Urban Commonalities and Differentiated Precarity:

Immigration, Priority Neighborhoods, and the Right to the City in Saint John CMA

IMMIGRANTS AND PRIORITY NEIGHBORHOODS IN THE SAINT JOHN CMA, NEW BRUNSWICK

Not opposing populations, but co-participants in urban life.



DOMAINS OF COMMONALITY

- HOUSING
- EDUCATION & EMPLOYMENT
- HEALTH CARE
- TRANSPORTATION
- NEIGHBORHOOD EQUITY

Inequalities are deeply place-based, revealing both convergence and divergence at the neighborhood scale.



SAINT JOHN CMA, NEW BRUNSWICK

AUTHORS
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Sarah Lunney



THE RIGHT TO THE CITY

Equitable access to resources, voice, and belonging for all who call the city home.

ENVISION Saint John
THE REGIONAL GROWTH AGENCY

Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

Canada

A PLACE-BASED COMPARATIVE REPORT | MAY 2024

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Summary

This report reframes the comparison between international immigrants and residents of priority neighborhoods in the Saint John CMA, New Brunswick away from cultural difference and toward shared experiences of displacement, precarity, and constrained access to urban resources. Drawing on the concepts of domains of commonality, emplacement, and the right to the city and fieldwork and surveys between 2021 and 2024, the findings show that immigrants and long-standing low-income residents are not opposing populations but co-participants in urban life who encounter the same structural crises through different pathways.

Housing is the strongest area of commonality, with both groups facing affordability pressures, overcrowding, and poor housing conditions. Priority-neighborhood responses expressed more experiences of homelessness and extreme housing instability, while immigrants often rely on overcrowded households and shared living arrangements. In **education and employment**, both groups experience income insecurity, precarious work, and reliance on social assistance. Immigrants frequently face underemployment despite high educational attainment, whereas priority-neighborhood residents encounter longer-term barriers linked to poverty, disability, and cumulative disadvantage.

Health care access shows greater divergence. Priority-neighborhood residents are more likely to have a family physician or nurse practitioner, while immigrants rely on a fragmented mix of clinics, emergency departments, telehealth services, and community organizations. **Transportation** is a critical factor shaping inclusion. Both groups depend heavily on public transit and walking, but immigrants often adopt more complex mobility strategies to access work, education, and services, while priority-neighborhood residents face constraints related to cost, disability, and infrastructure. **Neighborhood conditions** affect both groups similarly. Many live in areas with higher crime exposure, environmental risks, food insecurity, and limited services.

Overall, the results suggest that **place-based inequalities often matter as much as migration status**, creating overlapping experiences of exclusion and common opportunities for inclusive, neighborhood-focused policy interventions. The report provides recommendations for addressing these inequalities at the general and neighborhood level.

Acknowledgements and Disclaimers

This report draws on research supported by the Social Sciences and Humanities Research Council (SSHRC) from the Partnership Engagement Grant (PEG) 892-2021-3002 and the Rosemary Aicher Health & Environment Research Experience (HERE) Award at the University of New Brunswick. We would also like to acknowledge the funding provided by Envision Saint John to conduct this research. We also want to thank Daniel Rito and Kathryn Melvin from Envision Saint John for their insights in carrying out the analysis. We also want to thank Krysten Bryne for her crucial contribution in this report as part of the research team and co-author of the first report related to international immigration in Saint John. Abdullah Aboelneil collaboration was crucial for data cleaning, visualization, georeferencing and website building.

We acknowledge the crucial contribution of the Saint John Newcomers Center in their support as partner in the SSHRC PEG grant and its role in interpretation and coordination of the community-based research and recruitment activities. Priority neighborhood organizations Crescent Valley Resource Centre, ONE Change, Carleton Community Centre, Avenue B and PULSE generously offered space to carry out surveys and community-based activities and helped us to make contacts with their clients. The YMCA Newcomers Connections assisted kindly in helping us to talk to survey participants from countries that were underrepresented in the survey, lent us space and helped us find interpreters.

A big thank you and acknowledgement for the contribution of other members of the research team, including Logan Bishop, Eduardo David Paez Garcia, Katie Herrington, Melanie Clark, who assisted conducting surveys.

And most importantly, we want to thank the interpreters and community members in the surveys. By learning from community expertise, we hope this report will develop policies rooted in community led priorities to support welcoming communities. They are also the coauthors of this report.

The information of this report does not represent the views of the funding and partner organizations, including the University of New Brunswick and NB Social Pediatrics. This information only represents the views of authors and data analyst based on the analysis of primary and secondary sources.

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1. Introduction

This is the second report of a larger project entitled *Urban Inequalities and International Migration: the case of the Greater Saint John Area, New Brunswick*. This report employs the conceptual and methodological framework of the Welcoming Communities Initiative (WCI), which includes a comparison between immigrants and non-immigrant communities. It also provides a critical urban studies lens, particularly through the concepts of emplacement and the right to the city. This allows us to understand the commonalities in terms of struggles and needs of both communities while also acknowledging both the similarities and differences in terms of means and measures to address those needs. The aim of the report is to assist in overcoming polarization around immigration and social issues to build urban solidarities. This is expressed in recent in 2024 and 2025 polls reporting a 50% negative perception of immigration in Canada. Yet, the context of Atlantic Canada presents a unique opportunity to explore issues of commonality as the same polls report that the region was the one with lowest rates of negative perception around immigration during that period (Abacus Data 2025).

The report draws on ethnography and qualitative analysis of 204 surveys that were distributed among international immigrants and residents of priority neighborhoods between 2021 and 2024. The report is divided in the following sections. First, it explores literature on immigration and its inclusion of non-immigrant communities and the ways the latter have been included in the WCI framework. This section also discusses the concepts of emplacement and 'right to the city' to analyze the two communities in the Greater Saint John area as well as the methods employed in the study. Second, indicators included in the WCI framework and the comparison between immigrants and non-immigrant communities are focused upon. Third, the report offers a summary of the most important findings as well as preliminary policy recommendations.

2. From Difference to Commonalities: Guiding concepts and Method

In the existing literature, many studies in Canada focus on income, health issues and health services access between immigrants and non-immigrants (See for example IRCC 2025; Lu and Ng 2019; Sha and Gupta 2026). More general comparisons between these two communities focus on belonging (Stick et al. 2023). In general, the literature on immigration and multiculturalism focuses on the ways immigrants' experiences differ from the host community, and how host communities might influence integration and settlement (Banting 2022; Esses et al. 2024; Han et al. 2024).

Several authors argue that immigrants are often conceptualized in these studies as fundamentally different from non-immigrants and are frequently categorized into distinct ethno-religious communities, often with assumed unique 'trajectories' or homogenous cultural practices. Diversity-focused research tends to emphasize bridging communal difference, reinforcing the idea that migrants are inherently 'other' rather than part of shared urban life (For insightful review of the literature see Caglar and Glick Schiller 2018). In other words, host communities predominantly racialized as white are considered non-ethnic and the norm, while international immigrants are considered "ethnic," namely a deviation from the norm (Sandercock and Brock 2009). As a result, immigrants are portrayed in policy as outsiders to the system requiring 'integration' as a process of conformity to avoid threatening social cohesion rather than constitutive agents of communities (Guo and Guo 2016).

This overlooks how identities as changing social constructions are shaped by historical, social and political contexts (Sandercock and Brock 2009), without taking into account how international immigrants and host societies in Canada are traversed by relations of gender, racialization and class defined as income levels, and property and assets ownership shaped by historical, political and economic processes (e.g. colonialism) (Caglar and Glick Schiller 2018, 4-5). The focus on assumptions that ethnic and racial differences are enduring lead to a policy emphasis on tolerance and co-existence rather than the shared human experience, particularly shared precarity and displacement. Likewise, an overemphasis on cultural difference in sociability leads to overlooking shared aspirations and affective ties (Glick Schiller and Caglar 2016). While the need to understand barriers, including systemic racism and colonialism, that international immigrants face is important, analysts have also called for understanding similar needs and aspirations of both immigrant and non-immigrant communities to create solidarity ties (Chai et al 2023).

The WCI also includes this comparison in its framework. WCI defines a welcoming community as "[a] collective effort to design and sustain a place where immigrants feel

that they belong and that supports their economic, socio-cultural, and civic-political integration involving a focus on the local and the responsibilities of the host community. The WCI integrates non-immigrant communities into its framework, including a comparison between immigrants and non-immigrant communities to identify disparities that reveals systemic barriers or areas of progress that unveils successes. The WCI also integrates into its environmental scan the demographic composition of a community, including non-immigrant populations to situate immigrant experiences within broader community dynamics, recognizing that integration is influenced by the attitudes, resources, and actions of non-immigrant residents. By analyzing non-immigrant communities, the WCI identifies mainstream institutions that need to adapt, encourages inclusive service delivery and promotes community-wide engagement in welcoming efforts (Esses et al. 2023). This is also part of the dialogue and mutual relationship included in the definition of integration implicit in the 2018 Global Compact on Migration and explicitly stated in its thematic paper on integration and social cohesion.

> Integration policies are more effective when they take a "whole-of-community" approach, and when there is a clear understanding of expectations and obligations from all involved - the migrants and the receiving society, including authorities at the local, regional and national levels. Access to basic services needs to be coupled with States' efforts to help prepare local communities for the arrival of newcomers, explore common values between migrants and hosts and create an overall enabling environment in which migrants are empowered to effectively develop their full potential and become active members of their receiving societies (UN General Assembly 2018).

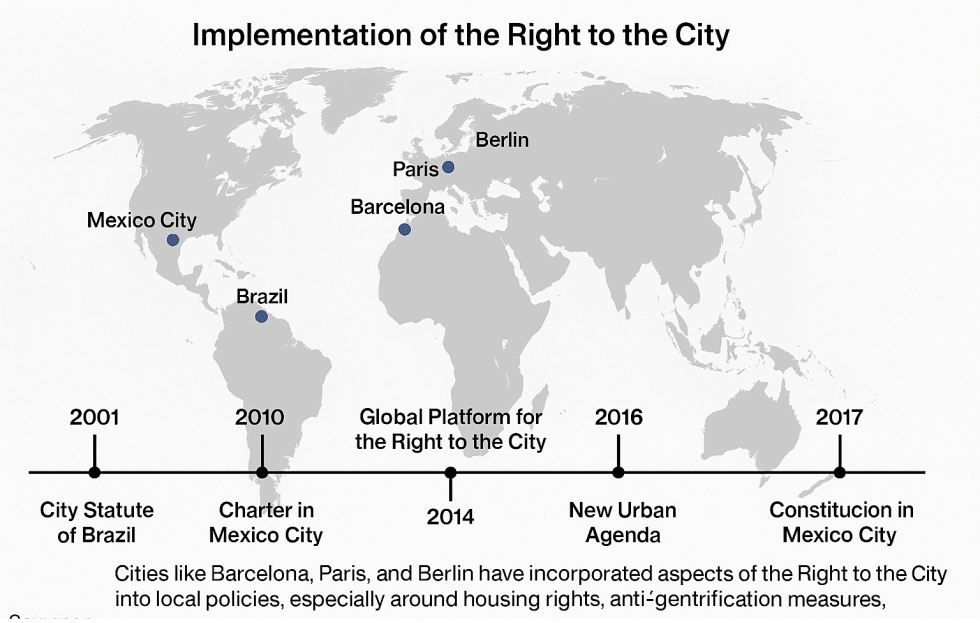
Such understanding calls for mutual dialogue and responsibility between immigrants and host society and considers the former as active in the process of community making rather than outsiders to be managed as separate from the rest of the community (Barber 2024).

For this reason, we employ the concepts of domains of commonality, emplacement sociabilities and the right to the city to analyze both immigrant and non-immigrant communities in the Saint John CMA, New Brunswick. Nina Schiller Glick and Ayse Caglar (2016, 2018) propose the concept of domains of commonality as spaces of mutual respect, and human connection that arise between migrants and locals, which are not based on cultural similarity but on relational encounters in everyday life. These encounters are shaped by shared experiences of displacement by immigrants and non-immigrants in the host society and/or their country of origin. The authors address displacement as social and economic precarity that can be experienced by both

migrants and long-term residents due to global and local restructuring. In this framework, precarity not only involves poverty but also a state of insecurity and unpredictability brought about by deteriorating working and living conditions. In this context, the authors describe emplacement as the ways individuals rebuild social networks and a sense of belonging within the constraints of a specific city or region in which both migrants and non-migrants forge sociabilities and become co-participants in shaping urban and community life.

This also hints at the concept of the right to the city (or region). This concept, coined by urbanist and geographer Henri Lefebvre (1968), asserts that all urban and community dwellers, regardless of legal and economic status, should have the right to participate in shaping the city/region and access urban resources or legal rights as denizens, namely those who inhabit urban and regional space. This includes people, immigrant and non-immigrants, who are often excluded from decision-making processes yet contribute to the social, economic, and cultural life of cities. Such concepts have been included in the charter, policies and regulations of several cities across the world and central to the United Nations framework on urban centres (Figure 1).

Figure 1



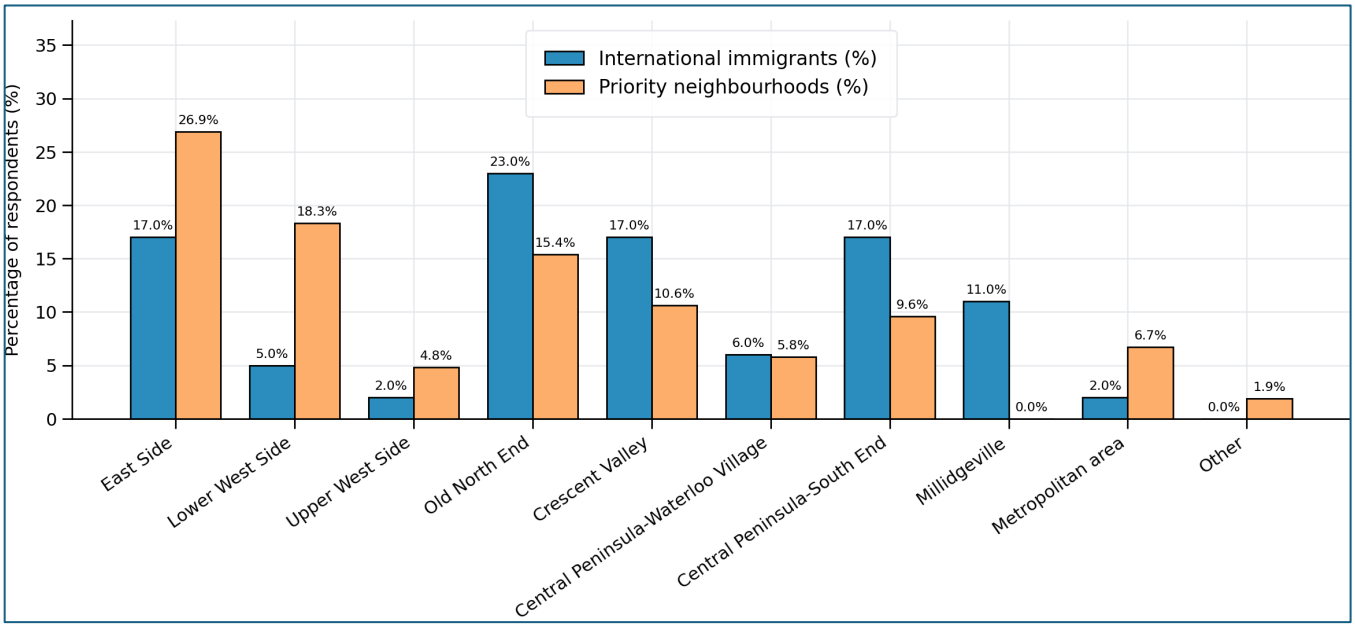
The report acknowledges that the boundaries delineating who is a local/non-immigrant and immigrant are blurred as they intersect with class, gender and racialization and time of arrival, which might contribute to existing conditions of displacement affecting immigrant and non-immigrants simultaneously in the same or different ways. Still, the report retains the concept of immigrant and non-immigrant for analytical purposes. We employ the Statistics Canada definition of immigrant as person who is, or has ever been, a landed immigrant or permanent resident or a non-permanent resident, which include

people in Canada on work permits, study permits, temporary resident permits, or individuals who have made asylum claims, and their family members. Statistics Canada defines a non-immigrant as a person who is a Canadian citizen by birth (Statistics Canada 2016)

The method in this report focuses on the surveys and ethnographic work carried out in Saint John's priority neighborhoods and with international immigrants. Initially, the research team planned to carry out 100 surveys in priority neighborhoods with the intention to collect 50 responses from non-immigrants and 50 responses from international immigrants in the community centres located in these neighborhoods. Priority neighbourhoods in Saint John refer to a set of historically under-resourced neighbourhoods that face concentrated social and economic challenges such as poverty and housing precarity (City of Saint John 2026; CBC 2016). The research team attended community organizations in these neighborhoods, particularly during programing times related to food and other social services. Yet, most of respondents were not international immigrants (n=104 with 101 participants being Canadian born). We decided to do recruitment exclusively of international immigrants for the survey response collection (n=100). As we will later explain, this also reveals interesting aspects of neighborhoods' social dynamics. It is worth noting that respondents from the metropolitan area were able to access the surveys carried out in priority neighborhoods as they were accessing services in these locations even if they did not live in the area.

The surveys and their analysis have limitations. It is not statistically representative of the socio-economic characteristics of the people residing in a particular neighborhood as there are uneven neighborhood sample sizes. When the data is organized by neighbourhood, each neighbourhood is considered to represent 100% of its own segment within the overall sample framework. As such, comparative data across non-immigrant and immigrant samples per neighborhood are not uniform. For the **international immigrants** sample (n=100), surveys are concentrated in Old North End (23%), followed by East Side (17%), Crescent Valley (17%), and Central Peninsula–South End (17%). Millidgeville also features prominently (11%), while Lower West Side, Upper West Side, and the Metropolitan area together account for under 10%. Respondents of surveys in **priority neighbourhood (n=104)** are most concentrated on the East Side (26.9%) and Lower West Side (18.3%), with notable shares in Old North End (15.4%), Central Peninsula–South End (9.6%), and Crescent Valley (10.6%). Millidgeville is absent in this sample (0%), and Metropolitan area responses are higher than in the immigrant sample (6.7% vs. 2%). In this later sample, Other (1.9%) included people who lived in situations of homelessness. In some cases, survey participants chose the neighborhood where their form of shelter is located (e.g. couchsurfing, shelter) (Graph 1). Throughout the report, different samples will be referred as **PN** for **priority neighborhoods** and **IM**

for **international immigrant** surveys (Access to interactive data for **PN** can be accessed here and for IM can be accessed in this link.)



Graph 1. Distribution of surveys per neighborhood and per sample

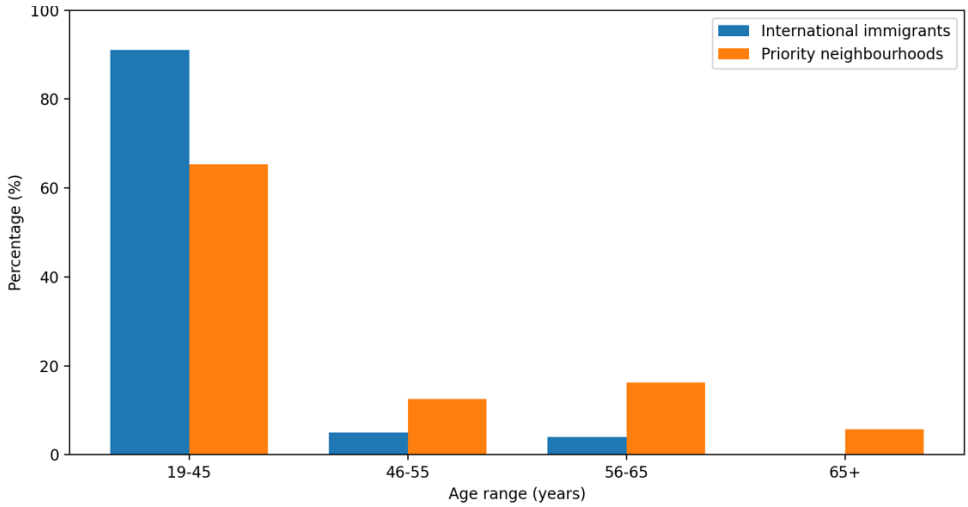
Another limitation is that survey data is mainly from the municipality of Saint John with few participants from other municipalities within the Saint John CMA and no participants from the rural-urban fringe. And data was gathered over 3-year period (2021-2024), rather than within a consistent timeframe. When mapping of services is used, this relies on 2021 georeferencing from the City of Saint John. Therefore, mapping of services and infrastructures are missing in several maps of this report.

Yet, the research has strengths as it voices the concerns of underrepresented groups as the research team conducted surveys in-person in places where participants live or /and access social services. We organized the data at the general and neighborhood level for analytical purposes to identify main needs in a particular neighbourhood according to survey responses. The report focuses its comparative analysis at the level of the neighborhood. The literature of emplacement mentioned above suggests that domains of commonality exist in spaces such as the workplace, spiritual worship spaces, schools and the level of the neighborhood. Yet the latter unit of analysis should not be idealized as changes that are only exclusive to the neighborhood might not necessarily improve people's lives if other aspects of urban, social, economic and political life do not change (Fincher et al. 2014).

As researchers, we also reflected our positionality in the process of fieldwork. Hepzibah Muñoz-Martínez reflected on her own privileged position in terms of income, employment and education when conducting surveys with locals in priority neighborhoods. She reflected on the same privilege during her collaboration with international immigrants while relating to concerns over racialization and racism among international immigrant participants. Sarah Lunney reflected on her privilege as a master's student who is a born Canadian citizen and racially white. Yet she related to the housing issues participants discussed as a student and tenant in a priority neighbourhood herself. Both of us were able to relate to issues related to gender and sexism as cisgender women who are also mothers, while also acknowledging and reflecting on the struggles of gender-diverse people in priority neighborhoods. We also reflected on our privilege in being able to navigate the city as able-bodied persons with access to a car. Reflecting on our positionality also requires attention to commonalities as well as differences between researchers and participants. Acknowledging power and privilege is important, but an exclusive focus on these distinctions can obscure the knowledge, agency, and expertise of community members. Our approach views participants as collaborators and knowledge holders rather than sources from which data are extracted. By recognizing shared human experiences and fostering reciprocal relationships, the research process can support more respectful engagement and the co-production of knowledge that is grounded in community perspectives.

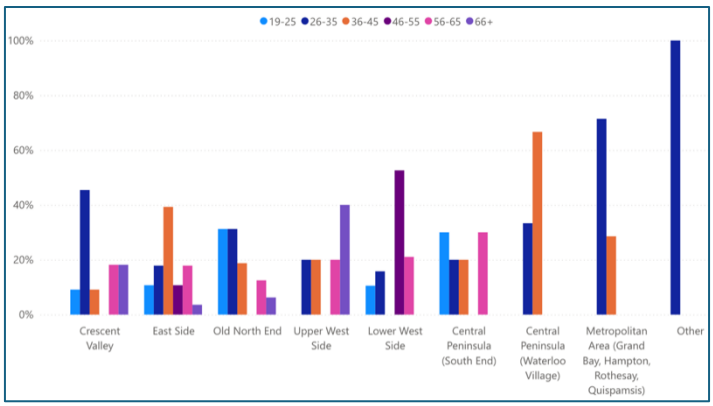
3. Locating Domains of Commonality and Shared Displacement

Before identifying specific WCI indicators, the report describes socio-demographic dimensions related to the survey responses. This can help locate shared experiences of displacement and precarity facing both communities. In terms of age range, survey respondents in both priority neighborhoods and immigrant communities were mostly between 19 to 45 years old. The international immigrant sample is substantially younger: 91.1% fall in 19–45, with only 9.0% combined in the 46–55 and 56–65 brackets and no respondents 65+. The priority neighbourhoods' sample is more age-diverse and comparatively older: 65.4% are 19–45, while 12.5% are 46–55, 16.3% are 56–65, and 5.8% are 65+ (Graph 2). This also highlights the need to further explore the domains of commonality and precarity among youth and older adults.

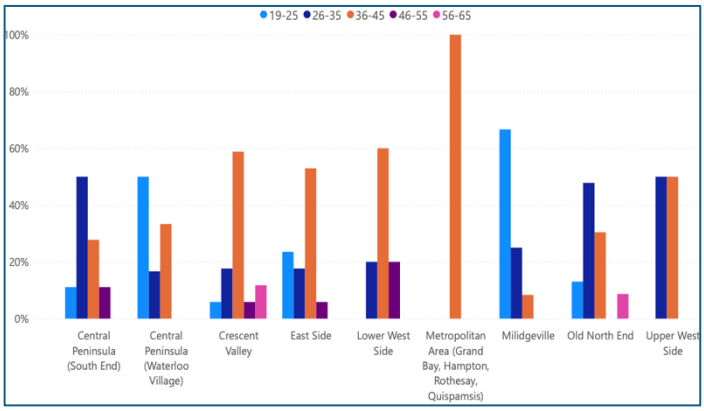


Graph 2. Age distribution per sample

The distribution of respondents according to age and neighborhood varied. Many respondents from the East Side and Old North End were between 19-55 in both samples, while Lower West side and parts of Central Peninsula show older profiles among priority neighborhoods than among immigrant respondents (Graph 3, 4).

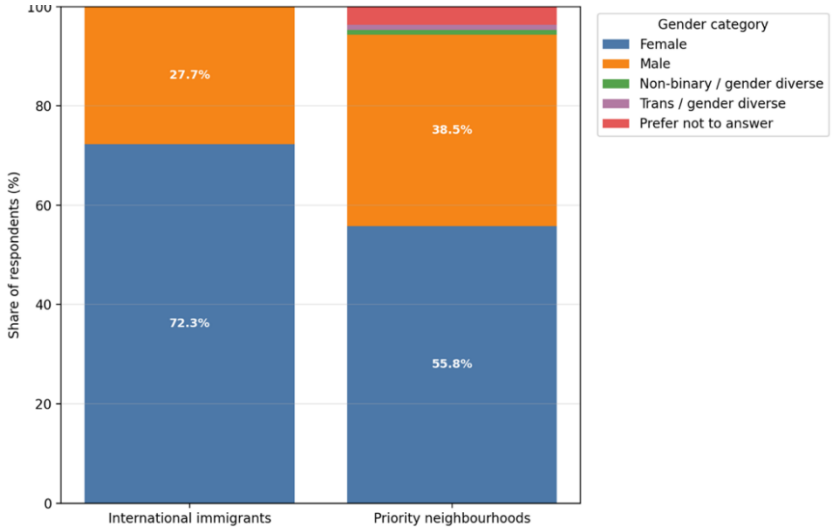


Graph 3. Age distribution per neighborhood-PN



Graph 4. Age distribution per neighborhood-IM

Relative to priority neighbourhoods, the international-immigrant sample skews more cisgender female and less cisgender male, and gender-diverse / undisclosed responses appear only in the priority-neighbourhoods' sample.[1] (Graph 5) This shows the limitations of our report in voicing the concerns of the 2SLGBTQ+ community in both immigrant and non-immigrant communities.



Graph 5. Gender

The survey also avoided imposing racial categories on participants and instead asked people whether they identified as racialized individuals after providing an accessible explanation of it. The explanation illustrated how people are categorized in relation to skin color, country of origin and spiritual practices, which is often related to historical oppression when people are not considered part of the dominant society (Cashmore 2004). In the **IM** sample, 30.7% identify as racialized, 58.4% did not identify as racialized and 1.0% responded prefer not to answer. In **PN**, 16.5% of survey respondents identify as racialized, 71.8% did not identified as racialized, 5.8% responded they did not know, and 5.8% responded prefer not to answer (Graph 6).

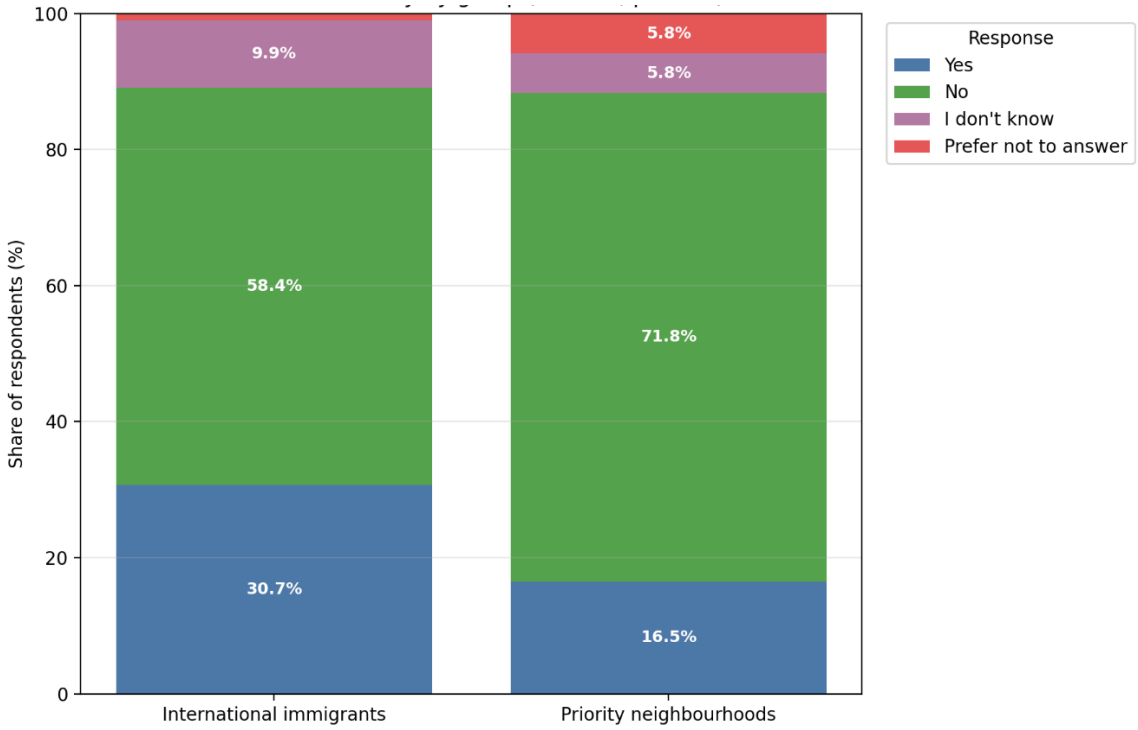
Based on ethnographic work, there were insights into the social dynamics at play in the current socio-economic context. First, during the survey process, two racialized members of the research team, including one of the authors of the report, noted difficulties in carrying out surveys with participants in priority neighborhoods considered white. It was until other members of the research team considered white approached individuals that the latter agreed to participating in the survey. Second, newcomers in the **IM** sample expressed they did not feel racialized even though their communities have been historically racialized and have experienced racism in Canada. This differed

[1] For insightful discussion of gender diversity and sexuality among immigrant communities in Canada, see for instance Lee 2021.

from the experiences of international immigrants with longer time in Canada, who felt racialized and experienced racism overtime. This might be related, according to several studies, to a sense of initial optimism. For instance, a Statistics Canada study show that immigrants are more likely than Canadian-born people to believe that Canadians share core values such as human rights, respect for the law, gender equality, cultural diversity, and respect for Indigenous cultures. Recent immigrants express the highest confidence in these shared values, though this perception gradually declines with time spent in Canada (Schimmele, et al. 2022). This is also related to the context in the country of origin where racialization processes are not a strong part of their society and/or newcomers come from societies where they were part of the dominant group.

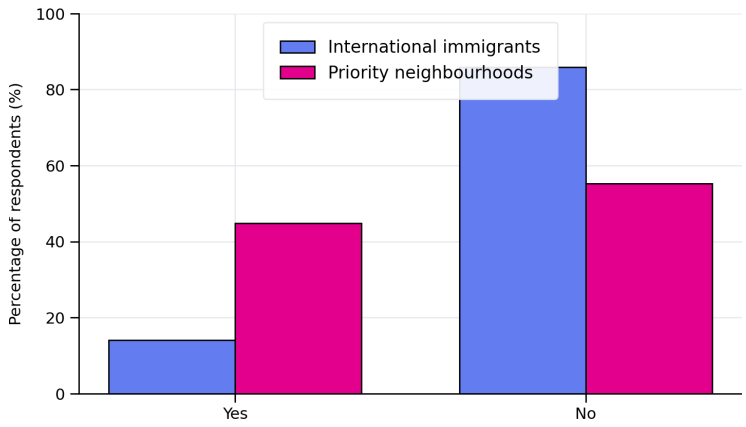
Third, a significant number of people that were born in Canada, whose ancestry are from northwestern European settlers in the context of colonialism and who therefore are considered white in the present social context, saw themselves racialized. According to several authors, this is related to the disruption of white racelessness, namely when whiteness is taken as the norm, and whiteness becomes visible with demographic changes in the process of immigration. Also, several studies, as well as ethnographic work, note that the economic context of precarity, and the way poor white people are portrayed as culturally deficient might lead individuals who are considered white to frame themselves as part of a 'racialized marginalized group" especially when poverty is explained as a regional or cultural flaw rather than systemic class oppression (Werner 2015).

According to Bell (2021) poor and working-class people that consider themselves white construct whiteness as a local disadvantage, especially when they see themselves struggling economically or living in segregated or stigmatized spaces. Here whiteness becomes a resource of identity to claim belonging and grievance in the context of precarity. Such insights reveal the context of precarity that non-immigrants share with immigrant communities but are expressed it in different ways. Such findings also provide insights into aspects of social polarization locally and provincially, which require both the finding common policies and implementation for both communities while addressing the particularities of each community.



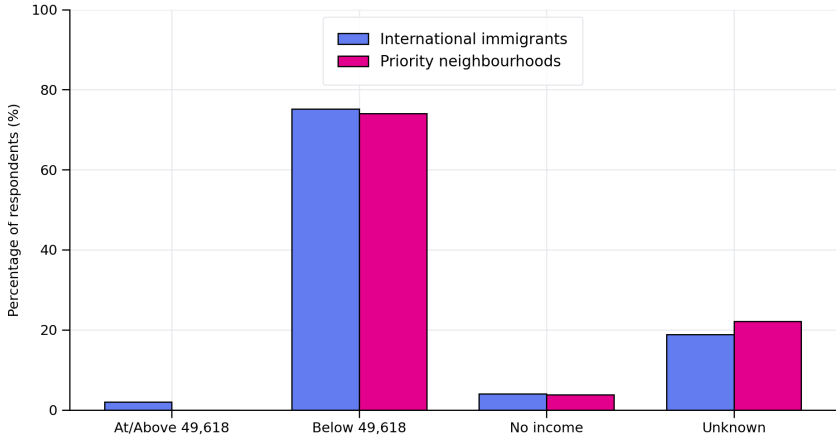
Graph 6. Racialization

Reported disability is much higher in the **PN** sample than in the **IM** sample (Graph 7). It is worth noting that respondents in the **IM** sample sometimes reported disability as their own when a parent or a child had a special need. This could be explained as an understanding of disability as collective and household issue rather than an individual one. In other cases, people did not report disability even when a special need was visible. This can be related to the stigma connected to disability in both the host society and the country of origin, especially when it is compounded by racialization and ethnocultural stigma (Côté, et al. 2020). It is also important to highlight that Canada's immigration system, particularly in certain streams, do not allow the immigration of people that have disabilities. An immigration medical examination determines whether a person is deemed as causing 'excessive' demand on health services in Canada (Joseph and Briarpatch Staff 2022).



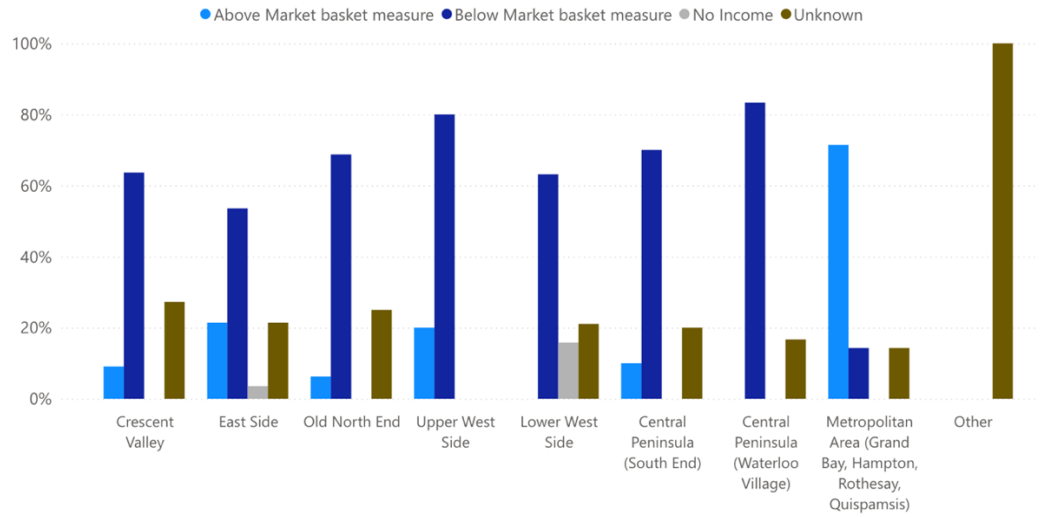
Graph 7. Disability

In terms of income, the report uses the average market basket measure (MBM) between 2022 and 2023, which is 49,618, a reference for the poverty line in the survey period. It shows that many participants in most neighborhoods had an income below the MBM. Both samples have roughly three-quarters below the $49,618 threshold, with an extremely small “at/above” share among international-immigrant respondents (2 people) and none among the priority-neighbourhoods’ respondents; the unknown share is modestly higher in the priority sample (Graph 8).

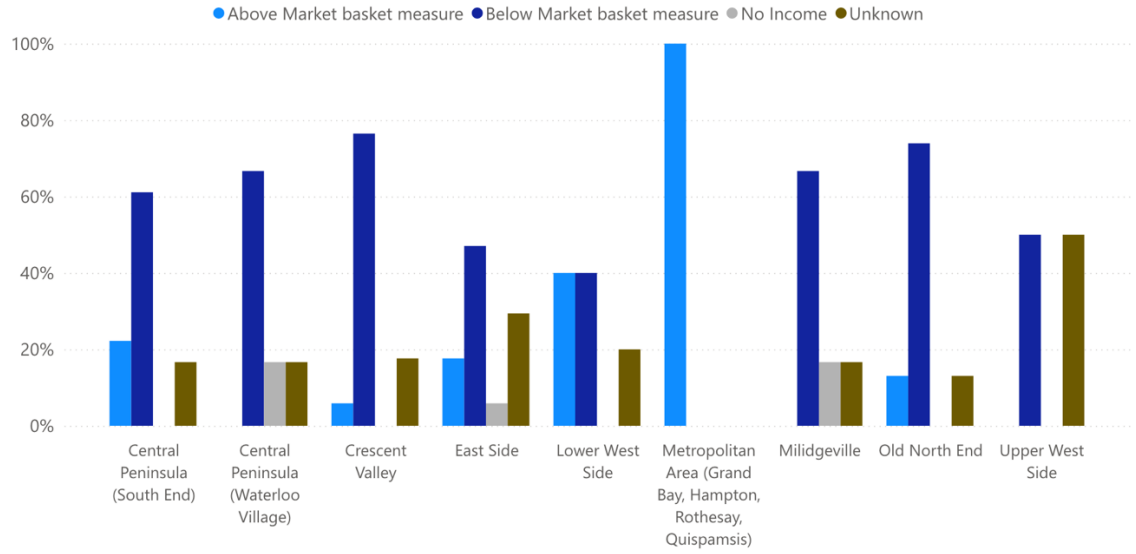


Graph 8. Poverty line

Across Saint John’s shared neighborhoods, income distributions for international immigrants and priority-neighborhood residents reveal broadly similar patterns of financial precarity, yet meaningful differences emerge in where each group sits relative to the $49,618 annual threshold. In most neighborhoods, both populations fall overwhelmingly below this cutoff. However, the immigrant sample shows scattered higher-income outliers across some neighborhoods, except in the Metropolitan area where non-immigrant residents report incomes at or above this level (Graph 8, 9).



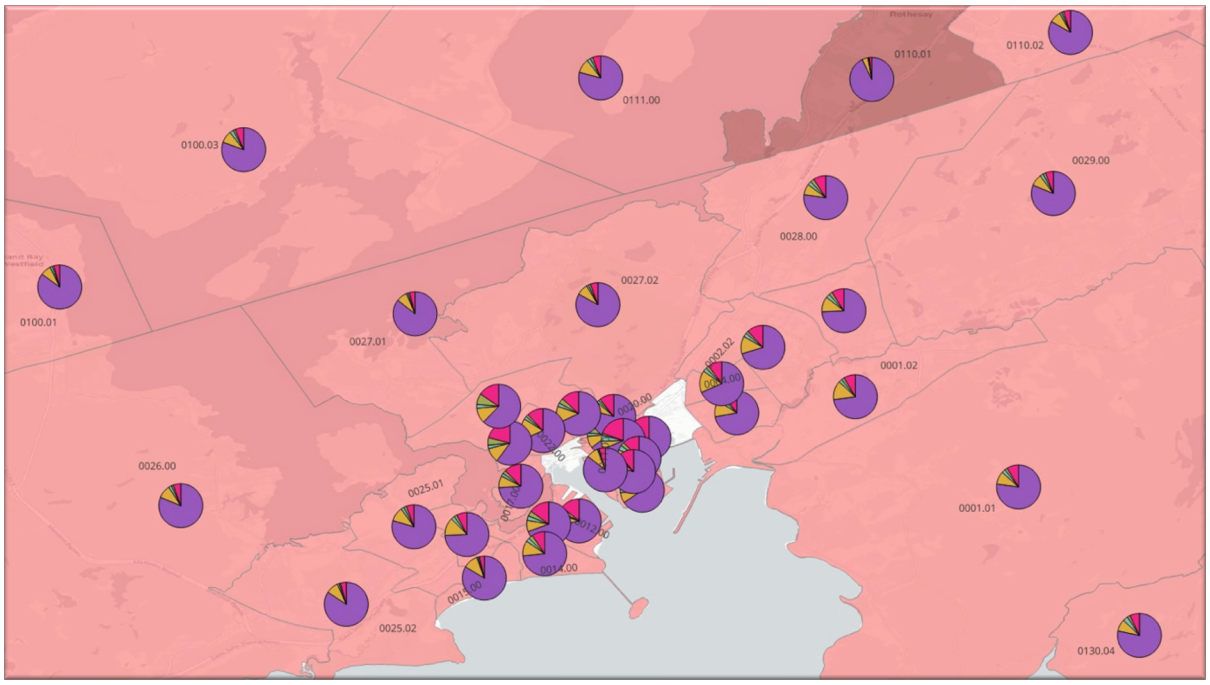
Graph 9. PN - Poverty line according to market basket measure average of 2022 and 2023 for Saint John CMA (CAN$ 49,618)



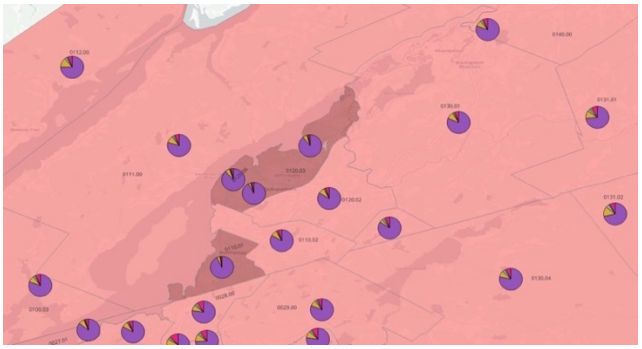
Graph 10. IM - Poverty line according to market basket measure average of 2022 and 2023 for Saint John CMA (CAN$ 49,618)

As described in a previous report, there is also an income divide within the city, including in neighborhoods where both immigrants and non-immigrants reside. The following maps focus on total median income as well as source of income by neighborhood in Saint John and municipality in the CMA (Map 1) (for more details on source of income, go to interactive map). Source of income is divided by 1) total market income (employment income, wages, salaries and commissions, net self-employment income, investment income, private retirement income); 2) Old Age Security pension

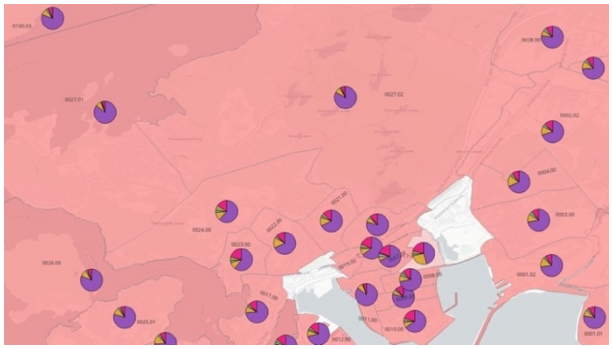
(OAS), Guaranteed Income Supplement (GIS); Canada Pension Plan (CPP) ; 3) employment insurance (EI); 4) child benefits (federal and provincial); 5) other government transfers (social assistance benefits, workers' compensation benefits, Canada workers benefit Goods and Services Tax (GST) and Harmonized Sales Tax (HST) credit). Median is used rather than average income to depict income at the geographic level that is not affected by a small number of extremely high- or low- outlier incomes. The maps show how the source of market income prevails in higher income areas whereas other government transfers are significant source of income in Crescent Valley, Central Peninsula, Lower West Side, the Old North End and sections of the East Side (Map 3, 4). In the latter case, social assistance and other government transfers might not cover living cost (Laidley & Tabara, 2024, p. 24).



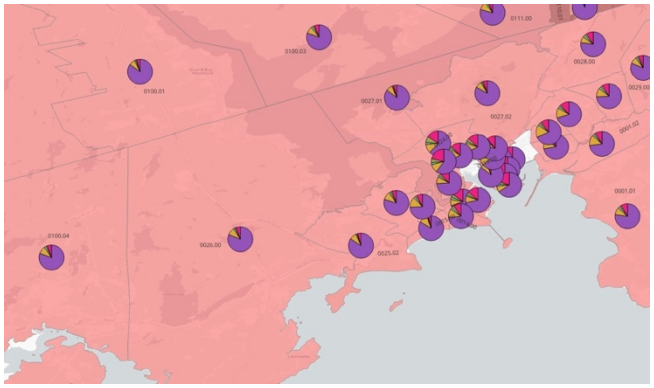
Map 1. Source of aggregate income by percentages per census tract in Saint John CMA (Source: Statistics Canada. Table 98-10-0071-01.Income statistics for detailed income sources and taxes, (DOI: https://doi.org/10.25318/9810007101-eng)



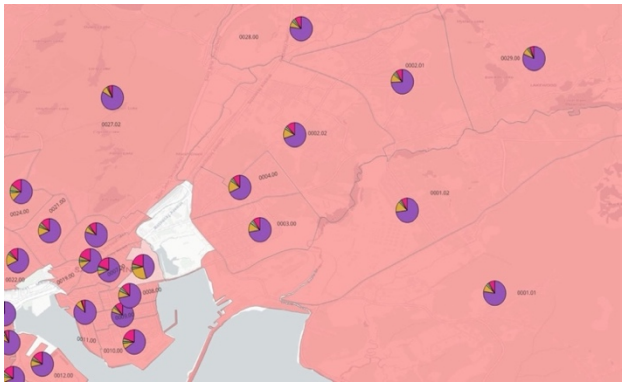
Map. 2 Source of income Rothesay and Quispamsis



Map 3. Source of income North End, Central Peninsula, Millidgeville, Crescent Valley



Map 4. Source of income West Side and Grand Bay-Westfield

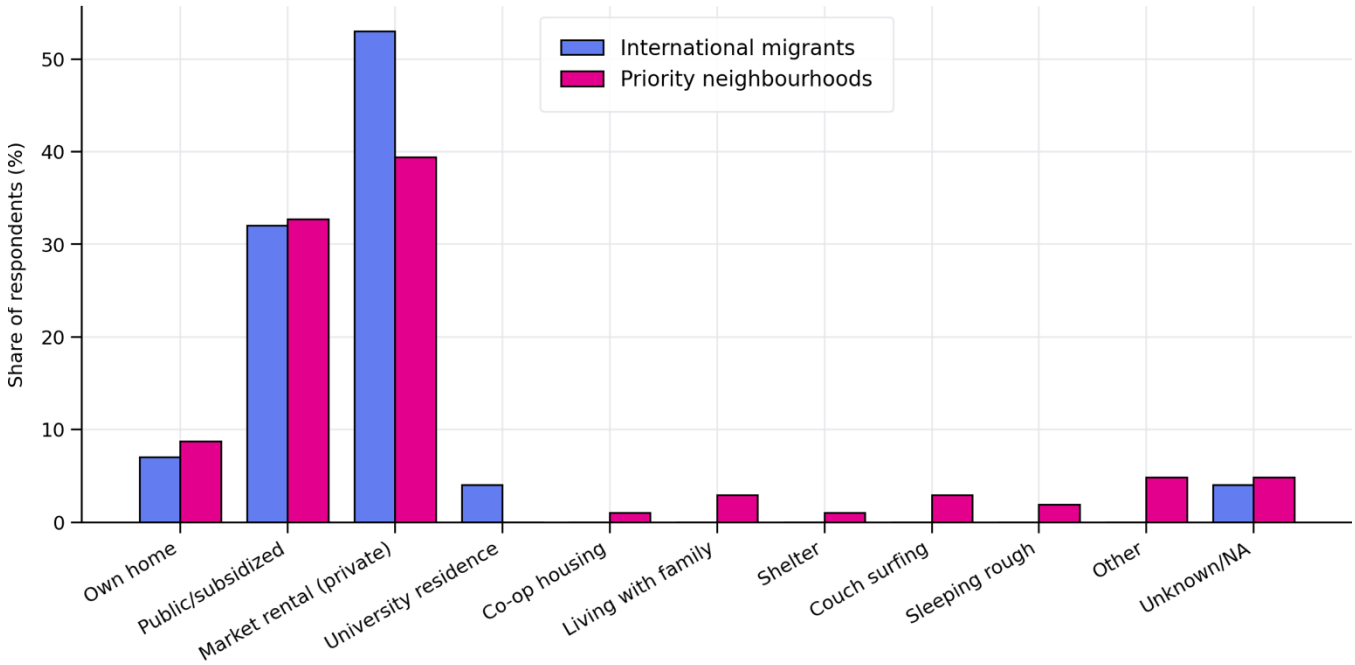


Map 5. Source of income East Side

Social assistance, and other government transfer payments, as the main income sources in these neighbourhoods highlights the level of precarity residents experience in accessing basic needs in the city. As a result, low-income non-immigrant and immigrant residents in these neighbourhoods are often pitted against each other in a narrative that positions one as taking resources from the other. Yet, they share commonalities in their struggle to access their basic needs in the city that should be emphasized over the former.

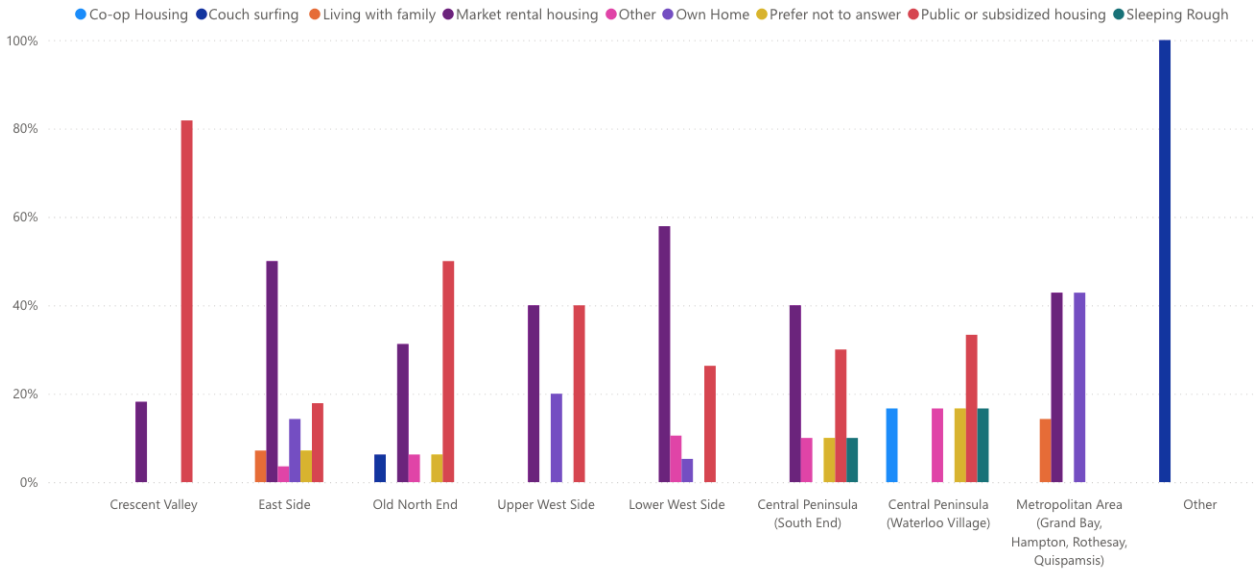
4. Access to affordable, adequate, and suitable housing

Market rental (private) is the dominant type of housing in both samples, especially among international migrants (53%) in contrast to priority neighbourhoods (39.4%)**.** Public/subsidized housing accounts for roughly one-third of respondents in both groups (32.0% **IM**; 32.7% **PN**). Homeownership is limited across both samples (7.0% international; 8.7% priority). Unlike the **PN** sample, homeownership among international immigrant respondents also included multigenerational households where adult children contributed to the payment of the mortgage. University residence appears only in the international group (4.0%). Forms of housing precarity (e.g., *couch surfing*, *sleeping rough*, *shelter*) are present in the priority neighbourhoods' sample but not observed in the international immigrants' sample (Graph 10). This, however, does not imply that there is no homelessness among international immigrants. According to a 2025 study by Housing, Infrastructure and Communities Canada, immigrants made up 8.9% of emergency shelter users in 2023, roughly matching their share of the Canadian population. Many of the users of shelter that year were resettled refugees, asylum seekers, and visa holders. Between 2021 and 2023, non-permanent residents experienced a fourfold increase in shelter use (Housing, Infrastructure, Communities Canada 2025). This is also confirmed by observational data reported by immigration settlement organizations (ISOs) and nonprofit organizations addressing homelessness in the city of Saint John.

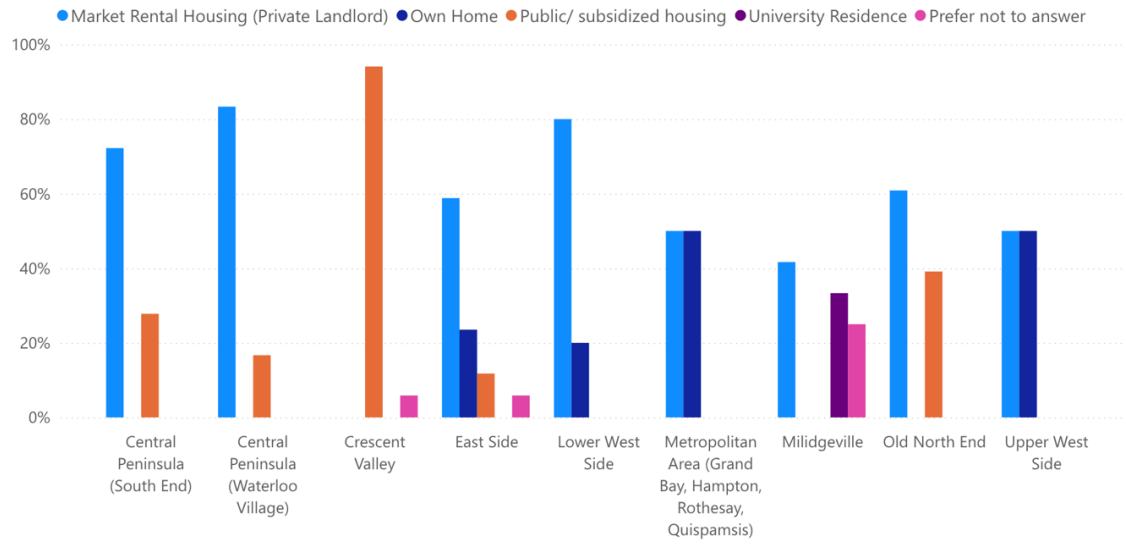


Graph 11. Type of housing

Across Saint John's neighborhoods, respondents' housing profiles diverge sharply in the degree of precarity they experience (Graph 12, 13). In **Central Peninsula-South End**, respondents of both surveys rely heavily on market rentals and, to a lesser extent, public or subsidized housing, but only participants in the **PN** surveys report forms of extreme housing instability, such as sleeping rough**,** couch surfing**,** or rooming houses. A similar contrast emerges in **Central Peninsula-Waterloo Village**, where immigrants cluster almost exclusively in market rentals or public units, while the priority-neighborhood sample displays additional forms of precarious living, including sleeping rough, and other non-standard arrangements. In the **Old North End**, both groups make significant use of **market** rental and public/subsidized housing, but the distinction on secondary homelessness persist among priority neighborhoods survey respondents. The **East Side** presents one of the more overlapping housing landscapes, with both samples relying on market rentals, though the priority-neighborhood group includes additional categories such as living with family. The Lower West Side continues this pattern: immigrants occupy mainly market rentals or the occasional own-home, whereas priority-neighborhood residents span not only rentals and subsidized housing but also more precarious forms, including living in a vehicle. In **Upper West Side**, the two groups are more similar, though the priority-neighborhood sample includes public/subsidized housing, while immigrants tend to appear only in market rental or owner-occupied dwellings. In **Crescent Valley**, the patterns converge most strongly as both groups rely overwhelmingly on public/subsidized housing, with few cases extending into other categories. This neighborhood stands out as the only area where the two populations show nearly identical housing distributions, underscoring its historical role as a key center for subsidized units. Finally, the suburban **Metropolitan Area** shows another alignment as both immigrants and priority-neighborhood residents primarily inhabit owner-occupied or market-rental homes, with the latter also displaying some living-with-family arrangements.



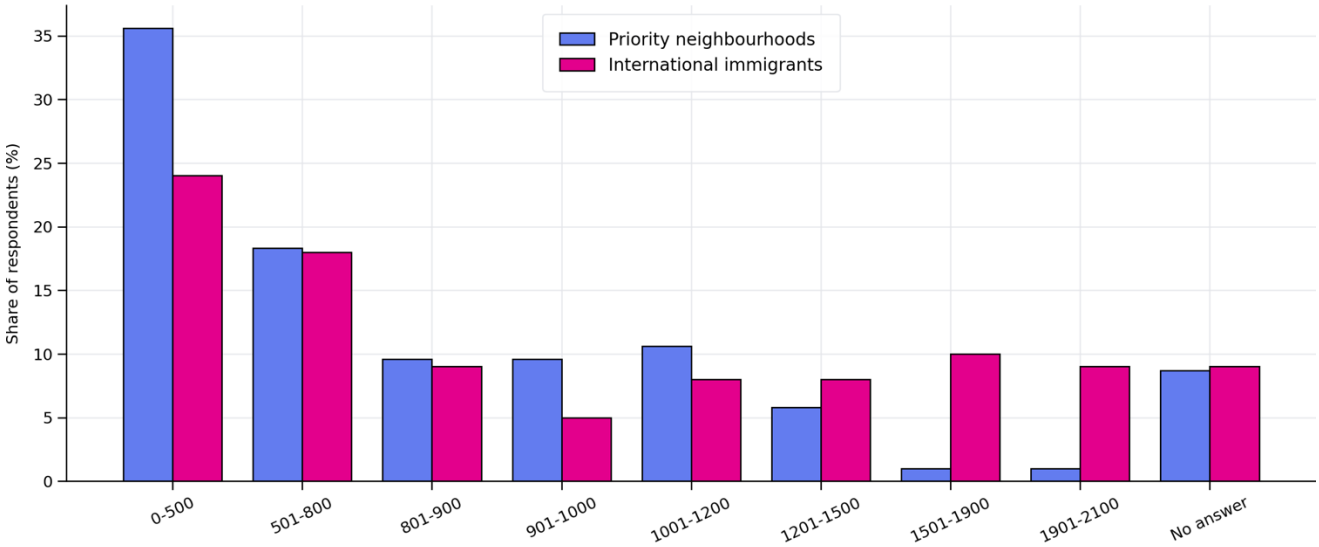
Graph 12. PN - Housing type per neighborhood



Graph 13. IM - Housing type per neighborhood

In terms of housing affordability, responses in the **PN** sample have a much higher share paying 0–500, reflecting concentrated housing assistance, subsidized rents and homelessness. The **IM** sample show a broader spread across the mid- and high-range categories, including a noticeable presence in 1501–1900 and 1901–2100, ranges almost absent in the former sample. No answer rates are nearly identical across samples. The lack of answer or low amounts paid in accommodation in priority neighborhoods relate to conditions of homelessness (primary or secondary). In the surveys in immigrant communities, this also relates to another person inside or outside the household or government agency making payments on housing accommodation (e.g. automatic

withdrawal of subsidized housing from income assistance, a household member overseeing rental payment). As will be discussed later, many participants in the two communities highlighted concerns over the cost of housing.[2]



Graph 14. Housing affordability

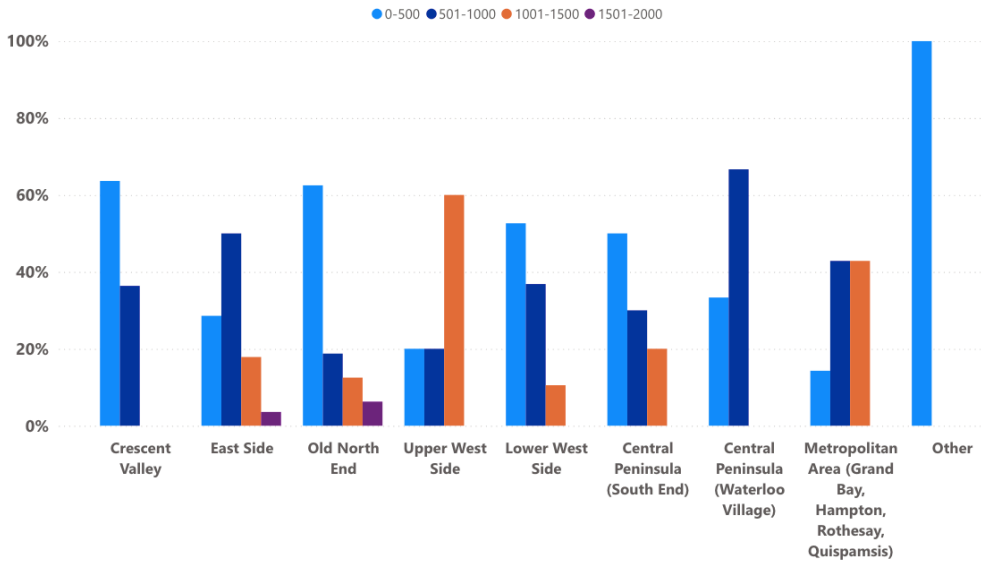
Across the **Central Peninsula-South End**, both groups report payments spanning the lower and middle bands, but the distributions differ in emphasis. Immigrant respondents cluster from 501–1000 up through 1501–2000, with several cases reaching 2000+ (e.g., 2,001–2,100), signaling a broader spread into the city's higher private-rental price points. By contrast, priority-neighborhood respondents concentrate more heavily in 0–500 and 501–1000. Overall, the South End shows higher rent exposure among immigrants. In **Central Peninsula-Waterloo Village**, immigrant payments span 0–500, 1001–1500, and extend into 2000+ for a minority, whereas priority-neighborhood payments are concentrated almost entirely in 0–500 and 501–1000. The **Old North End** shows one of the clearest divergences. Immigrant households are distributed across 501–1000, 1001–1500, 1501–2000, and a noticeable tail into 2000+ (e.g., 2,001–2,100), reflecting a wide rent spectrum tied to private rentals of varying size/quality. **PN** responses cluster in 0–500 and 501–1000, with occasional entries in 1001–1500 and infrequent 1501–2000

[2] In the current juncture, international immigrants are blamed for the cost of housing. Yet further work on the reasons behind rising costs of housing in the Saint John CMA need to be further explored. A Statistics Canada Study shows that there is some correlation of immigration with cost of house ownership and rental (11%). Yet, the same study shows this fluctuates across time and regions, shaped by economic conditions, financial speculation, housing policies, and supply challenges. For instance, from 2011 to 2016, immigrant growth in Saskatchewan and Alberta did not coincide with rising housing prices, while Ontario saw sharp price increases despite receiving fewer newcomers, producing a negative correlation. In the following five years, immigration increased mainly in Ontario, where housing prices continued to rise, while the Prairie provinces experienced fewer newcomers and stable prices, resulting in a positive correlation (Hou et al. 2025). See also the work of Woodhall-Melnik et al. 2024 for local exploration of housing unaffordability in New Brunswick.

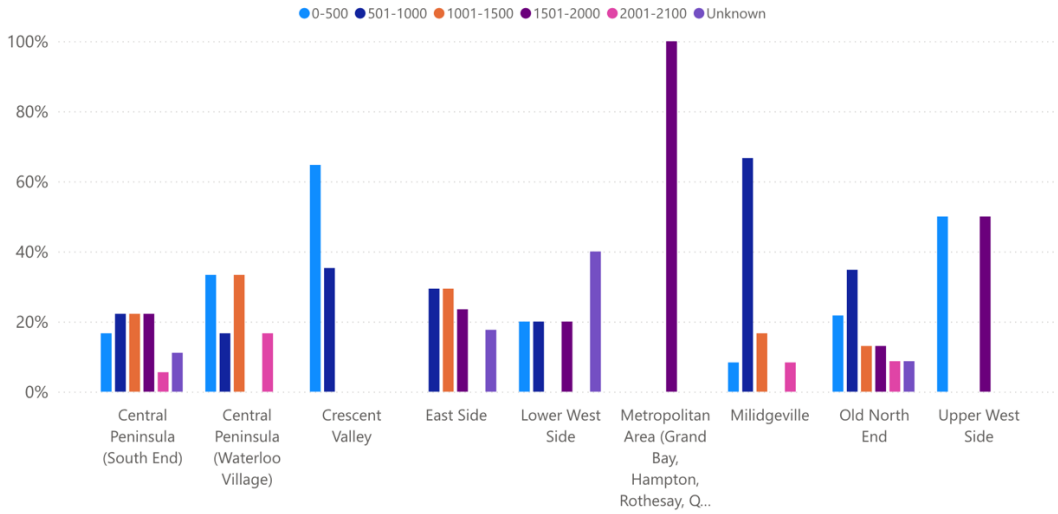
payments. In short, immigrants span more mid-to-upper rent brackets, while priority residents remain concentrated below $1,000. On the **East Side,** both datasets include many private-rental payments, with greater representation of mid-tier rents among immigrants, with priority neighborhoods' survey respondents showing a bimodal spread: many at sub-$1,000, but also a non-trivial share between $1,000 and $1,500 and a few above (Graph 15, 16).

In the **Lower West Side**, immigrant rents appear in a modest mid-tier presence alongside lower payments. The priority-neighborhood sample is heavier in the lower-tier 0–500 and 501–1000, with additional entries in 1001–1500 and scattered low payment. For the **Upper West Side**, the small immigrant sample includes very low payments (0–500) and mid-range (1501–2000), whereas the priority sample spans a wider range. In **Crescent Valley**, the two groups converge: both are dominated by 0–500 and 501–1000 payments. **The Metropolitan Area** immigrant payments are centered in 1501–2000, reflecting suburban market rents and some ownership costs. Non-immigrant payments for housing in mostly fall in 501–1000 and 1001–1500. Thus, the suburban comparison flips the inner-city pattern: immigrant households more often occupy the 1,500–2,000 band, while priority households skew modestly lower. In sum, across most shared neighborhoods, the priority-neighborhood sample concentrates in the two lowest payment bins (0–500; 501–1000), while the immigrant sample more frequently reaches into 1001–1500, 1501–2000, and selectively 2000+. The exception is Crescent Valley, where both groups cluster tightly under $1,000 (graph 15, 16).

The data presented in this section highlight the pressing issue of housing and its affordability for both immigrant and non-immigrant communities. Considering the low level of incomes, participants in the study were paying considerable amounts of their incomes in rent which diverts resources away from other needs such as food and health.. The high percentage of income dedicated toward housing leaves little room for both immigrant and non-immigrant residents to accommodate rent increases and conditions of displacement. Displacement in this case becomes even more problematic for both communities in poverty. According to ethnographic data, participants also faced discrimination related to mental health, and in the case of immigrants this is compounded by racial discrimination and language barriers when accessing housing. In both communities, there is little to no knowledge on their tenant rights and the mechanisms to access them. This is consistent with the existing literature in Canada (Canadian Centre for Housing Rights 2025; Ages et al. 2021; Springer 2021).



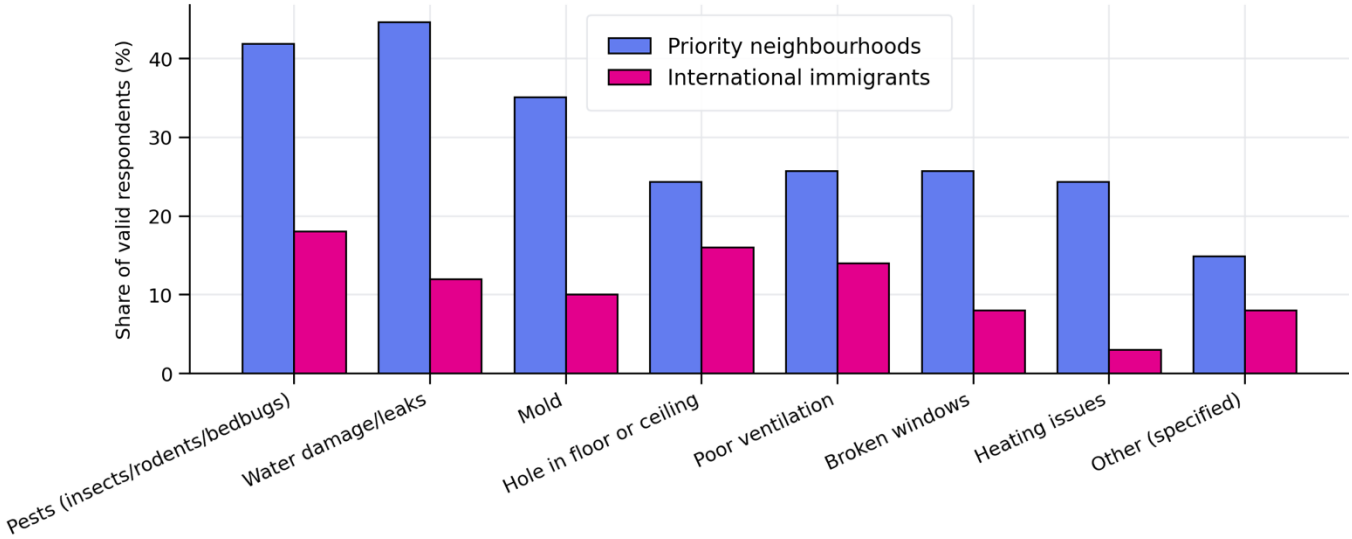
Graph 15. PN - Accommodation costs



Graph 16. IM - Accommodation costs

Priority neighbourhoods report far higher prevalence of water damage/leaks (44.6%), pests (41.9%), mold (35.1%), poor ventilation (25.7%), broken windows (25.7%), holes in floor/ceiling (24.3%), and heating issues (24.3%) than international immigrants, where these problems occur but at lower rates. It is worth noting that 37.0% of immigrant respondents reported no issues and 13.0% selected prefer not to answer, whereas participants of the priority neighborhoods surveys reported at least one issue (Graph 17). The latter, as explained in the *Diverse Cities Report*, might be related to reluctance of immigrants to report problems due to experiences of discrimination, and limited knowledge of tenant rights. Issues related to need of housing repairs are also consistent

with Statistics Canada 2023 report, which shows significant housing challenges in the Saint John CMA, including 1,615 rental units needing major repair, 875 units deemed unsuitable, and 6,445 units facing issues of adequacy, suitability, or affordability, with most problems occurring in non-subsidized housing (Statistics Canada 2023).



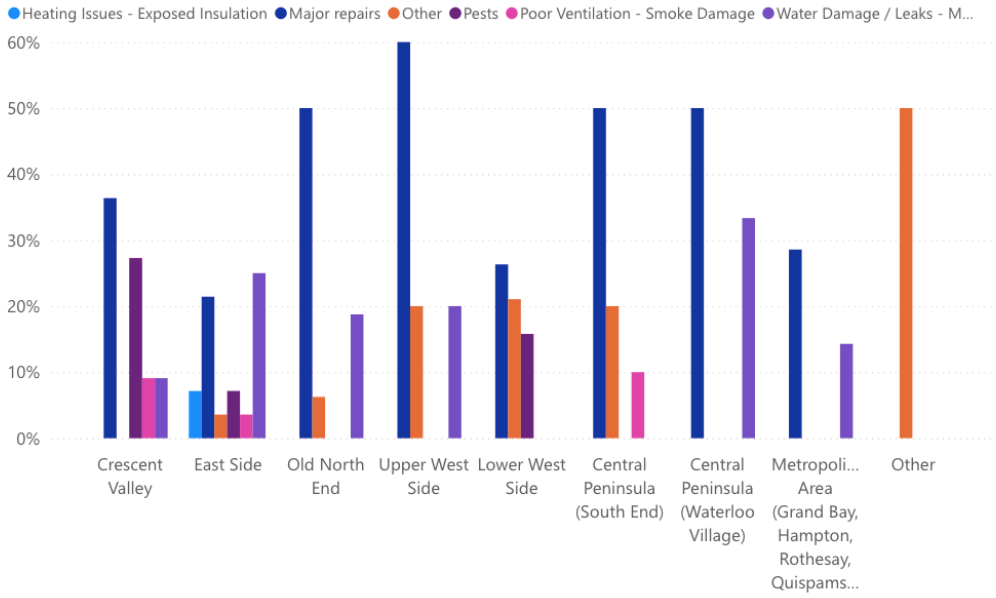
Graph 17. Structural/safety issues in housing

In the **South End-Central Peninsula**, immigrant respondents most often flagged water damage/leaks, holes in floors/ceilings, pests, and poor ventilation, alongside a smaller share reporting heating issues. By contrast, priority-neighborhood residents reported a broader and more severe problem mix: frequent mold, water damage/leaks, heating issues, holes, pests, broken windows, and poor ventilation—plus "other" hazards (e.g., radon) and visible sleeping rough/rooming-house contexts that typically co-occur with multiple deficiencies; no-issue and prefer-not-to-answer also appear but are less characteristic. In the **South End-Waterloo Village**, immigrants reported mold, pests, holes, broken windows, poor ventilation, and water-quality problems. Priority-neighborhood respondents showed concentrated multi-hazard exposures—water damage/leaks, heating issues, broken windows, pests, drafts, poor ventilation, and exposed electrical wiring/insulation—alongside "other" precarious settings. The priority neighborhood sample's hazard profile is wider and more acute than that of immigrants here.

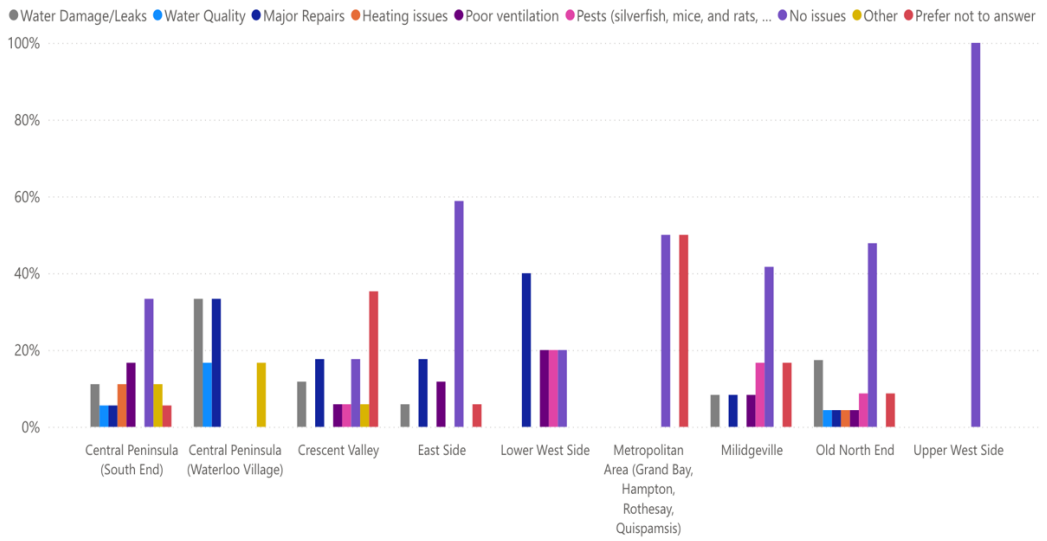
Immigrant households in the **Old North End**'s responses span mold, pests, water damage/leaks, holes, poor ventilation, and some water-quality concerns. Among priority-neighborhood residents, the problem set is heavier and more varied: frequent mold, water damage/leaks, holes, broken windows, poor ventilation, pests, and water-quality (water-boil orders), plus exposed electrical wiring/insulation and "other" hazards tied to shelters or couch-surfing contexts. This neighborhood shows high burden in both groups. On the **East Side**, immigrant respondents often reported single

hazards such as broken windows, poor ventilation, mold, or water damage. Priority-neighborhood residents, however, frequently documented mold, water damage/leaks, heating issues, pests, broken windows, holes, and poor ventilation; water-quality concerns and "other" (Graph 18, 19).

Immigrant entries for the **Lower West Side** point to pests and occasional no-issue reports, with fewer simultaneous hazards listed per home. **PN** entries show widespread, layered problems (pests, drafts/poor ventilation, mold, water damage, broken windows, and holes). This is another neighborhood where priority households face more complex, overlapping hazards. With a small sample, immigrants in the **Upper West Side** lean toward no-issue or single, mid-severity items, whereas priority-neighborhood respondents include holes, broken windows, and drafts/poor ventilation, plus some no-issue responses. In **Crescent Valley**, the two samples converge: both immigrants and priority-neighborhood residents frequently report public/subsidized units with mold, water damage/leaks, pests, poor ventilation, broken windows, holes, and occasional exposed wiring/insulation; water-quality concerns appear episodically. In the **Metropolitan** fringe, immigrants more often report no issues or isolated items. Non-immigrant respondents, many in owner-occupied or stable rentals, also lean toward no-issue but include scattered mold and other problems (e.g., basement moisture), with fewer of the inner-city hazards (Graph 18, 19).



Graph 18. PN - Structural/safety issues in housing



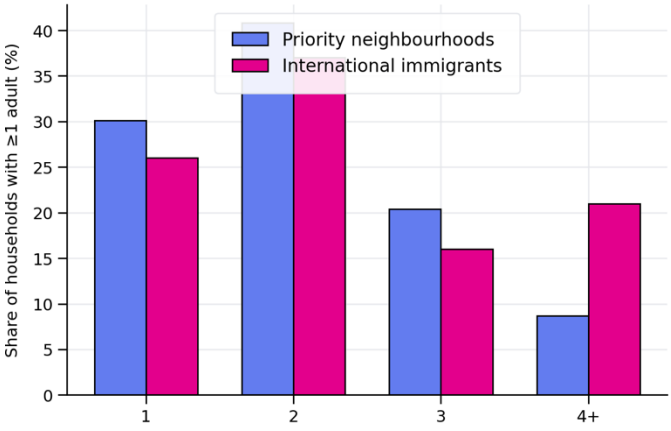
Graph 19. IM - Structural/safety issues in housing

Across the urban core, especially **South End, Waterloo Village, Old North End, East Side, and Lower West Side**, respondents of **PN** surveys reported broader, more severe, and more overlapping hazards (mold, leaks, pests, broken windows, heating issues, holes, poor ventilation, exposed wiring/insulation, and water-quality/boil orders), while immigrant households report many of the same categories, but less frequently in combination and with more "no-issue" entries. The latter, as mentioned before, can be related to the fear that complaints might jeopardize their residency status in Canada and/or existing housing supports. Crescent Valley is the notable exception where both datasets align on a high and complex hazard load (Table 1).

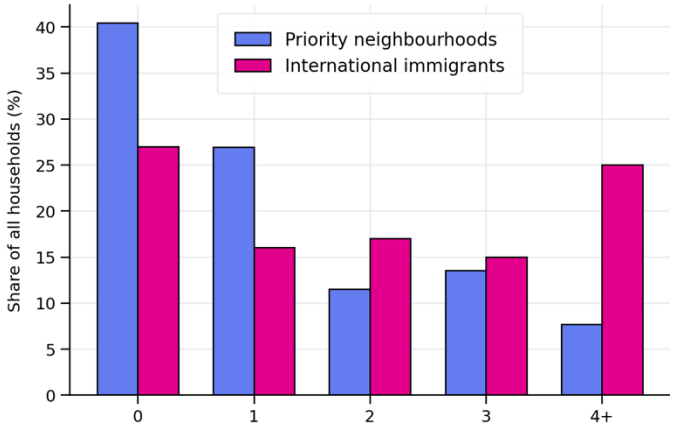
Neighborhood → **Hazard ↓**	**Central Peninsula – South End**	**Central Peninsula – Waterloo Village**	**Old North End**	**East Side**	**Lower West Side**	**Upper West Side**	**Crescent Valley**	**Metropolitan Area**
Mold	PN	IM&PN	IM&PN	IM&PN	PN	PN	IM&PN	PN
Pests	IM&PN	IM&PN	IM&PN	PN	IM&PN	—	IM&PN	—
Water damage / leaks	IM&PN	PN	IM&P	IM&P	PN	PN	IM&PN	—
Other (e.g., rooming	IM&PN	IM&PN	PN	PN	PN	—	IM&PN	PN
Poor ventilation / drafts	IM&PN	IM&PN	IM&PN	IM&PN	PN	PN	IM&PN	—
Heating issues	IM&PN	PN	PN	PN	PN	—	IM&PN	—
Hole in floor or ceiling	IM&PN	IM&PN	IM&PN	PN	PN	PN	IM&PM	—
Water quality / boil order	—	IM&PN	PN	PN	—	—	—	—
Broken windows	PN	IM&PN	PN	IM&PN	PN	PN	IM&PN	PN
Exposed insulation	—	PN	PN	PN	—	—	IM&PN	—
Exposed electrical wiring	—	PN	PN	PN	—	—	IM&PN	—
No issues	IM	IM	IM	IM	IM	IM	—	IM&PN

Table 1. Safety/structural issues in accommodations

Respondents in **PN** surveys were more likely to have no children at home (40.4%) than immigrant participants (27.0%). Conversely, surveys among immigrant communities showed that these respondents were more likely to have four or more children (25.0%) compared to **PN** sample (7.7%). The most common adult configuration is two adults in both samples. Larger adult groupings (4+) are more frequent among international immigrant households (21.0%) than **PN** sample (8.7%) (Graph 20, 21).



Graph 20. Adults in households



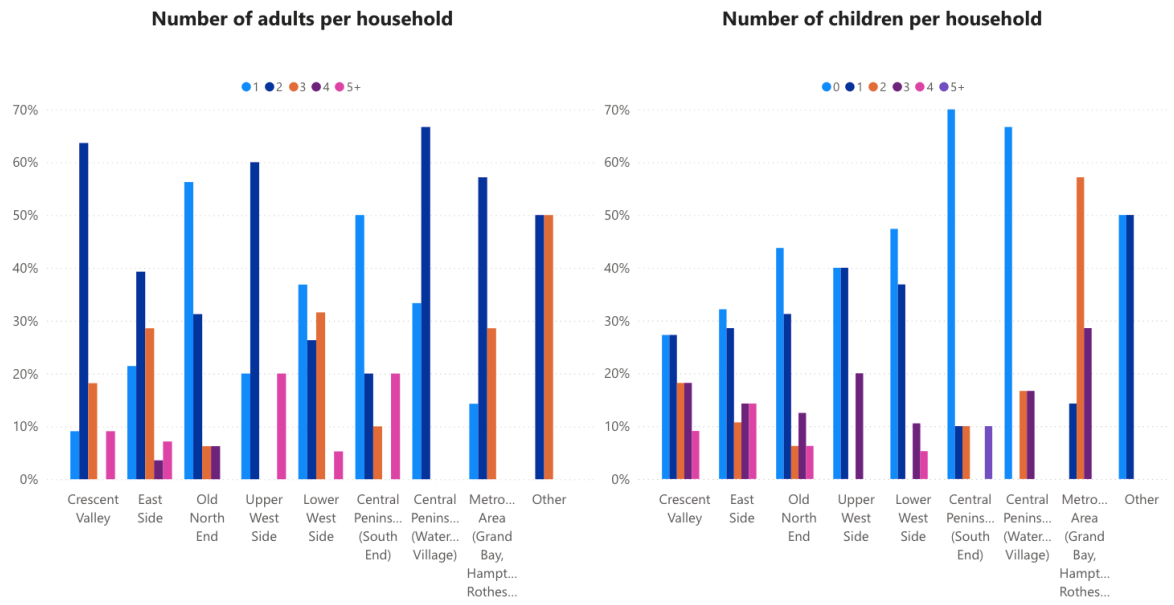
Graph 21. Children in household

In the **Central Peninsula-South End**, the **IM** sample ranges from single-adult households with no children to larger family units, including examples like two adults with five children and three adults with three children. This mix of singles and multi-adult, multi-child households suggests both student/worker singles and family households settling in the South End. By contrast, the **PN** sample includes many single-adult/no-child cases, but also a few very large, atypical households (e.g., nine adults with five children). Overall, the South End displays high variability in both groups, with immigrants showing frequent small family units and priority households spanning from one-adult to unusually large, shared situations. In the **Central Peninsula-Waterloo Village**, immigrants here split between single adults (often with no children) and small families (e.g., two adults/one child; two adults/two or three children). **PN** residents also mix single adults and small families, but the dataset additionally reflects precarious living arrangements, which often go with one-adult/no-child configurations. Among immigrants, the **Old North End** stands out for larger households: there are multiple entries of three to eight adults and one to seven children, alongside a few single-adult cases. The **PN** sample includes many one-adult households and mixed two-to-three-adult cases, typically with zero to three children. In short, immigrant households in the Old North End are, on average, larger and more child-dense than those in the priority sample, which more often captures single-adult or smaller family setups (graph 21, 22).

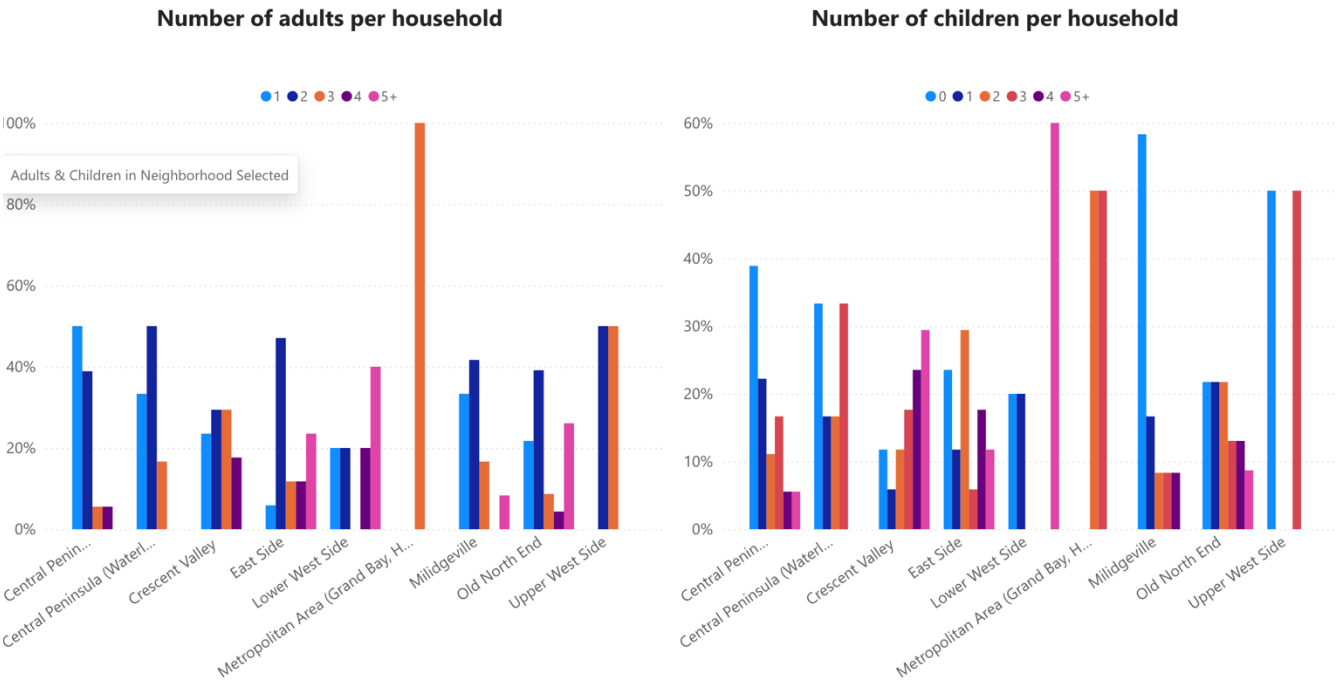
Immigrants on the **East Side** range from single adults through mid-sized families, but there are also several very large family households (e.g., six adults with four children, seven adults with five children), signaling the presence of extended or shared family arrangements. The **PN** sample mixes one-adult and two-to-three-adult households, most often with zero to four children. The defining difference is that immigrant households more frequently reach large sizes, while priority households tend to cluster in the small-to-mid range. In the **Lower West Side**, the **IM** surveys data features several very large families (e.g., two adults/eight children, seven adults/five children, five adults/six children), as well as medium and small households.

The **PN** sample shows a broader spread, but fewer extreme child counts; many entries are one-to-three adults with zero to two children, and a handful of unstable living cases. The overall picture is larger immigrant family size relative to the smaller, more variable priority households. In the **Upper West Side** (with a small sample), immigrants include both large families (three adults/three children) and smaller households (two adults/no children). In the **PN** survey, respondents reported living in households with two adults/one child and a few larger families (e.g., five adults/three children). Both cases exhibit slightly more multi-adult with children combinations (graph 21, 22).

Across Saint John's inner-city neighborhoods, the **IM** sample more often contains larger, child-dense households, including extended-family or shared arrangements, while the priority-neighborhood sample more frequently features one-adult or small family households. **Crescent Valley** is the standout area where both groups converge around multi-adult, multi-child households, whereas the **Old North End, East Side, and Lower West Side** most clearly reveal larger immigrant household sizes compared with the smaller and more variable profiles in the priority sample while the metropolitan area shows similar family-type compositions in both groups (graph 21, 22).



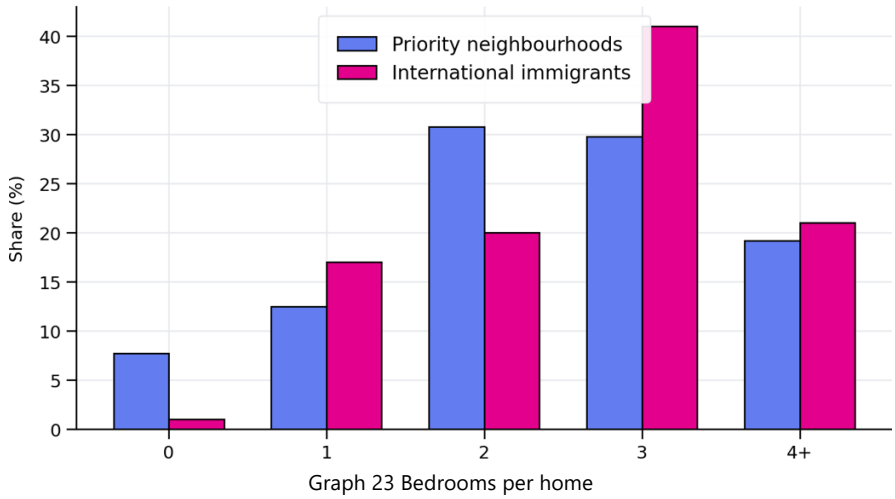
Graph 21. PN - Children and adults per household



Graph 22. IM - Children and adults per household

In relation to the number of bedrooms per household, immigrant households skew toward larger units 3-bedroom homes (41%). They also have a slightly higher share of 4+ bedroom homes (21%) compared to priority neighbourhoods (19.2%). Priority neighbourhoods show a more even spread as 2- and 3-bedroom units make up roughly

60% of all priority neighbourhood responses. The presence of 0-bedroom homes (7.7%) likely reflects room rentals, shelters, or transitional housing. Immigrants have fewer 0-bedroom (this is consistent with university residence dorms) and 1-bedroom units (Graph 23).



Graph 23 Bedrooms per home

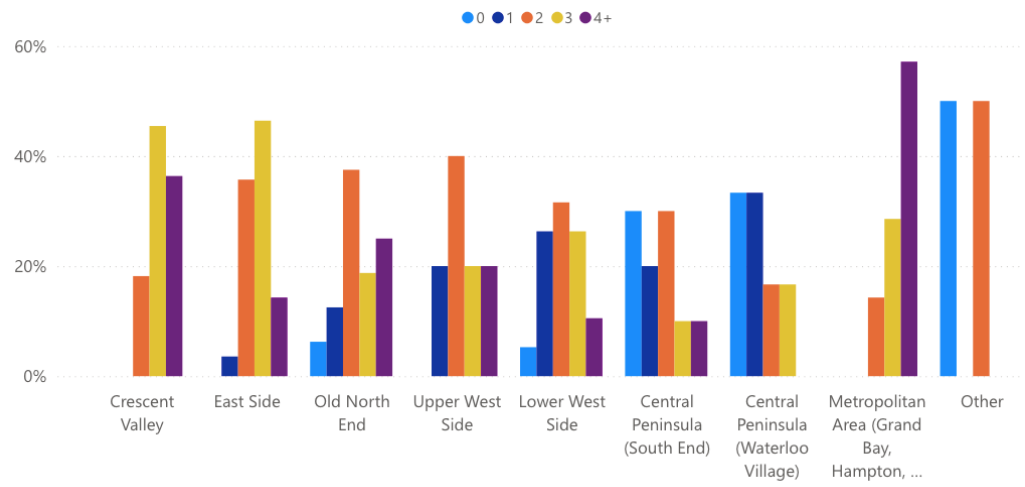
Using the number of bedrooms and household composition, both samples show signs of overcrowding. In the case of **PN**, survey participants reported living in a space where the number of adults exceeded the number of rooms, which reflects forms of secondary homelessness. This is also similar to the **IM** surveys, where several adults shared the expense of the market rental fee. This also relates to multigenerational households.

In the **Central Peninsula-South End**, immigrants in this neighborhood are more likely to be in 1–3 bedroom units, while priority-neighborhood residents show wider variability, including some non-standard or no-bedroom accommodations. In the **Central Peninsula-Waterloo Village**, immigrant households in Waterloo Village typically live in 1–3 bedroom units, often aligning with the household size (e.g., single adults in 1-bedroom units; families in 2–3 bedroom units). In the **PN** sample, households occupy 1–3 bedrooms as well, but the distribution includes co-op housing and rooming-house type units, which may function more like single-room (0–1 bedroom) dwellings, even when nominally listed as 1 or 2 bedrooms. In the **Old North End**, **IM** households range widely from 1-bedroom units up to 4-bedroom units, with several 2- and 3-bedroom appearing frequently. **PN** residents in this area also live in 1-3-bedroom units. Fewer households report residences with more than three bedrooms. Immigrants living in **Crescent Valley** overwhelmingly reside in 3- and 4-bedroom units, while **PN** survey participants are also heavily concentrated in 2-4-bedroom units, with a strong

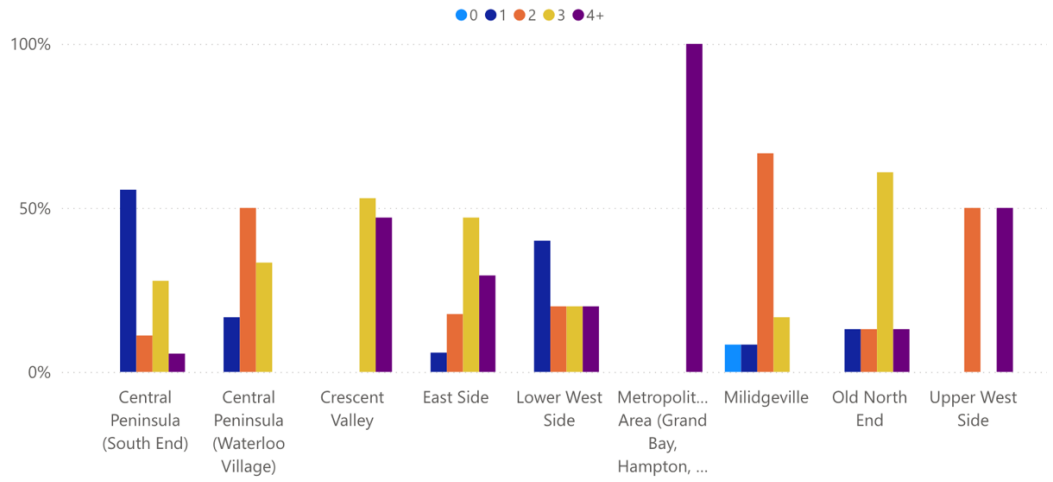
presence of 3-bedroom homes. Larger families sometimes occupy 4-bedroom units, similar to immigrant families (Graph 24, 25).

Immigrant households on the **East Side** occupy 1–3-bedroom units, including 3-bedroom units for multi-child families. Priority-neighborhood residents also occupy 1–3-bedroom units, but there is a notable presence of larger families living in 2- or 3-bedroom units. In the **Lower West Side**, immigrant respondents report living in 1-to-5-bedroom units. This neighborhood has some of the largest reported bedroom counts in the immigrant sample. **PN** respondents reported 1–3-bedroom units, with most concentrated in 1- and 2-bedroom. A few cases involve non-standard/unclear units, which effectively corresponds to 0 bedrooms. In the **Upper West Side**, **IM** households include both 2-bedroom units and 4-bedroom homes, while respondents in the priority neighborhood sample generally live in 2-3-bedroom units. In the **Metropolitan area**, **IM** households in these suburban areas reside in 3- or 4-bedroom homes, often owner-occupied or higher-end rentals, while non-immigrants living in this area occupy 2–4-bedroom homes, often owner-occupied as well, though some are 3-bedroom rentals (Graph 24, 25).

Across nearly all neighborhoods, **IM** households show a wider overall spread in bedroom counts, including larger (4-5 bedroom) units, particularly in the **Lower West Side, Old North End, and Crescent Valley**. **PN** households, meanwhile, are more often concentrated in 1–3-bedroom units, with occasional 0-bedroom cases linked to precarious housing (sleeping rough, vehicle-living). The strongest similarity occurs in **Crescent Valley and the Metropolitan Area**, where both groups rely on mid- to large-sized (3–4 bedroom) units due to the presence of larger families and the characteristics of the housing stock.



Graph 24. PN - Number of bedrooms



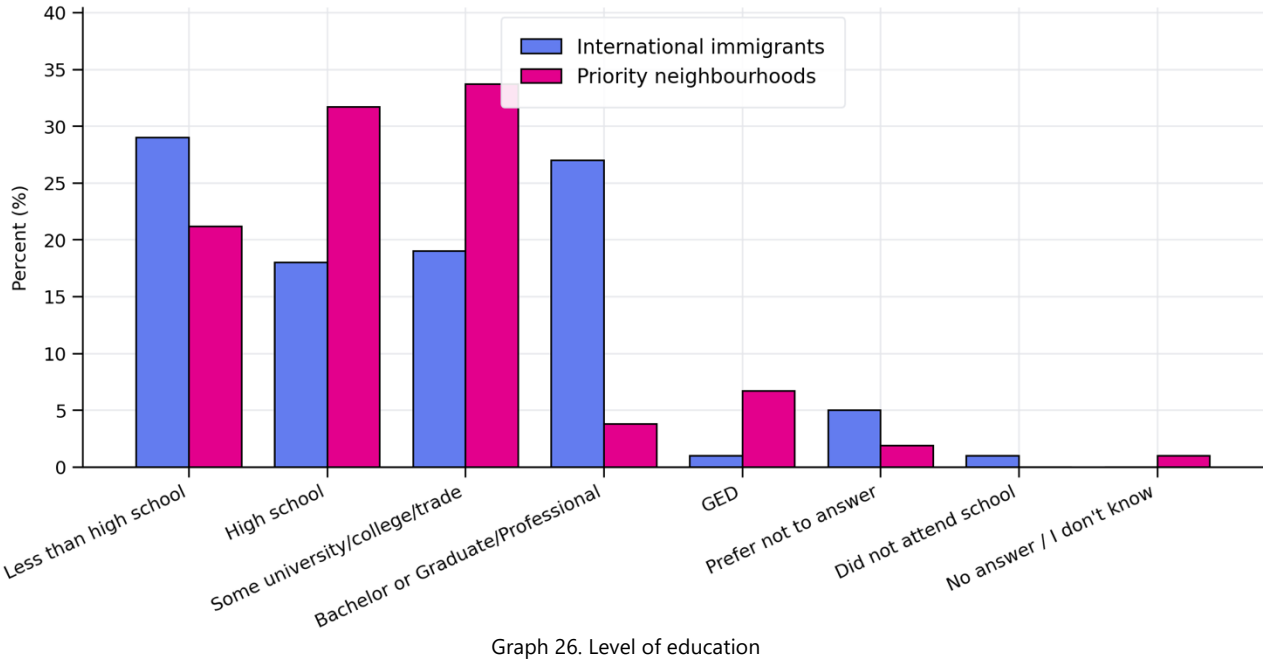
Graph 25. IM-Number of bedrooms

When combining responses from **IM** and **PN** samples, crowding is not unique to one group. Both samples show a ratio of 2 people per bedroom (PPB) pockets in the **Old North End, East Side, Lower West Side,** and especially **Crescent Valley**, but the pathways differ. Immigrant crowding is often tied to very large family sizes relative to 3–4 bedrooms; priority neighborhoods surveys show that crowding frequently stems from non-self-contained housing (0–1 bedroom equivalents) and rooming/shelter contexts. The neighborhoods of highest concern are **Crescent Valley** (both groups), **Old North End and East/Lower West Sides** (immigrants' large families; and precarious units reported in priority neighborhoods surveys), with **South End/Waterloo Village** showing priority-led extremes (rooming/sleeping-rough) and two people per bedroom in family apartments among immigrant respondents.

While the composition of the households may look different among **IM** and **PN** samples it remains clear that both groups are struggling to afford housing that accommodates their needs. The large household sizes in the **IM** sample reflects the need for more resources to pay rent. This speaks to the precarity of the **IM** experience upon settling in a new country where financial resources are depleted and wages as well as income supports are low. Similarly, those in **PN** sample showcase the precarity of single individuals and small families in meeting their housing needs. Low incomes, high rents, and deteriorated, unsafe housing have left these communities to respond through similar means: overcrowding.

5. Education, entrepreneurship and employment opportunities

This section focuses on levels of education among adults. Surveys in both groups suggest the need for further supports either new education programs and foreign credential recognition or social programs that encourage people to pursue affordable educational opportunities for self-empowerment and wellbeing. Compared with residents of priority neighbourhoods, international immigrant respondents were far more likely to report a university degree (27% vs. 3.8%), yet they also have a larger share with less than high school (29% vs. 21.2%). This is pattern consistent with mixed migration streams (refugee pathways alongside skilled and student migrants). Priority-neighbourhood respondents, by contrast, cluster in high school and some college/trade (65% combined), with more GEDs and very few degrees (Graph 26).

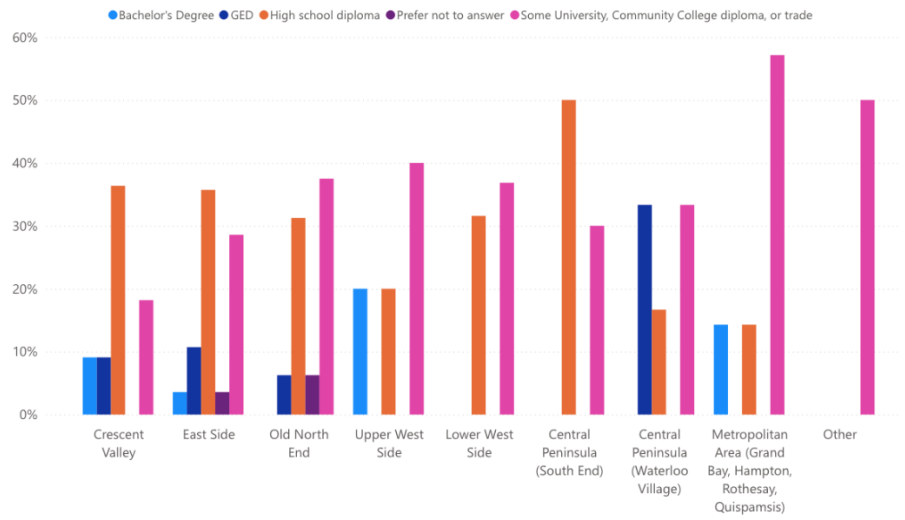


Graph 26. Level of education

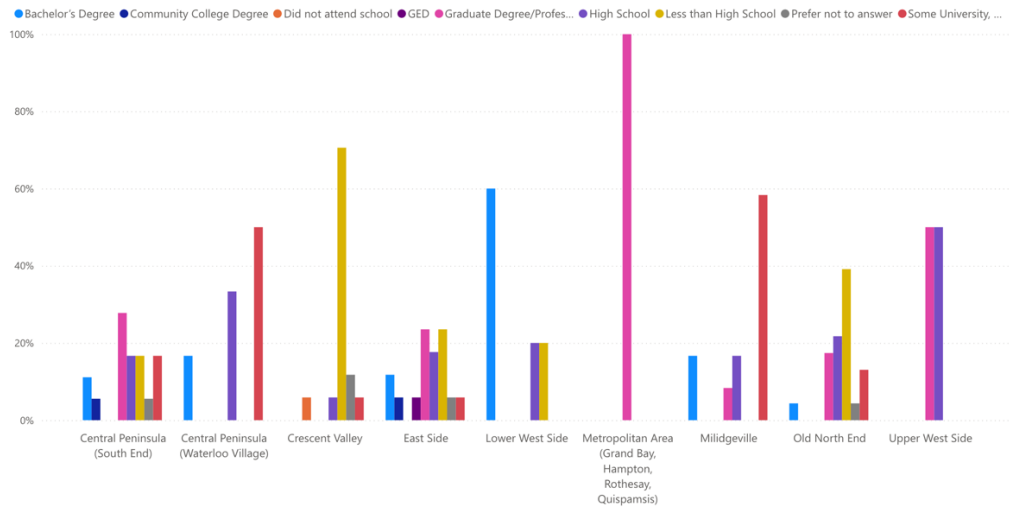
Among **IM** respondents, the majority report education in another country (57.7%), with 24.0% in Canada, and 18.3% nonresponse. In **PN**, education is mostly in Canada (94.2%), with 1.9% in another country, and 3.8% nonresponse. In the latter sample, the response "another country" and "nonresponse" is associated to the participants that are international immigrants. The "non-response/prefer not to answer" chosen in international immigrants' surveys are associated with the participants' experience with lack of access to education in their country of origin (including elementary level).

In the **Central Peninsula–South End**, the most common level reported in the **IM** responses is Graduate/professional degree, combined Bachelor's and Graduate degree,

whereas high school / GED (50.0%) and some college/trade is most common in the **PN** responses. In the **Central Peninsula-Waterloo Village,** both groups cluster around high school degree, but immigrants include a small Bachelor's presence that is absent in the **PN** sample. In **Crescent Valley, IM** responses skews strongly to 'less than high school,' with **PN** responses concentrating around high school and to a 'less than high school' to al lesser extent. In the **East Side**, responses feature a substantial completed post-secondary share in **IM** sample, whereas the **PN** sample is concentrated at high-school and some-college levels. In the **Lower West Side**, the **IM** sample has a much higher 'completed university' share than the **PN** sample while in **Upper West Side** both groups sit at postsecondary/some-college levels. In the **Old North End**, the **IM** sample shows both a sizable low-education and a notable graduate-degree share, while the **PN** sample clusters in upper-secondary and some-college. In the **Metropolitan Area**, immigrants report graduate education, while the non-immigrant group is centered on some-college and Bachelor's. **Milledgeville** pattern is consistent with an international-student concentration (Graph 27, 28).



Graph 27. PN - Level of education



Graph 28. IM - Level of education

Such findings show that education is a core need in both communities. Yet there are nuances in the way further educational support is required. In the case of international immigrants, as discussed in the report *Diverse Cities*, foreign credential recognition is an important issue among immigrant communities. Also, an analysis of the data shows how the provision of free kindergarten to high school education is an obligation of Canadian provinces, and all minors are encouraged to attend. Yet, this assumption cannot be automatically transferred to all countries of origin of international immigrants, where the political context might not guarantee the provision of education, and some groups might also be excluded from it (i.e. girls and women). As such, there is a gap in terms of adult education programming (with certification) and funding that could allow international immigrants experiencing literacy and numeracy challenges to enter elementary and middle school education, especially after obtaining citizenship, to later access high school equivalency programs open to all New Brunswick residents.

In the case of priority neighborhoods, supports are required to obtain high school, post-secondary degrees and trade and/or continuing education. Many studies on adult education (basic, secondary or postsecondary) address educational supports as a labour market integration issue. A focus on education as part of wellbeing can also provide high social return on investment beyond labour market integration (See, for instance, Boyadjieva and Ilieva-Trichkova 2023).

Statistics Canada data, based on the 2021 census, provides insights into differing educational needs in relation to the labour market, while highlighting the need of

support for immigrants and non-immigrants.[3] In both cases, the unemployment is considerable when not having a high school diploma.[4] This hints at the need of further supports for adult education not only to accomplish high school equivalency but also to navigate earlier levels of formal education (Table 2). Such supports can allow for higher participation in the labour market and income increases.

	Non-immigrants	Immigrants 2016 to 2021
Age	25-64 years	25-64 years
Mother Tongue	Any official language	Non-official language
Employment rate	42.7	23.9
Unemployment rate	19.8	15.4

Table 2. **Population without certificate, high school diploma, credential** according to mother tongue and immigration status. Source: Statistics Canada. Table 98-10-0309-01 Immigrant status and period of immigration by mother tongue, labour force status and highest level of education: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts. DOI: https://doi.org/10.25318/9810030901-eng

Among adult populations with high school education in immigrant and non-immigrant communities, unemployment rates decrease and employment rates increase with a high school diploma in both groups (Table 3).

	Non-immigrants		Immigrants 2016 to 2021
Age	25-64 years		25-64 years
Mother Tongue	English	French	Non-official language
Employment rate	66.1	71.8	64
Unemployment rate	10.7	3.4	11.8

Table 3. **Population certificate, high school diploma** according to mother tongue and immigration status. Source: Statistics Canada. Table 98-10-0309-01. Immigrant status and period of immigration by mother tongue, labour force status and highest level of education: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts. DOI: https://doi.org/10.25318/9810030901-eng

An approach to adult education beyond the labour market is also necessary as there are conditions that do not allow individuals to participate in the labour force. According to several studies, there are fiscal benefits to increasing literacy levels among adults and increasing the numbers of high school graduates, which include higher levels of employment and income, expanding the tax base and decreasing costs in social assistance and health care (Silver 2025).

In relation to education and employment, foreign credential and experience recognition and fair hiring practices remain central to the immigrant communities. This was not only

[3] It is worth noting that unemployment rate in the immigrant group is lower that the non-immigrant group. This is related to the point system for economic immigration, which includes high school and postsecondary education as a requirement to enter Canada as a resident.

[4] According to Statistics Canada, employment includes anyone who worked for pay during the reference period. Unemployment refers to people without work who actively searched for a job in the previous four weeks and were available to start, as well as those on temporary layoff expecting recall or those with a job beginning within four weeks (Statistics Canada 2025).

highlighted in the report *Diverse Cities*, but also it is reflected in Statistics Canada data on the Saint John CMA. While immigrants dominate in counts across all postsecondary credentials, recent immigrants frequently achieved similar or higher employment rates at Bachelor's/Master's levels (Table 4, 5). This was also paired, in places, with higher unemployment rates, highlighting integration and credential-transfer frictions that can persist even among the highly educated immigrants. For instance, the highest level of unemployment rate is among immigrants with a degree in medicine, dentistry, veterinary medicine or optometry (Table 5).

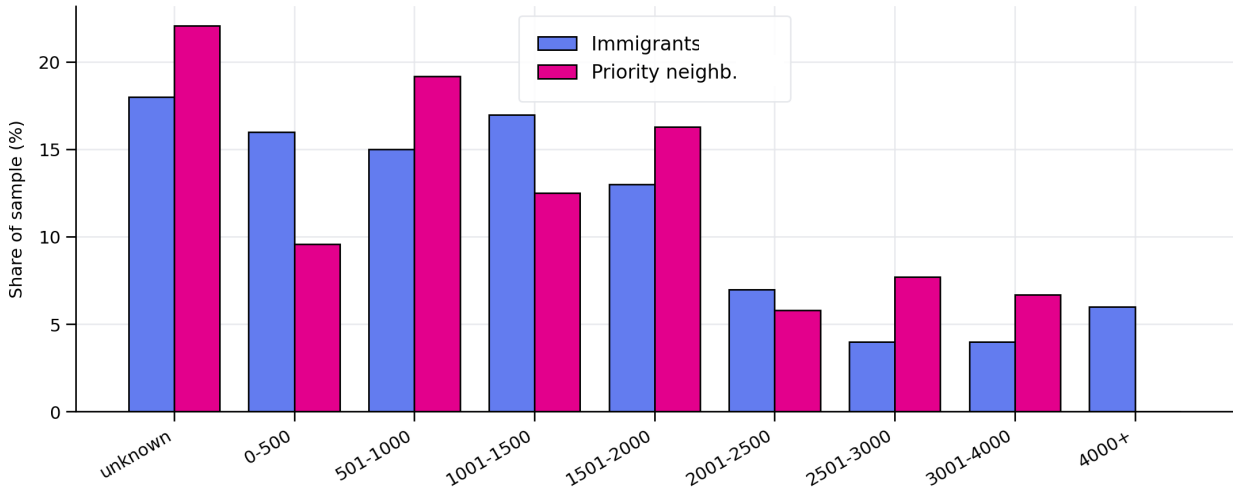
Highest certificate, diploma or degree	**Bachelor's degree**		**University certificate or diploma above bachelor level**	
Immigrant status	Non-immigrants	Immigrants 2016 to 2021	Non-immigrants	Immigrants 2016 to 2021
Employment rate	72.6	78.6	72.1	77.8
Unemployment rate	5.2	7.5	1.9	0

Table 4. **Population with Bachelor degree and university certificate or diploma** according to mother tongue and immigration status in the Saint John CMA. Source: Statistics Canada. Table 98-10-0309-01 Immigrant status and period of immigration by mother tongue, labour force status and highest level of education: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts. DOI: https://doi.org/10.25318/9810030901-eng

Highest certificate, diploma or degree	**Degree in medicine, dentistry, veterinary medicine or optometry**		**Master's degree**		**Earned doctorate**	
Immigrant status	Non-immigrants	Immigrants 2016 to 2021	Non-immigrants	Immigrants 2016 to 2021	Non-immigrants	Immigrants 2016 to 2021
Employment rate	80	71.4	72.8	77.5	70.8	66.7
Unemployment rate	2.6	28.6	3.7	12.7	4.3	0

Table 5. **Population with degree in medicine, dentistry, veterinary or optometry, MA and PhD** according to mother tongue and immigration status in the Saint John CMA. Source: Statistics Canada. Table 98-10-0309-01 Immigrant status and period of immigration by mother tongue, labour force status and highest level of education: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts. DOI: https://doi.org/10.25318/9810030901-eng

Access to labour markets also affects level and sources of income. As mentioned before, many of the survey participants' income were below the market basket income (MBI). When looking at specific self-reported income ranges, non-response is higher in **PN** surveys (22.1%) than in the **IM** surveys (18.0%). Lowest income (0–500) is more prevalent among immigrants (16.0%) than in **PN** sample (9.6%). There is a larger share of immigrant respondents whose income fall at or below $1,500/month (**IM** sample 48.0% and **PN** 41.3%) and **PN** sample show a thicker middle-income percentage (36.5%) in relation to immigrants' responses (28%). The upper tail (4000+) is only present in the **IM** surveys (6.0%) which might reflect the economic immigration pathway, which requires applicants to have education credentials, fluency in the language and good health to participate readily in the labour market. Still, many **IM** participants, particularly permanent residents through the refugee stream, expressed concerns about sources of income after the period of resettlement assistance program ends. **PN** residents also shared experiences of severe and chronic income insecurity as well as low levels of income (Graph 29).



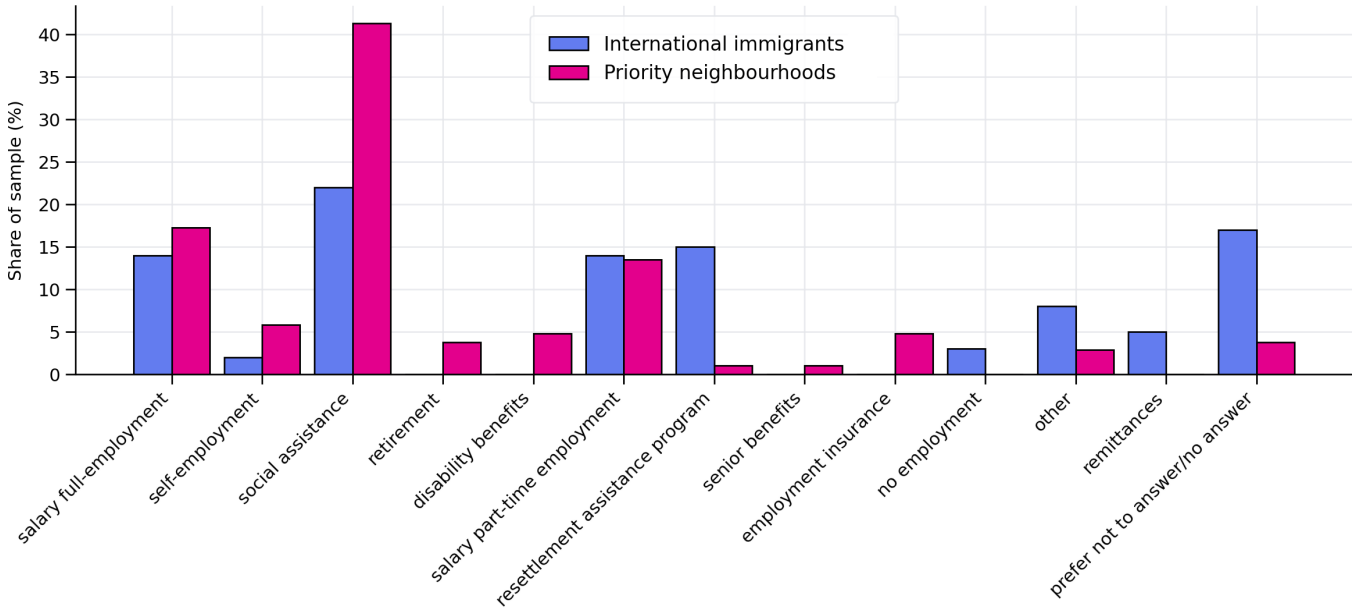
Graph 29. Level of income

Social assistance was the dominant source of income for the **PN** sample (41.3%) and is also the single largest category among immigrants (22.0%). The Resettlement Assistance Program (RAP) appears prominently among immigrants (15.0%) and is almost absent in the neighbourhood sample, reflecting the two survey participants that were immigrants as stated in the methodology section (1.0%).[5] In terms of employment-based income, full employment and part-time salary are broadly comparable across groups (**IM** 28.0%; **PN** 30.8%). Remittances from abroad (family or own savings) show up only on the immigrant communities' sample (5.0%). Retirement, disability benefits, and employment insurance (EI) appear meaningfully only in **PN** data (3.8–4.8%). Nonresponse is higher among immigrants (17.0%) than in the **PN** sample (3.8%) (Graph 30).

Here, it is important to consider the responses related to remittances. As stated in the report *Diverse Cities*, some international immigrant participants expressed using their own savings or receiving financial support from relatives abroad to cover settlement and integration costs, especially when they were unable to secure employment in Canada. This dynamic is often overlooked in the literature, which typically focuses on outward remittances sent from Canada to other countries (Tsala Dimbuene and Turcotte 2019), rather than considering the inflow of funds into Canada to support migrants' needs and educational expenses. Yet, remittances to Canada are significant: the World Bank

[5] RAP is a source of polarization, based on fieldwork observations, not only between immigrant and non-immigrant but also among people from different immigration streams. Yet, little information is offered to the public about the political and economic reasons why refugee applicants must flee their country of origin, and the way the RAP works. This program provides government-assisted refugees (not private sponsorship) with economic support for up to one year, including a one-time start-up allowance and monthly income support equivalent to provincial social assistance for food and shelter. Still, refugees do have to repay loans for transportation and medical exams, creating an immediate debt burden.

estimates that Canada received approximately US$1.31 billion in 2019, declining to US$847 million by 2023 and increasing to US $851.4 million in 2024 (World Bank 2025). Tracking such indicators, including the cost of international tuition and its important role in funding postsecondary education in Canada, is essential for understanding the financial contributions that international immigrants make to the Canadian economy. In the case of New Brunswick, a Global Affairs report shows that annual spending by international students, including the additional tourism activities associated with visiting family and friends, was close to 6 million dollars in 2024. The report also shows that in the same year, the combined direct and indirect GDP contribution of all international student expenditures amounted to 458 million in New Brunswick. The tax revenue impact of international students in New Brunswick was a contribution of 116 million dollars that same year (Global Affairs Canada 2024).



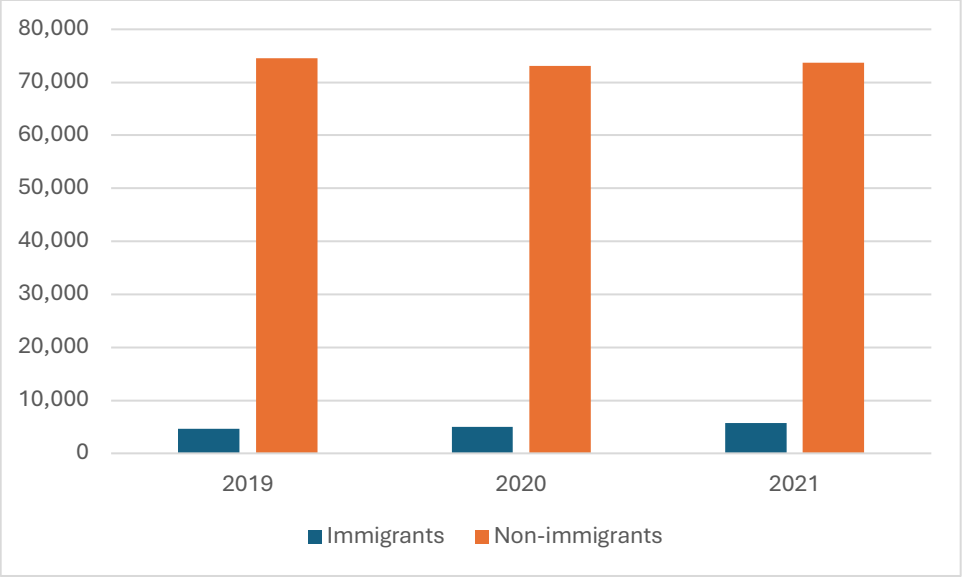
Graph 30. Source of income

In the **Central Peninsula-South End**, international immigrants showed a mixed profile of income sources, ranging from resettlement assistance and social assistance, alongside salary (part-time) and some salary (full-time); a few no employment and no answer entries. In priority neighbourhoods' surveys, the main source of income was social assistance and some employment insurance, with salary (part-time/full-time) present but not dominant. In the **Central Peninsula-Waterloo Village** international immigrants' main source of income was RAP and social assistance with a smaller share reporting salary (part-time/full-time). In priority neighbourhoods, the main source of income was social assistance with people reporting little to no salary (full-time).

In the **Old North End**, government transfers (RAP and/or social assistance) prevail with some pockets of salary (full-time/part-time) and occasional self-employment, while participants in priority neighborhoods' surveys reported social assistance as the main source of income with some salary (part-time), plus EI in a few cases. In **Crescent Valley**, international immigrants concentrated their responses around in social assistance, with some salary (part-time) and a few other/no answer entries. In **PN** surveys, social assistance is also prevalent, and age/disability-linked benefits appear more here than in the **IM** sample. In the **East Side, i**nternational immigrants reported comparatively more work-based income than in the Old North/Crescent Valley (salary full-time/part-time along with some RAP.) In the **PN** surveys, social assistance remains prominent, but there is a sizable contingent reporting salary (full-time/part-time) while EI and disability appear in smaller numbers. The **East Side** overall shows more mixed incomes in both samples.

In the **Lower West Side**, responses show that immigrants on the Lower West Side lean more to work/remittances, while responses in the priority neighborhood surveys reported social assistance as their main source of income. The **Upper West Side**, with very small counts, migrant participants report salary as their main source of income with no employment in isolated cases, while senior/retirement and social assistance are visible in priority neighborhood surveys. In the **Metropolitan area**, employment income is more prominent for both groups. In **Millidgeville**, international immigrants report part-time and no employment was reported in the immigrant surveys, consistent with a concentration of international students.

In terms of entrepreneurship, there needs to be further studies in the case of the Saint John CMA. Yet, some statistical provincial data, as included in the *Diverse Cities* report, provide insights on this matter. In New Brunswick, businesses continue to be owned largely by non-immigrants. Yet there is a slight increased number of owned by immigrants in 2020 and 2021 (Graph 15).

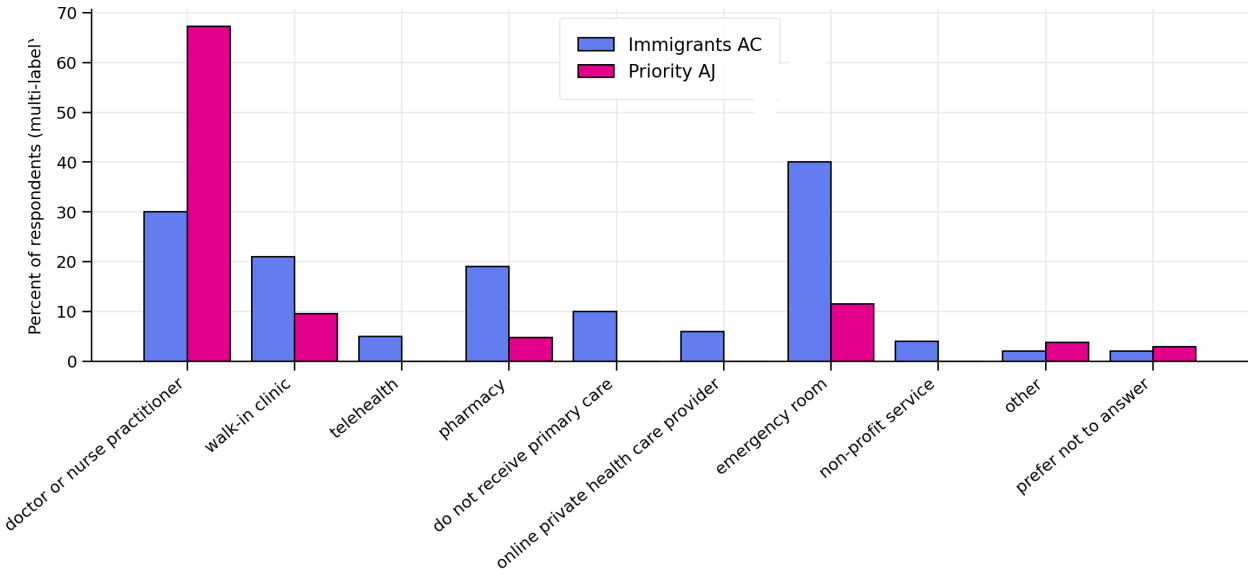


Graph 31 Enterprises by immigrant status in New Brunswick.
Source: Statistics Canada. Number of enterprises in Canada, by geography and immigrant status of owner.

As mentioned in the *Diverse Cities* report, immigrants´ businesses in New Brunswick continued to be in in highly competitive, low-profit margin sectors such as hospitality services or small retail with a trend towards self-employment. Attention to small and medium-size enterprises (SMEs) is particularly important as source of income and employment for both immigrant and non-immigrant communities. SMEs represented more than 98% of Canada's 1.10 million employer businesses, employing nearly half of all private-sector workers and generating almost half of private-sector GDP in 2022. This national pattern is mirrored in New Brunswick, where SMEs are 99% of private-sector employers in New Brunswick, underscoring their central role in employment and economic activity (Statistics Canada 2025).

6. Access to suitable health care

In terms of access to health care, 67.3% of **PN** survey participants reported having access to a family doctor or a nurse practitioner in comparison to 30 percent of **IM** survey respondents. The latter relied more on alternative forms of care, including walk-in clinics (21%), emergency rooms (23%), pharmacy (11%). **IM** survey respondents also reported not receiving primary care. This could be related to the lack of a family doctor or nurse practitioner among international immigrants, pointing to barriers unique to this community.

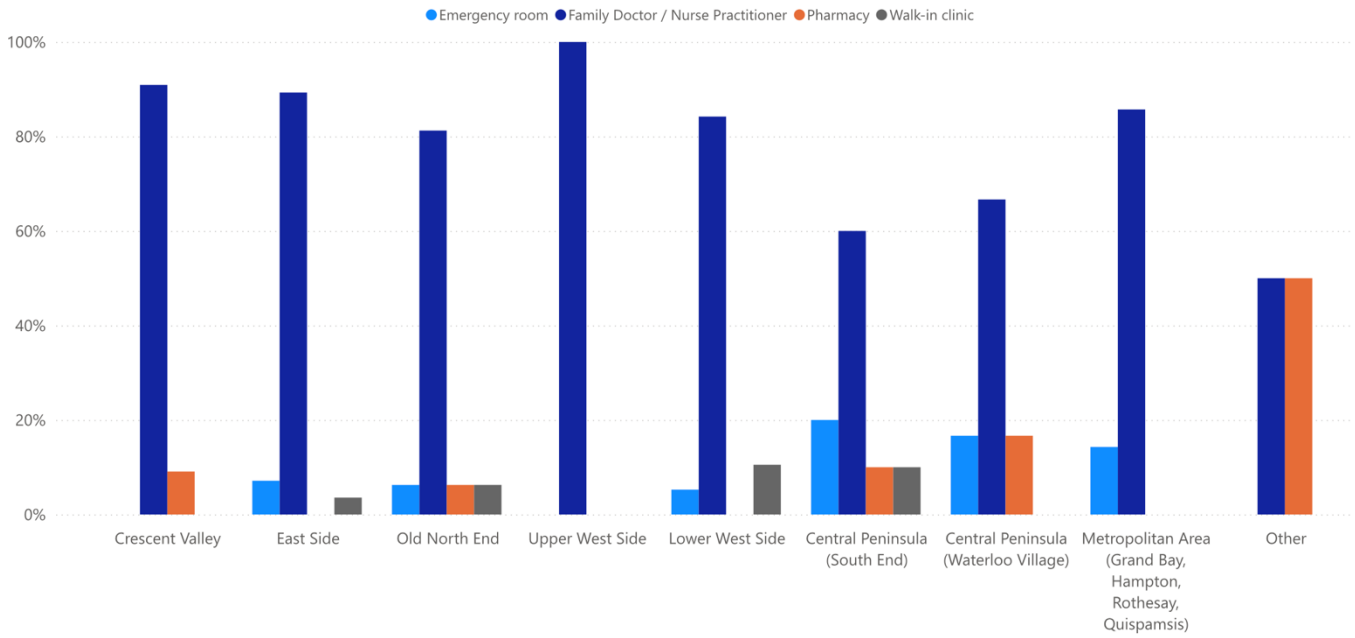


Graph 32. Type of access to primary health care

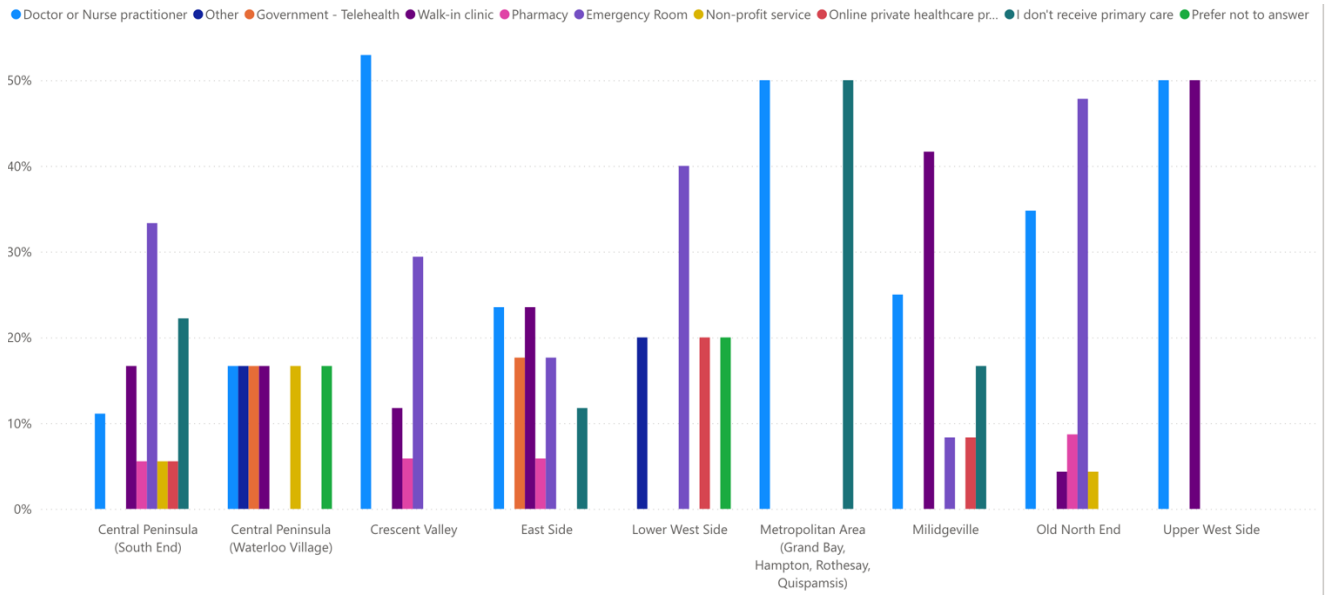
At the level of the neighborhood, in the **Central Peninsula (South End/Waterloo Village**) immigrant respondents show a wide mix of care pathways from doctor/nurse practitioner and walk-in clinics to ER, pharmacy, telehealth, online private providers, and non-profit services, while respondents in priority neighborhoods rely mainly on doctor/nurse practitioner, walk-in clinic, ER, pharmacy. Thus, the **IM** surveys display much more fragmented, multi-channel use, reflecting structural barriers and adaptation strategies. In **Crescent Valley,** both groups use doctor/nurse practitioner, walk-in clinics, pharmacy, and ER. In the **East Side,** both groups include "I don't receive primary care," pharmacy, ER, walk-in clinic.

In the Lower **West Side Upper West Side both groups** show doctor/nurse practitioner, ER, pharmacy as the main forms to access health care with immigrant participants also using online private care). In the **Old North End**, both groups accessed care through doctor/nurse practitioner, walk-in clinic, pharmacy, ER, non-profit services, with

immigrant respondents uniquely relying on non-profit navigation. In the **Metropolitan Area**, both groups report “I don’t receive primary care” and doctor/nurse practitioner., People in the PN sample in situation of homelessness (Other) reported family doctor/nurse practitioner and pharmacy as forms of accessing health care.



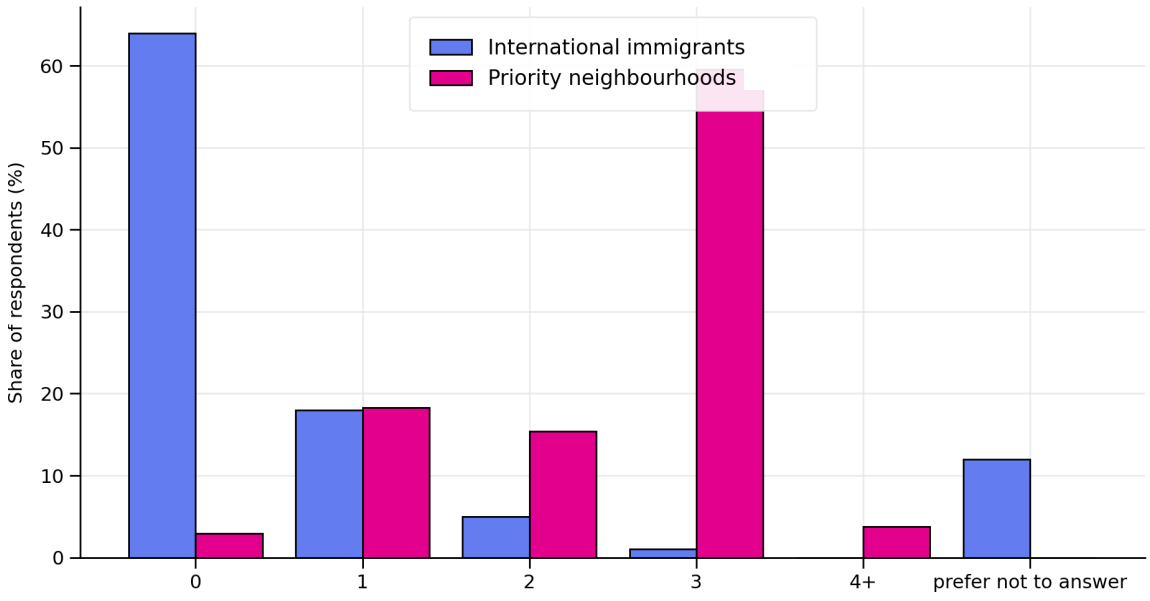
Graph 33. PN - Access to health care services



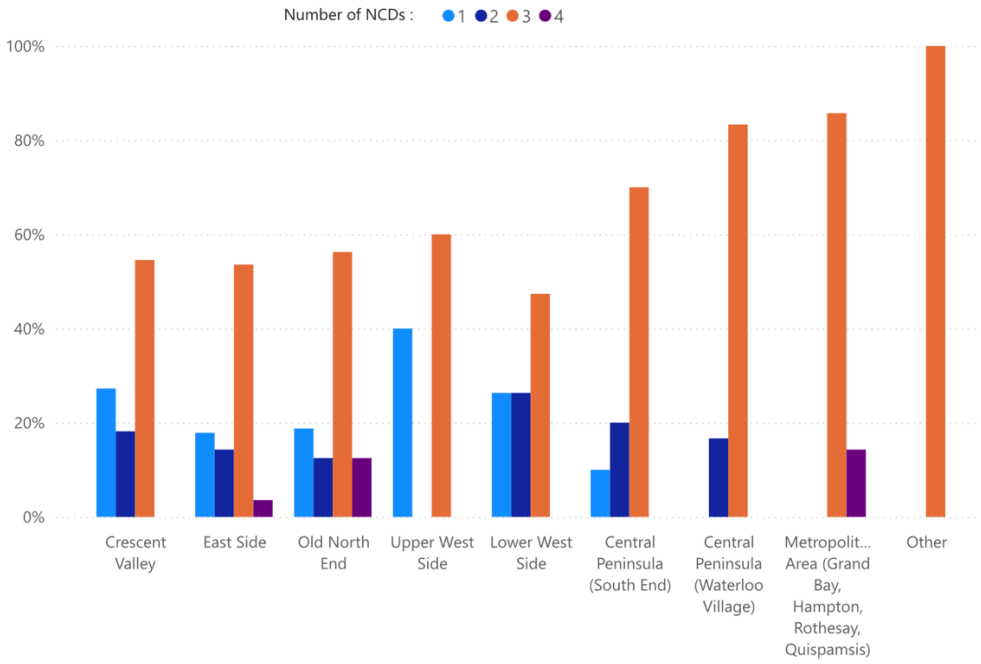
Graph 34. IM - Access to health care services

Participants were asked whether they were diagnosed a non-communicable diseases (NCDs). High blood pressure, diabetes (type-2), COPD, stroke, colorectal cancer, lung

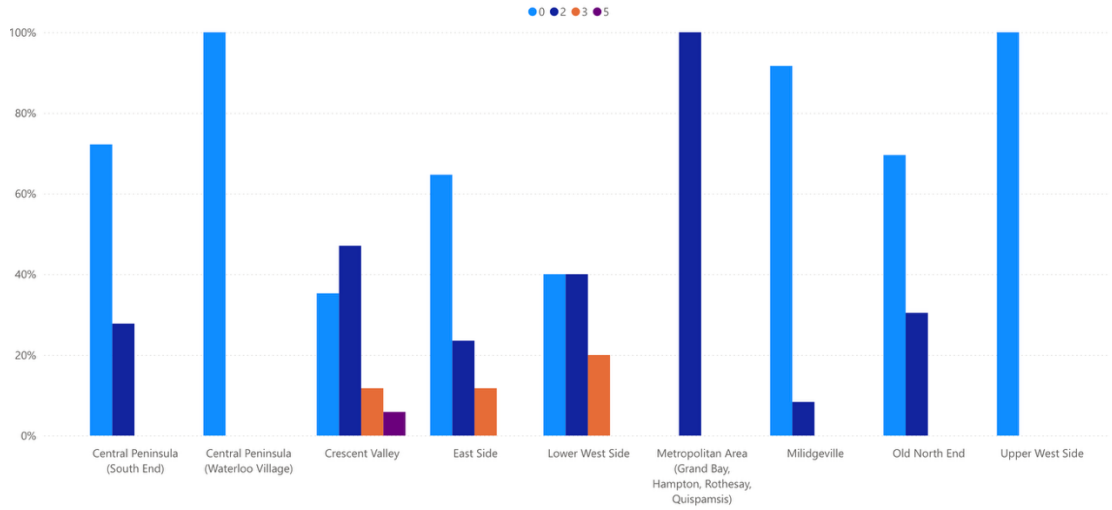
cancer, hypothyroidism, and heart disease, the most prevalent NCDs in the province in 2022, were included as options in the surveys. While the number of respondents with one NCDs was comparable between samples, this was not the case with 2 and more NCDs. Participants in the priority neighborhoods surveys report higher NCD burdens, with more participants reporting 1–3 NCDs. This group includes older adults, people with experiences of long-term poverty, people with disabilities and individuals facing housing instability and long-term environmental stressors. This pattern is comparable across neighborhoods (Graph 35, 36, 37).



Graph 35 Number of NCDs



Graph 36. PN - Number of NCDs

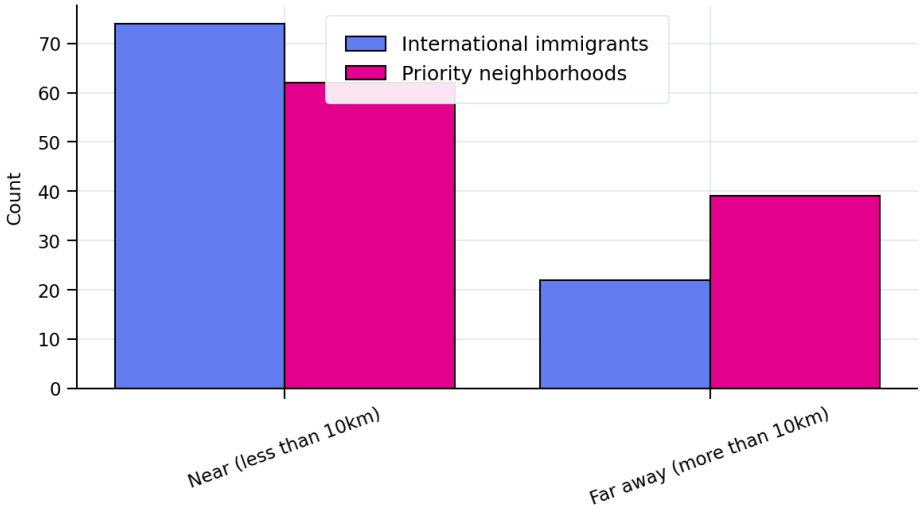


Graph 37. IM - Number of NCDs

Most immigrant participants reported 0 NCDs, with only a small number reporting 1 NCD, and very few reporting 2 or more. This pattern is consistent across all neighborhoods. This scenario might be due to the following reasons. First, the immigrant sample contains many younger adults, especially international students and recent arrivals. Second, some participants may have undiagnosed conditions, given

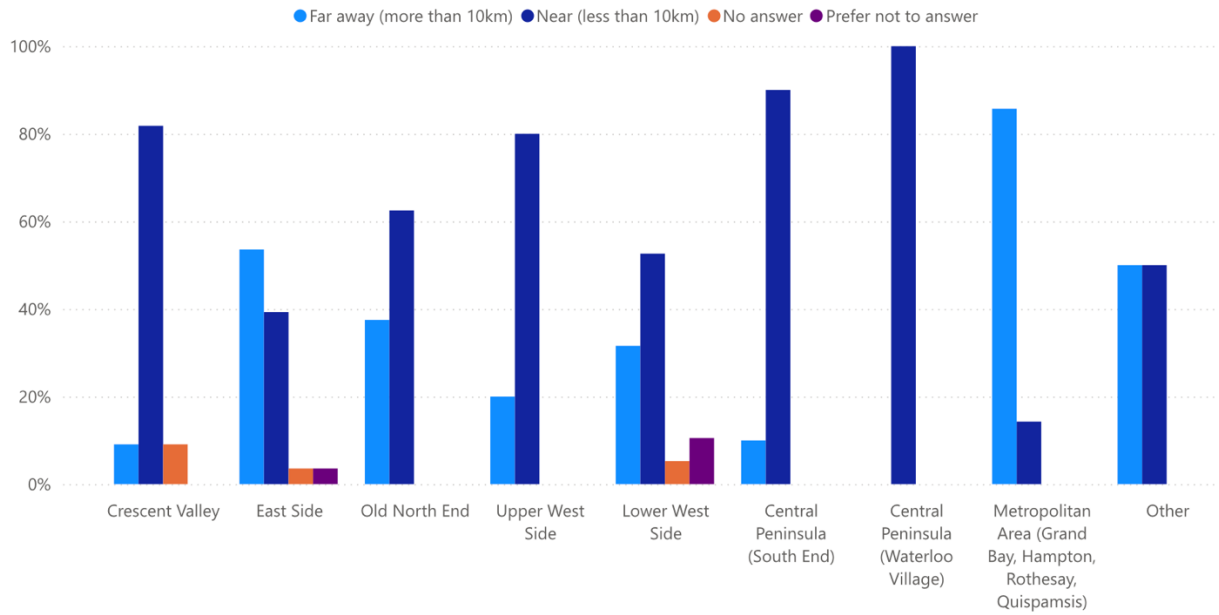
barriers to accessing primary care. This does not necessarily relate to the absence of NCDs among international immigrants, but rather to other factors such as lack of diagnosis, fear of stigma or complications in their residency status in Canada, and hence reported NCD counts remain low. Third, this might be related to the "healthy immigrant effect," namely the conditions of better health among immigrants upon arrival to Canada than both long-term immigrants and the Canadian-born population, which declines the longer they reside in the country (Gushulak et al. 2011; Yousef et al. 2022). In contrast, respondents in priority neighborhoods surveys have challenges accessing care, but many participants still have diagnoses due to longstanding interaction with the healthcare and social assistance systems. While the survey did not ask any questions about mental health, participants in both communities shared their struggles related to mental health issues, while also highlighting how economic precariousness exacerbated stress and feelings of isolation.

It is worth noting that access to health is also connected to the existing municipal infrastructures, including public transit and distance to health care services. Among international immigrants, the majority (77.1%) report living within 10km of healthcare services, with only 22.9% indicating that they live farther away. In contrast, 61.4% of priority-neighborhood residents report living near healthcare, and a substantially higher proportion (38.6%) live more than 10km away (Graph 38). These numbers suggest that priority neighborhoods, despite being located within Saint John, still contain significant pockets where residents feel they are not near key healthcare infrastructure. These differences may reflect patterns of residential settlement. International immigrants are often housed or decide to live in areas closer to the urban core (e.g., South End, Lower West Side, Waterloo Village), where major healthcare facilities such as the Saint John Regional Hospital or local clinics are more accessible. By contrast, priority neighborhoods include locations where infrastructure, transportation options, and healthcare distribution gaps may be more acute.

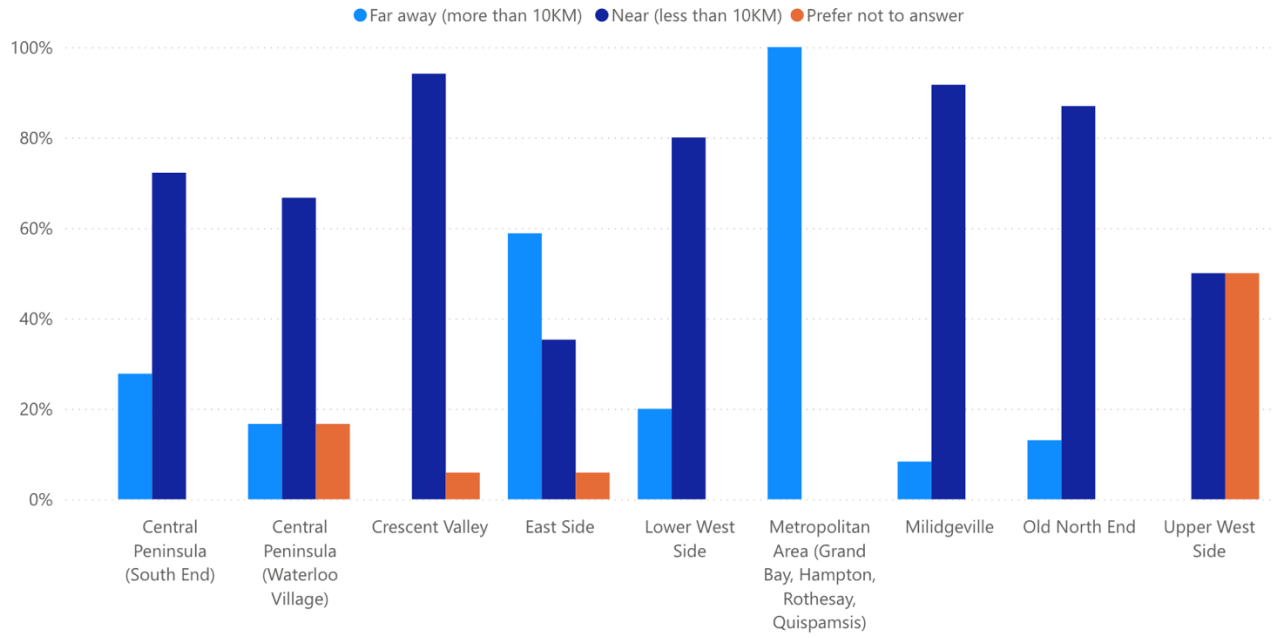


Graph 38. Proximity to Health Care

In the **Central Peninsula (Waterloo Village**) respondents overwhelmingly report Near proximity in both samples. In **Crescent Valley**, respondents in both samples reported being near to health services, with far away option selected rarely among priority-neighborhood respondents and absent among immigrants. In the **East Side** the response Far away outweighs Near for both groups. In the **Lower West Side**, both groups tilt Near. In the **Old North End**, both groups reported mostly being near, though the immigrant sample is more concentrated around perception of being close to health care services. In the **Upper West Side**, survey participants responded Near in both datasets, based on small samples. In the **Metropolitan Area**, respondents largely experience Far proximity in both samples. Among immigrants living in Millidgeville, all who answered placed care Near (graph 39, 40).

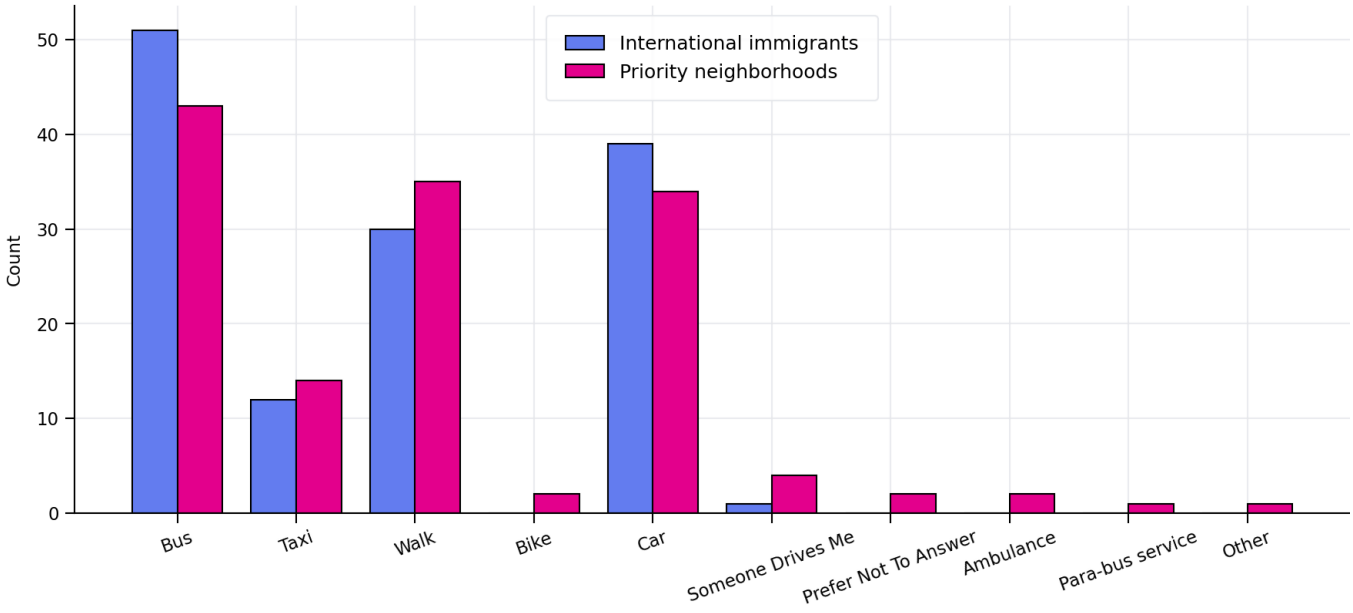


Graph 39. PN - Proximity to Health Care Services

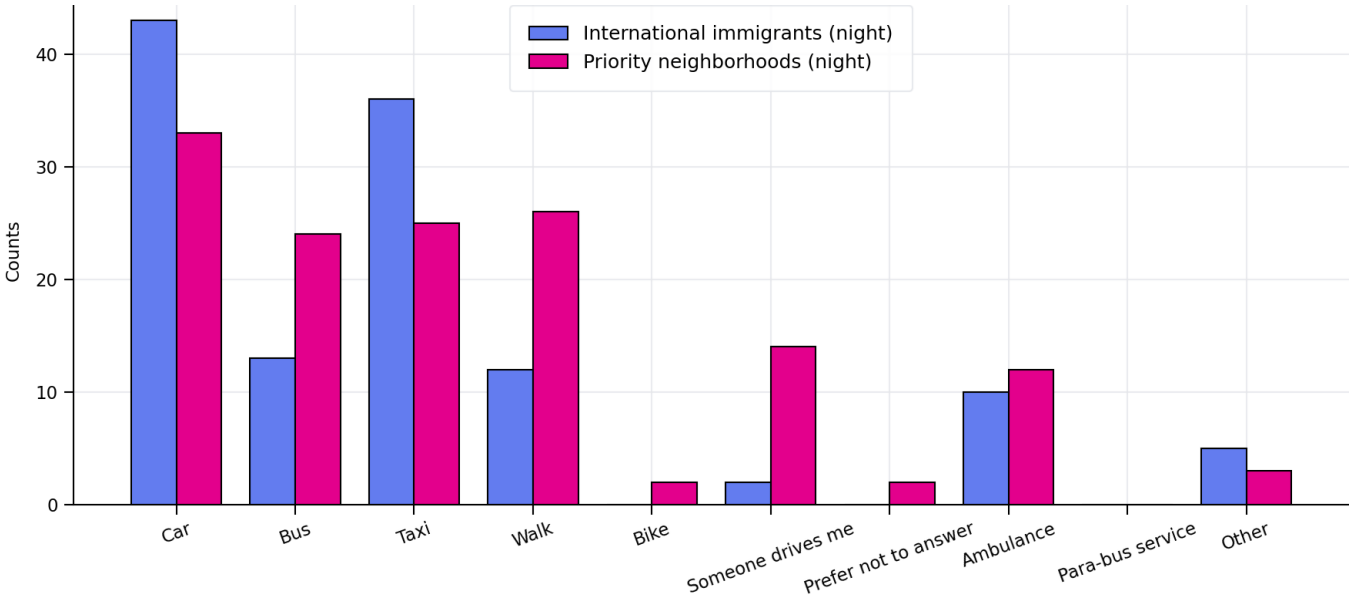


Graph 40. IM - Proximity to Health Care Services

Access to healthcare services also differed according to time of the day. Bus is prominent in both groups, and walk is substantial, underscoring a transit plus walking strategy for many daytime healthcare trips. Taxi appears in both datasets, while ambulance and para bus service show up mostly in the priority neighborhood sample, reflecting greater use of specialized or assisted transport among that group (Graph 41).



Graph 41. Mode of transportation to health care services – Day



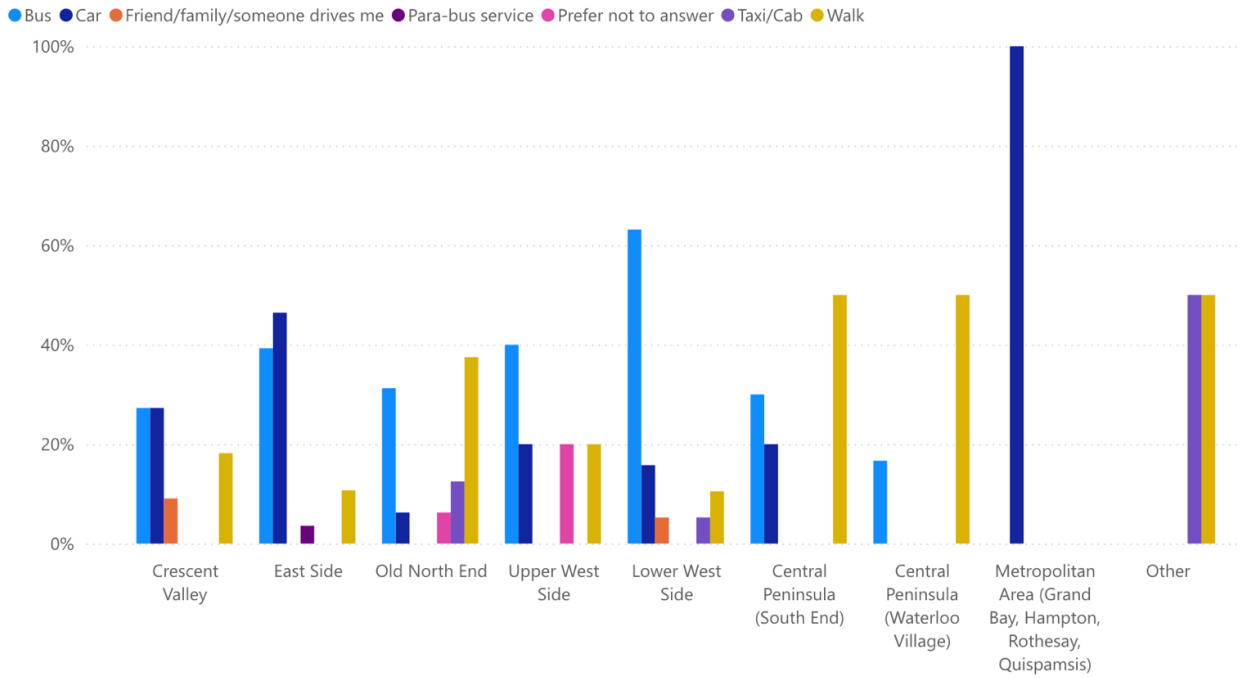
Graph 42. Mode of transportation to health care services - Night

Immigrants overwhelmingly depend on cars and taxis at night. This pattern reflects how, as bus frequency drops sharply at night, and walking alone at night is avoided, respondents use taxis and cars as safer or more reliable alternatives. **PN** survey respondents showed a more varied mix of car, walk, taxi, and bus along with higher use of assisted rides and ambulances. Higher ambulance reliance often correlates with complex health needs, mobility limitations, and lack of transport alternatives, while greater dependence on walking at night reflects affordability constraints and limited access to cars or taxi funds (Graph 42).

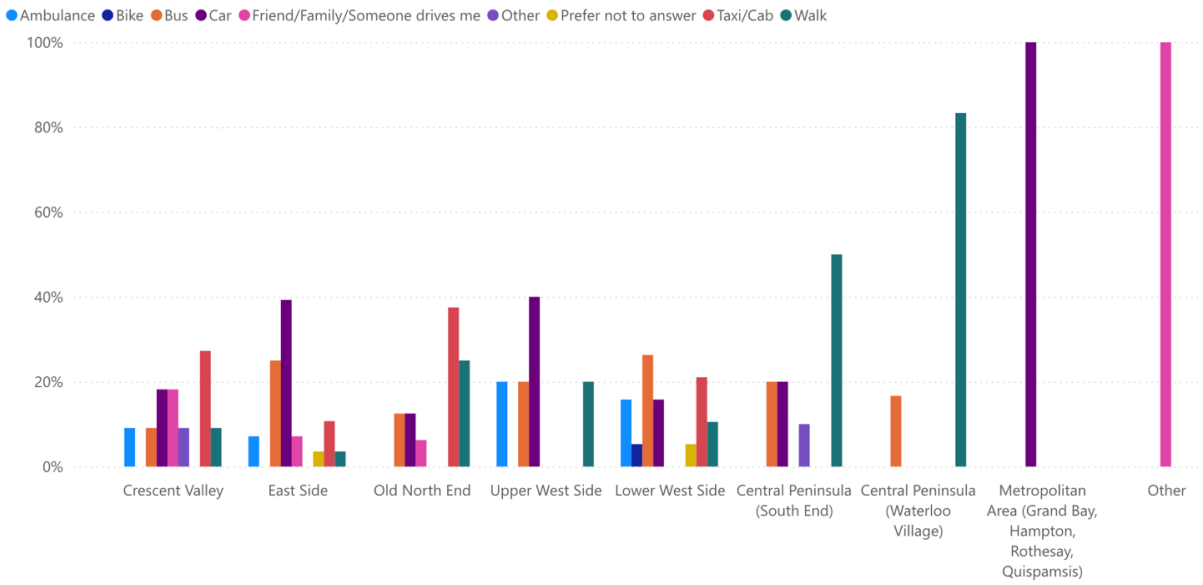
In the **Central Peninsula-South End**, daytime use is led by bus and walking, while taxis become the top night option indicating a strong shift from transit/foot during the day to for-hire or private vehicles at night among international immigrants. In the **PN** surveys, walking dominates both day and night; bus is common at night, with car used less than among immigrants. In the **Central Peninsula-Waterloo Village,** daytime is split between bus and walk and nighttime use shifts toward taxis among immigrant respondents. In the **PN** surveys, walking is the top mode day and night, but ambulance appears more at night than by day. In **Crescent Valley,** car and bus lead by day; at night car stays first and ambulance becomes more visible, hinting at night-time urgency or reduced alternatives among international immigrants. In **PN** surveys, daytime is mainly bus/walk, but night use of taxis spikes, with family/friend rides also prominent, suggesting reduced transit suitability/availability at night and heavier reliance on paid or social networks (Graph 43, 44, 45, 46).

In the **Old North End**, daytime access to care is a mix of taxi, car, and bus; by night, car and taxi dominate in **IM** surveys. In **PN** surveys, taxi, bus, and walk are common by day; at night, taxi becomes clearly dominant. In the **East Side**, both groups are car-oriented, with a night-time shift toward taxis. In the **Lower West Side**, both groups show the same structural shift to taxis at night, but priority neighborhoods surveys show more bus-reliance during the day than immigrants' group. In the **Upper West Side** (with very few cases), access to care during the day shows bus/walk. In the priority neighborhoods surveys, bus and car appear by day. For both groups, there is greater reliance on car/taxi, reflecting a day-night pivot toward private/for-hire vehicles. In the **Metropolitan Area**, car is the primary mode to access care day and night for both groups (Graph 43, 44, 45, 46).

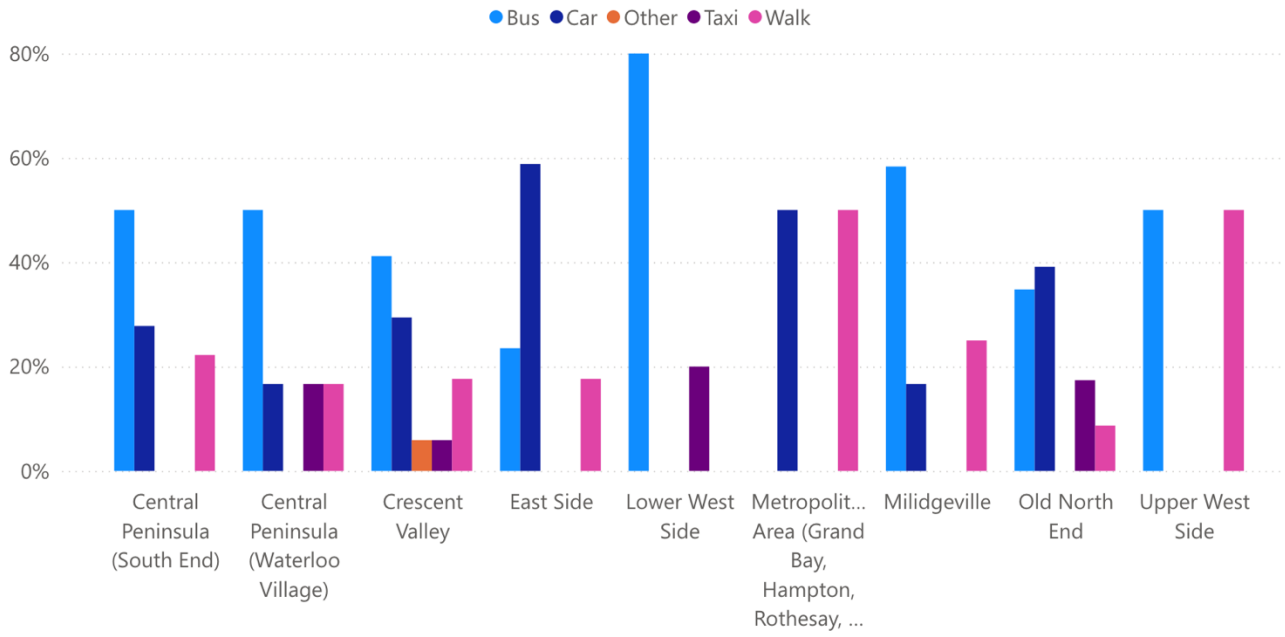
In **Millidgeville**, bus leads in the daytime, but taxis take over at night indicating reduced night-time bus suitability and a pivot to for-hire rides among international immigrants, while respondents living in vulnerable conditions **("Other**") report walking during the daytime; while night entries are largely family/friend rides, implying informal support networks after dark (Graph 43, 44, 45, 46).



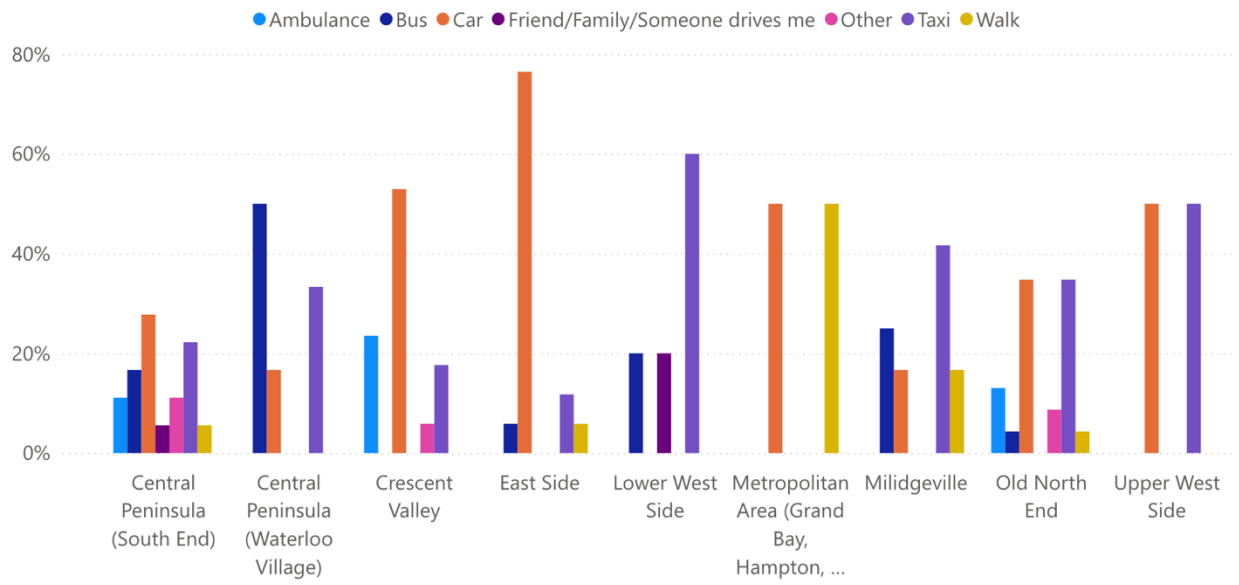
Graph 43. PN - Mode of Transportation to Health Care – Day



Graph 44. PN - Mode of Transportation to Health Care – Night



Graph 45. IM - Mode of Transportation to Health Care – Day

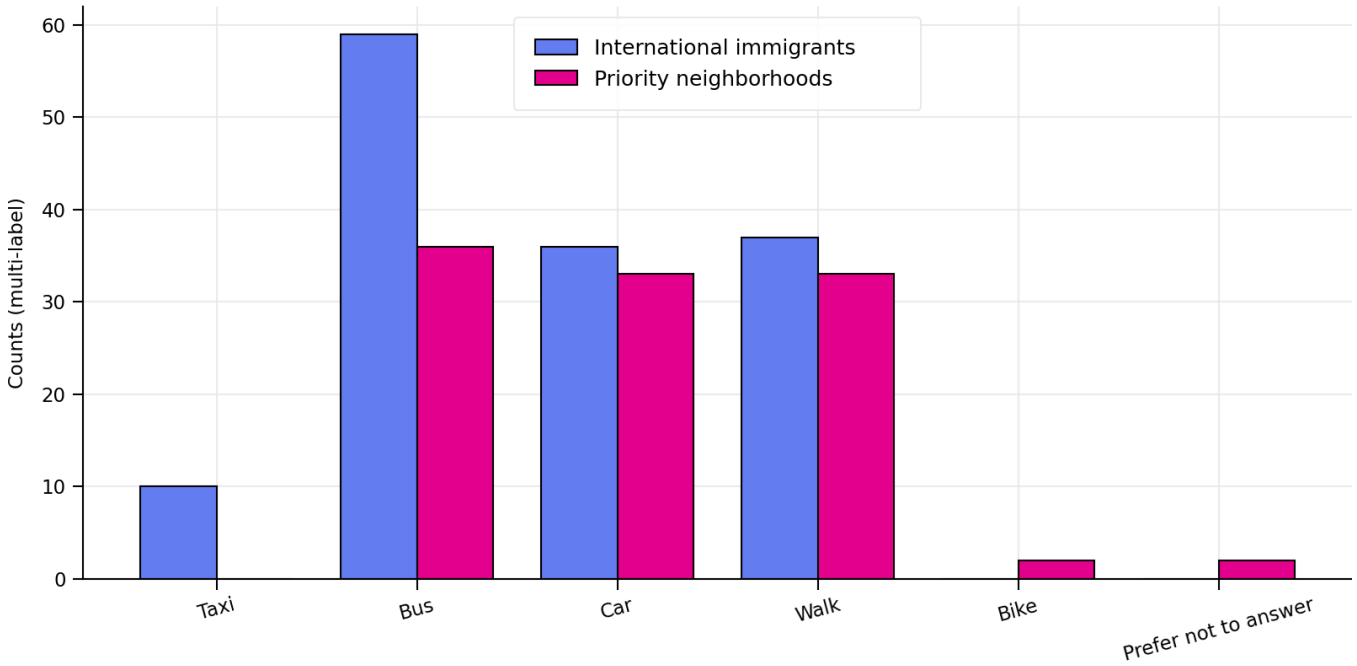


Graph 46. IM - Mode of Transportation to Health Care – Night

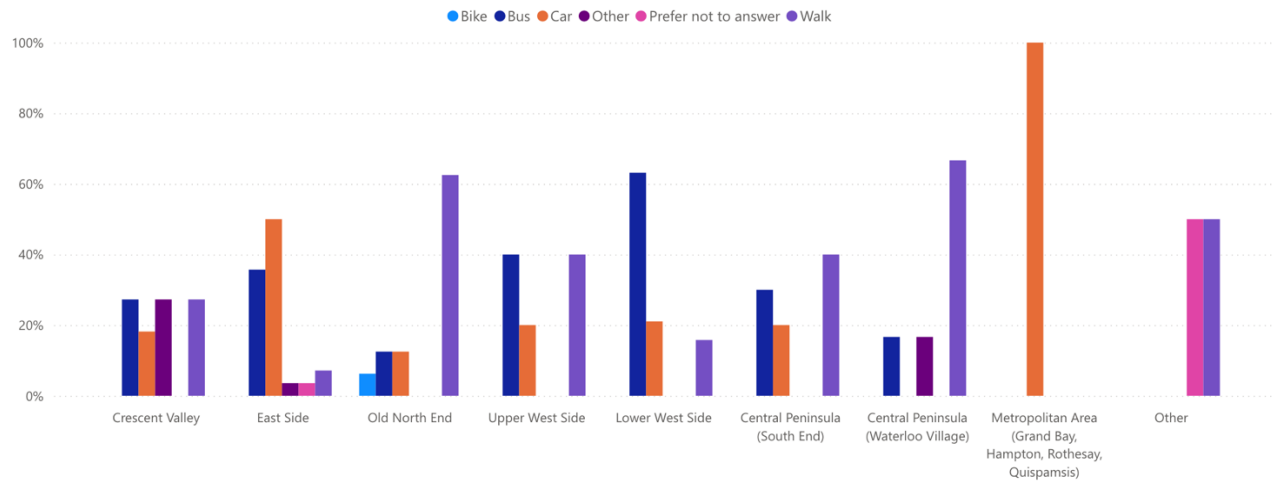
The centralization of emergency healthcare services into areas of the city that are distant from many priority neighbourhoods creates barriers to receiving care. Some of these barriers are financial such as costs associated with taxi services and ambulance costs for those without private health insurance. For residents that cannot afford these transportation services walking may not be feasible due to distance, illness/injury, or disability. The city bus is particularly less relied on for access to emergency services at night due to lack of services, whereas during the day it is utilized by city residents. Targeted urgent care clinics placed throughout the city, as seen in the Central Peninsula at St. Josephs Hospital, would reduce barriers to care and ER usage may be prioritized for those with true emergencies. For newcomers, reliance on family and friends may be difficult when support systems are small and access to a New Brunswick driver's license and a vehicle is often met with financial hurdles.

7. Access to Transportation

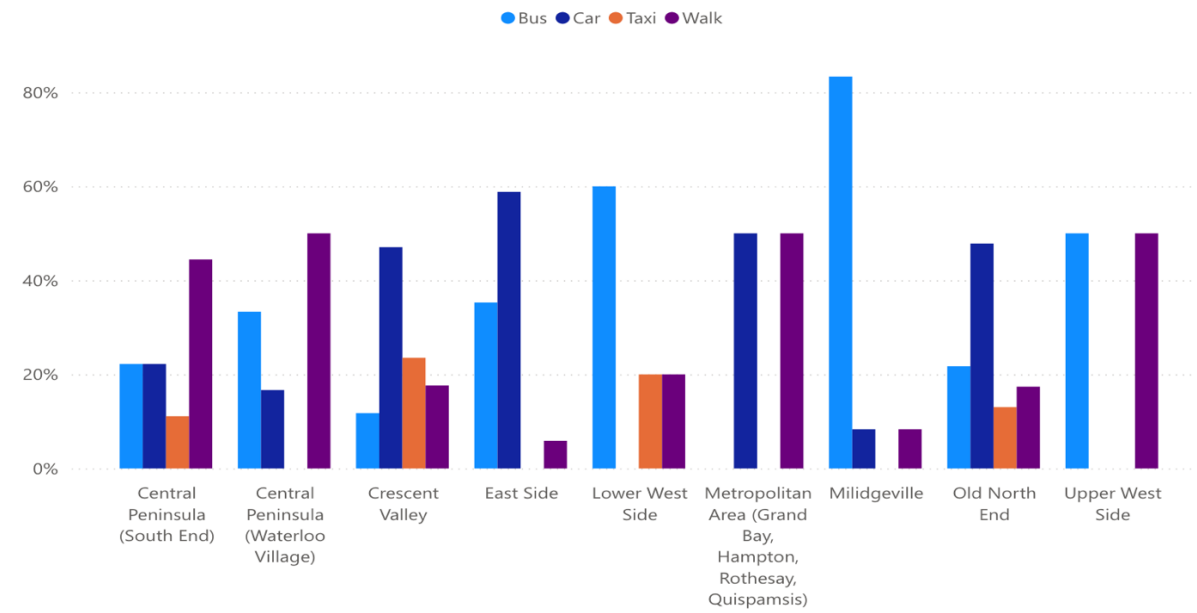
Transit and walking are central in both samples. Immigrants record bus and walk at high levels; **PN** respondents also show strong bus and walk counts. This reflects a shared reliance on transit plus pedestrian mobility for daily movement around the city. Car use is substantial in both groups. Car counts are 36 (**IM**) and 33 (**PN**), indicating that even transit-oriented respondents frequently use a car for at least some city trips. Taxi appears mainly in the **IM** sample and not at all in the **PN** responses, while bike is negligible overall.



Graph 47. Mode of transportation



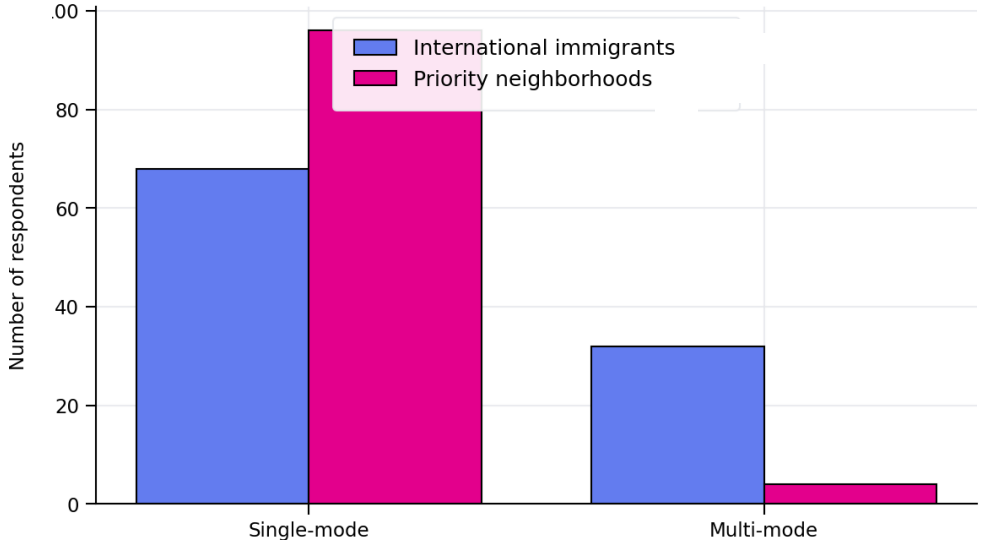
Graph 48. PN - Mode of transportation



Graph 49. IM - Mode of transportation

IM respondents were more likely to be multi modal than **PN** respondents for day-to-day movement, indicating greater reliance on chaining (transit and walk, transit and taxi) to get where they need to go. **PN** respondents predominantly used a single mode of transportation, most often bus, car, or walk. This suggests that routine trips for these

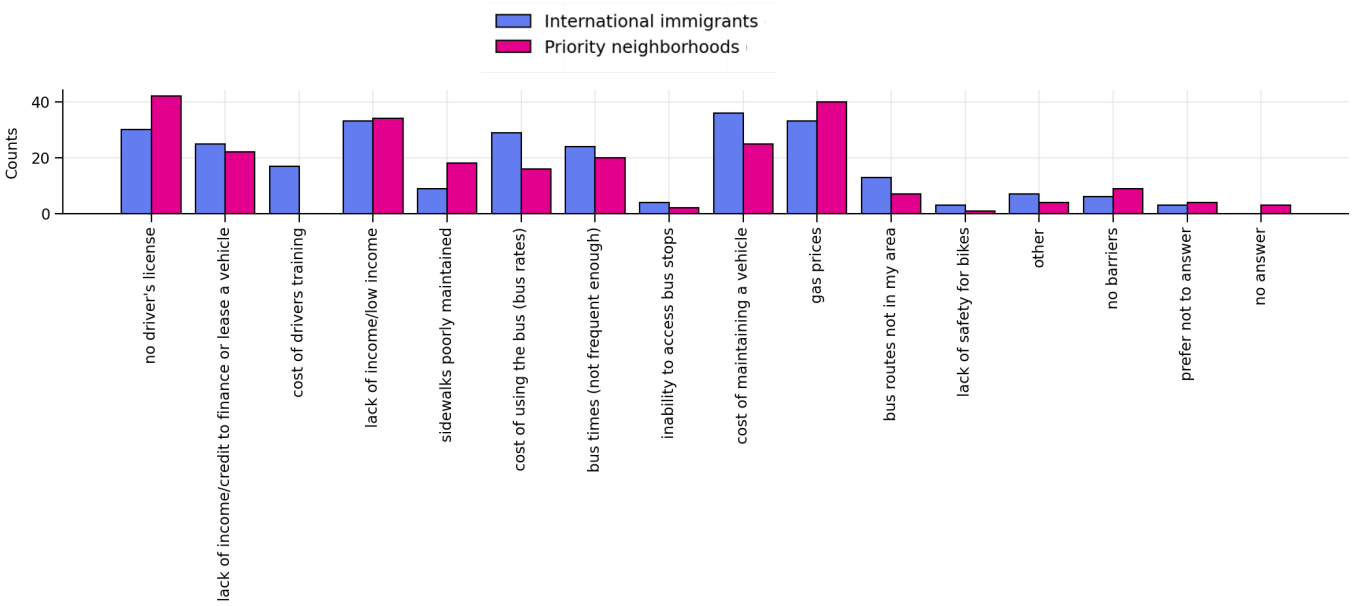
survey participants are typically anchored to a single primary mode, likely reflecting consistent route patterns and/or fewer resources to switch modes regularly (Graph 50).



Graph 50. Single/Multimodal Mobilities

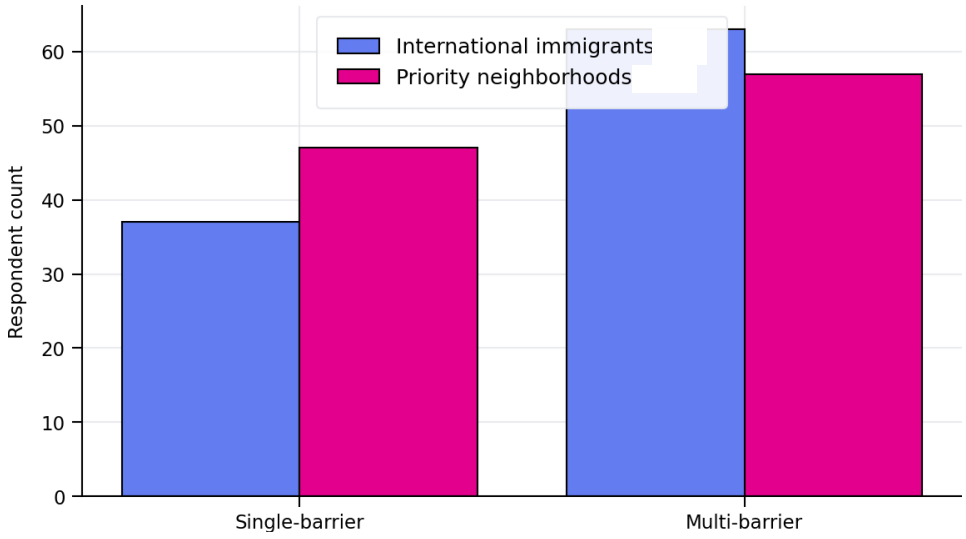
Both groups report similar types of challenges but with different intensities. Financial barriers dominate for both groups. Among **IM** respondents, most barriers to mobility in the city relate to the cost of maintaining a vehicle, low income, gas prices. Among **PN** participants, no driver's license, gas prices, low income are the most cited barrier to mobility in relation to owning a car. Both groups also reported driver's license, including the cost of obtaining it, as a barrier. This indicates that resource scarcity is a cross-cutting constraint. Transit-system barriers are also widely reported. High counts for bus times, lack of frequency, cost of bus, routes not in area, and sidewalk issues show that both groups face systemic obstacles, not simply personal financial barriers. Immigrants report bus cost (29) and bus times (24) slightly more than **PN** (16 and 20), suggesting heavier reliance on public transit.

Infrastructure challenges (sidewalks, bike safety) were widely reported by survey participants in **PN** sample. "Lack of safety for bikes" appears, though low, suggesting active transport barriers. A minority report "no barriers", implying that most respondents in both groups face at least one mobility constraint (Graph 51).



Graph 51. Urban mobility barriers

In the **IM** surveys, 63% of respondents experienced multiple transportation barriers, indicating complex, overlapping mobility constraints, often involving financial limitations, vehicle related costs, and transit issues. In **PN** surveys, 57% of participants faced multiple barriers, showing similarly layered structural issues, although slightly fewer than immigrants. These numbers underline that mobility struggles are not caused by a single factor but by combinations of affordability, access, infrastructure, and transportation system reliability. Still, the surveys show that immigrants experienced multi-barrier constraints more often, reflecting higher reliance on transit with insufficient frequency or coverage, higher reports of lacking a driver's license and costs associated with driving and language and settlement-related challenges that often multiply logistical barriers. Participants in **PN** surveys reported more single-barriers, which show one dominant obstacle, often income constraints or driving cost issues. Nonetheless, over half still report multiple concurrent issues (Graph 52).

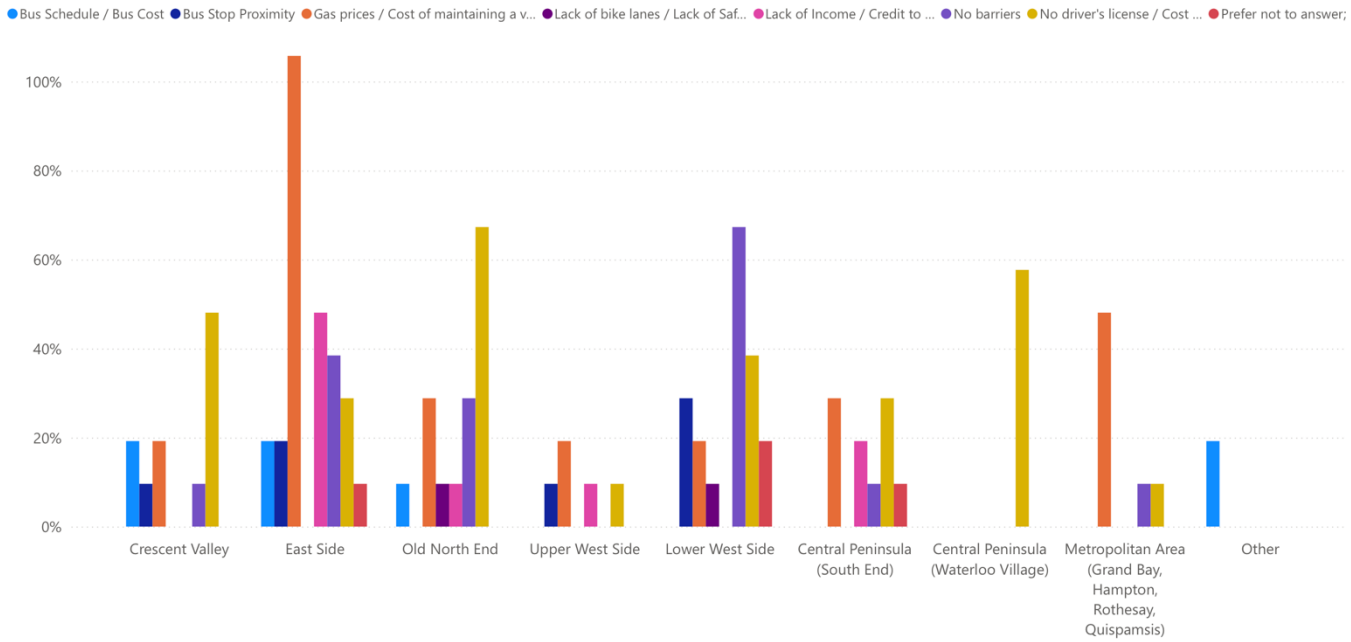


Graph 52. Single/Multimodal Urban mobility barriers

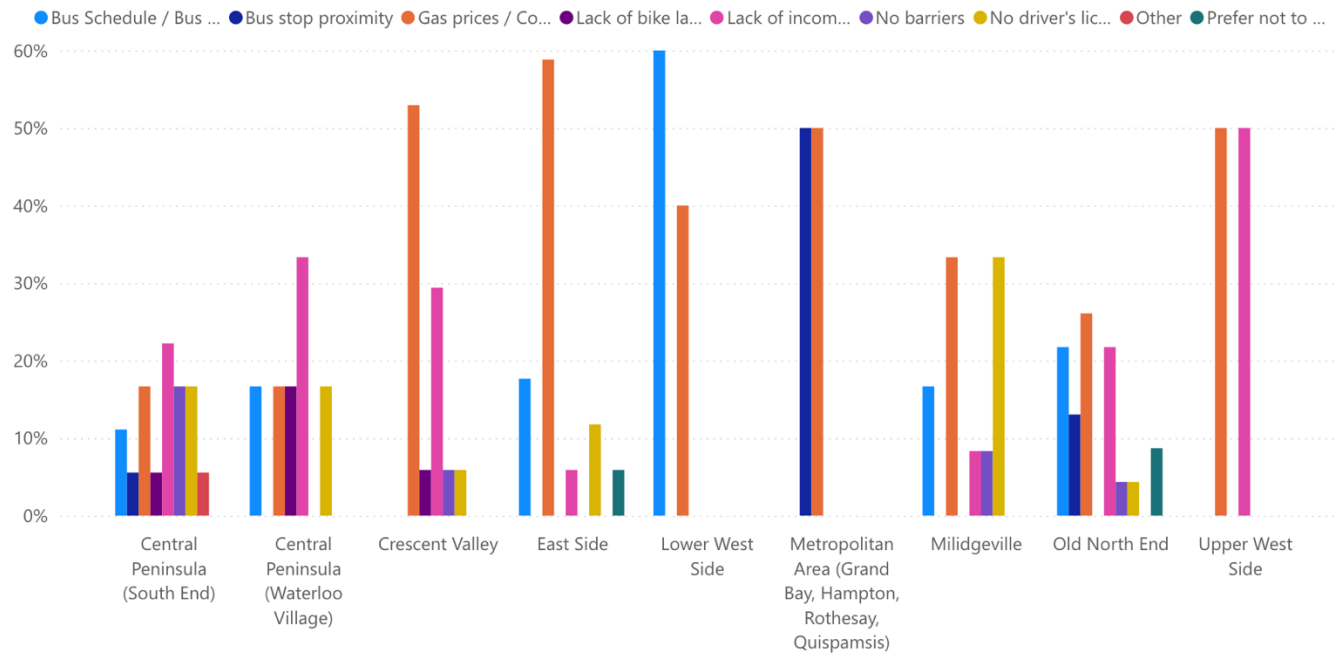
In the **Central Peninsula (South End and Waterloo Village)** both groups experience poverty driven mobility barriers, but immigrants emphasise licensing and finance obstacles, whereas participants in priority neighborhood surveys emphasise street conditions and pedestrian barriers alongside the same cost constraints. In **Crescent Valley, IM** participants face more multi layered mobility barriers, while **PN** surveys show a pattern more focused on income and transit reliability. In the **Old North End**, **IM** surveys report one of the heaviest burden profiles in the dataset (very high frequency of low income, strong presence of cost of bus, bus frequency, vehicle costs, gas prices, barriers related to sidewalks and bus stop access, drivers training cost), indicating deep economic precarity combined with inadequate transit. The **PN** surveys also report low income and lack of licence as dominant barriers, but their secondary issues include gas prices, sidewalk problems, bike safety, and bus issues (Graph 53, 54).

In the **East Side**, both groups struggle with cost of vehicle ownership, but **PN** survey participants express a broader combination of affordability barriers and physical environment barriers, while **IM** respondents emphasise the systemic barriers to becoming car owners (credit, licensing, financing). In the **Lower West Side**, both groups are transit-reliant and economically constrained, but **PN** surveys report more street-level obstacles, while immigrants (**IM)** highlight structural obstacles to entering car ownership**.** In the **Upper West Side,** immigrants (**IM)** report fewer barriers overall, mostly around low income, gas prices, and costs of maintaining a vehicle, while **PN** surveys show an intense cluster of licence barriers, vehicle financing constraints, gas costs, and low income, suggesting heavier dependency on car travel without adequate means to support it. In the **Metropolitan Area**, both groups face car-dependency burdens, but non-immigrants more often point to the financial difficulty of vehicle ownership, while immigrants additionally mention lack of transit services (Graph 53, 54).

In **Millidgeville** (immigrants only), respondents describe a strong combination of low income**,** lack of licence**,** vehicle costs**,** and bus frequency/route issue, showing a blend of transit reliance and barriers to transitioning to car mobility. In **PN** surveys, people in a situation of homelessness (other) expressed difficulties related to public transit (Graph 53, 54).



Graph 53. PN - Transportation barriers



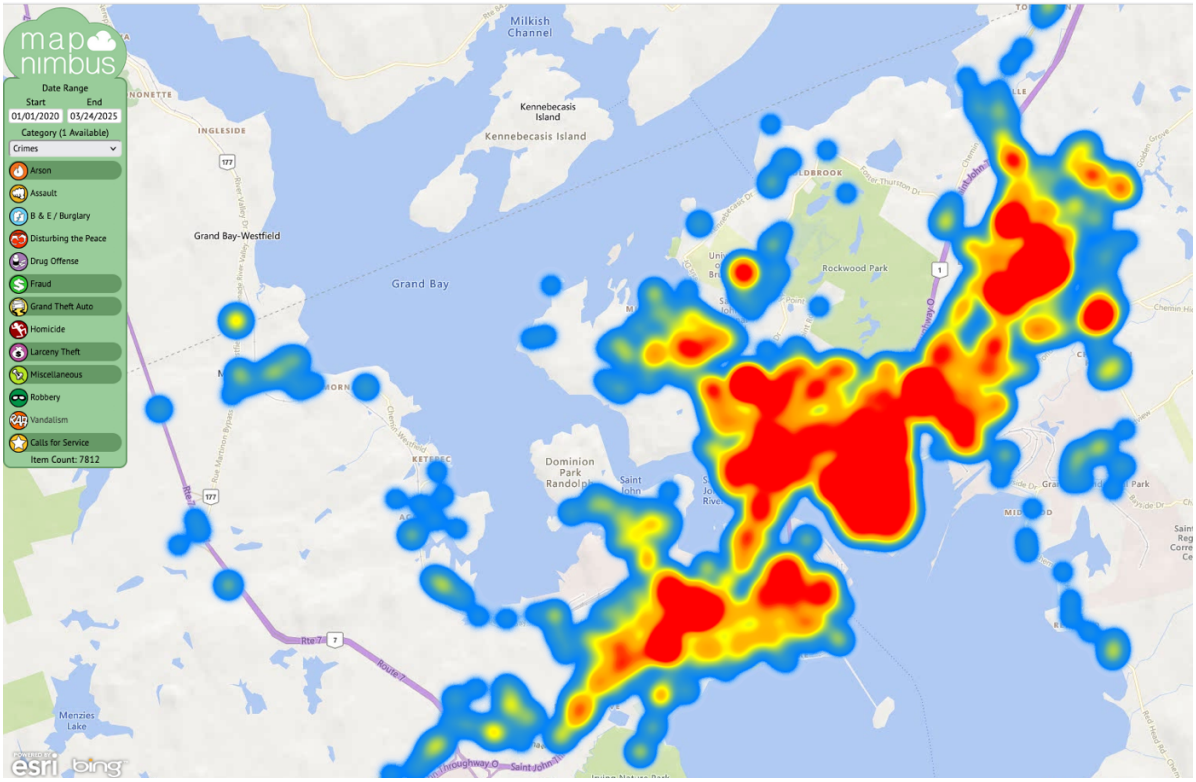
Graph 54. IM - Transportation barriers

Overall, the findings show that transportation access remains a significant and uneven challenge across Saint John, with both immigrants and residents of priority neighborhoods facing persistent mobility constraints rooted in affordability, infrastructure, and transit service limitations. The geographic variation observed across neighborhoods further demonstrates that mobility experiences are shaped not only by individual resources but also by place-based factors such as transit availability, urban design, and economic opportunities. Taken together, these results highlight the need for integrated transportation policies that address both affordability and accessibility, while recognizing the distinct mobility realities of different population groups and communities within the city.

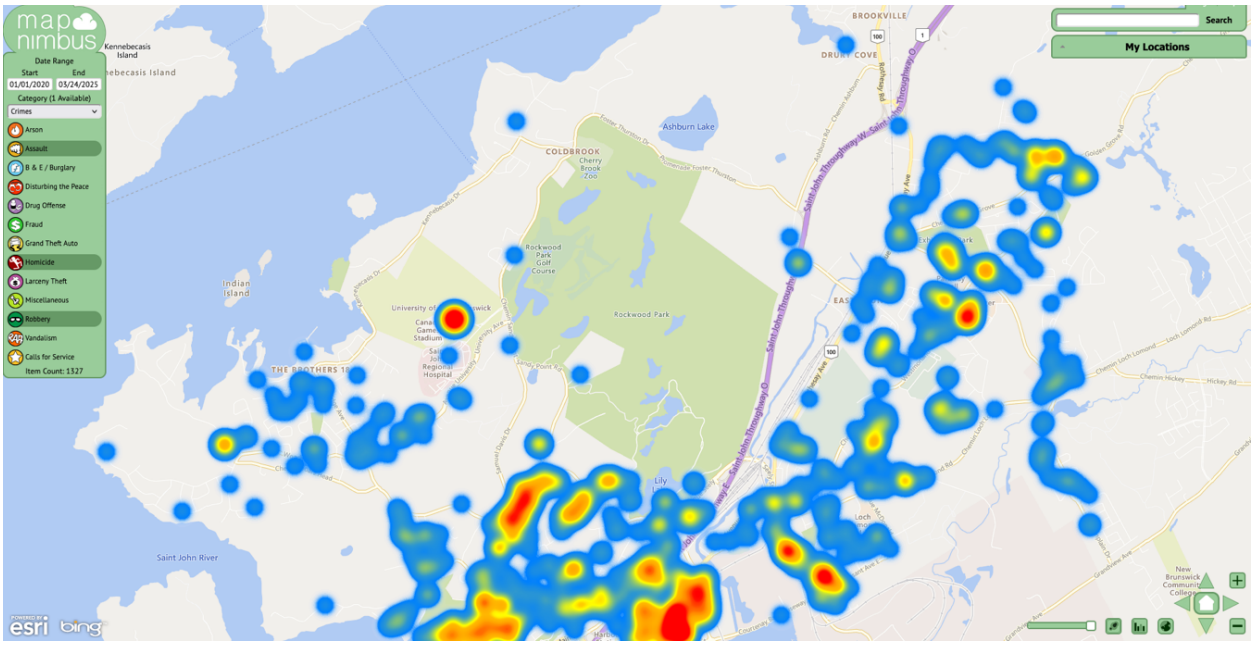
8. Equitable neighborhoods

Crime and safety

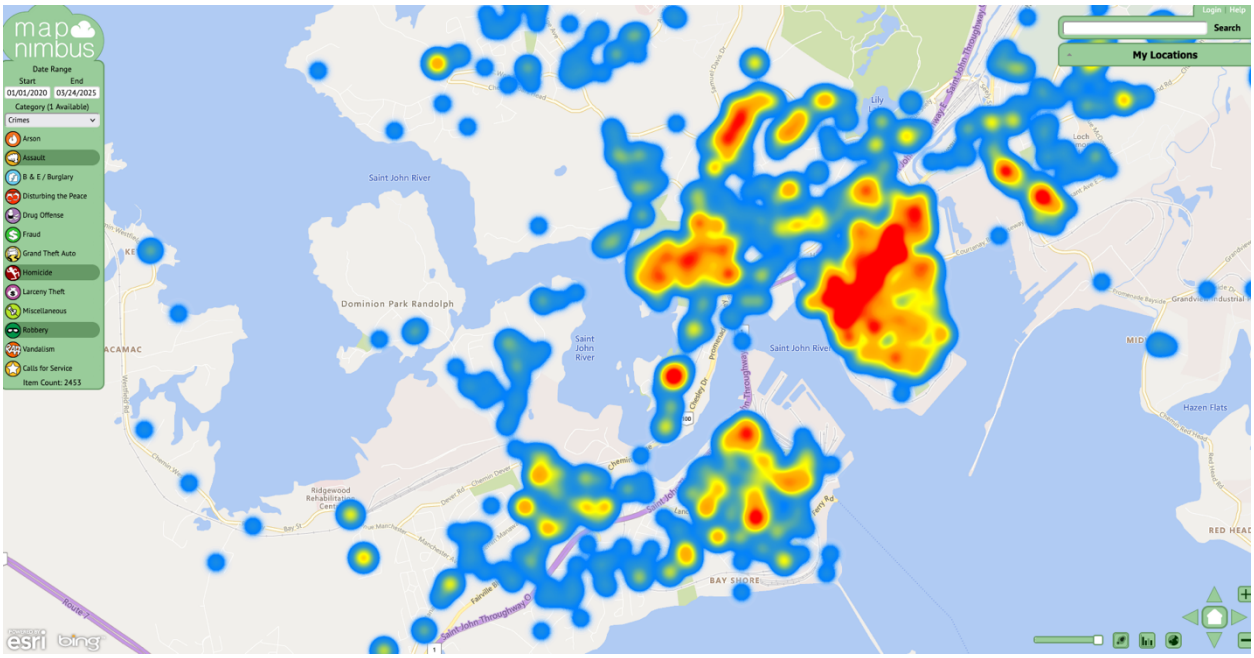
In relation to neighborhood safety, most survey participants lived, studies and/or worked in areas of high levels of crime. From 2020 to 2025, crimes of assault homicide, and robbery have concentrated in the areas where international immigrants reside, mainly the central peninsula, North End, Crescent Valley, Lower West Side and the university area (see Map 7, 9). The heat map below shows high rates of crime close to commercial area in the East side where international immigrants and non-immigrants do their shopping and/or work (Map 8). This finding should not add to the stigmatization of people living in poverty and/or immigrants as the cause of crime. Rather, this indicates that they reside in these areas because market rental might be low, or this is where social/subsidized housing and jobs are located.



Map 6. Heat map of crime in Saint John, NB from 2020 to 2025 for arson, fraud, grand theft auto, larceny theft, miscellaneous and calls for service. Source: Saint John Police Department. Crime Heat Map Available at: http://www.mapnimbus.com/DataNimbusClient.html?Client=City%20of%20Saint%20John



Map 7. Crime Heat Map (Millidgeville and East side) from 2020 to 2025 for assault, homicide and robbery. Source: Saint John Police Department.



Map 8. Crime Heat Map (Central Peninsula, West Side and North end) from 2020 to 2025 for assault, homicide and robbery. Source: Saint John Police Department.

Environment

In relation to the environment, according to the Government of New Brunswick Air Quality Monitoring results of 2021 and 2022, the West Side and the East side have relatively high to medium levels of sulphur dioxide and fine particle matter. For instance,

the monitor station closer to the Central Peninsula and Mount Pleasant reported an annual average of 5.3 µg/m^3 for particle matter, whereas the stations reported an average of 5.6 µg/m^3 and 6.9 µg/m^3 in East Side and West Side respectively, around 3µg/m^3 close to the annual limits. The same year, the East side reached levels of sulphur dioxide from 58 to 111ppb per hour daily, the West Side had 41ppb per hour daily when the limits are 70ppb per hour daily. In comparison, the Central Peninsula and Mount Pleasant had 22ppb od sulphur dioxide in the same period. The monitor station in Champlain Heights detected 0.364 ppb annual average for benzene, and 0.113 in Forest Hills for the same chemical whereas the standard for benzene limits is 0.14ppb. While this means harm to the health of those residents in surrounding areas, more research needs to be done in relation to medium and long term of exposure of these chemicals of the larger population of the Saint John CMA.

This also coincides with some of the areas of low total median income and median market income, which rely on child benefits and government transfers (Map 1; Map 3; Map 6). Such environmental exposure might contribute to health issues and ability to work for the general population. While the city of Saint John has an asset map to address climate change, issues of air quality still fall under provincial jurisdiction. The 2026 review of New Brunswick's Clean Air and Clean Water Act should account for this intersection between health, environment and income, particularly in vulnerable neighborhoods.

Information Box 1

Particulate Matter (PM)

- Particulate matter is measured in micrometers (µm) and categorized mainly into PM10 (particles with diameters ≤10 µm) and PM2.5 (particles with diameters ≤2.5 µm) . PM can penetrate deep into the lungs and even enter the bloodstream. Health impacts include respiratory issues, aggravated asthma, decreased lung function, nonfatal heart attacks, and premature death in individuals with heart or lung diseases (Government of Canada 2025; Health Canada 2025)

Sulfur Oxides (SOx)

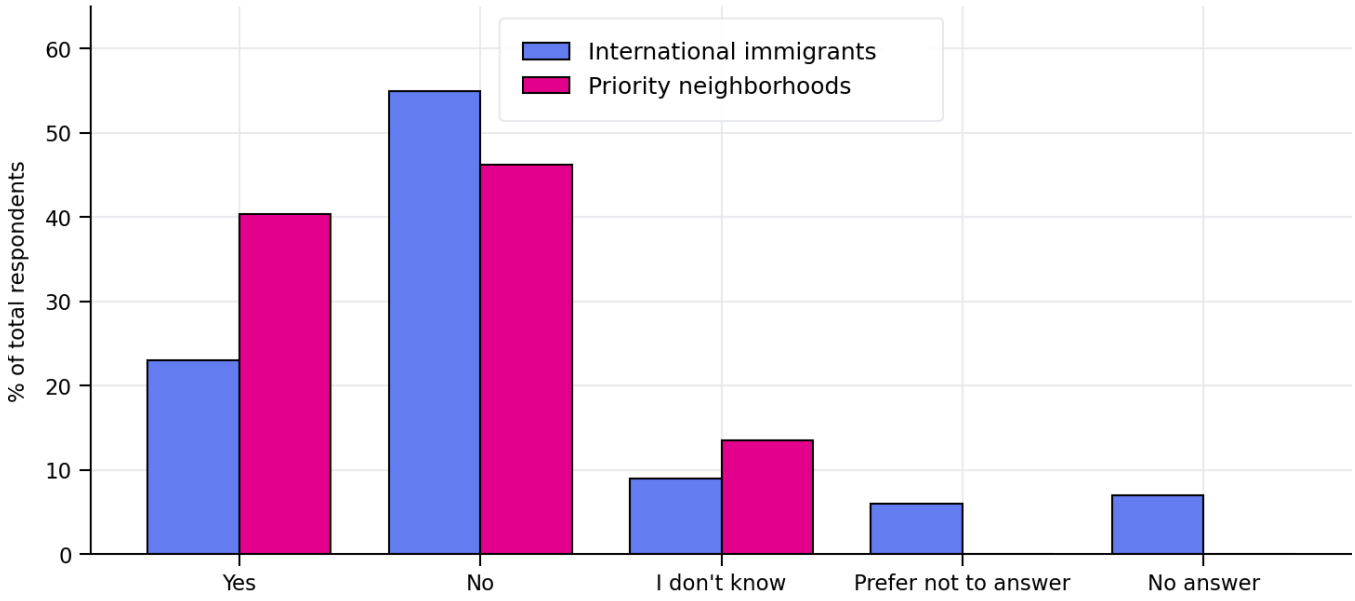
- Sulfur dioxide (SO_2) is measured in parts per billion (ppb). Short-term exposure to SO_2 can cause respiratory problems, particularly in individuals with asthma. Long-term exposure can lead to the formation of fine particulate matter, contributing to further respiratory and cardiovascular issues (Government of Canada 2025; Health Canada 2025). SO_2 also contributes to acid rain, which can harm ecosystems.

Benzene

- Benzene levels are measured in in parts per billion (ppb). Acute exposure to benzene can cause dizziness, headaches, and respiratory irritation. Chronic exposure is linked to blood disorders like anemia and increased risk of leukemia. Benzene is classified as a known human carcinogen (Government of Canada 2025; Health Canada 2025).

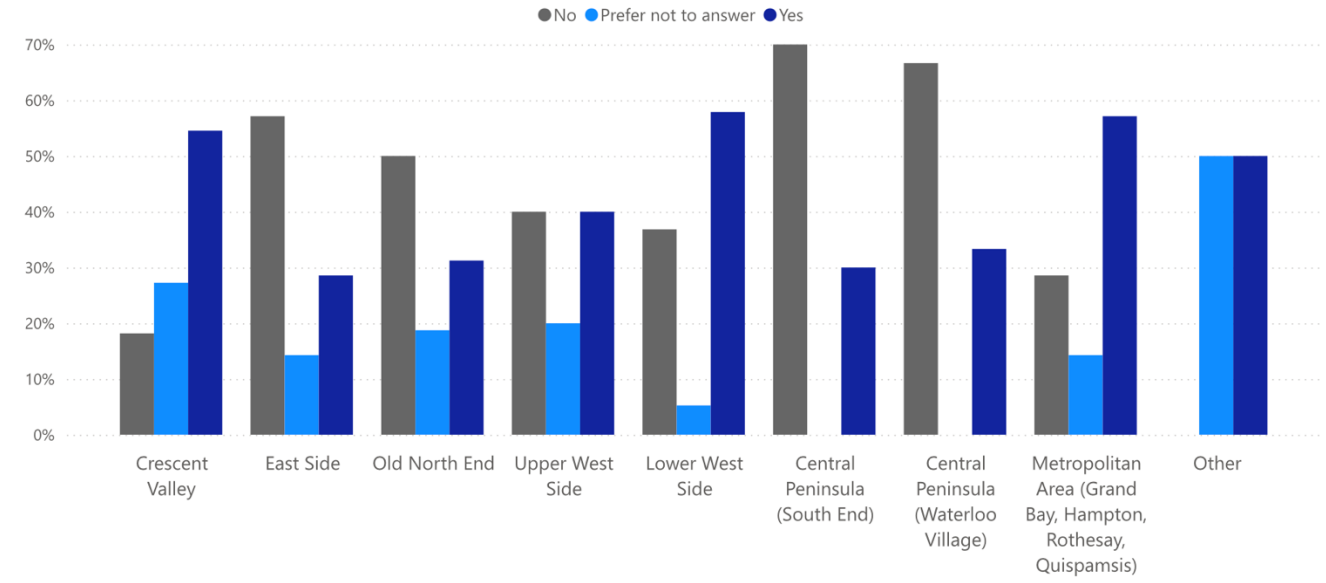
Food security

In relation to food security, priority neighborhood respondents were more likely to answer "Yes" to access to affordable healthy food (40.4%) compared to immigrant respondents (24.7% among valid immigrant responses). This suggests fewer perceived barriers to affordable healthy food among priority neighborhoods' respondents than among immigrants. In contrast, many immigrants answered "No" to access to affordable healthy food compared to priority neighborhoods, indicating greater affordability/availability challenges within the immigrant group. "I don't know" is 9.0% among immigrants and 13.5% in priority neighborhoods, hinting at information gaps (e.g., awareness of affordable options, variability in prices/locations). "Prefer not to answer" as well as no answer appears is chosen only by immigrant respondents. In some cases, these respondents were not in charge of buying groceries and preparing food, relying mostly on their female members of the household for this information (Graph 55).

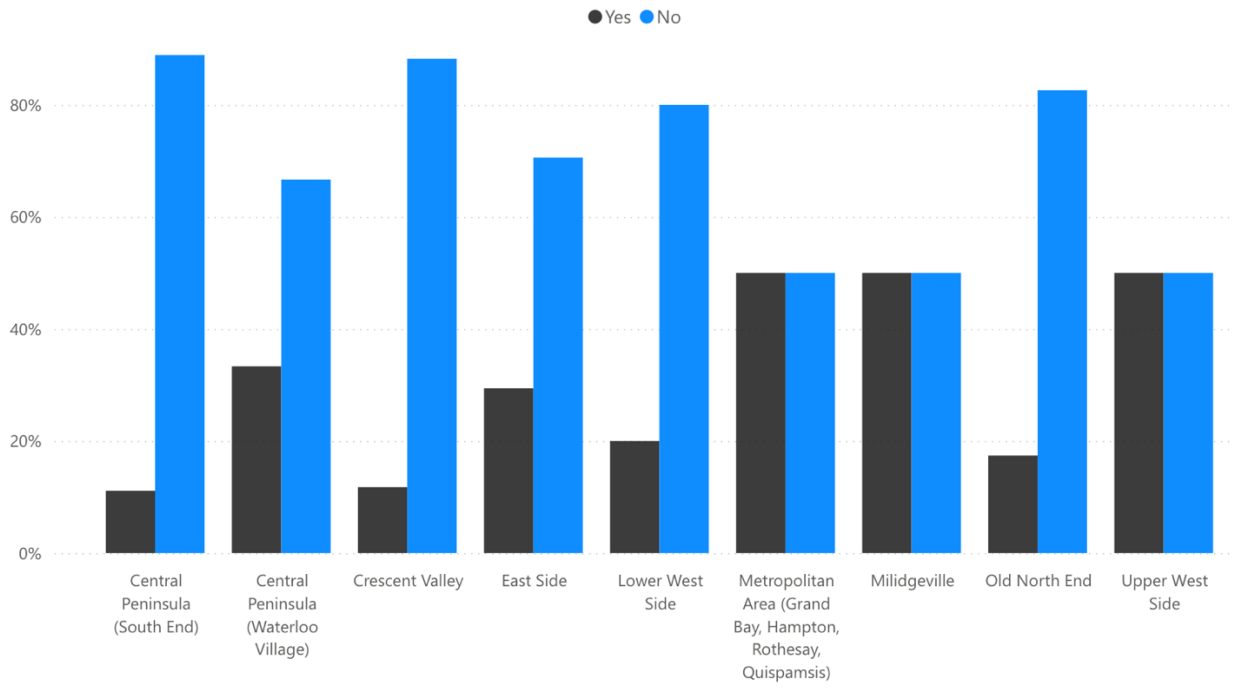


Graph 55. Access to affordable and nutritious food

At the level of the neighborhood, immigrant participants reported lower access to nutritious and affordable food in several neighborhoods, including **Crescent Valley,** which shows the largest gap, **Lower West Side** and **Old North End**. In the **East Side**, both samples are close, though No is higher in the **PN** sample. In the **Central Peninsula sub-areas,** both groups reported not having access to nutritious and affordable food, with **IM** participants in the South End reporting higher negative responses, and **PN** responses in **Waterloo Village** reporting higher negative answers (Graph 56).



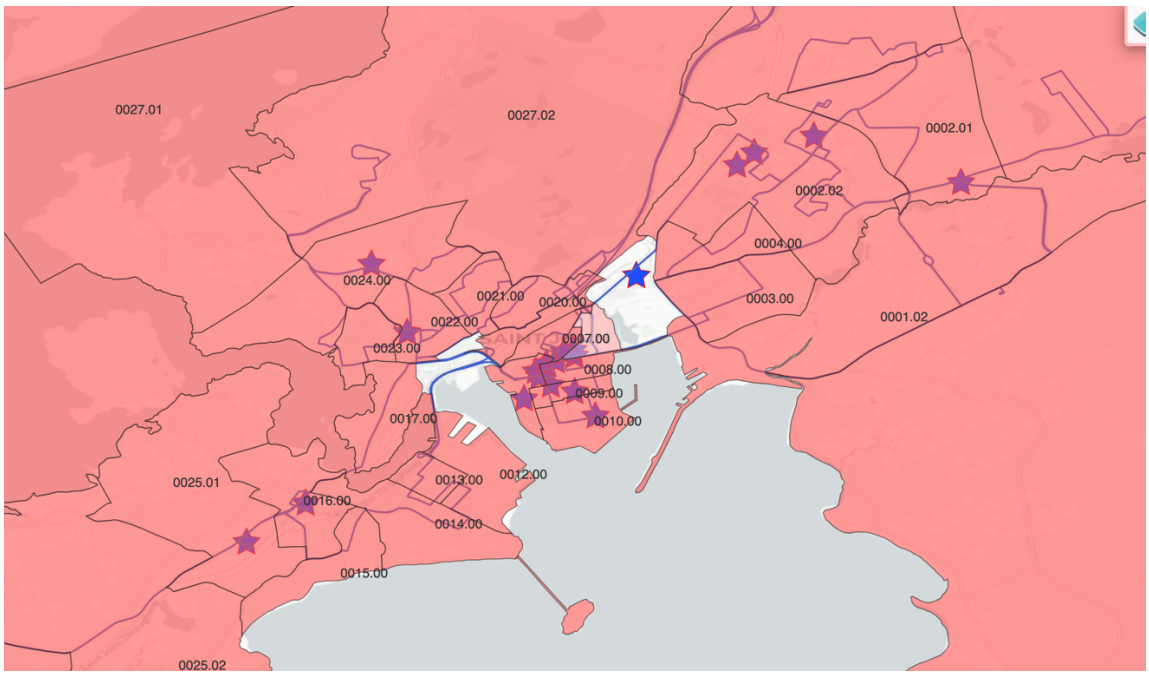
Graph 56. PN Access to affordable and nutritious food



Graph 57. IM Access to affordable and nutritious food

In the surveys, those participants that considered lack of affordability of healthy food a concern were in low-income neighborhoods with no access to affordable public transit and other forms of active transportation (Map 10). While there are bus routes that might

go through these grocery stores, issues of frequency, shelter and accessibility all year round should be assessed. In the Central Peninsula, the map highlights there are grocery stores available (Map 10). While a few of these businesses sell world foods, many of these establishments are convenience stores that lack fresh produce. While the City Market offers fresh produce, many participants opted for grocery shopping at Giant Tiger for its affordability. In the other areas of the city, people rely on large grocery stores, where the cost of food is relatively high, particularly in the context of increasing inflation and the concentration of food distribution into a few big box stores (Map 10).



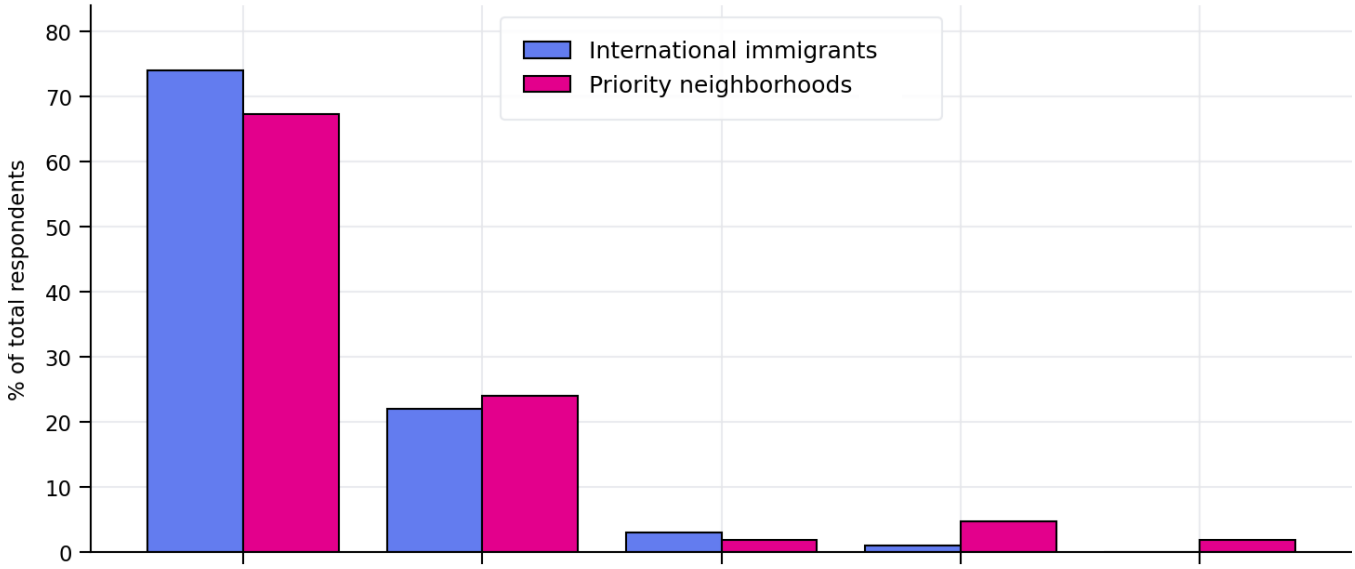
Map 9. Grocery Stores in Saint John with public transit routes (not on demand) This map is missing two newly opened grocery stores in East Side)

Public facilities and community organizations

In relation to neighborhood public facilities and community organizations, our findings are divided by access to green space, parks and community centers, daycares and after-school hours centers, places of worship, and mobility in the city. In terms of access to greenspaces by neighborhoods, we discussed safety in terms of accessibility such as being able to walk without being run over by a car or being in danger of falling due to sidewalk conditions. Many participants reported feeling safe when walking to access green spaces or biking to green spaces. It is worth noting that our surveys were mostly

conducted during the fall and summer, when access to green spaces is less difficult, especially through active transportation.

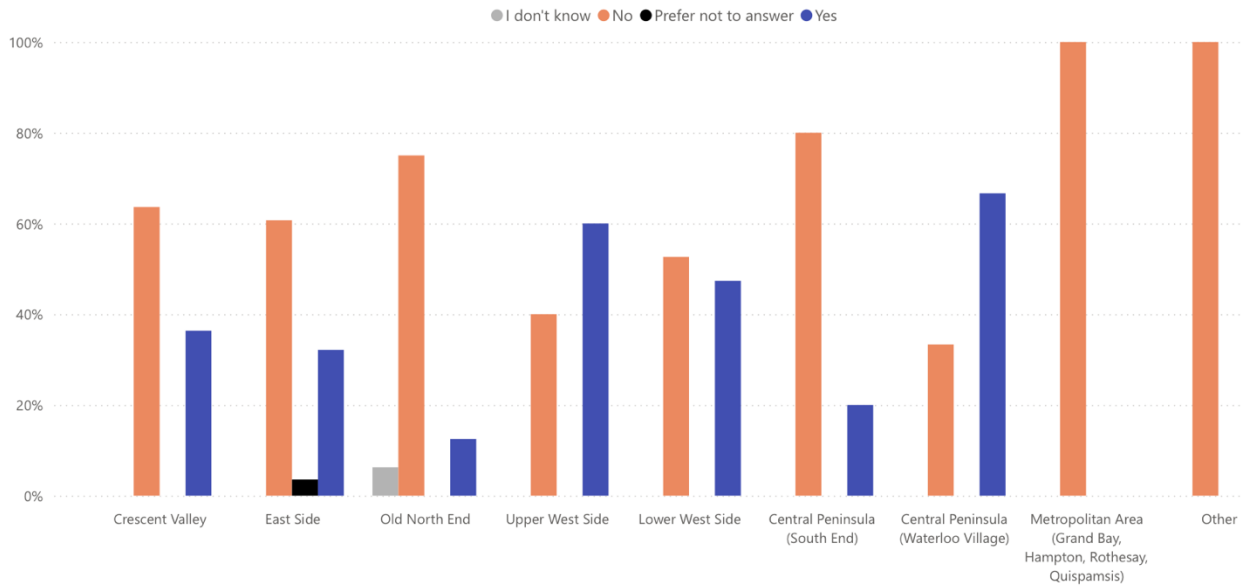
Perceptions of safe/easy walking or biking are strong in both groups (74% of **IM** respondents, and 67.3% of **PN** surveys), indicating that most respondents feel they can safely reach parks, trails, or green spaces, while negative experiences are slightly more common in **PN** sample. The difference is small but aligns with earlier findings that **PN** respondents report more issues with sidewalk quality, safety, and neighborhood conditions, which are challenges that can affect perceived walk/bike safety. Uncertainty ("I don't know") is low in both groups, while "prefer not to answer" and "No answer" are slightly higher in **PN** sample, which may reflect more variability in living situations (e.g., temporary/homeless situations, shelters), which affect respondents' assessment of their environment (Graph 58). While immigrants report slightly higher ease with walking/biking to green spaces, it is worth noting that many immigrant participants came from places of violence and high levels of conflict, including civil and international war (See interactive map). Thus, accessing green space in Canada is considered safe because they are unlike conflict or war-affected environments, where outdoor areas are insecure or dangerous.



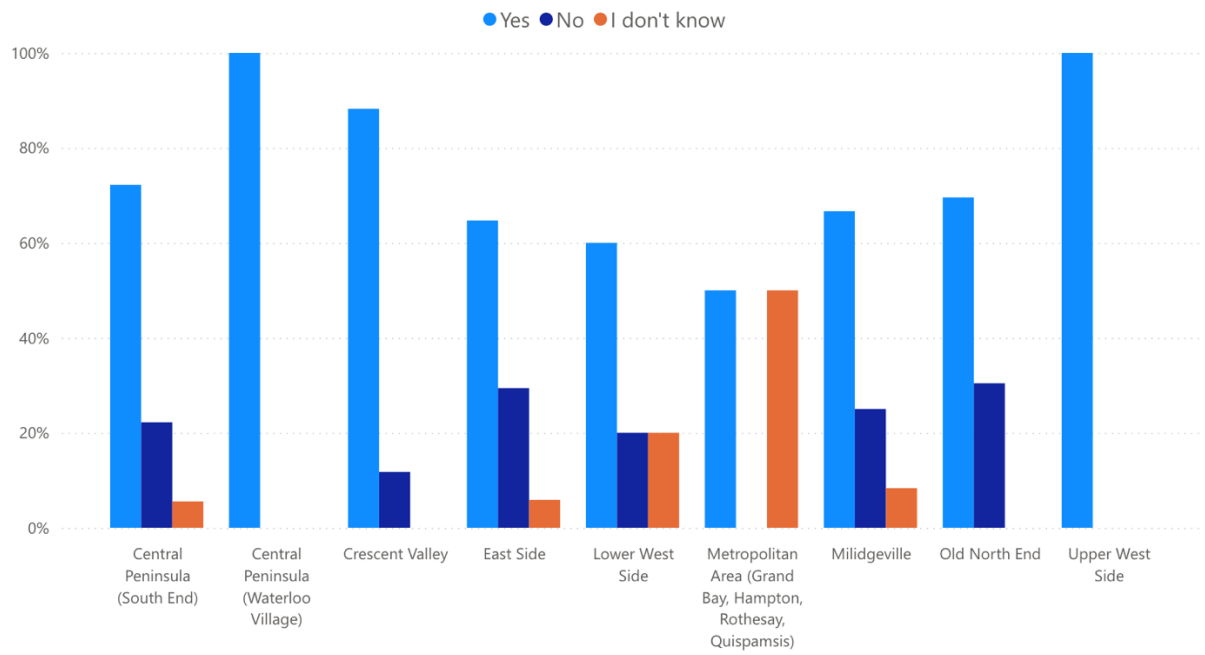
Graph 58. Safety walking/biking to greenspace

Notably, several neighborhoods show remarkably consistent patterns across samples, including **Old North End, Central Peninsula (South End-Waterloo Village), Crescent Valley**. In these areas, both **IM** and **PN** respondents report more "Yes" to feeling safe than "No," indicating shared recognition of nearby green space. This commonality

suggests that perceptions of green-space access are not solely driven by migration status, but by the physical and spatial characteristics of neighborhoods themselves. At the same time, the presence of "No" responses in all major neighborhoods shows that access is uneven even within the same area, and that proximity alone does not guarantee feelings of safety, comfort, or usability. The **PN** sample shows higher counts of "No" and "No answer / I don't know / Prefer not to answer" responses, particularly in East Side, Crescent Valley, Metropolitan area, and "Other" (**PN** only) neighborhood category (Graph 59, 60). The latter might be related to PN respondents' familiarity to **issues of safety, infrastructure, and usability** such as inadequate sidewalks, traffic, winter maintenance devoid of concerns related to armed conflict.



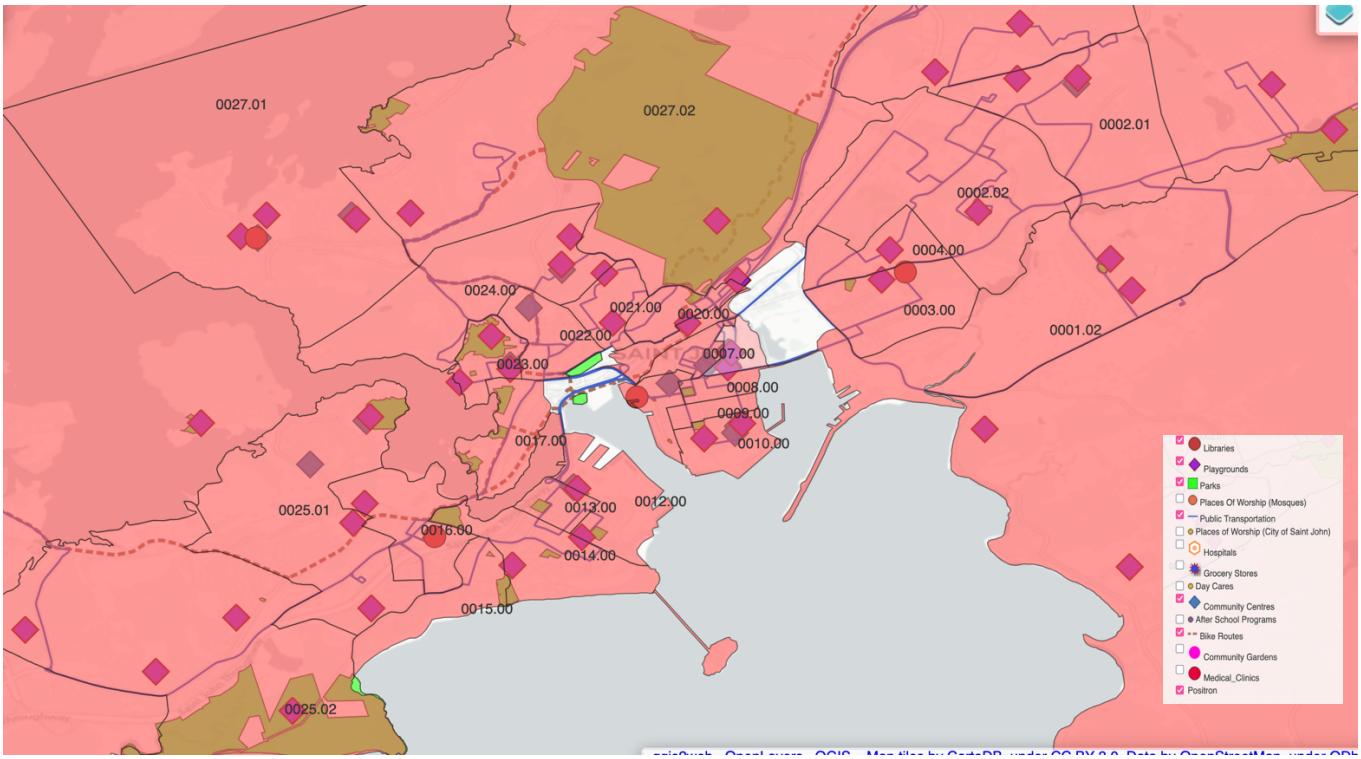
Graph 59. PN - Safety walking/biking to Green Space



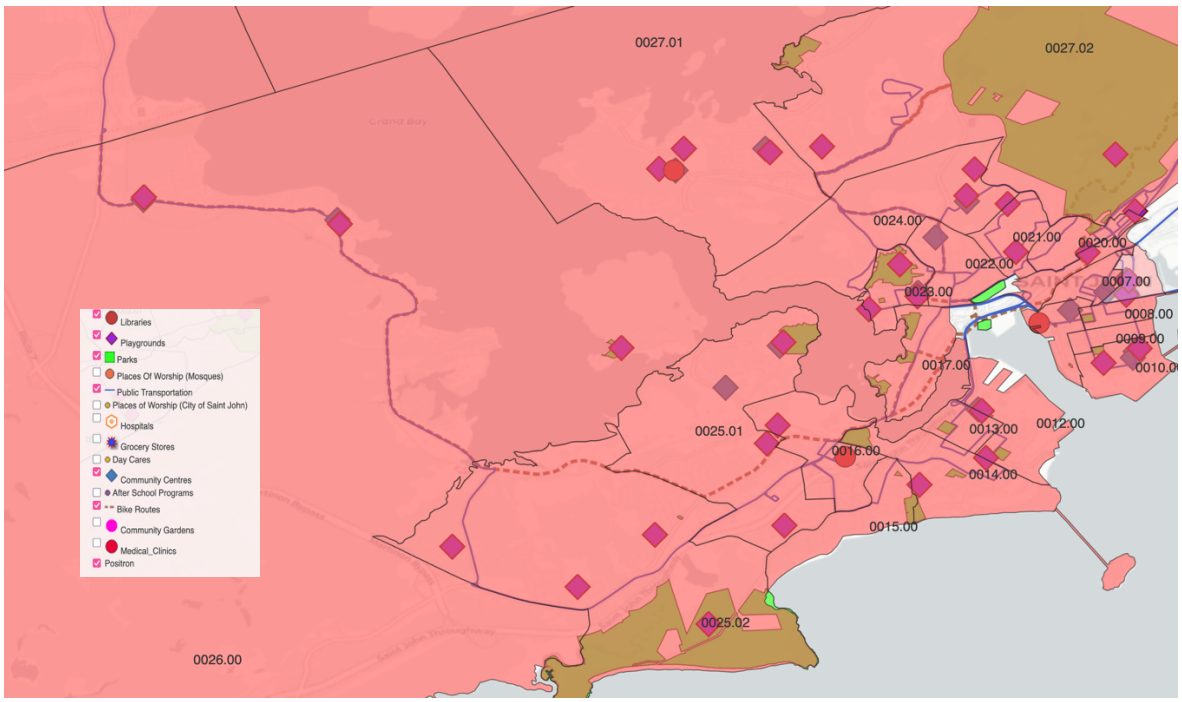
Graph 60. IM - Safety walking/biking to Green Space

Taken together, these findings suggest that neighborhood context matters, but migration status shapes *how* residents interpret and experience that context. In neighborhoods with dense, walkable layouts and visible parks (e.g., Central Peninsula areas), both samples report high access. In neighborhoods with infrastructural challenges or social vulnerability (e.g., East Side), **PN** respondents show more skepticism and uncertainty. **IM** respondents often report comparatively positive access even in constrained environments, but this should not be read as evidence that conditions are objectively better, but rather it highlights different expectations and adaptive strategies.

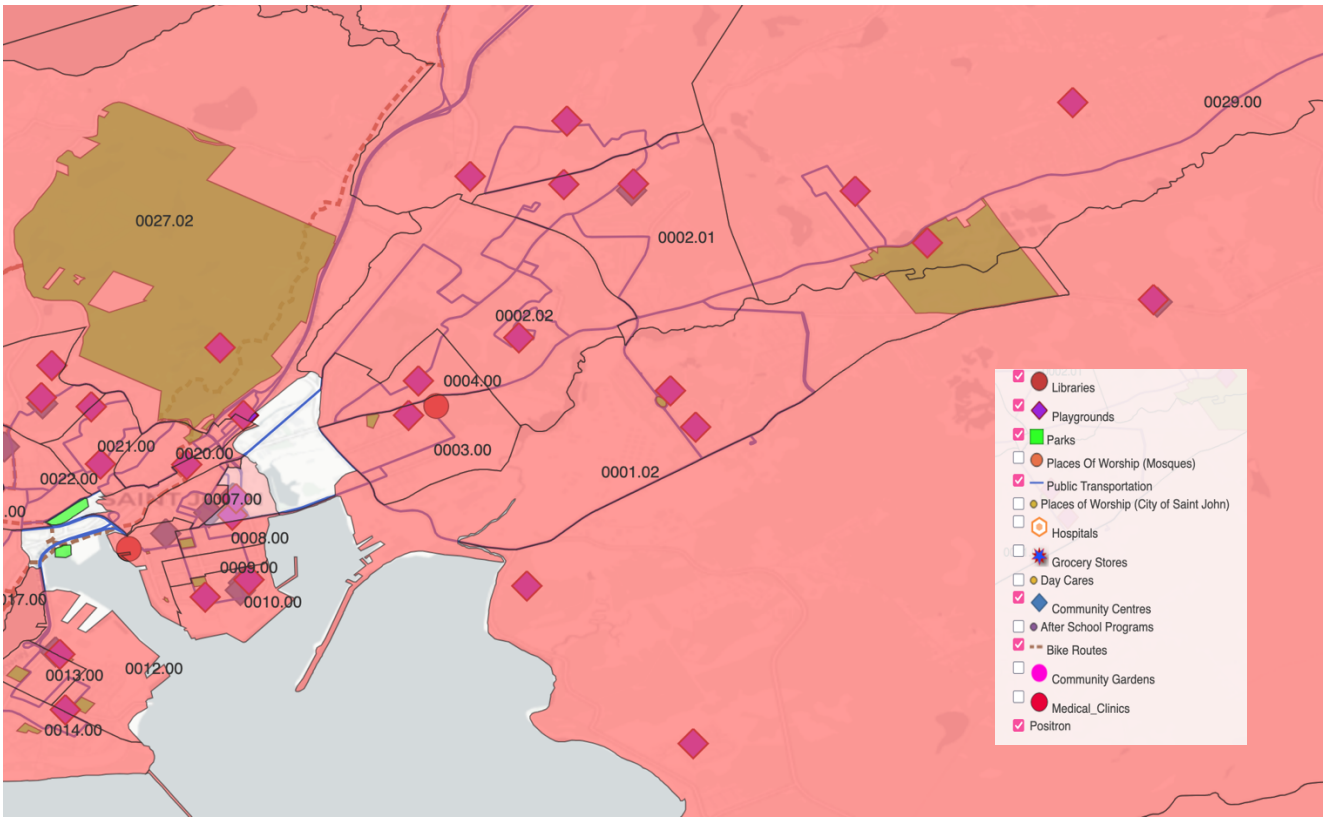
The maps below, taken from the *Diverse Cities* report, also shows access to playgrounds and community gardens through public transportation, including in low-income areas particularly in the Central Peninsula, Millidgeville and certain areas of West Side (Map 11, 12, 13). Yet, there is still a lack of accessibility in the West Side in terms of (not on demand) public transportation (Map 12).



Map 10. Parks, Playgrounds, Libraries, Community Centres, Community Gardens in Central Peninsula, Crescent Valley, Millidgeville and North End with public transit (not on demand) and bike routes (missing the new bike path on Main St.)



Map 11. Parks, Playgrounds, Libraries, Community Centres, Community Gardens in West Side with public transit (not on demand) and bike routes (missing the new bike path on Main St.)



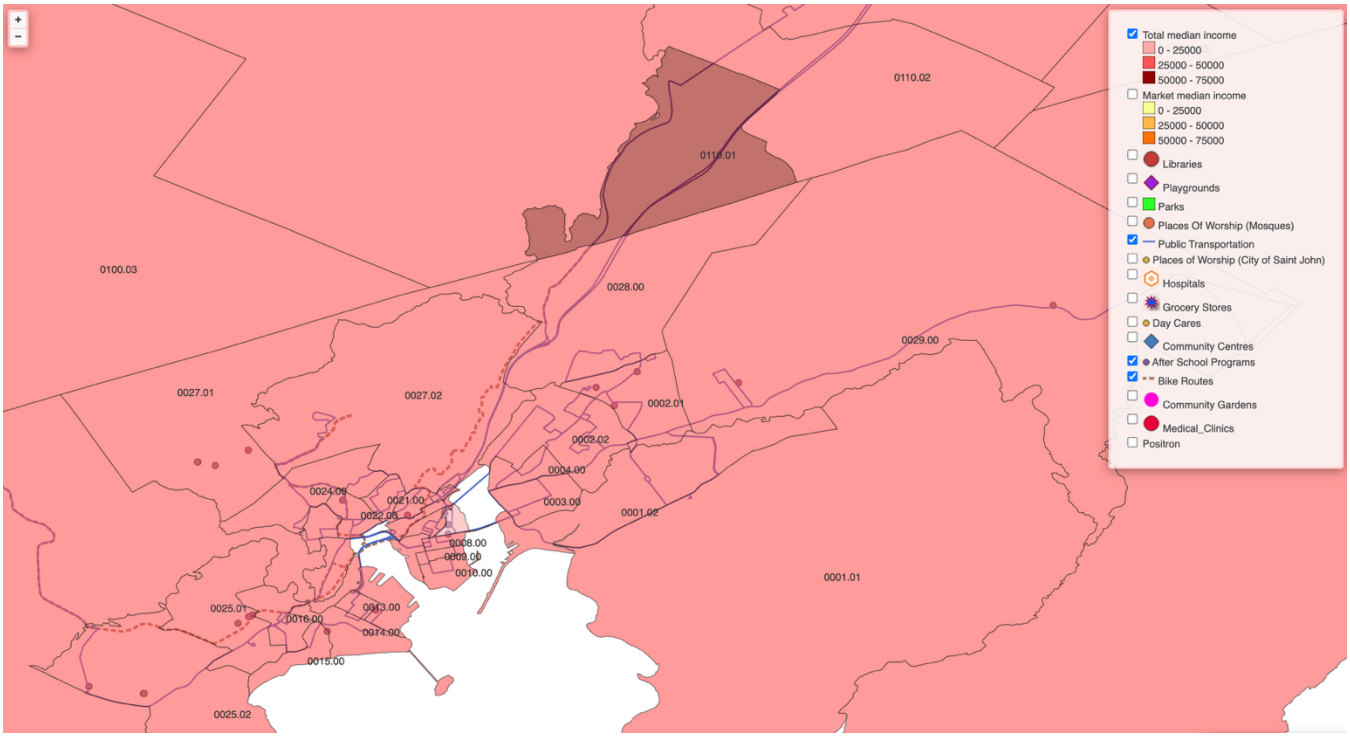
Map 12. Parks, Playgrounds, Libraries, Community Centres, Community Gardens in East Side with public transit (not on demand) and bike routes (missing the new bike path on Main St.)

Studies show that access to parks and recreational facilities all year round are important sites of emplacement. In the case of green space, the latter can offer feelings of respite, healing, and psychological restoration, particularly for people who have lived through violence, trauma and marginalization (Blachnicka-Ciacek 2019; Edge et al. 2023; Plane and Klaudawsky 2013). This is not limited to beautification but rather the support of free community activities that provide opportunities for emplacement for both communities (Hill 2022). There are also economic benefits associated with savings in health costs (Wilson and Xiao 2023). Yet, such approach to green space needs to be balanced to prevent green gentrification, namely the displacement of low-income residents in areas of new green infrastructure, contributing to social and racial inequalities in access to the benefits of greenspace (Anguelovski et al 2022).

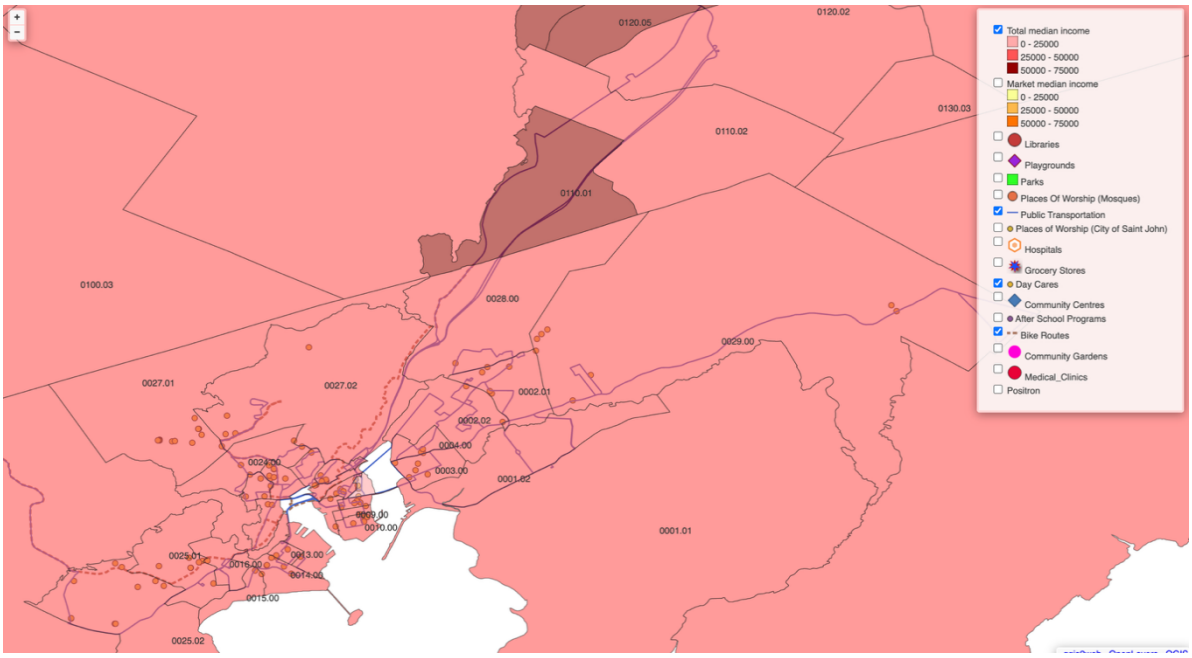
The use of public facilities all year round was raised by participants, particularly through informal conversations. In this sense, public libraries are important inclusive spaces (Delgado 2022; Leckie and Hopkins 2002). Yet there are only four libraries in the city of Saint John, and one in Quispamsis and Rothesay, and limited number of community centres which either lack space or the funding to provide a larger offering. Indoor recreational spaces in the winter are particularly important for international immigrants

that are still adjusting to the weather conditions especially for families that require free or low-cost activities for their families as well as for non-immigrants and their families that experience feeling of isolation during the winter times (Chai 2022; Cantor et al. 2022) These are often offered by non-profits and faith-based organizations with limited capacity due to funding constraints. As such indoor recreational spaces and activities at low cost during the winter continue to remain limited in the region.

In terms of afterschool care, the map shows an inadequate number of afterschool programs with accessibility through public transit (Map 14). Low-income neighborhoods lack that accessibility. In terms of daycares, many of these facilities in the Central Peninsula and the East side are located along public transit routes (Map 15). Yet access to public transit in Millidgeville, West Side and North End area remain limited.

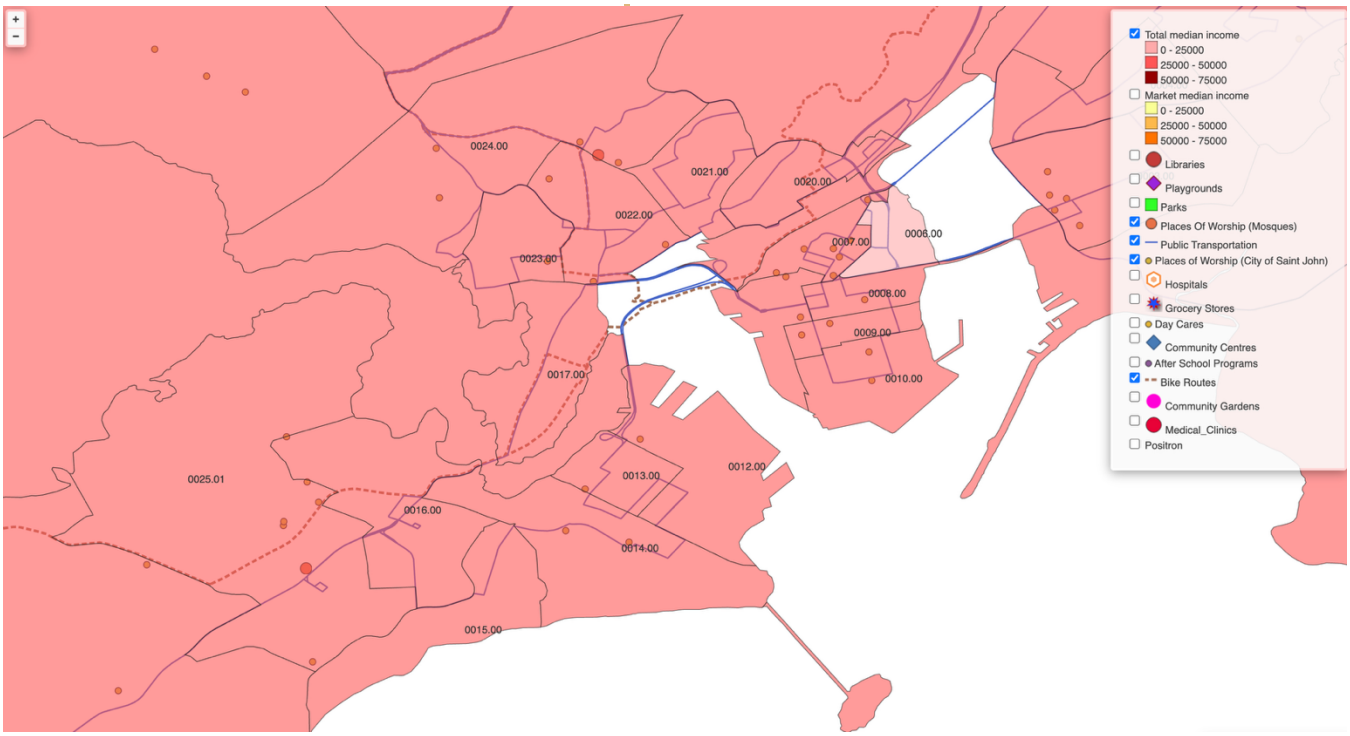


Map 12. Afterschool programs with public transit (not on demand) and bike routes in Saint John (missing the new bike path on Main St.)

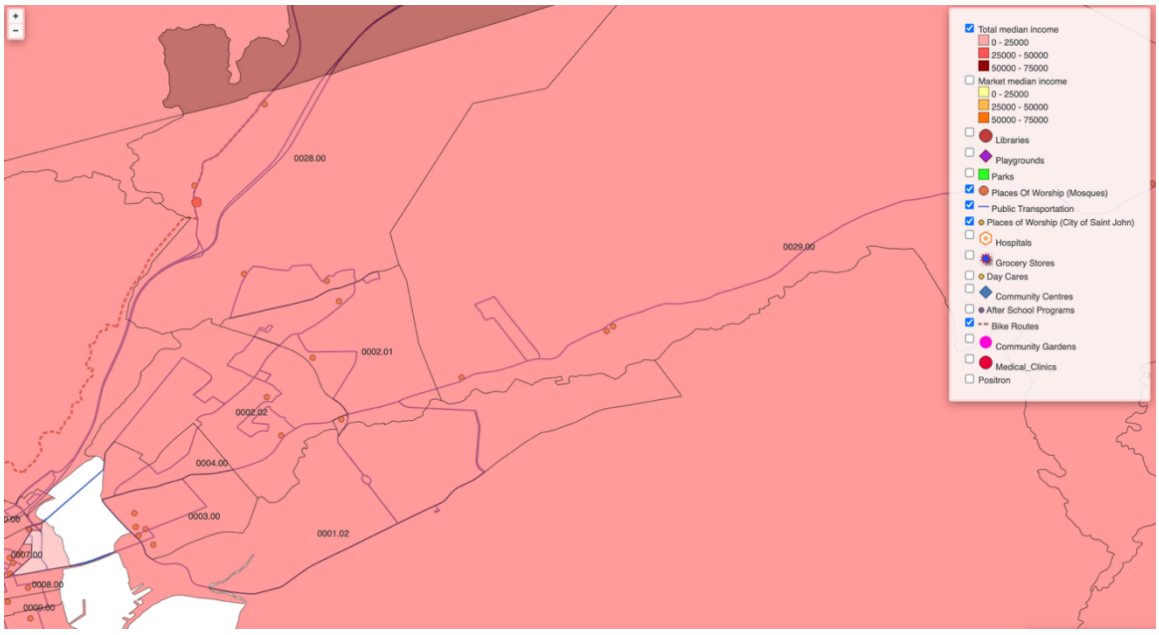


Map 14. Daycares with public transit (not on demand) and bike routes (missing new bike path on Main St.)

In terms of places of worship, the map shows some accessibility through public transit and bike routes to places of worship (Map 16).



Map 15. Places of Worship with public transit (not on demand) and bike routes in the West Side, North End, Crescent Valley, Millidgeville, and Central Peninsula (missing new bike path on Main st.)



Map 16. Places of Workship Places of Worship with public transit (not on demand) and bike routes in East Side.

While the map shows that there are bus routes covering these spaces, there is the issue of frequency, scheduling and bus stops. For instance, the access for university students without a car to place of worship is limited because of the lack of frequency of buses during the weekends when spiritual gatherings happen. Also, some routes do not operate on the weekends. These are also important sites of emplacement that develop a sense of place among immigrants and non-immigrants. This not only fosters intrareligious dialogue among people from different cultural backgrounds and countries but also can potentially encourage inter-religious dialogue as diversity of worship is normalized in regional and city planning (see: Martínez-Ariño 2024). It is worth noting that access through public transit in this study only considers regular transit service. Further research is needed to identify whether on demand transit system, namely FLEX service, and the new bike path on Main Street alleviate some of the mobility barriers to important social services.

Overall, the findings show that creating equitable neighbourhoods requires addressing the interconnected challenges of safety, environmental quality, food security, and access to community resources. While both immigrants and long-term residents often live in the same neighbourhoods and share many of the same structural constraints. The availability of parks, libraries, community organizations, places of worship, and other public spaces provides important opportunities for social connection, belonging, and well-being. However, equitable access to these assets cannot be measured by proximity alone; affordability, transportation, safety, accessibility throughout the year, and the capacity of community organizations all shape whether residents can meaningfully benefit from them.

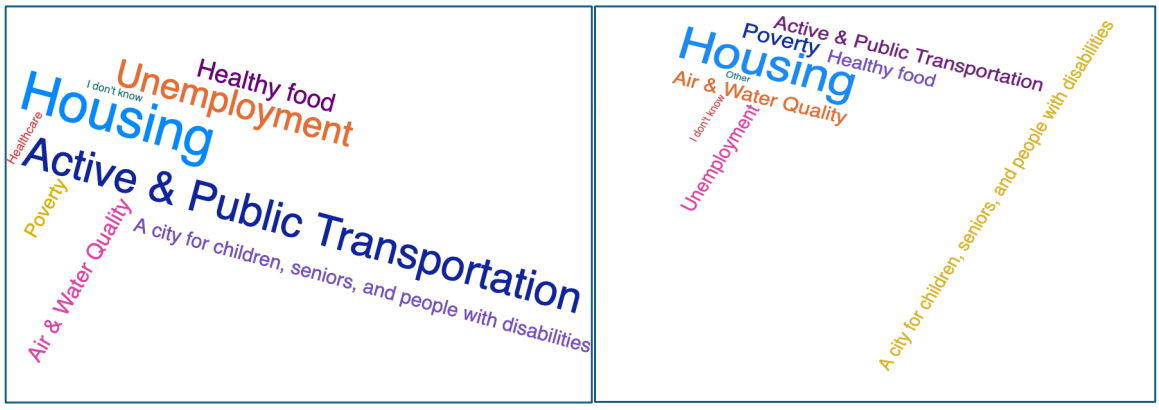
9. Exploring commonalities

Community needs

The report shows shared concerns in priority neighborhoods and immigrants' surveys, with some nuances in the intensity of community needs. Housing is the dominant urgent need everywhere while quality housing and affordable housing appear in the top needs for every neighborhood in both samples. Immigrants consistently emphasize mobility and access, reflecting settlement patterns, licensing barriers, and transit gaps. In priority neighborhoods surveys, addressing poverty appears more frequently, suggesting longer-term economic precarity among long-standing residents.

Food insecurity is shared but uneven. Both groups identify difficulty accessing healthy food, but it is especially salient among immigrants in the Old North End, East Side, and Central Peninsula. Environmental and design issues emerge differently. Immigrants more often note air quality and child safety, while the priority sample flags loss of agricultural land and accessibility for seniors/disabilities. It is worth noting that the **IM** surveys reported "Other" as another community need, which was described mostly as access to health care and affordable post-secondary education.

Across Saint John neighborhoods, housing affordability and quality form the core shared crisis, but immigrants experience this crisis through additional layers of mobility, employment, and access barriers. Priority-neighborhood surveys frame urgency more in terms of poverty and long-term structural deprivation, while immigrants emphasize immediate access to services, transport, and food, which are differences that are crucial for place-based and equity-oriented policy responses (See Figure 2).



IM sample PN sample

Figure 2. Most pressing community concerns

At the level of the neighborhood, both groups strongly overlap on housing quality, affordability, and food access in the **Central Peninsula-South End**. Immigrants place unemployment and urban mobility slightly higher, reflecting barriers to labour market entry and mobility. In **Central Peninsula-Waterloo Village**, housing affordability dominates for both groups. Immigrants emphasize employment and transit, while the priority sample highlights poverty and accessibility/safety, suggesting different lived experiences of the same structural constraints. In both neighborhoods, health care was an issue of concern for international immigrants. In **Crescent Valley,** there is strong alignment on housing quality, poverty, and unemployment. Immigrants additionally stress environmental and child-safety concerns and health care. In the **Old North End,** there is near-total overlap on core issues. Immigrants more frequently identify food access, health care and transit as urgent, suggesting higher day-to-day vulnerability related to mobility and income.

The **East Side** is one of the clearest areas of convergence with housing overwhelmingly dominating both samples. Immigrants again uniquely emphasize mobility and health care, while the other group highlights food insecurity and poverty more strongly. In the **Lower West Side,** both samples clearly identify housing as the central crisis. Immigrant responses again foreground mobility and healthcare, whereas the priority sample frames need in terms of poverty and structural economic stress. In the **Upper West side**, access to health care was the most pressing need. In the **Metropolitan Area**, mobility and housing affordability appear in both samples, though the non-immigrants emphasize poverty and housing stress more consistently while immigrant survey participants also emphasize health care.

In **Millidgeville,** a neighborhood only present in the **IM** sample, mobility and employment dominate as the most urgent community need, with is consistent with this neighborhood's spatial separation from services and employment hubs. In the group **Other,** only present in the **PN** sample, housing, employment and lack of active and public transportation predominate as a main concern.

Key findings

- **Housing.** Housing emerges as the most universal domain of commonality. Both **IM** and **PN** survey participants overwhelmingly experience housing unaffordability, substandard conditions, and overcrowding, especially in the **Central Peninsula, Old North End, Crescent Valley, Lower West Side, and East Side**. These shared conditions exemplify common displacement, where global housing markets, austerity, and underinvestment produce insecurity for diverse urban residents. Yet the forms of housing precarity differ. **PN** respondents

uniquely report primary and secondary homelessness, including sleeping rough, shelters, couch surfing, and rooming houses, particularly in **Central Peninsula–South End, Waterloo Village, Lower West Side, and "Other**." **Immigrants** rarely report literal homelessness in surveys, but instead experience overcrowding and cost exposure through large, multi-adult, and multi-child households, reflecting survival strategies and emplacement through extended kin and shared living arrangements. Neighborhood comparisons sharpen these differences. In **Crescent Valley**, the two groups converge most strongly: both rely largely on subsidized housing, face multiple structural hazards, and report overcrowding. This neighborhood exemplifies a dense domain of commonality, where immigrant and non-immigrant lives intersect through similar institutional housing environments. In contrast, in the **Old North End, East Side, and Lower West Side**, immigrants more often pay higher rents in private markets, while PN respondents cluster in deeply deteriorated housing or unstable arrangements, signaling unequal exposure to health and safety risks. The contrast between **Millidgeville (IM)** and "**Other" (PN)** is particularly stark. Millidgeville **immigrant** respondents, largely international students, face affordability, mobility, and employment constraints but live in comparatively stable housing near institutions. "Other" **PN** respondents, often experiencing homelessness, represent extreme exclusion from the right to housing and, by extension, the right to the city.

Education and Employment: Across Saint John's neighborhoods, international immigrants and priority-neighborhood residents share limited access to stable employment and incomes, but they arrive at this precarity through different educational pathways. Immigrants are more polarized educationally, combining high proportions of university and graduate degrees with significant shares of very low or disrupted schooling, while priority-neighborhood respondents cluster around high school and some college or trades. Despite these differences, both groups rely heavily on social assistance and precarious work, revealing a shared constraint on their right to meaningful economic participation in the city. In the **Central Peninsula (South End),** immigrants are often highly educated but underemployed, facing blocked returns to education due to credential recognition and settlement barriers. Priority-neighborhood respondents, with lower formal education, face longer-term exclusion tied to poverty, disability, and cumulative disadvantage. Here, the shared domain of commonality is income insecurity, but the mechanisms differ: downward mobility for immigrants versus entrenched marginalization for non-immigrants. **In Waterloo Village**, both groups show similar, mostly high-school-level education and limited employment opportunities, producing stronger convergence. The **Old North End** reveals internal polarization. Immigrants range from very low to very high education,

leading to uneven employment outcomes, while priority-neighborhood survey participants show more uniform but still constrained profiles. Both depend heavily on government transfers, underscoring a shared neighborhood-based precarity despite unequal educational resources. **Crescent Valley** represents the strongest convergence. Both groups report low education levels and minimal employment opportunities, with social assistance dominating. On the **East Side**, immigrants generally have higher education and slightly better employment attachment, but both groups still face instability. **Millidgeville's** highly educated immigrants, often international students, face delayed economic participation and mobility constraints, while "**Other**" reflects near-total exclusion, where homelessness undermines access to both education and employment entirely.

Health Care: Findings illustrate one of the clearest divergences between groups, even as both are affected by spatial inequality. Priority-neighborhood respondents are considerably more likely to have access to a family doctor or nurse practitioner, while immigrants depend on fragmented, multi-channel systems, walk-in clinics, emergency rooms, pharmacies, telehealth, and nonprofit navigation. At the neighborhood level, both groups rely heavily on emergency and walk-in care in the **Central Peninsula, Old North End, and East Side**, highlighting shared infrastructural strain. **Millidgeville** immigrants report proximity to care but limited continuity, while **PN** respondents living in homelessness do not have the conditions to live a healthy life despite access to a pharmacist and a family doctor.

Transportation: Transportation is a critical axis of emplacement and sociability. Both groups rely heavily on bus and walking, revealing shared dependence on public transit systems. Yet immigrants are more likely to use multimodal strategies, combining transit, walking, taxis, and cars to navigate employment, services, and settlement requirements. **PN** respondents more often rely on a single dominant mode, constrained by cost, disability, or infrastructure conditions. In the **Old North End and Lower West Side**, both groups face severe transit barriers, but **immigrants** emphasize licensing, language, and entry costs to car ownership, while **PN** respondents stress sidewalk safety and street conditions. In the Metropolitan Area, car dependency burdens both groups, but immigrants additionally report lack of transit access, revealing uneven suburban inclusion. Millidgeville immigrants face strong mobility barriers tied to low income and limited transit frequency, while **PN** respondents in situation of homelessness emphasize transit access as fundamental to survival. Mobility, across cases, emerges as a prerequisite for exercising the right to the city, accessing work, care, education, and sociability.

Equitable Neighborhoods: Neighborhood equity reveals layered commonalities shaped by place rather than migration status alone. Both groups live disproportionately in areas with higher crime exposure, poorer environmental conditions, and limited services, patterns driven by housing affordability rather than individual choice. These findings resist narratives that blame immigrants and people living in poverty for disorder, instead situating both groups within structurally neglected urban spaces. Environmental exposure to air pollution on the East and West Sides intersects with poverty and health vulnerabilities for both populations. Food insecurity is also shared but uneven: immigrants report lower access to affordable, nutritious food, particularly in **Crescent Valley, Old North End, and Lower West Side**, reflecting income constraints, transport barriers, and unfamiliarity with food systems. Public facilities, parks, libraries, community centers, and places of worship, emerge as crucial sites of emplacement. Both groups report feeling able to access green space, particularly in **Central Peninsula** neighborhoods, though **PN** respondents more often note infrastructural barriers. These spaces facilitate everyday encounters, healing, and belonging, embodying domains of commonality while remaining unevenly supported.

Recommendations

General

- **Institutionalize participatory and lived-experience-based policymaking**. Municipalities should routinely include immigrants, low-income residents, and people experiencing homelessness in policy design through neighborhood-based consultation, co-production, and rapid ethnographic or community-led engagement methods. Research shows participatory approaches improve policy relevance and trust while reducing exclusion. This provides a targeted approach that uses resources efficiently.
- **Align federal, including IRCC settlement funding, provincial, and municipal investments for equity-oriented governance and social investment.** Misalignment currently weakens outcomes in Saint John CMA. This coordination should support planning and service delivery grounded in the right to the city, advancing residents' rights to housing, mobility, health, education, and participation regardless of legal or economic status.
- **Collaboration with DataNB** to provide timely data related to WCI indicators for policy makers as well as nonprofit organizations. Currently, access to DataNB is highly costly for nonprofit organizations. Yet, this information would be valuable for programming and efficient use of resources.

- **Social investment can include a series of workshops, events and dialogues led by the Saint John region on the local interpretation of the right to the city**, recognizing immigrants, low-income residents, people experiencing homelessness, international students, as urban residents with legitimate claims to housing, services, mobility, and participation, regardless of immigration status or income source. This framing helps counter local polarization narratives that blame immigrants for housing pressures, instead centers shared structural causes and prevents social polarization.
- **Neighborhood level matters**. In the short-term, a stronger presence of ISOs can be included in priority neighborhoods' community organizations not only to serve immigrants but also support intercultural dialogue. In the long-term, a neighborhood-based coordination model should be considered that brings together municipalities in the Saint John CMA, provincial departments (housing, health, education, social development), settlement agencies, priority-neighborhood community organizations, employers and postsecondary institutions into a neighborhood hub. This is particularly urgent in Central Peninsula (South End and Waterloo Village), Old North End, Crescent Valley, and Lower West Side, where immigrants and long-term residents experience overlapping precarity but access fragmented supports.
- **Local resources sharing platform.** A database platform can be created by Computer Science students at UNB Saint John to allow priority neighborhood organizations and ISOs to share existing resources (e.g. nurse practitioner appointments) that can be updated and accessed in real-time.
- **Promote cultural events beyond existing cultural festivals in the Saint John Census Metropolitan Area.** Most cultural events take place in the city of Saint John, or Rothesay and Quispamsis. These activities are important for emplacement and dialogue. This can be expanded to other areas of the metropolitan area with the assistance of UNB's Lorenzo Arts Society.
- **Revisit austerity measures at the provincial level.** The International Monetary Fund warns that cutting spending in an already fragile economy, one facing a tariff-driven negative supply shock with weaker growth and increased inflation, pulls demand out when it is needed and deepens slowdown rather than stabilizing it (IMF 2025). This is especially urgent at the provincial and municipal level, since that is where the bulk of real public investment and service delivery happens, and national-level stabilization measures mean little if fiscal room does not reach the level where they are implemented. Provinces that hold the line on austerity risk eroding the buffers and delivery capacity they need to respond effectively to the ongoing trade shock and protect long-term growth and well-being

Housing

- **Accelerate non-market housing development** using City-owned land, especially near transit corridors in the **Central Peninsula, Crescent Valley, and Lower West Side** using mixed federal–provincial–municipal funding models.
- **Expand supportive housing** capacity linked to health and social services to reduce shelter cycling among **PN** respondents while preventing immigrant homelessness (example for newcomers is IRCOM House in Winnipeg; for blended populations, namely newcomers and long-term low-income residents, examples are Toronto Community Housing (TCHC) integrated housing supports, Toronto's Regent Park Revitalization, Toronto's WoodGreen Community Services and Community Housing; Wesley Urban Ministries in Hamilton and Brantford and other Housing First Sites in the country). Studies show that affordable housing serves both international immigrants and non-immigrants (Damaris 2019).
- **Recognize overcrowding as a structural response, not individual failure or cultural preference.** Planning and zoning policies should accommodate multigenerational and larger households (e.g., flexible unit sizes, secondary suites), reflecting how families adapt to housing scarcity.
- **Explore and build co-housing models to address intergenerational and multifamily needs**. This combines private homes of different sizes and styles with shared facilities and usually a common house with a large kitchen and dining room. This can address the needs of multifamily communities, through a single building or development divided to accommodate more than one family or individual tenants living separately. Co-housing can also address intergenerational needs of older adults and post-secondary education students in the form of University Retirement Communities with residential community for adults aged 55 and over, co-located or adjacent to a university or college. Here, older adults and post-secondary students share campus amenities or college students living in retirement communities for free or reduced rent in exchange for services such as providing companionship, working in the facility, running errands, or performing music (Generations United et al. 2024).
- **Integrate housing quality enforcement with tenant education.** Combine proactive inspections with community-based tenant-rights education delivered through settlement agencies and neighborhood organizations. Research shows both immigrants and low-income residents underreporting housing violations due to fear, stigma, or lack of information. This can provide government savings in the long term by reducing spending on health due to problems caused by inadequate or lack of housing.

- **Neighborhood-Specific**
    - **Crescent Valley:** Prioritize reinvestment in *quality* of existing subsidized units (mold, ventilation, heating), not just supply.
    - **Central Peninsula (South End / Waterloo Village):** Encourage mixed-unit developments suitable for **larger, multigenerational households**, reflecting immigrant family structures.
    - **Old North End:** Combine housing stabilization with prevention of secondary homelessness.

Education, Employment and Entrepreneurship

- **Expand adult education and literacy programs** (including CAEC preparation, digital literacy, and foundational education) accessible to both immigrants and non-immigrants, framed as wellbeing and empowerment not only employability. The Province of New Brunswick and municipalities in the Greater Saint John should enhance access to the Canadian Adult Education Credential (CAEC), literacy, numeracy, and digital skills programs as foundations for wellbeing, civic participation, and future employment for both immigrants and non-immigrants. This expands the tax base and decreases government expenditures on social services (Silver 2025). A recent pilot project proposal on adult education for immigrant women has been elaborated by Winnie Nabakooza and Zoe Carvell.
- **Accelerate foreign credential recognition and bridging programs**.Best practices include pre-arrival credential assessment, low-cost loans, mentorship, and employer-linked bridging programs that reduce underemployment among highly educated immigrants. This also benefits non-immigrants by addressing shortages in sectors such as childcare, caregiving for older adults, and health. Examples are such as the BC Office for International Credential Recognition and the Nova Scotia International Medical Graduate in the healthcare sector.
- **Establish employer-linked bridging programs** with local health care, trades, and public-sector employers, coordinated through municipal–provincial partnerships. Targeted procurement policies strengthen inclusive local economies.
- **Support small and medium enterprises (SMEs) in priority neighborhoods** through micro-grants, wage subsidies, and mentorship, recognizing their role as shared employment anchors.
- **Neighborhood-Specific**
    - **Central Peninsula (South End**): Address blocked returns to education among highly educated immigrants through credential recognition support and professional bridging.
    - **Crescent Valley:** Focus on foundational education and stable income pathways rather than rapid labor-market attachment.

    - **Millidgeville:** Treat international students as temporary residents with long-term settlement potential, improving access to part-time work, transit, and housing information.

Health

- **Expand community-based primary care options** (nurse-practitioner clinics, mobile care) in inner-city neighborhoods to reduce ER dependence.
- **Integrate mental health supports** into settlement services, food programs, and housing supports, recognizing economic precarity as a mental health driver.
- **Improve navigation services** for newcomers unfamiliar with provincial health systems.
- **Develop audio and visual guides**. Visual guides are important to explain how to navigate the health system and explain symptoms within an intercultural communication framework. This can benefit both low-income residents with difficulties in expressing symptoms as well as immigrants who lack fluency in English.
- **Neighborhood-Specific**
    - **Central Peninsula and Old North End**: Prioritize continuity of care for immigrants lacking family physicians.
    - **People in situation of homelessness**: Shift non-emergency care away from ambulances toward community outreach and transport alternatives.

Transportation

- **Adopt equity-oriented transit planning models.** Transit planning should explicitly prioritize equity-deserving groups. Canadian studies show these approaches improve access to employment, health care, and food (SSHRC and Infrastructure Canada 2022; Poorva et al. 2026)
- **Expand affordable transit programs.** Introduce or expand **low-income transit passes**, accessible to both immigrants and low-income non-immigrants (Dempster and Tucs 2013). Explore programs such as the Affordable Transit Program in Peel, Ontario.
- **Improve transit frequency and off-peak service.** Evidence shows that night and weekend service gaps disproportionately affect immigrants, shift workers, women, and people without cars (McLaren 2023). The expansion of public transportation hours and frequency need to align with local employment hours, including shift work and cultural and spiritual activities. This expansion needs to target Millidgeville for access to employment and services, the West Side to access health care facilities, and inner-city neighborhoods to access grocery stores.

- **Neighborhood-Specific**
    - **Old North End and Lower West Side:** Combine transit improvements with sidewalk repairs, lighting, and winter maintenance.
    - **Millidgeville:** Address the dual barrier of **low income and weak off-peak service**, which isolates international students and newcomers.

Equitable neighborhoods (Safety, Environment, Food, Public Facilities)

- **Address neighborhood safety without criminalization.** Community-based safety strategies, improved lighting, public-space maintenance, and social services reduce insecurity without reinforcing racialized or poverty-based stigma.
- **Address environmental health inequities at the neighborhood scale.** Provincial and municipal collaboration is needed to address air quality and environmental hazards concentrated in low-income and immigrant-dense areas, consistent with Canadian public-health research. Advocate provincially for stronger **air-quality monitoring and accountability** in neighborhoods with cumulative health and income burdens (East Side, West Side).
- **Strengthen food access through mobility and local food infrastructure.** Improve public transit access to affordable grocery stores, and fund culturally appropriate food programs in low-income neighborhoods (Crescent Valley, Central Peninsula, and Old North End). Cooking Justice by NB Social Pediatrics in Saint John is a promising practice model that is worth replicating for different age groups inviting both immigrant and non-immigrants.
- ***Explore the Ontario Food Terminal.*** It is a food distribution centre and cold storage. It houses 21 wholesalers and 400 farmer market tenants who supply produce to over 5,000 retailers) and ***neighborhood level food retail analysis***. The benefits of this type of facility extend to rural areas and farmers.
- **Invest in inclusive public facilities as sites of emplacement.** Expand year-round access to libraries, community centres, indoor recreation (especially winter programming). Fund low-cost, inclusive programming that supports everyday sociability between immigrants and long-term residents.
- **Promote interfaith dialogue** in partnership between municipalities, the province of New Brunswick, religious organizations and University of New Brunswick. An example of this is the Center for Religion and Cities (CRC) at Morgan State University and the Institute for Islamic, Christian, and Jewish Studies (ICJS) Imagining Justice Initiative.

The report's surveys are not statistically representative of population in the Saint John CMA, including its distribution across neighborhoods. And more work needs to be done in terms of participatory mapping, even distribution of samples across neighborhoods, and up-to-date data and quantitative analysis. Yet, the report provides a starting point to locate how immigrants and marginalized non-immigrant residents in the Saint John CMA benefit from the same structural investments in affordable housing, reliable transit, accessible education, quality health care, and inclusive public spaces. Differences in experience call for tailored delivery, not separate systems. Advancing the right to the city requires moving beyond integration as adaptation and toward shared urban belonging and collective wellbeing, anchored in place and equity rather than residency and socio-economic status. The most effective local strategy is therefore not parallel systems, but shared, place-based investments in housing stability, education across the life course, accessible health care, reliable mobility, and inclusive public spaces.

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