451**	**1810**	**1831**	**1857**	**1847**	**1914**	**1868**	**2659**	**2461**	**2939**	**2952**	**3076**	**3058**	**3875**	**3766**	**4186**	**4200**	**4018**	**4035**
Manitoba	0-14 years	491	467	648	615	620	607	665	618	984	823	1131	1100	1228	1144	1508	1393	1647	1467	1608	1497
	15-24 years	272	317	393	436	391	408	391	382	537	586	593	617	649	762	800	832	843	920	843	928
	25-44 years	869	842	1032	974	1032	1010	1028	1031	1507	1398	1630	1629	1724	1745	2202	2196	2422	2460	2493	2548
	45-64 years	176	183	193	208	204	207	229	201	305	234	336	301	416	366	540	470	577	499	649	544
	65+	30	55	37	47	47	62	26	50	41	77	41	49	28	35	52	58	50	70	53	58
	Total	**1838**	**1864**	**2303**	**2280**	**2294**	**2294**	**2339**	**2282**	**3374**	**3118**	**3731**	**3696**	**4045**	**4052**	**5102**	**4949**	**5539**	**5416**	**5646**	**5575**
Canada	0-14 years	21,750	20,811	26,196	24,981	29,101	28,179	26,309	24,659	23,760	22,874	25,976	24,939	29,678	27,923	26,711	24,609	24,835	23,443	26,060	24,243
	15-24 years	12,078	16,041	14,062	18,632	15,077	19,285	13,689	17,914	14,006	19,018	15,377	20,490	17,783	22,797	18,199	22,475	16,769	21,110	16,579	20,846
	25-44 years	48,216	48,001	58,206	56,800	63,455	62,679	56,775	56,686	53,993	56,563	58,165	61,588	63,327	67,889	57,889	62,571	54,507	60,195	56,740	64,048
	45-64 years	9,173	9,383	11,503	11,510	13,252	13,364	12,968	13,341	11,785	12,659	12,157	11,604	15,099	13,669	16,115	16,167	14,866	14,681	16,094	15,679
	65+	1,822	2,666	2,384	3,177	2,734	3,507	3,016	3,691	2,959	3,732	2,496	3,030	1,889	2,185	3,232	3,679	3,002	3,350	3,141	3,813
	Total	**93,039**	**96,902**	**112,352**	**115,100**	**123,619**	**127,014**	**112,757**	**116,291**	**106,503**	**114,846**	**114,171**	**121,651**	**127,776**	**134,463**	**122,146**	**129,501**	**113,979**	**122,779**	**118,614**	**128,629**

Percentage distribution

Geographic Area	Age Groups	1999		2000		2001		2002		2003		2004		2005		2006		2007		2008	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Winnipeg	0-14 years	24.8%	22.5%	24.0%	22.9%	24.4%	24.9%	26.8%	24.5%	26.0%	24.1%	28.2%	27.8%	27.2%	24.8%	25.7%	24.1%	27.4%	24.6%	26.2%	23.3%
	15-24 years	15.7%	17.3%	17.9%	20.3%	17.7%	17.5%	16.5%	17.3%	15.8%	18.8%	15.6%	16.7%	15.9%	18.7%	15.8%	17.1%	14.2%	16.5%	14.7%	17.0%
	25-44 years	48.2%	46.7%	47.3%	44.0%	46.8%	45.1%	45.2%	46.3%	47.8%	47.1%	46.3%	46.0%	45.1%	45.8%	46.6%	47.6%	46.7%	48.0%	46.5%	48.3%
	45-64 years	9.6%	10.3%	9.0%	10.3%	8.7%	9.5%	10.3%	9.6%	9.3%	7.7%	8.8%	8.0%	10.9%	9.8%	10.8%	9.8%	10.7%	9.5%	11.5%	10.1%
	65+	1.8%	3.2%	1.8%	2.5%	2.3%	3.0%	1.2%	2.4%	1.1%	2.4%	1.1%	1.5%	0.9%	1.0%	1.1%	1.4%	1.0%	1.4%	1.1%	1.4%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Manitoba	0-14 years	26.7%	25.1%	28.1%	27.0%	27.0%	26.5%	28.4%	27.1%	29.2%	26.4%	30.3%	29.8%	30.4%	28.2%	29.6%	28.1%	29.7%	27.1%	28.5%	26.9%
	15-24 years	14.8%	17.0%	17.1%	19.1%	17.0%	17.8%	16.7%	16.7%	15.9%	18.8%	15.9%	16.7%	16.0%	18.8%	15.7%	16.8%	15.2%	17.0%	14.9%	16.6%
	25-44 years	47.3%	45.2%	44.8%	42.7%	45.0%	44.0%	44.0%	45.2%	44.7%	44.8%	43.7%	44.1%	42.6%	43.1%	43.2%	44.4%	43.7%	45.4%	44.2%	45.7%
	45-64 years	9.6%	9.8%	8.4%	9.1%	8.9%	9.0%	9.8%	8.8%	9.0%	7.5%	9.0%	8.1%	10.3%	9.0%	10.6%	9.5%	10.4%	9.2%	11.5%	9.8%
	65+	1.6%	3.0%	1.6%	2.1%	2.0%	2.7%	1.1%	2.2%	1.2%	2.5%	1.1%	1.3%	0.7%	0.9%	1.0%	1.2%	0.9%	1.3%	0.9%	1.0%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Canada	0-14 years	23.4%	21.5%	23.3%	21.7%	23.5%	22.2%	23.3%	21.2%	22.3%	19.9%	22.8%	20.5%	23.2%	20.8%	21.9%	19.0%	21.8%	19.1%	22.0%	18.8%
	15-24 years	13.0%	16.6%	12.5%	16.2%	12.2%	15.2%	12.1%	15.4%	13.2%	16.6%	13.5%	16.8%	13.9%	17.0%	14.9%	17.4%	14.7%	17.2%	14.0%	16.2%
	25-44 years	51.8%	49.5%	51.8%	49.3%	51.3%	49.3%	50.4%	48.7%	50.7%	49.3%	50.9%	50.6%	49.6%	50.5%	47.4%	48.3%	47.8%	49.0%	47.8%	49.8%
	45-64 years	9.9%	9.7%	10.2%	10.0%	10.7%	10.5%	11.5%	11.5%	11.1%	11.0%	10.6%	9.5%	11.8%	10.2%	13.2%	12.5%	13.0%	12.0%	13.6%	12.2%
	65+	2.0%	2.8%	2.1%	2.8%	2.2%	2.8%	2.7%	3.2%	2.8%	3.2%	2.2%	2.5%	1.5%	1.6%	2.6%	2.8%	2.6%	2.7%	2.6%	3.0%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

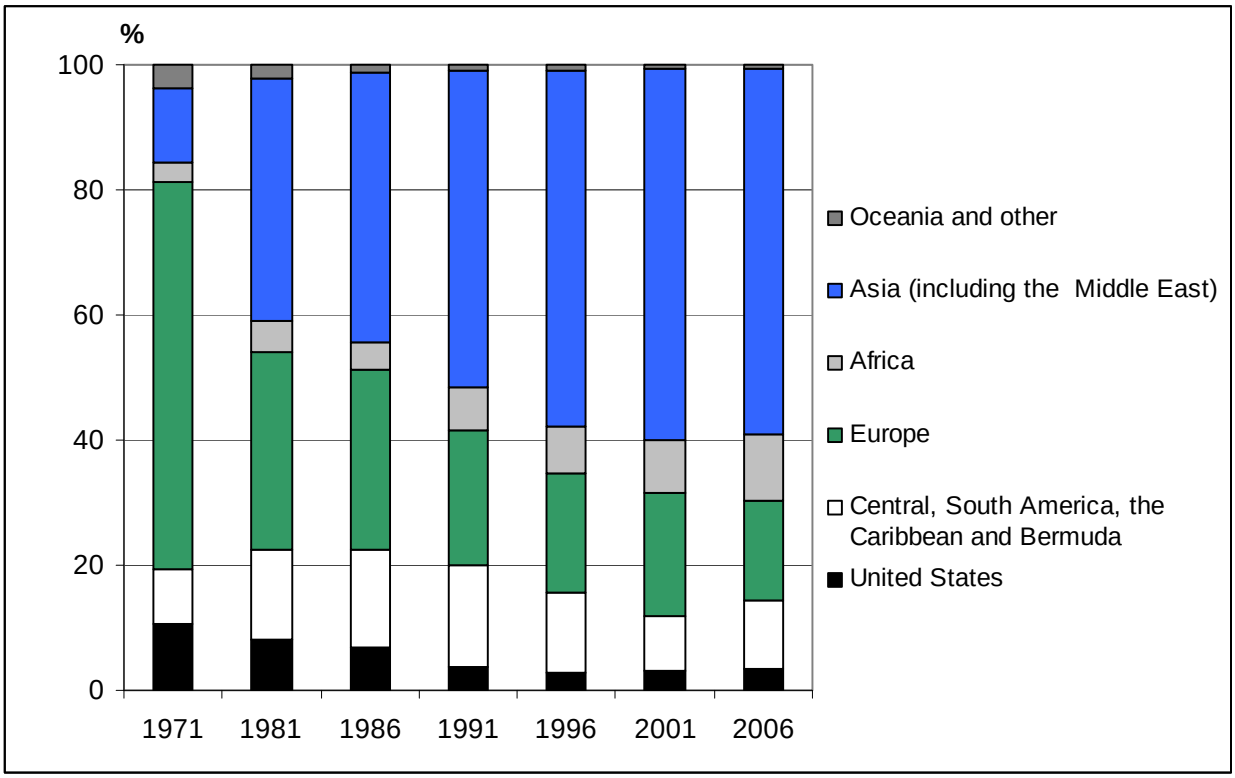
***** All age group may not add up equal to Total because of removing "age not stated" and "gender not stated"

Data Source: 1) Manitoba Labour and Immigration; 2) Facts and Figures 2008 Citizenship and Immigration Canada

G. Source Countries of Immigration

Immigrants to Canada, and subsequently Winnipeg, arrive from a wide array of sources or originating countries. However, the source areas of immigration have shifted significantly over the past decades.

Figure 13. Recent Immigrants to Canada, by region of origin[r]



Note:'Recent immigrants' refers to landed immigrants who arrived in Canada within five years prior to a given census. Other' includes Greenland, St Pierre and Miquelon, the category 'other country', as well as a small number of immigrants born in Canada. **Source:** Statistics Canada, censuses of population, 1971 to 2006.

Even though the number of immigrants settling in Winnipeg has more than doubled since 2000, the proportional ranking of the top 3 source areas has not changed (see Table 5). For instance, in every year since 2000 the largest proportion of immigrants settling in Winnipeg arrived from Asia and Pacific countries, followed by African and Middle Eastern countries. Europe and the United Kingdom were a very distant third (see Figures 14 and 15). Since 2001, Canada has had the same source country immigration patterns as Winnipeg, with the majority of immigrants to Manitoba arriving from Asian or Pacific countries. Where Manitoba source country immigration patterns differ from both Winnipeg and Canada is with the number and proportion of immigrants arriving from European countries or the UK. This, in part, is due to the Provincial Nominee program. In every year since 1999, immigrants from European countries or the UK have constituted the second-highest number and proportion of immigrants to Manitoba.

[r] Statistics Canada: Chart 13.1: http://www41.statcan.ca/2008/30000/grafx/htm/ceb30000_000_1-eng.htm, accessed on September 2, 2010.

Table 6. Immigrants by Source Area and Landing Year

Number

Geographic Area	Source	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	Africa Middle East	551	909	991	861	1258	1576	1438	1758	1659	1724
	Asia and Pacific	1367	1683	1737	1957	2586	3087	3619	4833	5614	5243
	Europe and the UK	703	773	682	552	672	684	604	664	671	647
	South and Central America	191	202	198	328	514	440	340	260	299	274
	United States	95	65	86	72	85	100	133	126	141	165
	Total	**2913**	**3641**	**3704**	**3782**	**5120**	**5891**	**6134**	**7641**	**8386**	**8053**
Manitoba	Africa Middle East	626	1,044	1,090	957	1,347	1,671	1,570	1,926	1,766	1,867
	Asia and Pacific	1,436	1,731	1,815	2,060	2,695	3,264	3,807	5,090	5,871	5,810
	Europe and the UK	1,283	1,498	1,286	1,081	1,707	1,771	1,957	2,407	2,294	2,570
	South and Central America	228	263	267	414	614	563	555	433	811	737
	United States	152	99	135	107	139	155	207	195	210	237
	Total	**3,725**	**4,635**	**4,593**	**4,619**	**6,502**	**7,426**	**8,096**	**10,051**	**10,955**	**11,221**
Canada	Africa Middle East	33557	40911	48239	46340	43678	49531	49275	51861	48570	51314
	Asia and Pacific	96592	120742	132949	119061	113735	114577	138054	126474	112660	117477
	Europe and the UK	38992	42964	43296	38870	37569	41902	40908	37946	39070	42622
	South and Central America	15282	17008	20211	19473	20349	22255	24636	24302	25890	26495
	United States	5533	5824	5911	5294	6013	7507	9262	10943	10450	9243
	Total	**189957**	**227455**	**250640**	**229051**	**221350**	**235824**	**262229**	**251637**	**236758**	**247243**

Percentage distribution

Geographic Area	Source	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	Africa Middle East	18.9%	25.0%	26.8%	22.8%	24.6%	26.8%	23.4%	23.0%	19.8%	21.4%
	Asia and Pacific	46.9%	46.2%	46.9%	51.7%	50.5%	52.4%	59.0%	63.3%	66.9%	65.1%
	Europe and the UK	24.1%	21.2%	18.4%	14.6%	13.1%	11.6%	9.8%	8.7%	8.0%	8.0%
	South and Central America	6.6%	5.5%	5.3%	8.7%	10.0%	7.5%	5.5%	3.4%	3.6%	3.4%
	United States	3.3%	1.8%	2.3%	1.9%	1.7%	1.7%	2.2%	1.6%	1.7%	2.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Manitoba	Africa Middle East	16.8%	22.5%	23.7%	20.7%	20.7%	22.5%	19.4%	19.2%	16.1%	16.6%
	Asia and Pacific	38.6%	37.3%	39.5%	44.6%	41.4%	44.0%	47.0%	50.6%	53.6%	51.8%
	Europe and the UK	34.4%	32.3%	28.0%	23.4%	26.3%	23.8%	24.2%	23.9%	20.9%	22.9%
	South and Central America	6.1%	5.7%	5.8%	9.0%	9.4%	7.6%	6.9%	4.3%	7.4%	6.6%
	United States	4.1%	2.1%	2.9%	2.3%	2.1%	2.1%	2.6%	1.9%	1.9%	2.1%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Canada	Africa Middle East	17.7%	18.0%	19.2%	20.2%	19.7%	21.0%	18.8%	20.6%	20.5%	20.8%
	Asia and Pacific	50.8%	53.1%	53.0%	52.0%	51.4%	48.6%	52.6%	50.3%	47.6%	47.5%
	Europe and the UK	20.5%	18.9%	17.3%	17.0%	17.0%	17.8%	15.6%	15.1%	16.5%	17.2%
	South and Central America	8.0%	7.5%	8.1%	8.5%	9.2%	9.4%	9.4%	9.7%	10.9%	10.7%
	United States	2.9%	2.6%	2.4%	2.3%	2.7%	3.2%	3.5%	4.3%	4.4%	3.7%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

***** All source area group may not add up equal to Total because of removing " not stated"

Data Source: 1) Manitoba Labour and Immigration;

Figure 14. Immigrants landed in Winnipeg by Source Area 1999-2008

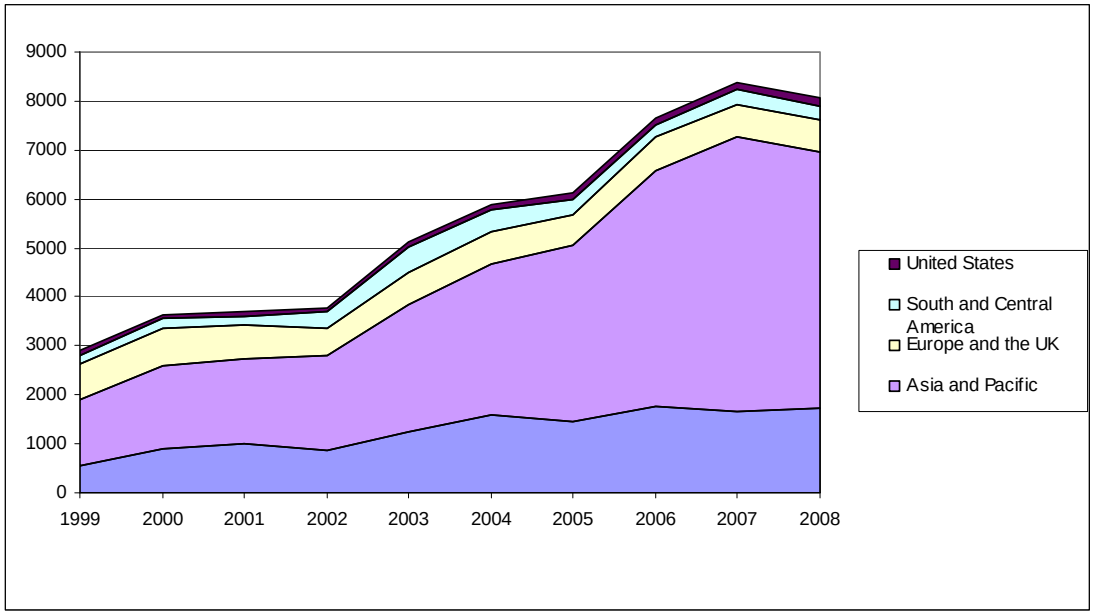


Figure 15. Immigrants landed in Manitoba by Source Area 1999-2008

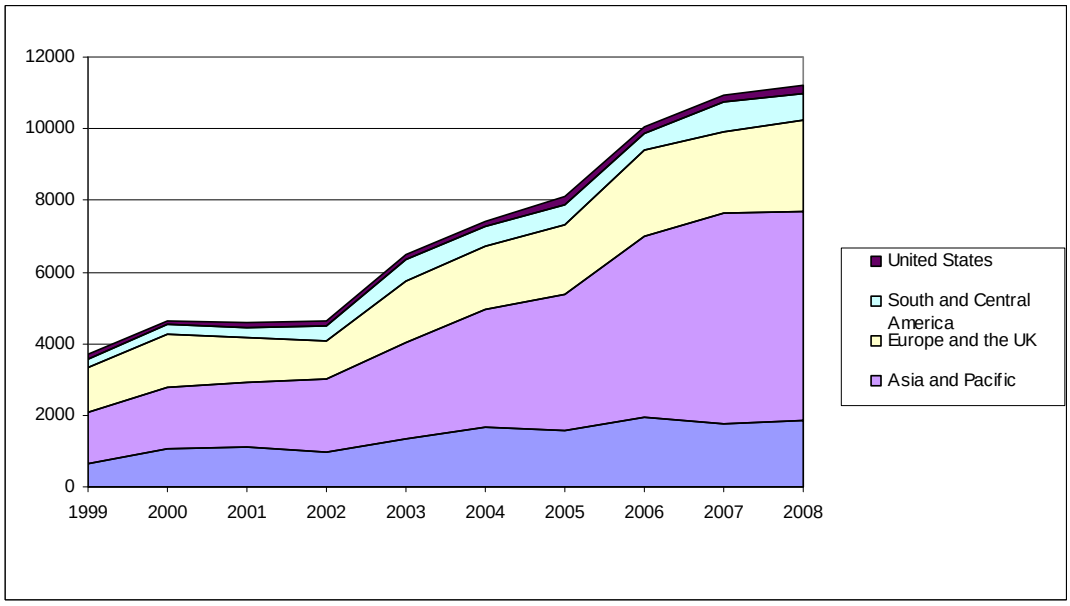
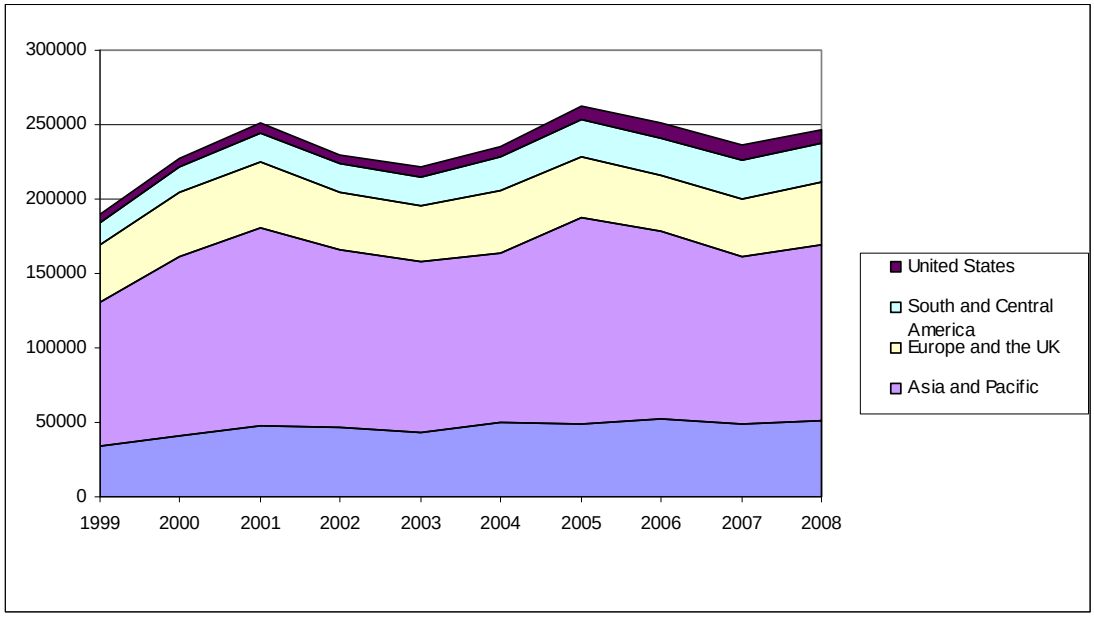


Figure 16. Immigrants landed in Canada by Source Area 1999-2008



H. Educational Attainment and Immigration

In every year since 1999, the majority of immigrants settling in Canada have been university educated to the level of at least a bachelor's degree. This has only been the case for immigrants landing in Winnipeg since 2005 (see Table 7). The educational attainment pattern of immigrants settling in Winnipeg is a little surprising given the fact that education, in particular university training, is one of the selection criteria for immigrants. Table 7 displays the number and percent of immigrants to Winnipeg by three levels of educational attainment---at least a Bachelor's degree, non-university certification or diploma, and secondary education or less. Overall a substantially smaller proportion of immigrants settling in Manitoba, in comparison to Canada or Winnipeg, are university educated.

Table 7. Immigrants by Level of Education at Landing (by Year)

Number

Geography Area	Level of education	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	≤ Secondary Education	865	1185	1177	1146	1664	1590	1645	2021	2073	2034
	Non-University Cert or Diploma	583	689	682	693	913	1102	1154	1485	1601	1537
	Bachelor's degree+	821	914	937	971	1266	1553	1740	2235	2531	2490
	Total	2269	2788	2796	2810	3843	4245	4539	5741	6205	6061
Manitoba	≤ Secondary Education	1065	1472	1447	1395	2045	1993	2177	2560	2872	2978
	Non-University Cert or Diploma	772	878	890	865	1281	1516	1623	2125	2235	2336
	Bachelor's degree+	885	1005	1025	1073	1365	1691	1924	2464	2733	2802
	Total	2722	3355	3362	3333	4691	5200	5724	7149	7840	8116
Canada	≤ Secondary Education	50343	58143	61032	56689	55686	55592	61967	66258	61995	59812
	Non-University Cert or Diploma	37025	40615	44221	39459	40897	45006	48919	48511	45461	48793
	Bachelor's degree+	60020	77511	88066	81928	78122	84275	93704	85509	80964	88289
	Total	147388	176269	193319	178076	174705	184873	204590	200278	188420	196894

Percentage

Geography Area	Level of education	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	≤ Secondary Education	38%	43%	42%	41%	43%	37%	36%	35%	33%	34%
	Non-University Cert or Diploma	26%	25%	24%	25%	24%	26%	25%	26%	26%	25%
	Bachelor's degree+	36%	33%	34%	35%	33%	37%	38%	39%	41%	41%
	Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Manitoba	≤ Secondary Education	39%	44%	43%	42%	44%	38%	38%	36%	37%	37%
	Non-University Cert or Diploma	28%	26%	26%	26%	27%	29%	28%	30%	29%	29%
	Bachelor's degree+	33%	30%	30%	32%	29%	33%	34%	34%	35%	35%
	Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Canada	≤ Secondary Education	34%	33%	32%	32%	32%	30%	30%	33%	33%	30%
	Non-University Cert or Diploma	25%	23%	23%	22%	23%	24%	24%	24%	24%	25%
	Bachelor's degree+	41%	44%	46%	46%	45%	46%	46%	43%	43%	45%
	Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

I. Mother Languages & Official Language Abilities of Immigrants

Not surprisingly, a large number of different languages are spoken by immigrants and refugees settling in Canada and in Manitoba, specifically. By far the most common mother tongue for *Winnipeg* immigrants and refugees in 2008 was Tagalog reflecting Winnipeg's large Filipino community (see Table 8). Punjab was the second most common, followed by Russian as a distant third most common. In contrast, the top three mother tongue languages spoken by *Canadian* immigrants were: English (11.6%), Mandarin (10.6%) and Arabic (8.9%). Also, as Table 8 illustrates, the ranking by frequency of mother tongue can change over a short period of time. These kinds of changes are difficult to predict and underscore the importance of responsive planning.

Table 8 Top Ten Mother Tongues of Immigrants

	Winnipeg						Manitoba						Canada					
Rank	1999			2008			1999			2008			1999			2008		
	Mother Tongue	n	%	Mother Tongue	n	%	Mother Tongue	n	%	Mother Tongue	n	%	Mother Tongue	n	%	Mother Tongue	n	%
1	Tagalog	488	16.8%	Tagalog	2388	29.7%	Tagalog	502	13.5%	Tagalog	2544	22.7%	Mandarin	24975	13.1%	English	28751	11.6%
2	English	282	9.7%	Punjabi	896	11.1%	English	474	12.7%	German	1837	16.4%	English	18606	9.8%	Mandarin	26086	10.6%
3	Serbo-croat	210	7.2%	Russian	453	5.6%	German	410	11.0%	Punjabi	952	8.5%	Arabic	12496	6.6%	Arabic	21925	8.9%
4	Chinese	179	6.1%	Mandarin	440	5.5%	Mandarin	177	4.8%	English	643	5.7%	Punjabi	11396	6.0%	Tagalog	20835	8.4%
5	Mandarin	165	5.7%	English	399	5.0%	Arabic	166	4.5%	Russian	579	5.2%	Chinese	9927	5.2%	Spanish	16292	6.6%
6	Arabic	151	5.2%	Korean	383	4.8%	Punjabi	157	4.2%	Spanish	572	5.1%	Russian	9349	4.9%	Punjabi	14315	5.8%
7	Punjabi	147	5.0%	Chinese	237	2.9%	Russian	137	3.7%	Mandarin	551	4.9%	Urdu	8616	4.5%	French	8334	3.4%
8	Russian	99	3.4%	Tigrigna	220	2.7%	Spanish	114	3.1%	Korean	412	3.7%	Tagalog	8328	4.4%	Urdu	7899	3.2%
9	Spanish	98	3.4%	German	189	2.3%	S-Croat	84	2.3%	Chinese	339	3.0%	Spanish	7250	3.8%	Korean	7377	3.0%
10	Somali	83	2.8%	Arabic	180	2.2%	Amharic	48	1.3%	Tigrigna	220	2.0%	Korean	7236	3.8%	Russian	6697	2.7%
	Top ten Languages	1902	65.3%	Top ten Languages	5785	71.8%	Top ten Language	2269	60.9%	Top ten Language	8649	77.1%	Top 10 languages	118179	62.2%	Top 10 languages	158511	64.1%
	Other Languages	1011	34.7%	Other Languages	2268	28.2%	Other Language	1456	39.1%	Other Language	2572	22.9%	Other languages	71775	37.8%	Other languages	88732	35.9%
	Total	**2913**	**100.0%**	**Total**	**8053**	**100%**	**3725**	**3725**	**100%**	**Total**	**11221**	**100%**	**Total**	**189954**	**100%**	**Total**	**247243**	**100%**

Data Source: 1) Manitoba Labour and Immigration; 2) Facts and Figures 2008 Citizenship and Immigration

Perhaps more important than mother tongue, is the language ability of new arrivals in Canada's two official languages---English and French. As depicted in Table 9, a sizeable proportion of immigrants and refugees settling in Winnipeg since 2000 state that they speak neither English nor French. This same pattern holds true for Canada at large. Most recently (since 2004) the proportion of immigrants and refugees settling in Winnipeg who state that they are conversant in English has increased to 50% or higher. However, these statistics should be interpreted with caution. Documentation of language ability is based on self report and may not reflect fluency in official language. It is recognized that a

rudimentary knowledge of the host language is often not sufficient to enable an individual to participate in health-related encounters (or even to find employment at their educational level).

Table 9 Immigrants and Refugees by Language Ability

Number

Geographic	Language	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	English	1427	1769	1799	1568	2283	3210	3369	4357	4774	5131
	French	29	49	41	33	43	55	115	81	175	80
	Bilingual	43	58	79	47	93	158	163	130	131	121
	Neither	1414	1765	1785	2134	2701	2468	2487	3073	3306	2721
	Total	**2,913**	**3,641**	**3,704**	**3,782**	**5,120**	**5,891**	**6,134**	**7,641**	**8,386**	**8,053**
Manitoba	English	1,780	2,083	2,117	1,851	2,728	3,788	4,078	5,276	5,809	6,360
	French	41	72	50	42	45	57	144	100	182	98
	Bilingual	51	78	96	61	114	180	201	164	152	163
	Neither	1853	2402	2328	2661	3616	3401	3673	4507	4811	4600
	Total	**3,725**	**4,635**	**4,591**	**4,615**	**6,503**	**7,426**	**8,096**	**10,047**	**10,954**	**11,221**
Canada	English	92,620	107,846	114,895	99,499	96,800	114,708	133,034	133,117	127,208	140,049
	French	9,539	10,366	11,330	10,633	9,972	11,302	12,061	12,562	12,824	12,693
	Bilingual	7,646	9,915	13,044	13,720	16,246	22,608	23,008	22,660	24,106	24,627
	Neither	80,152	99,332	111,371	105,199	98,332	87,206	94,126	83,298	72,620	69,874
	Total	**189,957**	**227,459**	**250,641**	**229,051**	**221,351**	**235,824**	**262,239**	**251,649**	**236,758**	**247,243**

Percentage distribution

Geographic Area	Language Ability	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	English	49.0%	48.6%	48.6%	41.5%	44.6%	54.5%	54.9%	57.0%	56.9%	63.7%
	French	1.0%	1.3%	1.1%	0.9%	0.8%	0.9%	1.9%	1.1%	2.1%	1.0%
	Bilingual	1.5%	1.6%	2.1%	1.2%	1.8%	2.7%	2.7%	1.7%	1.6%	1.5%
	Neither	48.5%	48.5%	48.2%	56.4%	52.8%	41.9%	40.5%	40.2%	39.4%	33.8%
	Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Manitoba	English	47.8%	44.9%	46.1%	40.1%	41.9%	51.0%	50.4%	52.5%	53.0%	56.7%
	French	1.1%	1.6%	1.1%	0.9%	0.7%	0.8%	1.8%	1.0%	1.7%	0.9%
	Bilingual	1.4%	1.7%	2.1%	1.3%	1.8%	2.4%	2.5%	1.6%	1.4%	1.5%
	Neither	49.7%	51.8%	50.7%	57.7%	55.6%	45.8%	45.4%	44.9%	43.9%	41.0%
	Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Canada	English	48.8%	47.4%	45.8%	43.4%	43.7%	48.6%	50.7%	52.9%	53.7%	56.6%
	French	5.0%	4.6%	4.5%	4.6%	4.5%	4.8%	4.6%	5.0%	5.4%	5.1%
	Bilingual	4.0%	4.4%	5.2%	6.0%	7.3%	9.6%	8.8%	9.0%	10.2%	10.0%
	Neither	42.2%	43.7%	44.4%	45.9%	44.4%	37.0%	35.9%	33.1%	30.7%	28.3%
	Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Data Source: 1) Manitoba Labour and Immigration; 2) Facts and Figures 2008 Citizenship and Immigration

J. Temporary Residents

In comparison to immigrants and refugees who migrate to Canada as permanent residents, a small proportion of people come to Canada as temporary residents. The lion's share of temporary residents at all geographic levels (national, provincial and urban) are foreign workers or students. The total number of temporary workers and students did not change significantly between 1999 and 2008.

The Canadian Immigrant and Refugee Protection Act contains a provision for migrant workers who are allowed to work in Canada with an appropriate visa. In recent years Canada has become increasingly reliant on these workers, generally termed "temporary foreign workers" to address labour shortages. There is increasing concern across Canada regarding the health and social needs of these workers, that is, for example, the risk for both physical and verbal abuse and social exclusion.[s]

In Manitoba, a greater proportion of temporary workers settle outside of Winnipeg, than do permanent residents.

A small proportion of temporary residents in Winnipeg are humanitarian cases. For instance in Winnipeg in 2008 only 2.1% (75) of temporary residents (3496) were humanitarian cases, compared to 12.2% of all temporary residents nationally. Although this group constitutes a very small proportion of immigrants and refugees to Winnipeg, they are perhaps the most vulnerable when it comes to health care, given the insecurity of their legal position. Although they are covered by Interim Federal Health (IFH) program for at least 12 months after arrival, there are bureaucratic issues that often present obstacles.

[s] Elgerma, S. 2007. *Temporary Foreign workers. Parliamentary Information and Research Service.* Library of Parliament. PRB07-11E. Alberta Federation of Labour. (2007). Temporary Foreign Workers Alberta's disposable workforce. http://www.afl.org/upload/AFLTFW.pdf

Table 10 Annual Flow of Temporary Residents and Refugees -- Foreign Workers Foreign Students and Humanitarian

Number

Geographic Area	Category		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	Foreign workers		1,997	1,881	1,771	1,420	1,240	1,302	1,400	1,761	2,150	2,009
	Foreign students		1,060	1,238	1,584	1,670	1,512	1,342	1,260	1,329	1,255	1,412
	Humanitarian population	Refugee claimants	106	113	135	124	121	82	70	45	65	60
		Other Humanitarian cases	52	35	29	35	18	7	6	11	29	15
		Subtotal	158	148	164	159	139	89	76	56	94	75
	Total*		**3,215**	**3,267**	**3,519**	**3,249**	**2,891**	**2,733**	**2,736**	**3,146**	**3,499**	**3,496**
Manitoba	Foreign workers		2,794	2,777	2,655	2,291	1,903	2,155	2,420	2,998	3,925	4,192
	Foreign students		1,348	1,550	1,932	2,011	1,853	1,641	1,542	1,640	1,566	1,730
	Humanitarian population	Refugee claimants	133	130	172	158	162	122	104	73	88	124
		Other Humanitarian cases	80	49	38	51	22	12	8	13	34	22
		Subtotal	213	179	210	209	184	134	112	86	122	146
	Total*		**4,355**	**4,506**	**4,797**	**4,511**	**3,940**	**3,930**	**4,074**	**4,724**	**5,613**	**6,068**
Canada	Foreign workers		107,139	116,565	119,714	110,915	103,239	112,553	122,723	139,103	164,905	192,519
	Foreign students		58,425	69,104	80,919	76,948	69,712	66,121	67,877	71,786	74,038	79,509
	Humanitarian population	Refugee claimants	29912	37166	44457	33343	31800	25465	19691	22874	28447	36851
		Other Humanitarian cases	8140	800	883	1425	888	748	766	950	1105	945
		Subtotal	38052	37966	45340	34768	32688	26213	20457	23824	29552	37796
	Total*		**203,616**	**223,635**	**245,973**	**222,631**	**205,639**	**204,887**	**211,057**	**234,713**	**268,495**	**309,824**

Percentage distribution

Geographic Area	Category		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Winnipeg	Foreign workers		62.1%	57.6%	50.3%	43.7%	42.9%	47.6%	51.2%	56.0%	61.4%	57.5%
	Foreign students		33.0%	37.9%	45.0%	51.4%	52.3%	49.1%	46.1%	42.2%	35.9%	40.4%
	Humanitarian population	Refugee claimants	3.3%	3.5%	3.8%	3.8%	4.2%	3.0%	2.6%	1.4%	1.9%	1.7%
		Other Humanitarian cases	1.6%	1.1%	0.8%	1.1%	0.6%	0.3%	0.2%	0.3%	0.8%	0.4%
		Subtotal	4.9%	4.5%	4.7%	4.9%	4.8%	3.3%	2.8%	1.8%	2.7%	2.1%
	Total*		**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Manitoba	Foreign workers		64.2%	61.6%	55.3%	50.8%	48.3%	54.8%	59.4%	63.5%	69.9%	69.1%
	Foreign students		31.0%	34.4%	40.3%	44.6%	47.0%	41.8%	37.8%	34.7%	27.9%	28.5%
	Humanitarian population	Refugee claimants	3.1%	2.9%	3.6%	3.5%	4.1%	3.1%	2.6%	1.5%	1.6%	2.0%
		Other Humanitarian cases	1.8%	1.1%	0.8%	1.1%	0.6%	0.3%	0.2%	0.3%	0.6%	0.4%
		Subtotal	4.9%	4.0%	4.4%	4.6%	4.7%	3.4%	2.7%	1.8%	2.2%	2.4%
	Total*		**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Canada	Foreign workers		52.6%	52.1%	48.7%	49.8%	50.2%	54.9%	58.1%	59.3%	61.4%	62.1%
	Foreign students		28.7%	30.9%	32.9%	34.6%	33.9%	32.3%	32.2%	30.6%	27.6%	25.7%
	Humanitarian population	Refugee claimants	14.7%	16.6%	18.1%	15.0%	15.5%	12.4%	9.3%	9.7%	10.6%	11.9%
		Other Humanitarian cases	4.0%	0.4%	0.4%	0.6%	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%
		Subtotal	18.7%	17.0%	18.4%	15.6%	15.9%	12.8%	9.7%	10.2%	11.0%	12.2%
	Total*		**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

* Did not include these temporary residents do not hold a work/study permit, a permit processed under special programs established to handle refugee–like cases nor have they ever filed a refugee claim.

Data Source: Facts and Figures 2008 Citizenship and Immigration Canada

K. Group Settlements

Winnipeg's refugee context is also complicated by the fact that Manitoba has accepted several group settlements of refugees who have been living in refugee camps over a long period--sometimes with limited health care and often in situations of great insecurity and exposure to a variety of health and social risks. These group arrivals present some additional settlement challenges, and the health system has not to date been actively included in planning for these arrivals.

L. French Speaking Immigrants

Many of Winnipeg's recently arrived francophone population originates from the African continent, particularly the countries of the Congo and Morocco. Many of these arrivals chose Winnipeg as their destination based on an assumption of service availability in French. Unlike the majority of the Canadian born francophone population, however, many lack English language fluency.

Section 4

Relevance to Health Care Planning

This demographic snapshot of immigration to Manitoba provides important information for health care planning. There are six demographic variables of new arrivals that have significant implications for health care planning:

A. size of immigrant and refugee populations
B. indicators of socioeconomic status (e.g., education)
C. source country or country of origin
D. English language fluency
E. age and gender configurations
F. proportion of refugees within a newcomer population

A. Size of Immigrant and Refugee Populations

Knowing the absolute numbers of immigrant/refugee populations from a prevalence (overall population) and an incidence (new members added annually) perspective, provides some basic information on the populations that may require health care services; knowledge of the proportion of newcomer groups within the general population, and emerging trends also helps set health care provision priorities. Additional demographic information (e.g., age strata, mother tongue, and health status) allows for refining the planning process in terms of resource allocation as well as making decisions regarding adding services (e.g., health interpretation and translation services).

B. Socioeconomic status (SES) of Immigrant and Refugee Populations

Information about education levels and mother tongue provides some limited information on health services planning for particular populations. However, the relationship of SES as a predictor of health status and health needs among immigrant populations is not as straightforward as the relationship between SES and health in the general Canadian population. While the immigration selection process in Canada favors educated and skilled persons, many of these arrivals are unsuccessful in finding employment in their area of skill and expertise and, subsequently, are more likely to be un- or under-employed.

This may result in a drop in SES and in a situation of 'status incongruity' that has important health and social implications. This status incongruity interacts to affect future health status. In other words, education or occupation or skills on

arrival may not be good predictors of future SES particularly for those from non-European countries.

The reverse can also be found. There is significant diversity among migrants to Canada or to the Winnipeg Health Region and those from less privileged backgrounds may actually find an improvement in their standard of living. For these reasons, caution is needed when using SES indicators from immigration data to model future health status and need for services. The topic of interaction of SES with immigration status is covered in more detail in Part 2.

C. Source countries of Immigrants and Refugees

Cultural proficiency in the delivery of health care is a major concern for health care providers. Research has highlighted the pitfalls of assuming that all persons from a certain country share a stereotypical set of "cultural beliefs"[t] and, of focusing on "culture specific" training. However, some knowledge about the source countries of the major groups of immigrants seen can help healthcare providers anticipate potential issues and ask the right questions. For example, it is useful to know whether the country is or has recently been a refugee producing area, and whether certain diseases or conditions are prevalent (Bowen, 2007). This knowledge may also help inform professional development programs for health care personnel.

Planning can be informed by knowledge of migration patterns of refugees. However, such data are not available at the individual level. Many refugees arrive in Canada, not directly from their home country, but via many others, often over a period of several years. These transitions can also have implications for planning for needed health care services.

D. Languages Spoken by the Immigrant and Refugee Populations; and, Proficiency in Official Languages.

The most fundamental relationship in health care is the one established between the health care provider and the patient. Communication is the linchpin of this relationship: the medical interview is utterly dependent upon the patient and provider being able to understand each other. Knowing what languages are spoken by new arrivals, and projected trends as well as the prevalence of those functionally conversant in the official languages of the Canada (particularly English) allows for thoughtful planning regarding interpretation services.

For example, providers in Manitoba have found that many French speaking immigrants (e.g., from northern and central African countries) expect that health care services would be readily available in French. As a consequence, they were unprepared for the need to communicate with English only speaking health care

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providers. Health care planners, with this piece of the larger puzzle will be able to make adjustments to current resource allocation or plan for new resources in anticipation of need.

E. Age and Sex Configurations of Immigrant and Refugee Populations

Health care needs can be different based on the age and sex of the immigrant or refugee. Pregnancy and family planning concerns are typically issues for women between 15 and 45 years of age while some disease screening procedures (e.g., for breast cancer, colon cancer, diabetes) are recommended for older age groups (>45 years). Knowing the numbers in different age strata and by sex of new population groups again provides important information for health care planning.

F. Proportion of Refugees within a Population

It is also useful to know the prevalence of "refugee experience" within any immigrant population. Because of the different initial circumstances prompting their migration, refugees often have more complex, greater and possibly direr health care needs than other newcomers. For example, experiences of loss, trauma, or torture often create unique mental health needs; the lived experience of many refugees also increases the likelihood of short term needs related to physical injury, infectious disease, dental care, reproductive health and nutrition.

Section 5

Guidance in Using Immigration Data

There are a number of important considerations to take into account when using data about immigrants. Five (5) useful reminders are to:

1. Be clear how "immigrants" are defined in any data source

Sources of data (e.g. Statistics Canada Census data, Canadian Community Health Survey data) may not differentiate between all immigrants (all persons born outside of Canada) and new arrivals. For planning purposes it is often important to know specifically about new arrivals.

2. Remember that landings data captures simply "landing"

These data may not give an accurate picture of where new arrivals eventually settle. Therefore, landings data may be either an over or under estimate.

3. Don't forget about the children

Most immigrants arrive in their childbearing or child rearing years. Children born to immigrants after arrival are not counted as "immigrants" but as Canadian born. As the parents of these children are in many ways the primary 'client' of the healthcare system, and as culture and immigration-related factors may continue to affect family health in Canada, immigration data will not provide good estimates of needs in areas related to pediatric care.

4. Don't look only at the most recent year of data

Data on current immigration must be considered in conjunction with data on immigration for the previous several years; there may be significant changes in numbers and source countries and languages over a year or two and issues related to health status and health access often continue for many years after arrival. When it comes to immigration, data on past landings, world areas, languages etc., do not necessarily predict future trends for health care needs.

5. Be cautious in interpreting immigration class

Remember that some new arrivals in economic or family immigration class may be arriving from refugee producing countries.

Part ONE: Setting the Context Summary and Implications for Health Providers & Planners

Although the number of immigrants to Manitoba may be small compared to many other larger Canadian centres, <u>Manitoba now has the highest rate of immigration in the country</u>.

- Although the total numbers of immigrants arriving in Manitoba have traditionally been significantly lower than in other provinces, total numbers have also been increasing rapidly over the past decade. In part because of the smaller total numbers of arrivals, Manitoba has not felt the same urgency in developing immigrant/refugee specific health services. As will be discussed in later sections, however, a number of factors are requiring a more proactive, programmatic response.

- Immigrants arriving in centres where there are fewer individuals from their community of origin (i.e., where communities of origin in the adopted country are less "institutionally complete") may face significantly greater barriers to access, due to a greater likelihood of cultural and linguistic barriers and inadequate social support. As a result, immigrants and refugees are less likely to have access to health providers from their community of origin, and settlement and interpretation services may be more limited. In other words, although total numbers may be lower, individual needs may be more complex and acute.

Demographic data can provide insights as to needed health services

- The highest proportion of all immigrants is in their child-bearing years. Reproductive health and pediatric services are therefore two areas where changes in demographics due to an influx of immigrants and refugees may be most felt.

- The proportion of refugees and immigrants from war affected countries, gives some indication of the need for specialized mental health services.

- The increasing numbers of immigrants from non-European countries presents additional needs for specialized health services, particularly related to tropical/infectious disease, and health system orientation.

- Many new arrivals do not speak English or French on arrival; also, many Francophone immigrants also face significant barriers to care. Ongoing attention is needed to develop language access services which are culturally safe.

- Most of the increase in provincial immigration is the result of the Provincial Nominee program. These Economic Class immigrants, while needing some additional services, do not generally bring the complex health issues of Refugee or Family Class immigrants. Increasing proportions of the Economic Class immigrants are also settling outside the Winnipeg area.

Immigrants to Manitoba are diverse

- Immigrants arriving in Manitoba are not a homogenous population; they represent all world areas, numerous languages, all ages, and a variety of life experiences.

- Planning must reflect the many populations and diverse health needs within this group. Not all immigrants have similar health issues or service needs. For example, a university professor recruited to Canada from the U.S. or Australia would not have the same health needs as a refugee with limited formal education from a war-affected country.

- Planners should assume significant diversity *within* a group from a particular country – in education, language, culture, and immigration experience. Cultural training programs must prepare health and language services providers for this diversity.

- Immigration experience, or immigration category, is but one aspect of an individual's experience. Individual immigrants or refugees may or may not belong to other underserved groups; that is, they may be members of indigenous groups from other parts of the world, face language barriers, live with disabilities, be of a visible minority, be poor, or of alternate sexual orientation.[u] The fact that an individual is an immigrant or refugee is just one aspect of their identity and health and social services needs.

- Another important aspect of diversity is "length of time" since arrival in Canada; that is, the needs of those recently arrived may be different from the needs of those who have been in Canada for some time.

[u] Stephens, S. 1993. Community based programs for a multicultural society: A handbook for service providers. Winnipeg: Planned Parenthood Manitoba.

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