SAN DIEGO REFUGEE EXPERIENCES

Refugee leaders explored community needs in San Diego. This is what we learned.

A preliminary analysis of community health indicators by Partnership for the Advancement of New Americans (PANA) © 2016, All Rights Reserved. Learn more at http://panasd.org or @PANASanDiego
SAN DIEGO REFUGEE EXPERIENCES

Preliminary Key Findings from PANA’s 2016 Report

- **INTRODUCTION**
- **METHODOLOGY**
- **HOUSING**
- **HEALTH**
- **JOBS**
- **EDUCATION**
- **NEXT STEPS**
- **BIBLIOGRAPHY**

Partnership for the Advancement of New Americans (PANA) is a research, community organizing and public policy hub dedicated to advancing the full economic and social inclusion of refugees.

We envision a world where refugees are connected global citizens organizing and leading transcontinental movement work to advance deep freedom for all. We are a 501(c)(3) nonprofit public charity based in San Diego County.

Learn more at http://panasd.org

The Leichtag Foundation honors the legacy of Lee and Toni Leichtag through igniting and inspiring vibrant Jewish life, advancing self-sufficiency and stimulating social entrepreneurship in coastal North San Diego County and Jerusalem.

Leichtag Foundation strives to alleviate human hardship, advance self-sufficiency, and promote tolerance and understanding, reflecting the Leichtags' pride in their Jewish heritage.

Learn more at http://leichtag.org

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Abridged version of the comprehensive report entitled “San Diego Refugee Experience” authored by Sheila Mitra-Sarkar, Ph.D.
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Dear Community Member,

As the global refugee crisis intensifies, it's now more important than ever to understand long-term refugee community health and well-being needs.

Approximately three million people have been resettled in the United States since 1975 and San Diego is the largest resettlement location in California having received over 80,000. The county is home to nearly half of all adult refugees and just over half of all refugee children in the state. San Diego leaders need to support our growing refugee population.

To better understand San Diego refugee experiences, we partnered with our community to explore a range of topics including housing, health, jobs and education. We learned that addressing the unique needs of this community confronted with deep poverty requires multidisciplinary policy changes and cannot be done by simply making adjustments to the existing ways of doing business.

We must rethink resettlement. We hope our research serves as a catalyst for imagining a more meaningful resettlement process. We will lead the conversation further by facilitating a community planning initiative to help achieve better outcomes for refugee families, and identify opportunities for systems-level transformation.

We hope you can become a stakeholder in the process, along with the hundreds of community members, and organizations including The California Endowment and Leichtag Foundation, whose support was critical in this first step.

Sincerely,

Ramla Sahid
Executive Director, PANA

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**Preliminary Key Findings**

As our first biennial report, this year's topics were chosen to span various areas of life and allow for community priorities to emerge naturally, through conversation and quantitative analysis of the survey results.
The Process

The authors assessed the quality of life of refugees and their children through participatory house meetings and surveys. Six leaders from the community were identified through a public community listening campaign. Leaders were chosen to facilitate house meetings because they were identified as trusted community leaders by their respective cultural groups. The six leaders were trained over a multiple-day community organizing workshop to enhance skill-sets.

House meeting data was securely compiled and analyzed for these preliminary findings.

The Participants

This paper reports on the psycho-social health, employment, education, and housing needs among San Diegans from refugee background. In this investigation, leaders held house meetings in refugee communities spanning 505 participants 15 to 84 years of age, who are first-generation refugees resettled in San Diego and U.S.-born young adults who are children of refugees.
Housing Insecurity Follows Refugees after Resettlement

The availability of affordable, sustainable and appropriate housing underpins good health and the social, educational and economic participation of community members. Families who pay more than 30 percent of their income for housing may have difficulty affording necessities such as food, clothing, transportation and medical care¹.

Refugees face significant challenges in securing accommodation that is both affordable and appropriately sized. Research shows that large family size is among the most important barriers faced by refugees looking for housing².

“We have a lot of kids, we need bigger homes, but can't afford it.”
— Karen-speaking participant, Jan 2016

THE REFUGEE COMMUNITY'S HIDDEN HOMELESS

In our study, the mean monthly household income is $1774 for East African participants and $1216 for participants from Burma and Thailand. Studies also show that even though their housing circumstances can put refugees amongst the “hidden homeless³,” refugees are not on the streets, in large part due to their coping strategies and help extended from their cultural groups⁴.

KEY FINDING

OVERCROWDING TO OFFSET HIGH HOUSING COSTS

While data shows that household incomes are low and participants are spending a significant portion of their income on rent, a large proportion of participants have not pursued affordable housing options: 73 percent are renting at market rate, 77 percent have never applied for affordable housing, and 62 percent have never applied for Section 8 Housing Choice Vouchers.

These findings suggest that families are managing high rent to income ratios by sharing units and crowding living spaces, which could lead to poor living conditions and health issues.
In our study, higher English proficiency correlates with increased access to affordable housing and Section 8 Housing Choice Vouchers, $r(64) = .396$, $p < .01$.

Participants who never applied for affordable housing have lower English proficiency: 4.5 among participants from East Africa and 1.1 among those from Burma and Thailand. In contrast, those who are waitlisted or have received affordable housing units have higher English proficiency: 7.6 and 7.4 respectively (right). Among those who report no formal education, 89 percent have never applied for affordable housing.

**KEY FINDING**

**LANGUAGE BARRIERS IMPACT ACCESS TO HOUSING**

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"Last year my kid had a lot of diarrhea and throwing up. The doctor said it was because of the bacteria from the rats [where we live] ... I’m also scared that when we complain to the landlord, he will ask me to move out ... the landlord blames us and we have to pay for broken things."

"Does the landlord want us to move out? Because they don't fix anything and then raise the rent."

— Karen-speaking participants, Dec 2015

**HOUSING**

Poorly Maintained Rental Housing and Language Barriers Add Risk

Housing is a critical first step in the resettlement process, but few support systems exist to ensure families have adequately maintained housing.

Research shows prospective renters are more successful if someone with better English ability accompanies them in their search. English ability can also impede renters’ ability to communicate poor living conditions to landlords.

Left, Below: Exteriors of refugee homes in City Heights, San Diego

Left, Below: Exteriors of refugee homes in City Heights, San Diego

**AFFORDABLE HOUSING PARTICIPATION**

1.1
4.5 Never applied
7.6 Applied and on waiting list
7.4 Applied and received

All participants from Burma and Thailand report they never applied for affordable housing.
Refugees and asylum seekers often come from conflict areas with poor access to adequate health care and have high rates of traumatic experiences, including torture. Many of these pre-migration experiences contribute to a high prevalence of post-traumatic stress disorder in refugee populations across the globe. The most reported mental health disorders include depression and anxiety.

Additionally, research has demonstrated the roles of post-migration stressors; social isolation, poverty, unemployment, discrimination and limited English proficiency lead to increased psychological distress.

Our data reflect high rates of stress, anxiety, and depression. Higher stress correlates with lower English proficiency and unemployment. We also found women are more likely overall to report days lost to depression.

“Sometimes we have to wait more than 3 hours [to see the doctor], even when we have an appointment, they call [other people in] first. I don’t argue with [my doctor] anymore because when I [tell] him about my depression and my anxiety, he doesn’t listen to me and just tells me I’m okay. Sometimes he doesn’t give me enough time to tell him all of the issues I name.”

—Karen-speaking participant, Jan 2016

**VARYING ADOPTION OF HEALTH INSURANCE, LOW USE OF PHYSICIANS**

Healthcare coverage is highest among participants born in Burma, Thailand and the United States (right). Despite differing levels of insurance adoption, the East African participants have the lowest adoption of a personal physician. Only 24 percent of men from this region and 35 percent women report that they have a personal doctor.

About 50 percent of East African participants report they have not had a routine checkup in the past year, and around 20 percent of men from East Africa, Burma and Thailand report they have never had a routine checkup.
Perpetual Outsiders

GENDER WAGE GAP COINCIDES WITH UNEMPLOYMENT AMONG REFUGEES

There are high numbers of unemployment and underemployment in refugee communities. Refugee women face the additional disadvantage of both “ethnic” and “gender” penalty unable to find meaningful work\(^\text{10}\). Few opportunities exist in the private sector to gain skills and refugees also face the barrier of not having their qualifications and skills recognized in their new home\(^\text{11}\).

“My dad came with knowledge and had a degree from Russia, but he didn't receive any good paying job with his degree. After looking for jobs for a while, he found a security job that didn't take his degree into consideration.”

“I was the only one [who lived] here. I had to make money in order to bring my family here and care for them afterwards. It was a period of time where I said to myself, "I wish I had a degree before starting a job," but earning a degree would take time that I couldn't dedicate because I needed money.”

Refugees have only eight months of financial support to rebuild their lives, and 90 days to find a job.

THE COSTS OF EARLY EMPLOYMENT

U.S. practice emphasizes early employment as the foremost priority in refugee resettlement programs. However, by pushing refugees to spend time working to attain immediate employment, they lose out on opportunities to invest in their own long-term well-being and success\(^\text{12}\).

KEY FINDING

HIGHER EDUCATION DOES NOT LEAD TO HIGHER INCOME AMONG CHILDREN OF REFUGEES

In our study, U.S.-born participants report the highest levels of formal education with 48 percent attaining an undergraduate degree and 17 percent a graduate degree, yet they earn a mean income of $1,287 per month and have been employed on average close to three years. In contrast, participants from East Africa, who hold fewer degrees (right), fare better overall with mean monthly income of $1,775 per month and close to five years employed at their current job.
Employment Stresses Limit Upward Mobility

Adult refugees face additional pressures, demands and stresses when compared to those who arrive at a younger age, including the need to find a job quickly. These barriers — like working too many hours, family responsibilities, cost of classes and childcare — all limit opportunities to develop basic English language skills, as well as other skills designed to prepare students to meet the requirements of their occupations and move upward in the economy.

Despite these challenges, research shows there is no “shortage of motivation” for refugees to learn English, and in addition to these barriers, some refugees face learning impairments, often the result of PTSD.

Refugees could benefit from more realistic language supports. According to Knowles' (2001) theory, adults need to know exactly why they are learning something and how it advances their interests. Learning that is problem-centered and has implications for immediate application of knowledge could be best received by adult learners.

“I have time to go to school but it’s hard to learn and I just can’t seem to remember everything. This makes me very frustrated with myself.

...They taught us to fill out job applications but I can’t remember how to do it. They host job fairs for us but I can’t speak English so I can’t apply.”

— Karen-speaking participant, Nov 2015

“I personally have three jobs. Why? Because they are too low wage of jobs. And I can’t go to school to get a better job.”

— Swahili-speaking participant, Nov 2015

KEY FINDING

EDUCATION MOTIVATIONS AND BARRIERS

The top reason motivating participants to pursue higher education is to improve the way they feel about themselves (right).

In addition to many motivations to study, participants face many barriers to attend adult education classes. The most common barrier reported is being too busy with work. The other top barriers are family responsibilities, being too busy in general, classes being too expensive, and needing childcare in order to attend classes.

TOP MOTIVATIONS FOR REFUGEE ADULT EDUCATION

1. To improve the way I feel about myself
2. To make things easier on a day-to-day basis
3. To attain U.S. citizenship
4. To help my children with schoolwork
5. To get a new job
There is an urgent need for cross-system collaboration in planning, testing, and redesigning the systems of services and supports for refugees in order to provide greater opportunity for their long-term inclusion, independence, and contributions to society.

We believe that deep transformations can emerge from small initiatives, and propose the following steps:

1. **CONVENE**
   - **Collaborative Planning**
     Convene multidisciplinary stakeholders and together cross boundaries to think and act outside the confines of institutions, using a consensus decision-making process.

2. **TEST**
   - **Innovative Pilots**
     Test assumptions, pilot key opportunities and evaluate efforts to achieve meaningful outcomes that build the case for transformations in refugee resettlement.

3. **APPLY**
   - **Better Practices**
     Apply data-informed initiatives, support community leadership, and work with systems leaders to advance and advocate for policy change goals.

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**IMPROVED HEALTH AND WELL-BEING FOR FAMILIES**

**Community Organizing**
- Train and develop authentic leaders from refugee backgrounds
- Develop strong partnerships between systems and community
- Advance policy and practice changes

**Grow Public Support**
- Educate the public on refugee experiences and contributions
- Reduce the social distance between San Diego public and its refugee communities
- Prompt public action in support of refugee communities.


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Partnership for the Advancement of New Americans (PANA) lifts up refugee voices and builds leadership in communities to increase civic engagement and create an inclusive civil society. Learn more at www.panasd.org