

# CHALLENGES AND SUCCESSES IN SUPPORTING IMMIGRANTS' INTEGRATION FROM THE BOTTOM UP

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# Acknowledgement of the territory

- The City of Toronto acknowledges that we are on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. The City also acknowledges that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.
- The City of Toronto has been acknowledging the traditional territory since March 2014. Due to conversations with Indigenous leaders, including the Aboriginal Advisory Committee as part of the 2018 Toronto for All Campaign, the language the City of Toronto uses has evolved.

# Presentation Objective



**Community Health Workers  
Network of Canada**

Réseau des travailleurs et travailleuses  
en santé communautaire du Canada

## To discuss...

- the emergence of the first network of CHWs in Canada and its challenges and successes in supporting immigrant and refugee integration from the bottom up

# Definition –a bottom up approach

- “A community Health Worker (CHW) [Cultural Broker] is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery”
- “A CHW [Cultural Broker] also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counselling, social support and advocacy”

(Community Health Worker Special Primary Interest Group, APHA, 2008, San Diego, CA.)

# CHW Context

A continuum of CHW Models

## Integrated within Canada's formal healthcare system

- *Community health centres*
- *Public health units*
- *Hospitals*

## Independent of Canada's institutional healthcare and social services systems

- *Community-based organizations*
- *Ethno-specific organizations* (Torres, 2013)
- *University research*

# Holistic work



- CHWs'/Cultural Broker's practice may be seen as a hybrid of peer support worker, settlement counsellor, social worker, friend and mentor for their clients
- CHWs/Cultural Brokers have the potential to empower and engage communities experiencing harsh social, political, and economic circumstances

- **CHWs/Cultural Brokers empower communities**

# Empowering factors

- Learning about the different CHW initiatives in the country targeting the underlying determinants of health, seeking social justice, and addressing health equity
- Establishing collaboration strategies and joint initiatives to improve the field
- Sharing experiences, successes, and challenges in doing outreach, community organizing, and health promotion among immigrant and refugee communities



# Empowering factors (continued)

- Creating a new kind of individual/family-worker relationship and therefore are increasing immigrant and refugee women and communities' active participation in different aspects of Canadian society

- **CHWs/Cultural Brokers face disempowering challenges**

# Disempowering factors

- Unstable system funding of CHW work
- Uncompetitive wages compared to other health and social services workers
- Lack of recognition and acceptance of CHWs by other professionals (health, social services)
- Emerging needs of communities do not match the resources available

# Disempowering factors (continued)

- Anti-immigrant and anti-refugee sentiment
- Lack of solidarity between causes (e.g., immigrants' integration and Indigenous communities' self-determination)
- Not enough political voice among immigrant and refugee communities

# Conclusion

- CHWs/Cultural Brokers face challenges shaped by a lack of resources in meeting current and/or emerging needs of immigrant and refugee communities
- Lack of recognition as a workforce
- Anti-immigrant and anti-refugee sentiment

## Conclusion (continued)

- CHWs/Cultural Brokers are deeply committed to working with individuals, groups, and communities for social change change
- CHWs/Cultural increase immigrant and refugee women and communities' active participation in different aspects of Canadian society
- CHWs/Cultural Brokers need you to join the struggle to enhance their work, which in turns helps health and social services systems as a whole

# Community-Driven Research

**Exploring the role  
of cultural  
brokers as  
intermediaries  
between  
immigrant and  
refugee families  
and child welfare  
workers**

➤ 5 Canadian Universities

- Sara Torres, Laurentian University.
- Sophie Yohani, University of Alberta.
- Henry Parada, Ryerson University.
- Nancy Ross, Dalhousie University.
- Caroline Andrew, University of Ottawa.

➤ 2 community Partners

- Kathy Campbell, the Edmonton Region Child & Family Services (CFS), Children's Services
- Yvonne Chiu and Monique Nutter, the Multicultural Health Brokers Cooperative (MCHB-Coop), Edmonton

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**Thank you**

**Questions?**

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