



**ALL TOGETHER NOW:
A MULTICULTURAL COALITION FOR EQUITY IN HEALTH
AND WELL-BEING**

FINAL REPORT

**A PROJECT FUNDED BY
HEALTH CANADA**

**THROUGH THE
SECTORAL INVOLVEMENT IN DEPARTMENTAL POLICY
DEVELOPMENT (SIDPD) COMPONENT OF THE FEDERAL
VOLUNTARY SECTOR INITIATIVE**

**PREPARED BY THE
MULTICULTURAL HEALTH BROKERS CO-OP
APRIL 2004**

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1.0 Background

1.1 Project Title

A Multicultural Coalition for Equity in Health and Well-Being

1.2 Sponsor

The Multicultural Health Brokers Cooperative

1.3 Report Approved By: Yvonne Chiu, C- Executive Director

1.4 Description of Sponsoring/Partner Organizations

The Multicultural Health Brokers Cooperative

Yvonne Chiu (Co-Executive Director)

Lucenia Ortiz (Project Coordinator)

Maria Mayan (Researcher & Project Coordinator)

10867 97 Street

Edmonton, Alberta

(780) 423 1973

Contribution: core planning group, responsibility for funds, provider of a meeting place and office equipment (photocopying machine, fax, phones, computer, printer)

The Ethnocultural Council of Calgary

Cesar Cala (Member, Board of Directors)

Consultant on Coalition Development

87 Dalcastle Way, NW

Calgary, AB T3A 2N4

Contribution: as a community activist with 30 years of experience, Cesar Calla provided valuable direction and strategy on engaging communities, community animators, core group members and working with government. He was relied on a great deal for his expertise and as a result, a relationship with the Ethnocultural Council of Calgary was formed.

Canadian Heritage

Njeri Waiyaki

Program Officer, Multiculturalism

#1630 9700 Jasper Avenue

Edmonton, Alberta T5J 4C3

Contribution: provided funds to study the project, including providing salary for a research assistant. The research assistant, while participating in meetings in a participant-observer capacity, facilitated work groups and kept minutes of the meetings

Key Community Consultants

Ruth Wolfe, Independent Consultant; Anne Goldblatt, Independent Consultant; Peter Faid, Independent Consultant

Contribution: provided expertise in facilitation, planning, and building on ongoing learning throughout the project, as well as feasibility of acting on issues raised in the community workshops.

2.0 Project Description

2.1 Project Goal

To build the “policy capacity” of ethnic minority communities by creating a multicultural health coalition made up of leaders of ethnic minority communities and others (within government and community organizations) committed to equity in health.

2.2 Project Summary

Diversity of Canadian society embraces not only differences in ethnicity and cultural heritage, but is also expressed in the plurality and complexity of needs and aspirations. Health and well-being are central among those aspirations. Public sector institutions are challenged to respond to these differing needs, which include ensuring opportunities and resources for immigrant and refugees so that settlement and integration in a new environment becomes a healthful and productive process.

There is evidence of persistent inequalities in Canadian society. Visible minorities occupy a lower status in this society as shown in a) the double digit income gap between them and other Canadians, b) labor market segmentation (where visible minorities are mostly found in manual, semi-skilled work, despite higher education qualifications than native-born Canadians), and c) housing segregation etc.¹ Inequality can also be understood through the concept of social exclusion, that is, the social, economic, cultural and political barriers that impair the ability of visible minorities to participate meaningfully in the labor market, political process and civic activities of society².

The purpose of this project is to engage members of ethnic minority communities in the arena of policy development as an avenue for redressing inequalities in health and as a starting point for their progressive and meaningful political participation.

The project objectives are to:

1. enable ethnic minorities to generate collective knowledge about health issues and recognize the policy implications of these issues
 2. create opportunities for institutional/sector partners to build their “participatory capacity”
 3. introduce ethnic minority communities to the language and process of policy development
 4. foster organizational skills of ethnic minorities to act in their own interest and become agents of policy
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5. establish an alliance of organizational and community partners, across health sectors, committed to ethnic minorities and equity in health
6. share collective experience and learning

By the end of the project, the expected achievements were:

- a greater awareness and understanding (by all groups involved in this project) of broad, systemic factors that affect ethnic minorities unequal position in society and how this affects their health, civic participation, and the ability to propose solutions for policy change.
- a stronger voice among ethnic minority communities to express needs, issues and aspirations, and the capacity to organize and mobilize their communities to engage in public policy development. Ultimately, these communities will recapture a collective sense of control and ability to make changes as an organized group.
- greater confidence and trust among institutions in their ability to organize participatory policy opportunities with ethnic minority communities. Consequently, institutions will become increasingly grounded in issues of equity in health affecting ethnic minorities and will expect an ever-present multicultural voice to influence policy making.

The project was local (Edmonton), but through project activities, relationships were established with Calgary, giving the project provincial link.

2.3 Project Activities

Objectives	Main Project Activities
2,5,6	<u>Formed the Steering Committee</u> – The project coordinators organized key players from municipal, regional, provincial, and federal governments and from an immigrant serving organization. These key players provided direction to the project and played the role of a resource group, advising the project coordination team of upcoming events and opportunities that were relevant to the project. The project coordinators also consistently shared project learning and engaged them in planning, relationship building, and working together in a participatory capacity.
1,5	<u>Completed Community Ground Working</u> – The project coordinators established and renewed key contacts in ethnic minority communities and enjoined their interest in the project by mentioning the project in various meetings and holding an information session on the project.
1,3,4	<u>Selected and Trained Community Animators</u> – The project coordinators selected community animators who had the trust of and skills to work with ethnic minority communities and garnered their support and commitment to the project. The project coordinators (and guest speakers) provided policy training and health issues workshops to community animators to increase knowledge and understanding of policy as it relates to inequities in health.
1,3,4	<u>Community Animators Trained and Mobilized Communities</u> – Community Animators held a minimum of 3 workshops in each of their communities to

	teach about policy and health equity identification, engage in consciousness raising, and garner the communities' support of the Multicultural Coalition for Equity in Health and Well-being.
4	<u>Selected Core Group Members</u> – At the final workshop, each community engaged in a process (usually through nomination and voting) to select a community member to become a core group member, who would then plan the Forum and to work toward establishing the Coalition.
1,4,6	<u>Held a Community Celebration</u> – Following a great deal of activity in ethnic minority communities through the workshops, a community celebration was held on May 17, 2003 and attended by 100 community members to (1) thank the community for their participation thus far, (2) sustain interest and momentum in the project, (3) have the Core Group present the planning process to establish the Coalition, and (4) invite further participation in the project.
4	<u>Planned for the Forum</u> – The core group members met for 3 months to plan the Forum.
1-6	<u>Held the Multicultural Forum on Health and Well-being</u> - On September 13, 2003, the Core group hosted a Multicultural Forum to launch the Coalition. The Forum was attended by over 230 people from ethnic minority communities, government, and immigrant serving organizations. It was also attended by one city counselor, three MLA's and by the Minister of Health at the time, Anne McLellan. Participants listened to a key note speech, watched a youth drama, and engaged in workshops on (1) Access to Health, (2) Access to Education, (3) Access to Employment, and (4) Social Exclusion and Isolation. The result of the workshops was a list of policy recommendations that formed the Coalitions initial agenda.
4	<u>Worked on the Agenda</u> – Following the Forum, the Core group developed a plan to realize the agenda developed at the Forum.
1-6	<u>Establishment of a Formal Organization</u> – The core group developed a vision, mission, and bylaws and are submitting the paperwork in order to become an independent non-profit organization, the Multicultural Coalition for Equity in Health and Well-being, that will continue working toward project objectives and will build policy capacity among ethnic minority communities and government.

Project Results

2.4 Collaboration

Activity/Output	Indicator	Mechanism
Development of partnerships with government representatives	A partnership was established/renewed with 8 government representatives that made up our Steering Committee	Project records
Comments The representatives on our Steering Committee were from the following		

sectors/departments: <i>Federal</i> Health Canada, Regional Office Canadian Heritage Citizenship and Immigration Canada <i>Provincial</i> Children's Services, Region 6 <i>Regional</i> Capital Health Authority <i>Municipal</i> City of Edmonton Community Services <i>Community</i> Mennonite Centre for Newcomers <i>School</i> Edmonton Public School Board Core group members and members of various ethnocultural communities attended the meetings on an ad hoc basis. A discussion was held at the final steering committee and all members agreed to stay formally involved with the Coalition and act in partnership and as resource persons as the Coalition develops and matures. A research finding was that one of the reasons Steering Committee participants enjoyed serving on this committee was that they enjoyed working building new relationships and working with colleagues from other departments/sectors.		
Development of a network of community animators	14 community animators acting as a "live infrastructure" to support/ assist government with community work	Project records
Comments Through the training provided to ethnic minority community animators (i.e. facilitation and mobilization skills), they have developed skills that are available to government and other sectors requiring community input. For example, they have already been contracted to plan and conduct community focus groups on planning an international market place in Edmonton. More than 100 people participated in these focus groups.		
Development of a relationship with Calgary communities	Met with Cesar Cala (Ethnocultural Council of Calgary) 15 times and attended a Calgary Community Forum	Project records
Comments A new network was created with Calgary, through its Ethnocultural Council and involvement in numerous Calgary ethnocultural organizations/communities. In March, 2004, three representatives from our Core Group were invited to participate in the Community Forum, organized by Calgary Ethnocultural Council and held in Banff, Alberta to plan future work together. A Solidarity Forum, headed by the Ethnocultural Council (Calgary) and the Coalition (Edmonton) is being planned for next year. This is a first time initiative with very committed and organized people backing the plan.		
Development of a relationship with the City of Edmonton	In addition to the Steering Committee meetings, the City of Edmonton's Diversity Team has started meeting	Minutes of meetings

	one-on-one with the project coordinators to examine how the city can improve its services to ethnic minority communities. Seven (7) of these meetings have been held.	Invitation to event
<p>Comments</p> <p>The relationship with the City of Edmonton representative on the Steering Committee was already well-established before this project. However, she connected the project with the City's Diversity Team and a very strong and active relationship has developed with this group. Several (7) meetings have been held with the Diversity Team and three actions have been planned. Please see below (Involvement in Policy Development) for details on these actions.</p>		
Inclusion in a new network, the Strengths in Communities Network	Meetings (5) have occurred between the Coalition and the Strengths in Communities Network	Minutes of Meetings
<p>Comments</p> <p>The Strengths in Communities Network, consisting of a group of federal, provincial, local institutions is working with the Coalition to host an Employment Fair for immigrants and refugees/ ethnic minorities to be held June 26, 2004. Specifically, the players planning the event are the Coalition along with Canadian Immigration and Citizenship (CIC), Norquest College, and the Edmonton Community Adult Literacy Association with support from Alberta Learning, Human Resources and Development Canada, Alberta Human Resources and Employment and numerous nonprofit immigrant serving organizations. This is expected to be a very large event with over 100 booths advertising both Education and Employment opportunities. Relationships with these organizations had never been developed prior to this project.</p>		
Hosted a Community Celebration and a Multicultural Health Forum	1 Community celebration with 100 participants from 12 cultural communities 1 Multicultural Forum with 230 participants from ethnic minority communities (youth and adults), government, immigrant serving organizations, as well as politicians	Agenda and sign-up sheets Agenda (Appendix C) and sign-up sheets
<p><u>Comments</u></p> <p>Participants reported that they were very satisfied with the Forum, they appreciated the opportunity to dialogue with people from a variety of ethnic groups, government and service agencies, wanted the opportunity to continue meetings and being involved in the Coalition, and felt an overall sense of hope that they could participate in policy processes. Please see the evaluation for results regarding the Community Celebration and the Forum.</p>		
Development of a Multicultural Health Forum Report	Developed and mailed/mailed a Multicultural Health Forum Report on the Forum to 230 participants	Multicultural Health Forum Report

<u>Comments</u> Copies of the report are still being requested by community agencies and organizations.		
Development of Policy Background Papers	Development of 4 policy background papers to provide context for Forum discussions. Printed and distributed 230 copies at the Forum. 220 more copies have been requested since the Forum by community agencies, academics, bureaucrats and politicians.	Policy Background Papers (Appendix B)
Comments The development of the policy backgrounders was a significant undertaking. It involved a review of the scholarly and popular literature, as well as interviews with key informants in the areas of concern. Policy backgrounders were written on the topics of Access to Health, Access to Education, Access to Employment and Social Exclusion and Isolation. Upon suggestion of the Core Group, the policy backgrounders were translated in three languages: Croatian, Persian and Kurdish to make the information linguistically accessible for community members. These continue to be used by other organizations and community members who want a quick reference on context and facts in these areas.		
Development of a partnership with academics	Relationships formed with University of Alberta academics interested in applied research with the MCHB and the Coalition on issues relevant to both parties; 2 research grants submitted	Research grants
Comments Involved are: Dr's Tracy Derwig (Prairie Centre), Denise Spitzer (Anthropology), Darcy Flemming (Community University Partnership), and Linda Ogilvie (Nursing) and grants were submitted on: Culturally-Responsive Diabetes Education Programs and Examining Culturally Appropriate Assessment Practices by Early Childhood Development ECD programs.		

2.5 Capacity Building

Activity/Output	Indicator	Mechanism
Training Community Animators	Four (4) training workshops held and attended by 14 community animators	Meeting agendas
<u>Comments</u> Based on a policy training needs assessment conducted with community animators, four (4) workshops were held on the topics and capacity was built in the following areas: how institutions make policy”, “the policy process from an insider perspective”, “how policies are made”, and organizing community workshops.		

Development of Community Animator Resource Kit	1 Kit	Resource Kit (appended to evaluation report)
<u>Comments</u> The 24 page Kit is a package of information materials and tools in planning, organizing and facilitating community workshops. The contents include: a paper on “why communities need to participate in policy making”, a paper on “the policy process from an insider perspective”, a paper on “how policies are made”, a tool for issue/problem identification, and tips on organizing community workshops etc.		
Training of Community Members	109 community members participated in at least three (3) workshops facilitated by their community animator.	Schedule of workshops and community workshop reports
<u>Comments</u> Community members reported significant learning in the policy arena and identification of health issues, and identified the desire to be involved in Coalition activities. Community members have remained heavily involved in the project since these initial workshops .		
Celebration of Learning	One (1) meeting with 14 community animators attending	Agenda
Comments Community animators who had started and/or finished their community workshops (Filipino and Spanish-Speaking) reported on what worked/did not work and other tips for conducting their workshops to improve the quality of the workshops, ease anxiety about conducting the workshops and overall improve a capacity to facilitate the workshops.		
Training of Core Group Members	Core group members (25) attended (12) core group meetings and built capacity in the areas described below	Agendas
<u>Comments</u> Core group members reported they benefited from participating in meetings, they developed personally and professionally and overall, group values and solidarity was established. (See Evaluation Report). Meetings involved knowledge and skill development in: team building and values identification, self-care, communication, planning, need assessments, environmental scans, and development of Coalitions, NGOs etc. Guest Speakers on the following topics were provided: 1)Coalition for Equal Access to Education: Policy Advocacy from a Community Perspective 2) Edmonton Social Planning Council: Dealing with the Media and Writing a Press Release 3)Abells Communication (former MLA): Policy Advocacy from a Policy-Makers Perspective		
Development of Resources	Developed 1 Integrated Summary of Issues Document (Appendix A)	Document
<u>Comments</u> The Integration of Issues Working Document is a culmination of all of the issues		

identified in the community reports. It provided a working document from which the Forum discussions were based.		
Organization and Host of Community Celebration and Multicultural Forum for the Equity in Health and Well-being	Met 27 times to plan and organize forum.	Project Records Evaluation
<u>Comments</u> There was very involved planning for these events by the core group. After each event, the group reflected on the new skills they learned. For each event, the core group divided itself into subcommittees and met numerous times to plan their portion of the event. Significant skills were gained in planning and organizing a cross-sector event, and inviting and presenting policy issues to politicians and other stakeholders.		
Presentation of Youth Play	Drama presentation by 8 youth (and core group members) at the Forum	Videotape
<u>Comments</u> One (1) 17 year old ethnic minority youth wrote the play and invited 7 other youths to join her in presenting the play at the Forum. The play was watched by Honorable Anne McLellan and other politicians and was given enormous praise from everyone attending the Forum. (See Evaluation Report). It focused on the life of 3 immigrant youths and the adjustments they and their families try to make to their life in Canada and linked these everyday experiences with the policy issues focused on at the Forum (education, employment, health and social exclusion and isolation). The youth, with the support of the Coalition, has considered formally developing the script and performing the play at local arts festivals. Funds for supporting this activity are being researched. Skills were developed in playwriting that links everyday issues to policy, organizing and performance.		
Training Prairie Centre Intern	One (1) student intern from the Prairie Centre of Excellence for Research on Immigration and Integration volunteered 4 hours/ week from November, 2003 – April, 2004.	Project Records
<u>Comments</u> The student was involved and built skills in the following areas: policy research, coalition development and cross-cultural participatory work. She is continuing to work with the Coalition beyond the tenure of her internship as a community volunteer involved in helping the Coalition with documentation of their activities.		

2.6 Sector Involvement in Policy Development

Activity/Output	Indicator	Mechanism
Submission of Proposal	Submission of 1 proposal	Grant Proposal
<u>Comments</u> One (1) proposal was submitted to Canadian Heritage to research the Coalition process.		

<p>The grant (\$50,000) was awarded and a rigorous research process accompanied the VSI project. The research resulted in new knowledge in how government and ethnic minority communities can work together to build their participatory policy capacity and is being disseminated in a variety of ways.</p>		
Submission of Proposal	Submission of 1 proposal	Grant Proposal
<p><u>Comments</u> One (1) proposal was submitted to the Policy Roundtable Mobilizing Professions and Trades (PROMPT) to develop a policy paper on national employment strategy in order for the Coalition to actively invite and engage multisectoral stakeholders in creating strategies for equitable access to employment for foreign-trained workers. We were unsuccessful in the competition.</p>		
Work with the Steering Committee	Steering Committee members communicated on-one-on with project coordinators and in meetings on an on-going basis to give advice, respond to Coalition needs and provide other support.	Project Records
<p><u>Comments</u> Through this work, more supportive environments in members' organizations for ethnic minority issues and working together for policy purposes were initiated. Questions guiding discussions focused on the following: Would the proposed policy action have national, provincial, regional or municipal implications?; Would the public support the action?; What is the capacity/readiness of your organization to work on this action? Priorities and directions were set based on the results of these discussions. An on-going commitment to the Coalition and to working on policy issues in their respective organizations was made.</p>		
Identification of Funders	Six (5) meetings have been held with possible Funders	Meeting minutes
<p><u>Comments</u> Meetings are/were held with possible Funders to determine their interest in the activities of the Coalition and providing funds to sustain its policy related activities.</p>		
Presentations on Coalition Development	Two (2) invited presentations/workshops were given on Coalition Development.	Powerpoint presentations
<p><u>Comments</u> The first presentation was given to Health Canada's Health Policy Forum, January, 2004 to 60 participants (primarily bureaucrats) from across Canada. Discussion focused on the steps taken to establish the Coalition. The second presentation was given to Canadian Heritage's Serving Canada's Multicultural Population: Practical Approaches for Public Servants to 100 bureaucrats in April, 2004. Although we cannot access the evaluations from these sessions, it is expected that changes in knowledge, attitudes and awareness were experienced and changes in practice and more supportive policy environments are expected. Invitations for further presentations have been extended (British Columbia and Nova Scotia).</p>		
Forum	Four (4) small workshops were held with a range of 25 – 65 people attending each workshop	Agenda and sign-up sheets

<p>Comments Workshop activities focused on building the Coalition’s agenda and focused on the following questions: Why is this proposed action important to you? What do you think the coalition can do on this proposed action? If these are the actions that the coalition should do, what would you like to do to support it (as a community member or a professional)? These sessions built the communities’ capacity in the areas of linking issues with policy actions and priority/agenda</p>		
<p>Reexamination of City of Edmonton Recreation Policies and Access to Services</p>	<p>Meetings with the City of Edmonton recreation providers, Meetings with organizations serving immigrant/refugee populations</p>	<p>Invitation to event Minutes of meetings</p>
<p>Comments Through the new relationship formed with the City of Edmonton’s Diversity Team, three actions have been planned that all contribute to changing the way partners work in service delivery to ethnic minority communities. First, on May 13, 2004, a Community Cultural and Recreation Exchange is being organized between recreation coordinators and with the Coalition to 1) hear how programs can be improved to meet the needs of ethnocultural communities 2) share with community members programs that are currently available for their communities, and 3) proceed with the formal introduction of the Multicultural Coalition to service providers (not just management) in a local institution. Second, a Inter-Agency City meeting for all agencies serving immigrant and refugee populations will be convened to discuss service provision and access issues. It is expected to meet quarterly. Third, the Diversity Team and the Coalition is working on a new ‘phone book’ that will be easier for ethnic minority communities to use in accessing City services.</p>		
<p>Community Organization/ Government Meetings</p>	<p>Meetings with 4 other organizations to see how our work overlaps, what can be shared and how to work together in the future</p>	<p>Minutes of meetings</p>
<p>Comments Meetings were held with (1) Northern Alberta Alliance on Race Relations (NAARR) to discuss each others “equity” initiative, (2) Health Canada – Regional Office for input into citizen dialogue from multicultural groups (Tannis Grant), (3) Mennonite Centre for Newcomers to discuss their Employment initiatives, (4) networking with an existing citizens coalition, Greater Edmonton Alliance, to identify potential opportunities for working together</p>		
<p>Development of a Resource</p>	<p>Initial discussions were held with the National Film Board to develop a 15-minute video on the Coalition formation in March. A proposal was submitted to the NFB for their yearly grants competition.</p>	<p>Minutes of meetings</p>

	The video will present the policy activities/agenda of the Coalition, and serves to legitimize Coalition activities, as well as broker the policy dialogue between the Coalition and those who watch the video.	
<u>Comments</u> The Coalition is waiting for the approval of the proposal to NFB.		
Participation in Conferences	Papers given <ul style="list-style-type: none"> • June 10, 2003: Poverty Reduction Workshop, University of Alberta • Oct 3-5, 2003: Conference Canadian Ethnic Studies Association, Banff • Oct 28-29, 2003: Canadian Co-op Association, Montreal 	Powerpoint presentation
<u>Comments</u> Papers on the VSI program and the Multicultural Coalition process were given to an audience primarily of academics. The outcome was support from these academics and consideration of new ways of working/researching with the voluntary sector and government.		

3.0 Lessons Learned

3.1 Key Success Factors

Overall health of an individual is a product of much more than physiological, biological, and psychological factors. Individuals’ communities, their networks, their workplaces, their families and their life trajectories (Lomas, 1998, p.1182) are all factors that affect health status. Involvement in civic society develops social networks and supports (i.e. family, friends, and community members) that can stimulate community initiative, buffer stress, and provide material and emotional support (House, Landis, & Umberson, 1988, cited in Hayes & Glouberman, 1999) and consequently, contribute to overall health and well-being. The lessons learned described below are those that contribute to how government and ethnic minority communities work with each other to build their participatory policy capacity. As stated by one participant in the beginning of the research:

“In Canada we don’t have anything with the policy makers, with government; we don’t have any kind of link with the policy makers”.

The lessons learned address this issue.

The Multicultural Health Brokers (MCHBs) and the Project Coordinators

To be successful in engaging ethnic minority community members and government to work together, it must start from a place of established relationship and reputation. The MCHBs played a significant role in this project. They are a group, from which the project coordinators originated, that is well connected and has established and respected relationships within the community and government. They are an indigenous leader that

has gained trust through years of ongoing demonstrated commitment to the community. Ethnic minority community members, as well as government representatives, stated that they became involved and committed to the project because the MCHBs were leading the project. They provided training to ethnic minority community members, they guided the process, and kept in touch with other initiatives that could affect the project.

Establishing the Steering Committee

The first step in building participatory policy was to re-connect with friends and allies in government (federal, provincial, regional, and municipal governments, as well as the school board) and establish a Steering Committee. Importantly, the MCHBs were not trying to garner support from unknown persons and systems. The government individuals have been allies with the MCHBs for years. They have strong collegial relationships. The MCHBs knew that it was extremely important to talk with government representatives when conceptualizing a project so that the “we/them” dichotomy is avoided. The MCHBs and government work together, strategize together and stay open to each others suggestions to move issues forward. As well, because the MCHB had immediate, positive working relationships with government, the upcoming Coalition has access to these solid working relationships and does not have to start “from scratch”. It is interesting to note that this very strong grassroots process started government and reestablishing relationships with government colleagues.

Community Animators

After the steering committee was in place, the next step was to choose Community Animators. Who were they? Naturally, the Community Animators were selected MCHBs or close colleagues of the MCHBs. The criteria for choosing Community Animators (CAs) were that they had to be educated and trusted by the community. The CAs were known to be reliable community workers and had gained this trust through years of work and commitment.

I think I was chose because I am a kind of leader in my community and then it's easy for me to engage with people and connect. And also I think that I have a very good understanding of community issues and I feel part of the community. And then I connect with people and talk with people; it is a very personal relationship, its understanding people as individuals and also in their relations with others. And to have this individual contact with them, I can transfer new information to them.

However, being involved in a community-government participatory policy project was a new venture for these community workers. They were used delivering services, not mobilizing communities to affect policy and change. The Community Animators shared that they were unsure about being involved. What if they raised communities' expectations and the project didn't work out? They would risk their professional reputation as well as their personal relationship and reputation within their communities.

Why did they become engaged in this community-government policy project?

The CAs knew that working within their communities and with government was going to be very difficult reason. However, the CAs committed to the project and took the risk because 1) they trusted the executive directors of the MCHBs (and the planning group for the project), 2) they saw it as valuable work, knowing that providing service delivery is important but, that change comes from making an impact at the systems level, and 3) it was an opportunity for personal/professional growth and development; learning about policy was something new and there was nervous excitement with the tremendous learning curve ahead of them.

“It is very hard to work with our community in this kind of project, but I feel it is very valuable to try or to start”

“They (community) don’t know the system and actually they have the concept that the government or the officers, or the people in the positions, that they have all the right to do what they want. So they focus on say their job, their studying, their family, rather than the whole country or community, because they think the government will do their own thing, and so they better just focus what they can do, not on any political things, so it was hard.”

After they were chosen, their policy training began. The Community Animators attended several sessions covering the definition of policy, the development and implementation of policy, the responsibilities at different levels of government, how to advocate for policy change within governments, and how to identify inequities in health etc. They found the training extremely interesting and helpful.

“I know that when people did the workshops, they found they learned a lot because they didn’t have this kind of information before. I think we have a very good starting point here, so in the future we can help more members to know about policy and become involved with the government”

After training, they were ready to mobilize their communities to share their health and policy learning, and invite participation in the bigger process of establishing a coalition.

How did Community Animators invite participation of community members?

Inherent or emic knowledge to each community animator was sensitivity to their home country political experiences/situations. The general theme, which was present in all interviews, was the plight of the country of origin. All participants noted the oppressive political situation they experienced before immigration. Most of their countries are experiencing decolonization; civil war was a common experience. Their countries’ regimes have consistently controlled people’s attempts to mobilize for change. Restrictive measures and tactics experienced by community animators and their communities included torture, and “disappearances” in response to anti-governmental actions. Consequently, this experience haunts them and has made them distrustful of politics, government and the public service, including police and bureaucrats.

“To talk about politics, to bring up a negative opinion, you will either get fined or put in jail; you couldn’t criticize the government, there were spies that were watching”

“When I was recruiting people, I said it is about policy and government, and they said, ‘what is going to happen, are we going to be in trouble?’ And I explained that it is freedom, nothing is going to happen”.

“So there is a fear of the system, the government system. This fear is based on, for example, people may not reveal their total history or sometimes they hide something, feeling that it may backlash or someone may use this information against them. To explain your own view, your own opinion is something people are still fearing.”

“I grew up in a country where you cannot explain what you think. So it is a silent type of rule where you have to obey what the government decides and if you go outside the boundaries of the government, you have to face the consequences.”

In addition, there was fear about being tape recorded for this research project. A few Community Animators wrote out answers and handed them to the researchers, requested interviews to be held in noisy places where tape recorder would not work, discussed issues openly after the tape recorder was turned off, and some refused to participate.

The home country political experience obviously had implications for how CAs requested participation in this project. Because the project was about building relationships with government, coupled with community members’ fear of politics, CA’s used other pretences to convince people to participate. Specifically, they did not use the word ‘politics’, but something like “community action” or “community work” then “broke the news” about the intent of the project once they had the communities’ interest. This kind of logic maintains that as soon as something is depoliticized (even if this depoliticization merely occurs at the level of naming practices) it becomes safe for discussion.

“I was very cautious what word to use, because I knew that if I told them right away that it is about policy change, they won’t come”

The other strategies used to get ethnic minority members to attend meetings were 1) addressing the issue at a common event (e.g. regular community meeting), 2) hooking them by saying the meeting was about issues of justice and equity, 3) by “flattery”, saying they were gathering the educated people together, 4) from a social perspective of “coming together for food, for lunch, and to chat about common issues” and /or 5) a combination of the above. Interestingly, there was only one CA that specifically mentioned using religious connections/leaders to garner support and mobilize his

community. This contradicts somewhat the immigrant experience that many times finds immigrants coming together along their religious affiliations.

Another interesting point is around the concept of participation. In our usual political context, we invite “participation”. However, these participants came from one party regimes where voting did not really exist, or if the country was to be a democracy, there was still only one party and voting was artificial or a hoax. Consequently, the act of “participating” is incomprehensible or unknowable to many ethnic minorities. Therefore, the understanding of participation or partaking in something with government is unknowable, as you don’t participate in one party regimes. This also explains why “normal” civic participation strategies do not work with this population as it is typical for our governments to invite “participation” in “politics”.

“Participation is a hard word to use because I mean, we couldn’t participate in our country. There was only one political party, we belonged it. I mean everyone was supposed to belong to it. And when an election comes, its only one candidate and you have to say yes.” People still have that in mind, and do not really want to be involved in politics. People are still like, ‘politics aren’t for me’; that is still fresh in their mind”.

This is why the knowledge of the cultural and political circumstances of each ethnic minority community was relevant. The CA’s used their emic knowledge to determine what strategies they should appropriately use in order to gain participants. In turn, the CA’s reported that, even with cultural knowledge, mobilization would not have worked if they were not trusted and respected within their communities.

“Trust is a very important issue in the whole project because if people don’t trust you, they won’t come out.”

Who did the Community Animators invite?

Knowing *how* to invite community members (community mobilization strategies) left the CA’s to determine *who* to invite. A commonality in the selection of ‘appropriate’ participants was a high level of education, which the CAs calculated based on knowledge of the participants profession in the home country. The CAs felt highly educated people were more knowledgeable about issues, were able to articulate their concerns, and work with government. Another criterion was being a respected community member, thus having trust and knowledge of fellow ethnics and their issues. Generally, the CAs knew the community members; they were acquaintances or ‘friends of friends’.

“What I was looking for first of all, were people who could get involved. I wanted to have educated people with political backgrounds, at least some of them - people who I knew were active in their countries...”

Again, cultural norms were followed. For example, in a community where leadership roles by women are not the norm, the CA did not include women at the community meetings, but invited them to the Community Celebration and Forum. In another

community, the CA, as a woman, acknowledged having to work at getting her agenda through while being “behind the men”.

Overall, in most circumstances, the CAs were of a higher symbolic status than the community member. The community member may have been receiving a service from the CA and thus trust had been built from the exchange, but also, the CAs, from intra-communication within the community, were known being reliable, trustworthy, knowledgeable, and respectable, etc. This again adds to their ability to call on community members, to mobilize them, and to become involved in projects they represent. Generally, CAs used culturally specific knowledge to select, engage, and communicate with community participants.

Beginning the transition from ethnic group issues to ethnic minority issues

At this point in the process, the concept of community based on specific ethnic groups (i.e. Nigerian, Chilean etc.) was being altered and the meaning/values for which the coalition later based itself was being developed. Some individual communities decided to join together to do their workshops. What about joining the Eritrean and Somalian? The El Salvadorian and Mexican? The Iranian and Afghani? The Croatian, Bosnian and Serbian? This was risky, especially in some communities, but an early and very positive indication of a common sense of purpose among Community Animators.

After the community workshops concluded, the time came to choose among the community who would become a core group member and who would commit a great deal of time to planning the Community Celebration and the Forum and become directly engaged with government.

Core Group Members (CGMs)

Who were the core group members?

A major characteristic of CGMs was their high level of education. Many hold Bachelor degrees, Masters and Doctorates from their country of origin universities. Among the CGMs are a lawyer, dentist, nurse, teacher, professor, veterinarian, and dental technician. There were only two CGMs who were not highly educated in their country of origin, but one was heavily involved in community politics since his late teens and the other was currently pursuing higher education in Canada. Again, however, similar to the MCHBs and the CAs, they have solid and respected community reputations.

The skills they reported bringing to the group centred on their past experience with “community work” (not politics), the struggles of being immigrants and the barriers they faced, and their educational knowledge. All saw the Coalition as an opportunity as well, to increase their professional skills.

How were the core group members chosen?

This was an interesting process. Community members either volunteered or were nominated. After some names were put forth, many groups went through a voting process, either by a show of hands or by secret ballot to, as described by CAs, ensure

fairness and democracy. There were also groups that chose members through an open discussion.

Again, CAs noted that CGMs were chosen because they had outstanding community reputations, were known to be respectable leaders, and were highly educated and had a career, whether here or in the country of origin. In addition, a new factor emerged that influenced who was chosen to become a core group member. It was a community member's knowledge of issues and the Canadian political system that made them a good candidate, as well as their ability to speak English and have the time to participate. There is definitely a relationship between the university educated/professional/intellectual class opposing regimes and proposing reform in their home countries and a carryover of such involvement in Canada.

Why were they engaged in the project?

CGM's stated that they wanted to work with government to increase participatory policy capacity because they wanted to help the immigrant community, inform their fellow ethnics, learn more about the Canadian system, and have increased interactions with other immigrants and government. However, there is another mechanism operating here. Since most CGMs were highly educated and were nominated and voted into their position, the CGMs were deemed, by their community, to be the chosen representative of the community. Therefore, involvement in this project may be a vehicle for gaining lost status. Through their involvement, their skills and experiences were finally acknowledged and legitimized. Obviously this was not the reported reason for participation, but the concept of the 'Ethnic elite' is useful here. Does participation in a process endorsed by the dominant faction symbolically and economically act as a means of gaining approbation and status?

Choosing highly educated, professional ethnic minority community members who spoke English well and had time to participate were considered important characteristics for working with government.

Critical Events in Coalition Development

Community Celebration

The community celebration was held on May 17, 2003 to thank communities for participation in the process, keep the momentum going, and invite further discussion of the issues. It was also the first public event for the core group and an opportunity for the core group to present themselves, check out each other and the emerging leadership, and send the message that, "we are something to pay attention to".

It was also at the community celebration where a black core group member stated, "We are all Black". He explained that even the palest person from the former Yugoslavia experienced discrimination and barriers to employment, education etc. that he himself experienced. This statement named the minority experience and turned into motto that contributed to group solidarity.

Time Between Community Celebration and Forum

Group affinity and leadership developed a great deal following the Community Celebration. There was a general increase in interaction and personal connections and relationships were formed. This however, developed over a period in which some of the Core Group members saw themselves as extremely stressed by the 'external' imposition, by the MCHBs, of the September Forum, in particular to the date of when the Forum should be held. Some think that the September date would not give the Core Group members enough time to prepare for the Forum. The September date was decided based on the keynote speaker's availability. Since it was mainly one of the Project Coordinator, at that time, who was directly liaising with the keynote's speaker's staff, it was initially misinterpreted as being imposed on the Core Group. Some Core Group members objected to this deadline since the group did not see it as their decision. Interestingly, this coincided with suspicion of this research, a research assistant's work on developing support materials for the Forum, the project coordination, and the core group's relationship with the MCHBs. The project coordinators and the MCHBs were now "outsiders" and the question was being asked, "Who owns this process?" However, this was positive and desirable as the core group was developing ownership of the process, and responsibility for action. The push away from the MCHBs and reinterpretations of the MCHB and the researchers as 'external' to the group, was a sign of group solidarity in which boundaries of inclusion were being developed. This led to the prevailing opinion that forming an independent organization was inevitable and desirable. This situation also reflects some of the inherent tensions in organizing communities within a project timeline and pre-defined outcomes. The Project Coordinators are bounded with their accountability to what was promised in the project document such as the conduct of certain project activities that may not coincide with community desires. In this particular situation, the open discussion of the issue of project accountability vis-à-vis Core Group's sentiments was an experience in negotiating differences and collective consensus taking. Improperly managed, this situation could have led to group resentment and deterioration.

With this said, the Core Group members were generally approving and thankful of their relationship with the MCHBs and reported wanting to keep close ties to one project coordinator and the Brokers, but as a separate organization. On the part of the MCHB Co-op, the emerging group identity and the need for autonomy was a development welcomed and aspired for in the project. It was, in fact, an envisioned outcome of the initiative that the MCHB Co-op fostered and will nurture to full development even after the VSI-supported project will have ended.

Completing the transition from ethnic group issues to ethnic minority issues

After the statement, "We are all black" was made, and time passed where the group was developing a strong identity, the group completed its transformation from representing specific ethnic minority groups to representing ethnic minority issues. The group now speaks as one voice for ethnic minority issues. The core group knew that when they presented themselves separately to government, they were seen as a "special interest" and were isolated, but when they presented themselves as a whole, they were seen as strong, united, and able to build relationships and make change with government.

“What is touching one immigrant is touching all immigrants. By the end, we are all immigrants, and we start with the same thing and we end up in the same situation”

“In the Canadian system, it becomes the issue of what can you do to live a good life, what can you do to be a ‘success’ story, and to do so, you have to play ‘ethnic politics’, or to get the right initiative to serve the community that you belong to first and then second, serve everybody as a whole. But that is the problem. And so what I imagine is that individual ethnic politics is minimal, is minimized and that everybody has recognized that we are one, and we are serving ourselves as one. So what opportunities can we open up for ourselves, to benefit from, or to serve in order to improve the system and communities involved? So in terms of thinking, we are all immigrants and having arrived you signify yourself with a particular ethnic group. But at this level, it is another transition. You no longer see yourself as an ethnic group minded person, rather you see yourself as somebody who should function to create a better society....that is what I am picturing”

Multicultural Health Forum

The Forum was held September 13, 2003 and attended by over 200 community members and representatives from government and the service sectors. Many dignitaries attended, including Honorable Anne McLellan, Members of the Legislative Assembly and city counselors.

The Core Group was autonomous. Their autonomy comes from the fact that they were chosen by the community workshop participants rather than selected or contacted by government institutions or service providers as commonly practiced in citizen or community consultation process. One can appreciate the members’ sense of common identity which on reaffirmed group boundaries between “us” (Core Group) and them (the government, the communities, the social service sector, etc.). While this was obviously desirable to maintain the grassroots identity of the Core Group, it will be a challenge to the Core Group how the group will further include community members in the group and how links will be nurtured with government.

The Multicultural Health Forum was a beginning step towards bridging communities, government and non-profit organizations that have a common interest in serving culturally diverse populations and those who are experiencing marginalization and exclusion. Overall, the Forum was an indicator of success. The core group “pulled it off” and sent the message “we have arrived and we are not going anywhere”. It also served as a bonding of the immigrant community and demonstration of the willingness of government and the Coalition to work together.

Post Forum

The comfort level and affinity of the core group had peaked. No major disagreements or fighting to gain the floor was observed. There was an increase in approval for each

others' comments; they often said "yes", clapped, shook hands or patted each other on the back after speaking. There was small talk among members before starting meetings, intermingling across ethnic groups and talk about family/personal issues.

Leadership had developed. There are four main leaders – two women and two men. One of the men takes on the main leadership of the group. He is knowledgeable, charismatic, and intelligent.

The core group will continue as the Multicultural Health Coalition. They have identified specific skills and knowledge that they to continue to work with government and communities. These include knowledge about the Canadian political system and development of public speaking and facilitation skills.

During the last meeting that was documented for research purposes, the core group is now examined how to formalize their relationships with government and continue to be "in touch" with the community. They also finalized their bylaws and are now proceeding with the application to become a not-for-profit group. There is a great deal of hope and energy as they look into the future.

"So it is very important to know what power communities have to bring positive change to policies"

What did we learn about relationship-building between ethnic minority community members and governments to support each others' participatory policy capacity?

The data collected through the above process resulted in the learning listed below.

- **Do not underestimate the role of relationships.** Government representatives must prove themselves as ones that can be trusted by ethnic minority communities. They must be honest with community members and let them know their timelines and what is within their capacity to change. Ethnic minority communities place a great deal of value on relationships and will work with governments if there are established, trusted and respected relationships between the two. In turn, government representatives cannot underestimate the strength of established relationships within ethnic minority communities. Governments should link with ethnic minority community groups that have proven track records, are trusted by their community members and have demonstrated commitment to their communities and to the issues over the years. Because this project was sponsored by such a group, it is estimated that the development of the Coalition is two years ahead of any group that would try to accomplish similar goals without working through a group with established, respected and trusted relationships with both the government and community. This is crucial when many grants run for 2 years or less.
- **Present issues as "ethnic minority issues".** Instead of working and presenting issues according to specific ethnic groups (i.e. the Nigerian issues, the Chilean issues, the South Asian issues), issues should be presented and worked with as those

that are experienced by ethnic minorities. Although various groups may experience issues somewhat differently, overall, the ethnic minority experience is more similar than different. The group involved in this research gelled according to the motto, “We are all Black” which also contributed to the group transforming from representing their specific ethnic minority group to representing ethnic minority issues. This provides strength to and motivation for ethnic minorities to move ahead with their issues. As well, issues are seen as more “main stream” than special interest. It is easier for government to address (and harder for them to ignore) issues that are presented by one group and shared by a larger proportion of the population than individual, less powerful groups that can be labeled as “special interest”.

- **Become engaged early in the process.** Ethnic minority communities should approach governments at the conceptualization stage of a project and governments should demonstrate their willingness to be involved at this early stage. In this very strong grassroots project, the very first step was to invite government representatives to participate in the project. This garnered support from the institutions, built ownership of the project, and established a collegial, instead of a “we/them” working relationship. As a result, government representatives often called project coordinators to let them know about upcoming opportunities that may support the project and provide overall support. Relationships with these individuals have been formed and further established to enable future change.
- **Provide funds for hosting.** If governments are committed to enabling participation among ethnic minority communities, funds must be provided for food and transportation and possibly, a space for meetings. Most individuals in the dominant culture have resources to attend meetings (can arrange childcare, can take the bus, their car) without overly compromising their families. Marginalized populations, by the very nature of being marginalized, experience barriers that block their participation. Simply put, they do not have the resources to attend meetings and cannot be expected to use their meager income to pay for childcare while they attend up to 4 meetings per week. Providing funds for transportation and for a snack or light lunch at meetings should not be considered an “add-on” or “nice”, it is essential to participation of marginalized groups.
- **Compare and contrast how to work in each others’ systems.** Government representatives and community members work through their systems in very similar ways. Both groups spoke about how they “move” an issue or project within their particular environments. For example, they approach their friends/allies first to gain support. They consider timing and when to bring attention to the issue. They use informal communication strategies (having coffee, small talk after meetings etc.). There were strong parallels between government representatives explaining “This is how I have to do it in my office” and ethnic minority community members explaining, “This is how I have to do it in my community”. These similarities as “system animators” should be explored and shared between government and community members in order to build mutual respect and understanding for each other’s work.

In addition, governments must teach and model to communities how to work within government. For example, the government representatives specifically outlined 7 points for working with government:

- Be persistent, not aggressive. Communities must stay in contact and keep working with government to push their agenda forward, but being aggressive, hostile or belligerent will not develop meaningful relationships with government.
- Focus on solutions, not problems. Many government representatives are familiar with the issues faced by ethnic minority communities. Discussions should focus, not on the inequities, but what the government and ethnic minority communities can do to solve these inequities. Communities must always be ready with solutions to problems, not just a list of the problems.
 - Understand the government process. The government policy-making process is difficult to comprehend. In building relationships with communities, government representatives should share as much as they know about the policy-making process and all the relevant players, and admit which processes/players they are unfamiliar with.
 - Work toward a united front (e.g. immigrant vs. Nigerian). Governments should work with ethnic minority communities to present and package information as ethnic minority issues in order to move these issues forward within government.
 - Be informed and be accountable. When working with each other, governments and ethnic minority communities must be informed about each others issues and processes and be accountable for their work.
 - Have a good reputation and working relationship with each other. It is of utmost importance when government and ethnic minority communities work together they have a good reputation with each other. As soon as either party's reputation is compromised, the relationship is damaged.
 - Do not treat each other as the enemy (us/them dichotomy). Bureaucrats explained that they often feel that they are seen as 'the enemy' by community groups. In building relationships with each other, it is important that relationships begin from a place of mutual understanding and respect. Expectations and limitations by each group should be outlined early on in the process.
- **Work between a "legitimate" process versus an "authentic" process.** The project coordination may be difficult in a multicultural project due to the necessity from the government side to have a "legitimate" project/process and, from the community side, to have an "authentic" project/process. The government is constrained by funding and reporting deadlines and current government priorities while the community wants to work according to its own timelines. The question may be raised: "Who owns the process anyway, the government or the community"? Each group must be cognizant and respectful of each other's needs, priorities and timelines.
 - **Enable projects to be tailored to recognize and respect specific ethnic groups' cultural experience, knowledge and norms.** Community animators garnered support in their communities in slightly different ways according to each group's

culture, knowledge and norms. Governments must focus on outcomes or impacts and not worry if the process in each community is slightly different.

- **Appreciate the influence of home country political experiences.** In working together, governments must be cognizant of many ethnic minorities' fear of politics and being involved with government, as well as the concept of participation. Participants did not see "community work" to be political participation, and thus not threatening. They also must be aware of the language they use in dialogue with the ethnic minority community (i.e. asking for participation in policy).
- **Question the notion of democracy.** Democracy assumes that everyone has the ability and opportunity to participate, but this assumption must be reconsidered when in the context of a marginalized population (ethnic minorities). The reality is that abilities/opportunities to participate are not equal to all. Community Animators hand-picked others they knew would work well with government (high level of education, having trust and knowledge of fellow ethnics and their issues) in culturally/community appropriate way. It is crucial that the notion of democracy is not used to undermine the legitimacy of a project which contrasts what is expected in a democratic, grassroots process.
- **Facilitate on-going learning.** Governments must facilitate the opportunities for on-going learning among ethnic minority communities that they work with. The core group/coalition eagerly attended any training, meetings, conferences and/or presentations that were available to them. They have requested considerable skills and knowledge development. The relationship with government is fostered if government acknowledges this desire for learning and provides any possible opportunities; ethnic minority communities interpret these offers as being very supportive of their efforts.
- **Provide external legitimacy to projects when possible.** Similar to above, many ethnic minority communities are energized and feel legitimized when official recognition is given to their efforts. This includes acknowledgement by politicians of their efforts, opportunities to present their issues at meetings, and inclusion in other government functions. Again, ethnic minority communities interpret these offers as being very supportive of their efforts.
- **Acknowledge each others skills and experiences.** When governments and ethnic minority groups work together, they must acknowledge each others skills and experiences. The stereotype that all government representatives do not understand or are against community initiatives must be shed by ethnic minority communities. Many of these bureaucrats have years of community development experiences. In turn, government representatives must understand that many ethnic minority community members are highly educated, skilled and experienced professionals who are doing community work because they cannot practice their profession in Canada (dentist, lawyer, professor, nurse, veterinarian etc). It is likely that involvement as a community animator/core group member may bring certain prestige and

acknowledgement and may be a *vehicle for gaining lost status*, and acknowledgement and legitimation of their skills and former experiences.

- **Question assumptions about ‘normal’ group process/facilitation.** Relationships developed between governments and ethnic minority communities should be formalized through goals, principles and terms of reference, as well as protocols for managing process and dealing with conflict. Many times the core group meetings would be emotionally charged with voices raised and numerous conflicting opinions expressed. Some individuals, comfortable with tightly controlled/facilitated meetings found these meetings unproductive and destructive. On the other hand, many core group members believed the meetings were productive and helpful. What one person (used to a Western model) may define as group “dissent” another person (ethnic minority community member) may simply find to be a distraction. Groups must be allowed to participate and express themselves in ways that may be uncomfortable for government representatives.
- **Meet groups at their ‘office’.** Many times, the relationship between government and ethnic minority communities require community members to go to government buildings for meetings. Government representatives should go to community members “offices”, whatever that may be, to demonstrate their commitment to the relationship and share power in the relationship.
- **Acknowledge your personal values/style of working.** Government representatives and ethnic minority communities must understand and acknowledge their personal values and style of working. If either party is not committed to the relationship, to moving ethnic minority issues forward and do not have the emic knowledge of and ways of working within their systems, then the relationship will not flourish.
- **Connect with colleagues in other departments.** Government representatives should connect and work with colleagues in other departments/ units who are also working with ethnic minority communities. Bureaucrats in our study stated that knowing and meeting colleagues from other departments at meetings was a very important factor for being involved. They get know each other, enjoy meeting, and can work together to send the same messages about ethnic minority issues to senior management.

Challenges to Success: sustaining citizen engagement in policy development

What does citizen engagement really mean? Our experience in the All Together Now Project reaffirms our belief that citizen engagement in policy making is yet another expression of active citizenship. If active citizenship means beyond the formal and legal notion and extending this to the lived everyday experience of *becoming* citizens³, then we

³ Sanders, L. (2003) *Sustaining Canada’s Multicultural Cities: Learning from the Local*. Speech delivered at the Breakfast on the Hill Seminar Series. Canadian Federation for the Humanities and Social Sciences. February 24, 2004. Ottawa.

must be ready to support and nurture it. Here are our reflections on active citizenship as it relates to sustaining citizen engagement.

Re-defining active citizenship within the framework of social inclusion

When we desire to engage historically uninvolved groups such as ethnic minorities, social inclusion is a relevant framework, deeper than the concept of multiculturalism, to re-define active citizenship. Social inclusion is a process and a goal to social well being that goes beyond removal of barriers or risks to participation and requires investments and actions to bring about inclusion of those are marginalized and excluded in participating fully in the economic and social benefits of society. In re-thinking this, here are some assumptions emerging from our experience around active citizenship in a multicultural society:

- Active citizenship must address the systemic inequities that prevent or marginalize ethnic minority populations from full participation in societal decision-making.
- Active citizenship begins with people's everyday experience and is exercise in the places and context of their daily lives.
- Active citizenship is essentially confronting plurality which means supporting people in coming out from behind the barriers of race, religion, class and culture that inherently make us different from each other.

Hence, the arena of active citizenship can be clearly expressed and experienced, is where citizens live and flourish - in cities and neighborhoods and in relationships between the host society members (overcome their fear of outsiders) and newcomers (cope with their loss of traditions and community life).

Strengthening participatory capacity of public institutions

This leads us to our second reflection: how will public institutions as stewards of people's hopes and aspirations support and nurture active citizenship. Public institutions can strengthen its participatory capacity - or the ability to build egalitarian relationships (or be critical and reflective of their sources of power) and to understand the difficulties of engendering participation (that allows us to recognize barriers and risks and respond accordingly). Participatory capacity can be achieved through:

- Developing and enhancing our skills in negotiating and mediating differences on a daily basis is critical in building this participatory capacity is. It means fostering healthy intercultural communication and finding less adversarial ways of resolving conflict. It requires of us to step out of our culture and work through our cultural biases that manifests in small decisions that we make everyday whether as front-line workers or managers such as how our reception area look like, the language of how we deliver information or the program/service priorities we decide.

- Designing inclusive processes refers our interest and ability to recognize and address the developmental and practical barriers to participation. How do we know if we have adopted inclusionary processes? It starts out with a valued recognition of differences rather than disabilities, nurturing these talents and skills as potential contributions, creating opportunities for engagement, providing shared spaces for interaction and material resources to support inclusion.

Building governance capacities of ethnic minorities

The final point we wish to share is that citizen engagement can be sustained if it has an organizational expression to allow citizens to participate in societal decision-making in a formal way. This means building governance capacities of ethnic minority groups and communities. We believe that viable and vibrant ethnocultural communities work better for Canada. Studies have shown that civic engagement means a higher level of trust in government and contributes to higher economic performance. If we believe this to be right, then we must explore of the following:

- Review and reflect on our multiculturalism policy, the assumptions they were based on and how it has impacted so far, the decision-making process at all levels - federal, provincial and municipal and across sectors. What policy support is needed to stimulate and invigorate the growth and successful integration of ethnocultural communities at the local level?
- Re-think the current funding policy for multicultural communities that are project-based, short-term and based on government criteria and priorities. This project alone took us two years to work with ethnocultural communities to organize them into a collective entity.

Lastly, the Multicultural Coalition believes that there exist a democratic space to create critical and workable collaboration and partnerships between communities and institutions at the level of policy development. Institutions can benefit from interacting with a “live” infrastructure by which unorganized community members can come forward and engage in a process of generating what we call social knowledge- the wealth of life experiences of people that can inform policy development.

Additional Information

No additional information.

Attachments

Most attachments are found in the Evaluation section of this report.

Appendix A



**ALL TOGETHER NOW:
A Multicultural Coalition for Equity In Health & Well Being**

INTEGRATED SUMMARY OF ISSUES

Core Group and Community Workshops

ISSUES	COMMUNITY ACTIONS	SERVICES/PROGRAMS ACTION	POLICY ACTIONS
<p>Accessibility of Health Services</p> <ul style="list-style-type: none"> ● Coverage <ul style="list-style-type: none"> ◦ Lack of Dental health coverage (high cost) ◦ Lack of full health coverage ◦ Alternative healing practices not considered ● Cost <ul style="list-style-type: none"> ◦ Privatization of health services' impact on multicultural communities and affordable/accessible services ● Design (quality) of health services <ul style="list-style-type: none"> ◦ Lack of workers/ services to the community ◦ Lack of standard/quality of services to community ◦ Lack of information about healthcare system 	<ul style="list-style-type: none"> ● Educate community about healthcare system and services 	<ul style="list-style-type: none"> ● New programs for ethnic minorities within a separate department Culturally competent services ● Culturally competent training as part of health professional curriculum Create affordable accessible services ● Increase # of health care professionals from minority communities ● Delivery of health services – be more holistic and explore other issues related to health Targeted services for different population groups (seniors, youth, adult) 	<ul style="list-style-type: none"> ● Universal healthcare – responsiveness to ethnic minorities, affordable and accessible ● Dental health coverage ● Develop a national healthcare initiative to include alternative healing practices as part of health care practice ● Don't implement privatization of healthcare system ● Policy actions to address determinants of health

WHAT THE COMMUNITY GROUPS SAID:

“Access to social services such as health care is also worrying the African community. While such services may be less significant and calling for the new independent immigrant, the older ones are finding the access to services like housing, and focused health care needs worrying. We suggest that the African community be involved in understanding their own particular health care needs and organize programs to reach them. Would anything be wrong if we suggest a separate service department for the Minority and African affairs?” **African Group Position paper**

CHINESE COMMUNITY GROUP

“Language barrier affects Chinese immigrants in employment and getting health services in Canada. In addition, there are differences in cultures, for example, different diet and beliefs in feeding when people are dying. Therefore, bilingual service providers are important to help reduce the gap.”

- Experience that there are gaps in the hospital services. There are a lot of misunderstandings between the staff and Chinese patients who are seniors and have the language barrier.
- Want to learn more knowledge about social policy.
- Experience that there are diagnostic problems because of the cultural difference and language barrier.
- Because of the barriers, some patients cannot get an immediate treatment but have to wait until the illness become worse. Hope this problem can be prevented.

Areas to make a change:

- Want to reduce the service gaps in the hospitals
- Want to improve the communication problems and reduce misunderstandings
- Can find the ways to provide variety of food for ethnic patients in the hospitals
- Help the staff be more cultural competency, try to understand what patients from different ethnic groups think and what they need in the care.

SOMALI COMMUNITY GROUP:

In the health sector, participants pointed out the lack of

- Culturally appropriate health delivery in the hospitals and other health centers

- Linguistic barriers in the hospitals and other centers
 - Doctors usually perform easy surgical operation with out proper consultation
 - Health staff are usually from the mainstream Canadians; they don't understand the cultural context of the immigrants
 - Mental health issues are common problem that participant stressed. They told Somali community must face properly the issued of the mental health. There is lack of knowledge about stress, anxiety and depression.
 - Many foreign trained health professionals are not accessible to health labor market
 - People do not have access to physiotherapy
 - Dental coverage
-
- Develop a national health initiative that recognizes and incorporates the cultural and spiritual healing practices as a part of health care. We suggest that health care system encompass a broader and more holistic view of the culture and the needs of the immigrant communities. We also recommend a funding to build capacity within the ethnic communities to lead campaigns to eliminate disparities and gain greater access to health care and health care professions.
 - Institutionalize cultural competency training
 - Implement cultural competency training for federal and the provincial health training institutions
 - Standardize curriculum in cultural competency for health interpreters
-
- Develop system that supports the increase of the number of minority health professionals, allied health professionals, public health professionals. Increase health professional and researchers to a level adequate to meet the health service needs of minority communities. Recognize the foreign health credentials and after quick training in the Canadian health system they should be accessible to work in the health system as medical professionals.
 - Increase funding for minority research conducted by minority researchers. Increase the funding for minority researchers in community-based organizations a

SPANISH-SPEAKING COMMUNITY

Mental Health Issues

- Create more community centres with mental health workers
- Flexibility in foreign credentials acceptance and accreditation
- Increase programs in health areas for Spanish speaking people
- Increase health services; Facilitate services

- Government should provide more economic support for community services
- More support from government institutions
- Promote organisms that allow individual development
- Improve educational programs or training for immigrants that don't have education from their country of origin
- Government should compromise to realize changes for mental health/improve facilities
- Establish educational programs and moral help for new immigrants
- Increase and improve health services
- Services with competent personnel to orient the needed people
- Give same opportunities to immigrants than those for Canadians.

KURDISH COMMUNITY GROUP

- Lack of services, resources and support for mental illness and it's the area most people are affected with when it comes to daily life when they first came here.
- Private health care is concerning immigrant people what would happen if the private health care came from true. Let's work to stop it.

"I do get grant for living allowance but me and my wife do not have coverage for glasses, teeth (dental) and medicine – they are very expensive, glasses and dentist."

"Do regular health check of young kids and younger ones in school, to make sure about physical and mental health of our kids before it's too late."

ISSUES	COMMUNITY ACTIONS	SERVICES/PROGRAMS ACTION	POLICY ACTIONS
<p>Resource for Seniors Health and Wellness</p> <ul style="list-style-type: none"> ● Long time required to get seniors benefit/ old age security ● Lack of seniors facilities that are culturally sensitive 	<ul style="list-style-type: none"> ● Involve community leadership in seniors' issues 	<ul style="list-style-type: none"> ● Improvement of seniors services- i.e. diet ● Introduce seminars for seniors' caregivers 	<ul style="list-style-type: none"> ● Changes in seniors' benefits

WHAT THE COMMUNITY GROUPS SAID:

FILIPINO COMMUNITY GROUP

“Seniors: that the government raise the ceiling or maximum amount to qualify for Senior Benefits that would cover service for vision and dental care. Majority of the Filipino seniors have incomes that marginally pass the ceiling amount and are being penalized to pay for expensive vision and dental care. They who have worked for five to ten years and paid taxes have little money left compared with other seniors who have worked longer and can easily afford the insurance for vision and dental care.”

IRANIAN COMMUNITY GROUP

“Reduce Canadian pension plan from 10 years.”

ISSUES	COMMUNITY ACTIONS	SERVICES/PROGRAMS ACTION	POLICY ACTIONS
<p>Family Health</p> <ul style="list-style-type: none"> ● Parenting challenges in a bicultural context <ul style="list-style-type: none"> ◦ Parenting skills especially with teens ◦ Differences in discipline/ raising children/ ● Breakdown in family relationships/conflicts 		<ul style="list-style-type: none"> ● Integrate cultural practices into social service systems i.e. parenting ● Recognize cultural brought by immigrants/refugees 	

WHAT THE COMMUNITY GROUPS SAID:

CHINESE COMMUNITY GROUP

- Spoil young kids, but push teenagers to become independent as early as possible.
- Children Services: Issues included child welfare intervention & case assessment will be done over the phone. It will be hard to help interpret for the individuals or families. (Help families with language barrier), assessment over the phone
- Family violence (abuse):
 - Education for women: Most of the Chinese women may not report to the police, if they are abused. They are also lack of knowledge about their human rights in Canada and resources available in the community. So public education is important for them.
 - Problem of exaggeration: It is reported that some abused cases are exaggerated by some workers, so people do not want to seek help from family violence services.
 - Learn how to handle: It is also suggested that more education to teach people how to handle family violence is necessary.
- Family education & supports are required as to reduce the cultural difference: Since there are cultural differences between Chinese and Canadian, it is necessary to provide supports and to help families understand the Canadian culture as to be easier to integrate into the society.
- Liaison / interpretative services to support Chinese families, as to enhance communication between parents & teachers

- Cooperation between schools and families in helping children

FILIPINO COMMUNITY GROUP

- Infidelity and divorce
- Poor parenting skills for teens
- Parents lacking knowledge of how system works
- Drugs and smoking among youth
- Deprived children, lack of extra-curricular activities due to low family income
- Racial discrimination in schools; bullying

KURDISH COMMUNITY GROUP

“Canada is a rich country and well developed country, we will have healthier, smarter, stronger children if we work to bring a policy of providing hot lunch for kids from pre-school until they finish elementary school.”

SOMALI COMMUNITY GROUP

- Intergenerational gap: children usually forget the culture and the language of the parent.
- Lack of the role model for the young Somalis who are in desperate need to see successful young Somalis

EAST EUROPEAN GROUP

- Family relationship (problem) is very common. The situation often triggers anxiety, stress and depression.

ISSUES	COMMUNITY ACTIONS	SERVICES/PROGRAMS ACTION	POLICY ACTIONS
<p>Access to Employment Opportunities for Immigrants and Refugees</p> <ul style="list-style-type: none"> ● Non-recognition of foreign credentials <ul style="list-style-type: none"> ◦ No terms of reference in relation to qualifications for jobs ◦ Unemployment/ Underemployment of skilled immigrants ● Discrimination and marginalization in hiring practices <ul style="list-style-type: none"> ◦ Inequity in job opportunities ◦ Affirmative action –not effective ● Language barriers <ul style="list-style-type: none"> ◦ New immigrants have difficulties in job hunting 	<ul style="list-style-type: none"> ● Educate community members of their rights – information on how to be accredited ● Community education programs focused on developing skills 	<ul style="list-style-type: none"> ● Create a “hire an immigrant” program to gain experience in relevant professions 	<ul style="list-style-type: none"> ● Expand employment equity policies (such as affirmative action) ● Increase minimum wage in Alberta ● Recognition of foreign – trained professionals

WHAT THE COMMUNITY GROUPS SAID:

AFRICAN GROUP

- African community members educated here or as graduates arriving from elsewhere are still less successful than other minority groups, not because they are less performing and academically incapable, but because they are underlined with deep inequitable stereotypes.
- We resolve that many African community immigrants coming from elsewhere were experienced and successful entrepreneurs. Many of whose career skills and records are significant. And indeed, the independent immigrant categories were the cream of the various communities and institutions they belonged to and served. Upon becoming Canadian and Albertan residents, they become zeroed and psyched up to nothingness. This is clear discrimination and a wrong policy. We suggest that something be done in order to amend the policy granting new immigrants a reduced and in some cases zero status in terms of qualification and accreditation of their credentials. Because of the frustrating rigors involved for a new immigrant, particularly the African community, to settle and retrain in so-called Canadian ways, resources are wasted, many become sick and breakdown, others loose what could be called a track ambition that motivated the one's decision to settle in Canada. We suggest that arriving immigrants be offered opportunities for retraining in Canadian ways back from their sources of migration. Such training and awareness building would eventually help to decide for the candidate to come or change his focus. The situation as it is now is making Alberta and especially Canada as a whole a gossiping society of disappointed immigrants.
- Our experiences from cases of the African community are not encouraging. Like all others, they quickly become sources of labour for housekeeping and low skilled opportunities that would never create or afford any serious chances for advancement. The implications of all these mean that the African Community is yet to be considerably focused beyond what is out there for now. We suggest that new perspectives involving the Africans themselves be developed and encouraged to enable them rise to the challenges preventing them from participation and advancement in Alberta and Canadian society.

Filipino community group

- Highly skilled immigrants are underemployed or unemployed
- Problem of being accredited or recognized towards full time employment or high paying job
- Subtle racial discrimination at work
- Problem of support system for newcomer families affecting availability for job opportunities
- Place of work is stressful due to unreasonable work load and low pay, hazardous to health

EAST EUROPEAN COMMUNITY GROUP

- There are a larger number of unemployed immigrants.
- A large number of immigrants are forced to accept low paid labor jobs not related to their skills and qualification.
- Government does not do much toward changes in the recognition of foreign credentials.

AFGHANI COMMUNITY GROUP

- Non-recognition of foreign credentials.

IRANIAN COMMUNITY GROUP

- Non-recognition of foreign credentials.

SOMALI COMMUNITY GROUP

Unemployment or underemployment: many well qualified and experienced professionals can not excess in the professional labor market because their foreign credentials are not recognized so many frustrated parents left the country leaving behind the mother and the children

SPANISH-SPEAKING COMMUNITY GROUP

Discrimination in employment.

ISSUES	COMMUNITY ACTIONS	SERVICES/PROGRAMS	POLICY ACTIONS
<p>Community Exclusion and Isolation</p> <ul style="list-style-type: none"> ● Poverty and Class issues within community <ul style="list-style-type: none"> ◦ Poverty- differentiating b/w immigrants who have money and those who don't. ◦ Concentrating on meeting basic needs of communities and not yet reaching higher to looking at policies ● Racial Discrimination <ul style="list-style-type: none"> ◦ Effect/impact on Muslim communities by international developments; respect as equal citizens ● Feelings of powerlessness or disempowerment <ul style="list-style-type: none"> ◦ Shutting problems within own community rather than voicing it out in usual "western" channels ◦ Feeling of not being 	<ul style="list-style-type: none"> ● Increase people's ability to become articulate about their issues – participate in community issues ● Bring together different cultural communities ● Set up a community service centre ● Support community centres 	<ul style="list-style-type: none"> ● Gov't support to basic services in the community 	<ul style="list-style-type: none"> ● Increase low income support programs

<p>able to change policy</p> <ul style="list-style-type: none"> ◦ Lack of support /resourcing to community based services ◦ French-speaking immigrants from Africa not recognized as part of French-Canada therefore not able to access appropriate resources 			
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WHAT THE COMMUNITY GROUPS SAID:

AFRICAN COMMUNITY GROUP

African community has always been figured at as crime offenders, drug addicts and all negative connotations to deplore their good side. Like any other minority, whoever is so much threatened and made to believe he will never be better, would hardly find the line of opportunity and hope to rise. It is not the African is bad. But the African has been decided for and placed where the society is expected to perceive, frame and dehumanize them. The African is highly criminalized and labeled as a number one suspect in Alberta for crimes and related violent offences. In order to understand the African, one needs to participate in his thoughts and day-to-day life opportunities and doings. We suggest that the African cannot continue to be made the escape-goat to issue of crime. Let the African, we do suggest, be involved in matters connected with violence and crimes of the African. As cultures differ in making senses and attributions to family events and interethnic relations, the African would be more useful if involved in decisions affecting how they are perceived and affected by the law in Alberta and Canada.

EAST EUROPEAN COMMUNITY GROUP

A large number of this population do not participate or insufficiently participate in social activities. Social isolation is very common.

SOMALI COMMUNITY GROUP

- Lack of information about the Canadian politics and how to use properly and legally the Somali potential vote.
- Lack of the role model for the young Somalis who are in desperate need to see successful young Somalis.
- Low income: most of the Somalis are large families so they mostly qualify in low-income category.
- Most of the participants were blaming that the role of the Somali men is lost. The need for united, strong and vibrant Somali community is very important. Sense of community is the only way that the community can deal their Problems.

CHINESE COMMUNITY GROUP

- Hope to help reduce the gaps between mainstream and ethnic communities
- Do not know whether the policy can be changed, but want to know more about the system.
- Want to learn more knowledge about social policy.

SPANISH-SPEAKING COMMUNITY GROUP

- Policies against discrimination and application of them
- Apply policies that have been approved to eliminate discrimination, using legal systems and fines
- The legal system support immigrants with more laws and rights for immigrants
- More use of appropriate government media against racial discrimination
- Policy change to deal with problems
- Open more opportunities at immigrant level

Issues	Community Actions	Services/Programs	Policy Actions
<p>Access to Educational Opportunities</p> <ul style="list-style-type: none"> ● Adult ESL <ul style="list-style-type: none"> ◦ ESL programs – limited availability to within 3 years ◦ Language barriers to employment and education ● ESL in school <ul style="list-style-type: none"> ◦ Language ESL in schools not meeting needs of immigrant youth barriers 		<ul style="list-style-type: none"> ● Improve education system to meet immigrant needs 	<ul style="list-style-type: none"> ● Advocate for ESL within immigration policy – increase funding and expanding 3 year limit ● Policy towards a multicultural education in schools ● Increase education opportunities for ethnic minorities

WHAT THE COMMUNITY SAID:

CHINESE COMMUNITY GROUP

- Education system: The issues included ESL for adults and liaison service for supporting families with language barrier in schools.
- Reduced / insufficient funding for adult ESL students

SPANISH SPEAKING COMMUNITY GROUP

- Assessment of student does not suit the reality and jeopardize the development of the student.
- **Language / Studies** recommendations:

- Loans to study / a federal policy to validate professional degrees through a practical test related to the profession
- More schools and benefits
- Acknowledge of our culture / acknowledge and value our capacities
- Government benefits
- Opportunities to participate in government decision-making processes to ensure that communities are listened / have in mind our communities when made decisions
- Low educational fees
- Offer more scholarships
- Citizen motivation

ISSUES	COMMUNITY ACTIONS	SERVICES/PROGRAMS	POLICY ACTIONS
Changes to Canada's Live-in Caregiver Program, ● School opportunities for nannies within 2 year contracts	● Employer's support for nanny's education upgrade	● Increase education opportunities for nannies	● Changes in Live-in Caregivers' Program – change 2yr requirement before eligibility for schooling, employer employee relation, health benefits

WHAT THE COMMUNITY SAID

FILIPINO COMMUNITY

- Employer's violation of labor rights of nannies i.e. sick leave, vacation leave
- Lack of knowledge of employee-employer contract
- Limited or lack of educational opportunities for nannies while employed

ISSUES	COMMUNITY ACTIONS	SERVICES/PROGRAMS	POLICY ACTIONS
Issues Needing Further Focus <ul style="list-style-type: none"> Gov't's lack of understanding of immigrant issues 		<ul style="list-style-type: none"> Increase funding for minority research especially those with knowledge and experience with minority communities 	
<ul style="list-style-type: none"> Unfair immigration laws- family break ups, different definitions of what family include 			<ul style="list-style-type: none"> Fairness in immigration policies regarding requirements for family sponsorship i.e. Definition of who is family

WHAT THE COMMUNITY SAID:

EAST EUROPEAN COMMUNITY GROUP

Immigration Law – unfairness (family should be much broadly defined – not only parents and children living together, but also married children should be defined as immediate family. Parents should be able to sponsor their children in spite of their age and marital status).

Appendix B
Policy Background Papers

Policy Background

Canada receives more immigrants than any other country in the world. As a result of growing immigration, there are 5.4 million foreign-born residents or 18.4 % of the country's total population (6). Visible minorities, mostly from countries outside Europe, make up three quarters of immigrants (6). This ethnocultural portrait reveals a population with diverse needs, strengths, and aspirations. Health and well being are central to these aspirations. The Multicultural Coalition is an initiative undertaken by 12 ethnocultural community groups in Edmonton. It is funded by Health Canada through the Voluntary Sector Initiative (VSI) and supported by the Multicultural Health Brokers Co-op. Since September 2002, a total of 120 community members participated in 36 policy education workshops. Four priority issues were identified by community participants as major determinants of ethnic minority health. These are: unequal access to suitable employment opportunities for foreign-trained professionals and workers; limited access to educational opportunities for newcomers and underfunding of ESL supports; inability to access affordable and culturally appropriate health services; and isolation and exclusion of ethnic minorities from civic and political participation in Canadian society. This policy background is a compilation of community workshop discussions, research studies and government reports.

IMMIGRANTS' ACCESS TO EDUCATIONAL OPPORTUNITIES

SCOPE OF THE ISSUE

- The educational profile of the Canadian working-age population has benefited greatly from the contribution made by immigrants who arrived in the 1990s. Six out ten immigrants held trade, college or university credentials in 2001 (6).
- In spite of higher education levels, immigrants arriving since the 1990s performed poorly in the labour market and consequently, had lower income levels. (2).
- Inadequate language proficiency is a significant barrier to employment. Four out of ten of all immigrants to Canada spoke neither English nor French in 1999 (1).
- Education obtained before immigration has a smaller effect on earnings than education obtained after immigration (2).
- Existing ESL services are limited. They are not accessible if one is a refugee claimant, or if a landed immigrant has been in Canada for more than 3 years or has citizenship. If they require ESL services after 3 years of residence, they must pay out-of-pocket. Also, funding does not support longer-term settlement process including market-oriented skills development programs. ESL in schools for newcomer children and youth had been reduced substantially in the few years.
- Local service providers note that ESL training is becoming more integrated with work experience (i.e. ESL for Engineers). This is occurring as the immigrant population is relatively old (30-45), and they do not have a lot of time to start over and slowly integrate into the mainstream job market. As well, training is limited by the 1-year assistance from Student Finance. Therefore, training has become short; there is a push to give people what is useful for meaningful employment.

Impacts

- Recent male immigrants, aged 25 to 54, who had knowledge of either English or French earned at least \$10,000 more, after one year in the country, than their counterparts with language skills that weren't as strong (6).
- While immigrants with foreign education will not fare as well as Canadian born and trained, they will fare better than immigrants with less

“Assessment of students (in school) does not suit their reality and jeopardizes their development.”

Community Participant

- education and training.
- Positive returns from education largely depend on official language proficiency (2). Language proficiency seems to be one of the main determinants of success in the Canadian labour market. Barriers to language proficiency lead to decreased ability to access the labour market and increased underemployment and unemployment. This is clearly associated with lowered social and economic status, and thus social inclusion and poorer health (7).
- Non-degree and non-diploma courses that could aid newcomers in the establishment of equivalencies leading to licensing and employment in their previous occupational fields are not eligible for loans (3).
- ESL programs in schools have been found to improve self-esteem and promote mental health of immigrant youth.

A. Current and Ongoing Initiatives

FEDERAL GOVERNMENT

- There have not been drastic cuts to the LINC (Language Instruction for Newcomers) program, but front line staff have noticed reductions in funding. This reduction in funding is not yet a crisis, however it does decrease access to ESL for adults.
- As education is a provincial responsibility, the Federal government does not provide any support for ESL for K – 12. However, they do transfer federal money to Alberta for French immersion in the schools. In other words, if you already speak one official language, you can get federal funding to learn the second, but if you do not speak either official language as a child, the federal government will not help you.

PROVINCIAL GOVERNMENT

- Newcomers are not allowed to access provincial loans for post-secondary until they have lived in that province for 1 year. However, training and upgrading within the first year of residency is often a determinant for newcomers in terms of future ability to enter their desired occupation (4).

NGOs

- The Multicultural Coalition for Equal Access to Education in Calgary is very active and has been lobbying for ESL in school since the 1980s. They have influenced policy and advocated against the reduction of funding in the school system. Recently they made a successful presentation to the Alberta Legislature
- Catholic Social Services counsellors are part of a coalition who made a presentation to the Legislature on increasing ESL funding. Other lobbying is done through close collaboration with LARCC (Language Assessment, Referral and Counselling Centre) comprised of all ESL providers and 3 funders (Federal, Provincial and ECALA (Edmonton Community Adult Learning Association)). This group meets on a regular basis in advisory function to funders. Information on impacts of funding cuts to services and clientele is shared. The funders have increased awareness of changes that need to occur, many of which have been implemented.

B. Community Actions

- Work with schools in increasing representation and involvement of minority parents.
- Lobby for increased ESL funding, for both adults and youth, by working closely with existing coalitions and alliances.
- Educate newcomers on available ESL opportunities.

C.

D. Programs and Services

- Review and revise curriculum to ensure that teaching resources accurately and respectfully incorporate diversity.
- Implement diversity programs for teaching staff.
- Implement school and community-based programs to help newcomer families cope with competing values between their culture and those of Canada.
- Encourage acquisition of English or French.
- In addition to functional English language training, language training should also be occupation specific.

THOUGHTS ON POLICY ACTIONS

- Make Canada Student Loans accessible for newly arrived immigrants.
- Increase ESL funding and extend the 3-year limit for funding to adult ESL.
- Include multicultural education in schools.
- Make increasing education opportunities for ethnic minorities a priority.

We advocate for:

- *"A federal policy to validate professional degrees through a practical test related to the profession"*
- *Acknowledgement of our culture and valuing of our capacities and strengths*
- *Opportunities to participate in government decision-making processes to ensure that communities are listened to and that we are remembered when decisions are made*
- *Lower tuition fees*
- *More scholarships, loans and other educational benefits for immigrants"*

Community Participants

Sources:

1. Edmonton Social Plan. "Population Groups: New Canadians". City of Edmonton Community Services, 2001.
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3. Omidvar, Ratna and Ted Richmond "Immigrant Settlement and Social Inclusion in Canada". Laidlaw Foundation, 2003.
4. Goldberg 2000 in Omidvar, Ratna and Ted Richmond "Immigrant Settlement and Social Inclusion in Canada". Laidlaw Foundation, 2003.
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6. Statistics Canada. "Census 2001 Population: Immigrant Population" Statistics Canada, 2003.

Policy Backgrounder

Canada receives more immigrants than any other country in the world. As a result of growing immigration, there are 5.4 million foreign-born residents or 18.4 % of the country's total population (1). Visible minorities, mostly from countries outside Europe, make up three quarters of immigrants (1). This ethnocultural portrait reveals a population with diverse needs, strengths, and aspirations. Health and well being are central to these aspirations. The Multicultural Coalition is an initiative undertaken by 12 ethnocultural community groups in Edmonton. It is funded by Health Canada through the Voluntary Sector Initiative (VSI) and supported by the Multicultural Health Brokers Co-op. Since September 2002, a total of 120 community members participated in 36 policy education workshops. Four priority issues were identified by community participants as major determinants of ethnic minority health. These are: unequal access to suitable employment opportunities for foreign-trained professionals and workers; limited access to educational opportunities for newcomers and underfunding of ESL supports; inability to access affordable and culturally appropriate health services; and isolation and exclusion of ethnic minorities from civic and political participation in Canadian society. This policy backgrounder is a compilation of community workshop discussions, research studies and government reports.

IMMIGRANTS' ACCESS TO EMPLOYMENT OPPORTUNITIES

Scope of Issue

- Analysts predict that by 2020, Canada's ageing work force and low birth rate will result in over one million jobs unfilled, with the medical sector at highest risk.
- Immigrants not only represented almost 70% of the total growth of the labour force over the decade, but immigration could also account for virtually all labour force growth by 2011 (1).
- As result of policies favouring higher education and skills, over half of Canada's immigrants enter as skilled workers each year (2).
- Upon arrival, these newcomers face numerous barriers leading to unemployment and underemployment. Unemployment among recent immigrants is double that of Canadian born. Average earnings are 25% lower than Canadian born (1).
- While the level of education of newcomers has increased, 43% were employed in low-skilled jobs in 2001 in addition to those unemployed. Degree holders work in low skilled, low paying jobs such as food service workers, taxi drivers, and janitors etc. (1).
- Research shows a marked deterioration in labour market performance and income levels of immigrants arriving since the 1990s compared to those who arrived before 1990.

*"Newcomers quickly become sources of labour for housekeeping and low skilled opportunities that never have any serious chances for advancement".
Community Participant*

Impacts

- Poverty is the most immediate and obvious impact of underemployment and unemployment. In 1985, 25% of immigrant families were considered low-income, in comparison to 39% in 1997. In Edmonton, of the 26% of families falling into the low-income category, 40% were recent immigrants (3).
- The Canadian economy is losing up to \$2.4 billion because immigrants' skills are underutilized and up to \$12.6 billion because they are underpaid (5).
- Barriers experienced by recent immigrants include a weak mid-1990s economy, inadequate language proficiency, discrimination, stiff competition from highly educated Canadian born, and a lack of information for prospective immigrants, recognition of foreign credentials and skills, skill bridging programs, Canadian work experience, and

Canadian networks (2). The longer an immigrant is out of his/her profession, the harder it becomes to enter it.

- The evaluation of foreign credentials is directly related to race. If such difficulties continue, deterioration in social and economic prospects will potentially raise the specter of an underclass linked to race, ethnicity, and religion (6).
- Higher social and economic status is associated with better health and seems to be the most important determinants of health. Unemployment, underemployment, stressful or unsafe work environments are associated with poorer health (5).
- New immigrant families are at risk as they are exposed to poor access to the workforce, family instability and a lack of integration and adjustment to services. These families are more likely to experience family conflicts, loss of self-esteem, and an increased sense of despair about future prospects. Young immigrants who grow up in these circumstances feel detached from their parents, their community of origin, and the country they are now living in (6).

*"Our place of work is stressful due to unreasonable work load, low pay and hazardous to health."
Community Participant*

E. Current and Ongoing Initiatives

FEDERAL

- The Department of Canadian Heritage multiculturalism programs promote cross-cultural understanding and anti-racism.
- Citizenship and Immigration Canada support settlement services through its two main programs: Language Instruction for Newcomers to Canada (LINC), which provides language training in one of the official languages and the Immigrant Settlement and Adaptation Program (ISAP), which facilitates adaptation, settlement and integration to Canadian society and institutions.
- In the 2002 Speech from the Throne, the Government promises to address barriers to employment and foreign credential recognition. In June 2003, Dennis Coderre, Minister for Immigration met with all provincial counterparts and advocated it as a priority.
- The HRDC Canadian Innovation Strategy includes developing an integrated and transparent approach to the recognition of foreign credentials, and supporting immigrants' integration into the labour market and helping them reach their full potential over the long term (6).
- The Minister of Citizenship and Immigration, Denis Coderre, has proposed that more newcomers should be encouraged to live in cities other than Toronto, Montreal, and Vancouver. The controversial debate over the proposed policies has to do with the well-being of newcomers. On the one hand, they may find that integration is easier in communities with small existing ethno-cultural groups; on the other hand, there may not be sufficient settlement resources in some communities (6)

PROVINCIAL

- Ontario and Manitoba have been leaders regarding foreign trained professionals. These provinces have a nominee program in which they request who they want to immigrate and settle in a particular area. Manitoba matches employers with the needed foreign qualified immigrants. This has resulted in increased rate of retention and settlement in Winnipeg. Alberta has a nominee program, but it is limited in scope.
- Alberta Learning has appointed a Transition Team to address the issue of foreign qualification as result of Federal Min. Coderre meeting with Lyle Oberg in May, 2003.

MUNICIPAL

- Many municipalities are part of the Federation of Canadian Municipalities (FCM), which has undertaken several initiatives that include a work plan to: promote racial harmony, advance acceptance of cultural diversity and aid the understanding of the relationship between immigration and municipal governments in terms of responding to newcomers'

needs. Preliminary results include research initiatives on affordable housing, health care, education and settlement services.

- The City of Edmonton initiates close coordination of government and non-governmental organizations in the delivery of settlement services, language training and cultural resources such as working collaboratively on some partnership projects on recreation concerns.

NGOs

- In Alberta, the Canadian Medical Association has made changes re: foreign trained professionals.
- Catholic Social Services operates LARCC (Language Assessment, Referral and Counselling Centre) (for newcomers who are LINC level 4 or lower in English language proficiency) and LVA (Language Vocational Assessment) (for all other immigrants and refugees who are ineligible for LINC). These are both centralized assessment and referral services. Catholic Social Services offers vocational counselling.
- Catholic Social Services and the Edmonton Mennonite Centre for Newcomers (EMCN) continue to lobby for a national standard regarding the recognition and translation of foreign work experience.
- EMCN has a program for engineers to obtain technologist certification; foreign trained engineers have also formed their own association.
- Alberta Network of Immigrant Women has done 3 research projects on foreign trained professionals that have received attention of Federal Government and are linked with the Network of Foreign Trained Professionals
- Prairie Centre of Excellence for Research on Immigration and Integration has studied the issue of foreign trained professionals' experience in Canada with "de-skilling". For example, foreign-trained doctors are provided with a fast track nursing course.

F. COMMUNITY ACTIONS

- Increase community education activities to inform newcomers of their rights and responsibilities.
- Lobby professional associations to recognize foreign-credentials.

G. PROGRAMS AND SERVICES

- Create a "hire an immigrant" program for business and the non-profit sector in order for newcomers to gain Canadian experience in relevant professions.
- Implement occupation-specific ESL training and open educational opportunities in the Canadian context relevant to the immigrants desired employment.
- Improve the International Qualification Assessment Service (IQAS) process for evaluating foreign education to meet Canadian equivalents. In addition, lobby large professional associations to examine and improve how they evaluate foreign trained colleagues

"We suggest that arriving immigrants be offered opportunities for retraining in Canadian workplace according to their profession prior to immigration. Such training and awareness building would eventually help to decide for the newcomer to change his/her career plans in the new country".

Community Participant

THOUGHTS ON POLICY ACTIONS

- Expand employment equity policies (such as affirmative action) to include businesses and the non-profit sector.
- Increase minimum wage in Alberta.
- Develop national educational and occupation standards for accreditation of foreign credentials.

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- 2 Metropolis Conversation Series 8 "Foreign Credential Recognition and Federal Public Service Employment". Public Service Commission of Canada, 2003.
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- 4 Reitz, J. "Immigrant Skill Utilization in the Canadian Labour Market: Implications of Human Capital Research". University of Toronto, 2002.
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- 6 Omidvar, Ratna and Ted Richmond "Immigrant Settlement and Social Inclusion in Canada". Laidlaw Foundation, 2003.

Policy Background

Canada receives more immigrants than any other country in the world. As a result of growing immigration, there are 5.4 million foreign-born residents or 18.4 % of the country's total population (1). Visible minorities, mostly from countries outside Europe, make up three quarters of immigrants (1). This ethnocultural portrait reveals a population with diverse needs, strengths, and aspirations. Health and well being are central to these aspirations. The Multicultural Coalition is an initiative undertaken by 12 ethnocultural community groups in Edmonton. It is funded by Health Canada through the Voluntary Sector Initiative (VSI) and supported by the Multicultural Health Brokers Co-op. Since September 2002, a total of 120 community members participated in 36 policy education workshops. Four priority issues were identified by community participants as major determinants of ethnic minority health. These are: unequal access to suitable employment opportunities for foreign-trained professionals and workers; limited access to educational opportunities for newcomers and underfunding of ESL supports; inability to access affordable and culturally appropriate health services; and isolation and exclusion of ethnic minorities from civic and political participation in Canadian society. This policy background is a compilation of community workshop discussions, research studies and government reports.

IMMIGRANTS' ACCESS TO HEALTH SERVICES

SCOPE OF THE ISSUE

- The "healthy immigrant effect", seen in Canada and the United States, refers to the fact that immigrant newcomers are healthier than native-born people when they arrive, but lose this advantage over time (2). Chronic health conditions, smoking, and disability were lower among recent immigrants (less than 10 years in Canada), versus long term immigrants (more than 10 years)(3).
- Socio-economic status is one of the prime determinants of health, thus the poverty in which immigrants live accounts for the "healthy immigrant effect". This is made worse by barriers to social inclusion such as language, education and employment opportunities, and discrimination (4).
- Immigrants do not utilize services as often as Canadian born, but do perceive their health less positively than Canadian born (5). Refugees' health status is generally lower than that of immigrants due to the less stringent selection process they undergo (5)
- Newcomers underutilize health services for which they are eligible due to barriers including: fear of jeopardizing immigration applications, language barriers, culturally inappropriate care, discrimination, racism and difficulties navigating the system (2).
- Twice as many lower-income immigrants report unmet health care needs in comparison to those with higher incomes (6).
- Cost-benefit analyses show that immigrants contribute more in taxes and productivity than they consume in government transfer payments and health care resources (7).
- Refugees, particularly women and children, are at a higher risk for both general and mental health problems (2).
First-generation immigrant women have higher mortality rates from suicide than their Canadian-born counterparts (5).

"I do get a grant for a living allowance, but me and my wife do not have coverage for glasses, teeth (dental) and medicine and these are very expensive". Community Participant

"Language barriers affect Chinese immigrants in getting employment and health services in Canada. In addition, there are differences in cultures, for example, different diets and beliefs about eating when people are dying". Community Participant

IMPACTS

- Mental illness in Canada is costing the country approximately \$4.7 billion dollars per year directly, and another \$3.2 billion indirectly (8).
- The social integration of newcomers can be an unhealthy process that can lead to additional stress, depression and other health issues (5).

- Mental health issues among immigrants and refugees are due to negative attitudes toward immigrants and refugees, separation from family and community, inability to speak English or French, un/underemployment, being elderly/adolescent at the time of migration, woman from a country in which gender roles differ those in Canada (5). In addition, immigrants and refugees may have had a traumatic experience prior to migration and may also experience a drop in socio-economic status after migration and a lack of support from their ethnocultural community (8).
- “Many low income immigrants and refugees have no family, no community of support in their new homes and are profoundly isolated and alone” (9). Having a social support network is a major contributor to one’s health.
- Newcomer youth are twice as likely to suffer from depression as individuals older than 35. Immigrant youth face issues of identity formation at the time of migration. Their suicide rates indicate their distress and vulnerability (8).
- Persons who are experiencing mental health problems may be reluctant to seek help due to the stigma attached to mental illness, and cultural and linguistic barriers (8). Discrimination also negatively impacts immigrants’ health status. In 1994, there were an estimated 60,000 hate crimes committed, of which 84% were against racial or religious minorities (5).
- Immigrants and refugees are over represented in high risk occupations such as manufacturing and construction (5).

“There is a lack of services, resources and support for people with mental illness and people’s mental health is the most affected when they first come here.”
Community Participant

CURRENT AND ONGOING INITIATIVES

FEDERAL

- The Canada Health Act was developed with an “equalizing” focus on access to services, which was deemed a prime determinant of health (2).
- Canada has responded to certain needs for access to care of refugees and asylum seekers (who do not fall under the Canada Health Act) through the implementation of the Interim Federal Health Program (IFHP). This program still presents barriers due to delays in the immigration process, limitations in coverage to only essential services, errors in form completion (2), and an administrative burden on service providers.
- The Romanov Commission recommends addressing the “health care needs of Canadians”, which includes the needs of diverse groups of Canadians, including newcomers, and visible minorities.
- Health Canada’s determinants of health take a holistic perspective on well being. They recognize culture, employment, social inclusion and education as particularly important determinants of health in the immigrant population, which has resulted in the promotion of cultural competence in the delivery and access of services.
- The Metropolis Project brought together policy makers from the 3 levels of government, NGOs, and researchers to address the impact of migration on Canada’s major cities.
- The Multilingual-Health-Education Network funded by Health Canada and Heritage Canada is improving access by making translated materials easily available to the public.

PROVINCIAL

- The Canada Health Act guarantees access to hospitalization and physician services (10). Each province defines which health services are covered and this varies according to the immigrant class of the individual.
- The Alberta Public Health Association (APHA) has approved Resolution 4, which calls for standards to mandated public health information for non-English speaking Albertans in 2003. The Regional Health Authorities and Alberta Health and Wellness must work with the APHA to ensure “equal access to current, accurate, accountable health information materials” for non-English speaking minorities (11).

MUNICIPAL

- Many Canadian hospitals are responding to diversity by addressing access issues such as interpreter services, bilingual workers, health information in first language etc.

NGOs

- The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is a national coalition of consumer, family, professional and community organizations. It is working towards a national action strategy on mental illness and health and wants to ensure this is a federal priority. Their 2000 national strategy focused on public education and awareness, as well as a national policy framework.
- In 1998, the Canadian Council for Refugees published “Best Settlement Practices”, which are guidelines for optimal care. The core values are: access, inclusion, empowerment, user-defined services, holism, respect, cultural sensitivity, community development, collaboration, accountability, focus on positive change, and reliability.

COMMUNITY ACTIONS

- Work with settlement agencies and ethnocultural groups to introduce newcomers to the Canadian health care system.
- Advocate for changes in health services for immigrants and refugees.
- Initiate dialogue with health service providers and institutions to increase their understanding of cultural issues affecting health.
- Work with other groups to prevent the privatization of health care

*“Private health care concerns immigrant people. What would happen to immigrant people if private health care came true? Let’s work to stop it”.
Community Participant*

PROGRAMS AND SERVICES

- Provide new programs for ethnic minorities within a separate government department.
- Increase health coverage to cover dental health, vision etc.
- Increase number of minority health care professionals in the health care system.
- Include culturally competent services and training as part of the health professionals curriculum.
- Increase interpretation and translation of services.
- Provide research opportunities for minority researchers
- Increase research on the interrelation between culture and ethnicity and other health determinants
- Increase research on contribution of foreign trained health care providers on immigration experience and health (Metropolis: Immigrants and Health).

THOUGHTS ON POLICY ACTIONS

- Develop and implement federal standards on culturally and linguistically appropriate health care services.
- Review the principles guiding health care policies to recognize diversity, cultural competence and equity.
- Examine how the privatization of the healthcare system will impact newcomers.
- Promote and implement policy actions to address the determinants of health.

“Universal healthcare should be increasingly responsive to the needs of ethnic minorities. It should be affordable, accessible, as well as cultural competence.. The delivery of health services should incorporate the cultures brought by immigrants/ refugees so that care is more holistic and other issues related to health can be explored. For

Sources

- 1 Statistics Canada. "Census 2001 Population: Immigrant Population" Statistics Canada, 2003.
- 2 Gagnon, Anita. "Responsiveness of the Canadian Health Care System towards Newcomers". The Commission on the Future of Health Care in Canada, 2002.
- 3 Chen et al's, 1996 in Health Canada "Canadian Research on Immigration and Health: An Overview". Health Canada, 1999.
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- 7 Asch and Waitzkin 1992 in Health Canada "Canadian Research on Immigration and Health: An Overview". Health Canada, 1999.
- 8 Canadian Mental Health Association "Citizens for Mental Health Backgrounder". 2003
- 9 Martin Spigelman Research Associates, Metropolis: Immigrants and Health
- 10 Romanov, Roy. "Building on Values: The Future of Health Care in Canada". The Commission on the Future of Health Care in Canada, 2002.
- 11 Alberta Public Health Association. "Alberta Public Health Association Resolution 4". 2003.

Policy Backgrounder

Canada receives more immigrants than any other country in the world. As a result of growing immigration, there are 5.4 million foreign-born residents or 18.4 % of the country's total population (1). Visible minorities, mostly from countries outside Europe, make up three quarters of immigrants (1). This ethnocultural portrait reveals a population with diverse needs, strengths, and aspirations. Health and well being are central to these aspirations. The Multicultural Coalition is an initiative undertaken by 12 ethnocultural community groups in Edmonton. It is funded by Health Canada through the Voluntary Sector Initiative (VSI) and supported by the Multicultural Health Brokers Co-op. Since September 2002, a total of 120 community members participated in 36 policy education workshops. Four priority issues were identified by community participants as major determinants of ethnic minority health. These are: unequal access to suitable employment opportunities for foreign-trained professionals and workers; limited access to educational opportunities for newcomers and underfunding of ESL supports; inability to access affordable and culturally appropriate health services; and isolation and exclusion of ethnic minorities from civic and political participation in Canadian society. This policy backgrounder is a compilation of community workshop discussions, research studies and government reports.

COMMUNITY EXCLUSION AND SOCIAL ISOLATION

SCOPE OF THE ISSUE

- Canada is home to almost 4 million individuals who identify themselves as visible minorities, accounting for 13.4% of the total population (1).
- The visible minority population is growing 6 times faster than the total population. Between 1996 and 2001, the total population increased 4%, while the visible minority population rose 25% (1).
- Visible minorities are at higher risk of experiencing persistent poverty than immigrants who are not visible minorities (2).
- Today's immigrants are facing greater difficulties adjusting to life in Canada than immigrants who came years ago. They experience higher levels of poverty and unemployment, and decreased access to affordable housing and skilled jobs. Racial discrimination, and language and professional barriers make this more difficult. (3)
- In Edmonton, of the 26% of families falling into the low-income category, 40% were recent immigrants (4)
- A major factor contributing to low-income is the underutilization of immigrant skills in the labour market (2).
- Support for the integration of newcomers is short- term focused. Roles and responsibilities of the federal, provincial and municipal governments for providing support to newcomers are not clear (3).

"The African community has always been figured as crime offenders, drug addicts and all negative connotations to deplore their good side. Like any other minority, whoever is so much threatened and made to believe he will never be better, would hardly find the line of opportunity and hope to rise."

Community Participant

IMPACTS

- Visible minorities are excluded from society. Things that exclude them are the immigration process, access to services, and discrimination (2).
- There is an alarming trend. Those who are poor are likely to be immigrants. There is a strong correlation between recent immigrant status and poverty (2).

- When people live in areas with lots of poverty, they are more like to have family conflict, low self-esteem, and a sense of despair about the future. Young immigrants who grow up in these circumstances feel detached from their parents, their community of origin, and the country they are now living in (2).
- Higher social and economic status seem to be the most important determinants of immigrant health (5).
- Civic and political participation among visible minorities is low.

"A large number of this population

do not participate or insufficiently participate in social activities.

Social isolation is very common".

Community Participant

CURRENT AND ONGOING INITIATIVES

FEDERAL

- The federal government deals mainly with the early stages of settlement: orientation, reception, adult language training, settlement counseling, labour market preparation, and referrals to other services.
- The Canada Health and Social Transfer provides payments to provincial governments for health and social assistance.
- Settlement services are provided through Citizenship and Immigration Canada (CIC). CIC provides two main programs: 1. Language Instruction for Newcomers to Canada (LINC), which provides language training in one of the official languages and the Immigrant Settlement and Adaptation Program (ISAP), which helps with adaptation, settlement and integration to Canadian society.
- Funds are channeled directly to local non-governmental organizations (NGOs), which provide services to newcomers. These services are not accessible if one is a refugee claimant, or if a landed immigrant has been in Canada for more than 3 years or has citizenship.
- Funding does not support longer-term settlement processes like community development initiatives, access programs to housing, health and other social services, or job skills development programs.
- In the 1990s, the Department of Canadian Heritage was reoriented to address concerns about discrimination, racism, and promote cross-cultural understanding.
- In the 2002 Speech from the Throne, the Government promises to address barriers to employment and foreign credential recognition.
- The Minister of Citizenship and Immigration, Denis Coderre, has made proposals to have immigrants live in smaller cities. This is a controversial debate. It could benefit cities economically or, because such cities do not have the necessary resources to support integration, it could lead to immigrant exclusion (2).

PROVINCIAL

- Provinces are entering into agreements with the Federal government for greater control in the selection of newcomers and the delivery of settlement services. These agreements generally guarantee federal funding for settlement services, which are similar to those offered by the federal government. (Alberta does not have one such agreement).

Municipal

- The role of the municipal government depends on their independence from and the nature of services provinces delegate to them. Usually, municipalities are responsible for urban planning, housing, public transport, infrastructure, and cultural activities (3).
- Thus, while municipal services must be adapted for growing immigrant populations, municipalities do not have flexibility in funding which comes from property taxes. To address these needs, municipalities need to seek specific agreements with provinces to fund targeted programs and services (3).

- Municipalities are requiring a “new deal” with provinces and the federal government for increased resources for immigrant settlement and a greater say in immigration policy (6).
- The degree of power municipal governments have over immigration and settlement issues will also depend on the political mobilization of immigrant and refugees, who now constitute a large portion of the population of major cities (3)
- The Federation of Canadian Municipalities (FCM) encourages municipalities to increase their understanding of the needs of newcomers and initiate municipal policies and programs that advance acceptance of cultural diversity. Preliminary results include initiatives on affordable housing, health care, education and settlement services.
- The City of Edmonton recognizes the importance of social inclusion and cohesion in building a prosperous future and promoting equality and well-being. The delivery of settlement services, language training and cultural resources must be well coordinated. Current initiatives include the Diversity Leadership Team which will work to make city programs and facilities accessible to the disadvantaged with special needs and Aboriginal and ethnic communities.
- In 1999, the Committee on Race Relations & Cross-Cultural Understanding approached one of Calgary’s Council members and requested that the City of Calgary mobilize the community to address the issues facing visible minorities. Calgary assembled an inter-sectoral *Task Force* to develop a strategy to address these experiences and barriers to change for visible minorities.

NGOs

- Ethno cultural associations and NGO’s both respond to the needs and concerns of immigrant settlement and integration
- Federal and provincial funding gives priority to larger NGOs that provide services to many ethnocultural groups on a territorial, rather than ethno-cultural basis.
- NGOs have suffered from government funding cuts in the past decade (2, 3).
- NGOs now receive more project-based funds rather than core funds which decreases resources and time that can be input into service delivery (2,3).
- In the long-term stage, newcomers strive to become equal participants in Canadian economic, cultural and political life (2).
- The persistence of high unemployment, low income, and poverty for immigrants shows an incongruity between immigration selection policies and integration policies (2).

COMMUNITY ACTIONS

- Increase people’s ability to become articulate about their issues and participate in every opportunity to bring forward ethnic minority issues and concerns.
- Bring together different ethnocultural communities and develop a shared vision and goal.
- Set-up community support and service centres in ethnocultural communities.
- Educate ethnocultural community members about their rights and responsibilities.

PROGRAMS AND SERVICES

- Create long-term transition programs for newcomers with greater involvement by provincial and municipal governments.
- Develop and implement regional equity programs and include diversity issues in provincial and municipal planning processes.
- Increase resources to voluntary organizations to create

“We advocate for:

- *Application of current policies to eliminate discrimination, using legal systems and fines*
- *More use of appropriate government media to fight against racial discrimination*
- *Reducing the economic and social gap between mainstream and ethnic minorities.”*

Community Participants

- opportunities for increased ethnic minority civic participation.
- Vigilantly monitor hate activities and crimes.
- Set-up complaint procedures that are accessible, impartial and ensure speedy investigative actions.

THOUGHTS ON POLICY ACTIONS

- Adopt a social inclusion framework in settlement and integration, health and social policies.
- Increase low income support programs for all.
- Better planning, coordination and distribution of resources for immigrant settlement and integration among the federal, provincial and municipal governments including clarity of their roles, responsibilities and accountability.

Sources

- 1 Statistics Canada. "Census 2001 Population: Immigrant Population" Statistics Canada, 2003.
- 2 Omidvar, Ratna and Ted Richmond "Immigrant Settlement and Social Inclusion in Canada". Laidlaw Foundation, 2003.
- 3 Papillon, Martin. "Discussion Paper F/27: Immigration, Diversity and Social Inclusion in Canada's Cities" Canadian Policy Research Networks, Inc., 2003.
- 4 Edmonton Social Plan. "Population Groups: New Canadians". City of Edmonton Community Services, 2001.
- 5 Health Canada, Population Health. "The Determinants of Health". Health Canada, 2003.
- 6 Chief Administrator's Office 2001; Commissioner of Community and Neighborhood Services 2001; Omidvar, Ratna and Ted Richmond "Immigrant Settlement and Social Inclusion in Canada". Laidlaw Foundation, 2003.

Appendix C
Multicultural Health Forum
Final Program

An Invitation to the Multicultural Health Forum
Saturday, September 13, 2003
9:00 a.m. - 3:00 p.m.
Multipurpose Room, Main Floor
106th Street Building
Grant MacEwan College, City Centre Campus
10700-104 Avenue
Edmonton, Alberta

Welcome to the first Multicultural Health Forum! We are pleased to invite you to this significant event in our journey together for a better life and future in our new homeland. The forum is organized by a Core Group of committed members from more than twelve (12) ethnic minority communities and co-hosted by the Multicultural Health Brokers Co-op in partnership with Health Canada through the Voluntary Sector Initiative. We aim to further capture more voices and visions to what we have been working on in our community discussions since October 2002.

Why are we here!

We are launching our multicultural coalition and seeking solidarity with individuals, organizations and institutions who are committed to our shared growth and change for the better. Most importantly, we are going to share our collective experience and learnings about what determines the health of diverse ethnic minority communities in Edmonton. Our focus in the forum is to bring and make visible our collective presence and, together initiate insights and actions towards resolving our common issues and concerns that impact the health and well being of ethnic minority families and communities.

We invite you to actively participate in the discussion in the forum and help us provide directions of how we can collectively pursue and advocate for policies that will bring about equity in health and well being. You are invited to register as soon as possible and become part of an important effort to improve the lives of Canadians.

Schedule of Activities

Morning

9:00-9:50

Registration and Welcome

Enjoy morning coffee, our Health and Culture displays, music and meet participants from various communities

9:50-10:00

H. Welcome

Why we are here

Introduction of the Core Group working for all communities

Introduction of Guests

- Greetings from the Office of the Mayor -Michael Phair - City Councillor
- Message of Support from Laurie Blakeman - MLA, Edmonton Centre
- Message of Support from Hugh MacDonald - MLA, Edmonton Gold Bar

10:00-10:20

Introduction of the Keynote Speaker

Keynote Speaker: Hon. Anne McLellan, Minister of Health

10:20-11:00

I. What determines our health and well being: voices and visions from the communities

Highlights of key issues affecting ethnic minority communities' health

Drama Presentation

11:00-11:10

Health Break

11:10-12:30

Workshop Sessions: A dialogue on issues, visions and action initiatives

The workshop sessions will seek to animate a diversity of ideas and views on the issues and proposals for actions presented by the Core Group members. There will be four concurrent workshops focusing on four priority issues articulated through various community discussions from October 2002 to March 2003. All workshop rooms are in the third floor.

Workshop 1 - Access to Employment Opportunities

Limited or lack of access to suitable employment opportunities for foreign-trained professionals and workers create economic difficulties that often lead to poor and unanticipated health outcome. This workshop will engage the participants into a deeper discussion of action initiatives at the community, program and policy levels.

Location: Room 6-334

Workshop 2 - Access to Education Opportunities

Access to education is a right guaranteed under the Canadian Charter of Rights and Freedom. Yet many community members, immigrants and refugees continue to be marginalized from educational opportunities because of economic, cultural, social and linguistic barriers. This workshop aims to reveal the challenges and struggles of ethnic minorities in accessing ESL support and present program initiatives and policy ideas for further discussion.

Location Room 6-338

Workshop 3 - Accessibility of Health Services

Community discussions on the use of the health care system point to economic, social and cultural barriers to accessing health services. Some studies also noted that ethnic minority community members, and immigrants in general are considered underusers of the health care system. This workshop will broaden our understanding of this issue in an interactive discussion on its scope and actions directed at the level of community initiatives, programs and policy.

Location: Room 6-342

Workshop # 4 - Community Exclusion and Isolation

Prejudice and racial discrimination create poverty, and in turn a powerful impact on the ability of ethnic minority communities to fully participate in Canadian society world building. This workshop seeks to further explore initiatives that would potentially re-shape ethnic minority community issues from being perceived as 'special interest' (or the "other") concerns. Furthermore, the discussions will help to identify and promote sustainable opportunities for the contributions and social spaces of ethnic minorities as members of a stronger Canadian society.

Location: Room 6-344

Afternoon

12:30 - 1:00

Lunch (Multipurpose Room)

1:00 - 3:00

Closing

Introduction of Guest Speaker

Closing Remarks by Mary O'Neill, MLA, St. Albert and Chair of Standing Committee on Health and Community Living

Sharing of Workshop Discussions

Community Celebration

Global Voices

Karilagan Dance Society (Solo and Dance)

Rwandese Dancers

Harmony Dance Group

Kurdish Dancers

Global Hand Drummers

.... And many more

REGISTRATION FORM
Multicultural Health Forum
Saturday, September 13, 2003
Multipurpose Room, Main Floor, 106th Street Building
Grant MacEwan College, City Centre Campus
10700-104 Avenue
Edmonton, Alberta

NAME: _____

COMMUNITY OR ORGANIZATION _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

PLEASE CHECK WHICH WORKSHOPS YOU ARE INTERESTED TO PARTICIPATE:

- _____ Workshop 1 - Access to Employment
- _____ Workshop 2 - Access to Education
- _____ Workshop 3 - Accessibility of Health Services
- _____ Workshop # 4 - Community Exclusion and Isolation

Do you need an interpreter?

_____ Yes (What language _____) _____ No

Please submit your registration on or before September 4, 2003 at:

By mail: Multicultural Health Brokers Co-op
10867-97th Street
Edmonton, AB T5H 2M6

By phone: (780) 423-1973

By fax: (780) 428-2748

By email: mchb@interbaun.com